THE ECOSYSTEM OF EVIDENCE

Global challenges for the future

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8th Conference of the International Society for EBHC
Taormina, 6th-9th November 2019

#EBHC2019

Using Choosing Wisely recommendations as tools to promote diagnostic and therapeutical appropriateness in medical education

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Taormina, November 2019

Background

The 6 steps of EBHC

- **0** Analyze
- **1** Ask
- **2** Acquire
- **3** Appraise
- **4** Apply
- **5** Assess

Franz Porzsolt *et al*. Evidence-based decision making--the 6-step approach. ACP J Club. 2003;139:A11-2

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- Nobody would smoke, there would be no adolescent pregnancies, etc

CHOOSING WISELY ITALY

Fare di più non significa fare meglio

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Choosing Wisely Italia

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- Recommendations about a total of 250 practices to be avoided

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- Recommendations about a total of 250 practices to be avoided
- Each shortly commented, explained and referenced
- Available online or as an application for Apple and Android

Example

Don't routinely prescribe antibiotics for acute upper airway infections. Assess the opportunity in patients at risk of lower respiratory tract infection or in case of clinical worsening after a few days

SIMG
SOCIETÀ ITALIANA DI
MEDICINA GENERALE
E DELLE CURE PRIMARIE

Type of practice
Drugs

Age
Adult, Geriatric, Pediatric

Topic Area
General Practice and
Primary Care

Upper respiratory tract infections (including acute otitis media) are usually caused by viruses and recover spontaneously in a few days. The routine use of antibiotics raises the risk of bacterial resistance and side effects. Patients at risk of lower respiratory infection or complications and patients with worsening symptoms should be reassessed because they could benefit from antibiotic treatment. Persistent rhinitis and cough are not per se signs of bacterial infection.

Sources

1. NICE Clinical Guidelines 69. Respiratory Tract Infections-antibiotic prescribing: prescribing of antibiotics for self-limiting respiratory tract infections in adults and children in primary care. July 2008.
2. Linee guida NSGL - La gestione della sindrome influenzale – Doc. 16, 2008.
3. Rossi A. Quali pazienti trattare con terapia antibiotica nelle infezioni delle vie respiratorie. Rivista SIMG, 5, 2009.
4. CeVEAS. Pacchetto informativo farmaci Regione Emilia-Romagna faringo-tonsilliti. 4, 2006. 5. Hersh AL et al and the Committee on Infectious Diseases. Principles of Judicious Antibiotic Prescribing for Bacterial Upper Respiratory Tract Infections in Pediatrics. Pediatrics 2013; 132: 1146–1154.

Background

Aim

We wondered whether exposing the students to the recommendations of the Choosing Wisely campaign could help them to recognize the difficulties associated with making appropriate clinical choices in different contexts

Methods

Setting

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- Course on Communication Skills

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- 210 2ndyear undergraduate medical students and 40 freshmen physical therapy students
- in 12 groups of 20-25 students.
- Each group performed two role play scenarios.

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Role Play scenarios

Prof Big Shot

A patient comes to his doctor/physioterapist with a prescription by a famous professor from an Expensive Private Clinic, with an obviously inappropriate request (NMR for recent back pain, or continuous passive motion after cruciate ligament surgery), requesting it to be provided under the National Health Service, feeling entitled by the importance and cost of the prescriber

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The foreign elder-carer

A 48 yr-old foreign woman with two children at home, working as an elder-carer in a local family, comes to the doctor because cough and sore throat. She is very worried and is asking for antibiotics because she fears that if the elder get the cough, she could be fired and remain without a working permit. Centor score is 1
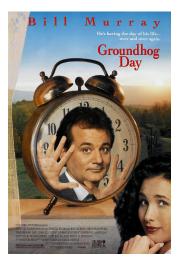
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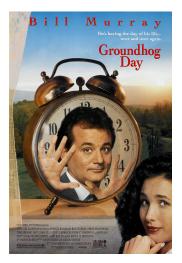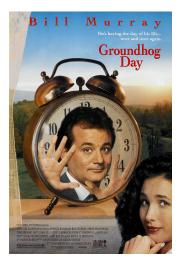
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- the "doctor" was then allowed to correct him/herself, until he/she gave up
- the scenario would be then discussed and repeated by a further pair until a satisfactory strategy, according to the group, was found .

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- However, all those who tried to avoid the prescription failed to find a communicative strategy that could be convincing for the "patient".

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- After being shown the recommendation, only two of the "professionals" still felt bound to comply with the request (2/24)

- However, all those who tried to avoid the prescription failed to find a communicative strategy that could be convincing for the "patient".

- It took three to four different pairs for each scenario for the group to devise a satisfactory communicative strategy accounting for, legitimating, and suitable to change the patient's perspective.

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- CWI recommendations were reported as useful by 82,3% and authoritative by 84.4%.

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- They allowed to concentrate on the problem at hand and on its context, without having to engage in complex methodological, clinical and physiopathological matters.

- It seems that individuating the appropriate choices to do or to avoid can be a relatively easy task, compared to apply them

- More studies are needed on how to prepare the students to the challenges of coping with context issues in clinical decisions

"I expect you all to be independent, innovative, critical thinkers who will do exactly as I say!"

Questions?

God bless Nino!