Slow Medicine
Measured Respectful Equitable

CHOOSING WISELY ITALY
Doing more does not mean doing better

SIPeM
SOCIETA ITALIANA DI PEDAGOGIA MEDICA

Tests, treatments and procedures at risk of inappropriateness in Italy

that Physicians should talk about.

Five Recommendations from the Italian Society for Medical Education (SIPeM)

1	**Don't use non-interactive lectures as the main teaching method. Privilege the use of interactive methods instead.**
	Lectures remain the more common method used in medical education, from graduate courses to continuous medical education, often in the complete ignorance of the basic principles of adult learning, and typically using text-intensive, confounding powerpoint presentations on which, rather than on the audience, concentrates the attention of the teacher (so called "didactic karaoke"). These methods are associated with low attention and with low content retention by most learners.
2	**Don't address topics about clinical or organization choices without considering their ethical, social and inter-professional aspects, patient's expectations and values, and the most appropriate teaching setting (hospital, primary care).**
	Human relationship is essential in medical care: to exclude from the process of education the relationship between the different actors of the process of care and the natural context where it occurs, fails to prepare learners to cope with the challenges of inter-personal relations and of the complexity of medical care.
3	**Avoid non-structured oral exams, and don't use only cognitive tools of technical knowledge in the assessment of practical skills.**
	Despite the availability of a large literature on its unreliability, non-structured oral exams are still widely used in Italian courses, often as the only time of personal interaction with the teacher, even for assessment of practical skills, for which, any cognitive test would be insufficient. This apply to a great part of the activities of Continuous Medical Education, which mostly claim to pursue practical aims, but are evaluated at best with "checking boxes" tests (often cheating), and even more to many clinical clerkships and "professionalizing activities" in graduate courses, especially of Medicine, which often aren't evaluated at all. Several valid alternatives exist, especially for practical tasks.
4	**Don't let learners perform procedures directly on patients, without having practiced them in an appropriate simulated model, and without proper tutorial supervision.**
	Teaching based on "see one, do one, teach one" is still widely adopted, despite that several studies have shown its limits in validity and most of all in patient safety, when compared with available metods of simulation. The ethical imperative is therefore "never for the first time on patients!"
5	**Don't use only cognitive tests with a prevalent biological focus in the selection of candidates for the access to undergraduate and postgraduate medical and health sciences schools.**
	Using only knowledge tests for the selection of medical students introduces distortions based on socioeconomic and geographical factors, that in the long run could affect the equity of care. Furthermore this kind of tests, linked exclusively to the bio-medical model, fail to consider aptitude, vocation and skills belonging to the bio-psyco-social dimension, which is no less relevant in the medical professions. There is a wide and increasing literature on the alternative tools and strategies.

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How this list was created

Suggestions were requested from SIPeM members through the society newsletter, Facebook page, and at the annual congress. The Steering Committee of the society, in a dedicated meeting, evaluated the received proposals, proposed new ones, and selected by consensus the final 5 recommendations from a list of 66 possible inappropriate procedures.

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Slow Medicine, an Italian movement of health professionals, patients and citizens promoting a Measured, Respectful and Equitable Medicine, launched the campaign **"Doing more does not mean doing better- Choosing Wisely Italy"** in Italy at the end of 2012, similar to Choosing Wisely in the USA. The campaign aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices. The campaign is part of the Choosing Wisely International movement. Partners of the campaign are the National Federation of Medical Doctors' and Dentists' Orders (FNOMCeO), that of Registered Nurses' Orders (FNOPI), the Academy of Nursing Sciences (ASI), National Union of Radiologists (SNR), Tuscany regional health agency, PartecipaSalute, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig. www.choosingwiselyitaly.org; www.slowmedicine.it

Established in 1984, **SIPeM, Società Italiana di Pedagogia Medica**,, is the more referenced scientific society of the Italian community of medical education, extending across professional and institutional boundaries.

It publishes the scientific journal *Tutor*, the main journal of medical education in Italy http://www.fupress.com/riviste/tutor/70

SIPeM mantains official collaborations with the Italian Permanent Conference of the Deans of Medicine and with the Association for Medical Education in Europe (AMEE)

It participates in the campaigns *Salviamo il nostro Sistema Sanitario Nazionale* ("Let save or national health system") and *Fare di più non significa fare meglio* ("Doing more doesn't mean doing better")

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