DALHOUSIE UNIVERSITY
FACULTY OF MEDICINE
Academic Detailing Service

Final Report

Transitioning to Virtual Academic Detailing amid COVID-19: A Case Study

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Executive Summary

Background
Starting in 2020, COVID-19 public health protocols required that medical educators rapidly move the bulk of their curriculum online. This includes Academic Detailing (AD) programming, a form of interprofessional, evidence-based educational outreach for practicing health care providers.

AD is facilitated predominantly by specially trained pharmacists who target physician prescribing practices, to ensure that physicians are supported in keeping abreast of rapidly changing best practices related to prescribing. This service is important for ensuring safe, effective, and cost-effective medical care.

In Nova Scotia, AD is designed and delivered by the Dalhousie Academic Detailing Service (ADS) in the Department of Continuing Professional Development and Medical Education in the Faculty of Medicine at Dalhousie University. The purpose of this exploratory case study of the Dalhousie ADS is to contribute to the sparse evidence base exploring virtual AD, and its components, toward identifying best practices.

Research Questions
1. What are the challenges and opportunities afforded by a transition from in-person to virtual Academic Detailing in Nova Scotia?

2. What are best practices for a transition to virtual Academic Detailing amid COVID-19?

Methods
This exploratory case study allowed for in-depth exploration of virtual AD as a contemporary phenomenon in a specific, bounded context. For this study, this bounded context is the Dalhousie Academic Detailing Service and its transition to virtual delivery amid COVID-19.

We used three methods: 1. Observation of one-to-one ADS sessions with an academic detailer and primary care provider (n=5 sessions); 2. One focus group with academic detailers (n= 6 participants); and interviews with primary care providers (n=6) and Academic Detailers (n=2) who participate in academic detailing with the Dalhousie ADS, and 3. Document analysis of curriculum and policy documents related to the ADS (n= 10).

Executive Summary

Results
Our analysis identified several **strengths** brought by virtual detailing:

1. Inherent benefits of virtual programming;
- Convenience
- Accessibility
- Exposure to virtual learning technologies
- Environmental benefits
- More content-focused delivery
- Virtual archiving of detailing sessions.

2. Pre-existing strengths and skillsets in program leadership;
3. Global move toward virtual communication and telehealth amid COVID;
4. Pre-existing detailing relationships between detailers and participating physicians; and
5. Pre-existing roles and attributes of pharmacists as a profession.

Several **challenges** were also identified:
1. Issues with virtual presence (group sessions);
2. Difficulties in establishing consistency across in-person and virtual sessions; and
3. Technological issues.

Conclusion
The Covid-19 pandemic has brought many challenges globally. Virtual delivery of academic detailing has posed unique challenges and opportunities for innovation.

Our study findings support offering a blended model moving forward. One that integrates previous concepts and elements of AD, leverages strengths and challenges of both virtual and in-person delivery, and considers logistics, efficiencies and participant preferences.

Background

Prior to the COVID-19 pandemic, virtual AD has been explored but underdeveloped (Smart et al., 2021). During this time, Dalhousie Academic Detailing Service delivered in-person AD visits exclusively. Over the past two decades there has been an increasing interest in offering online delivery in the form of videoconferencing, telephone co-browsing, and virtual academic detailing, etc. (Ho et al. 2013; Nenninger et al., 2022). However, the Covid-19 pandemic propelled many AD programs, including the Dalhousie Academic Detailing Service in Nova Scotia, to rapidly adapt curriculums to an online format, referred to as "virtual academic detailing", "technology enhanced academic detailing" (TEAD) or electronic detailing (e-detailing).

Successful AD delivery requires six critical elements: 1. A focused topic or objective; 2. Understanding participant motivations; 3. Establishing credibility; 4. Encouraging active learning and interactivity; 5. Repetition and reinforcement of AD messages; and 6. Incorporation of succinct printed visuals (Soumerai & Avorn, 1990). One barrier to effective AD, however, is the small number of academic detailers, the majority of whom tend to be located in urban centres, and the intensive training required (Ho et al, 2013). Time is also a significant barrier for busy physicians who may not commit to extensive CME, and who therefore require CME formats that take this challenge into account (Allen et al, 2007).

There is a gap in the literature related to the use of videoconferencing and other digital media in AD program delivery (Ho et al., 2013). However, existing research on this topic suggests that virtual AD can be a suitable alternative and/or complement to in-person AD. Physicians indicated satisfaction with virtual AD at par with in-person delivery. Strengths of virtual AD identified by physicians and academic detailers included convenience, time and cost efficiencies, extended coverage of rural and remote communities, and new possibilities in hosting online communities of practice related to state of the art, evidence-based prescribing practices (Alkhateeb & Doucette, 2009; Baldwin et al, 2018; Ho et al., 2013).

Background

Preliminary evidence, however, suggests challenges to be broached in virtual AD design and delivery. For example, in two pre-pandemic studies on virtual AD, physicians who received distance detailing services preferred in-person AD sessions (Hartung et al., 2012) and were less likely to expect changes in their prescribing practices than physicians who received in-person detailing services (Baldwin et al, 2018).

More recently, a study on blended (both in-person and virtual) AD found technical issues in almost half of all virtual AD sessions as reported by detailers, although these issues were not correlated with any significant differences in participant satisfaction (Smart et al., 2021). Furthermore, virtual AD requires adjustments in both communication style and support materials to optimize this new delivery format; participant engagement strategies and strategic use of screen sharing are two elements of virtual AD required to maintain the required interactivity for effective learning (Nenninger et al., 2022). Pharmacists have been heralded as "ambassadors of change," uniquely suited to delivering specialist consultations and ushering in video-based telehealth technologies in this pandemic era (Hoffman et al., 2020).

To better understand virtual AD, we require research that considers the current Covid-19 context as well as the unique needs and priorities of Nova Scotia Primary Care Providers.

Objectives

Covid-19 and its related public health protocols has required that medical educators rapidly move the bulk of their curriculum online. This includes Academic Detailing (AD) programming, a form of interprofessional, evidence-based educational outreach within Continuing Medical Education for practicing health care providers. AD is facilitated predominantly by specially trained pharmacists who target physician prescribing practices, to ensure that physicians are supported in keeping abreast of rapidly changing best practices related to prescribing. This service is important for ensuring safe, effective, and cost-effective medical care.

In Nova Scotia, AD is designed and delivered by the Dalhousie Academic Detailing Service (ADS) in the Department of Continuing Professional Development and Medical Education in the Faculty of Medicine at Dalhousie University. The Dalhousie ADS currently focuses on educating Primary Care Providers (PCPs), with possible extension to other specialties in the future. Due to Covid-19, many AD programs, including the Dalhousie ADS, have been transitioning to an online delivery format. The purpose of this exploratory case study of the Dalhousie ADS is to contribute to the sparse evidence base exploring virtual AD, and its components, toward identifying best practices.

Our research questions:

1. What are the **challenges and opportunities** afforded by a transition from in-person to virtual Academic Detailing in Nova Scotia?

2. What are **best practices** for a transition to virtual Academic Detailing amid COVID-19?

Methods

We used an exploratory case study methodology, which allowed for in-depth exploration of virtual AD as a contemporary phenomenon in a specific, bounded context. For this study, this bounded context is the Dalhousie Academic Detailing Service and its transition to virtual delivery amid COVID-19.

We used three methods in our study:

1. Observations of one-to-one ADS sessions with an academic detailer and primary care provider (n=5 sessions);

2. A focus group with academic detailers (n= 6 participants); and interviews with primary care providers (n=6) and Academic Detailers (n=2) who participate in academic detailing with the Dalhousie ADS, and

3. Document analysis of curriculum and policy documents related to the ADS (n= 10).

We began the data analysis process by exploring our guiding propositions, or assumptions, about this topic. Overall, we expected:

1. a rather difficult transition from a program that was delivered exclusively in-person to one that, at times, was entirely virtual;
2. many glitches and on the ground challenges in adapting academic detailing programing for a virtual format;
3. resistance to virtual delivery from detailers and physicians alike due to anxiety regarding change and technology;
4. challenges in virtual presence and interaction;
5. difficulties with the different role of paper resources in virtual delivery; and
6. a desire to return to in-person delivery post-COVID.

Once we established these guiding propositions, we (PC, AM) moved on to code the documents and transcripts using ATLASti. We then proceeded to pattern matching as a team, a process that involves identifying patterns and themes in emerging findings and comparing them with the original hypotheses and guiding propositions.

Results

Research Question 1:
What are the strengths and challenges brought by the transition to virtual detailing in Nova Scotia?

Strength
Inherent benefits of virtual delivery: • **Convenience** • **Accessibility** • **Exposure to virtual learning/technologies** • **Smaller environmental burden** • **Ability to focus more on content** • **Virtual archives of program materials**
Pre-existing strengths and skillsets in program leadership
Recent moves toward virtual communication and telehealth amid COVID
Pre-existing detailing relationships between detailers and PCPs
Professional roles and attributes of pharmacists

Results

Research Question 1:
What are the strengths and challenges brought by the transition to virtual detailing in Nova Scotia?

Strengths

1. Inherent benefits of virtual delivery

Participants identified several benefits of virtual delivery of academic detailing.

These included:

a) Convenience:

Scheduling of AD visits was noted to be much easier with virtual AD. Virtual delivery enabled detailers to avoid traveling time and enabled them to conduct visits with PCPs in far-apart locations. They reported that PCPs found scheduling for virtual AD to be more convenient, opening their schedule for non-clinic days and reducing barriers to punctual AD session attendance. Elimination of travel also made the process more time efficient for the detailers and cost efficient for the overall program and avoided cancellations due to weather.

"The drive time or the time that we spend driving to different physician offices and ... sitting in their office for 15 minutes because they're running behind, it's time consuming, whereas virtually you just pop on your computer ten minutes before..."
(Detailer 2)

"The scheduling was one of the biggest benefits for both me and the participants... I could schedule somebody in [two locations] in one morning if I wanted to, so that was easy. And the physicians [...] found it easier to find a time."
(Detailer 1)

Results

Strengths (continued)

b) Accessibility: The physical flexibility of virtual detailing makes attendance more accessible for participants with busy lives, including but not limited to parents.

> "... that day my husband had to work, and my kids were home so knowing that I could be home and I was getting something tangible done was really it for me. So I didn't feel distanced, it was good for me, it was flexible...the picture was clear, the voice quality was good, so I didn't feel distanced and I preferred that." (PCP 4)

c) Exposure to virtual learning/technologies: Virtual detailing provided exposure to virtual learning for those PCPs hesitant to engage, or those less experienced, in telehealth.

> "...not everybody is as tech-involved and perhaps not as conversant or comfortable with it...not comfortable with getting uncomfortable, so the pandemic certainly pushed us in that direction and patients have said how much they appreciate the video-based connection." (PCP 1)

> "...the transition, like those early days, [...] I'm embarrassed to say how long it took to get over my IT phobia ...with my practice changing so dramatically as well, I just couldn't see how the rest of it was going to work." (PCP 6)

Results

Strengths (continued)

d) Smaller environmental burden: Reduced travel and less use of paper handouts was identified as an environmental benefit of virtual AD.

> "...that's the other thing I love about e-detailing, we're not using paper anymore, and so the trees and from a climate impact point of view...[Virtual delivery] is a green solution for climate change in terms of travel and all of that." (PCP 1).

e**) Ability to focus more on content:** For some PCP learners, virtual AD enabled them to focus less on social interaction with detailers and more on the course content.

> "I just minimize the video box and then I'm following along...able to take notes, write on the PDF which I love...one thing I would say e-detailing has over actual detailing ...I wasn't going to look away and start writing on this beautiful thing she'd given me and mess it all up." (PCP 1)

> "I received the study materials before the session and I printed those off and it made it better, I wasn't just listening, I was following." (PCP 4)

f) Virtual archives of program materials: Some PCP learners appreciated the digitization of program delivery and its potential for virtual filing systems.

> "My whole system is electronic... I have my academic detailing [organized] according to years[...] [it] organically works at least with my mental framework of here's the disease, here's the pathophysiology, when this is the medication side effects, this new drug, then I can add it on. It's kind of like adding a new story to a building, but the base foundation is still the same foundation." (PCP 1)

Results

Strengths (continued)

2. Pre-existing strengths and skillsets in program leadership: The ADS program had started with a new director 6 months prior to the pandemic, who was already considering the digitization of program materials and processes. Prior to her start, the ADS program was led by a strong and consistent director for three decades, leaving a cohesive and highly effective program for the proceeding Director to inherit.

"I think what made it a success is that almost everybody in the world had to learn this way of communicating ...And I would say [the AD Director's] calm, confident leadership that she set the example of look this can be done and here it is, and this is how you do it. I think that calmness inspired other people." (Detailer Interview)

"...once the pandemic restrictions started, I focused all of my time on researching how to transition our current program to an online format....we were already thinking of changing some of the processes but the (pandemic) drove us to get there much faster which has overall been positive for the program." (AD Director Interview)

3. Recent moves toward virtual communication amid COVID

The transition to virtual detailing happened in a very specific historical context. Lockdowns and protective public health policies meant that for a two-year period, most personal and professional communications were done virtually. Specific to professional virtual experiences, health care professionals were experiencing a broad use of telehealth and video conferencing technologies in their professional practice and education. This brought greater exposure and comfort with virtual interactions, particularly as the pandemic period progressed.

"If there's one good thing about COVID... our ability to connect virtually is so much better than before...it's impressive how far it's come in a short period of time... If you would've asked me a while ago if I was interested in virtual detailing, I would have said no." (PCP 2)

Results

Strengths (continued)

4. Pre-existing detailing relationships between detailers and PCPs

Nova Scotia is a small, rural province, and most detailers had pre-existing relationships with many PCPs prior to COVID. They reported drawing on these previous in-person contacts (from previous detailing sessions, and/or previous interactions as pharmacists) when recruiting new virtual detailing participants, as well as choosing which participants to schedule first when adapting to virtual detailing delivery.

> "I do know a lot of the local physicians, so that's been very fortunate and rather easy for me to [reach] my different territories."
>
> (Detailer Focus Group Participant)

5. Professional roles and attributes of pharmacists

Upon embarking on data collection, it soon became apparent that pharmacists in general, and this group of detailers specifically, are especially oriented to being flexible, strong problem solvers, who draw on social networks and resources to adapt to rapidly changing situations. The detailers we spoke with seemed to embrace the challenge of virtual delivery, using strategies such as practicing with peers, seeking technical help from colleagues, family members, YouTube experts, and IT professionals, to ensure their ability to competently deliver virtual detailing curricula.

> "We don't learn in pharmacy school how to be a teacher... we have to talk to our peers, so other pharmacists or nurses, physicians, ... we have to communicate with them much differently than we communicate with patients. ... it's an equal two-way conversation, it's not telling somebody what to do. It's just arming them with the information, and letting them at the end of the day make the choice." (Detailer Interview 2)

Results

Challenges

Despite an overall smooth transition to virtual detailing, several challenges were also present. These challenges largely fell into one of 3 broad categories:

1. Issues with virtual presence (group sessions);
2. Difficulties in establishing consistency across in-person and virtual sessions; and
3. Technological issues.

Challenge
Issues with virtual presence
Difficulties in establishing consistency across in-person and virtual sessions
Technological issues

1. Issues with virtual presence

Most detailing sessions are one-to-one; however, PCP participants can also request group sessions if they have colleagues they wish to have join them. This can be more efficient for some smaller practices who prefer this type of safe learning environment of meeting together, often over lunch, where they can share information as a group of peers. It may also be efficient for collaborative care clinics and teaching clinics with students, residents and a multidisciplinary blend of health care professionals available to participate. Additionally, some clinics have pre-scheduled recurring time blocks for educational purposes whereby group AD visits may be efficiently booked in.

Results

Challenges

1. Issues with virtual presence (continued)

Challenges related to virtual presence and interaction were largely associated with these group sessions. While participants expressed satisfaction with virtual interaction in one-to-one sessions, some PCP participants who undergo group sessions expressed preference for in-person detailing sessions. Citing the need for crosstalk and more group sharing as a strength of group sessions, these participants noted that virtual group sessions made this informal peer learning element more challenging, and at times, impossible. Some also noted the importance of eating together and the intangible benefits to gathering with colleagues to learn collectively amidst a busy work setting with few opportunities for this.

"I can see that in particular in a group situation that in-person would be much more effective. I think I found the detailing sessions that I did virtually with a group of three or four people were a little more challenging. And there was one in particular where I had one really challenging individual and I think that's a little easier to manage in person." (Detailer Interview 1)

"I often meet one-on-one or two physicians to one but on occasion there are six. One time I did a virtual session with six physicians through their lunch hour....they all had their mics and cameras off and they were eating their lunch, and I just thought this isn't working... Detailing is that interaction, it is that face-to-face, it is that connection, it is that sharing of information. So that was definitely a tough one for me." (Detailer Focus Group Participant)

Results

Challenges

2. Difficulties in establishing consistency across in-person and virtual sessions

Academic detailing staff noted that at times over the past two years, they were shifting rapidly between virtual and in-person delivery. Due to changing public health policies, for the bulk of the past two years, the ADS offered programming in a hybrid (virtual and in-person) format. Academic detailers described challenges in switching rapidly between these two modalities, particularly in relation to establishing consistency in delivery style, and teaching materials (what and how they are used). Apart from the learning curve in virtual delivery, detailers were challenged to translate and adapt materials to ensure comparable techniques and materials across these two modalities.

"... once we got into virtual and you're used to delivering virtual, the flip-flopping back and forth from in-person to virtual, I found challenging... I think the biggest thing is technology and just learning and practicing."

(Detailer Focus Group Participant)

"a 1:1 session that's in-person, I teach/present differently than a virtual one...slides become your cue/prompt on what to say next during virtual sessions...

in-person, suddenly you don't have the slides and you need those cues...so now we are doing both in-person and virtual...that's been a bit challenging but you get used to it and figure it out."

(Detailer Focus Group Participant)

Results

Challenges

3. Technological issues

We anticipated that the bulk of participant reported challenges would be related to tech glitches and breakdowns. However, we found that tech issues were largely overcome quite readily as virtual detailing participants gained more experience with virtual communication. Rather, we learned that proficiency gaps related to virtual modalities, as well as specific platforms (mostly relating to videoconferencing tools such as Zoom, Teams, Google Meets, etc), for all involved, detailers and participants alike. Inconsistency of rural internet across Nova Scotia also posed a difficulty for some detailers. Generational differences were noted by both Detailers and PCPs, and unfortunately the program lost two senior detailers who had already been considering retirement due to multiple factors, in addition to the self-noted challenges related to the transition to virtual academic detailing. The loss of detailers with considerable experience and expertise and the need for recruitment and training of new detailers during an unknown and evolving transitional period in AD was one significant challenge brought by the virtual transition.

"Rural internet...was one of my challenges and I avoided booking large groups for that reason."

(Detailer Focus Group Participant).

"One provider who [...] had never been involved in a Zoom presentation couldn't connect [...] speaking with her receptionist in the days that followed I discovered that their internet was not working that afternoon."

(Detailer Interview 1)

Results

Research Question 2:

What are best practices for a transition to virtual Academic Detailing amid COVID-19?

Best Practices

Strategies undertaken during the transition to virtual delivery included:

1. Social strategies
2. Curricular strategies
3. Change management strategies
4. Pedagogical strategies
5. Recruitment strategies
6. Program evaluation strategies

1. Social strategies

Detailers adeptly leveraged their existing resources, particularly social capital, to adapt to the changing context amid COVID.

Examples:

· Accessing virtual mentorship, training, skills practice via YouTube videos, workshops by The National Resource Center for Academic Detailing (NaRCAD), institutional IT drop in sessions

· Seeking information and advice from personal (friends, family members) and professional (detailing colleagues, professional associations, pharmacist peers, university IT staff) contacts.

"I found that YouTube videos had some really helpful tutorials, that's how I learned but it does take time and you need practice. So finding a pharmacist or a friend that's wiling to practice with you is helpful."

(Detailer Focus Group Participant)

"I spent a lot of time researching and practicing, recording myself with well-known personal colleagues....then I recorded a mock AD virtual visit video and shared that with the detailers. Then I got them to practice with each other...and in a short time period we were out doing live virtual AD sessions."

(ADS Director)

Results

Best Practices

2. Curricular strategies
Detailers employed several approaches to develop and improve virtual delivery; at the same time, they used these improvements and applied them to in-person delivery.

Examples:

· Development of baseline PowerPoint materials for all detailers to adapt for their own use

· Bi-directional adaptations (adding virtual tools like PowerPoint and PDFs to in-person sessions; using paper materials in virtual sessions; cross referencing these materials)

· Weaving multiple tools (screens, tablets, cell phones etc.) into virtual sessions

· Access to a recorded mock AD visit video demonstrating a "how to" approach to virtual delivery

· Providing a refresher of clinical content, of which may be viewed as often as required throughout the learning process as a reference resource.

"Once I started working with the PowerPoint presentation I found that to be lot easier so during Covid for in-person sessions I brought my computer and used the slides...I got some good reception from that so maybe there is an opportunity to blend this."

(Detailer Focus Group Participant)

"I've developed a system based on the virtual platform [and] I feel very comfortable with it now. I use PowerPoint, presenter views, so I've got notes on one screen and then the actual presentation on the other screen... that gives me a lot of comfort when I'm presenting to know that if I get stuck I've got everything I need right there."

(Detailer Interview 1)

Results

Best Practices

3. Change management strategies

ADS program leadership and detailers enacted a gradual, step-by-step approach, which contributed to a more manageable transition to virtual detailing delivery—albeit still work-intensive with steep learning curves.

Example:

· Stepwise program changes, e.g., starting with translating in-person resources to virtual resources (such as handout materials), then later developing new resources for virtual delivery (such as PowerPoint slides)

· Development of an in-house virtual detailing toolkit by the Program Director

"We only knew in-person visits so when Covid hit and we decided to switch over to Zoom, that was a big learning curve...at first we did not use slides...we were basically using our same products (PDFs, laminates) as we normally would use as a person-to-person visit."

(Detailer Focus Group Participant)

"When it came to slides, I have to admit that I knew nothing about PowerPoint so I actually had to rely on one of our new detailers, [who] was a little more proficient in PowerPoint so I had her give me a tutoring session on that."

(Detailer Focus Group Participant)

Results

Best Practices

4. Pedagogical strategies

Academic detailers applied their professional adaptability to delivering virtual content. This included intentionally weaving interactive elements into virtual delivery that may be more spontaneous during in-person sessions.

Examples:

- Intentional interactivity by planning and scheduling informal chit-chat, and directly asking for questions and question prompts, etc.
- Tailoring delivery format to learner circumstances
- Nimble troubleshooting when technology fails

"Take a few minutes at the beginning of each session to have a conversation about the weather or whatever, to sort of build a little bit of a relationship before you dive into the clinical stuff...

[Also take] frequent stops and asking if that makes sense or does that ring true with their practice, do they have any, anecdotes they may have relevant to what we're talking about. Trying to make it, as much as it's possible, a two-way conversation."

(Detailer Interview 1)

"the physician on the other end could hear me but I couldn't hear them... what we ended up doing is in the little chat box I typed my cellphone number to the physician and said call me, put him on speaker phone on my cellphone so our voice is heard through each of our cellphones but we can still see each other on screen and he can see my slides..."

(Detailer Focus Group Participant)

Results

Best Practices

5. Recruitment strategies

Detailing staff adapted recruitment of PCP participants to the changing context of COVID, and the demands of virtual delivery. Most detailers moved to contacting PCP participants directly, often via email, bypassing the previous strategies of calling the office administrative staff and/or dropping into the office to schedule an AD visit.

These previous strategies were often no longer feasible due to physical distancing policies and many offices/clinics were closed or restricted. It was necessary to build on the previous participant contact lists now that email information had become vital. Additionally, most detailers began using online calendar booking software programs that enable PCP participants to self-schedule an AD visit at their convenience. Recruitment for virtual sessions began with PCP participants with whom detailers already had an established in-person relationship.

Examples:

- Using online scheduling software programs
- Beginning virtual sessions with established PCP participants
- Ongoing invitations to hesitant participants
- Direct contact with physicians by email, building contact information databases

"The participants I picked at the beginning were ones I knew, so it was a little more of an easy transition. I practiced on a few pharmacist friends, and I'd do some of my physician colleagues that I knew really well and I knew I'd be more comfortable before I went to people I didn't know. So that was how I transitioned into the virtual detailing."

(Detailer Interview 3)

Results

Best Practices

6. Teaching and Program evaluation strategies

Both detailing staff and ADS leaders described ongoing assessment and evaluation of the virtual transition throughout its rollout. Adapting to virtual delivery was described as an ongoing process that didn't stop once some amount of comfort was achieved. Evaluation and assessment of teaching and program processes, including major changes and small adjustments, were considered part of the everyday practice of detailing—steeped as it is in adaptability and learner-centredness.

Example:

· Continuous evaluation and adjustments (throughout, and beyond, virtual transition) by detailers and ADS leadership via check-in virtual AD team meetings and emails which included sharing revised strategies, approaches, challenges, and tools.

"With AD visits and experience, I was constantly changing and fine-tuning ...all of these minor things that you're constantly readjusting along the way."

(ADS Director Interview)

"I found that I was constantly tweaking and improving the information., I think most of us work with a PowerPoint presentation for the virtual and I was constantly improving it as we went along, as I saw what worked and what didn't and what some providers found helpful."

(Detailer Interview 1)

Results

Best Practices: Tips and Strategies

Participating academic detailers developed six types of strategies to address these aspects most affected by a transition to virtual delivery (See table). These strategies could be helpful for other Academic Detailing programs seeking to embrace this new format as a permanent format.

Type of Strategy	What Worked
Social	• Seek technical help from: peers, family members, YouTube videos, NARCAD workshops • Conduct mock virtual visits with Detailing colleagues or pharmacist peers • Seek ongoing IT support beyond initial training • Embrace and share peer strategies for engaging in virtual AD
Curricular	• Share resources among team (e.g., virtual materials like slides for individual tweaking) • Integrate virtual materials into in-person visits for consistency • Mail paper handouts to PCP participants after sessions • Reference print materials during virtual delivery with PowerPoint (match virtual info with page # in paper handouts)
Change management	• Take a gradual approach to a virtual transition (e.g., start with existing materials in virtual form; then adapt materials like presentation slides for virtual delivery) • Create a customized virtual delivery toolkit • Hold regular check in meetings with detailing team members to assess what is working well and areas for improvement
Pedagogical	• Build opportunities for questions , dialogue and personal connection making into virtual visit • Use multiple screens one with PowerPoint Presenter view • Prioritize virtual delivery for 1:1 sessions; try to do groups in-person • Audio workaround: Integrate cell phones with virtual delivery
Recruitment	• Continue to reach out to those hesitant to do virtual AD • Expect proficiency gaps and provide support • Offer choice of delivery format as per PCP preference
Program evaluation	• Continuously assess and adapt virtual AD delivery and materials as you go

Results

Best Practices: Tips and Strategies

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Type of Strategy	What Worked
Social	• Seek technical help from: peers, family members, YouTube videos, National Resource Center for Academic Detailing (NARCAD), Canadian Academic Detailing Collaboration (CADC) • Conduct mock virtual visits with colleagues, pharmacist peers • Seek ongoing IT support beyond initial training • Embrace and share peer strategies for engaging in virtual AD
Curricular	• Share resources among team (e.g., virtual materials like slides for individual adaptations) • Integrate virtual materials into in-person visits for consistency • Mail paper handouts to participants after sessions (upon request) • Reference print materials during virtual delivery with PowerPoint (match virtual info with page # in paper handouts)
Change management	• Take a gradual approach to a virtual transition (e.g., start with existing materials in virtual form; then adapt materials like presentation slides for virtual delivery) • Create a customized virtual delivery toolkit • Hold regular check in meetings with detailing team members to assess what is working well and areas for improvement
Pedagogical	• Test out virtual platforms, practice (Leadership), and then share and demonstrate platform to team. • Build opportunities for questions , dialogue and personal connection making into virtual visit • Use multiple screens one with PowerPoint Presenter view • Prioritize virtual delivery for 1:1 sessions; try to do groups in-person • Audio workaround: Integrate cell phones with virtual delivery
Recruitment	• Continue to reach out to those hesitant to do virtual AD • Expect proficiency gaps and provide support • Offer choice of delivery format as per PCP preference
Program evaluation	• Continuously assess and adapt virtual AD delivery and materials as you go

Conclusion

Transitioning to Virtual Academic Detailing amid COVID-19

COVID-19 has brought many challenges as we navigate this new normal. However, medical educators have more than shown their immense capacity for adaptability and change. The transition toward virtual Academic Detailing was just one sudden change among many. As medical educators around the world are discovering, our post-pandemic reality can serve as a laboratory for innovation. This research offers evidence that Academic Detailing staff and participants are able and willing to embrace these opportunities.

Our case study affirms pharmacists' mantel of “ambassadors of change.” Our findings confirm that, as academic detailers, pharmacists are uniquely suited to ushering in video-based telehealth technologies during the COVID-19 era (Hoffman et al., 2020). Our research team had anticipated some significant bumps along the way. However, this resourceful group appeared to meet each challenge face-on. Adapting to their audience, their setting, even amid a global crisis, seemed to be just a larger knot of problems to tackle head-on.

Academic detailing scholarship has outlined six critical elements:
1. A focused topic or objective;
2. Understanding participant motivations;
3. Establishing credibility;
4. Encouraging active learning and interactivity;
5. Repetition and reinforcement of AD messages; and
6. Incorporation of succinct printed visuals (Soumerai & Avorn, 1990).

Clearly virtual delivery of academic detailing poses unique challenges and possibilities for each of these elements; however, a majority of detailers and participating physicians expressed willingness to continue virtual detailing into the future, beyond a possible end of the pandemic. Our research supports the idea of blended delivery as the new normal for academic detailing programs. Leveraging the strengths and challenges of both in-person and virtual CME may best serve Academic Detailing programs going forward.

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