



CLINICAL PRACTICE AT WARD A3, HATANPÄÄ:

**An Orientation Guide for Nursing Ex-
change Students**

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ABSTRACT

Tampereen ammattikorkeakoulu
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An Orientation Guide for Nursing Exchange Students

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The purpose of this study was to create an orientation booklet in electronic form for exchange nursing students, describing the Finnish Public Health Care system and focusing on Hatanpää Main Hospital's ward A3. The booklet was intended to optimize nursing exchange students' clinical training experiences and learning outcomes at ward A3.

The theoretical framework of this study consisted of three concepts: Nursing exchange, the adaptation process, and clinical training. The focus subsequently shifted toward the orientation of the target group of the study, with a description of the Finnish healthcare system and Hatanpää Main Hospital's ward A3. The most important concepts of the ward were the rehabilitative approach, the Lonk-Ko project, and patient assignment. A list of ward-specific clinical training goals was then formed and used in the creation of the booklet, with additional practical information.

In the future, creating similar orientation booklets for other wards at Hatanpää Hospital would be beneficial. The orientation that nursing exchange students have received prior to their clinical training has to be taken into consideration in the creation of these booklets, to provide continuity in the orientation process.

Key words: nursing exchange, clinical training, student orientation, rehabilitative nursing, nursing goals

TIIVISTELMÄ

Tampereen ammattikorkeakoulu
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Perehdytysopas sairaanhoidon vaihto-opiskelijoille

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Tämän opinnäytetyön tarkoitus oli tuottaa sähköinen perehdytysopas sairaanhoidon vaihto-opiskelijoille. Perehdytysopas kuvailee Suomen julkista terveydenhuoltojärjestelmää ja keskittyy Hatanpään kantasairaalan A3 osastoon. Perehdytysoppaan tarkoitus on optimoida sairaanhoidon vaihto-opiskelijoiden työharjoittelukokemuksia ja oppimistuloksia A3 osastolla.

Opinnäytetyön teoreettinen viitekehys koostui käsitteistä sairaanhoidon vaihto-opiskelu, sopeutumisprosessi ja työharjoittelu. Seuraavaksi opinnäytetyön painopiste siirrettiin Suomen julkisen terveydenhuoltojärjestelmän ja Hatanpään kantasairaalan A3 osaston esittelyyn opinnäytetyön kohderyhmälle. Osaston tärkeimmät käsitteet olivat kuntouttava hoitotyö, Lonk-Ko hanke ja potilaan hoitotyömenetelmä. Osaston oppimismahdollisuuksista tehtiin lista, jota käytettiin oppaan luomiseen käytännön tiedon lisäksi.

Tulevaisuudessa vastaavien perehdytysoppaiden tekeminen muille Hatanpään sairaalan osastoille voisi olla hyödyllistä. Oppaiden tekemisessä tulee ottaa huomioon sairaanhoidon vaihto-opiskelijoiden aiempi työharjoitteluperehdytys, jotta perehdyttämisprosessi olisi jatkuva.

Asiasanat: sairaanhoidon vaihto-opiskelu, työharjoittelu, opiskelijan perehdytys, kuntouttava hoitotyö, hoitotyön tavoitteet

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1 INTRODUCTION

According to the European Union (EU), countries are becoming more dependent on each other. Due to this fact, the EU proposes cooperation between countries in order to enhance mutual learning. One emphasis area of this international cooperation is education. The EU aims at investment in education and training systems, and it has developed programs to support student exchange. (European Union 2014.)

Finland, as a member state of the EU, participates in the cooperation to improve education by supporting student exchange and international trainings. According to the Finnish Center of International Mobility (CIMO), 12803 foreign students came to Finland in the year 2013. Of those students, 9739 were exchange students that studied in Finland for at least three months. 3912 of them had their exchange period in Universities of Applied Sciences and 318 of them carried out their clinical training while on exchange, including nursing clinical trainings. (CIMO 2014.)

Over the years there has been an increase in the amount of nursing exchange students that perform their clinical practice in Finland, from 3482 students in 2003 up to 5336 students in 2007, spread over eight different degree programs (Mariani 2009, 5). Specifically in Tampere, Hatanpää Hospital annually accommodates around 15-25 nursing exchange students with their clinical practice, of which approximately 70-80% are not native English speakers.

According to Bradbury-Jones, Sambrook and Irvine (2011), providing exchange-nursing students with a learning environment in which they feel welcomed and valued as a team member and as a person will empower them and increase their self-confidence (Bradbury-Jones et al. 2011). For this reason the authors decided to create an orientation booklet for nursing exchange students. The working life connection is the ward A3 of Hatanpää Hospital. The booklet will be focused specifically for guiding nursing students having their clinical training at the above-mentioned ward.

2 PURPOSE, OBJECTIVES AND TASKS

The purpose of this Bachelor's thesis is to create a booklet in electronic form for exchange nursing students (appendix 1), which describes the Finnish Public Health Care system and focuses on Hatanpää Main Hospital's A3 ward. The objective is to optimize nursing exchange students' clinical training experiences and learning outcomes. The ultimate goal is to improve nursing care for the patients, through enhancing the nursing exchange students' learning experiences.

The tasks of the booklet are the following:

- Describe the Finnish public health care system and Hatanpää hospital in general
- Describe the A3 ward specifically
- Provide information about supervision and communication during clinical training
- Share expert opinions and advice on clinical trainings for exchange nursing students
- Provide a list of learning possibilities at the A3 ward
- Provide practical information
- Produce a vocabulary of useful terms in:

Finnish – English, Finnish – French, and Finnish – Spanish

3 NURSING EXCHANGE

As nursing exchange is the central theme to this thesis, the authors first need to explain how it is organized on both an international level as well as locally in Finland. The purpose of nursing exchange is then also defined to conclude this chapter.

3.1 International collaboration

The EU promotes nursing exchange, among other exchange studies, mostly through their Erasmus exchange program. As mentioned earlier, studies abroad are promoted in order to improve cooperation between countries and international knowledge exchange. This international cooperation is needed due to the fact that cultural diversity is increasing among EU state members and nurses need to be prepared to provide care in a multicultural society. (Milne & Cowie 2013, 42; Bohman & Borglin 2014, 260-261; European Union 2014.) The increasing multicultural environment requires the need to have a better grasp of different cultures, and at the same time it increases the possibilities for nurses to work abroad in the future (Cowan 2007, 40; Bohman & Borglin 2014, 260).

3.2 Nursing exchange at TAMK

According to TAMK exchange student coordinator Sanna Laiho (2015), the exchange period in TAMK lasts three months. The exchange consists of an orientation course at the host institution, a minimum of eight weeks of clinical trainings at various health care settings, and some other courses given at the host educational institution. (Laiho 2015.)

In order for an exchange study to be possible, international universities form partnerships and agreements (Cowan 2007, 40). At TAMK, a designated staff is in charge of International Services. They also have a specific contact person that handles the affairs of incoming students. (Tampereen Ammattikorkeakoulu 2014.)

In the spring semester of 2015, 17 nursing students had their exchange period at TAMK. The exchange students' home countries included Greece, Austria, Italy, Scotland, Belgium, Spain, United Kingdom, and Estonia. (Laiho 2015.)

3.3 Purpose of Nursing Exchange

The purpose of nursing exchange is to both share and gain knowledge on different nursing cultures. It allows nursing students to develop professionally, personally, cognitively and culturally. (Koskinen & Tossavainen 2004, 112; Cowan 2007, 40.) Additionally, exchange studies increase nursing students' personal and professional confidence, independence, autonomy, and maturity. All of these are traits that will be needed when the students start working as graduate nurses. (Milne & Cowie 2013, 45-46.) In a study by Myhre (2011) this aspect of achieving increased personal competence was emphasized by nursing exchange students, as they expressed that their personal growth was due to the fact the exchange specifically required them to actively and independently search for information (Myhre 2011, 430).

According to a questionnaire performed in the study of Cowan (2007), the exchange period had a big influence in the students' overall knowledge of nursing and it increased their understanding of health care systems in other countries (Cowan 2007, 40). Being able to assess the weaknesses and strengths of health care systems in both the country of origin as the host country is a valuable learning outcome in itself (Myhre 2011, 432).

Nursing exchange is also an eye opening experience for students because they are placed in health care environments that may vary significantly from the ones they practice at in their home countries. Differences may be observed in the structure and organization of health care systems, and also in the role of the nurses. Students may also perceive differences in the amount of technology used, the equipment, and health care facilities. These differences may be seen either as challenges or as learning experiences. (Cowan 2007, 46-47; Bohman & Borglin 2014, 261.)

4 ADAPTATION PROCESS DURING NURSING EXCHANGE

When determining the needs of nursing exchange students, understanding the adaptation process they go through is essential. This chapter will describe that adaptation process, in order to provide the reader with information as to what factors affect nursing exchange students positively or negatively, and what implications that might have.

4.1 Defining adaptation

According to the Cambridge dictionary, adaptation is the process of changing to suit different conditions or new environments (Cambridge Advanced Learners Dictionary & Thesaurus, 2015). For exchange students, the adaptation to a new culture and working environment plays an important role as to whether or not their exchange study will be considered a success. That is why it is essential to research what information exchange nursing students need to be provided with throughout the making of this thesis, in order to help the students in this process. It is important to keep in mind that this adaptation is not a linear process of progression from point A to point B, but rather a transition in several steps with both positive and negative inclinations (Hoffenburger, Mosier & Stokes 1999).

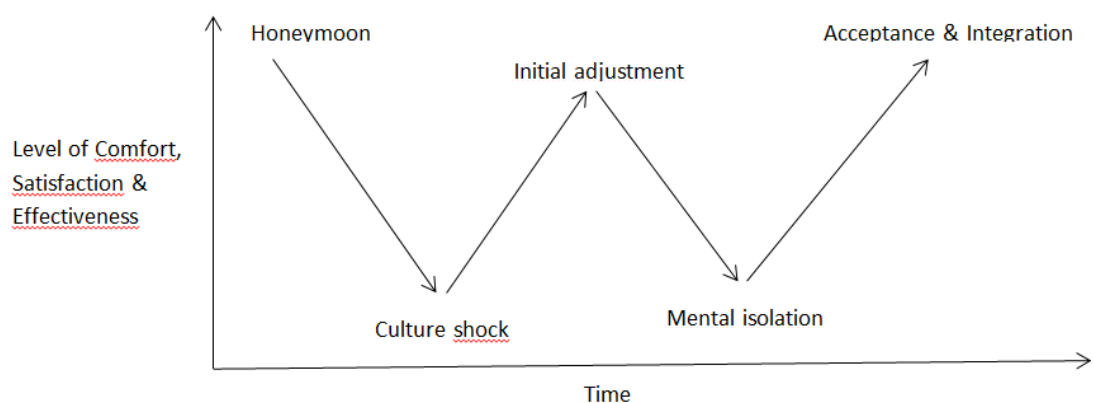


FIGURE 1. W-Curve Hypothesis Model (Hoffenburger et al. 1999, modified)

4.2 Acculturation

When embarking on a journey to study abroad, once immersed in a foreign culture, there is a need to come up with an adaptation strategy, balancing the personal cultural identity with all the new elements that emerge and affect the student. This phenomenon, called acculturation, can be explained in a categorical model, which states that the person in the process of acculturation falls into one of four categories: Integration, separation, assimilation or marginalization. (Zhou, Jindal-Snape, Topping & Todman 2008, 67.) These categories touch on specific domains of life, such as social activities, language, friends and cultural similarities (Berry, Phinney, Sam & Vedder 2006, 309).

One important factor that has to be taken into account when determining the amount and type of information nursing exchange students should be provided with for their clinical training, is the time frame in which the student needs to adapt to a new cultural and learning environment. According to the authors' working life connection and the exchange student coordinator, exchange students take part in different clinical trainings each of them lasting about three weeks (Partanen 2014; Laiho 2015).

Keeping in mind the relatively short stay of the exchange student in the host country, the aforementioned acculturation categories, assimilation and marginalization, are therefore very unlikely to occur. Hence, the authors will not elaborate on those categories. On the other hand, this restricted time span bids the need for well thought out guidelines, which provide the nursing exchange students with the right tools to ease the process of integration within that period.

4.2.1 Integration

In case of integration, the level of identification with both the culture of origin as the host culture is high and therefore results in a well-balanced approach towards the acculturation process. One of the core elements of integration is the active role a person takes on seeking social involvement in the larger society (Berry et al. 2006, 306). In a clinical setting, a supportive and welcoming team of nurses plays a major role in this process of integration. A positive environment allows the students to focus on learning to care for patients, instead of worrying about interpersonal relationships and merely trying to fit in

at the work place. (Levett-Jones, Lathlean, McMillan & Higgins 2007, 172.) Students feel included, for example, when they are able to work with positive mentors and are talked to informally by other nurses during their work shift (Levett-Jones et al. 2009, 319).

The students that integrate are called insiders in a study made by Koskinen & Tossavainen (2003). These students show interest in the differences presented, while still sharing both their individual and nursing backgrounds and representing their cultures. (Koskinen & Tossavainen 2003, 373-374.) Additionally, the health care staff from the host country may see this as a learning opportunity for them as well. Exchange students may help the staff to increase their knowledge when dealing with people that have a different cultural background. (Pitkääjärvi, Eriksson, Kekki & Pitkälä 2012, 10.)

4.2.2 Separation

Separation, on the other hand, is the unwillingness to further identify with the host culture. This is due to negative experiences or the sense of simply not succeeding in their attempt to adapt. (Berry et al. 2007, 306.) As opposed to the successful integration, the students are alienated further and further from the nursing colleagues and isolated in their new environment (Levett-Jones et al. 2007, 167). This can lead to culture shock and result in mental health issues, as the inability to fit in and possibly being excluded takes a toll on the student's psyche and academic performance (Zhou et al. 2008, 73). Especially when experiencing indifference or unfriendliness from the staff on the first day, students' perspectives on the clinical placement and their motivation are negatively affected (Levett-Jones et al. 2009, 319).

The students that fall into the separation category are called outsiders by Koskinen & Tossavainen (2003). These students are mostly intimidated by the differences faced and overwhelmed by homesickness, loneliness, anxiety, and nervousness that they might experience during their trainings. The main reason causing students to be outsiders is that the information they have received during their preparation was not sufficient. (Koskinen & Tossavainen 2004, 112; Milne & Cowie 2013, 45.)

4.3 The need for guidance in foreign languages

The European Commission pointed out that the study of foreign languages is essential to ensure that European citizens can move, work, and learn freely throughout Europe (Commission of the European Communities, 2008). One of the goals of the Commission is to achieve an international growth on a higher educational level, improving the conditions of Erasmus students' studies abroad.

The product of this thesis would have initially been a guide booklet in English for nursing exchange students at ward A3 at Hatanpää Main Hospital, but the authors asked whether there was also a need for a version in any other language. Milne & Cowie (2013, 44) remark that English is often a well-spoken second language in Europe, but not every non-native English speaker is as fluent. This phenomenon has also been experienced by the working life connection from ward A3, Hatanpää, and subsequently a version in French and Spanish were also considered useful to accommodate their nursing exchange students. One of the supervising teachers for these students confirmed that indeed an amount of the incoming students' English language skills have been problematic (Laiho 2015).

Feedback from former nursing exchange students going to practice in Finland, and from higher education institutions has shown that the knowledge of both learning opportunities in the host country as well as practical professional language, would improve the overall learning outcome (Cowan 2007, 46). This statement is supported by Milne & Cowie (2013, 44) remarking that getting to know the language of the host country is always beneficial. Nursing exchange students coming to Tampere nowadays are advised to participate in a Finnish language course, provided by the host educational institution (TAMK) during their clinical practice. Although it is not mandatory, about half of the exchange students take the course. (Laiho 2015.)

Keeping in mind that not all exchange students are fluent English speakers, an information source directly from the host language into their native tongue would be more beneficial. When a text is translated from its original source into English and subsequently into another language, there is a chance that certain meanings might get lost in translation. This phenomenon was experienced by a group of American exchange students who did their clinical training in Guatemala. The information that reached them

was often translated from the indigenous language into Spanish and ultimately into English. In this process, certain expressions had proven to be overlooked and the severity of patients' symptoms was wrongfully communicated. (Thompson & Johns 2009, 16-18.)

4.4 Challenges in language differences

Studying abroad and facing a foreign language in the clinical nursing practice is not always considered a barrier, but rather a challenge which students are willing to rise up to. In the end they consider it as having been a positive experience and a part of their personal growth in the area of multicultural competence. (Myhre 2011, 428-433.)

A study about the experiences of a group of German exchange students doing their clinical practice in Finland shows the same result: Learning abroad with a different language in their clinical training was considered to be a positive experience and part of their personal growth. Even when these students could not express themselves nor understand the patients, apart from the guidance their mentors gave them, they relied on non-verbal communication when assessing the condition and needs of patients. (Keogh & Russel-Roberts 2009, 108-109.) For example, students realize the big role that body language has when performing nursing tasks, and they might feel empathy towards patients facing medical jargon or foreign patients receiving care in a different language (Cowan 2007, 42; Bohman & Borglin 2014, 262).

Feedback from nursing exchange students has shown that students have not only come to an understanding that expressing pain differs from country to country, but they had started developing the ability to process non-verbal communication, as the language barrier limited the communication between the students and patients during practice (Botha 2015).

The attitude of the exchange students towards the linguistic challenge will determine to which category of the aforementioned concept of insiders and outsiders they will belong. Insiders will rise up to the challenge actively, seeking information about the host culture and language specifically, whereas the outsiders remain passive and expect to be given information concerning language and culture. (Koskinen & Tossavainen 2003,

375.) This motivation displayed by active students is called a “cultural desire” (Koskinen & Tossavainen 2003, 371).

5 CLINICAL TRAINING

The settings and dynamics of a clinical training vary slightly from country to country. This chapter will describe the practical learning environment and focus on the clinical setting in Finland and the supervision that the target group of this thesis is provided with by their host educational institution. Understanding the orientation process students received prior to the clinical training is the key to providing continuity in that process throughout their clinical training.

5.1 Practical learning environment

In Finland, the education for nursing students is held at University of Applied Sciences. As a part of the nursing education, students have clinical trainings that compose about 36-43% of their degree. Clinical trainings are necessary because they are the setting for nursing students to develop their skills and have direct contact with patients (Suikkala, Leino-Kilpi, & Katajisto 2008, 1).

Learning is not merely passively receiving information, but rather acquiring new knowledge through active, cognitive and social actions, during which new information is interpreted on the basis of previously acquired knowledge and the phenomena are given a place in the personal picture in which the world is perceived (Mikkonen 2005, 16). As expertise is the goal of the student's education, it is important to keep in mind that the process of reaching expertise does not only progress vertically from novice to expert, but also horizontally as the student reaches out to professionals of various fields and work is set in various communities (Mikkonen 2005, 65). In the setting of a clinical practice, time has to be taken out to process newly gathered information and the practical implementation of it, through reflection (Mikkonen 2005, 68; Myhre 2011, 432).

The clinical practice takes place in a dynamic and socially complex environment, preparing students to become competent practitioners. Learning various skills as they participate in tasks and providing the patients with holistic care, is the core of becoming a qualified and responsible nurse. (Kaphagawani & Useh 2013, 183.) The knowledge and skills that are expected of exchange students in their host placement are assessed by the

time of their study abroad, so that an optimal learning experience is guaranteed (Cowan 2007, 43).

According to Bradbury-Jones et al. (2011), providing nursing exchange students with a learning environment in which they feel welcomed and valued as a team member and as a person will empower them and increase their self-confidence.

5.2 Goals during clinical training

During clinical trainings, students need to have goals in order to optimize their learning experience (Jokelainen, Jamookeah, Tossavainen & Turunen 2011, 513). At TAMK, these goals are planned by the student before the training and modified once the training starts (Botha 2015).

Discussion of the goals is recommended to be held in the beginning, middle, and end of the clinical training (Jokelainen et al. 2011, 513). In the beginning the goals are discussed with a nursing mentor and then they have to be approved by a supervising teacher. During the training, goals are a tool to assess the student's progression. In the end of the training it is assessed if goals were achieved. (Jokelainen et al. 2011, 513.)

5.2.1 Finnish guidelines for clinical training goals

In 2014 a project for the future nursing education was launched in Finland. The goal of the project was to create a uniform and high quality nursing education able to respond to the needs of the future. The project follows the European Directive minimum competence requirements for general nurses. (Sairaanhoitajakoulutuksen tulevaisuus –hanke 2014.)

The project aimed to determine the minimum nursing professional skills needed in the future, their content, and description. These descriptions are to be used by universities of applied sciences in Finland in order to create uniformity and homogeneity in the expertise of graduating nurses. They are also meant as guides for the orientation programs

of new nurses and to facilitate the evaluation of nursing students during clinical training. (Sairaanhoitajakoulutuksen tulevaisuus –hanke 2014.)

The result of the project classifies nursing professional competences into nine areas (Sairaanhoitajakoulutuksen tulevaisuus –hanke 2014). All of these areas are to be considered as a base for nursing students, according to which they should plan their clinical training goals. Wards provide specific learning possibilities according to the type of care they provide for patients. These learning possibilities should be considered carefully when applying for a clinical training at any specific ward. The following table lists the nine nursing competence areas.

TABLE 1. Areas of nursing professional competence (Sairaanhoitajakoulutuksen tulevaisuus –hanke 2014, modified)

Client orientation
Nursing ethics and professionalism
Management and entrepreneurship
Social and health care environment
Clinical nursing
Evidence-based practice and decision-making
Guidance and teaching competence
Health promotion
Social and health services quality and safety

5.3 Supervision in a clinical training

According to exchange student coordinator Elina Botha (2015), clinical training in Finland is more structured and pedagogic compared to other countries. Besides having specific goals for their training, students also undergo supervision (Botha 2015). Student's actions, accomplishments, learnt skills, and overall attitudes are continuously evaluated by a supervising teacher and a mentor (Suikkala et al. 2008, 1-2; Jokelainen et al. 2011, 513).

Mentoring is described as a method through which a more experienced professional gives guidance, counseling and advice to a novice or person with less experience. The

goal of mentoring is the achievement of personal growth and development of competence of that person's professional skills, as well as raising awareness of their full potential. (Jokelainen 2013, 3.)

Because of the importance of the constant evaluation of students, they are assigned one or two personal nurse mentor to guide and assess them in the clinical training. Students have the duty to follow their mentors' schedule in pursuance of establishing a student-mentor relationship and to maintain continuity in the learning environment (Saarikoski, Isoaho, Leino-Kilpi & Warne 2005, 12; Jokelainen et al. 2011, 515).

5.3.1 Supervision of nursing exchange students

When the students come from a foreign country, the supervision provided by the mentor has to include strategies to address certain intercultural differences. Mentors do not only have to support the students with their training goals, but also keep in mind the students' background (Koskinen & Tossavainen 2004, 116-118).

In order to encourage a positive and successful training, nursing mentors and nurses in general need to be open and apprehensive of students' different cultures and their educational background (Koskinen & Tossavainen 2003, 375; Pitkajarvi, Eriksson, Kekki & Pitkala 2012, 10). Nursing mentors need to take into account the cultural differences faced by the student. Although the differences are mainly in practices, differences in beliefs and values should be also taken into account. (Koskinen & Tossavainen 2004, 118; Starr 2009, 479.)

Supervision and timely and fair feedback of the mentor at the practical placement are crucial for a student in order to fit in and find a professional identity (Houghton 2014, 2372). Through facilitative actions, the mentor strengthens the students' professionalism and allows them to develop their professional attributes and identity (Jokelainen 2013, 56).

As shown in the literature, mentors that are both culturally aware and supportive build a welcoming learning environment for nursing exchange students (Starr 2009, 485; Jokelainen et al. 2011, 516; Pitkajarvi et al. 2012, 10). It is important for mentors to be

aware that they have a vital role in encouraging exchange students to learn something about the culture and language of the host country (Koskinen & Tossavainen 2003, 377).

To improve the quality of mentoring, Jokelainen (2013) suggested that mentor preparation programs and updates ought to be created through cooperation between the healthcare institutions and the higher educational institutions, and subsequently create a register for qualified mentor nurses (Jokelainen 2013, 78). The lack of teaching experience of the mentors has been proven to be a reoccurring problem, according to students' feedback (Kaphagawani et al. 2013, 183). Furthermore, according to a review of practical placement learning in Finland, it is deemed necessary to develop unified assessment forms for clinical practice evaluations on a national level, to insure the student meets the expected qualifications (Jokelainen 2013).

5.3.2 Supervision from the host educational institution

The supervision that exchange students receive at TAMK is started before their clinical training. Exchange students are provided with a two-week orientation. The first orientation week is delivered by TAMK's International Services and the second week is delivered by TAMK's nursing exchange student coordinators. (Botha 2015.)

The orientation delivered by these teacher coordinators include activities for students to get to know each other and interactive lessons to introduce the Finnish culture and Finnish Health Care System. Information of the basic legislation and financial aspect regarding the Finnish Health Care is also given. (Botha 2015.)

Regarding their clinical training, the orientation that the exchange students receive is focused on the general rules and regulations. They have discussions concerning their goals, their role during training, and what is expected from them. Information is given concerning general nursing tasks in Finland because nursing roles vary in different countries. To enhance their learning, basic nursing skills are practiced at school before the clinical training, which include a Medical Calculation test. (Botha 2015.)

Exchange students have the same supervising teacher during the three clinical trainings that they normally take part in. The teachers are in charge of approving the students' goals, supporting their learning process, and participating in the student's final evaluation with the nursing mentors. (Laiho 2015.)

A new supervision plan was developed by the exchange student coordinators. The plan includes a day mid-training to gather with fellow exchange students and supervising teachers, where experiences about the training and the student's coping situations are shared. Similarly, in the end of the last training, a final discussion is held among the students and the teachers to hear the changes that the students have gone through and what to expect when they go back home. (Botha 2015.)

6 ORIENTATION TOWARD PRACTICE

This chapter will describe both the Finnish health care system in general as well as the A3 ward of Hatanpää. These descriptions are necessary to produce a guide booklet that specifically contains information on both subjects. The general description of the Finnish health care system is needed to differentiate it from the systems of other countries. The main focus of ward A3 is then explained and a list of learning possibilities for the target group of the thesis is formed.

6.1 The Finnish Health Care System

According to the Finnish Constitution (1999) public authorities are responsible of promoting the health and welfare of the population and of providing social, health, and medical services (The Constitution of Finland 731/1999, 19 §). The Finnish social welfare and health care system is based on municipal services, which are put into action with government aid (Ministry of Social Affairs and Health 2013a).

Finland's Ministry of Social Affairs and Health (MSAH) is the government organization in charge of planning social and health related policies at a national level. The Ministry produces laws and reforms, and it also guides and monitors their implementation at municipal levels. (Ministry of Social Affairs and Health 2013a & 2013b.)

The Finnish Health Care System can be divided into primary health care, specialized medical care, and private health care. Primary health care, which aims at health promotion through health checks and counseling, is provided at municipal health centers. (Health Care Act 1326/2010, 3§.)

Specialized medical care is formed of specialist health examinations to not only prevent, but also to diagnose and treat different diseases. It is mainly performed in hospitals. (Health Care Act 1326/2010, 3§.) Except for life-threatening emergencies, clients need a referral written by a municipal or private physician to be granted specialized medical care (Vuorenkoski, Mladovsky & Mossialo 2009, 30).

In order to deliver specialized medical care, municipalities must form hospital districts. This secures the cooperation between primary health care and specialized medical care. Finland is divided into 20 hospital districts, excluding the Åland islands. (Health Care in Finland 2013, 12.) Additionally, hospital districts join to form catchment areas. Each area contains a university hospital meant for highly specialized medical care. (Health Care Act 1326/2010, 3§; Health Care in Finland 2013, 12.)

Private health care services are both an alternative and complement of public health care services (Health Care in Finland 2013, 12). Private services can also be used purchased by municipalities if needed (Ministry of Social Affairs and Health 2013a). Private health care services need a license, before they start selling their services to municipalities or straight to the clients (Health Care in Finland 2013, 12). Some fees from these services are partially reimbursed by the National Insurance Service also known as KELA (Kela 2014).

6.2 Ward A3, Hatanpää Main Hospital

Ward A3 is one of the general practice wards in Tampere's Hatanpää Main hospital. Although it is a surgical ward, its focus lies on post-operative care. The ward, which can accommodate 22 patients, provides care for elderly patients that have experienced some kind of trauma or undergone surgery. In technical terms this means that the A3 ward is in fact an ortho-geriatric ward. (Tampereen Kaupunki 2014a & 2014b.)

Some patients are initially treated in the First Aid unit and later transferred to the A3 ward. Nevertheless, the majority of the patients receives its care at the A3 ward after undergoing mostly hip and knee orthopedic procedures in specialist medical care wards. (Tampereen Kaupunki 2014a & 2014b.)

The duration of the care provided at the A3 ward is normally short and it is focused on rehabilitation. For this reason, all the care provided at the ward is done with a rehabilitative approach provided in a multidisciplinary environment. (Tampereen Kaupunki 2014a & 2014b.) Regarding medicinal care, the age of the patients often implicates underlying conditions, which also need to be taken into account to reach the aimed out-

come: restoring the patients' functionality in their daily activities (Grigoryan, Javedan & Rudolph 2014, 50).

6.2.1 Rehabilitative Approach in Nursing

Rehabilitation is defined by the World Health Organization (WHO) as a process of regaining and preserving functional levels in different areas (World Health Organization 2015). Rehabilitation is initiated after illness, injury, or when there is decay in the functional capacity of the patient (Routasalo, Arve & Lauri 2004, 207; Merriam Webster Dictionary 2014).

Rehabilitation is a goal-oriented and individual process. It aims at the patient's adaptation towards the new situation and to regain functional capacity to the maximum degree possible. Every intervention in the process is directed towards achieving the set goals, additionally, evaluation of the results occurs throughout the process. (Routasalo et al. 2004, 207, 211.)

Patient-centeredness is an inherent cornerstone of any care provided to a patient and therefore also when providing rehabilitative care. Patients are experts in assessing their needs and the assistance that is required on the road to rehabilitation. (Virtanen, Suoheimo, Lamminmäki, Ahonen & Suokas 2011, 19.)

According to Routasalo et al. (2004), nurses have a big role in the rehabilitation process because they closely care for and support the patient. Rehabilitation nursing is both a way of working and an attitude. It is patient-centered and it includes helping with hygiene, maintaining mobility, maintaining good nutrition, and avoiding complications. (Routasalo et al. 2004, 207, 211.)

While caring for the patient physically, nurses also give guidance, motivation, and support. They encourage patients to create an active partnership in their care and to participate and commit more to their rehabilitation process in order to improve their well-being and quality of life. (Routasalo et al. 2004, 211; St-Germain & Blais 2009, 62.)

6.2.2 Lonk-ko Project

The A3 ward of Tampere's Hatanpää hospital developed a system called Lonk-Ko (Lonkkamurtumasta Kotiin) specifically for patients that suffered a hip fracture. The aim is to improve the care for this group, which is the ward's biggest patient group. This system describes the pathway the patient follows from the hip fracture up to the discharge from the hospital. The surgery required is provided at Tampere University Hospital (TAUH) or Coxa, followed up by post-operative care at ward A3 in Hatanpää Hospital. (Partanen 2014.)

Points that were focused on in the project were compiling care and rehabilitation plans, in co-operation with the relatives. They also focused on mapping risk factors that lead to falls and fractures, as well as ways to prevent them. As a result, an assessment form was developed. This form is used when interviewing the patient and, if needed, the relatives. (Partanen 2014.)

Furthermore, the patient's medication, nutritional status, eyesight and muscle strength are taken into account and an orthostatic blood pressure test is done to come to a clear overall image of the patient's condition. This is evaluated weekly by a multi-professional team in order to form a suitable care plan. (Partanen 2014.)

The final stage of this project is the patient's discharge and follow-up care. To improve the safety of the patient after dismissal from the hospital, a home visit is done by a special team from the ward. In addition, a follow-up examination after six weeks is arranged for all patients with a hip prosthesis. (Partanen 2014.)

6.2.3 Patient Assignment

The nurse-patient assignment system at ward A3 is a model in which specific nurses are assigned to certain patients, taking care of those patients for the duration of their hospital stay. This system enables the nurses to form a clearer image of their patients' rehabilitation process, as they are involved from the very beginning. (Partanen 2014.)

This type of nursing care implementation, the primary nursing model, ensures the continuity of the care that is provided. The primary nurse coordinates the care by soliciting, processing and communicating information to the other members of the interdisciplinary team. A correct implementation of this care delivery model has proven to increase patient satisfaction and reduce the workload because of the increased efficiency of the provided care. (Person 2004, 164-172.)

6.3 Learning Possibilities at Ward A3

Throughout the writing of this thesis the authors focused on what should be included in order to ultimately improve exchange nursing students' learning outcomes. Expert consultations proved to be an excellent way to provide the authors with an insight into the dynamics of the exchange students' orientation toward their clinical training and what the students need to be provided with to improve their learning outcomes.

As was stated in an earlier chapter, exchange students are familiarized with the Finnish model of setting goals according to specific nursing competence areas, prior to their clinical training. It was therefore viewed beneficial for the students to provide them with information about the learning possibilities at the ward their clinical training is going to take place (Botha 2015).

Based on the information given by the working life connection at ward A3, Hatanpää Main Hospital, and a student who performed a clinical training at that ward, the authors compiled the following list of learning possibilities on which the student can focus during their clinical training at ward A3:

Client Orientation:

- Being respectful in all the interactions with the patient
- Providing the patient with individual care

Nursing ethics and professionalism:

- Taking the privacy of the patient into consideration
- Maintaining confidentiality

Management and entrepreneurship:

- Gathering all required products/instruments for a fluent task performance

- Understanding the routines of each working shift, including the Lonk-Ko protocol

Social and health care environment:

- Communication skills in a foreign culture: verbal vs non-verbal
- Working as a team member
- Working as a primary nurse for a patient
- Observing the wards communication with patients' relatives

Clinical nursing:

- Assessing the patient's condition
 - Taking vital signs: Blood pressure, Pulse, Body temperature, Breathing
 - Measuring blood sugar levels and correcting it with medication
 - Assessing pain and the effect of different kinds of pain medication
 - Nutritional status of the patient
 - Assessing the daily fluid balance
- Wound care:
 - Types of wounds
 - Wound care products
 - Removing stitches
 - Learning about guidelines for patients
- Medication:
 - Antibiotics
 - Anti-inflammatory medication
 - Pain medication
 - Learning about the use and effect of various other medications
 - Improving your practical skills in medication preparation/administration
- Aseptics in nursing practice:
 - Hand hygiene
 - Preserving the sterility of instruments and products
 - Aseptics when preparing and administering SC, IM and IV medication
- Assisting with/performing basic care

Evidence-based practice and decision-making:

- Learning from different nurses' styles of working
 - Being able to rationalize your working method/actions
 - Improving your practical skills in medication preparation/administration

Guidance and teaching competence:

- Familiarizing with aiding tools and teaching patients how to use them
- Recognizing and supporting the patients with their post-operative needs
 - Activating the patient through rehabilitative exercises

Health promotion:

- Keeping in mind ergonomical aspects in nursing
- Learning about the ergonomical aspects in the patients' activities of daily living

Quality and safety of social and health services:

- Learning about the preservation of the continuity of care provided by different professionals and institutions

7 METHODOLOGY

In this section, the process of how this Bachelor's thesis was written will be described. The authors will focus first on the method used to write this thesis. Then, the literature review that was performed and the formation of the theoretical framework will be explained. Lastly, this section will describe the creation of the product.

7.1 Selection of the Bachelor's Thesis Method

For this Bachelor thesis topic a functional method was required, because it is a thesis with a product. As recommended by Vilkka and Airaksinen (2003), professional theoretical knowledge was connected to professional practice in this thesis by creating a booklet in an electronic form that will be available at Hatanpää Main Hospital's ward A3 for nursing exchange students (Vilkka & Airaksinen 2003, 42, 51).

A functional thesis consists of a report and a product. The report explains the working and learning process that lead the authors to the creation of the product. The product, which is a written product, addresses the need of the target group. (Vilkka & Airaksinen 2003, 65.)

7.2 Literature Review

Another recommendation regarding functional Bachelor's thesis was followed by reviewing the topic and narrowing it to key concepts that were described in the thesis (Vilkka & Airaksinen 2003, 43). This was done by performing a literature review and forming a theoretical framework.

The literature review was performed initially to get familiar with the existing knowledge of certain topics. The information was generally gathered through bibliographic databases. (Polit & Beck 2008, 65, 69, 106, 110.) The literature review was performed based on the steps recommended by Polit & Beck (2008, 107-117). The database that the authors mainly used was CINAHL, which was suggested in Polit & Beck (2008,

111-114), but also other sources such as official webpages of the European Union, Finland's Ministry of Health and the city of Tampere were used.

Regarding the articles, the only limitations were that they had to be peer-reviewed and full-text, because it did not seem necessary to the authors to include a time restriction on this topic. Furthermore, the articles were sorted by reading the title and abstract. Articles that were found to be reliable and related to the topic were then selected.

7.3 Theoretical Framework

In functional theses, as in other research methods, a theoretical framework or rationale is needed. The theoretical framework is necessary because it underpins a research as well as clarifies its key concepts. (Vilkka & Airaksinen 2003, 30; Polit & Beck 2008, 107, 142.)

After the literature review regarding nursing exchange was done and after a meeting with the work life connection at the ward A3, the key concepts were chosen. In order to portray the complexity of nursing exchange and establish which needs emerge in the orientation process of exchange students, the theoretical framework consisted of three concepts: Nursing exchange, the adaptation process and clinical training. (Vilkka & Airaksinen 2003, 42-43.)

Once these concepts were defined, the authors proceeded to describe the Finnish Health Care System and define concepts that were specifically related to ward A3 at Hatanpää Main Hospital and were essential information in the final product. These consisted of the rehabilitative approach, the Lonk-Ko project, and patient assignment. A list of learning possibilities at the ward was then formed according to the nine areas of nursing competences.

Although the contents of the theoretical framework are mainly based on the literature that was reviewed, further insights on the nursing exchange program at the Tampere University of Applied Sciences were obtained through face-to-face interviews with two mentor teachers. Their expertise was a valuable source of information that helped to increase the quality of the collected data (Polit & Beck 2012, 265). The interview was

audio-recorded and one of the authors in addition took notes during the interview. These were then discussed afterwards to increase the reliability of the collected data. (Polit & Beck 2012, 535.) This information was not analyzed as precisely as in qualitative researches though, but its main purpose was to support the existing material and to give the authors a better understanding of the topic (Vilkka & Airaksinen 2003, 30, 57-58).

7.4 Creation of the Product

Due to the lack of any English guidelines for nursing exchange students coming to practice at ward A3 in Hatanpää, the authors chose to create an orientation booklet for nursing exchange students at that specific ward, at the request of the hospital. The guide booklet would be in electronic form, so it can be modified in the future if necessary.

The booklet contains a brief description of the Finnish Health Care System and specific information of the A3 ward, so the students get a clear image of the ward. The authors included contact and practical information, which is necessary for students having their clinical training there. Information to help them interact and adapt more easily and a list with diverse learning possibilities available at the A3 ward were also included in the booklet.

The authors aimed to design a student-friendly and informative booklet. To achieve this and to make the text versatile, pictures, diagrams, maps, and lists were included. Different examples are used throughout the text to provide the students with specific situations that occur in the ward. Overall, the tone is informal and essentially encouraging.

8 DISCUSSION

It is important to reflect upon the entire thesis process, by scrutinizing the ethical considerations and trustworthiness of the thesis. The following chapter will address these issues. It will also provide future recommendations. Limitations are also an aspect which needs to be discussed in a thesis, but apart from the authors' lack of prior experience in the Bachelor's thesis writing process, there were no other limitations.

8.1 Bachelor's Thesis Process

As both of the authors were new to the Bachelor's thesis process, the seminars at TAMK proved to be an excellent guide throughout the process. Suggestions such as using Vilkkä & Airaksinen's book "Toiminnallinen Opinnäytetyö" (2003), to familiarize oneself with the process of writing a functional thesis, helped the authors to form the thesis' structure and taught them what aspects needed to be taken into consideration. The seminar discussions also were a guideline through the feedback that was given by teachers, opponents and other attendants. The initial focus on language barriers that the authors had for this thesis, for example, was considered to lead the authors too far away from the more essential needs in the orientation of nursing exchange students in their clinical practice. Additionally, it was not an issue that could be resolved within the reasonably short time-span of the exchange students' stay in Finland.

In the beginning of the Bachelor's thesis process, the authors had planned to do a questionnaire for nursing exchange students and an interview with the nursing exchange students' supervising teachers at TAMK. Even though the questionnaire would have provided the authors with the students' point of view, enough information was gathered in the interviews about the feedback from students to their teachers and supervisors. The authors were able to form a clear image of the students' needs regarding their clinical training orientation that way. The gathered information was an important guideline in producing an adequate complementary orientation guide booklet, as it established what type of orientation was already provided by the host educational institution, prior to the clinical training.

The open and friendly atmosphere provided by the work life connections in the meetings, and their willingness to co-operate with the authors, played an important role in the writing process as well, as this was a reliable and valuable source of information when describing the ward and listing the diverse types of nursing goals that were available. The A3 ward's head nurse explained the Lonk-Ko concept and provided the authors with documents such as assessment forms that are used at the ward. Further information was also exchanged through email.

8.2 Ethical Considerations

In Finland, the Finnish Advisory Board on Research Integrity, founded in 1991, both monitors the conduct in ongoing research and issues clear guidelines, which help maintain an ethical working method throughout any research process (Finnish Advisory Board on Research Integrity 1347/1991, 1 § - 2 §).

In the writing of this bachelor's thesis, plans were developed and agreed upon by both the authors and the working life connection. Through additional meetings with the working life connection these agreements were respected throughout the entire thesis process. The authors applied for a permit to conduct the research that was needed and were granted that permit at the beginning of the thesis process. Further permissions were also requested by the authors in the creation of the guide booklet, when for example using pictures from Hatanpää's website and editing a map of the Hatanpää service area from Finnish into English, French and Spanish.

Anonymity is an ethical aspect that always needs to be considered. In the face-to-face interviews, however, this anonymity was impossible as they were expert consultations and the supervising teachers would be referenced, thus increasing the reliability of the gathered data (Polit & Beck 2008, 424). The authors obtained permission from the interviewees to use the information that was gathered and to mention them as sources.

8.3 Trustworthiness

The authors' background as foreign nursing students was a further incentive to explore the topic of orientating incoming nursing exchange students toward their clinical training. To avoid bias when collecting data, however, the authors strictly used relevant and peer-reviewed literature from databases such as EBSCO-host or CINAHL, and information from official webpages of the European Union, Finland's Ministry of Health, and the city of Tampere (Polit & Beck 2012, 97), citing all sources appropriately, as is demanded by the Finnish Advisory Board on Research Integrity (2014). Furthermore the data that were collected from various articles supported each other interdependently, increasing the reliability of the data used in the thesis.

The validity of a thesis is achieved when the research methods have helped accomplish to investigate what the authors set out to investigate (Polit & Beck 2008, 196). In this case, they set out to investigate how to improve learning outcomes of nursing exchange students having their clinical training at Hatanpää Main Hospital's A3 ward, and to help in the orientation process. By selecting the right concepts for the thesis' structure, the authors accomplished this, proving the validity of this thesis.

By correctly referencing the sources that were used in this thesis, and truthfully representing the information that was gathered, both the credibility and reliability of this thesis were increased (Polit & Beck 2008, 196).

8.4 Recommendations

As the thesis process evolved, the authors realized that expanding the availability of clinical training orientation guidelines in English and other languages for incoming exchange students to other wards than merely A3, would be beneficial. When creating an orientation guide booklet it is important to establish what type of orientation students have already received prior to attending their clinical practice. This way, adequate complementary orientation guidelines can be produced, and continuity is preserved in the students' adaptation process.

9 CONCLUSION

As a result of the increasing cooperation in education between European countries, the amount of nursing exchange students having their clinical training in Finland is growing. To support these incoming nursing students and because Hatanpää Hospital's A3 ward is one of the training locations for nursing exchange students, the authors of this thesis aimed to provide them with an orientation guide booklet in English, Spanish and French. It was delivered in an electronic form so that it can be modified if necessary, according to the ward's and hospital's routines and regulations. Information was gathered through literature reviews of scientific and peer-reviewed articles found in bibliographic databases, as well as through expert interviews.

REFERENCES

Berry, J., Phinney, J., Sam, D. & Vedder, P. 2006. Immigrant Youth: Acculturation, Identity and Adaptation. *International Association for Applied Psychology* 55 (3), 303-332

Bohman, D. & Borglin, G. 2014. Student exchange for nursing students: Does it raise cultural awareness? A descriptive, qualitative study. *Nurse Education in Practice* 14 (3), 259-64.

Botha, E. TAMK Nursing Exchange Student Coordinator. 2015. Unofficial Interview 27.4.2015. Interviewers Alvarez, E. & Bonami, B. Tampere. Tampereen Ammattikorkeakoulu.

Bradbury-Jones, C., Sambrook, S. & Irvine, F. 2011. Empowerment and Being Valued: a Phenomenological Study of Nursing Students' Experiences of Clinical Practice. *Nurse Education Today* 31 (4), 368-372.

Cambridge Advanced Learners Dictionary & Thesaurus. 2015.

CIMO. 2014. Center Of International Mobility. Kansainvälinen liikkuvuus yliopistoissa ja ammattikorkeakouluissa 2013. Read 23.1.2015. http://www.cimo.fi/instancedata/prime_product_julkaisu/cimo/embeds/cimowwwstructure/32368_Tietoa_ja_tilastoja-raportti_2_2014.pdf

Cowan, R. 2007. An appraisal of European exchange programmes for nursing students. *Nursing Standard* 21 (22), 40-47.

European Commission. 2008. Multilingualism – an Asset and a Commitment. Read 23.1.2015. <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=URISERV:ef0003>

European Union. 2014. Education, training, youth and sport. Read 23.1.2015. http://europa.eu/pol/pdf/flipbook/en/education_training_youth_and_sport_en.pdf

Finnish Advisory Board on Research Integrity. 2014. Decree on the National Advisory Board on Research Ethics. Read 02.10.15. <http://www.tenk.fi/sites/tenk.fi/files/decree.pdf>

Grigoryan, K., Javedan, H. & Rudolph, J. 2014 Ortho-Geriatric Care Models and Outcomes in Hip Fracture Patients: A Systematic Review and Meta-Analysis. *Journal of Orthopaedic Trauma*. 28 (3), e49-e55.

Health Care Act 30.12.2010/1326.

Health Care in Finland. 2013. Brochures of the Ministry of Social Affairs and Health. Read 14.12.2014. https://www.julkari.fi/bitstream/handle/10024/110284/URN_ISBN_978-952-00-3395-8.pdf?sequence=1

Hoffenburger, K., Mosier, R. & Stokes, B. 1999. Transition Experience. In J.H Schuh (Ed.), Educational Programming and Student Learning in College and University residence Halls. Columbus. OH: ACUHO-I

Houghton, C. 2014. Newcomer Adaptation: A Lens Through Which to Understand How Nursing Students Fit in With the Real World of Practice. *Journal of Clinical Nursing* 23 (15-16), 2367-2375.

Jokelainen, M. 2013. The Elements of Effective Student Nurse Mentorship in Placement Learning Environments: Systematic Review and Finnish and British Mentors' Conceptions. University of Eastern Finland. Dissertations in Health Sciences.

Jokelainen, M., Jamookeah, D., Tossavainen, K. & Turunen, H. 2011. Building organizational capacity for effective mentorship of pre-registration nursing students during placement learning: Finnish and British mentors' conceptions. *International Journal of Nursing Practice* 17 (5), 509–517.

Kaphagawani, N. & Useh, U. 2013. Analysis of Nursing Students' Learning Experiences in Clinical Practice: Literature Review. *Ethno Med* 7 (3), 181-185.

KELA. 2014. Staying in Finland: Visitor entitlements under European Health Insurance Card. Outline of Finnish health care system. Read 14.12.2014. <http://www.kela.fi/documents/12099/934313/Outline+of+Finnish+health+care+system.pdf/d68610f5-3248-4f8f-af2f-080045a2d395>

Keogh, J. & Russell-Roberts, E. 2009. Student Mobility: Exchange Programmes and Student Mobility: Meeting Students' Expectations or an Expensive Holiday. *Nursing Education Today* 29 (1), 108-116.

Koskinen, L. & Tossavainen, K. 2003. Intercultural nursing. Benefits/problems of enhancing students' intercultural competence. *British Journal of Nursing* 12 (6), 369-377.

Koskinen, L. & Tossavainen, K. 2004. Study abroad as a process of learning intercultural competence in nursing. *International Journal of Nursing Practice* 10 (3), 111-20.

Laiho, S. TAMK Nursing Exchange Student Coordinator. 2015. Unofficial Interview 16.4.2015. Interviewers Alvarez, E. & Bonami, B. Tampere. Tampereen Ammattikorkeakoulu.

Levett-Jones, T., Lathlean, J., McMillan, M. & Higgins, I. 2007. Belongingness: A Montage of Nursing Students' Stories of their Clinical Placement Experiences. *Contemporary Nurse* 24, 162-174.

Levett-Jones, T., Lathlean, J., McMillan, M. & Higgins, I. 2009. Staff-Student Relationships and Their Impact on Nursing Students' Belongingness and Learning. *Journal of Advanced Nursing* 65 (2), 316-324.

Mariani, G. 2009. Foreigners studying nursing in Finland: A study about experiences from practical placements. Turun Ammattikorkeakoulu. Bachelor's Thesis.

Merriam Webster Dictionary. 2015.

- Mikkonen, I. 2005. Clinical Learning as Experienced by Nursing Students in Their Critical Incidents. University of Joensuu. Dissertation.
- Milne, A. & Cowie, J. 2013. Promoting culturally competent care: the Erasmus exchange programme. *Nursing Standard* 27 (30), 42-46.
- Ministry of Social Affairs and Health 2013a. Read 14.12.2014. http://www.stm.fi/en/social_and_health_services/responsible_agencies
- Ministry of Social Affairs and Health 2013b. Read 14.12.2014. <http://www.stm.fi/en/ministry>
- Myhre, K. 2011. Exchange Students Crossing Language Boundaries in Clinical Nursing Practice. *International Nursing Review* 58, 428-433.
- Partanen, M. Ward A3 Hatanpää Main Hospital Head Nurse. 2014. Unofficial Interview 2.10.2014. Interviewers Alvarez, E. & Bonami, B. Tampere. Hatanpää Main Hospital.
- Person, C. 2004. Patient Care Delivery. In Koloroutis, M. (ed.) *Relationship-based Care: A Model for Transforming Practice*. Minneapolis: Creative Health Care Management, Inc, 159-182.
- Pitkajarvi, M., Eriksson, E., Kekki, P. & Pitkala, K. 2012. Culturally Diverse Nursing Students in Finland: Some Experiences. *International Journal of Nursing Education Scholarship* 9 (1), 1-16.
- Polit, D. & Beck, C. 2008. 8th edition. *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. Philadelphia: Lippincott, Williams & Wilkins.
- Polit, D. & Beck, C. 2012. 9th edition. *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. Philadelphia: Lippincott, Williams & Wilkins.
- Routasalo, P., Arve, S. & Lauri, S. 2004. Geriatric rehabilitation nursing: developing a model. *International Journal of Nursing Practice* 10 (5), 207-15.
- Saarikoski, M., Isoaho, H., Leino-Kilpi, H. & Warne, T. 2005. Validation of the clinical learning environment and supervision scale. *International Journal of Nursing Education Scholarship* 2 (1), 1-16.
- Sairaanhoitajakoulutuksen tulevaisuus –hanke. 2014. Read 28.4.2015. http://www.metropolia.fi/fileadmin/user_upload/Sairaanhoitajan_ammattillinen_osaaminen.pdf
- Starr, K. 2009. Nursing education challenges: students with English as an additional language. *Journal of Nursing Education* 48 (9), 478-487.
- St-Germain, D. & Blais, R. 2009. Patient safety: the contribution of "rehabilitation caring" to its definition. *International Journal for Human Caring* 13 (1), 60-5.
- Suikkala, A., Leino-Kilpi, H. & Katajisto, J. 2008. Nursing student-patient relationships: a descriptive study of students' and patients' views. *International Journal of Nursing Education Scholarship* 5 (1), 1-11.

Tampere University of Applied Sciences. 2014. Student Exchange. Read 27.4.2015.
<http://www.tamk.fi/web/tamken/student-exchange#>

Tampereen Kaupunki 2014a Read 14.01.2015.
<http://www.tampere.fi/terveyspalvelut/sairaalat/hatanpaa/yleislaaketiede/a3.html>

Tampereen Kaupunki 2014b. Read 14.01.2015.
<http://www.tampere.fi/terveyspalvelut/sairaalat/hatanpaa/yleislaaketiede/hoitoty.html>

The Constitution of Finland 11.06.1999/731.

Thompson, C. & Johns, A. 2009. Study abroad program leaves lasting impression on nursing students. *Pennsylvania Nurse* 62 (3), 16-18.

Vilkka, H. & Airaksinen, T. 2003. Toiminnallinen Opinnäytetyö. Helsinki: Kustannusosakeyhtiö Tammi.

Virtanen, P., Suoheimo, M., Lamminmäki, S., Ahonen, P. & Suokas, M. 2011. Matkaopas Asiakaslähtöisten Sosiaali- ja Terveyspalvelujen Kehittämiseen. Tekesin Katsaus 281/2011.

Vuorenkoski, L., Mladovsky, P. & Mossialos, E. 2008. Finland: Health system review. *Health Systems in Transition* 10 (4), 1–168.

World Health Organization. 2015. Health Topics. Rehabilitation. Read 14.1.2015.
<http://www.who.int/topics/rehabilitation/en/>

Zhou, Y., Jindal-Snape, D., Topping, K. & Todman, J. 2008. Theoretical Models of Culture Shock and Adaptation in International Students in Higher Education. *Studies in Higher Education* 33 (1), 63-75.

APPENDICES

Appendix 1. Guide Booklet

Orientation Guide for Nursing Exchange Students Practicing at Ward A3, Hatanpää



Created by Estefania Alvarez and Benjamin Bonami
TAMK

(continues)

INTRODUCTION

This booklet is meant for exchange students having their clinical training at ward A3 in Hatanpää Main Hospital. We want to optimize both your clinical training experiences and learning outcomes by providing this booklet as an orientation tool towards practice.

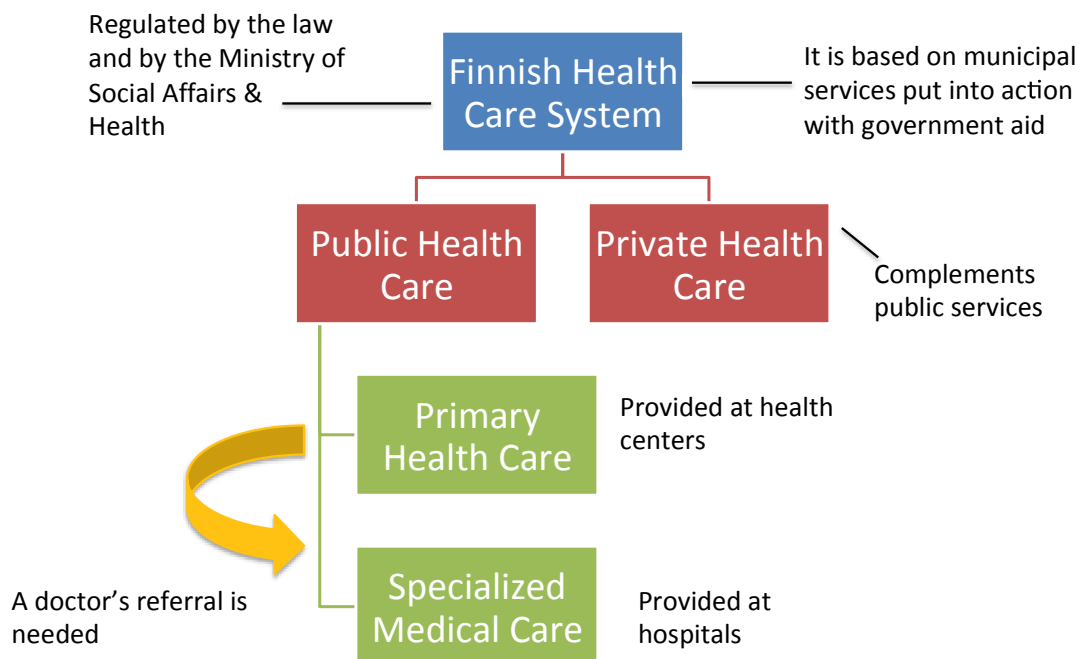
You probably have noticed that clinical trainings for nursing students in Finland may be more structured than in other countries. For this reason, we want to provide you with some information to make your training as smooth and rewarding as possible.

This booklet is an addition to the orientation lessons that you will receive at TAMK by your supervising teachers.

In this booklet you will find:

- A description of the Finnish Public Health Care System and Hatanpää Hospital in general.
- An introduction to the A3 ward.
- Information about supervision and communication during training.
- Information about the system of clinical training in Finland
- A list of specific learning possibilities at the A3 ward, to help you choose goals.
- Practical information:
 - Contact information
 - Working hours
 - Clothing & changing rooms
 - Eating facilities
 - Public transport
 - A map of the Hatanpää area
- A vocabulary of useful terms in: Finnish – English

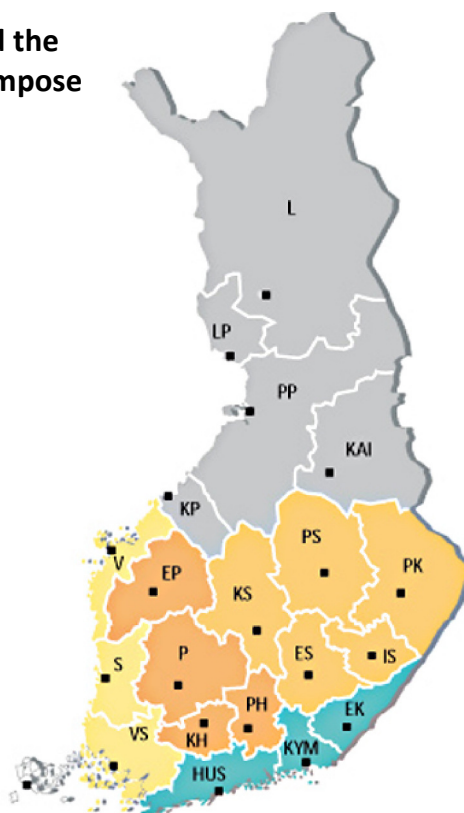
The Finnish Health Care System



In order to deliver specialized medical care, municipalities form health care districts. Additionally, health care districts join to form catchment areas. Each catchment area contains a university hospital meant for highly specialized medical care.

Finnish Catchment Areas and the Health Care Districts that compose them

- **HYKS catchment area:**
Helsinki and Uusimaa (HUS)
Etelä-Karjala (EK)
Kymenlaakso (KYM)
- **KYS catchment area:**
Pohjois-Savo (PS)
Etelä-Savo (ES)
Itä-Savo (IS)
Keski-Suomi (KS)
Pohjois-Karjala (PK)
- **OYS catchment area:**
Pohjois-Pohjanmaa (PP)
Länsi-Pohja (LP)
Lappi (L)
Kainuu (KAI)
Keski-Pohjanmaa (KP)
- **TAYS catchment area:**
Pirkanmaa (P)
Etelä-Pohjanmaa (EP)
Kanta-Häme (KH)
Päijät-Häme (PH)
- **TYKS catchment area:**
Vaasa (V)
Varsinais-Suomi (VS)
Satakunta (S)



-Picture from the Ministry of Social Affairs and Health, modified by E.A.

DESCRIPTION OF HATANPÄÄ HOSPITAL

The municipality of Tampere arranges specialized medical care to be provided for its residents in Hatanpää Hospital. As Tampere belongs to the Pirkanmaa health care district and to the TAYS catchment area, certain specialized medical services can also be obtained from Tampere University Hospital. Hatanpää Hospital is divided into two areas: Hatanpää Main Hospital and Hatanpää Park Hospital.

General medicine wards and wards for surgical, medical, and infectious disorders are found in Hatanpää Main Hospital. Operating rooms, radiology, rehabilitation, and laboratory services are also located in the Main Hospital. Neurological and Geriatric wards are located in Hatanpää Park Hospital.



Hatanpää Main Hospital



Hatanpää Park Hospital

- Pictures from Hatanpää Hospital's webpage

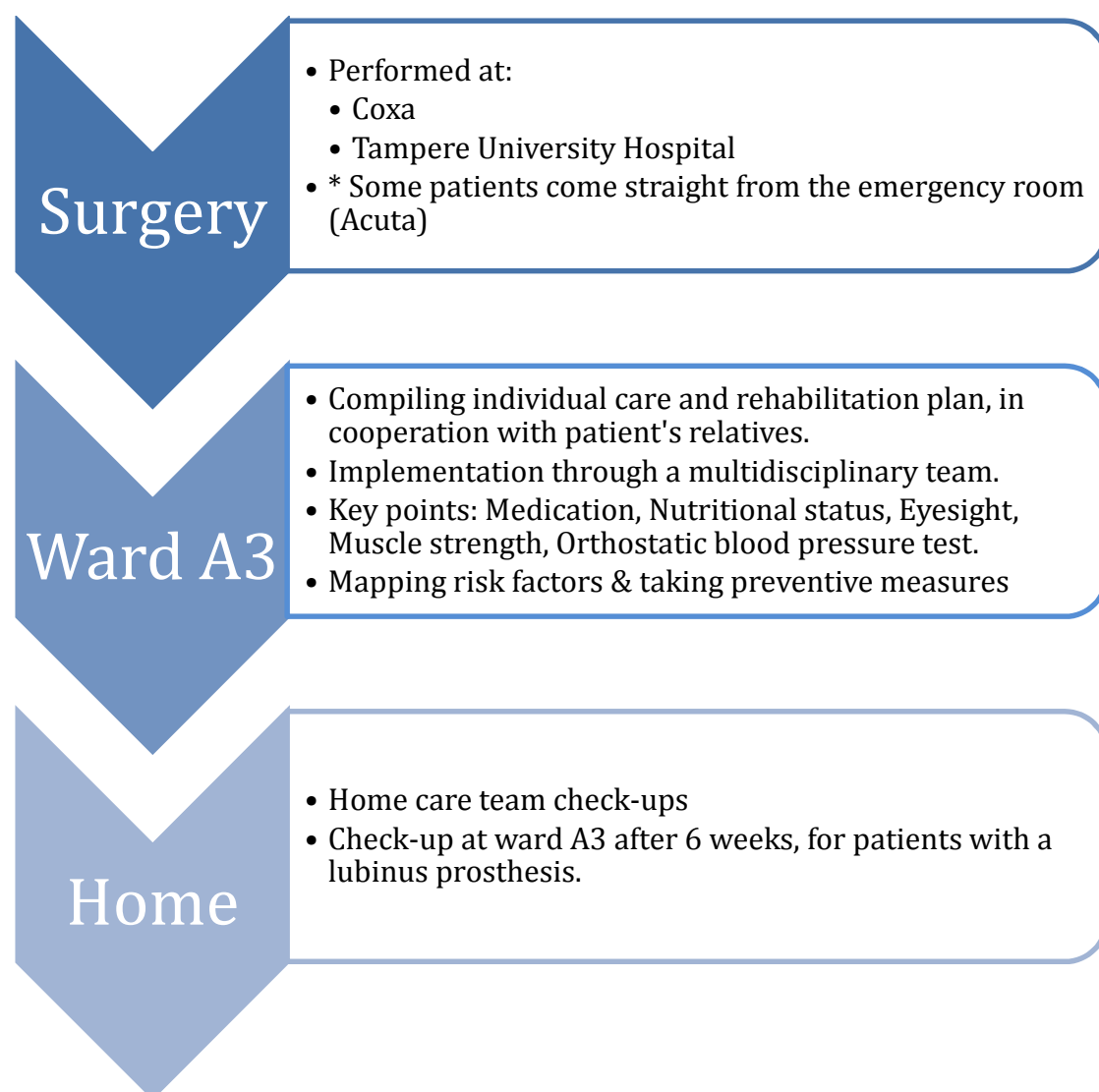
DESCRIPTION OF WARD A3

Originally a general practice ward, the focus of care in ward A3 has shifted towards post-operative rehabilitative care for elderly patients, making it an ortho-geriatric ward.

Most of the patients have undergone hip or knee surgery at Coxa or Tampere University Hospital prior to being admitted to ward A3, or have experienced some sort of trauma, for example hip fracture, that requires rehabilitation.

The aim of the ward's care is to restore the patients' ability to function in their daily activities.

The figure below describes the patient's pathway towards recovery.



As a nursing student, you will be able to get an overall image of the rehabilitation process the patients go through and will be participating in procedures alongside your mentor nurse and other professionals at ward A3, improving both your theoretical knowledge and practical skills.

The multidisciplinary team at ward A3

- Registered nurses (SH)
- Licensed practical nurses (LH/PH)
- Health care assistants
- Orthopedic Doctors
- General practitioners
- Physiotherapists

At the ward, nurses are assigned to specific patients for the duration of their stay, to assess the patients' recovery process more clearly and communicate the progress to other professionals. Individual care plans can then be updated accordingly.

Each working shift has its own routines. The doctor's rounds, for example, are held on weekdays during morning shifts, between breakfast and lunch. During those rounds, the patient's status and progress is assessed and discussed. As it will be held in Finnish, it might be difficult for exchange students to benefit from it straight away, but feel free to ask your mentor afterwards what was discussed and what steps have been taken to further the patient's recovery. This way you can play an active part in accomplishing that.

The ward's physiotherapists are also present during the morning shift. Activating the patients is of utmost importance in rehabilitative care, and both the nurses as well as the physiotherapists support the patients in achieving this. In this phase the need for any aiding tools is assessed. You will be able to familiarize yourself with a wide variety of them at the ward and may join the physiotherapist in aiding patients. This will give you the opportunity to learn about ergonomics and rehabilitative exercises.

Medication is dispensed at regular intervals, e.g. pain medication is an important part of the medical care at the ward. The prescriptions will be in Finnish, but under the supervision and with the help of your mentor you can also take part in the dispensing and administration of medication. A factor that has to be kept in mind at the ward is that the age of the patient often causes them to have other medical conditions. Any accompanying conditions (such as diabetes, heart/lung conditions, etc.) affect the recovery process, and therefore must also be included in the care plan. This requires continuous medical care and assessment, alongside the rehabilitative care.

Patients are also referred to other professionals, e.g. when x-ray imaging is needed.

Prior to the patient's discharge from the hospital, the need for special aids at home and the home environment itself are assessed. The nurses, social workers and the home care team have to communicate about the risk factors in order to ensure the living conditions allow a further safe recovery. Future complications or mishaps are avoided as much as possible that way. A home care team is responsible at this phase and hip fracture patients are invited back to the ward for a check-up, 6 weeks after discharge.

COMMUNICATION

1. With your supervisors

Every nursing student is assigned with two nurses as mentors and a supervising teacher during clinical training. Together they continuously evaluate your actions, accomplishments, skills, and overall attitude.

It is recommended to follow your mentor's schedule in order to maintain the continuity in your learning process. The supervising teacher is available for you to talk about the training in general and any worries that you might have. It is important that you communicate openly with both your mentor nurse and supervising teacher, because their role is to support you during your training.

Continuous feedback discussions with your mentor will give you a good picture of how your training is developing. Ask your mentor for feedback and feel free to give feedback to them as well.

Regarding your training goals, it is recommended that you discuss them and set them with your mentor and teacher in the beginning. However, it is also important that you discuss them with your mentor during your training to see how your learning process is progressing and at the end of the training to see what you have learned.

2. With patients

You will notice that not every patient speaks English, and communicating with them might be challenging, but don't worry! You can take this training as an opportunity to develop other skills needed in nursing and increase your cultural awareness.

Non-verbal communication is one skill that can develop during nursing exchange trainings. Focus on what you see, on patients' body language and expressions. You can also see this as an opportunity to learn some basic words in Finnish! To support you, we are providing you with a vocabulary of work-related words that you can use during practice in the A3 ward.

3. With nurses

Nursing roles may vary and working styles may also be different than in your home country. Focus on cultural differences and be open about them. Be active, learn about Finnish culture and be willing to share some experiences from your own country and the nursing that takes place in there.

GOALS

Choosing goals for practice might not be easy if you haven't done it before. In this booklet we will provide you with a list of learning possibilities, which you then are able to use to set your training goals in the A3 ward. Remember to have diverse goals in order to cover the nine competence areas that are required from nursing students in Finland.

The nine competence areas are the following:

Nursing competence areas
1. Client orientation
2. Nursing ethics and professionalism
3. Management and entrepreneurship
4. Social and health care environment
5. Clinical nursing
6. Evidence-based practice and decision-making
7. Guidance and teaching competence
8. Health promotion
9. Quality and safety of social and health services

List of training goals:

1. Client Orientation:

- Being respectful in all the interactions with the patient
- Providing the patient with individual care

2. Nursing ethics and professionalism:

- Taking the privacy of the patient into consideration
- Maintaining confidentiality

3. Management and entrepreneurship:

- Gathering all required products/instruments for a fluent task performance
- Understanding the routines of each working shift, including the Lonk-Ko protocol

4. Social and health care environment:

- Communication skills in a foreign culture: verbal vs non-verbal
- Working as a team member
- Working as a primary nurse for a patient
- Observing the nurses communication with patients' relatives

5. Clinical nursing:

- Assessing the patient's condition
 - Taking vital signs: Blood pressure, Pulse, Body temperature, Breathing
 - Measuring blood sugar levels and correcting it with medication
 - Assessing pain and the effect of different kinds of pain medication
 - Nutritional status of the patient
 - Assessing the daily fluid balance
- Wound care:
 - Types of wounds
 - Wound care products
 - Removing stitches
 - Learning about guidelines for patients
- Medication:
 - Antibiotics
 - Anti-inflammatory medication
 - Pain medication
 - Learning about the use and effect of various other medications
 - Improving your practical skills in medication preparation/administration
- Aseptics in nursing practice:
 - Hand hygiene
 - Preserving the sterility of instruments and products
 - Aseptics when preparing and administering SC, IM and IV medication
- Assisting with/performing basic care

6. Evidence-based practice and decision-making:

- Learning from different nurses' styles of working
 - Being able to rationalize your working method/actions

7. Guidance and teaching competence:

- Familiarizing with aiding tools and teaching patients how to use them
- Recognizing and supporting the patients with their post-operative needs
 - Activating the patient through rehabilitative exercises

8. Health promotion:

- Keeping in mind ergonomical aspects in nursing
- Learning about the ergonomical aspects in the patients' activities of daily living

9. Quality and safety of social and health services:

- Learning about the preservation of the continuity of care provided by different professionals and institutions

When working alongside your mentor nurse, you will observe many more interesting nursing interventions, which you also can focus on of course. Remember to be as active as possible, in order to get the most out of your clinical training.

We wish you a fulfilling experience at ward A3 and success as a future nurse!

PRACTICAL INFORMATION

Address & Phone number:

Hatanpääkatu 24, 33900 Tampere
Ward's phone number: 03 5657 3340

Working hours:

- Morning shift: 7AM – 3PM
- Evening shift: 1-2PM – 9.30PM
- Night shift: 9PM – 7.15AM

Your working schedule will be planned according to your mentor nurse's schedule.
In case of absence, always remember to inform your ward and your supervising teacher.

Work Clothes & Changing Rooms

Work clothes for students are available at Hatanpää Main Hospital on the lower floor. The room can only be accessed with an electronic key, which will be given to you at your ward and must be returned at the end of your training. The elevator outside of ward A3 will take you directly in front of the clothes storage room, on the lower floor (0. krs).



The electronic key also gives you access to a changing room. It is located along the tunnel on that same lower floor, to your left after you have reached the bend of the tunnel. When standing in front of the storage room, the tunnel is located to your right. The tunnel connects the Main Hospital (Kantasairaala) with the Park Hospital (Puistosairaala).

Put used work clothes in the laundry box, found in each changing room.

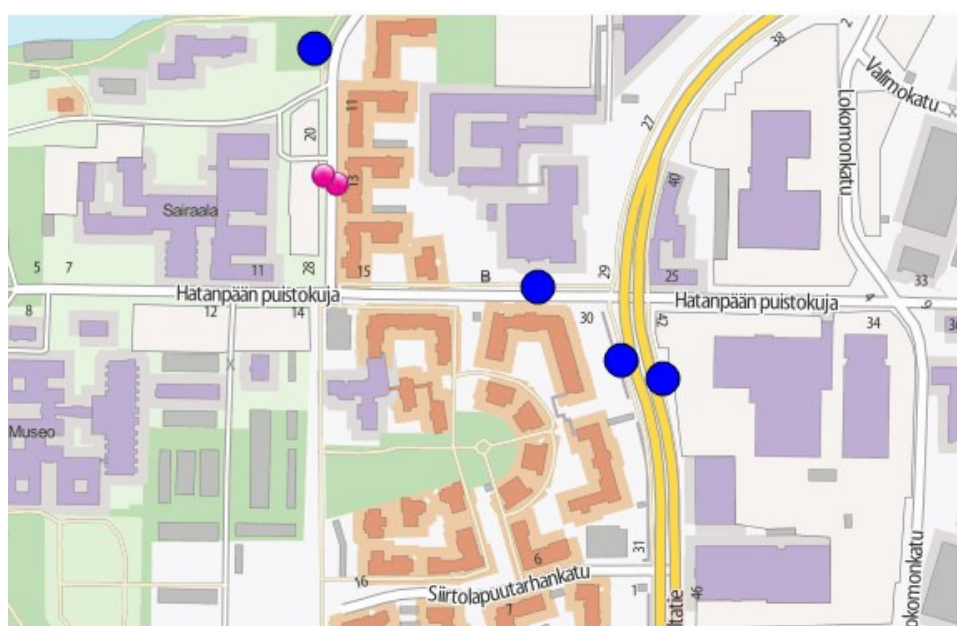
Cafeteria/Coffee Room:

During any given shift, there will be an opportunity to have a small coffee break as well as a lunch break. Students can either bring their own lunch and drinks, storing them in the refrigerator in the staff's coffee room, or visit Cafeteria Carotiini (Ravintola). This cafeteria is located on the lower floor (0. krs) right along the hospital's new main entrance. Another smaller cafeteria (Kahvio) is located on the main floor when walking from cafeteria Carotiini to the info-desk. Upon showing your student card, you are able to get a discount at the register of Carotiini.



Public Transportation

There are several busses that stop right in front of Hatanpää Main Hospital (Lines 11, 21 and 33; marked in pink), as well as busses that stop close by (Lines 1, 14, 26 and 32; marked in blue).



Hatanpää area health services



Vocabulary

Staff / Professionals

Apteekkari: Pharmacist
Apteekki: Pharmacy
Apulainen: Helper
Ensiapuryhmä: Emergency team
Erikoislääkäri: Specialist (doctor)
Fysioterapeutti: Physiotherapist
Henkilökunta: Staff
Kirurgi: Surgeon
Lääketieteen opiskelija: Medical student
Lääkäri: Doctor
Lähihoitaja: Licensed practical nurse
Osastonhoitaja: Ward manager
Osastolääkäri: Ward's doctor
Perushoitaja: Practical nurse
Röntgenhoitaja: Radiological technician
Sairaanhoitaja: Registered nurse
Sairaanhoidon/Sairaanhoitaja opiskelija: Nursing student
Sairaankuljettaja: Paramedic
Sosiaalityöntekijä: Social worker
Toimintaterapeutti: Occupational therapist
Terveystenhoitaja: Public health nurse
Välinehuoltaja: Instrument technician
Yleislääkäri: General Practitioner
Ylihoitaja: Head nurse

Wards/Places around the hospital

Ensiapu: Emergency Room
Heräämö: Recovery room
Huuhteluhuone: Sluice
Kanslia: Nurses' office
Kahvila: Cafeteria
Käytävät: Corridors
Laitos: Institution
Leikkaussali: Operation Room
Liinavaatevarasto: Linen room
Osasto: ward
Poliklinikka: Outpatient clinic
Pääaula: Main lobby
Pääsisäänkäynti / Pääovi: Main entrance
Päivähuone: Day room
Teho-osasto: Intensive Care Unit
Varasto: Storage room

Common vocabulary in nursing care**Nouns**

Aamu-/ilta-/yövuoro: Morning-/evening-/nightshift

Ahdistuneisuus: Anxiety

Aikuinen: Adult

Ala/alue: Domain, district, area

Annos: Dose

Arvio / Arviointi: Assessment

Arvot: Values

Asenne: Attitude

Asiakas: Client

Aste: Degree

Ateria: Meal

Haaste: Challenge

Haava: Wound

Happi: Oxygen

Hengitys: Respiration

Hoito: Care

Hoitotyön suunnitelma: Care Plan

Huomio: Attention

Ikä: Age

Kehitys: Development

Keholämpö: Body temperature

Kipsi: cast, plaster

Kipulääke: painkiller

Kirurgia / Leikkaus: Surgery

Kokonaishoito: Holistic care

Komplikaatio: complication

Kulttuuri: Culture

Kunto: (Physical) Condition

Kuntoutuminen: Rehabilitation

Kuvailu: Description

Kuume/kuumeilu: Fever

Kyky: Ability → Kyvyttömyys: Disability

Kysely-kaavake/-lomake: Questionnaire

Käsite: Concept

Käyttäytyminen: Behaviour

Laastari: Band-aid

Laatu: Quality

Luokka: Category

Lääkitys: Medication

Murtuma: Fracture

Mustelma: Bruise

Myötätunto: Compassion

Määrä: Amount

Neste: Fluid

Nestetasapaino: Fluid balance

Neuvo: Advice

Nälkä: Hunger
Oire: Symptom
Olosuhteet: Circumstances
Ominaisuus: Characteristic
Ongelma: Problem
Paino: Weight
Parannus: Improvement
Pituus: Height, length
Potilas: Patient
Päätös: Decision
Raja: Limit
Rajoitus: Limitation, restriction
Raportti: Report
Ravitsemus: Nutrition
Resepti: Prescription
Ruisku: Syringe
Sekavuus: Confusion
Seuraus: Consequence
Side: Bandage
Sideharso: Gauze
Sisätautien ja kirurginen hoito: Medical and surgical nursing care
Sitoutuminen: Commitment
Sivuvaikutus: Side-effect
Sopeutuminen: Adjustment, adaptation
Sopimus: Contract, agreement
Staasi: Cuff
Syy: Cause, reason
Tarkkailu: observation
Tasapaino: Balance
Tavoite: Goal, objective
Terveys: Health
Tieto: information
Tikki: Stitch
Todiste: Evidence
Toimenpide: Procedure
Toiminta: Functioning, proceedings
Tutkimus: Examination
Vaihtoehto: Alternative
Vaiva: Ailment
Valinta: Choice
Valvonta: Supervision
Vamma: Injury, handicap
Vaurio: Damage
Verensiirto: blood transfusion
Verenvuoto: bleeding
Verensokeri: blood glucose
Verikoe: Blood test
Verinäyte: Blood sample
Virallinen: Official
Yhteistyö: Collaboration, Co-operation

Yhteys: Contact
Ympäristö: Environment

Verbs

Antaa: Give
Asettaa: Put
Auttaa: Help
Desinfioida: Disinfect
Edistää: Promote
Ehkäistä: Prevent
Elvyttää: resuscitate
Harkita: Consider
Juoda: Drink
Juosta: Run
Kantaa: Carry
Kehittää/kehittyä: Develop
Keskittyä: Concentrate
Keskustella: Talk, Discuss
Kumartaa: Bow
Kysyä: Ask
Kävellä: Walk
Käyttäytyä: Behave
Laihtua: Lose weight
Laimentaa: Dilute
Lievittää: Alleviate
Lihoa: Gain weight
Luokitella: Categorize
Lähestyä: Approach
Mennä makuulle: Lie down
Mitata: Measure
Niellä: Swallow
Nousta: Get up
Nukkua: Sleep
Ohjata: Direct, Guide
Oksentaa: Vomit
Osallistua (johonkin): Participate/ Take part (in something)
Ottaa: Take
Peittää: Cover
Pestää: Wash
Poistaa: Remove
Pyytää: Request
Pyörtyä: Faint
Rajoittaa: Limit
Selventää: Clarify
Selviytyä: Cope
Seurata: Follow
Sitoutua: Commit to
Suihkuttaa: Spray, shower
Syödä: Eat

Syöttää: Feed
Työskennellä: Work
Vaihtaa (vaatteet): Change (clothes)
Valittaa: Complain
Varmistaa: Ensure
Verrata: Compare
Vähentää: Reduce
Välttää: Avoid
Yhdistää: Connect
Yskiä: Cough

Adjectives/adverbs

Hengästynyt: Shortness of breath
Henkilökohtainen: Personal
Heti: Immediately
Ilmeinen: Apparent, Obvious
Jatkuva: Continuous
Kattava: Comprehensive
Kätevä: Convenient, Useful
Kuuma: Hot
Kylmä: Cold
Lihakseen: Intra-muscular
Lyhyt: Short
Lämmin: Warm
Perus- : Basic
Pitkä: Long
Pitkävaikutteinen (lääke): Long acting (drug)
Pätevä/osaava: Competent
(epä)säännöllinen: (ir)regular
Terveellinen: Healthy
Tarpeeksi: Enough, sufficient
Täydellinen: Perfect, complete
Uupunut: Exhausted
Väsynyt: Tired
Yksilöllinen: Individual
Yleinen: Common

Patient's room / patient's equipment

Aamutakki: Dressing gown
Alusastia: Bedpan
Hammasharja: Toothbrush
Hammastahna: Toothpaste
Kaappi: Cupboard
Kaarimalja: Kidney basin/bowl
Kanyyli: Canula
Kengät: Shoes
Kuulolaite: Hearing aid
Kuumemittari: Thermometer

Kylpyhuone: Bathroom
Kynärsauva: Crutch
Kävelykeppi: Walking stick
Lakana: Sheet
Likapyykkipussi: Dirty linen bag
Peitto: Blanket
Partakone: Shaving device
Patja: Mattress
Pesuallas: Sink
Poikkilakana: Draw-sheet
Potilashuone: Patient room
Pyörätuoli: Wheelchair
Pyyhe: Towel
Pyykki: Laundry
Saippua: Soap
Silmälasit: Glasses
Soitto-/kutsukello: Alarm bell
Suihku: Shower
Tahdistin: Pacemaker
Tekohampaat: Dentures
Tossut: Slippers
Tunnustusranneke: Identification bracelet
Tyyny: Pillow
Vaatekaappi: Wardrobe
Vaatteet: Clothes
Vessa: Toilet
Virtsapullo: Urine bottle
Vuode/sänky: Bed
Vuodepesu: Bed-bath

Anatomy

Aivot: Brain
Alaleuka: Lower jaw
Alaraaja: Lower limb
Haima: Pancreas
Hammas (hampaat): Tooth (teeth)
Henkitorvi: Trachea, windpipe
Hiukset: Hair (on the head)
Huuli: Lip
Iho: Skin
Jalka: Foot, leg
Jalkapohja: Sole
Jänne: Tendon
Hermosto: Nerve
Kalvo: Membrane
Kantapää: Heel
Kasvot: Face
Kainalo: Armpit
Keho: Body
Keuhko: Lung

Kieli: Tongue
Kilpirauhanen: Thyroid gland
Korva: Ear
Kurkku, nielu: Throat
Kudos: Tissue
Kylkiluu: Rib
Kädenselkä: Back of the hand
Kämmen: Palm of the hand
Käsi: Hand
Käsivarsi: Arm
Kynsi: Nail
Kynärpää: Elbow
Kynärvarsi: Forearm
Lantio: Pelvis
Lapaluu: Shoulder blade
Leuka: chin
Lihas: Muscle
Lima: Mucus
Lisämunuainen: Adrenal gland
Lonkka: Hip
Lonkkaluu: Hipbone
Luu: Bone
Luuranko: Skeleton
Mahalaukku: Stomach
Maksa: Liver
Munuainen: Kidney
Napa: Navel
Nikama: Vertebra
Nivel: Joint
Nenä: Nose
Nilkka: Ankle
Nivelside: Ligament
Nivus: Groin
Nyrkki: Fist
Olkapää: Shoulder
Olkavarsi: Upper arm
Otsa: Forehead
Peräsuoli: Rectum
Pohje: Calf
Polvi: Knee
Pää: Head
Ranne: Wrist
Reisi: Thigh
Rinta, rintakehä: Chest
Ruokatorvi: Oesophagus
Rusto: Cartilage
Sappirakko: Gall bladder
Selkä: Back
Selkäranka: Spine, backbone
Sierain: Nostril

Silmä: Eye
Sisäelimet: Internal organs
Solu: Cell
Solisluu: Collarbone
Sormi: Finger
Suoli: Intestine, bowel
Suu: Mouth
Sääri: Shin
Sydän: Heart
Tyrä: Hernia
Umpilisäke: Appendix
Valtimo: Artery
Varvas (Varpaat): Toe (toes)
Vartalo: Body, Trunk
Vatsa: Abdomen
Veri (verta): Blood
Verisuoni: Blood vessel
Virtsa: Urine
Virtsaputki: Urethra
Virtsarakko: Bladder
Vyötärö: Waist
Yläleuka: Upper jaw
Yläraaja: Upper limb

Conditions

Aliravitsemus: Malnutrition
Halvaantunut: Paralysed
Halvaus: Paralysis, Stroke
Hengenahdistus: Dyspnoea
Hikoilu: Perspiration
Huimaus: Dizziness
Huolestunut: Worried
Huono-/hyvävointinen: Un-/well
Hämmäntävä: Confusing
Ihottuma: Eczema
Kalpea: Pale
Keuhkokuume: Pneumonia
Keuhkoputkentulehdus: Bronchitis
Kohtaus: Attack, Seizure
Kutina: Itch
Masennus: Depression
Muistihäiriö: Memory loss/ Memory problems
Pahantuulinen: Moody
Pidätyskyvyttömyys: Incontinence
Sekavuus: Confusion
Tajuton (vs Valpas): Unconscious (vs Alert)
Tuskainen (kivulias): in pain
(Sydän-, Munuais-, etc) Vajaatoiminta: (Heart-, Kidney-, etc) Malfunction/Failure