How to influence practice change: A practical workshop.

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Recommendation 56

In patients with refeeding hypophosphatemia (< 0.65 mmol/l or a drop of > 0.16 mmol/l), electrolytes should be measured 2-3 times a day and supplemented if needed. Grade recommendation: GPP, strong consensus (100% agreement)

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Recommendation 57

In patients with refeeding hypophosphatemia energy supply should be restricted for 48 h and then gradually increased. Grade recommendation: B, strong consensus (100% agreement)

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Early PN Trial: Site selection visits.

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How do you convince/influence your intensive care clinicians to reduce caloric intake during the management of refeeding syndrome?





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Boot R, Koekkoek KWAC and van Zanten ARH. Refeeding syndrome: relevance for the critically ill patient. *Curr Opin Crit* Care 2018, 24:235–240.

Doig GS, Simpson F, Heighes PT et al. Restricted versus continued standard caloric intake during the management of refeeding syndrome in critically ill adults: a randomised, parallel-group, multicentre, single-blind controlled trial. *Lancet Respiratory Medicine* 2015;3:943-952.

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Innovators



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- Humanism
 - they are caring physicians
 - they never 'talk down to' their colleagues



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"short, one-to-one conversations between a detailer and a practitioner with the goal of persuading the detailee to change behavior through useful information and evidence"



- 1) Don't fight with Laggards
- 2) Identify Innovators who are Educationally Influential
- 3) Use Academic detailing on your Educationally Influential Innovators
- 4) Add tincture of time (be patient).