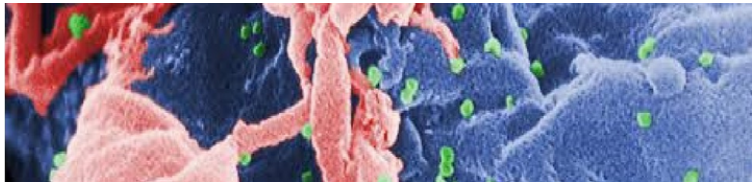


# Dall'analisi del rischio alle strategie di prevenzione: il ruolo della formazione

GRUPPO DI LAVORO GISIO SIII

UNIVERSITÀ DEGLI STUDI DI MILANO

DIPARTIMENTO DI SCIENZE BIOMEDICHE PER LA SALUTE

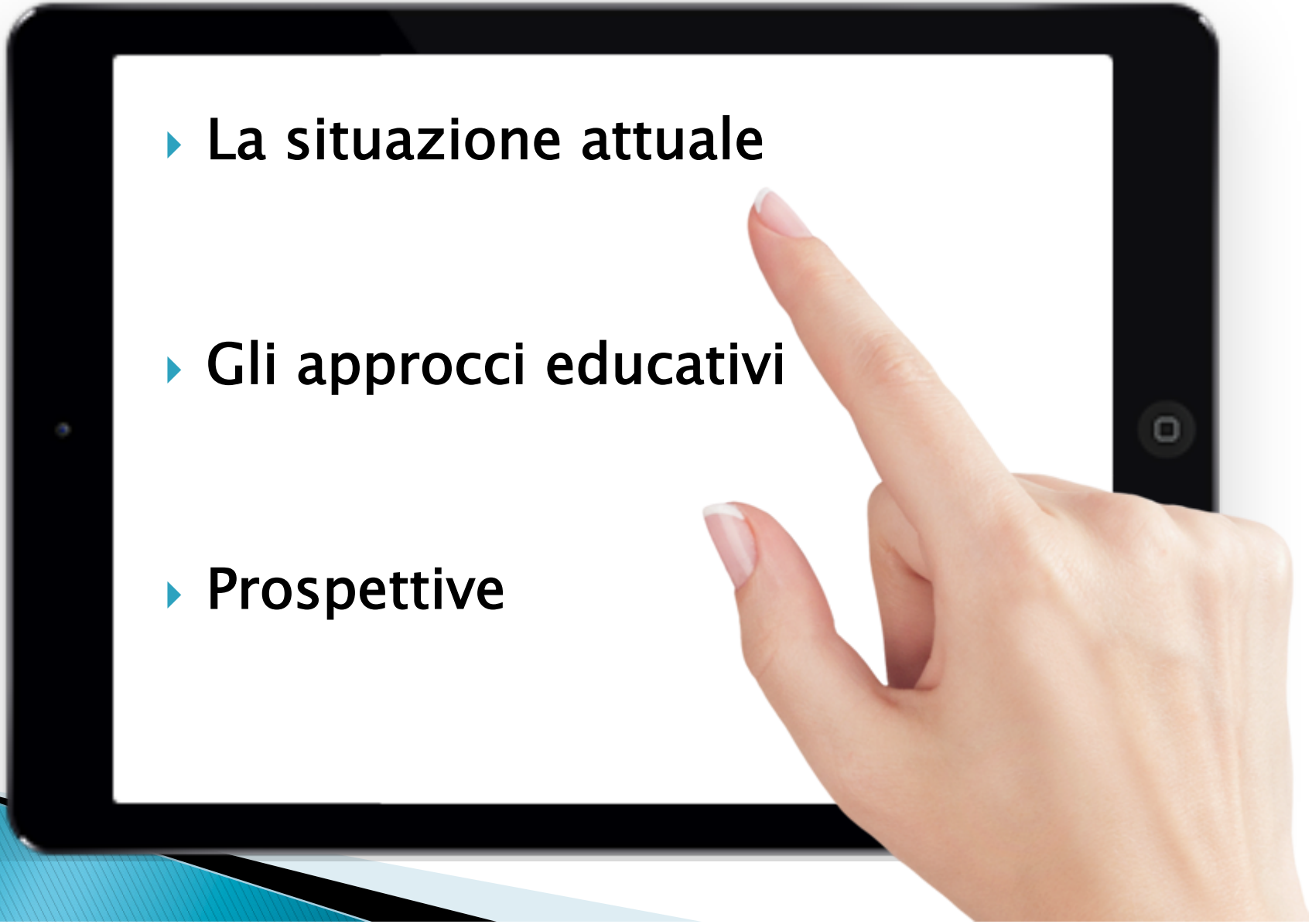
Silvio Brusaferro

UNIVERSITÀ DEGLI STUDI DI UDINE

"Risk analysis per il controllo delle ICPA nelle Unità operative di Terapia Intensiva e di Chirurgia e per la valutazione dell'efficacia di strategie preventive nella pratica clinica"

# L’intervento

- La situazione attuale
- Gli approcci educativi
- Prospettive



RECOMMENDATIONS

COUNCIL

COUNCIL RECOMMENDATION
of 9 June 2009
on patient safety, including the prevention and control of healthcare associated infections
(2009/C 151/01)

(2) Gli Stati membri dovrebbero informare cittadini e pazienti e metterli in grado di agire attivamente tramite:

(3) Gli Stati membri dovrebbero creare o rafforzare sistemi di segnalazione e di apprendimento relativi agli eventi sfavorevoli, al fine di:

(4) Gli Stati membri dovrebbero promuovere l'istruzione e la formazione del personale sanitario riguardo alla sicurezza dei pazienti, attraverso:

(5) Gli Stati membri dovrebbero classificare, codificare e misurare in maniera adeguata la sicurezza dei pazienti, cooperando con la Commissione europea:

(6) Gli Stati membri dovrebbero condividere conoscenze, esperienze e le migliori pratiche a livello europeo attraverso:

EUROPEAN COMMISSION

Brussels, 13.11.2012
COM(2012) 658 final

**REPORT FROM THE COMMISSION TO THE COUNCIL**

**on the basis of Member States' reports on the implementation of the Council Recommendation (2009/C 151/01) on patient safety, including the prevention and control of healthcare associated infections**

(Text with EEA relevance)

{SWD(2012) 366 final}

Gli Stati membri dovrebbero...

*"...assicurare un numero adeguato di operatori esperti nel controllo delle **infezioni** con tempo dedicato alla formazione sia negli ospedali che negli altri setting di cura"*

e

*"**provvedere al miglioramento della formazione di tali operatori** e al **riconoscimento delle loro qualifiche tra i divesi Paesi**"*

*Il report ribadisce la necessità della presenza di*

*"...un numero adeguato di personale esperto in controllo delle infezioni <u>sia negli ospedali che negli altri setting assistenziali</u>".*

# Conclusioni del Consiglio sulla sicurezza dei pazienti e la qualità dell'assistenza medica, compresi la prevenzione e il controllo delle infezioni associate all'assistenza sanitaria e della resistenza agli antimicrobici

(2014/C 438/05)

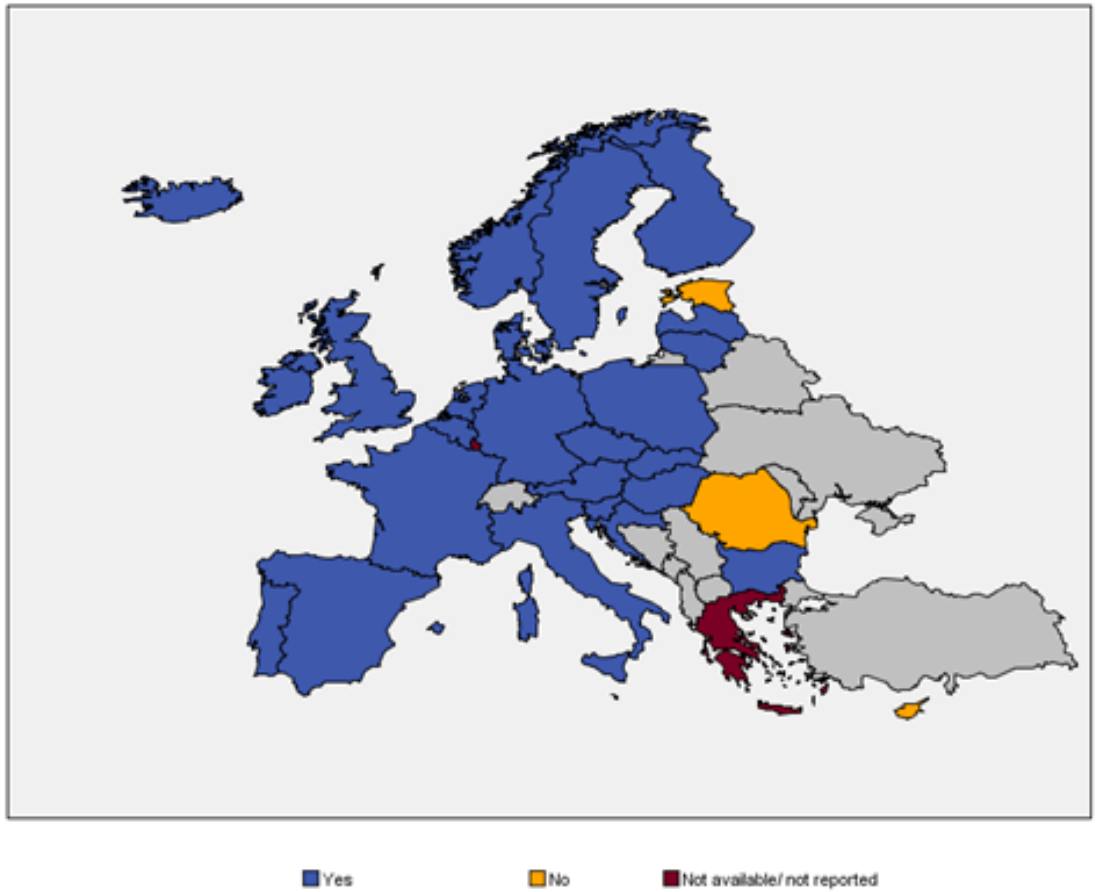
INVITA GLI STATI MEMBRI A:

a) Intensificare il loro sforzi per attuare la raccomandazione 2009/C 151/01,tenendo conto dei settori prioritari individuati nelle conclusioni delle due relazioni di attuazione della Commissione e nelle relazioni su istruzione e formazione e sui sistemi di segnalazione e apprendimento elaborate dal gruppo di lavoro sulla sicurezza dei pazienti e la qualità delle cure;

d) promuovere l'istruzione e la formazione del personale sanitario in materia di sicurezza dei pazienti e infezioni associate all'assistenza sanitaria, tenendo conto dei pertinenti lavori dell'ECDC, compreso il documento tecnico sulle competenze di base per gli operatori addetti al controllo delle infezioni e all'igiene ospedaliera nell'Unione europea (1), nonché delle pertinenti raccomandazioni dell'OMS, al fine di promuovere la disponibilità di personale adeguatamente formato, compreso il personale specializzato nel controllo delle infezioni, nelle strutture sanitarie;

(1) Centro europeo per la prevenzione e il controllo delle malattie. Core competencies for infection control and hospital hygiene professionals in the European Union. Stoccolma:ECDC;2013.

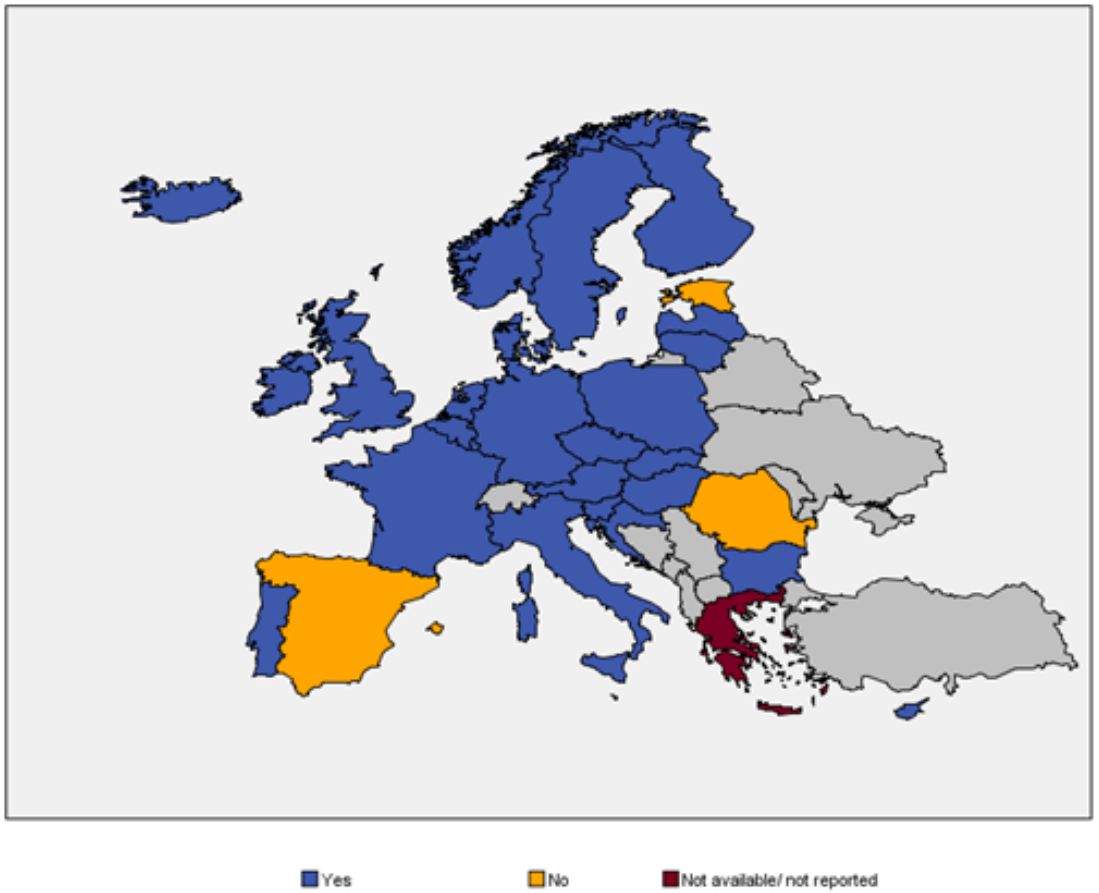
# Presence of a basic training in medical schools in 2014 (30 countries).




Basic training in IC/HH was reported in 83.3% (25/30) of the countries in medical schools, amongst these it was mandatory in the 68.0% (17/25)

Malta

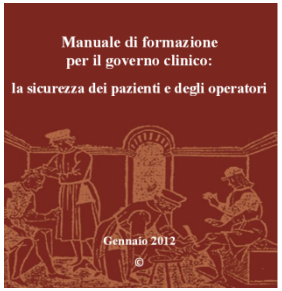
# Presence of a basic training in nursing schools in 2014 (30 countries).




Basic training in IC/HH was reported in 86.7% (26/30) of the countries in nursing schools, amongst these it was mandatory for the 73.1% (19/26).

Malta

# Sistemi di sorveglianza e di monitoraggio per:




- mantenere alto il livello di attenzione;
- definire dimensioni e caratteristiche del problema;
- indirizzare gli interventi;
- monitorare i progressi mediante l'utilizzo di indicatori specifici;
- individuare tempestivamente eventi sentinella ed epidemie.

… ma non solo!

# Sistemi di sorveglianza

- Anche per comprendere la **PERCEZIONE** del rischio

- Adattare le strategie comunicative

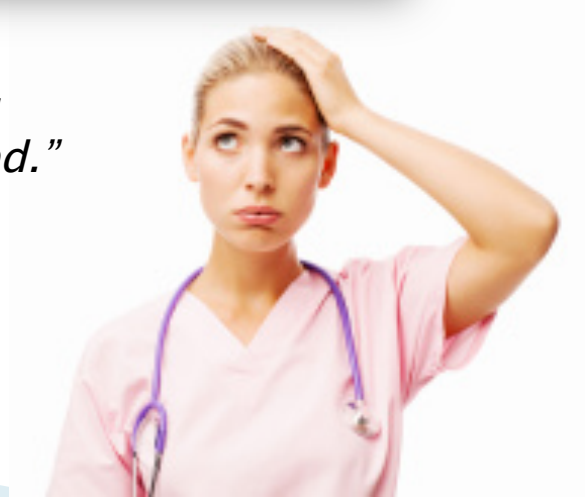
Can J Infect Control. 2008 Fall;23(3):165-6, 168-71.

**Infection prevention and control learning preferences of nurses sampled at a teaching hospital.**

Cheng SM[1], Melanee EC, Rawson B.

Author information

*"Assessing the effectiveness of learning modalities in improving infection control practices is advised."*



# Facilitators and barriers around teaching concepts of hand hygiene to undergraduate medical students

R. Kaur*, H. Razee, H. Seale

BARRIERE

1. Current teaching approaches around hand hygiene (HH) not effective:
   - Not enough time allocated.
   - Not much emphasis on it.
   - Selective forgetfulness as HH is considered unimportant.
2. Attitudes to learning/teaching HH:
   - Waste of time.
   - Low level of responsibility for patient outcomes.
   - Inconvenience.
3. Challenges associated with changing student attitudes:
   - HH is personal attribute.
   - Impact of role models.
4. Changing the learning landscape:
   - Assessment and scenario-based learning – useful.
   - Online and didactic learning/teaching approaches – not useful.

Journal of Hospital Infection 88 (2014) 28–33

# Supporto istituzionale

- **Formazione OBBLIGATORIA** sul controllo delle infezioni per tutti gli operatori
  - prima del conseguimento del titolo professionale
  - all'assunzione
  - durante tutta l'attività lavorativa.

Section 239 of the New York State Public Health Law – Course Work or Training in Infection Control Practices

Every physician, physician assistant and specialist assistant practicing in the state shall, on or before July first, nineteen hundred ninety-four and every four years thereafter, complete **course work or training**, appropriate to the professional's practice, approved by the department regarding **infection control and barrier precautions**

WWW.EPIPREV.IT

Documenti di indirizzo

e&p anno 38 (6) novembre-dicembre 2014

# LA FORMAZIONE IN TEMA DI SICUREZZA DELLE CURE E PREVENZIONE E CONTROLLO DELLE INFEZIONI CORRELATE ALL'ASSISTENZA

Antonella Agodi
Francesco Auxilia
Silvio Brusaferro
Roberta Chiesa
Daniela D'Alessandro
Marcello Mario D'Errico
Gianfranco Finzi
Marcello Meledandri

Maria Mongardi
Maria Teresa Montagna
Ida Mura
Giovanni Battista Orsi
Cesira Pasquarella
Carlo Signorelli
Raffaele Zarrilli
and GISIO-SItI

## APPROVATO DA:

**ANIPIO** (Associazione Nazionale Infermieri Specialisti nel Rischio Infettivo)
**ANMDO** (Associazione Nazionale Medici delle Direzioni Ospedaliere)
**SIMPIOS** (Società Italiana Multidisciplinare per la Prevenzione delle Infezioni n
**SItI** (Società Italiana di Igiene, Medicina Preventiva e Sanità Pubblica)

*Epidemiol Prev* 2014; 38(6) Suppl 2:

# L’intervento

- La situazione attuale
- Gli approcci educativi
- Prospettive

# Hospital organisation, management, and structure for prevention of health-care-associated infection: a systematic review and expert consensus

Walter Zingg, Alison Holmes, Markus Dettenkofer, Tim Goetting, Federica Secci, Lauren Clack, Benedetta Allegranzi, Anna-Pelagia Magiorakos, Didier Pittet, for the systematic review and evidence-based guidance on organization of hospital infection control programmes (SIGHT) study group*

Lancet Infect Dis 2015; 15: 212–24

Published Online November 11, 2014 http://dx.doi.org/10.1016/S1473-3099(14)70854-0

This online publication has been corrected. The corrected version first appeared at thelancet.com/infection on Feb 23, 2015

Despite control efforts, the burden of health-care-associated infections in Europe is high and leads to around 37 000 deaths each year. We did a systematic review to identify crucial elements for the organisation of effective infection-prevention programmes in hospitals and key components for implementation of monitoring. 92 studies published from 1996 to 2012 were assessed and ten key components identified: organisation of infection control at the hospital level; bed occupancy, staffing, workload, and employment of pool or agency nurses; availability of and ease of access to materials and equipment and optimum ergonomics; appropriate use of guidelines; education and training; auditing; surveillance and feedback; multimodal and multidisciplinary prevention programmes that include behavioural change; engagement of champions; and positive organisational culture. These components comprise manageable and widely applicable ways to reduce health-care-associated infections and improve patients' safety.

Review condotta valutando 92 studi pubblicati tra il 1996 e il 2012 (41 studi

Identificazione di 10 fattori ritenuti cruciali per una **pianificazione efficace di un programma di prevenzione** e per il **miglioramento del sistema di monitoraggio** delle infezioni negli ospedali

Hospital organisation, management, and structure for prevention of health-care-associated infection: a systematic review and expert consensus

Walter Zingg, Alison Holmes, Markus Dettenkofer, Tim Goetting, Federica Secci, Lauren Clack, Benedetta Allegranzi, Anna-Pelagia Magiorakos, Didier Pittet, for the systematic review and evidence-based guidance on organization of hospital infection control programmes (SIGHT) study group*

Lancet Infect Dis 2015; 15: 212–24

**Introduzione e implementazioni di linee guida e raccomandazioni con educazione/istruzione del personale**

- evidenza di riduzione di IVU associate a CV e miglioramento nell'aderenza alla procedura di lavaggio mani dopo introduzione di linee guida sull'argomento
- evidenza di risultati positivi nell'introduzione di linee guida e raccomandazioni maggiore per il personale infermieristico vs medico

**Programmi di formazione e training specifici rivolti al team o al singolo ("bedside teaching") su problematiche specifiche**

- dimostrata maggiore efficacia rispetto a modelli più formali (lezioni frontali)

**Cultura organizzativa volta a favorire la collaborazione e la comunicazione tra le diverse UO e tra gli operatori**

- educazione del personale e coinvolgimento della leadership hanno dimostrato di migliorare l'aderenza alla procedura di lavaggio mani
- una leadership debole è percepita dal personale come mancanza di controllo e allo stesso tempo di supporto all'implementazione di programmi

# Messaggi chiave

- Un efficace programma di controllo delle infezioni non dipende solo da un adeguato team, ma anche da altri fattori (organizzativi interni alla struttura, carico di lavoro, staff, disponibilità di mezzi per il personale);

- L'utilizzo delle sole linee guida non si dimostra efficace se non accompagnata da un adeguato percorso educativo e di training del personale (mediante workshop, approccio "bedside teaching", ecc.);

- E' preferibile un approccio multimodale e multidisciplinare nella definizione di un percorso di formazione al personale rispetto ad un approccio "classico";

- La componente comportamentale/motivazionale del personale deve essere adeguatamente valutata (individuazione di barriere) e considerata negli interventi pianificati;

- Il coinvolgimento attivo della leadership gioca un ruolo fondamentale nel buon esito di un programma di controllo delle infezioni.

Hospital organisation, management, and structure for prevention of health-care-associated infection: a systematic review and expert consensus

Walter Zingg, Alison Holmes, Markus Dettenkofer, Tim Goetting, Federica Secci, Lauren Clack, Benedetta Allegranzi, Anna-Pelagia Magiorakos, Didier Pittet, for the systematic review and evidence-based guidance on organization of hospital infection control programmes (SIGHT) study group*

# Approcci multimodali

… Sostenuti da Team MULTIDISCIPLINARI

Coinvolgimento a 360°

Contents lists available at ScienceDirect

American Journal of Infection Control

journal homepage: www.ajicjournal.org

Brief report

A successful multifaceted strategy to improve hand hygiene compliance rates

John K. Midturi DO, MPH [a,*], Aarthi Narasimhan MD [a], Teresa Barnett RN, CIC [a], Jamie Sodek BSN, RN [a], William Schreier RN [a], Jesse Barnett CHSP [a], Charlotte Wheeler BSN, RN, CIC [a], Libby Barton BSN, RN [a], Eileen M. Stock PhD [b], Alejandro C. Arroliga MD [a]

[a] Division of Infectious Disease, Department of Medicine, Baylor Scott & White Health/Texas A&M College of Medicine, Temple, TX
[b] Center for Applied Health Research, Central Texas Veterans Health Care System with Baylor Scott & White Health, Texas A&M College of Medicine, Bryan, TX

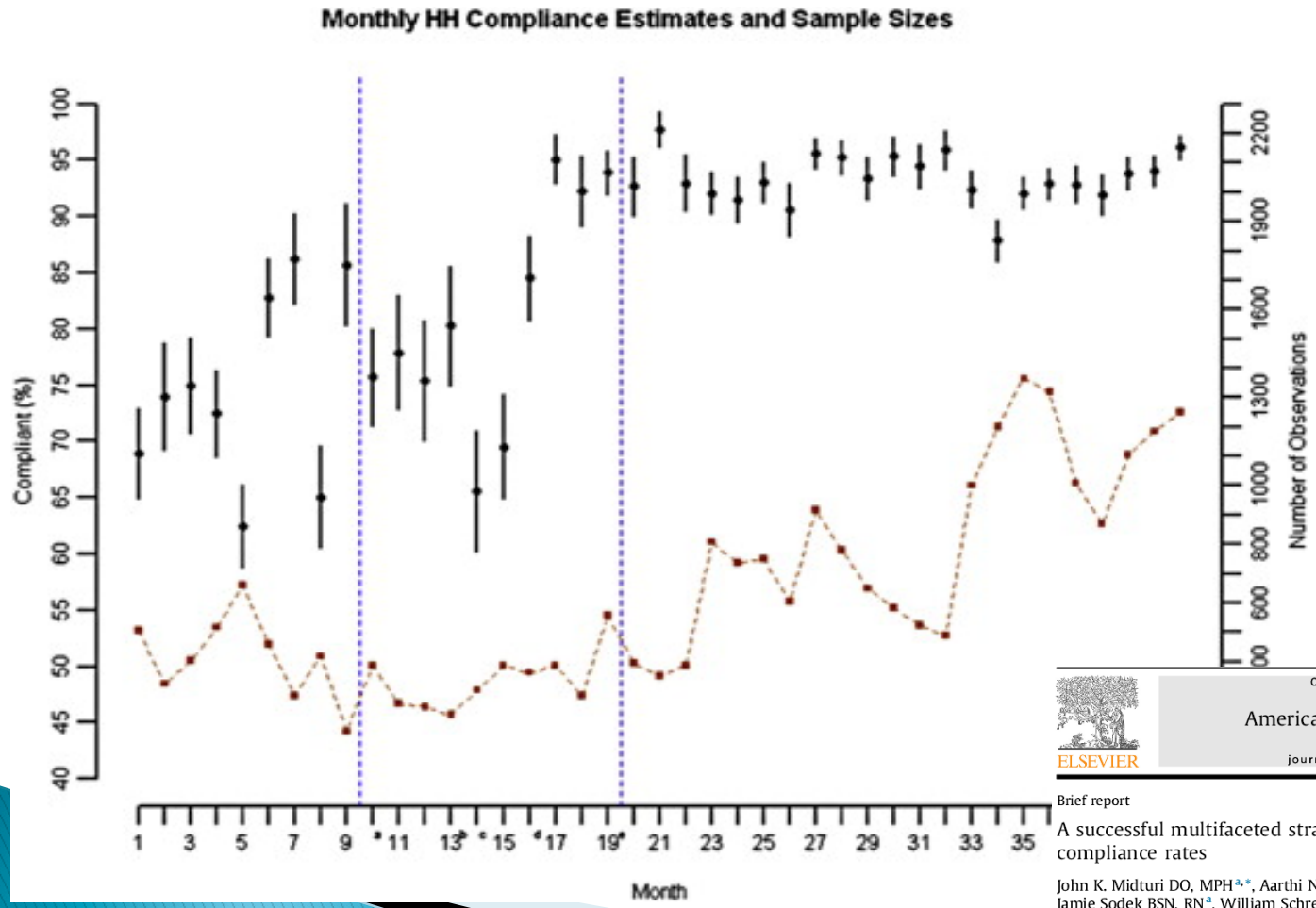
# Approcci multimodali

… Sostenuti da Team MULTIDISCIPLINARI

| Intervention measure | Goals for implementation | Timeline for the intervention |
|---|---|---|
| 1. Addition of hand gel dispensers to the hospital units | Increase access of ABHR | October 2011–January 2012 |
| 2. Establishing a covert observer program—secret shoppers | To estimate the HHCR by unbiased covert observers | January 2012– gradual scale-up to include all hospital units |
| 3. Placement of red flags on ABHR | Provide visual clues to service ABHR devices, and increase access to functional ABHRs | February 2012 |
| 4. Letters from CMO to noncompliant HCWs | Hold HCW accountable for their HH practices, and increase awareness of supervisors in practices of staff | March–April 2012 |
| 5. Awarding trophies to exceptional units | Institutional recognition of HCWs with exceptional HH practices, improve morale, and establish excellence goal | July 2012 |

# Approcci multimodali

… Sostenuti da Team MULTIDISCIPLINARI

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[b] Center for Applied Health Research, Central Texas Veterans Health Care System with Baylor Scott & White Health, Texas A&M College of Medicine, Bryan, TX

**Table 1** Description of eight components of interventions to promote hand hygiene in healthcare workers

| Component | Description |
|---|---|
| System change* | Ensuring necessary infrastructure is available including access to water, soap and towels and alcohol based handrub at point of care |
| Education and training | Providing training or educational programme on importance of hand hygiene and correct procedures for hand hygiene for healthcare workers |
| Feedback | Monitoring hand hygiene practices among healthcare workers while providing compliance feedback to staff |
| Reminders at workplace | Prompting healthcare workers either through printed material, verbal reminders, electronic communications or other methods, to remind them about importance of hand hygiene and appropriate indications and procedures |
| Institutional safety climate | Active participation at institutional level, creating environment allowing prioritisation of hand hygiene |
| Goal setting | Setting of specific goals aimed at improving compliance with hand hygiene, which can both apply at individual and group level and can include healthcare associated infection rates |
| Reward incentives | Interventions providing any reward incentive for participants completing a particular task or reaching a certain level of compliance. Both non-financial and financial rewards are included |
| Accountability | Interventions involved with improving healthcare workers' accountability both at individual and unit level |

*If the intervention period included changing the location or formulation of alcohol based handrub or installing more handrub dispensers, the baseline intervention was counted as no intervention or standard practice (no system change component), even if alcohol based handrub had been used during the baseline period





OPEN ACCESS

# Comparative efficacy of interventions to promote hand hygiene in hospital: systematic review and network meta-analysis

Nantasit Luangasanatip,[1,2] Maliwan Hongsuwan,[1] Direk Limmathurotsakul,[1,3] Yoel Lubell,[1,4] Andie S Lee,[5,6] Stephan Harbarth,[5] Nicholas P J Day,[1,4] Nicholas Graves,[2,7] Ben S Cooper[1,4]

# Evaluating brief motivational and self-regulatory hand hygiene interventions: a cross-over longitudinal design

Pempa Lhakhang[1], Sonia Lippke[2*], Nina Knoll[1] and Ralf Schwarzer[3,4]

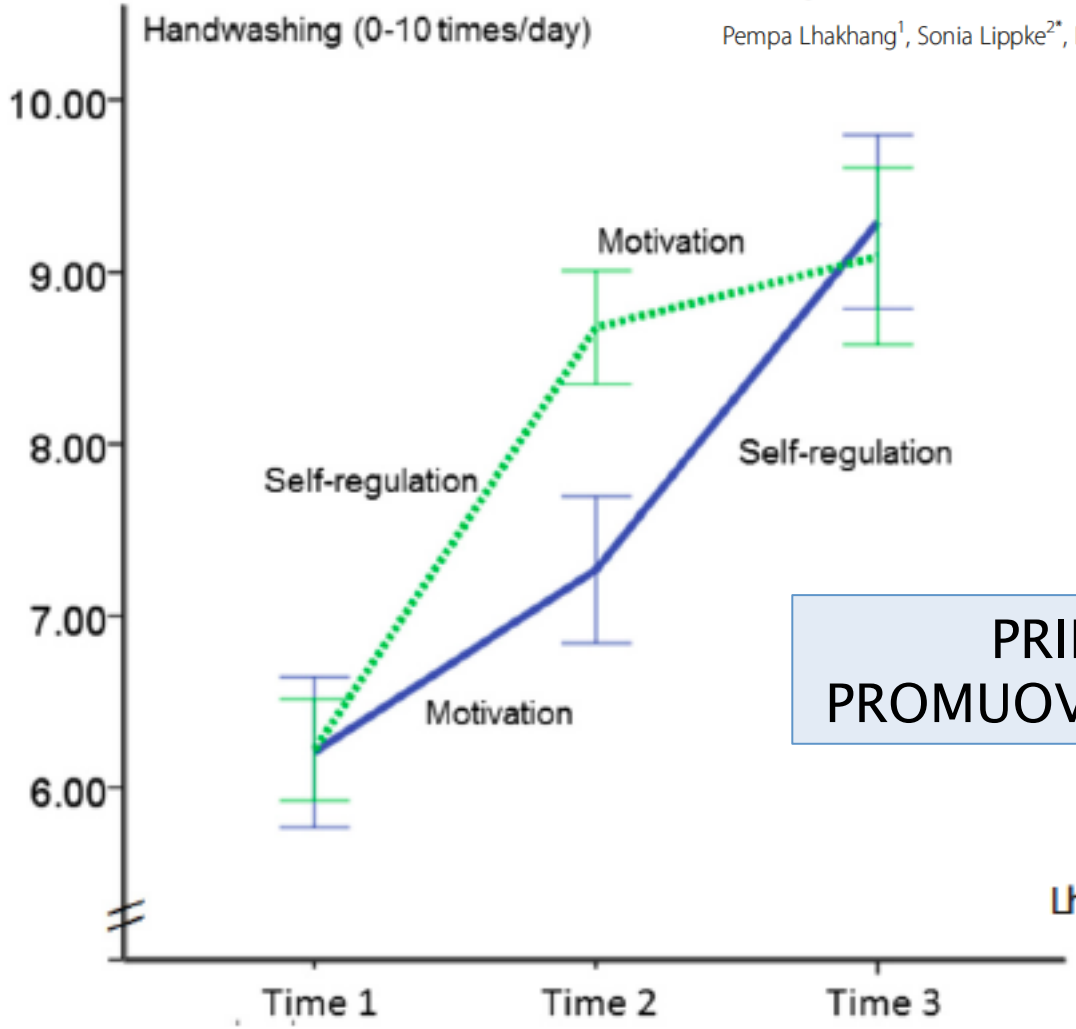



**Figure 2** Handwashing frequency levels for two experimental conditions at three measurement points in time (Mot-SelfR: first motivation, then self-regulation; SelfR-Mot: first self-regulation, then motivation).

PRIMA MOTIVARE E POI PROMUOVERE L'AUTOREGOLAZIONE

Lhakhang *et al. BMC Public Health* (2015) 15:79

Brief report

# See one, do one, teach one: Hand hygiene attitudes among medical students, interns, and faculty

Marc A. Polacco MD [a,*], Laura Shinkunas BA [a], Eli N. Perencevich MD, MS [b,c], Lauris C. Kaldjian MD, PhD [a,b], Heather Schacht Reisinger PhD [a,b,c]

Reasons for not washing hands

| Scenario | Student | Intern | Faculty | *P* value (student vs resident) | *P* value (student vs faculty) | *P* value (resident vs faculty) |
|---|---|---|---|---|---|---|
| You do not touch anything in the room | 60 (87) | 18 (90) | 18 (47) | 1.000 | <.0001* | .002* |
| You do not directly touch the patient | 36 (52) | 11 (55) | 12 (32) | .824 | .040* | .083 |
| You touch the patient with a stethoscope, but not directly with your hands | 1 (1) | 0 (0) | 0 (0) | 1.000 | 1.000 | NA |
| You touch the patient with your hands, but the patient's diagnoses do not include an infectious disease | 3 (4) | 0 (0) | 0 (0) | 1.000 | .551 | NA |
| You touch the patient with your hands, and the patient may have an infectious disease, but their illness does not appear serious | 0 (0) | 0 (0) | 0 (0) | NA | NA | NA |
| There is no immediate access to hand sanitizer | 40 (58) | 6 (30) | 16 (42) | .028* | .116 | .367 |
| Senior faculty member did not wash his or her hands | 15 (22) | 2 (10) | 0 (0) | .340 | .001* | .115 |
| You are in a hurry | 12 (17) | 4 (20) | 5 (13) | .750 | .567 | .705 |

NOTE. Values are n (%) or as otherwise indicated.
*NA*, not applicable.
*Statistical significance at the $P < 0.05$ level.

RUOLO DEI PROFESSIONISTI SENIOR

American Journal of Infection Control 43 (2015) 159-61

# Clinical supervisors: are they the key to making care safer?

**To cite:** Walton M, Barraclough B. *BMJ Qual Saf* 2013;**22**:609–612.

Merrilyn Walton,[1] Bruce Barraclough[2]

and supervision. Expanding the mindset of trainees does not require new educational paradigms or any diminution of scientific knowledge; it only requires clinical supervisors to demonstrate patient safety knowledge and skills and apply it with the same dedication they pass on discipline knowledge and skills.

SUPERVISORI CLINICI DEVONO AVERE CONOSCENZE ED ABILITA'

**To cite:** Doyle P, VanDenKerkhof EG, Edge DS, *et al*. *BMJ Qual Saf* 2015;**24**:135–141.

# Self-reported patient safety competence among Canadian medical students and postgraduate trainees: a cross-sectional survey

Patricia Doyle,[1] Elizabeth G VanDenKerkhof,[2] Dana S Edge,[3] Liane Ginsburg,[4] David H Goldstein[5]

**Table 3** Broader aspects of patient safety and comfort in speaking up about patient safety for medical students

| Medical student (n=255) | Mean (SD) 1 (strongly disagree) to 5 (strongly agree) | Agree/strongly agree n (%) |
|---|---|---|
| *Broader aspects of patient safety* | | |
| As a student, my scope of practice is very clear to me | 3.2 (1.0) | 123 (48.4) |
| There is consistency in how patient safety issues are dealt with by different preceptors in the clinical/simulation setting | 3.0 (1.0)* | 89 (35.2) |
| I have sufficient opportunity to learn and interact with members of interdisciplinary teams | 3.4 (1.0)* | 143 (56.5) |
| I am gaining a solid understanding that reporting adverse events and close calls can lead to change and can reduce recurrence of events | 3.2 (1.1) | 111 (44.0) |
| Patient safety is well integrated into the overall programme | 3.3 (1.0) | 116 (45.8) |
| Clinical aspects of patient safety (eg, hand hygiene, transferring patients, medication safety) are well covered in our programme | 3.7 (1.0) | 158 (62.7) |
| 'System' aspects of patient safety are well covered in our programme (eg, aspects of the organisation, management, or the work environment including policies, resources, communication and other processes) | 2.8 (1.0)* | 62 (24.4) |
| *Comfort in speaking up about patient safety* | | |
| If I see someone engaging in unsafe care practice in the clinical setting, I feel I can approach them | 3.0 (1.0)* | 96 (37.8) |
| If I make a serious error, I worry that I will face disciplinary action | 3.6 (1.0) | 169 (66.8) |
| It is difficult to question the decisions or actions of those with more authority | 4.1 (0.8) | 215 (85.0) |

*Significant differences ($p<0.05$) across the year in the programme.

SHORT REPORT Open Access

# A novel approach to improve hand hygiene compliance of student nurses

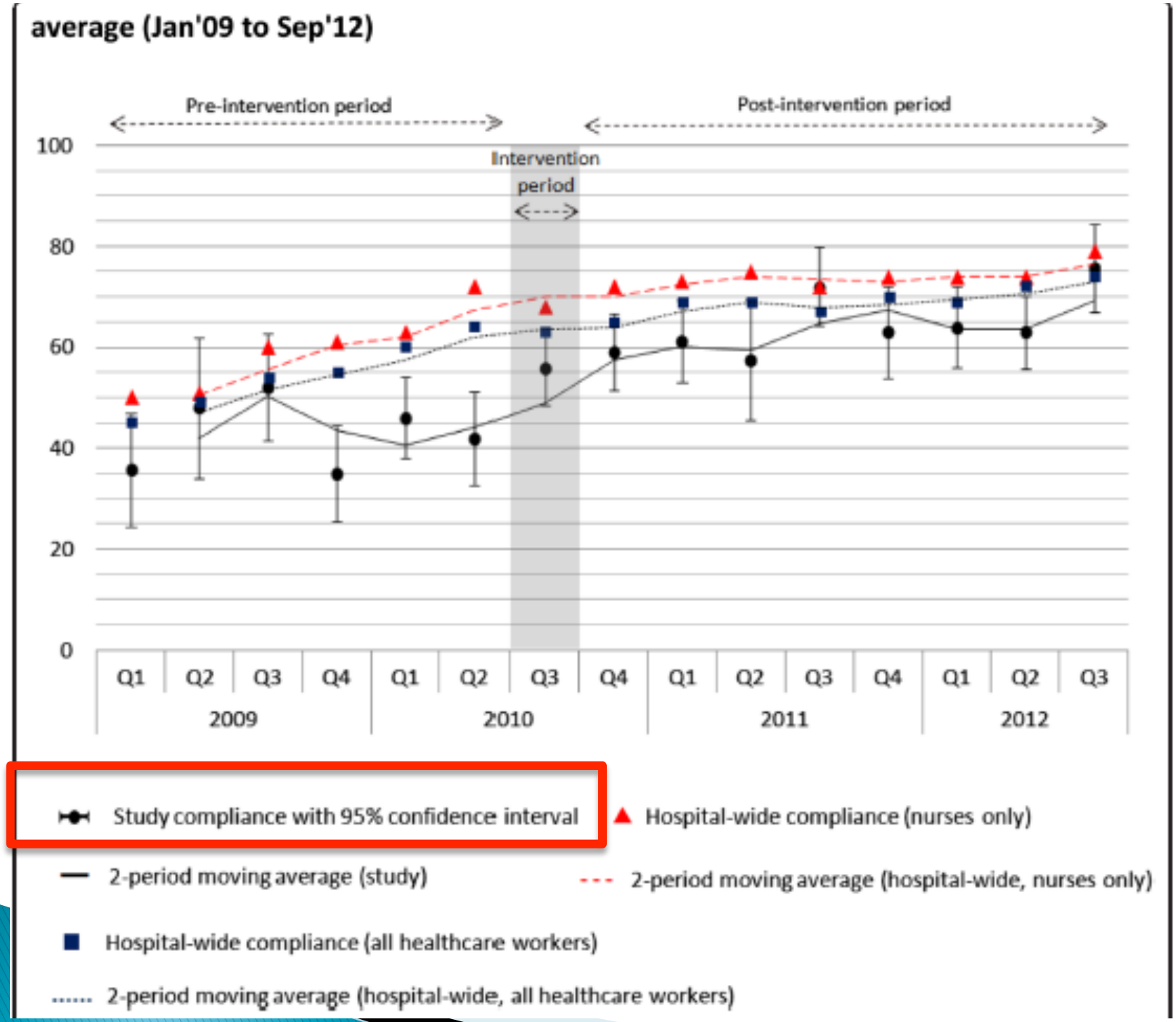
Sharon Salmon[1,2], Xiao Bei Wang[3], Theresa Seetoh[4], Siu Yin Lee[2] and Dale A Fisher[1,5,6*]

We introduced an experiential learning assignment to final year student nurses on attachment to NUH inclusive of hand hygiene auditor training followed by a period of hand hygiene observation. The training was based on the World Health Organisation (WHO) "My 5 moments for hand hygiene" approach. Upon completion students completed an anonymous questionnaire to evaluate their learning experience.

**Findings:** By 2012, nursing students were 40% (RR: 1.4, 95% CI 1.3–1.5, $p<0.001$) more likely to comply with hand hygiene practices. 97.5% (359/368) of nursing students felt that the experience would enhance their own hand hygiene practice and would recommend participating in audits as a learning instrument.

COINVOLGERE GLI STUDENTI COME AUDITOR E NELL'OSSERVAZIONE DELLA COMPLIANCE

*Antimicrobial Resistance and Infection Control* 2013, **2**:16


average (Jan'09 to Sep'12)
Pre-intervention period
Post-intervention period
Intervention period
100
80
60
40
20
0
Q1
Q2
Q3
Q4
2009
2010
2011
2012
Study compliance with 95% confidence interval
Hospital-wide compliance (nurses only)
2-period moving average (study)
2-period moving average (hospital-wide, nurses only)
Hospital-wide compliance (all healthcare workers)
2-period moving average (hospital-wide, all healthcare workers)

# Improved Hand Hygiene Compliance is Associated with the Change of Perception toward Hand Hygiene among Medical Personnel

Seung Soon Lee[1], Se Jeong Park[2], Moon Joo Chung[2], Ju Hee Lee[2], Hyun Joo Kang[2], Jeong-a Lee[1], and Yong Kyun Kim[1]

SUPERVISORI CLINICI COSCIENTI DEL PROPRIO RUOLO

**Table 2.** Perceptions associated with hand hygiene adherence among medical personnel between 2009 and 2012

| Belief or perception associated with hand hygiene adherence | Doctor | | *P*-value | Nurse | | *P*-value |
|---|---|---|---|---|---|---|
| | 2009 | 2012 | | 2009 | 2012 | |
| 1. Intention to adhere to hand hygiene | 54.7% (29/53) | 86.7% (26/30) | 0.004 | 47.1% (16/34) | 93.3% (70/75) | < 0.001 |
| 2. Perception of knowledge about hand hygiene methods | 67.9% (36/53) | 96.7% (29/30) | 0.002 | 76.5% (26/34) | 100% (75/75) | < 0.001 |
| 6. Perception of being a role model for other colleagues[b] (perceived subjective norm) | 37.7% (20/53) | 73.3% (22/30) | 0.002 | 56.3% (18/32) | 93.3% (70/75) | < 0.001 |
| 7. Positive attitude toward hand hygiene promotion campaign | 36.5% (19/52) | 90% (27/30) | < 0.001 | 79.4% (27/34) | 98.7% (74/75) | 0.001 |
| 8. Perception of difficulty in adhering to hand hygiene | 69.8% (37/53) | 20% (6/30) | < 0.001 | 51.5% (17/33) | 9.5% (7/74) | < 0.001 |

**Conclusions:** The examined hand hygiene promotion program resulted in improved hand hygiene compliance and perception toward hand hygiene among medical personnel. The improved perception increased hand hygiene compliance. Especially, the perception of being a role model for other colleagues is very important to improve hand hygiene compliance among clinicians.

Infect Chemother 2014;46(3):165-171

**To cite:** Doyle P, VanDenKerkhof EG, Edge DS, *et al*. *BMJ Qual Saf* 2015;**24**:135–141.

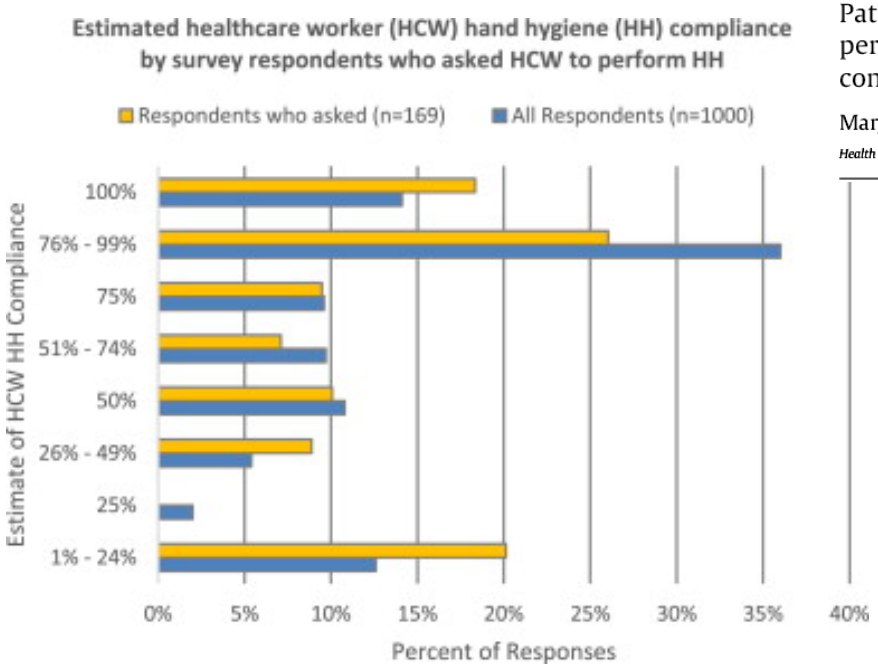
# Self-reported patient safety competence among Canadian medical students and postgraduate trainees: a cross-sectional survey

Patricia Doyle,[1] Elizabeth G VanDenKerkhof,[2] Dana S Edge,[3] Liane Ginsburg,[4] David H Goldstein[5]

**Conclusions** Our results suggest the need to improve the overall content, structure and integration of PS concepts in both classroom and clinical learning environments. Decreased confidence in sociocultural aspects of PS among medical students in the final year of training may indicate that culture in clinical settings negatively affects students' perceived PS competence. Alternatively, as medical students spend more time in the clinical setting, they may develop a clearer sense of what they do not know.

E' NECESSARIO INVESTIRE
A LIVELLO D'AULA
MA ANCHE
CONTESTO DI
CONTESTO DI
APPRENDIMENTO

# Formazione
# …come Empowerment




Contents lists available at ScienceDirect

American Journal of Infection Control

journal homepage: www.ajicjournal.org

Brief report

Patient empowerment begins with knowledge: Consumer perceptions and knowledge sources for hand hygiene compliance rates

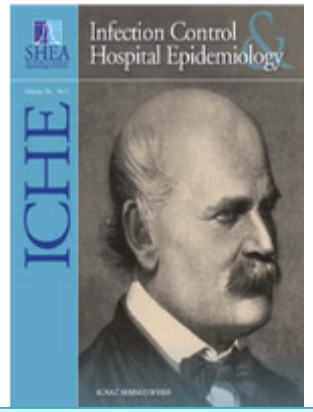
Maryanne McGuckin DrScEd, FSHEA*, John Govednik MS

*Health Service Research Division, McGuckin Methods International, Ardmore, PA*

Migliorare la qualità delle conoscenze dei pazienti ha effetti sulla compliance degli operatori

# Tailored communication

- Conoscenze ed attitudini delle diverse figure professionali differiscono
- La giusta comunicazione per la categoria




**Behavior-Based Interventions to Improve Hand Hygiene Adherence Among Intensive Care Unit Healthcare Workers in Thailand**

Anucha Apisarnthanarak, Thanee Eiamsitrakoon and Linda M. Mundy

Infection Control & Hospital Epidemiology / Volume 36 / Issue 05 / May 2015, pp 517 – 521

DOI: 10.1017/ice.2015.1, Published online: 04 February 2015

e-Bug

# Welcome to e-Bug

a place to play games and learn about microbes

Junior student

Senior student

Young Adult

Science Show - KS1

Teachers

Partners

New debate cards on Antibiotics

click Here

English

The National Skills Academy

HEALTH

# Welcome

Thank you for using the National Skills Academ
can access our extensive portfolio of national c
same range of high quality e-learning programm
existing login details will continue to work on th
For all your account requirements please see th

IMPORTANT NOTICE FOR NHS ORGANISA
National funding for our e-learning provision c
directly for this provision. Please Note: This do

If you are a learning and development manage
Please click here for further information.

## Returning to this web site?

Log in here using your username and password
This site sets cookies on your computer. These cookies are essential for the site to work.

Username

Password

Login

Forgotten your username or password?

**Bad Bacteria at BBQ** PLAY NOW

**Bugs Chefs** PLAY NOW

**Bugs Kingdom** PLAY NOW

**Bugs War** PLAY NOW

**Detective Game - full** PLAY NOW

www.eduqames4all.org/Inte

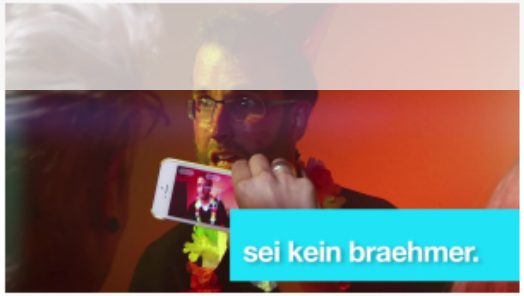
EUNETIPS | European network to promote infection prevention for patient safety

# Video

Welcome
History
Members
Documents
Team
Media
Networking
Links
Contact

VIDEOS

*nella promozione della patient safety culture …*



# Wiki

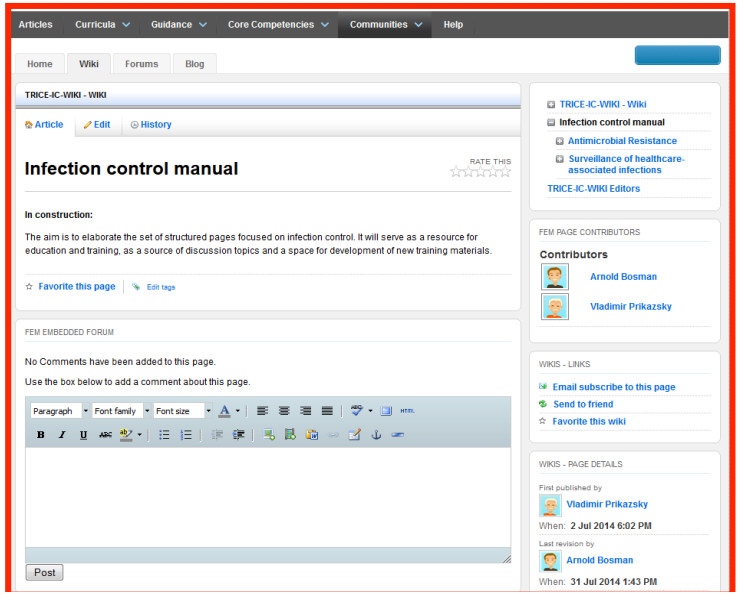
*Il wiki è un sito web che permette ai propri utenti di aggiungere, modificare o cancellare contenuti attraverso un browser web, in genere utilizzando un linguaggio di markup semplificato o un editor di testo online.*

Applicativi di scrittura collaborativa e Wikis agevolano la creazione, condivisione e sintesi di conoscenza; aumentano l'accesso all'informazione in sanità ed offrono un'opportunità di partecipazione al cittadino.

**Wikis and Collaborative Writing Applications in Health Care: A Scoping Review**
Archambault P. et al. (2013)

**Oltre il 70% dei giovani medici impiega strumenti Wiki almeno una volta a settimana**

Junior physician's use of Web 2.0 for information seeking and medical education: a qualitative study.Hughes B, Joshi I, Lemonde H, Wareham J
Int J Med Inform. 2009 Oct; 78(10):645-55. **Wikis and Collaborative Writing Applications in Health Care: A Scoping Review**



# L’intervento

- La situazione attuale
- Gli approcci
- Prospettive

# Formazione
# …come Empowerment

- Promossa da **WHO**
- Valore unanimemente riconosciuto
- …ancora molto lavoro da fare

*"Although the World Health Organization has recommended that patients have a role in encouraging hand hygiene as a means of preventing infection, patient engagement remains an **underused method.***

*By extending the concept of patient empowerment to a range of infection prevention opportunities, the **positive impact of this intervention will not only extend to the patient but to the system itself."***

Review Article

# Health Promotion Campaigns and Mass Media: Looking for Evidence

**Rosanna Quattrin1*, Elisa Filiputti2 and Silvio Brusaferro3**
*1AziendaOspedaliero-Universitaria"Santa Maria della Misericordia", Udine, Italy*
*2Department of Human Sciences, University of Udine, Italy*
*3Department of Medical and Biological Sciences, University of Udine, Italy*

| | | N. PROGRAMS Tot = 50 | | N. EFFECTIVE PROGRAMS Tot = 34/50 (68%) | |
|---|---|---|---|---|---|
| | | % | N | % | N |
| TOPIC | Tobacco control | 28 | 14/50 | 78.6 | 11/14 |
| | Substances misuse | 18 | 9/50 | 88.8 | 8/9 |
| | Physical activity | 18 | 9/50 | 44.4 | 4/9 |
| | Sexual health | 12 | 6/50 | 66.6 | 4/6 |
| | Other topics | 24 | 12/50 | 58.3 | 7/12 |
| MEDIA | TV | 26 | 13/50 | 61.5 | 8/13 |
| | PC | 16 | 8/50 | 87.5 | 7/8 |
| | Print | 14 | 7/50 | 71.4 | 5/7 |
| | Radio | 2 | 1/50 | 100 | 1/1 |
| | All media together | 16 | 8/50 | 62.5 | 5/8 |
| | Media combinations | 26 | 13/50 | 61.5 | 8/13 |
| TARGET | Adults | 42 | 21/50 | 66.6 | 14/21 |
| | Adolescents | 18 | 9/50 | 100 | 9/9 |
| | Children | 6 | 3/50 | 66.6 | 2/3 |
| | Aged | 2 | 1/50 | 0 | 0/1 |
| | Multi target | 32 | 16/50 | 56.2 | 9/16 |

**Table 1**: Distributions of programs and of effective ones (presence of at least one chosen indicator significantly improved) by topic, media, target.

69% of the considered programs persuaded people to change their **behaviors**,

32% of campaigns modified **knowledge**

50% of them revised **attitudes** in intended audience.

Media campaigns could produce positive changes or prevent negative changes in health-related behaviors in society

# Take Home messages

- La formazione dei professionisti passa attraverso
  - diverse fasi della carriera
    - Corsi di laurea
    - Corsi di specilizzazione
    - Formazione continua
  - molteplici strumenti di formazione ed informazione

# Take Home messages 2

- Information Technology
  - Supporto nelle decisioni
  - Condivisione e feed back sulla evoluzione epidemiologica
- Incrementare la coscienza del problema
  - Per professionisti
  - Cittadini
- Informazione e formazione di
  - Cittadini
  - Pazienti
  - Care givers

# Take Home messages 3

- Avere “a bordo”
  - Le istituzioni accademiche e formative
  - Le società professionali, scientifiche  ed I network hanno un ruolo cruciale
- Presenza di chiare politiche di intervento e di obiettivi da raggiungere
  - Gli obiettivi formativi sono anche funzionali a quanto definito in termini di risultato
    - Atteso
    - Misurato
    - Condiviso ( benchmark)

silvio.brusaferro@uniud.it