

A Hybrid World: Developing Versatile Materials for Maximum Impact

1. Describe ONE feature of the BC PAD Hypertension or T2DM materials that stood out to you as helpful or a hindrance in providing details in a hybrid setting (in-person or virtual).

Topic	Feature: hindrance	Feature: helpful
Hypertension	<ul style="list-style-type: none"> ▪ font size is too small & difficult to read ▪ too much text/content: normally don't use this much information when detailing ▪ too much information to be quickly and easily understood by the viewer 	
T2DM	<ul style="list-style-type: none"> ▪ too much negative space ▪ keep it simple and functional; prefer to know the details but keep slide simple - with a picture showing how to locate something in EHR for example ▪ felt like both examples were too busy, and all variations of blue ▪ maybe some differentiation in color ▪ issues with virtual such as unplanned tech problems 	<ul style="list-style-type: none"> ▪ more visually appealing ▪ table was very well-organized, helpful, and stood out as particularly attractive ▪ table will be helpful in a hybrid setting ▪ interactive visual info is helpful for those visual learners ▪ virtual: can incorporate more creative tools

2. Think about your team's current approach. Discuss an example of your materials (or share!) and discuss. Based on a recent topic you have delivered or one you are preparing, what is working well? What is not?

Working well:

- **Summarizing into practical information:**
 - Information can be overwhelming- we use our expertise to whittle down the information to more practical information.
- **Using motivational interviewing:**
 - Train providers on motivational interviewing techniques specific to substance use, on a basic level.
- **Providing updated guidance:**
 - COPD: updating on GOLD guidelines, number of facilities not practicing best evidence care. Optimising inhaler selection and use, reducing long term ICS use.

- **Presenting at Grand Rounds with Specialists:**
 - Grand rounds presentation led by specialists, accompanied by clinical pharmacists. Summary data slides to reinforce concepts.
- **Profiling doctors:**
 - Academic vs. business type: prepare 2 sets of materials to cater to each type. For those who want more information, follow up can be done after the session.
- **Provider testimonials:**
 - Capture testimonials from providers who have tried to incorporate behavioural change/try something new in their practice, then use this as a starting point to share with other providers who are apprehensive about change.
- **Videos:**
 - Videos on specific topics for healthcare professionals (staff, providers).
- **Less is more:**
 - Multiple documents (provider vs. patient education guide). Since COVID-19, less is more.
 - Effective one-page educational materials (front and back).
 - Graphic design strategies (page titles, subtitles), side-by-side comparison tables, using color to highlight most important information.
- **Provider vs. patient education guides:**
 - Multiple documents (provider vs. patient education guide). Since COVID-19, less is more.
 - Using a patient education guide with providers. Giving borrowed language so that they can share it with their patients.

Not working well:

- **Broad topics (i.e., ADHD, Type 2 Diabetes):**
 - The struggle is finding the right balance of getting into the details vs. covering the general topic.
 - Multiple goals within one document is a challenge.
- **Other:**
 - Opioid use disorders when educating pediatric providers on negative childhood experiences.

3. What would you try differently based on today's discussion?

- more use of hyperlinks within a broad topic/within presentation
- supplemental materials with in-person visits
- key messages on a front/back of handout
- send materials covered in a virtual session
- offer poster-ready paper copies
- create "provider guides" that include a summary
- create information in PowerPoint, it's easy to print as is

4. How are you trying to balance too much/too little information? What feedback can your group offer other academic detailing teams?

- **Mandatory vs. voluntary participation:**
 - Some variation in willingness on the part of the recipient.
 - Some work in systems that are requiring it; harder to get in with those who aren't required to participate.
 - Looking at it from a sales perspective. Use it to convince the person that they want to be part of the AD session.
- **In-person visits:**
 - In-person for the first visit whenever possible, after that, virtual meetings are often preferred by providers (cheaper, quick, easy, hop from one meeting to another).
 - Would rather be in person and develop rapport.
 - Some felt in-person was less formal, found who was in office and available.
- **Be over-prepared**
- **Detailing Handouts:**
 - Balance between sharing in advance/giving it away before sitting down.
 - Don't send materials ahead of the meeting, "It is my carrot, I don't give it away".
 - Having a one-pager that can be dropped off if no one is available.
 - Or having a one-pager that explains academic detailing without getting into the campaign materials.
 - Use handouts with key messages and then provide detailed supplemental material if requested.
 - Place detailing documents right in the EMR or determine where it does fit in and how clinicians use it.
 - Use headers and consistent colors, themes, branding.
 - Side by side comparisons for drug tables.
 - Simple is better, share in advance, use patient education guides.

- **Key messages:**
 - Can be difficult to get your key messages in on the visit. Some mentioned an average of 2 key messages in 20-30 minutes. Others have 6 in 15 minutes that are really just reminders, not teaching something. “Hey look at X.” Key points that have been blasted throughout the state, not teaching new material.
 - Differences in delivery from detailer to detailer based on who they work for. Some have specific patient information to discuss, utilize case studies applying the material to that patient situation. Others get nothing but a list of clinicians.
 - Lean on the simpler side rather than too involved, then send more information after.
 - Some detailers must go into more detail because of the desired outcomes.
 - Break down the basics of motivational interviewing to help providers.
 - Pick smaller topics with focused key messages.
 - Use media to deliver messages (commercials).

- **Duration:**
 - Online dashboards created for detailers to use.
 - Feel like virtual runs longer and is more intentional.
 - Seems like a wide range regarding how much time is spent per AD session. Some spent no longer than 15 minutes.

- **Follow-up:**
 - Follow-up regarding wordy material. Give them time to review and then discuss at a later date. Prefers to use bullet points for in person visit.