



TRAINING IN SOCIAL MARKETING FOR ACADEMIC DETAILERS IN AUSTRALIA

BUILDING A NATIONAL FIELD FORCE TO PROVIDE INDEPENDENT, EVIDENCE-BASED INFORMATION TO MODIFY PROFESSIONAL BEHAVIOUR, PARTICULARLY PRESCRIBING



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PROBLEM STATEMENT

Academic detailing, particularly when combined with a social marketing approach is one of the most practised and effective methods of modifying professional behaviour, particularly prescribing. To improve outcomes from prescribed medicinal drug using academic detailing requires a well trained field force.

INTRODUCTION

A Cochrane review of the effects on professional practice and health care outcomes from 'educational outreach' concluded that educational outreach (academic detailing) visits, particularly when combined with a social marketing approach appears to be an effective means of modifying professional behaviour, particularly prescribing. Positive effects of academic detailing on practice were observed in all eighteen trials included in this systematic review.

The term academic detailing was coined by Avorn and Soumerai in a landmark study in 1983 to describe an educationally-oriented face-to-face visit from a well-credentialed, commercially independent, and well-trained visitor to a doctor in his or her own practice setting.

Soumerai and Avorn postulated an eight-component social marketing approach to achieving medical behaviour change through academic detailing:

- * assessment of the motivation for current practice and personal barriers to change;
- * designing programmes to meet the needs of specific doctor targets;
- * developing clear objectives;
- * establishing credibility of the information and the visitor through respected organisational identity, referencing authoritative and unbiased sources of information, and presenting both sides of controversial issues;
- * encouraging physician participation;
- * using concise educational materials;
- * repetition of key messages; and
- * providing reinforcement through repeated visits.

Features of the academic detailing technique have been described by Australian authors Pond, Mant, Kehoe et al and include: that the visitor is well presented and well briefed; the timing is at the doctor's convenience; the doctor does not need to interrupt the normal routine of the working day; the doctor is on his/her own ground rather than at a disadvantage; and the message is concise and clearly relevant to patient care. The authors commented from their own experience that to present an educational message in such a format requires considerable preparation, with high quality written and pictorial material and a standardised presentation.



The pharmaceutical industry has invested significantly in this approach, and believes it to be worthwhile for influencing prescribing decisions investing approximately 57 per cent of its promotional expenditure on medical sales representatives whose main activity is outreach visits.

AIM

To design a programme to teach the technique of academic detailing to facilitate the provision of independent, evidence-based information with respect to quality use of medicines.

METHOD

A 10 week distance learning course to provide independent drug information to general practice was developed in 1998 as part of the Master in Medical Science (Drug Development), Graduate Diploma in Drug Development and Graduate Certificate in Drug Development of the University of New South Wales. This subject involves a three-day residential workshop 'Best Practice in Educational Visiting', with pre-workshop preparation and a post-workshop task, followed by two assignments.

The three day residential workshop 'Best Practice in Educational Visiting' provides communication and interaction skills training in the techniques of academic detailing. All NPS facilitators who deliver the NPS practice visits programme are required to undertake this residential workshop.

Learning Objectives of the Workshop

1. Understand the strategies which make educational visiting an effective technique to change clinical behaviour;
2. Acquire and practice the communication skills of educational visiting;
3. Understand and practice the skills of providing independent information;
4. Gain an appreciation of the context in which educational visiting occurs;
5. Critically appraise information you require.

The 'Best Practice in Educational Visiting Workshop' covers the following issues:

- An overview of academic detailing
- Structure of an academic detailing visit
- Introductions in academic detailing
- Building trust and establishing credibility
- Barriers to communication
- Exploring values and beliefs
- The concept of needs
- Identifying the needs
- Features and benefits
- Getting objectives clear for the visit
- Making summaries of the issues
- How to get the messages across
- Closing the communication loop
- How to prepare for a visit
- Handling challenging responses
- Support from your organisation
- Putting it all together

Structure of an educational visit

Introduction

- * Create a suitable space for the visit
- * Attend to the immediate needs of the doctor
- * Practice the art of small talk to establish rapport
- * Demonstrate attentiveness through your body language
- * Explain the purpose of your visit
- * Define your availability (ie. how long you can stay & when you can be seen)

Build trust and establish your credibility

- * Imprimatur of respected medical organisations, RACGP, Divisions of General Practice, Specialist Colleges, other organisations eg Universities, NPS, teaching hospitals
- * Unbiased and independent
- * Clinically based

Identify the doctor's needs

- * Use open questions to get the doctor talking
- * Use minimal encouragers to keep the doctor talking
- * Reflect what you've heard to show that you're listening and to check that you've understood correctly

Present the features and benefits "key messages"

Present the key messages of your educational campaign so that they relate to the beliefs, needs, values and interests of the doctor as you perceive them

Overcome any objections and handle any challenging responses

eg. anger or indifference that stand in the way of the doctor "buying" your message

Close the communication loop

- * Use 'reflecting' skills to make sure your messages have been 'received' by the doctor
- * Offer further support
- * Gain commitment for subsequent visit

Follow-up and maintain your relationship with the doctor

- * Service philosophy

The workshop 'deconstructs' an educational visit and then culminates in each student being video-taped conducting an educational visit with a general practitioner. The workshop participant is asked to review their own video with a fellow student in terms of the social marketing principles and communication methods taught during the training sessions.

General Practitioners participate actively in the teaching program. The workshop provides the opportunity to hear and discuss with general practitioners the nature of their practice, the structure in which they work and the perceived pressures which they experience day-by-day.

A successful academic detailer needs to have current therapeutic knowledge and the ability to present both sides of issues. Comprehensive materials have been developed to summarise the available research evidence around the management of sore throat for use in the role plays. A topic briefing pack has been assembled with key messages and a folio of recommended readings for each key message.

Each academic detailer's skills and knowledge are evaluated during, and at the conclusion of the training. This evaluation is based on both performance and response to the coaching received during the role-play training sessions.

The workshop programme employs role plays, role-modelling and other interactive methods.

Two additional assignments are available for those wishing to do the full course and aim to provide This assignment involves the preparation of a topic pack for providing independent drug information to general practitioners. Assignment One includes:

- developing key messages
- clarifying goals of detailing
- creating a detailing aid
- critical appraisal of information to be given to the doctor and
- providing key references from the medical literature.

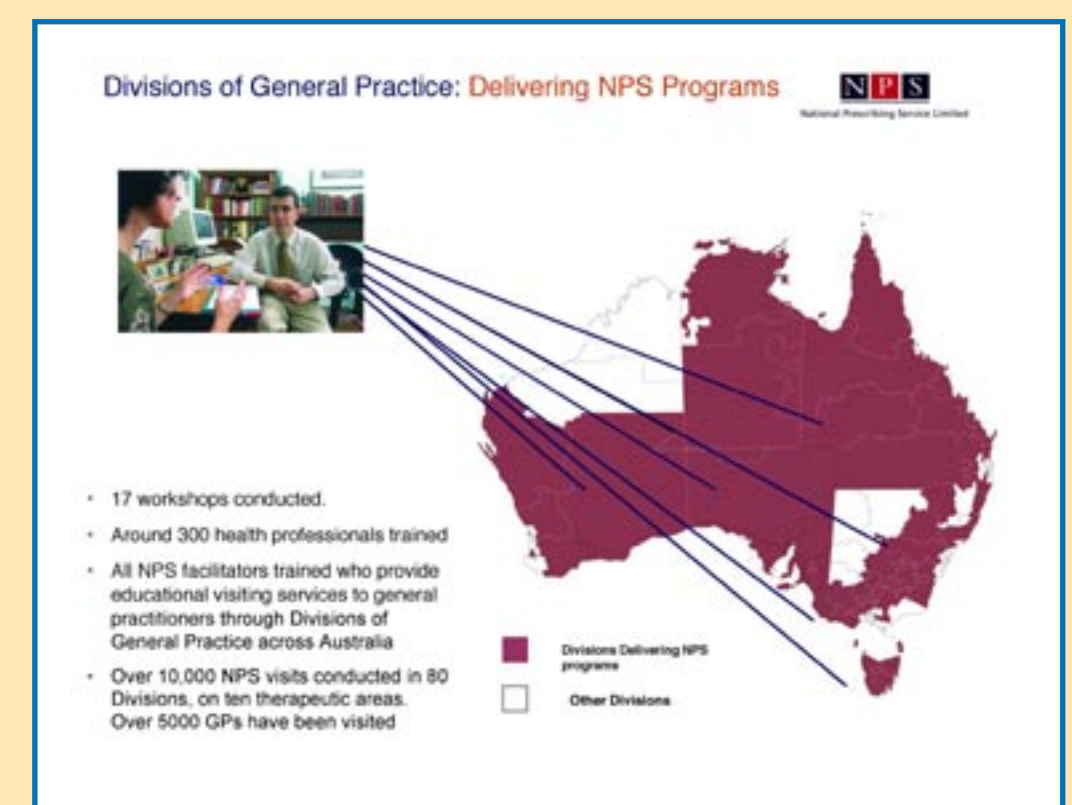
Completion of Assignment Two enables the student to:

- know about the strategies that are effective in promoting changes in clinical behaviour
- have the capacity and skills to implement these strategies effectively in a one-to-one setting
- have the skills, attitudes and knowledge to interact effectively with doctors in a one-to-one setting.

RESULTS

17 workshops have been conducted since November 1998. Around 300 health professionals have been trained, including all of the National Prescribing Service (NPS) facilitators providing educational visiting services to general practitioners through Divisions of General Practice across Australia. Since June 1999 over 10,000 NPS visits have been conducted in over 80 Divisions, on ten therapeutic areas. Over 5000 GPs have been visited. Additional workshops have been conducted for project staff using academic detailing interventions and to develop academic detailing services for Provincial authorities in Canada and the University of Kentucky, USA.

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CONCLUSIONS

The Best Practice in Academic Detailing/Educational Visiting Workshop is an effective method to teach the technique of academic detailing and to train a national field force for a successful, sustainable visiting programme.

ACKNOWLEDGEMENT

Study funded by: course development: Health Insurance Commission; ongoing provision: NPS