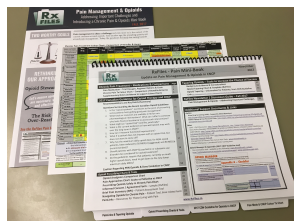


A Short History: Academic Detailing in Saskatchewan**How did RxFiles begin?**

- The roots of RxFiles go back to 1996 when a guest from North Vancouver Lion's Gate Hospital spoke on the academic detailing service that had been established for North Shore family physicians. Within a year a pilot project was convened between the Family Medicine group & the Department of Pharmacy in Saskatoon Health Region's Saskatoon City Hospital.
- The academic detailing service officially began in May 1997. First up was training in North Vancouver, followed by the launch of the first RxFiles newsletter in July 1997, with academic detailing sessions to follow. Loren Regier and Sharon Downey shared the initial 1 FTE allocated.
- The program materials and visits were well received, and participation grew over the 3 initial years of development in Saskatoon. By 2000, some were asking "how come Saskatoon has this service and we don't?" This led to a gradual service expansion to Regina, Prince Albert, Battleford, & other Saskatchewan areas.
- As of Apr 2025 – RxFiles employs or contracts with 13 SK pharmacists for 4.5 FTE academic detailing positions. A variety of family physicians, specialists, nurse practitioners, pharmacists, and others contribute to the content, review, & training for each topic area.
- RxFiles does not receive any industry funding.

Was academic detailing an easy sell?

- Thanks for asking! ☺ The first years were a lot of work as the service built goodwill & established credibility. Fortunately, academic detailing, although short on pizza and samples had a lot of other things going for it:
 - 1) a high value on the independent assessment of evidence, clinical opinion, value, and practicalities to offer a balanced, non-commercial perspective.
 - 2) physician office visits that were enjoyable, enhanced the value of the material, and provided support for implementing evidence towards improved patient care.
 - 3) an approach that preserves clinician autonomy and flexibility in prescribing – so that in the end, the clinician can decide how best to individualize the information for "that patient in front of them".



FTE=full time equivalent

SK=Saskatchewan

RxFiles Drug Comparison Charts**There sure is a lot of information on each page!**

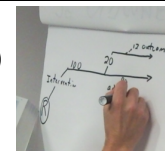
- Agreed. At first glance, it may seem overwhelming. Hopefully, after diving in, the detail is what provides the extra value that many appreciate. After sifting through the evidence, pulling together a vast spectrum of information and running it by various specialists, the only way to simplify it would be to oversimplify it. Although our charts take some getting used to, those who do, find many drug questions answered!

Whose idea were the drug charts?

- Brent Jensen drafted several psychiatry drug charts in the mid-1990's after City Hospital pharmacists were asked to attend regular psychiatry rounds. Having a wealth of "answers" and "comparisons" at a glance was invaluable in contributing to patient therapy decisions. The format found its way into the academic detailing material and soon charts could be found posted on the walls and bulletin boards of physician offices. Keeping the information up to date became more and more appreciated. Soon the charts found their audience in those who valued evidence and wanted a practical drug therapy resource. The team has grown, but Brent still helps out!
- In 2000, a collection of psychiatry charts – 12 pages – was published along with the topic of "Psychotropics in the Elderly". The mini-book was a hit! It was decided that since the charts seemed to be getting so much frontline use, we should pull all our updated charts together and publish. As of 2025, the RxFiles Drug Comparison Charts book will be in its 15th Edition. The book and website are self-sustaining – "not for profit; not for loss"; revenue from sales is used to keep the extensive amount of information useful and up to date. Over time, RxFiles has published other books, e.g. Geri-RxFiles, as well as trial summaries, Q&As, and patient support tools. {Please visit www.rxfiles.ca/resources to find all of our materials.}
- As for the small print ... a lot of information is compared side-by-side on one page, which has some advantages.
- As for the academic detailing – it won't feel cramped – in fact – there's lots of room to roam to the most practical point of discussion or question of the day. Enjoy!

**A Few Perspectives...& Anecdotes****On evidence and information...**

- *Seek simplicity, and mistrust it!*
Alfred North Whitehead Mathematician (1861–1947) (passed on to RxFiles by the Dalhousie AD Service)
- *Education is a progressive discovery of our own ignorance.* Will Durant, 19th Century Historian
- *Figures don't lie, but liars figure.* Mark Twain (1835-1910) (& a favourite quote of one of our Pharmacology professors)
- Looking at the pharmacology texts of 20 years ago, I am reminded that while a lot has changed, some information stands the test of time. Theories come and go, but high-quality evidence based on actual clinical outcomes is more likely to stand in the long run.
- When Vioxx (rofecoxib) was pulled off the market in 2004 for concerns about increased thrombotic events, a prominent physician called to ask us when we first warned physicians about this potential adverse event. A quick look found that we included cautionary notes in 2001, and our 2002 book included the comment "??cardiac/serious events" in. With the breaking news in 2004, all we had to do was remove the question marks.

**On Samples:**

- On the plus side, samples are a way to initiate a new drug, and it feels nice to offer our patients something for free. So – do samples serve our patients needs well? **It all depends** ... if the drug given is the one that would have chosen anyway, that's a positive. But let's say you are going on a "life-saving medication" that you may need to take for the rest of your life. Would you want the one that has 30 days of free samples, or would you want the one that has better outcome evidence, an established safety record, and/or offers more value for the next 5+ years? We sometimes end up serving the sampler, rather than allowing the sample to serve us. Often, the best drug may not be in the sample cupboard!
- Other factors to consider include the impact of packaging & disposal of unused samples on the environment and patient safety concerns given one less check at the pharmacy level.¹

On Life and Medicine:

- *Even when I'm sure I'm right, I remember I could be wrong...*
- *A merry heart is a good medicine; a broken spirit dries the bones.*
Proverbs 17:22

On the RxFiles Charts:

- *Thanks, these are getting me through med school!*
- *No margin for error, when there are no margins!*
- *Important enough to keep in my purse!*

**On the RxFiles Office:**

- *I was expecting mahogany, & ...a little more space... ☺*

ACADEMIC DETAILING RxFiles PROGRAM

Search Terms

Academic Detailing	225
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Academic Detailing:

Canada

- BC CDUP: <http://www.cdup.org/>
- Dalhousie: <http://cme.medicine.dal.ca/ADS.htm>
- Saskatchewan: www.rxfiles.ca
- Ontario: <https://cep.health/academic-detailing/>
- Alberta: <https://acfp.ca/advocacy/partnerships-collaborations/peer/>

Non-Canadian

- Academic Detailing – National Resource Centre for Academic Detailing (USA): <http://www.narcad.org/>
- Pennsylvania (RxFacts.org): <http://www.rxfacts.org/detailing.php>
- Vermont Academic Detailing Program: <https://www.med.uvm.edu/ahec/vermontacademicdetailing>
- Australia – National Prescribing Service (NPS): <https://www.nps.org.au/>

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2. Gourlay DL, Heit HA. Universal precautions revisited: managing the inherited pain patient. Pain Med. 2009 Jul;10 Suppl 2:S115-23.
3. Margaret Jin (2012) A brief overview of academic detailing in Canada: Another role for pharmacists. Canadian Pharmacists Journal: May 2012, Vol. 145, No. 3, pp. 142-146.e2. www.cpjournal.ca/doi/abs/10.3821/145.3.cpj142