

FOREWORD

Advanced skills and research

Leopoldo Sarli¹, Chiara Taffurelli²

¹Departement of Medicine and Surgery of Parma University, Parma, Italy; ²University Hospital of Parma, Italy

The health organisation has recently been placing emphasis on the importance of the fundamental rights of the individual, promoting an idea of health seen not only from the biological point of view but also and above all in its psychological, relational and social aspects.

This means that professional health operators will have to change their ways of approaching clinical practice; up to now greater importance has tended to be attached to the progress that has been made in knowledge and technology, reducing the existential complexity of the sick person to schemes of analysis and classification. Any change of approach will need to take in other values aimed at encouraging the right professional practice, and this will require sensitivity, relational capability and the dedication needed to put into practice professional assistance, knowledge and ability.

These processes of change will have to be accompanied and supported by training programmes capable of providing professionals with advanced skills in order to ease the transformation of the working context. In fact, as each professional learns, he will not only be acquiring competences but will also be transforming his identity, striving for a new way of valorising his working and personal experiences.

Starting from these premises, postgraduate training in the health professions must be based on innovative training courses that foster a greater awareness of the resources pertaining to the health professional while enabling the acquisition of advanced skills.

Advanced competence means precise professional action in response to the need for assistance that is at its basis, informing and enriching the practice of the professional, allowing for increased specific cognitive

and experiential competence and its transformation into “capacity for action”.

This approach enables the professional to reduce but also to valorise the complexity of his work: in short, the dialogue between professional competences, the expectations and characteristics of the patient, the contribution of acquired experience and of previous learning expresses a response to the problem which becomes deliberative, generative and innovative.

A keystone and an important resource in the development of advanced skills is research, which can not only guide the professional’s behaviour but can lead to an awareness of his own resources and potential.

It is these principles that are at the basis of those postgraduate training courses that have factored into their teaching programmes the organisation of research studies, many of which have been the subject of the contributions published in the preceding issues of this magazine. These are top-level university master’s courses designed for health professionals organised by the University of Parma to allow for the development of the advanced skills that are indispensable for the aforementioned change in the way of viewing the “ways” of clinical practice.

The article by Foà C. et al. reports the results of a research study carried out together with the students of a master’s course in “Management of the risk of infection linked to health assistance” being organised by the University of Parma in collaboration with ANIPIO, the national association of nurses for the prevention of hospital infections. Citizens’ opinions were sought as to the necessity for hand hygiene and it emerged that hand hygiene is influenced by different socio-demographic and socio-cognitive variables. The article by Alfieri E. et al. is the result of a research study carried

out together with the students of a master's course in "Nursing and obstetric case/care management in the hospital and in the territory" which intended to identify the Case/Care Manager's skills and professional profile in an Intensive Care Unit experience, taking into consideration the staff's activities, perception and expectations towards the Case/Care Manager.

Other works reported in this issue are also the result of the union of advanced skills and research. The article by Gargiulo G. et al. reports the experience of patients affected by haematological disorders requiring stem cell transplant and utilises a Narrative Based Medicine approach to investigate clinical, psychosocial and organizational aspects of the patient's journey. The article by Sollami A. et al. gives an account of the pet therapy experiment carried out in a nursing home to help meet the care requirements of elderly patients. The main aim of the study by Bonini S. et al. was the evaluation both of reliability and predictive value of a specific anamnestic questionnaire for previous exposure to *Mycobacterium tuberculosis*, in order to identify individuals at risk for TB, and their data suggested that the anamnestic questionnaire could be considered an efficient means for identifying candidates for tuberculin screening in a TB low prevalence population. The aim of the study by La Sala R. et al. was to develop a Quality Nursing Care Scale for Intensive Care (ICU-I-QNCS), considering that the evaluation of nursing care is a topic of great interest and especially crucial in intensive care contexts. The contribution by Artioli G. et al. focusses on assessment as the first of the fundamental nursing processes and reveals multidimensional and integrated assessment as having the potential to significantly influence nursing care. The article by Bambi S. et al. is based on the ob-

servation that air leakage represents the major threat during non-invasive ventilation (NIV) support for patients affected by Acute Respiratory Failure (ARF). The analysis of the authors reveals that the problem can be lessened through close collaboration between medical and nursing research communities.

The contributions by Artioli and Bambi, apart from being further examples of the union of research and advanced skills, also shed light on another aspect that innovation in the health organisation has focussed on in recent years: the call for an increasingly interdisciplinary health organisation and hence for greater emphasis on health professional training of a multidisciplinary character. Medical teams today consist of professionals with differing specific competences: there are no longer just doctors and nurses but also psychologists, social workers, physiotherapists, speech therapists, nutritionists and so on, coming from differing professional categories, for the most part unaware of or not recognising their counterparts' specific cultural role, making for negative repercussions on the work of the team. Hence the quality of the assistance to the patient does not reach the level that it should. It is extremely difficult to find a solution to this problem among professionals that have a sense of appurtenance to their own professional "category"; it is much less difficult to achieve real interprofessional integration by intervention in the training courses, ensuring that the students of the differing courses share some parts of their programme, in order for them to get to know each other, explore the differences among the various training courses and learn to appreciate the usefulness of their collaboration while they still belong to the same category, that of the student.