



Should Academic Detailing Always be One-to-One?

Testing Groups Meetings in a Randomized Trial

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Do you believe one-to-one academic detailing is more effective than group meetings?

Yes

No

Just as effective

Unsure



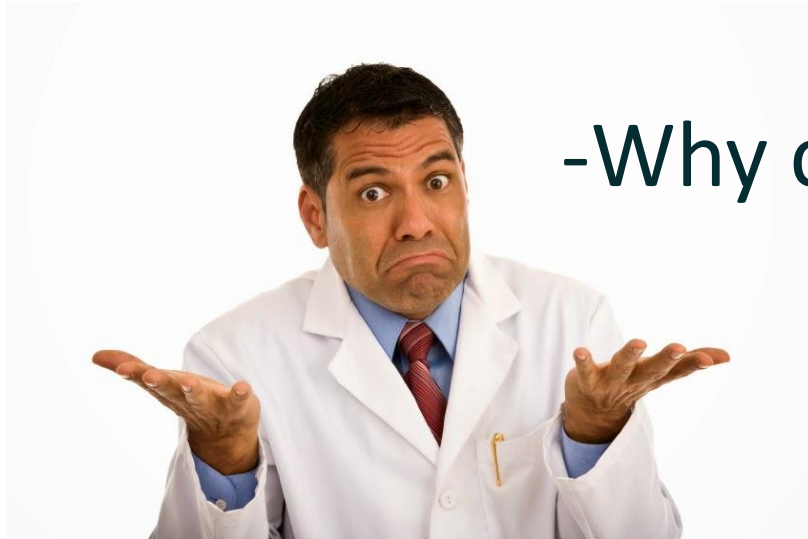
Academic detailing = one-to-one?

- AD has always been defined as one-to-one
- Dialogue and individualisation are key elements of AD. This is hard to achieve in group sessions
- The one-to-one approach separates AD from other variants of outreach and teaching



Academic detailing = one-to-one?

- When describing AD to someone who never heard of it before, the most common response is this:



-Why can't you just do it in a group?



Why do an Randomized Control Trial?

- Few published papers have compared one-to-one AD with group visits
- An opportunity to contribute to the knowledge base on academic detailing
- To evaluate and document our work



Designing an RCT

- Intervention:
Type 2 diabetes in primary care
- Endpoints:
 - Changes in prescribing of antidiabetic and cardiovascular drugs
 - Based on data from the Norwegian Prescription Database (NorPD) 12 months before and after intervention
- Intervention period: September – November 2018



Designing an RCT



- We included all GPs in Central Norway
 - Communities with less than 3 GPs excluded
- All GP offices with a minimum of 3 GPs randomized to:
 - group meeting (N = 293)
 - one-to-one (N = 210)
 - no visit (control) (N = 172)



The interventions

- **One-to-one AD**

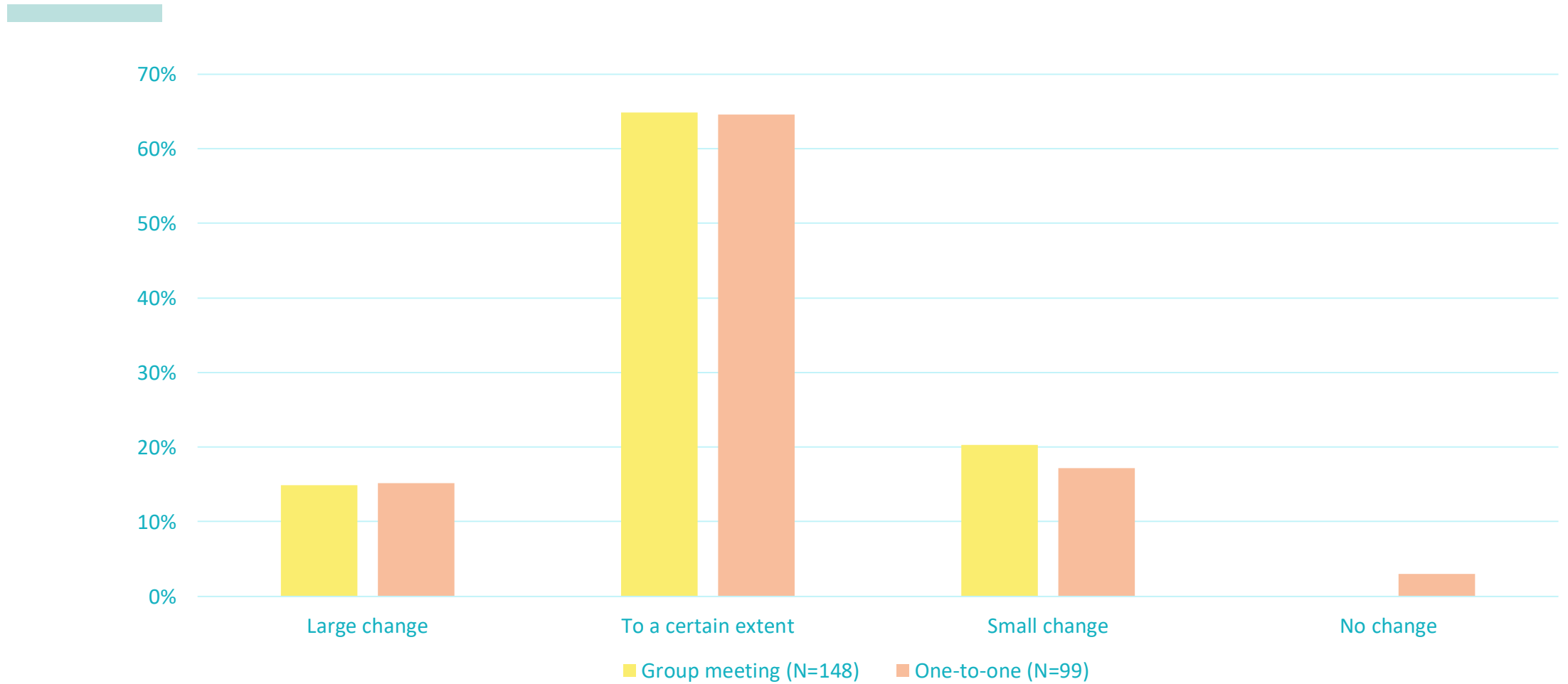
- A four-page A4 brochure (with an inlay card)
- 193 (of 210 randomized) GPs visited one-to-one
 - 177 signed consent and included in study
- Average visit time: 26 minutes

- **Group meetings**

- The same information as in the brochure, delivered as PowerPoint
- 261 (of 293 randomized) GPs visited in 58 group meetings (Mean: 4,5 GPs per meeting)
 - 237 signed consent and included in study
- Average visit time: 46 minutes

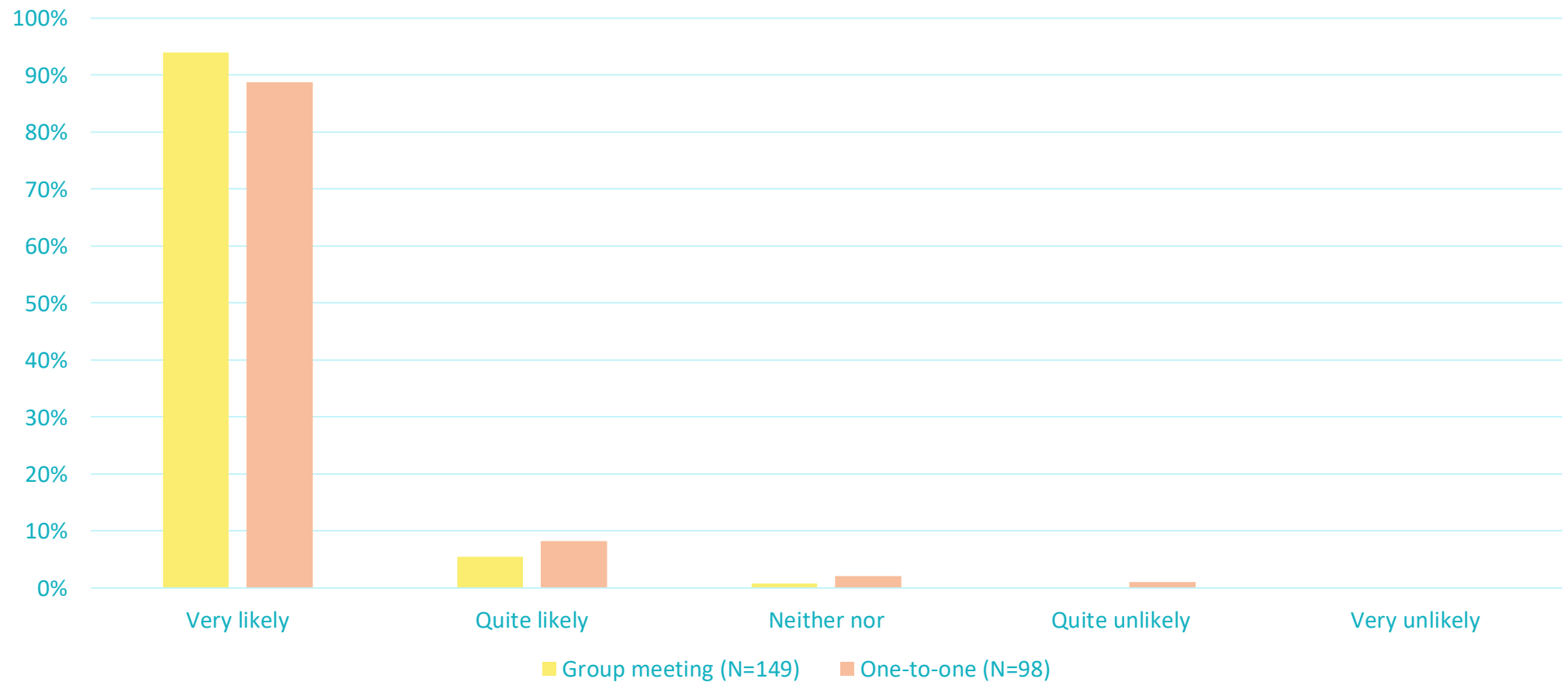


To what extent will this visit change your practice?



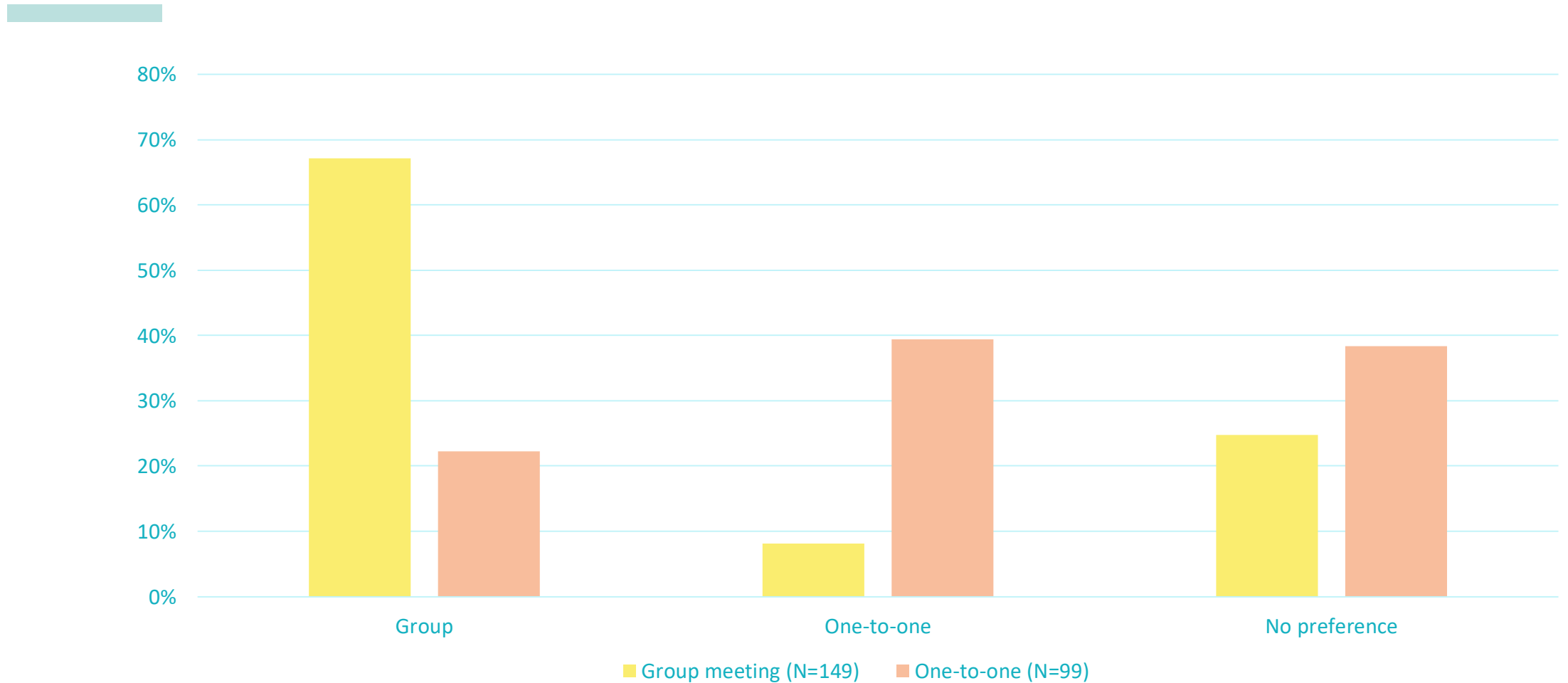


How likely is it that you will accept another visit on a different therapeutic area?





If you could choose, would you prefer having visits in a group or one-to-one?





Detailer evaluations of group meetings

- We often had to wait for all GPs to be ready to start
- GPs often arrived after the session had started, left before it finished or were disturbed during meeting
- GPs were interested and engaged during the meetings
- Many groups had good discussions that may have increased the learning for each GP



Detailer evaluations of group meetings

- Of the 8 visitors who performed both one-to-one and group meetings:
 - **6 (75%)** would prefer one-to-one
 - **1 (12.5%)** had no preference
 - **1 (12.5%)** did not know
 - **0 preferred group meetings**



One-to-one vs. Groups meetings

Method	Advantages	Disadvantages
Academic detailing ^a	<ul style="list-style-type: none">• Time-effective for the GP^b• Messages can be tailored to the GP's current understanding and behaviour• One-to-one interaction keeps focus• More effective than other methods for changing prescribing	<ul style="list-style-type: none">• Time-consuming for the academic detailer• Higher costs than group visits• Not possible for the GP to discuss with colleagues during the meeting
Group meetings	<ul style="list-style-type: none">• Time-effective for the academic detailer (approximately 45 mins for a group meeting to see all GPs in a practice)• Lower costs than one-to-one visits• In a good group setting sharing and discussion with colleagues is possible	<ul style="list-style-type: none">• More time-consuming for the GP than a 20 mins one-to-one meeting• Difficult to tailor the messages to the individual GPs• Easier for the GP to be unfocused than during a one-to-one visit• The group setting can be a barrier for the individual GP to ask questions

^aThe term “academic detailing” is here specifically used to describe a one-to-one visit. ^bIn Norway, the scheduled time for a one-to-one visit is 20 mins.

Dyrkorn R, Langaas H, Rowett D et al. Academic detailing as a method of continuing medical education. *Adv Med Educ Pract.* 2019;10:717-725



Conclusion

- Prescribers value both one-to-one and group visits
- Group meetings and one-to-one visits have different advantages and disadvantages
- Group meetings are not academic detailing, and should not be called that