How Physicians Learn and Change: The Role of Academic Detailing

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Conflicts of Interest

I have nothing to disclose.
Educators or academic detailers?
List all methods to change physician behavior
Methods

- Lecture
- Small group
- Audit and feedback
- Simulation
- Case studies
- Webinars
- Internet
- Print materials
- Role play
- Academic detailing
What works?

- Everything (except print media) BUT:
  - Interactive interventions were better than passive
  - Multiple interventions were better than single
  - As a single intervention, academic detailing was best
Learning and retention occurs best when:

- Learning requires effort
- Is in context
- Addresses a need identified by the learner
- Is applicable/practical
- Builds on prior knowledge/experience
- Incorporates multiple “touches”
Effortful learning

- Think-pair-share
- Brainstorm
- Questions/case studies
- Small group problem solving
- Simulation
- Audience response system
- Role play
- Games
- Story telling
So if academic detailing works best, why do anything else?
List barriers to change
Barriers to change

- Don’t know
- Don’t remember
- Don’t believe
- Don’t think it applies to me
- Don’t have the skills (can’t)
- Operations don’t support
- Patient factors
- Don’t want to
How do you know what the barriers are?
Match intervention to barrier

- Don’t know
  - Almost anything

- Don’t believe
  - Opinion leaders, academic detailing, maybe data

- Don’t believe it applies to me
  - Audit and feedback

- Can’t remember
  - Reminders, EHR tools, flyers, pocket cards, pens, etc
More...

- **Patient factors**
  - Communication training (role play), patient education handouts

- **Don’t want to**
  - Academic detailing, opinion leaders, peer pressure, regulation

- **Don’t have skills**
  - Role play, simulation, demonstration and practice

- **Operations don’t support the change**
  - Well, probably nothing educational will work-except to lobby for change
So where does academic detailing provide return on investment?

- Don’t believe in change
- Don’t believe it applies to me
- Don’t want to
- Don’t have skills (cognitive/problem solving skills)
- Clinician patient communication/patient education
- Influential/trusted consultant
- Isolated clinicians
Write down one thing you will do differently after this conference
Questions?

Thanks!

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