

Short Survey #10: Questions to evaluate the physician's experience with the academic detailing

Key questions:

1. Has this been helpful for you, and in what way? (Please be specific.)

2. Is there anything that was really new, surprising, or particularly memorable about this session?

3. Are there one or two things that you would do differently in your practice after this session? (Will this session reinforce what you already do?)

4. Would you like to hear about future academic detailing visits on other topics? (Would you recommend my session to any of your colleagues?)

Long Survey #10: Questions to evaluate the physician's experience with the academic detailing

1. What is the most important key message you took away from the detailing visit? (Please state in your own words.)

2. How credible is the main message presented in the discussion? (Select one.)

very credible	1	2	3	4	5	not credible at all
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3. Are there parts of the detailing experience that were particularly bothersome or that did not concur with your beliefs?

Yes No

If yes, which part?

4. Did you have enough time to ask questions of the detailer?

Yes No

5. Were your questions answered adequately?

Yes Sometimes No

6. The detailing visit aims to inspire you to be confident in acting on the key messages provided. Of the messages presented by the academic detailer, is there anything you need to have more confidence in? (Check all that apply.)

- More references to peer-reviewed studies
- More evidence that this message is supported by specialists or disease groups
Any specialist(s) or group(s) in particular?
- More evidence that this message is supported by local experts
- More explanation of the relevance of this message and its application to my practice.
- Other (please state)

7. Please select how likely you are to implement each of the following three key messages; and if you have any comments on the key messages, please feel free to add them in the space provided.

All PPIs are equally efficacious as initial therapy (the major difference is cost).

very likely	1	2	3	4	5	very unlikely
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Comments?

More may not always be better (double-dose PPIs may not be necessary).

very likely	1	2	3	4	5	very unlikely
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Comments?

PPIs are not efficacious in the treatment of asthma, chronic cough, and laryngeal symptoms that may be associated with GERD.

very likely	1	2	3	4	5	very unlikely
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Comments?

Quality of the detailing:

1. Can you comment on the length of the detailing visit? (Check one.)

- Too long
- Just right
- Too short

Comments?

2. Is there something about the detailing visit that was irritating or blocked you from accepting the key messages? (Please be specific.)

3. Can you state in one specific way how you might apply this information?

Barriers to change:

1. What do you think are the key barriers to changing how you currently practice with PPIs? Check any that apply.

- I think that I am already rationally prescribing PPIs to patients, therefore there's not much room to improve.
- Many specialists promote high dose PPI treatments of certain PPIs and this may be a barrier to my adapting to the key messages.

- Many of my patients need a high dose PPI to start with, and so I am not inclined to start them on a lower dose.
- I don't think it's necessary to consider the price of the prescription when I make a prescribing decision.
- I believe PPIs have a place in treating respiratory symptoms that sometimes accompany GERD, so I will continue to use them in that manner.

2. **Other barrier? (Please state.)**

3. **What is the one thing that you need from the next detailing visit that could help you overcome the key barrier you identified?**