THE STEPS OF A DETAILING VISIT: TRANSLATING 1:1 CONNECTIONS TO A VIRTUAL PLATFORM

Wednesday, May 20th, 2020, 11:00 A.M. – 12:15 P.M. EST

National Resource Center for Academic Detailing
Division of Pharmacoepidemiology and Pharmacoeconomics [DoPE]
Brigham and Women’s Hospital | Harvard Medical School
Today’s Webinar Facilitators:

Mike Fischer, MD, MS, Director, NaRCAD
Bevin Shagoury, Communications & Education Director, NaRCAD
Webinar Goals:

- NaRCAD to share new COP updates and offerings
- Making preparations for a virtual visit
- Adapting the steps of a visit to virtual platform
- Discussion/Q+A Session
GLOBAL LEADERS IN CLINICAL OUTREACH EDUCATION

Training & technical assistance to help clinicians provide better patient care.

WE'RE CHANGING CARE, ONE VISIT AT A TIME.

NEW: e-Detailing Resources during COVID-19

EXPLORE OUR E-DETAILING TOOLKIT  JOIN THE DISCUSSION FORUM
Sign Up
All fields marked with a * are required.

Username * Winnie Ho
Please enter the name by which you would like to log-in and be known on this site.

Email Address * wjho@bwh.harvard.edu
Your email address will not be publicly revealed.

Password *

Forum Terms & Rules* I agree to the Forum Terms & Rules

Create Account
Thank you for signing up! We sent a verification email to wjho@bwh.harvard.edu. Please follow the instructions in the email to verify your account. If it doesn’t arrive, please check your spam folder or resend the verification email.
News
Community News & Announcements

General Discussion
A discussion forum for all things academic detailing.
- AD for Opioid Safety, AD for HIV/AIDS

Community of Practice - E-Detailing
- COVID-19
Username: Winnie Ho
Full Name: Winnie Ho
Instant Messaging: None
Birthday: mm/dd/yyyy
Gender: Female
Location: Boston, Massachusetts
About Me: I am the Program Coordinator for NaRCAD.
Avatar: Upload an avatar from your computer
Signature:
Community of Practice - E-Detailing

"E-Detailing for Clinician Engagement: Virtual Connections for Clinical Change", COVID-19
"E-Detailing for Clinician Engagement: Virtual Connections for Clinical Change"
A continued conversation on the transition to virtual detailing from our April 29th webinar.

COVID-19
How has COVID-19 impacted your academic detailing operations? A thread to share challenges and workarounds that you have encountered.
New Peer-to-Peer Learning Opportunity:

- Monthly **1-hour peer discussions**
- Each meeting will feature the previous COP Webinar’s session content
  - E.g.: our June RoundTable will be a conversation on adapting the structure of a visit
- Roundtable attendees connect via small breakout groups of **4-5 national and global peers**
- On COP Roundtable days, there will be **2 meeting options** (AM + PM) to accommodate varied time zones
Roundtables kick off next month.
Basic Planning: e-Detailing visits
Considering When to Send Materials

- **Platform:** Video vs. Phone only

- **Time Constraints:**
  - How much time exists between your outreach and the date of the visit?
  - How much time in the actual visit will you have?
    - Less time means sending in advance is more important so that the visit isn’t rushed and you’ll still have time to deliver the key message(s)
    - More time means you may be able to walk through the materials for the first time at a more leisurely pace and actively observe the clinician’s learning style
Considering When to Send Materials

- **Learning Styles & Preferences:**
  - Consider that this medium limits options for folks with varied learning styles
  - Let clinician lead the way/identify needs
Sending Ahead: Opportunities

- **Opportunities:**
  - Clinicians already have a sense of what you’ll be discussing
  - Will have (hopefully) reviewed some of the data and evidence therein
  - “Real-time learning” and reading for the first time can slow down your discussion; sending in advance avoids some of this
Sending Ahead: Challenges

- **Challenges:**
  - Clinicians may come to the visit with stronger, well-thought out objections
  - Clinician may decide the visit is unnecessary based on content
  - Clinician may feel a sense of pressure or that this is “homework”
June 2020 Webinar:
Adapting Educational Materials to e-Detailing
Refresher on the Structure and Steps of a Visit

1. Introduction
2. Needs Assessment
3. Key Messages, Features, & Benefits
4. Handling Objections
5. Summary
6. Closing Your Visit
Adaptations: Making Subtle Shifts
Same Problem? Similar Approach!

- Outreach/gaining access and scheduling
  - Consider impact of COVID-19
  - Ensure outreach method is clear and easy to engage with
  - Rescheduling challenges (last-minute cancellations/no-shows)
Same Problem? Similar Approach!

- **Materials** (format is different, content is the same—more on June webinar.)
- **Structure itself:** same order and flow
- **Clinician Engagement:** Addressing distractions
  - Communication distractions (e-mail, pager, cell phone, knock on door)
  - Tangential/personal stories
  - COVID-19 focused/preoccupied
  - Less time available than was scheduled
Adaptations Across **ALL** Steps

**Detailer’s Body Language:**
- Consider that clinician is less able to see full body language
- Emphasize facial expressions and use hand gestures
- Additional modulating of your voice is key to emphasize points

**Practicing Emphasizing Body Language and Tone:**
- Practice your tone and style by walking through some of the steps of a visit with a friend or colleague
- Record yourself practicing phrases via audio or video and play back to review your modulation, facial expressions, and body language
Adaptations Across ALL Steps

- **Clinician’s Body Language:**
  - You’re less able to see clinician’s body language, so asking additional check-in questions is key, such as:
    - “Does this all make sense so far?”
    - “Is this what you’ve seen in your practice?”
    - “Am I going at a good pace? Let me know at any time if you want me to speed up or slow down.”
Can’t see clinician’s hands or body?
Reflective questions & statements

Example: A Clinician seems Bored/Disengaged

- Open-Ended Prompts:
  - “I’m getting the sense that you’ve heard this before and that it’s not new to you. What’s been the most challenging thing for you when working (with X population/on X clinical topic)?”
  - “Can you tell me about your experience (prescribing X medication/using X screening tool)?”
  - “If I could offer you a new tool to make your life easier around (X topic), tell me what it would look like.”
Considerations when Adapting the Structure of a Visit
Introduction

- **Considerations & Adaptations:**
  - Small talk/acknowledgement of circumstances that require e-Detailing
  - Acknowledging the awkwardness/limitations of e-Detailing/virtual platforms

- **Opportunities:**
  - Learning together, learn from clinician re: learning styles, needs
  - Sharing screens to present program
Needs Assessment

- **Considerations & Adaptations:**
  - For successful videoconference encounters, both people need to be engaged and participating early and often
  - Even more critical not to lecture—get clinicians talking about themselves by asking open-ended questions
  - Asking good needs assessment questions allows for video visit to come to life

- **Opportunities:**
  - Use chat box to demonstrate active listening—typing highlights and nuggets; this can help both of you to visualize ‘to-do’ items to be sure to follow up on
  - Allows for clinicians to see immediate visual reflections of their needs, showing them you’re actively listening
  - Invite clinician to share screen to show any resources they’ve used that they like, offering you insights into their preferences and workflow
Key Messages, Features, & Benefits

- **Considerations & Adaptations:**
  - If prior steps were well-executed, this segment will require a bit more of you, as the detailer, to speak more—find a balance.
  - Making sure you’re pausing to ensure understanding/continued needs assessment throughout.
  - Encourage use of platform tools (e.g. raise hand, chat box) for clinicians to flag that they have follow-up concerns.

- **Opportunities:**
  - Be innovative with your materials! (e.g., show a risk calculator and use it in real time, or have clinician use it by sharing screen).
  - Break detailing aid into smaller images, isolating different components so there is an order to absorbing info.
  - Slide shows pros/cons (more on materials in next webinar).
Handling Objections

**Considerations & Adaptations:**
- Will require asking directly if there are challenges in implementing a key message
- You may need to elicit objections, otherwise, this format may create a situation where clinicians can nod and smile
- E.g. “Is this something you could see yourself doing? Why or why not?”

**Opportunities:**
- Clinicians can share screen to show examples of workflow processes or challenges to illustrate a barrier
- Detailer can respond to a barrier by asking clinician to share a tool that they would prefer to use.
Summary & Closing

**Considerations & Adaptations:**

- Summarizing clearly and succinctly is key; too much talking here can lose the clinician towards the end of the visit
- Asking clinician if summary seems to accurately reflect the discussion
- Closing and “making the ask” directly and clearly is even more important in this format

**Opportunities:**

- Summary can include chat box review of highlights of discussion
- Detailers can send follow-up information directly via chatbox, links, shared screen to show website resources, etc.
Please type your questions into the Zoom Q + A box.

We’ll try to get to all of your questions, and we will post those we can’t get to on our COP Discussion Forum.
Challenges

Opportunities

Share Your Experience
Take our e-Detailing Needs Assessment Survey

NaRCAD e-Detailing Needs Assessment Survey

Virtual detailing or "e-Detailing" has been used to access physicians in remote locations, cut down travel time, or provide a quick follow-up visit. Due to the COVID-19 pandemic, programs are increasingly integrating e-Detailing into their program structures as a mechanism to continue conducting visits virtually.

We're kicking off our e-Detailing Community of Practice, and we need your input via a brief survey.
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Thank You!