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This thesis is based on the awareness that prevention in the ethical and vocational training of health workers is extremely important, above all the one concerned with the clinical risk as well as a competent and intelligent management of daily professional practice.

In the university curriculum, especially during internship, any future health worker should be guided to acquire the skills necessary to identify the clinical risks associated with the use of tools and technologies in specific professional contexts so that they can apply, in their professional practice, interventions for risk prevention and management.

Prevention, recognition and risk management are today considered important aspects in the quality system and staff training, while in the past, attention has been paid mainly to risk structural aspects, such as the safety of environments and equipment or the prevention professional health risks represented by health interventions, just linked to legal action against the health organization.

Today, they are more aware of the importance of an adverse event monitoring program and timely intervention not so much for a defensive medicine, but to promote active staffing by raising the level of safety and competence, with a view to continuous improvement of quality.

Care quality comes not only from the effectiveness and efficiency of the benefits but also from the security of the service offered.

The risk management, we mean, does not represent a kind of superstructure that imposes protocols and norms, but rather as heritage of knowledge, a culture of practicing medicine that invests steadily on training, communication, awareness raising and respect of the patient; In this context, clinical risk management paves the way for a more careful and close health culture close to the patient and the practitioners, hence more oriented towards the humanization of medicine (Leone 2007) and to respecting the identity and dignity of the man, just as article 2 of our Constitution says.

The thesis presented here reflects upon the clinical risk, its management and its implications in view of the possible application of translational medicine.

The work is divided into three parts.

In the first, *Clinical risk management analysis at hospital companies*, after firstly defining the concept of clinical risk, analyzes the elements useful for risk identification and management, focusing on the most prevalent risk management models and related techniques.

In the second part, *The risk of cutting and tip injuries*, having identified and analyzed the concept of biological risk and illustrated the epidemiology of puncture and cutting injuries, has focused on the reference norms.

Finally, in the third part, the project, which is the empirical-experimental part of this thesis, is presented: the motivations, the various phases, the processing of the data, and the presentation, for each stage of the results.

The thesis ends by presenting a formative intervention model, a communication plan that could be useful in the training of future health professionals to reduce clinical risk.

This is the innovative part of the research, at least in the intentions of the person who carried it out: the design of a communicative plan aimed at reducing the incidence of biological risk derived from accidental bites and, in particular, enriching the training path of future health workers.

On the other hand, in recent years, the literature on communication in clinical risk management has considerably increased in recent years, in line with the growing importance of the problem. Institutional documents of particular impact have been adopted in some countries: in Australia, the *Open Disclosure Standard 2003* document, which emphasizes in particular the importance of communicating between health workers and health staff; In England, the National Patient Safety, which launched the "*Being Open*" campaign in 2005.

In any case, *communication* has a central role in all areas of safety promotion for health workers; In fact it is a process that determines the effectiveness, efficiency and productivity of the organization, on the contrary, if inappropriate, incomplete or not transmitted in the most timely and convenient way, it contributes, to the onset (or increase) of risk factors.

In the concluding reflections of this thesis we realize that, in addition to ethical and deontological reasons, transparent and honest communication of errors and avoidable events caused by cutting and tip injuries is essential to promote, strengthen and involve the health worker in a conscious manner

Its use is essential to introduce and manage security systems and investigate the causative processes, as well as to identify and introduce corrective measures and promote system development; Correct communication also favors both the individual professional and the overall system organization, learning from the mistake and overall improvement of health practice.

Communication is therefore promoted at system level but also made "competence and professional tool" of each operator and manager. In this sense, after a research data analysis, we propose the development of a protocol on specific communication methods in the risk of cutting and puncture injuries, which can ensure the adoption of homogeneous behavior by all staff.

We are aware that there are some possible barriers to transparent communication of errors such as the absence or ambiguity of error-reporting policies, lack of support for reporting errors, fear of disciplinary action; The tendency to compete among clinicians, and often the precariousness of the workplace, it is important to stimulate an immediate analysis of the incident, an immediate and correct communication of events such as having a needle point during a take, an injection or in other way.

Stimulating the reporting of the health problem, is not enough: a communication training plan is needed, stressing the importance of place and time, what to communicate, who and how.

In order for communication to become a culture of security, in any case, it must be ensured clear and demonstrable and visual (nonverbal communication) conditions, as well as appropriate times, in order to avoid interference that may disturb the message you want to convey.

When you graduate, you need to plan some kind of training in the formation; in order to clarify whether the occurrence event has or has not caused the practitioner any harm or damage more or less important, it may still be useful to offer the opportunity of further meetings to get students comparing with the operator and build culture from an avoidable mistake; It is thus possible to think of bottom-up communication forms through which students can plan meetings where they can communicate, along the training plan they are running, methods and models to confront the risk of avoidable wounds and cuts with their mentors or academic tutors.

Communication between professionals is a priority and vital within healthcare facilities. One of the critical areas in which internal communication is needed is to manage clinical risk and health security for health workers and the users community. Through appropriate communication and sharing within the group, the mistake can also become an extraordinary opportunity for learning and prevention.

The moment of error communication is however delicate, as the idea of individual responsibility lies in culture. When an error occurs, you are accustomed to seeking a guilty person immediately, rather than the conditions that favored it. It is therefore necessary for a cultural change to reconsider the mistake as a learning opportunity instead of as a fault, thus creating the conditions for spontaneous reporting and the analysis of events to be avoided.

Good internal communication and group work are essential for the success of the clinical risk management program and, more generally, for the implementation of clinical governance policies. The introduction of briefing as an organizational methodology to develop the security culture of and an instrument to prevent adverse events is an important opportunity for internal communication.

In the final part, this thesis proposes to deepen (and eventually prepare and implement) new forms of interactive training in the possible communication and training plan, along with the existing guidelines; It is about experimenting a new guideline aimed at the forming protection in avoidable clinical risks, wounds and cuts, through active and participatory communication of health care graduates.

Active communication includes some essential elements: listening and returning; the correct information to be followed by an argument explaining the facts supporting the message and the possible solutions that the message may convey; a concerted involvement of people in the management of risk prevention and control; the declared statement of the organizational commitment to possible future actions; the clear indication of the persons they are addressed to, the timing and the modalities, in order to obtain further information; throughout the training course, moreover, the key message should be repeated and repeated, in order to keep the communicative relationship with the participants alive.

We are firmly convinced that only with training, communication and awareness of all hospital staff we can reduce the clinical risk associated with care, thus raising the level of quality and safety of care benefits, which is the nodal point of the Ph.D. project itself.