

BACKGROUND

Academic Detailing (AD) is an educational outreach intervention designed to provide clinicians with current evidenced-based education.¹⁻³

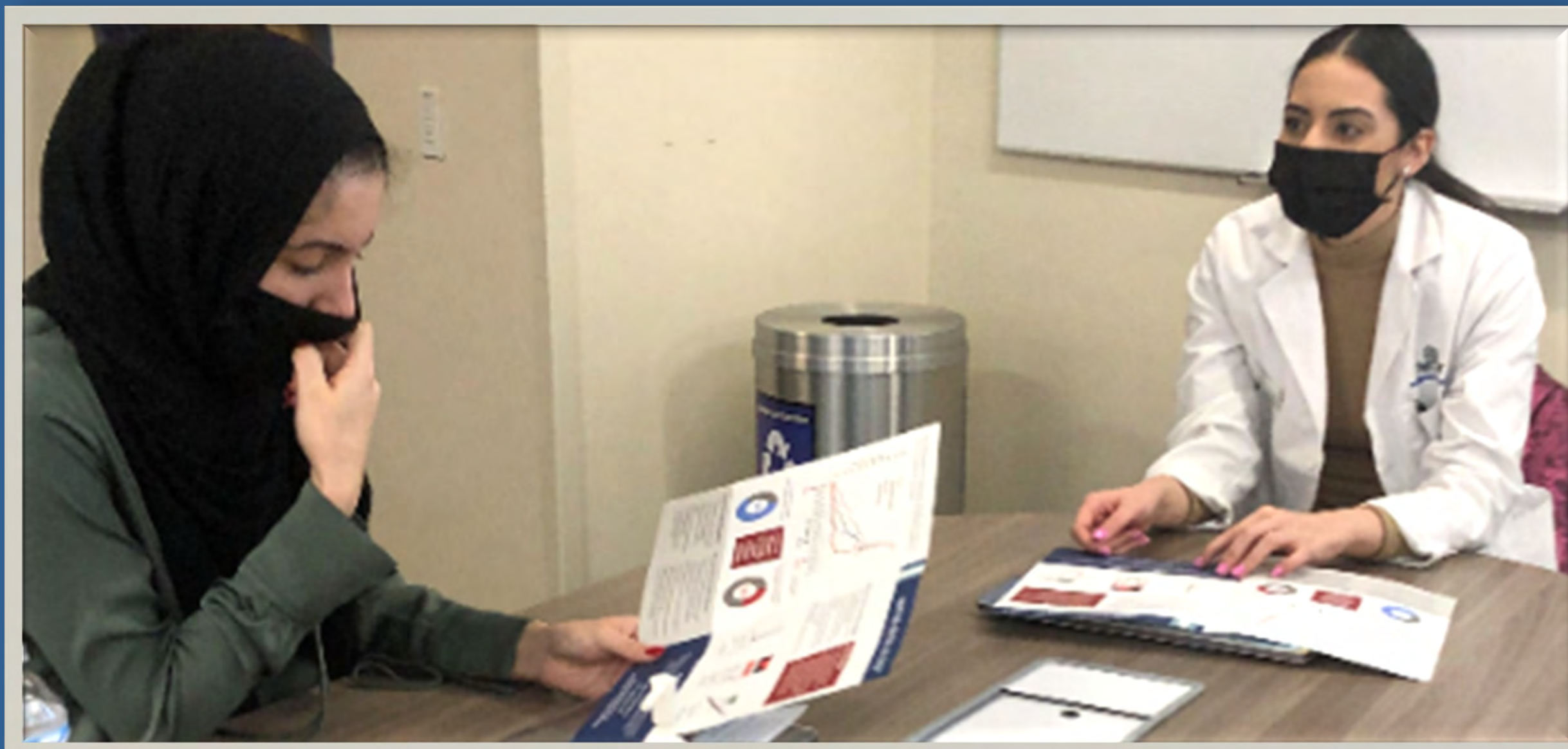
AD is effective in mitigating opioid risks.

Most states have a state-wide standing order for prescribed naloxone.

OBJECTIVE

Student pharmacists' ability to apply naloxone training may benefit from concomitant AD training by

- Applying the practice of naloxone dispensing and administration under a statewide standing order
- Highlighting skills needed to effectively assess patient and provider needs
- Providing practice to handle objections in a non-biased, evidence supported manner

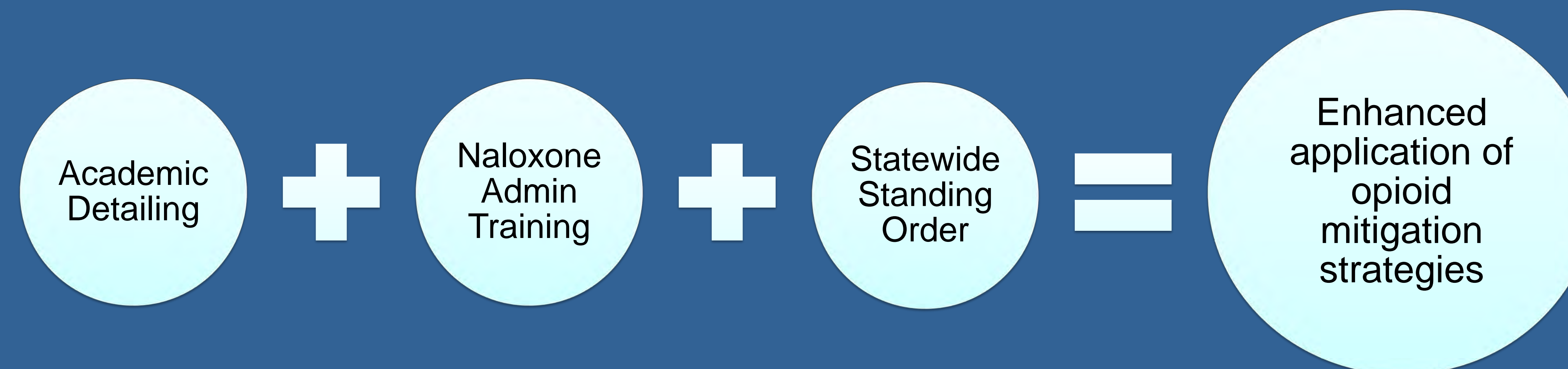


METHODS

Students in an accelerated pharmacy program

- Demonstrated their skills in administering naloxone to a "patient" who experienced an emergency after opioid use (Table 1)
- Applied AD skills during pharmaceutical skills laboratory activities, emphasizing the use of naloxone administration under the standing order
- Demonstrated ability to conduct an AD encounter with simulated community pharmacist (Table 2)

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CONCLUSION

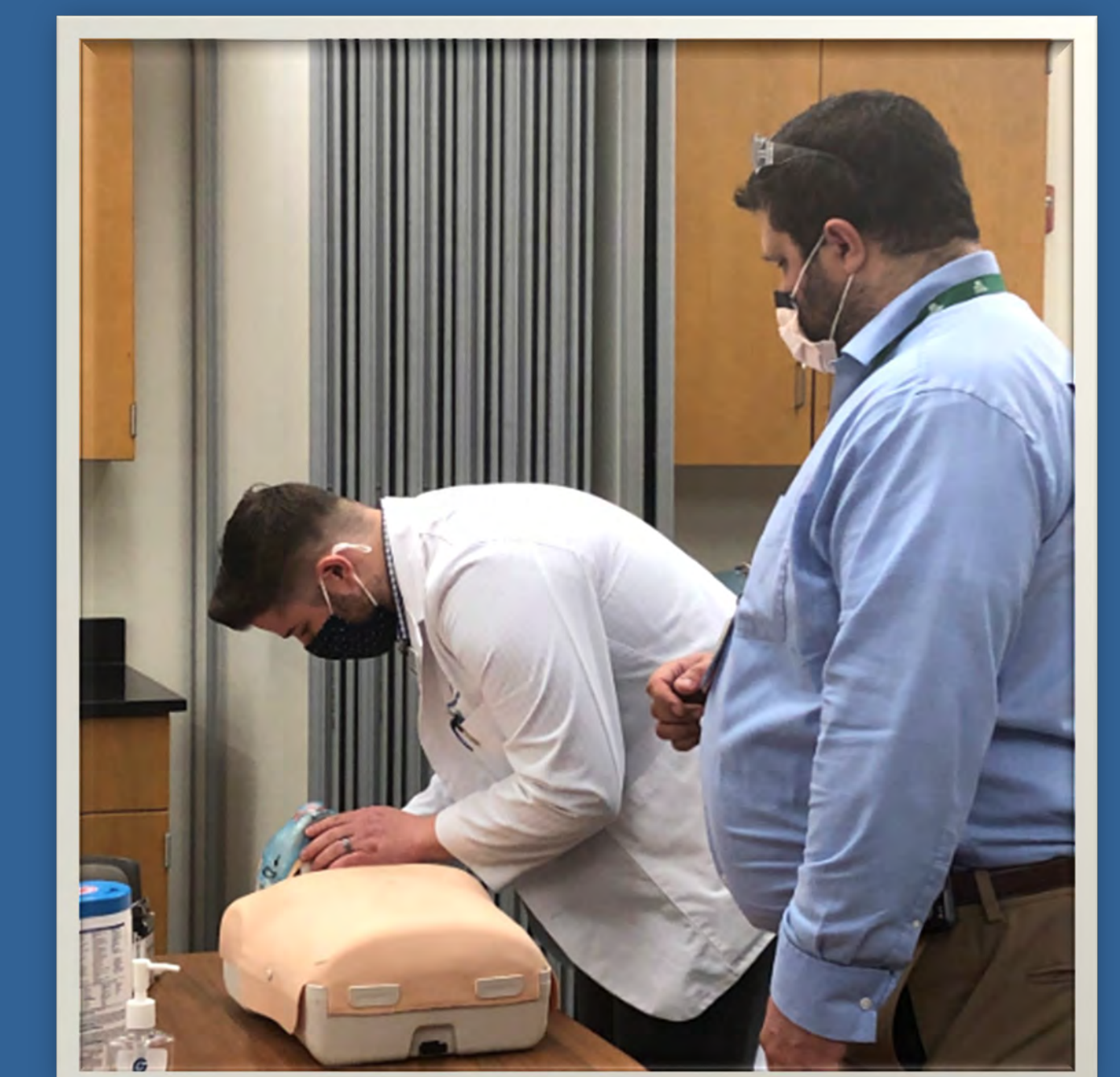
Both AD and outpatient naloxone prescription dispensing via a standing order are newer concepts to incorporate into pharmacy education.

Incorporation of AD into naloxone administration training can help equip students with the positive benefits of AD.

This prepares students for working with providers to increase naloxone prescriptions.

Next Steps:

- Earlier exposure to AD to better prepare students for the activities
- Addition of non-student volunteers to act as hesitant prescribers to improve realism
- Incorporation of additional learning techniques to emphasize other scenarios for AD
- Incorporation of interprofessional students to increase exposure across the professions



RESULTS

Table 1: SAVEME Paradigm⁵ Utilized During Rescue Simulation

Acronym	Definition
S	<u>S</u> timulate the patient; call 911 if unresponsive
A	<u>A</u> ssess for <u>A</u> irway obstruction
V	<u>V</u> entilate for 30 seconds and 1 rescue breath every 5-6 seconds
E	<u>E</u> valuate for response
M	<u>M</u> edication: Give intramuscular or intranasal naloxone
E	<u>E</u> valuate and support the patient <ul style="list-style-type: none"> • Continue rescue breathing after naloxone administration • If recovered, place in recovery position • Consider repeating dose if no response after 2 minutes



Table 2: Potential Objections by a Community Pharmacist in Student Simulation

Objection Type	Description of Objection	Example Statement
Stop	Disagreement about the action request and/or desire to end discussion	"Thanks for the information, but I generally don't have enough time with patients to discuss naloxone."
Stall	Deferral of discussion or decision	"Is there someone else you can talk to about this?"
On the fence	Uncertainty about the action requested and/or uncertain on how to incorporate	"How do you expect me to talk to patients about naloxone if they don't talk to me in the first place?"
Indifference	Lack of interest in the action requested	"If we keep giving them naloxone, won't they just keep overdosing?"

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