There is near universal agreement that Choosing Wisely, the global movement to address overtesting and overtreatment, has been a powerful and positive force for the medical profession.

“We have almost no pushback from doctors,” said Dr. Wendy Levinson, the chair and founder of Choosing Wisely Canada and a former board member at the American Board of Internal Medicine, the group that founded Choosing Wisely in the U.S.

“I’m no Pollyanna, I’ve been around a long time, I’ve never seen anything picked up like this,” she told the Medical Post. In the five years since its founding, it’s spread to about 20 countries. More than 50 medical societies have contributed Choosing Wisely recommendations, a modest list of several tests, treatments or activities that are unnecessary and potentially harmful for patients.

People tell her it’s the new evidence-based medicine. There was some pushback in the early days, of course, much of it questioning the motives of a movement that seemed designed to save overtaxed health systems money (or, to use the political buzzword, it seemed like a way to justify “rationing”). But Dr. Levinson is convinced that if the movement was about saving money rather than good medicine, it would have fizzled out long ago.

Choosing Wisely’s appeal is that it’s non-controversial. Its recommendations are developed by the profession itself, through expert consensus within their representative bodies. They address what has long been accepted as an inalienable truth of health systems, generally: that there’s a lot of waste. Wasted time. Wasted resources. Wasted opportunities. Dr. Hirotaka Yamashiro, a pediatrician in Richmond Hill, Ont. who has plenty of reservations about the movement, said that the recommendations for his specialty are anything but.

“I know many of these recommendations are common sense, but we sometimes develop habits that are not about common sense,” said Dr. Ming Ka Chan, a pediatrician and associate professor at the University of Toronto. While Dr. Levinson said many senior physicians are doing important work to implement Choosing Wisely’s recommendations—department heads, etc.—doctors who have been practicing longer often have a harder time shaking some of their habits.

“I do a talk on all the reasons we as doctors do unnecessary testing. Patients want it; we’re enamoured with new technology; it’s easier just to do it than to explain why you’re not doing it; you don’t want to be sued; there are sometimes financial incentives,” she said, rattling them off in a practiced cadence.

But there’s always one point her talk ends with: “I’ve always done it this way.”

It stands to reason, then, that the most effective solution is to stop new physicians from forming those same habits. If Choosing Wisely is indeed part of a culture change in medicine, Dr. Levinson said she believes the place it will have the greatest impact is in medical school.

Start with the STARS

The efforts to engage Canadian medical students began even before Choosing Wisely was established here in Canada in 2014. In 2012, Dr. Levinson enlisted the help of Dr. Sabrina Nurmohamed, then a University of Toronto medical student, to develop their early strategic plans. The next year, Dr. Marisa Leon-Carlyle and Dr. Rahman Srivastava, also medical students at the University of Toronto at the time, signed on. During the summer, they scanned the entire curriculum and, with the help of the faculty, identified lectures and lessons where Choosing Wisely recommendations might be incorporated. The students then approached the professors to ask whether they would include additional slides in their prepared PowerPoint presentation, or add a few points to their lecture, to increase awareness of Choosing Wisely.

That was the beginning. The next year, in November 2015, the STARS program (Students and Trainees Advocating for Resource Stewardship) was born. Every medical school in Canada has at least one representative, and many have more.

A ‘wiser’ generation of doctors

Choosing Wisely has proven to be very popular among medical students and trainees and that may have a very big impact on the practice of medicine over the next 10 to 20 years

BY TRISTAN BRONCA • Toronto
the country agreed to select two exceptional student applicants to attend a Choosing Wisely leadership summit in Toronto. These students would then return to their schools to think about how to raise awareness about Choosing Wisely on their own campuses and, where appropriate, in their curriculums. Those students would also play a role in selecting the next year’s STARS students, and so on.

Some, like the students at U of T before them, emailed professors about incorporating more information into their lectures, while others opted to focus on medical case studies. Others put on extracurricular activities. At Dalhousie in Halifax, the first two STARS students, Yaeesh Sardiwalla and Luke Wiseman, organized a special guest lecture on antibiotic resistance and founded a journal club where students would acquaint themselves with the clinical evidence supporting a specific Choosing Wisely recommendation (around opioid use in non-cancer pain, for instance).

Others organized seminars and social groups. Both the current STARS students and the alumni of the program keep a running document to share ideas with others across the country—from fridge magnets and pins, to the language on promotional posters, to suggestions about how to approach faculty to change the formal curriculum.

“Instead of saying ‘you must do this,’ it was just about giving them room to run with it,” said Dr. Elliot Lass, now a resident. He and his former medical school classmates, Dr. William Silverstein and Dr. Anand Lakhani, were selected to help create the STARS program in the summer following their first year at U of T. Both Dr. Lass and Dr. Silverstein told the Medical Post that while Choosing Wisely’s recommendations are the same across the country, there are also subtle differences in the way they are applied in a hospital or clinic in Toronto versus one in Calgary, or Yellowknife. The STARS campaign gave the students total freedom to decide how to use the tools of the campaign.

It seems to be working. Currently about 80% of medical schools have seen formal changes to their curriculum. Student interest groups have formed at 13 of Canada’s 17 medical schools, and STARS has the official support of the Canadian Federation of Medical Students and its Quebec counterpart, FMEQ. The U.S. is now modelling its own STARS program after Canada’s, and other countries such as the Netherlands, Japan, New Zealand, Norway and Brazil are in various stages of developing their own initiatives for medical trainees. And students seem unusually keen to be involved.

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“This has really resonated because it’s very much in line with the values of young people of today,” said Dr. Karen Born (PhD), the knowledge translation lead at Choosing Wisely and one of the faculty supervisors who worked with Drs. Lass, Silverstein and Lakhani. “Things like environmentalism and the future of medicine—I think their sense of social responsibility is strong.”

During their summer, the other big project Dr. Lass and Dr. Silverstein worked on was a list of recommendations specifically aimed at medical students: something they could refer to as they rotated between disciplines. Recommendations included: “Don’t suggest ordering tests or treatments pre-emptively for the sole purpose of anticipating what your supervisor would want.”

(As Dr. Silverstein said one of Dr. Levinson’s favourite maxims was: “If you don’t know, ask!”)
when advising medical students is, “Don’t just do something, stand there.”"

They emailed most of the 8,000 medical students across the country looking for suggestions for the list. They heard back from nearly 2,000 of them within 10 days in the dead of summer.

The downstream effect

Even slight differences in training often have great impact on the way physicians practise. When giving presentations, Dr. Levinson often quotes a 1997 study which found that of nearly 5,000 Quebec doctors who graduated from benzodiazepines to elderly patients (a contravention of a Choosing Wisely recommendation) more than 60% of them graduated from the same medical school.

Another study of Medicare data out of the U.S. found that those who trained at Cedars Sinai Medical Centre in Los Angeles ordered 2.5 times as many tests overall compared with those who trained in Minneapolis. “And the patient outcomes weren’t as good,” Dr. Levinson said. “They graduated with over-ordering as part of their culture.” (The L.A. centre has since taken several drastic steps to adopt Choosing Wisely’s recommendations.)

Another study published earlier this year found a “stirring relationship” between education and prescribing patterns. It suggested doctors who graduated from higher-tier U.S. medical schools were far more judicious when prescribing opioids than those who attended other schools. It didn’t matter if those doctors practised in the exact same hospitals and clinics, treating the same groups of patients as colleagues from lower-tier medical schools. Their alma mater dictated their behaviour.

Common sense, rewarded

For most medical students, the most significant advantage of Choosing Wisely has less to do with recommendations than with the mentality it fosters. “For me it really comes back to being someone who is always thinking twice,” said Dr. Silverstein. “It’s empowered me to have those conversations with patients.”

“Sometimes you'll say, ‘You’re stingy and you don’t like giving tests. Listen, if I have to give someone a lumbar puncture because I think they may have meningitis, I’m not going to do it because I’m the Choosing Wisely guy. I’m not going to not give a patient an X-ray because I know it would cost the system $50. The only reason I wouldn’t do it would be because I knew it wasn’t in their best interest.’” Dr. Silverstein said today, he’s beginning to notice a subtle change in the culture on the wards. It’s not that it was “the wild west” before, when doctors would roll through checklists ordering tests on a whim, but now he and the other trainees tend to score brownie points for showing restraint rather than proposing what may be an unnecessary intervention.

Despite the rigid and sometimes intimidating atmosphere of medical training, Dr. Silverstein and Dr. Lass said preceptors tend to respond well to training that’s on the side of the evidence—or are at least trying to. They engage with young people who question the conventional practices.

“You’re creating these habits early so doctors will continue to practise this way 10 or 15 years down the line,” Dr. Lass said.

Interestingly though, both Dr. Lass and Dr. Silverstein were first drawn to Choosing Wisely because they felt the movement was having an immediate effect on medicine. For Dr. Silverstein, who had previously been doing clinical research over the summer (the implications of which often don’t reach mainstream medical money for years) buying into Choosing Wisely meant an immediate change to the way he practised and thus an immediate impact on care. It meant that not only could he potentially help the patient in front of him avoid the unnecessary radiation of a CT scan, or a potentially damaging course of antibiotics, it meant some of those more limited resources would be there for patients who did need them.

“I hadn’t come across a lot of opportunities like that in my training,” he said.

For Dr. Lass, in a culture that always seemed to celebrate the rock-star specialist who thrived in the obscure Dr. House-type scenarios, he found it refreshing to come across a campaign that celebrated the opposite—common sense.

“It’s really just about being a good doctor,” Dr. Silverstein said. MP

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**Type 2 diabetes: Can your patients’ kidneys keep up?**

Up to half of diabetes patients will show signs of kidney damage in their lifetime.¹

It’s therefore important to remember that some T2D medications need to be dose-adjusted in patients with renal dysfunction while others are contraindicated in patients with significant disease. When changes in renal function occur, the usage and dosage of these medications should be reevaluated.¹

**Consider renal function when selecting an oral antidiabetic agent that will be efficacious for your T2D patient.¹**
