

# ANSWERING YOUR QUESTIONS ON VENOUS THROMBOEMBOLISM (VTE)

## Speaker's Guide

### 5-Step Speaker's Guide for Presenting "Symposium in a Box"

#### Background

Answering your questions on Venous Thromboembolism is an educational activity from The Evolution of Anticoagulation Management (TEAM). TEAM is a multi-institution educational initiative designed to assist healthcare providers in applying evidence-based care for patients with Venous thromboembolic disease. This *Symposium in a Box* was developed after observing practical questions often asked at conferences and realizing that, although clinical guidelines exist, there remain areas of uncertainty where clinicians value consensus statements from experts, much like they value conversations that occur in a hospital lounge. This presentation provides for an interactive discussion on diagnosis and treatment of VTE. The provided materials can be used as-is; alternately, they can serve as a starting point, and you are encouraged to revise the materials to best fit your audience.

#### 1. Plan Your Time

This table suggests how much time to spend on each content section. It is a suggestion only, but may be a helpful starting point.

Content Section	If your total time slot is		
	45 minutes	60 minutes	90 minutes
Welcome and Introduction	5 minutes	5 minutes	5 minutes
Why is VTE an important topic for Primary Care Providers?	SKIP	5 minutes	10 minutes
Diagnosis of VTE: using risk tools and imaging wisely	10 minutes	10 minutes	15 minutes
Treatment of VTE: Choosing a medication and Getting Started	10 minutes	10 minutes	20 minutes
Deciding length of therapy in VTE	7.5 minutes	10 minutes	10 minutes
Periprocedural Management of Anticoagulation in VTE	7.5 minutes	10 minutes	10 minutes
Q&A and Closing	5 minutes	10 minutes	20 minutes



## 2. Know Your Audience

Consider what is known about your audience composition. See if any information is available from the hosting organization about what might be particularly helpful to your audience on this topic. Talk with potential audience members. Knowing your audience size, specialty, typical practice setting, and other factors may help you design a presentation of maximum relevance.

The [Symposium in a Box](#) is designed to engage learners beyond a traditional didactic presentation. Consider your audience's characteristics and needs when using the following techniques to make the educational session most effective:

Education should provide opportunities to...	Ideas for Session Design
<ul style="list-style-type: none"> <li>• Enable learners to be active contributors to their learning</li> </ul>	<ul style="list-style-type: none"> <li>• Question and answer session</li> </ul>
<ul style="list-style-type: none"> <li>• Relate to learners' current work or life experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Cases and common dilemmas encountered by clinicians in this clinical area</li> </ul>
<ul style="list-style-type: none"> <li>• Tailor material being presented to learners' current or past experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Seek learner feedback before and during education</li> </ul>
<ul style="list-style-type: none"> <li>• Allow learners to practice what they learn</li> </ul>	<ul style="list-style-type: none"> <li>• Discussion of cases</li> <li>• Question and answer session</li> <li>• Postactivity questions</li> </ul>
<ul style="list-style-type: none"> <li>• Enable learners to receive feedback from teachers and/or peers during active learning</li> </ul>	<ul style="list-style-type: none"> <li>• Question and answer session</li> </ul>
<ul style="list-style-type: none"> <li>• Allow learners to reflect on learning</li> </ul>	<ul style="list-style-type: none"> <li>• Faculty prompts during presentations</li> <li>• Postactivity assessment and intent-to-change questions</li> </ul>

Ref: Marinopoulos SS, Dorman T, Ratanawongsa N, et al. Effectiveness of Continuing Medical Education. Evidence Report/Technology Assessment No. 149 (Prepared by the Johns Hopkins Evidence-based Practice Center, under Contract No. 290-02-0018.) AHRQ Publication No.07-E006. Rockville, MD: Agency for Healthcare Research and Quality. January 2007

## 3. Mix and Match Content and Format

The presentation content includes a blend of formats and content focuses, which you can “mix and match” to suit your needs. There are 6 video clips that provide conversation that clarifies teaching points. Make sure that the video clips work before you begin your presentation.

### Content

The following table outlines the content categories, respective slide numbers, and notes or instructions regarding those slides:



Section	Slide #s	Special Notes or Instructions
Welcome and Introduction	1-5	Slide 3 (disclosure): add speaker's personal credentials and disclosure information Slide 4 (objectives): alter to suit your talk if desired
Why is VTE an important topic for Primary Care Providers?	6	Slide 6: This slide links to a video clip that discussed the importance of this topic; after watching this, it is nice to ask people to share a personal story or anecdote about a case or a family member who had VTE; after presenting all over the country, people have amazing stories they like to share that helps set the stage for this topic; video clip length: 1min 50 sec
Diagnosis of VTE: using risk tools and imaging wisely	7-18	Slide 7 introduces Allison, as a case presentation Slide 18: video clip regarding outpatient management of VTE ; length: 23 sec
Treatment of VTE: Choosing a medication and Getting Started	19-26	Slide 21: video clip on why NOAC's have become recommended; length: 30 sec
Deciding length of therapy in VTE	27-38	Slide 27: Allison presents a clinical issue
Periprocedural Management of Anticoagulation in VTE	39-48	Slide 40 Allison needs surgery Slide 43: Video clip on assessing perioperative risk; length: 53 seconds Slide 46 Video clip on perioperative management of NOAC's; length: 1 min, 41 sec
Closing and Q&A	49-50	Slide 49: Video clip summary of issue; length: 51 sec Slide 50: Resources

## Format

The presentation integrates the following formats:

### Traditional Slide Content

The majority of slides include bullet points, figures, tables, and speaker notes to help teach background as well as newer information.



## Case Studies

Slides 7, 27, and 40 include a case study of a 49 year old woman, Allison. You are encouraged to change or add cases or anecdotes or stories that are relevant for your audience.

## Video Clips

Slide 6, 18, 21, 43, 46, and 49 link to video clips that range in duration from 23 seconds to 1 min 50 sec. These will require Internet access (to embed the clips in the file would make the file size too large to easily transmit and manage). You are encouraged to review the video clips in advance. The full video, with a total of 22 question and answer discussions, can be accessed at <http://www.medscape.org/viewarticle/867023>. You are welcome to use any of this in your presentation.

You are not required to use the video clips; however, they do provide a nice multidisciplinary perspective and a response in “plain English” as panelists include an internal medicine hospitalist who established and manages an anticoagulation clinic, and two family medicine physicians. You may prefer to have a live faculty panel, or pull a few individuals from your audience to serve as a panel.

## Additional Resources

For more on VTE see these resources

- ▶ [www.TEAManticoag.com](http://www.TEAManticoag.com)
- ▶ **CHEST guidelines:** <http://www.sciencedirect.com/science/article/pii/S0012369215003359> . CHEST has been developing and publishing guidelines for the treatment of DVT and PE, collectively referred to as VTE, for more than 30 years. CHEST published the last (9th) edition of these guidelines in February 2012 (AT9).<sup>1</sup> Since then, a substantial amount of new evidence relating to the treatment of VTE has been published, particularly in relation the use of non-vitamin K oral anticoagulants (NOACs). Moreover, several VTE treatment questions that were not addressed in the last edition have been highlighted. This article focuses on new developments and ongoing controversies in the treatment of VTE, updating recommendations for 12 topics that were included in AT9, and providing recommendations for 3 new topics. The target users of this guideline are clinicians.
- ▶ **Wells calculator - DVT:** [www.mdcalc.com/wells-criteria-dvt/](http://www.mdcalc.com/wells-criteria-dvt/)  
Traditional testing for DVT involved multiple lower extremity US which are associated with time and cost. Utilization of the Wells’ DVT criteria can determine those patients who are overall unlikely to have a DVT. Further testing with d-dimer can safely rule out DVT without the need for US.

## 4. Choose Pre/Post/Evaluation Questions and Handout Materials.

Attendees are to complete the assessment and evaluation questions and return those forms for CME credit.

## 5. Practice!

As with any presentation, practicing out loud is a valuable preparation method. Presentations using this and similar content have taken place in many venues over the past few years as part of the TEAM initiative; if you would like to speak with a past presenter or share your own experiences and suggestions, please contact Kate Nisbet at [knisbet@ipmameded.org](mailto:knisbet@ipmameded.org).

