# **Academic Detailing Visit: Brief Provider Evaluation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Key Messages for Opioid Safety** | **I have used these initiatives before:** | | | | **I will try this in the future:** |
| **Never** | **Sometimes** | **Frequently** | **Always** |
| Prescribe **non-opioid medications** |  |  |  |  |  |
| Start any opioid medications **at low dose & go slow** |  |  |  |  |  |
| Review the **state PDMP before** prescribing |  |  |  |  |  |
| **Avoid concurrent prescribing** with benzodiazepines |  |  |  |  |  |
| Link patient to **opioid use disorder treatment** |  |  |  |  |  |
| Co-prescribing **naloxone** |  |  |  |  |  |
| Offering **MAT** (Medication-Assisted Treatment) |  |  |  |  |  |
| Other: |  |  |  |  |  |

1. **What aspect of this education session did you find most useful? (Please circle all that apply)**

Interactive dialogue Opioid-specific clinical content

Clinical tools and resources Studies/literature

Efficiency/fit into my schedule Data

Patient-facing tools Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What aspects of this education session were least useful?**

Interactive dialogue Opioid-specific clinical content

Clinical tools and resources Studies/literature

Efficiency/time from my schedule Data

Patient-facing tools Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What topics related to pain or opioids would you like to know more about?**
2. **What’s the best way to follow up with you in the future?** *(Please include preferred way to reach you, e.g. email address or phone number)*