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

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Background

The 6 steps of EBHC

1. Analyze
2. Ask
3. Acquire
4. Appraise
5. Apply
6. Assess

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Problem

- There is little information on teaching methods to help medical students to make appropriate clinical choices (Step 4)
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- The common assumption seems to be that identifying the “best” choice should be sufficient, but this is probably wrong
- Nobody would smoke, there would be no adolescent pregnancies, etc
Professional Societies (So called “Scientific”) are invited to list the 5 practices which are known to be useless or harmful, and which are more frequently used among their associates.

46 societies

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

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Choosing Wisely Italia

CHOOSING WISELY ITALY
Fare di più non significa fare meglio

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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.

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

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

Course on Communication Skills 2nd year 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.
The Groundhog Day method

Two student would play the roles of patient and professional. After the first attempt, the recommendation from the relevant professional society (in which the practice was invariably listed at the first place among inappropriate practices of that professional community), was presented to the students. 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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- The scenario would then be discussed and repeated by a further pair until a satisfactory strategy, according to the group, was found.
Role plays

At the first attempt, all the “professionals” except two (22/24), quickly complied with the “patient” request without questioning. 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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Evaluation questionnaire

23.1% of the students reported a dislike for engaging in role playing. The scenarios were considered appropriate for the task by 82.9%. CWI recommendations were reported as useful by 82.3% and authoritative by 84.4%.
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Conclusions

- CWI recommendations were perceived as synthetic, clear, and authoritative by the students. 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 applying them. More studies are needed on how to prepare the students to the challenges of coping with context issues in clinical decisions.
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Thanks for your attention!

Questions?

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

God bless Nino!