

Tests, treatments and procedures at risk of inappropriateness in Italy  
that Physicians should talk about.

**Five recommendations from FederSpecializzandi**

<b>1</b>	<p>Don't recommend a test, a treatment or a procedure that will not change the patient clinical course; do not hesitate to ask your tutor for clarification if you believe that those tests, treatment or procedures are not necessary and always opt for less invasive options.</p>
	<p>The administration of tests, treatment or procedures might not change the patient management plan for many reasons. In some cases, the pre-test probability of a patient for a certain condition is low and further testing might not be necessary (e.g. breast cancer screening in young women with low risk of malignancy). Another example could be preoperative testing before a low risk surgical procedure in which the risk for complications is low. Furthermore, sometimes the patient management would not change after the results of the test that we want to order because of age and/or comorbidities. When possible, residents should always rely on evidence-based guidelines to lead their choice on appropriate testing and treatment. One must always consider that tests, treatment and procedures which are not necessary may cause harm to patients, both directly or indirectly (false positives and overdiagnosis), and have an impact on the ecosystem.</p> <p>Unfortunately, in some learning environment the established hierarchy between tutors and residents makes it hard for residents to feel comfortable and manifest their doubts. Tutors should always encourage residents to feel free to ask whether tests, treatment and procedures are really necessary without fearing repercussions. Residency should be an environment in which residents can feel comfortable to ask questions.</p>
<b>2</b>	<p>Don't hesitate to ask to be appropriately evaluated during your learning process.</p>
	<p>The competence evaluation is a fundamental stage in the learning process. A resident should always be extensively evaluated in order for him to acquire all the requested skills to become a professional who can face future challenges. In recent years, the Competency-Based Model has internationally been established, a medical education model based on the acquisition of skills. To facilitate evaluation during training course, some tools have been introduced (Milestones; Entrusted Professional Activities) that might be routinely used.</p>
<b>3</b>	<p>Don't test new skills and procedures directly on patients, especially if not trained nor tutored.</p>
	<p>The most used teaching method for medical skills include only observation followed by practical activity on patients, without any simulation. Numerous studies demonstrated the potential harm on the patients of this model, compared to the possible simulation models available. We have an ethical motivation: "never on the patient for the first time, if not strictly necessary"</p>
<b>4</b>	<p>Before and during the residency, don't neglect to stay informed and know your contract and your rights as well as the national and local residency contract. Not knowing your rights could make you a danger to your patients!</p>
	<p>Knowing your contract and your rights during the residency helps you and your patients: long shifts without rest could lead to inattention and errors and endanger the patients. Furthermore, long periods of hard work could lead to burn-out. All these conditions could lead to mistakes during the activity on the ward and endanger the life of those you assist.</p>
<b>5</b>	<p>Don't focus only on clinical skills, work also on your soft skills.</p>
	<p>A patient-centered medicine needs residents not only trained on clinical skills. Residents need to be trained also in soft skills such as communication, relationship and problem solving. Focused training on patients-centered communication and evaluation of the language used should be implemented. A special focus should be given to gender, culture and religion differences in communication.</p>

## How the list was created

The list of 5 recommendations for residents on diagnostic and therapeutic appropriateness has been designed by FederSpecializzandi. Recommendations were developed in 2019 thank to an internal task force and subsequently revised in 2022, also according to changes that specialized medical education underwent during the COVID-19 era. Recommendations have been shared, discussed and approved during the Association National Assembly that took place on December 2022.

## Sources

<b>1</b>	<ol style="list-style-type: none"> <li>1. Choosing Wisely Canada. Six Things Medical Students and Trainees Should Question - [Internet] – 2015 <a href="https://choosingwiselycanada.org/wp-content/uploads/2017/04/Medical-students-and-trainees.pdf">https://choosingwiselycanada.org/wp-content/uploads/2017/04/Medical-students-and-trainees.pdf</a></li> <li>2. Choosing Wisely Canada. Five Things Medical Residents and Patients Should Question - [Internet] – 2017 <a href="https://choosingwiselycanada.org/recommendation/residents/">https://choosingwiselycanada.org/recommendation/residents/</a></li> </ol>
<b>2</b>	<ol style="list-style-type: none"> <li>1. Lee GB, Chiu AM. Assessment and feedback methods in competency-based medical education. <i>Ann Allergy Asthma Immunol</i> 2022;128:256-62. doi: 10.1016/j.anai.2021.12.010. Epub 2021 Dec 17. PMID: 34929390.</li> <li>2. Ten Cate O. A primer on entrustable professional activities. <i>Korean J Med Educ</i> 2018; 30: 1-10. doi: 10.3946/kjme.2018.76.</li> <li>3. Swing SR. The ACGME outcome project: retrospective and prospective. <i>Med Teach</i> 2007;29: 648-54. doi: 10.1080/01421590701392903</li> <li>4. Ten Cate O. Nuts and bolts of entrustable professional activities. <i>J Grad Med Educ</i> 2013;5:157-8.</li> <li>5. Ten Cate O. Entrustability of professional activities and competency-based training. <i>Med Educ</i> 2005; 39:1176-7. doi: 10.1111/j.1365-2929.2005.02341.x.</li> <li>6. Entrustable Professional Activity is (EPA) fast facts - Royal College <a href="https://www.schulich.uwo.ca/surgery/docs/cbme_docs/Royal%20College%20EPA%20Fact%20Sheet.pdf">https://www.schulich.uwo.ca/surgery/docs/cbme_docs/Royal%20College%20EPA%20Fact%20Sheet.pdf</a></li> </ol>
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<b>4</b>	<ol style="list-style-type: none"> <li>1. Rodrigues H, Cobucci R, Oliveira A, Cabral JV, Medeiros L, Gurgel K, et al. Burnout syndrome among medical residents: A systematic review and meta-analysis. <i>PLoS One</i> 2018;13:e0206840. doi: 10.1371/journal.pone.0206840</li> <li>2. Kalmbach DA, Arndt JT, Song PX, Guille C, Sen S. Sleep Disturbance and Short Sleep as Risk Factors for Depression and Perceived Medical Errors in First-Year Residents. <i>Sleep</i> 2017; 40: zsw073. doi: 10.1093/sleep/zsw073.</li> <li>3. Bordley J, Agustin AG, Ahmed MA, Khalid R, Paluso AM, Kobza BS, et al. Restoration of resident sleep and wellness with block scheduling. <i>Med Educ</i> 2017; 51:1241-9. doi: 10.1111/medu.13392.</li> <li>4. Dyrbye L, Shanafelt T. A narrative review on burnout experienced by medical students and residents. <i>Med Educ</i> 2016; 50: 132-49. doi: 10.1111/medu.12927.</li> </ol>
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**Slow Medicine ETS**, an Italian Third Sector organization 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](http://www.choosingwiselyitaly.org); [www.slowmedicine.it](http://www.slowmedicine.it)

**FederSpecializzandi** started as **Confederazione Nazionale delle Associazioni dei Medici Specializzandi** in 2003, it was the answer to the need for a new and effective coordination between different local Italian medical residency associations. Aim of the new group was the battle for the right to an adequate formation and a contract to gain the work rights, denied till then. First victory for FederSpecializzandi has been the national contract for medical residency. However, the battle for a better medical formation during the residency is far to be completed and stands as the central aim for the association. In 2017 FederSpecializzandi changed its structure from a confederation of local associations to a national association for medical residents.

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