
Medical Professional Society Handbook

Version 1.5 (Winter 2024)



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Introduction

The Canadian Institute for Health Information indicates that up to 30% of tests, treatments, and procedures performed in Canada are potentially unnecessary. Unnecessary tests, treatments, and procedures do not add value for patients, potentially expose patients to harm, lead to more testing to investigate false positives, contribute to unwarranted stress for patients and their families and consume precious time and resources.

Choosing Wisely Canada is a national campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments, and make smart and effective care choices. The campaign launched on April 2, 2014, at the University of Toronto in collaboration with the Canadian Medical Association.

Choosing Wisely Canada inspires and engages health care professionals to take leadership in reducing unnecessary tests, treatments, and procedures, and enables them with simple tools and resources that make it easier to choose wisely. It does so by partnering with professional societies and associations representing different clinical specialties (e.g., cardiology, family medicine, nursing, pharmacy) to come up with lists of “Things Clinicians and Patients Should Question.”

This handbook guides professional societies through the engagement process in Choosing Wisely Canada. It is divided into three primary sections, with a fourth dedicated to useful resources:

1. Developing Choosing Wisely Canada recommendations – describes the operating principles to be followed by societies when developing recommendations; proposes a roadmap for the development process; explains the process for keeping the recommendations up to date with the latest evidence
2. Publicly releasing Choosing Wisely Canada recommendations – provides communications tools and templates for use by societies when publicizing recommendations
3. Going ‘beyond the list’ of Choosing Wisely Canada recommendations – proposes ideas to ‘put the recommendations in practice’ by: (a) educating members on Choosing Wisely Canada and the recommendations; (b) encouraging implementation of the recommendations in practice; (c) acknowledging champions of Choosing Wisely Canada

We would like to thank you for your interest and participation in Choosing Wisely Canada. Clinician leadership is central to the campaign and that is why partnerships with professional societies are so important and essential to its success.

Developing Choosing Wisely Canada recommendations

This section describes the operating principles to be followed by societies when developing recommendations, proposes a roadmap for the list development process, and outlines the process to keep the lists of recommendations up to date with the latest evidence.

Operating principles for developing Choosing Wisely Canada lists of recommendations

1. List Development Process:

- Societies and associations are free to determine the process for creating their lists
- Each recommendation should be specific, practical, and within the specialty's scope of practice
- The tests, treatments, procedures, and practices under consideration should be common and potentially expose patients to harm, stress or avoidable burden
- Recommendations can also address strain on our health care system or impact to the environment, provided that such recommendations do not compromise the welfare of the individual patient.
- There should be generally accepted evidence to support each recommendation
- Environmental recommendations should have a plausible link to the environmental impact. (Existing measurement of impact is not required*)

*While revising these principles to include climate considerations, questions regarding measurement, quantification of climate impacts, and applicability across different geographical areas were debated. Precise measurement of climate impact is a burgeoning field. After consultation with experts, it was decided that new recommendations do not need to specify climate impact metrics. For now, establishing a clear link to climate impact—such as highlighting waste reduction by avoiding specific procedures—is sufficient without exact measurement amounts.

- If a list item overlaps or is anticipated to overlap with another professional society, work with the other society to ensure all related parties are in agreement

2. Membership of the Working Group:

- Disclose any conflicts of interests for individuals participating in list development, and consider relevant processes to manage conflicts of interest
- Consider opportunities to include patient(s) in their Choosing Wisely working group or development process (Choosing Wisely Canada can help with this if required)

3. Formatting the Recommendations:

- Each item on the list should begin with “Don’t”. We ask that societies DO NOT include recommendations that are really do statements in their lists (e.g., Don’t forget to...). The “Don’t” statements are focused on overuse

After the list is complete, what's next?

- Designate a staff or board member(s) to act as liaison with Choosing Wisely Canada central for list development, tweaking, approval and coordination of all media and public relations related activities.
- Disseminate the finalized list as widely as possible through various means (journal articles, newsletters, website, annual meetings, social media, etc.). All lists will be posted on the Choosing Wisely Canada website (www.ChoosingWiselyCanada.org). Translation of the list into French will be done by Choosing Wisely Canada central and hosted at www.ChoisirAvecSoin.org
- Review and update clinician list based on new evidence or changes to clinical guidelines annually. Choosing Wisely Canada central will ask participating medical professional societies to review their lists in June of each year.

How Choosing Wisely Canada can help:

1. Provide frequent updates to medical professional societies regarding list development, communications, and member relations.
2. Provide additional resources as requested and required to assist with list development (e.g., literature searches done by CADTH).
3. Review the lists developed by medical professional societies to ensure consistency and coordination across the different lists.
4. Translate the lists to French and mock up all materials in PDF format.
5. Develop and circulate communications tools and resources including template press releases, blog posts, and social media language (see page 8 for more details).
6. Provide support for co-authoring and disseminating an opinion piece (see page 9 for more details).
7. Work with the societies to develop patient materials related to key recommendations.

List components and sample

Hematology

Free Hanga Hyacinth and Halimololaba Should Quicken by
United in a Strategic Lobby
 Last updated: June 2019



- 1** Don't give IVIG as an **first-line treatment** for patients with asymptomatic IgA vasculitis/thrombocytopenia (ITP).

Treatment of ITP is not recommended for patients with mild to mean asymptomatic thrombocytopenia. Patients with the asymptomatic form of ITP should be managed with reassurance. Patients with asymptomatic ITP should be reassured that the condition is self-limiting and that the majority of cases resolve within 3 to 6 months. Patients with asymptomatic ITP should be reassured that the condition is self-limiting and that the majority of cases resolve within 3 to 6 months. Patients with asymptomatic ITP should be reassured that the condition is self-limiting and that the majority of cases resolve within 3 to 6 months.
- 2** During **interception of acute-onset antithrombotic therapy** for procedures, don't 'bridge' with heparins but consider weight-based bolus (1000U) or unfractionated heparin (UFH) unless the risk of thrombosis is high.

Patients with mild to moderate thrombocytopenia should be managed with aspirin. Patients with moderate to severe thrombocytopenia should be managed with aspirin. Patients with moderate to severe thrombocytopenia should be managed with aspirin. Patients with moderate to severe thrombocytopenia should be managed with aspirin. Patients with moderate to severe thrombocytopenia should be managed with aspirin.
- 3** Don't order thrombocytopenia testing in women with early pregnancy loss.

Early pregnancy losses are common events that may be related to chromosomal abnormalities. Thrombocytopenia is not a common cause of early pregnancy loss. Thrombocytopenia is not a common cause of early pregnancy loss. Thrombocytopenia is not a common cause of early pregnancy loss. Thrombocytopenia is not a common cause of early pregnancy loss. Thrombocytopenia is not a common cause of early pregnancy loss.
- 4** Don't request a fluorescent-activated cell sorting (FACS) for the evaluation of suspected lymphoma.

The diagnosis of lymphoma is based on a combination of clinical, histological, and immunohistochemical findings. FACS is not a routine test for the diagnosis of lymphoma. FACS is not a routine test for the diagnosis of lymphoma. FACS is not a routine test for the diagnosis of lymphoma. FACS is not a routine test for the diagnosis of lymphoma. FACS is not a routine test for the diagnosis of lymphoma.
- 5** Don't transfuse patients based solely on an arbitrary hemoglobin threshold.

Transfusion decisions should be based on clinical assessment of the patient's condition and the risk of bleeding. Transfusion decisions should be based on clinical assessment of the patient's condition and the risk of bleeding. Transfusion decisions should be based on clinical assessment of the patient's condition and the risk of bleeding. Transfusion decisions should be based on clinical assessment of the patient's condition and the risk of bleeding. Transfusion decisions should be based on clinical assessment of the patient's condition and the risk of bleeding.

RECOMMENDATIONS

Simple declarative statements about a test, treatment or procedure that is overused.

RATIONALES

Concise evidentiary information to support the recommendation. A rationale should provide the evidence and thinking behind the recommendation, and should also specify when the highlighted intervention is appropriate. If there are any conditional clauses or stipulations that clinicians might need to consider in implementing be sure to address them. If possible, keep rationales to less than 150 words.

HOW THE LIST WAS CREATED DESCRIPTION

A paragraph describing the methodology used in creating the list of recommendations.

SOURCES

Key references, generally academic publications, which support each recommendation.

How the list was created

The entire membership of the Canadian Hematology Society (CHS) was asked to submit potential Choosing Wisely Canada list items. A steering committee consisting of 8 self-nominated CHS members was then formed. The committee identified items for potential inclusion in the final list and discussed them with the steering committee and the principal investigator. The committee also reviewed the literature to ensure that the recommendations should add to reduce harm, be evidence-based, reduce strain on the health care system, focus on common tests, procedures or treatments and be within the clinical domain of members of the CHS. Items that were felt by at least 5 of the 7 committee members the chairperson (a hematologist) and the principal investigator to be worthy of inclusion in the list were then presented to the steering committee for their final approval. Of their scope of practice. Thirty-eight items were suggested by the membership-at-large and 12 items were selected for evidence review. Health Quality Ontario and the Canadian Agency for Drugs and Technologies in Health performed the literature review. It was determined that expert recommendations were not available for 10 of the 50 items. The steering committee decided to include these 10 items in the list, as they were in line with the consensus with the final recommendations. 4 disagreements were found, the input of relevant Canadian experts was sought. The agencies performing the literature review were contacted to determine if they had any relevant literature. The steering committee decided to include 2 of the 4 items in line with our principles, the 12-item list was then narrowed to the final 5-item list based on the committee's ranking.

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About the Canadian Hematology Society

CHS is a professional association founded in 1971, whose membership includes most of the hematologists in Canada. The main goals of CHS are to maintain the integrity and vitality of the specialty of hematology, by participating with the Royal College of Physicians and Surgeons of Canada in designing training programs for our successors, encouraging and rewarding scholarly research, and providing a forum for communication and mutual support for all of our colleagues in both community and academic settings.



About Choosing Wisely Canada

Choosing Wisely Canada is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care.

ChoosingWiseCanada.org | Info@ChoosingWiseCanada.org | @ChooseWiseCA | /ChoosingWiseCanada

Roadmap for list development

APPROXIMATE TIMELINE: 6 - 8 MONTHS

1. Initial contact

- Choosing Wisely Canada will offer a teleconference to describe society engagement
- Society handbook is shared

2. Formal commitment

- Society will be added to list of [partners on Choosing Wisely Canada website](#)
- Society leads will be added to Choosing Wisely Canada society email distribution list

3. List development

A common process for list development used by societies includes:

- Form task force
- Review evidence
- Look at [US Choosing Wisely](#) list (if available) - recommendations can be adopted or adapted with permission
- Compile list of recommendations (10 – 15)
- Narrow down to five by small group discussion or by asking members to vote
- Choosing Wisely Canada central and The Canadian Agency for Drugs and Technologies in Health (CADTH) can help with literature review where needed

4. List submission

- Submitted by email; should include all list components; Choosing Wisely Canada is happy to review early drafts

5. Review

- Internal review is completed by campaign staff and physician experts in relevant specialty
- Draft recommendations are circulated to all societies participating in Choosing Wisely Canada, giving them one week to provide areas of major concern or feedback. Feedback is compiled by Choosing Wisely Canada and shared with the authoring society for consideration.

6. Translation and formatting

- Translation to French is undertaken by the Canadian Medical Association; translation generally takes two weeks; societies will be asked to sign off on the translation
- Choosing Wisely Canada will mock up the lists in both languages. Societies will provide final sign off on their mocked-up lists.

7. List release

Keeping the lists up to date

Societies who have published recommendations over 12 months ago will be contacted by Choosing Wisely Canada and asked to review their recommendations to ensure they are still relevant and reflect the latest evidence.

Societies will identify one representative to complete a survey to confirm whether their recommendations are up to date. If the recommendations are up to date, the society representative will simply check boxes to confirm and their list will be revised to reflect the new 'last updated' date.

Any changes that do need to be made, including adding any additional recommendations, can be returned to Choosing Wisely Canada by email or tracked on a Word document of the list that will be provided with the initial email. Revisions would then be translated into French and revised on all Choosing Wisely Canada platforms (website and PDF lists).

Publicly releasing Choosing Wisely Canada recommendations

This section provides communications tools and templates for use by societies when releasing recommendations.

Press release template

A press release is an easy way to announce your participation in Choosing Wisely Canada, release your list, provide updates on the work or promote an event. While the primary audience of a press release is the media, they can also be used to provide content for your website, repurposed for newsletter articles or member communications, and help with search engine traffic to your site. The key messages from this toolkit can help you construct your release, and below are some ideas and a draft to help you get started.

- Download our [press release template](#)
- Please share all press releases with us (info@choosingwiselycanada.org) prior to distribution

Format: Press releases are typically no more than two pages, and follow a standard format that includes the following:

- Contact person for the media
- Date of release
- A short headline, which can be followed by a slightly longer sub-headline
- At least one quote from an organizational leader (Choosing Wisely Canada is happy to provide quotes or connections to national leaders)
- Your organization's boilerplate, or mission statement at the end

Ideas: Below are some ideas to help you get started with your press release:

- Announcing your organization's participation in Choosing Wisely Canada
- The release of your list
- Promotion of an upcoming event or meeting
- Update at key milestones

Dissemination: An important part of any press release is your distribution strategy to ensure it reaches your target audiences. Key distribution channels include:

- Your organization's website
- Twitter and Facebook accounts, with links back to your release
- A press release distribution service, such as Canada Newswire
- Pitching to local/ reporters. A good way to get your release picked up is to identify reporters who cover topics related to your specialty or list, and reference a recent story they covered and how your release relates to it.

Op-ed publication

An op-ed is an opinion piece, typically published in a newspaper or magazine. Choosing Wisely Canada often partners with medical professional society leads to publish an op-ed related to the release of their list – specifically when their list includes a recommendation that is of interest to the public. If you are interested in the possibility of co-authoring an op-ed, please contact info@choosingwiselycanada.org.

Examples of op-eds that have been published with societies include:

- Obstetrics and gynecology: [Too many medical procedures on women aren't necessary](#). Toronto Star, June 2017.
- Fertility and andrology: [Claire Jones and Eileen McMahon: More is not always better in fertility treatment](#). Vancouver Sun, January 2020.
- Rural medicine: [Virtual healthcare can ease pain of being hospitalized far from home](#). Toronto Star, September 2020.

Mass email template

Subject: [Medical professional society name] Releases List Unnecessary Tests, Treatments or Procedures as Part of Choosing Wisely Canada Campaign

Dear [medical professional society name] members and partners,

Today [medical professional society name] released a list of “[number of recommendations] Things Clinicians and Patients Should Question” in [specialty] as part of the Choosing Wisely Canada campaign. Many of you played a part in the creation of these recommendations and for that we thank you.

Choosing Wisely Canada is a campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments and make smart and effective choices to ensure high-quality care.

The list identifies [number] targeted, evidence-based recommendations that can support clinicians and patients in making wise choices about their care and includes:

- [recommendation]
- [recommendation]
- [recommendation]
- [recommendation]
- [recommendation]

For more information on Choosing Wisely Canada, please visit www.choosingwiselycanada.org. Join the conversation on Twitter [@ChooseWiselyCA](https://twitter.com/ChooseWiselyCA).

Sample tweets

Choosing Wisely Canada uses Twitter to support the conversation and spread the word. Here are some ways to tie your Twitter communications to the campaign:

- If you have not already, follow Choosing Wisely Canada on Twitter [@ChooseWiselyCA](#)
- Also, follow partners who have joined the campaign and are present on Twitter
- Re-tweet (RT) tweets on Choosing Wisely Canada through your Twitter account(s)
- Use the hashtag #choosingwisely when tweeting about the campaign
- With each tweet, include a link to your specialty's webpage on the [Choosing Wisely Canada website](#)

To help you get started with Twitter, below is a collection of sample template tweets your team can utilize to talk about your Choosing Wisely Canada work.

- We're working with @ChooseWiselyCA to determine tests, treatments, procedures pts and providers should talk about
- Do you really need that test? We're working with @ChooseWiselyCA to get pts & providers talking about appropriate care #choosingwisely
- [Medical professional society name] unveils #ChoosingWisely list as part of @ChooseWiselyCA campaign
- What common, but not always needed, tests & treatments should providers and pts talk about? #choosingwisely
- Are there test/treatments/procedures providers should talk about with pts at their next visit? #choosingwisely

Sample Facebook posts

Choosing Wisely Canada uses Facebook to support the conversation and spread the word. Here are some ways to tie your Facebook communications to the campaign:

- If you have not already, "friend" or "like" the Choosing Wisely Canada fan page: <https://www.facebook.com/ChoosingWiselyCanada>
- Tag Choosing Wisely Canada in your posts about Choosing Wisely Canada (by adding @choosingwiselycanada and #choosingwisely in posts)
- Share the short, template Facebook posts included below on your organization's Facebook page about your work on the campaign
- Link back to www.choosingwiselycanada.org for more information

To help you get started with Facebook, below is a collection of sample template posts your team can utilize to talk about your Choosing Wisely Canada work.

- We've partnered with @choosingwiselycanada to help patients and their providers talk about what tests and treatments are really necessary. Learn more at www.choosingwiselycanada.org #choosingwisely
- We're working with the @choosingwiselycanada campaign to help clinicians and their patients have conversations about their health care and what tests, treatments, and procedures may not be necessary (and could even cause harm). Find out more at www.choosingwiselycanada.org #choosingwisely
- Are there things you should be talking with your patients about? Check out what we're doing with the @choosingwiselycanada campaign to help you talk with your patients about tests, treatments, and procedures that may not be necessary. Learn more at www.choosingwiselycanada.org #choosingwisely
- As part of the @choosingwiselycanada campaign, we are proud to release our list of [number of recommendations] tests, treatments or procedures that are sometimes practiced in [specialty], which research shows may not always be necessary. Are there things you should be talking with your patients about? Learn more at www.choosingwiselycanada.org #choosingwisely
- The @choosingwiselycanada lists encourage clinician and patient conversations about using the most appropriate tests and treatments. What do you think about the lists? #choosingwisely www.choosingwiselycanada.org/recommendations/

Going ‘beyond the list’ of Choosing Wisely Canada recommendations

This section identifies options for societies to further their Choosing Wisely work once their list of recommendations has been released.

Identify champions of Choosing Wisely

Since launching in 2014, numerous individuals, working independently or as part of a team, have made a significant contribution to advancing Choosing Wisely Canada through implementation, education or awareness-building projects. Societies have a unique role to play in identifying and recognizing such individuals – who we call ‘champions’. Societies can: (a) recognize individual clinicians or teams for their contributions to the campaign; (b) inspire clinicians seeking to implement Choosing Wisely Canada in their own practice; (c) provide an opportunity to celebrate their members’ contributions to the campaign; (d) demonstrate how the campaign is driving change in health care; (e) help clinicians learn from one another by highlighting exemplars. Once champions have been identified in each specialty, it will be easier for societies to carry out further Choosing Wisely work.

Embed Choosing Wisely into your national meeting

A national meeting provides an opportune time to connect with members and educate them on new initiatives or priorities. Many societies use their annual meeting as an outlet to release their list of recommendations. But once the recommendations have been released, an annual meeting is also an opportunity to showcase Choosing Wisely implementation projects underway in your specialty. Many societies have introduced a Choosing Wisely track or series of sessions at their annual meeting, where they feature projects led by members related to resource stewardship. Some societies may choose to develop a new call or broaden an existing call for abstracts at their annual meeting to include trainee submissions that feature resource stewardship work.

Publish an article (academic or not) on your list development process

Publishing an article on the process followed to develop your recommendations can be a great way to educate members about your list. Examples of articles published by societies participating in Choosing Wisely Canada include:

- Medical genetics: Goh E, et al. Choosing Wisely Canada: The Canadian College of Medical Geneticists’ (CCMG) list of five items physicians and patients should question. J Med Genet. 2017 Aug 19. [PMID: 28822975](#).
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Introduce a Choosing Wisely series in your journal

The Canadian Medical Association Journal (CMAJ) published a series of articles on the Choosing Wisely Canada campaign and its recommendations. The articles were released over a 12-month period, and then combined in a special [Focus on Choosing Wisely Canada](#) issue, alongside quizzes and commentaries.

Canadian Family Physician (CFP) partnered with Choosing Wisely Canada in 2016 to publish a 14-article series that profiled family physicians from across the country who have implemented the recommendations in their practice (e.g., Crosby J. Choosing Wisely Canada recommendations. *Can Fam Physician*. 2016 Jul;62(7):568. [PMID: 27412210](#)). In 2018, a new quarterly interview series was introduced in CFP that focuses on shared decision-making. The interviews highlight, where possible, relevant point-of-care tools family physicians use when engaging patients about Choosing Wisely related topics.

Initiate a resource stewardship award for trainees or clinicians

Recognizing trainees or clinicians in your specialty that are advancing the science of resource stewardship is an effective way to promote Choosing Wisely. Goals of such awards are not only to celebrate the work of those already involved in resource stewardship, but to promote engagement of all trainees and clinicians in Choosing Wisely Canada. The terms for such awards or recognition strategies would be at the society's discretion. But, Choosing Wisely Canada would be pleased to assist in promotion of the award and recognition of the award winners through our communication channels including social media or by [profiling them on our website](#).

Some societies, like the College of Family Physicians of Canada, have introduced an award to recognize residents who have integrated the principles of Choosing Wisely into their work.

Develop corresponding clinician materials

Many societies have developed assets to elaborate on their recommendations. For example:

- The Canadian Society for Transfusion Medicine, in partnership and with funding from Canadian Blood Services' BloodTechNet program, developed [five one-minute animated videos that elaborate on five of their Choosing Wisely recommendations](#).
- The College of Family Physicians of Canada developed [a toolkit related to their annual physical recommendation](#) with videos and posters for their clinics to facilitate informed discussions.
- The Canadian Nurses Association integrated Choosing Wisely into their webinar series, [Self-monitoring of blood glucose: Choosing wisely for those with Type 2 Diabetes not using insulin](#).
- The Canadian Society for Medical Laboratory Science created an educational tool and website ([Lab Wisely](#)) to help practitioners understand how they can influence the use of the recommendations.

Participate in Choosing Wisely Canada sub-campaigns

Choosing Wisely Canada has launched sub-campaigns, like [Antibiotic Wisely](#), [Opioid Wisely](#), and [Using Blood Wisely](#) in partnership with medical professional societies. Participating societies work with Choosing Wisely Canada to develop sub-campaign content and communicate sub-campaign principles and assets to their members.

Co-develop a Choosing Wisely Canada implementation toolkit

Choosing Wisely Canada works with clinician leads who have successfully implemented Choosing Wisely projects to publish toolkits that contain practical tools, tips, and templates for other organizations to emulate. Societies are encouraged to publicize toolkits relevant to their specialty and bring forward successful projects that might make a good toolkit. Some societies, like the Canadian Society for Internal Medicine, have co-branded and disseminated an implementation toolkit (see: Less Sedatives For Your Older Relatives: A toolkit for reducing inappropriate use of benzodiazepines and sedative-hypnotics among older adults in hospitals). If you are aware of implementation projects that might make a suitable toolkit, please contact info@choosingwiselycanada.org.

Useful resources

Generic PowerPoint slides

We have comprehensive slide sets that you can use as you see fit to educate your members on the campaign. Our generic slides are always being updated, so please email us at info@choosingwiselycanada.org for the latest version.

Campaign website

Choosing Wisely Canada's website, available in both [English](#) and [French](#), provides a user-friendly experience on both desktop and mobile platforms. A strength of the site is a powerful search function which provides instant access to campaign materials.

Summary of key content:

- [Recommendations](#): Each specialty that has released recommendations has its own webpage on Choosing Wisely Canada's site. The recommendations are central, but related patient materials, toolkits, events, articles can be conveniently accessed.
- [Campaigns](#): In addition to the main campaign to develop lists of specialty-specific recommendations, the Choosing Wisely community has organized offshoot campaigns of various kinds and in different jurisdictions ([international](#), regional and territorial, for [trainees](#) (medical students and residents), for [patients](#)).
- [Events](#): This section provides details on all campaign-related events. For example, Choosing Wisely Canada hosts a monthly webinar for implementers called, Choosing Wisely Talks. Choosing Wisely Canada also hosts an annual national meeting.
- [Perspectives](#): This section represents Choosing Wisely Canada's digital magazine that explores the unnecessary care phenomenon and what people are doing about it. Perspectives is comprised of six sections: [News](#), [Viewpoints](#) (op-eds), [Profiles](#), [How Tos](#) (toolkits), [Patient Stories](#) and [Around the World](#) (articles related to Choosing Wisely campaigns in 20+ other countries).

Choosing Wisely Canada toolkits

Choosing Wisely Canada works with health care delivery organizations across Canada to re-engineer the clinical and administrative processes that lead to over-testing and over-treatment. Over 100 health care delivery organizations are currently working on quality improvement projects to ensure that their practices are in line with the Choosing Wisely Canada recommendations. Many of the successful projects have shared their work by publishing [toolkits](#) that contain practical tools, tips and templates for other organizations to emulate.

Choosing Wisely Canada has partnered with the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada to develop three new toolkits to help physicians learn about and teach resource stewardship. The '[CanMEDS Resource Stewardship Curriculum Toolkit Series](#)' can help to meet requirements for resource stewardship competencies as set out in CanMEDS 2015. The toolkits are designed to use with as much or as little adaptation as you choose, and include content like modifiable PowerPoint slide decks, annotated bibliographies and how to guides.

Choosing Wisely Canada patient pamphlets

Choosing Wisely Canada patient pamphlets are meant to help patients learn about the tests, treatments, and procedures to question, when they are necessary and when they are not, and what patients can do to improve their health. Over 35 patient pamphlets have been published by Choosing Wisely Canada in partnership with medical professional societies.

Campaign branding guidelines

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Individuals and organizations whose primary purpose is the delivery of patient care may use the Choosing Wisely Canada brand if the conditions in this document are adhered to. Improper use of the Choosing Wisely Canada brand will result in the revocation of these privileges.

To use the Choosing Wisely Canada brand, please review the information contained in our [Brand Book](#).

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