

Heightening Residents' Awareness of Hand Hygiene Guidelines

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As educators who focus on assessing the skills of incoming postgraduate year-1 residents to our institution, we were thrilled to see the recent article by Gluck et al¹ assessing hand hygiene (HH) compliance. We, too, have recognized the importance of this formative time for our future leaders in medicine and have thus implemented an assessment of HH in our orientation assessment. We have briefly summarized our experience, which corroborates the findings of Gluck et al.

Explicitly for the past 2 years, we have assessed both aseptic technique (AT) and hand washing on 1 station of an 11-station orientation assessment. The hand washing quiz was created based on Centers for Disease Control and Prevention guidelines.² The quiz included questions about HH agents' effectiveness against viruses and bacteria, the length of time necessary to wash hands with soap and water, and dermatitis prevention. On completion of the AT station (where AT for bedside procedures is assessed³) the interns take an online quiz, followed by verbal feedback about general HH technique in accordance to an assessment checklist and institution protocol. Written handouts and reference materials documenting proper HH protocols are distributed on station completion for review and remediation.

The findings from our application of the hand washing quiz showed that 99% of residents correctly identified the importance of hand washing in the prevention of infection

and patient contact. However, less than half correctly identified the specificity of agents and methods when it came to actual practices. For example, only 49% knew alcohol gel was the best method for killing bacteria, and when asked which HH agent was least drying to skin and preserves integrity, 29% chose plain soap and water, 7% selected antimicrobial soap and water, and only 64% selected alcohol gel.

Findings from the AT portion of the station, which involved an HH demonstration, resulted in a meager 23% achieving a "Done" completion rating overall on duration of washing with soap and water. Even more inferior was the postgraduate year-1 residents' demonstration of HH on completion of an aseptic procedure, achieving a low 18%, increasing the likelihood of potential transmission of hospital-acquired infections.⁴ The study by Gluck et al demonstrated that recent medical school graduates do not incorporate sufficient HH compliance into their routine behavior. We have also concluded from our orientation assessment a need to identify HH deficits and believe that early graduate medical education provides the ideal platform for the early identification and intervention of HH deficits.

References

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