Of UME respondents, 53% reported that their institution lacks needlestick training, and 35% were unsure whether their institution provides reporting instruction” Shirreff et al (2018).

Abstract:

Canadian undergraduate medical students sustain needlestick injuries, which have adverse implications, including blood-borne illnesses and personal anxiety. This study sought to determine students’ needle handling efficacy and to examine the prevalence of formal training around needlestick safety and reporting procedures both nationally and, specifically, within the University of Toronto in Toronto, Ontario (U of T). A seven-question survey electronic survey was distributed to 116 undergraduate medical education (UME) leaders practising in high-risk rotations at 13 Canadian universities. Additionally, an eight-question survey was delivered electronically to 428 residents, fellows, and faculty in the Department of Obstetrics and Gynaecology at the U of T. A total of 34% of UME leaders and 36% from the U of T responded. Of UME respondents, 53% reported that their institution lacks needlestick training, and 35% were unsure whether their institution provides reporting instruction. At the U of T, 53% were “concerned” or “very concerned” that students pose a risk to themselves, and 27% “disagreed” or “strongly disagreed” that students handle instruments correctly. Our findings suggest that needlestick safety training for medical students across Canadian universities is insufficient. It is concerning that students are frequently exposed to patients in high-risk and surgically intensive rotations, despite their inexperience with needles. Furthermore, non-reporting among students may prevent them from receiving early
prophylaxis or treatment. There is a need for the national implementation of a standardized and formalized needlestick safety curriculum for medical students before and during clerkship.

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