

## Letter to the Editor

### **Needle stick injuries and medical education**

Madam, as a medical educator I read with great interest the article named "Knowledge, attitudes and practices of medical students regarding needle stick injuries" in February issue of the journal.<sup>1</sup> We found in a recent study we made with physicians that 88.4% of them had at least one exposure to blood or body fluids and 78.3% of these exposures were related to needle stick injuries.<sup>2</sup> Salem et al. noted that frequency of needle stick injuries was increasing with the rising year of education.<sup>1</sup> But the knowledge level was also increasing. In my opinion in contrast to an increasing knowledge, unsafe procedures encountered in physicians and students may be the result of ignorance or not internalized education offered in medical faculties.

Education of patients is the sine qua non of medical education for clinical skills but safety of the student and the patients is the most challenging part of this education.<sup>3</sup> Simple but ignored steps during basic procedures reported to be an important factor for occupational exposures.<sup>4</sup> Beginning clinical skills education in the first years of medical education in clinical skills laboratories in small groups with mannequins in a stepwise clinical skill teaching suggested as a solution of these challenging situation.<sup>5</sup> For example the steps of skills always begins with hand washing and always ends with hand

washing. So a first year student during a year repeats this step for all the clinical skills in the curriculum many times. Students accustomed to washing hands when they enters the fourth year (clinical year) do not cause damage to a patient or oneself. Learning and internalizing the skill step by step is a protection. But when students begin clinical years and encounter real patients, they protect patients and themselves.

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