


## **Appendix D**

Evaluations are included for both events in 2019: the conference in Nova Scotia and the conference in New Brunswick. We have also included the overall evaluation document and plans for moving this conference to the next level in content, knowledge translation and credits granted.

# 2019 Choosing Wisely with Academic Detailing

## October 25<sup>th</sup>-27<sup>th</sup>, 2019

Respondents | 18

	Mean±SD
1. The program fulfilled its announced educational objectives: 1 (Strongly Disagree)  5 (Strongly Agree)	4.44±0.62
2. The program met my learning needs: 1 (Strongly Disagree)  5 (Strongly Agree)	4.28±0.67
3. There was enough time allowed to cover the topics presented: 1 (Strongly Disagree)  5 (Strongly Agree)	4.11±0.58
4. My expectations for this program were met: 1 (Strongly Disagree)  5 (Strongly Agree)	4.11±0.76
5. The program was well organized: 1 (Strongly Disagree)  5 (Strongly Agree)	4.67±0.59
6. There were adequate opportunities for audience participation: 1 (Strongly Disagree)  5 (Strongly Agree)	4.28±0.57
7. The presentation of research data was appropriate to support treatment recommendations: 1 (Strongly Disagree)  5 (Strongly Agree)	4.17±0.62
8. The knowledge and skills gained during the program will be applied to my work environment:	4.28±0.57
9. The meeting facilities were adequate: 1 (Strongly Disagree)  5 (Strongly Agree)	4.83±0.38
10. The program content enhanced my knowledge: 1 (Strongly Disagree)  5 (Strongly Agree)	4.39±0.5
11. Please list the key pearls you learned from this program: <ul style="list-style-type: none"> <li>– Use of ASA for prevention of preeclampsia. Evidence for ketogenic diet in treatment of T2DM.</li> <li>– It reminded me that communication is key. Confirm technique for home blood pressure monitoring. Be careful of consequence to order tests that were not needed.</li> <li>– Keto diet Ca + asa in pregnancy Communication</li> <li>– Better understanding and approach to chronic pain About the CATMAT website Reminder of doing less unnecessary investigations</li> <li>– Asa for preeclampsia. Confirmed my thoughts few LBP therapeutics</li> <li>– Tools available when prescribing antibiotics Good overview of acute to chronic pain transition</li> </ul>	

- Poor performance of migraine drugs Breath is a powerful agent in controlling pain Apps/Tools available for antimicrobial use
- New research in diabetic diet very interesting and promising
- Prévention pré éclampsie Meilleure approche regime avec dm Améliorer mon approche clinique avec client (**Prevention pre-eclampsia Best diet approach with dm Improve my clinical approach with client**)
- Learned more detail about the studies and data behind recommendations for recent changes in BP dx and treatment.
- Learned that dietary change can be taught and make significant difference in diabetics. (Hooray! A CME that gives more than lip-service to non-Rx treatment for DM) Ideas on communication, from several talks, will definitely find their way into my patient-doctor interactions.
- Communication strategies with patients Background information and perspective on pain pathophysiology The importance
- of choosing wisely and overall effects and outcomes
- Antimicrobial stewardship- Bonnar Travel- Baxter Achieving change- LeBlanc Why this is tough- Dysart ALL EXCELLENT

12. Please indicate up to three changes you intend to make in your practice as a result of having attended this program:

- I'll start doing narcotic contract for tramadol Use antibiotics judiciously and be aware of afternoon decision fatigue Be aware and question my routine bloodwork orders. Discuss openly about it with my patients
- More knowledge about managing keto and diabetes meds Better explanation to patients about chronic pain Feel more comfortable discussing not ordering tests with patients when not indicated
- Prescribe less antibiotics Try to be more empathetic to patients with chronic pain without feeding into their request for opioids Meditate more and recommend it for my patients more
- Screening for preeclampsia risk. More comfort re LCHF for DM2
- Use if antimicrobial guidelines Further reduction of narcotic prescribing Encourage breath technique in pain control
- Use of antimicrobial tools Pain management will change: use of breath, pay attention to pain tuck posture and treat Selective use of morphine and hydromorphone, depending on the circumstances
- Communication X3
- Rationnaliser mes investigations Améliorer ma communication avec clients Algorithme pour arret tabagisme (**Rationalizing my investigations Improve my communication with clients Smoking cessation algorithm**)
- Definitely will use some of the evidence to support actions in the office.
- Apply knowledge and ideas to ADS service-share Use communication skills and apply to everyday Practice choosing wisely and share this with peers
- Changes will be in obstetrics about new things I learnt here
- Greater attention to stewardship

13. Please provide any additional comments you may have:

- I really like the case presentation associated discussions with colleagues and pharmacist together. I found the lectures which mostly talked about studies very hard to follow and hard

to stay engaged with. It is nice to get the dialogue of difficult cases going with my peers and their thoughts and ideas

- Beautiful venue
- Ne pas obliger les participants à payer pour activité sociale. J'ai payé 100\$ pour l'activité que n'ai pas fait et ça m'a coûté un autre 100\$ pour souper ailleurs. Laisser libre-choix: seul point négatif. Très bon meeting. (Don't force participants to pay for social activity I paid \$100 for the activity that I did and Sa Ma cost another \$100 for dinner elsewhere Leave free choice Only negative point Very good meeting)
- I left after the first day due to a family issue.
- Make more interactive rather than lecture style Webinar availability
- People should provide/ present on what they do in their actual practice: MD medicine, pharm-pharmacology More interaction is required. Fewer pharmacology dense lectures would be great




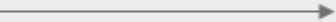
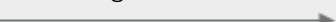
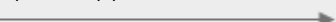
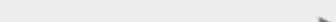
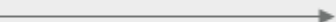


14. Please list any topic suggestions for future programs:

- Insomnia treatment long term and use of CBT Sleep apnea Long term outcomes of bariatric surgeries and evidence to continue vitamin monitoring
- Any that involve difficult patients and discussion from all on how to help deal with them
- Antidepressants Anxiety Insomnia And benzodiazepines POCT updates/research projects

# 2019 Choosing Wisely with Academic Detailing

May 31<sup>st</sup>-June 2<sup>nd</sup>, 2019

Respondents | 9

	Mean±SD
1. The program fulfilled its announced educational objectives: 1 (Strongly Disagree)  5 (Strongly Agree)	4.33±0.5
2. The program met my learning needs: 1 (Strongly Disagree)  5 (Strongly Agree)	4.33±0.5
3. There was enough time allowed to cover the topics presented: 1 (Strongly Disagree)  5 (Strongly Agree)	3.44±1.24
4. My expectations for this program were met: 1 (Strongly Disagree)  5 (Strongly Agree)	4.11±0.78
5. The program was well organized: 1 (Strongly Disagree)  5 (Strongly Agree)	4.78±0.19
6. There were adequate opportunities for audience participation: 1 (Strongly Disagree)  5 (Strongly Agree)	4.56±0.73
7. The presentation of research data was appropriate to support treatment recommendations: 1 (Strongly Disagree)  5 (Strongly Agree)	4 ±0.5
8. There were adequate opportunities for audience participation: 1 (Strongly Disagree)  5 (Strongly Agree)	4.56±0.73
9. The meeting facilities were adequate: 1 (Strongly Disagree)  5 (Strongly Agree)	4.67±0.5
10. The program content enhanced my knowledge: 1 (Strongly Disagree)  5 (Strongly Agree)	4.67±0.5
11. Please list the key pearls you learned from this program: - Lyme disease update, useful tools to use in the office - Think twice before giving any antibiotic - Very good presentation on Lyme Disease, I have a much better understanding of how to discuss Lyme tests with patients - Antibiotic choices, OSA device downloads prior to buying CPAP	
12. Please indicate up to three changes you intend to make in your practice as a result of having attended this program: - Shorten length of treatment time for CAP, ask for 30 D compliance report for CPAP Naproxen and PPI for nsaid	

- Use less antibiotics, think before ordering test in ER, be more empathetic with chronic pain patients
- Re-evaluate antipsychotics in some patients, I will re-evaluate COPD treatments and repeat spirometry during flare ups, continue to be judicious with use of opioids and how to taper.
- Better communication, more responsible antibiotic prescribing, asking for device download for patients on CPAP trial
- Start using suboxone for OUD. Use Amoxil more often for CAP. Start using chlorthalidone

13. Please provide any additional comments you may have:

- Less stats in presentations
- Good conference. I wish speakers had been stopped at the time that was scheduled as talking over time affected 2 of the talks I was most interested in. In terms of the set up, I really liked the location but would have preferred having breakfast included and not dinner. Connie LeBlanc, Maureen Allen and Duncan Webster were all exceptional presenters
- Overall very, very high-quality speakers. Some of the pain talks felt very rushed, it made it difficult for me to follow. Dr. LeBlanc was an amazing speaker, I might like emerg if I had trained with her in med school!
- Very well organized

14. Please list any topic suggestions for future programs:

- Mental health topics, mood disorders, PTSD

## Conference Report and Analysis CWC with ADS: Five Year Report

We have held this conference in five sites across Nova Scotia and one in New Brunswick as a collaborative interprofessional conference and have seen the attendance increase progressively.

**Design:** In 2014, we noted that the Choosing Wisely recommendations (at that time), and our Academic Detailing Service, had just under 10% alignment. This opportunistic overlap was felt to be a sweet spot for a highly interactive, small group conference to augment both programs while providing high-quality and community focused education for practitioners.

The model adopted included a physician presenting cases where there are prescribing or therapeutic challenges, a pharmacist presenting pharmacologic data in a detailed format, and returning to the cases for an interprofessional discussion of the cases for a treatment plan or plans that are evidence informed.

- **Past sites:** Membertou Conference Center, White Point Resort, Oak Island Resort, Digby Pines Resort, Fox Harb'r Resort, Nova Scotia;
- **Additional Site:** Algonquin Resort, New Brunswick;
- **Attendance:** participants have included family and specialist physicians with one or two pharmacists and one learner over the five years;
- **Timing:** Friday evening meet and greet, Saturday all day and Sunday until noon;
- **Technical Support:** Basil AV with Nick Nifort is required to ensure IT support and functioning at a high level;
- **Entertainment:** A dinner and entertainment on the Saturday evening, with a focus on local entertainers (this is at an extra cost).

Attendees are mostly Family Physicians with a few specialists, one pharmacist, and one learner over the five years. They travel to this event with their families who also attend the dinner and entertainment on Saturday evening. Travel expenses, including accommodations, mileage, and conference registration, are paid for presenters (pharmacists, physicians), staff from CPD, and the project manager for Choosing Wisely Nova Scotia.

Feedback has been extremely positive on evaluations, word of mouth, and repeat attendance.

Some constructive elements in the feedback have indicated:

- the importance of presenters' content being aligned with their actual work (MD present cases and pharmacists present pharmacology with a collaborative approach to problem solving). With time we have strayed from this model over time and the evaluations reflect this drift.
- attendees are almost exclusively family physician and pharmacists, with a rare, specialist, or RNP attention must be paid to relevance for their practice, attention and energy in the room during presentations, feedback and focus.

It is time to evaluate this program, as in the most recent year, this conference experienced a financial shortfall for several reasons, and this needs to be addressed for the conference to remain a viable offering moving forward.

### **Educational updating:**

- Return to the model of practice-aligned presenting;
- Case-based approach to each topic with case first and a return to discuss the case after the pharmacology evidence presentation;

- Remove all ‘didactic only’ presentations as feedback is weak on these and attention in the room, as well as attendance is reduced for these (direct observation and evaluations);
- Align all cases and presentations with current ADS topics;
- Maintain time for case discussions, audience engagement and peer to peer discussions ever allowing speakers to venture into the discussion time (observation and feedback);
- Reviewing slides and providing feedback on these is important;
  - Remove all slides that can’t be read- these are handouts;
  - Remove all illegible slides;
  - Provide speakers with directed presentation feedback;
  - Reduce the number of studies presented individually and summarize;
  - Return to cases throughout the presentation to emphasize key points in the research/ evidence.
- Slow down the talks, better to have less information covered well;
- Ensure 25% interaction time for ALL group work (both small and large) rather than using the small groups for more interaction, questions, discussion (this is an accreditation standard for physicians) and a learning opportunity;
- Remove all slides that are “you guys know this”;
- Include much appreciated topics that are non-pharmacologic topics relating to resource stewardship: communication skills, managing change, leading change, measuring outcomes, cases for M&Ms, leadership, etc.;
- Intention to change documents with a practice audit follow-up on one of the intended changes will be enacted moving forward using RedCap™ to manage this with ease.

In past years, after the inaugural year, we have been successful in keeping this conference revenue positive. Speaker entitlement equity and transparency must remain a principle for this conference. In the most recent year, we incurred greater speaker expenses and moving forward to remain free of industry sponsors we will have to increase the number of sessions provided by each speaker to ensure fiscal viability. We propose the following adaptations to allow us to continue to remain industry free while maintaining a high caliber programme.

#### **Overall Conference Changes: Feedback from Observers Year-3 and Year-5**

1. Maintain case-based talks;
2. Increase interaction to include all sessions;
3. Keep all sessions on time and do not allow time overruns
- 4.
5. Avoid talks with too much dense content and redundant slides;
6. Engage only speakers with superior speaking, content and interactivity;
7. Maintain the family and cultural portions of the conference;
8. Do not include alcoholic beverages in the welcoming reception as many do not partake;
9. Have MDs present the cases as the pharmacists’ content on patient cases is weak;
10. Maintain the dual presentations with discussion as these are very engaging.

#### **Financial Logistical updating:**

1. If 60-minutes of presentation: presenter will be entitled to 1 hotel night and we recommend shared driving (min of 2 per car);
2. If 90-minutes of presentation over 2 days: presenter will be entitled to 2 hotel-nights and solo driving, however shared is preferred;
3. Suggest that each speaker be engaged in 3 presentations over the weekend;



4. Speaker selection be made by CPD Associate Dean, ADS Director and ADS Manager based on topic, speaking skill, audience engagement, past evaluations (if available) and availability;
5. Arrival reception include cheese and crackers with self-purchase of beverages;
6. Saturday evening dinner paid for staff and 1 dinner ticket for each presenter (not for partner);
7. No honoraria to be paid to presenters;
8. BASIL AV to continue to be the provider of all technical support to maintain quality;
9. Maximum staff: CPD Dean (should also be a speaker), ADS Director (should also be a speaker), CPD Managing Director;
10. Choosing Wisely project manager will attend ONLY if CW grant funding can be applied to travel and expenses;
11. Funding will be sought from DoctorsNS, DEANS, and CADTH;
12. Lunch to go not be included in the conference- we would have to notify participants fo this change.

## **Overall**

This conference has enjoyed great success.

- We have maintained a collaborative and interprofessional development approach and transparency in speaker entitlements;
- We must maintain a highly case-based model for interactivity and participant engagement;
- Speaker selection will be more judicious and based on speaking ability in addition to content expertise;
- Action to change will be added to allow for 2 credits per hour for CFPC members and 3 credits per hour for RCSPC member;
- The social and cultural facet of this conference will not be altered.
- Plan to conduct qualitative analysis of the nature of the interaction between the sessions and the perceived impact of the social and cultural events with the large group next fall using interview and direct observations by a skilled qualitative researcher.