

Virtual Preceptorship: Bridging the Gap Between Knowledge and Clinical Practice

Discussion with Marc Lalande, CCPE General Manager

I remember one of the first companies to introduce clinical preceptorships for physicians in the early 1990s. The idea was to help physicians become more clinically aware and competent at diagnosing and treating specific medical conditions by immersing them in clinical practice.

Shadowing has been part of the pharmaceutical community's practices for a number of positions (*i.e.*, sales representative, product manager, market research, medical information, clinical research associates, *etc.*) for some time. The goal is to immerse people in a specific clinical practice or therapeutic area to help them develop insights about the patient and the healthcare professional's reality.

New road blocks ahead

Shadowing physicians in their clinical environment is no longer permitted in the US. The days of clinical preceptorships for pharmaceutical and health-related suppliers may also be numbered in Canada. For example, at Fraser Health, British Columbia's biggest health authority, pharmaceutical or medical equipment sales representative can no longer attend or observe clinical interactions with patients.¹ There are a growing number of road blocks to this long-standing learning practice, ranging from perceptions of conflict related to financial compensation to physicians, to intrusions on patient privacy.

Clinical preceptorships have always been a powerful way to:

- Understand real-world presentations affecting physicians

and their practices

- Broaden perspectives of therapeutic options and decision factors
- Bring clinical observation to everyday discussions
- Increase effectiveness through clinical understanding
- Build credibility and increase physician access

Gaining insight into clinical interactions is an asset for anyone involved in education and in promoting healthcare solutions. If the real preceptorship approach is being challenged, the virtual approach may become more attractive.

A virtual preceptorship is a recording of what generally takes place live. The virtual approach has a number of advantages:

- Legal and ethical
- Safe and comfortable
- Easy to schedule
- Can be viewed more than once
- Learning outcomes are more predictable
- Cost-controlled

A virtual model

CCPE recently partnered with its US counterpart to bring to Canada two programs on the fastest growing health concerns:

- cardiovascular diseases and
- diabetes

For an affordable cost, anyone can participate in a virtual preceptorship by reviewing a DVD-ROM-based program. In less than four hours, participants will develop insights into the interactions between clinicians and patients, the complexities of disease management and the way clinicians implement knowledge in clinical



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practice (Table 1). This is done in a controlled, safe environment. There are no scheduling or approval issues, so learning can take place right away.

Who can benefit from a virtual preceptorship?

Professionals interacting with healthcare providers who treat patients with diabetes or cardiovascular disease will benefit from a virtual preceptorship. These healthcare providers include:

- Primary care physicians
- Endocrinologists
- Cardiologists
- Pharmacists
- Healthcare organization professionals
- Administrators

Professionals with an interest in the comprehensive management of these diseases include:

- Product managers
- Support personnel
- CHE designers
- Medical liaison associates
- Medical information personnel
- Clinical research associates
- Sales representatives

Table 1

Learning outcomes

Upon completing the preceptorship, participants in the following programs will be able to:

Diabetes program

- Describe the basic pathophysiology of diabetes with a focus on Type 2 diabetes
- Recognize the different clinical presentations of patients with diabetes
- Describe the screening recommendations for Type 2 diabetes
- Differentiate between various medication classes used in treating Type 2 diabetes

Cardiovascular program

- Describe the basic pathophysiology of cardiovascular disease (CVD)
- Recognize the different clinical presentations of patients with CVD
- Differentiate between various medication classes used in treating CVD
- Develop an understanding of the clinical interactions between patients and the care-giving team

For more information, please visit the CCPE website at www.ccpe-cfpc.com, write to info@ccpe-cfpc.com, or call 1 (888) 333-8362.

CPM

Reference

1. Tejani, Aaron M: "Error in Hospital Shadowing Article." <http://www.cmaj.ca/cgi/eletters/177/11/1339#17186>, 19 November 2007.

Announcement

Helen Kalra Appointed Director, Pangaea Customized Consulting



Helen Kalra,
Director,
Pangaea Customized
Consulting

Joseph Knott, CEO of the Pangaea Group of Companies, is pleased to announce that Helen Kalra has been appointed Director, Pangaea Customized Consulting.

As Director, Helen will be capitalizing on her diverse background and breadth of expertise in leading teams in the preparation of brand launches as well as portfolio assessments.

The Pangaea Group of Companies is comprised of Pangaea Customized Consulting, Pangaea Trade & Logistics and Pangaea Development & Training, whose principals specialize in designing, developing and delivering services that strengthen people, processes and products.