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Orientation material in English lan- guage for the Treatment ward (T2)

Project Thesis

DEGREE PROGRAMME IN NURSING
2025

ABSTRACT

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Bachelor's thesis

Degree programme: Bachelor's in nursing

Month Year: January 2025

Number of pages: 46

In Finland, International nursing students undergo clinical practices at hospitals, care homes, and rehabilitation centres during their studies. Proper orientation into these settings is crucial for effective integration and performance. Although the nursing programme is taught in English, clinical training for English-speaking students is conducted in Finnish language. Consequently, international students are expected to have substantial proficiency in the Finnish language. These language requirements can lead to significant stress as students navigate a new environment.

The project aimed to produce orientation material in English language for Treatment Ward T2 of Pori City Hospital. The objective is to facilitate the smooth supervision of international nursing students and to aid them in understanding the workflow in the Treatment ward (T2)

The project utilized Agile methodology because of its flexibility and adaptability to change throughout the project life cycle. It was structured into four phases: initiation, planning, implementation, and closing. The final product was printed on A4-sized paper which consists of 19 pages divided into five main subheadings: introduction, department workflow, documentation, student orientation, and medication. Additionally, it is also available in a soft copy format.

The project identifies the importance of English-language orientation materials for international nursing students in the Treatment ward (T2) of Pori City Hospital. This idea enhances the nursing competence of students, promoting safety and quality of patient care. Additionally, it recommends extending this initiative to other wards in the Satakunta region and the Finnish healthcare system to create a more inclusive and culturally sensitive environment for international nursing students.

Keywords: orientation in an organisation, international students, clinical skills in nursing, and memory patient rehabilitation

CONTENTS

1 INTRODUCTION	4
2 THEORETICAL BACKGROUND	5
2.1 The theoretical description of the key concepts.....	6
3 PURPOSE AND OBJECTIVES.....	11
4 IMPLEMENTATION PLAN OF THE PROJECT	12
4.1 The description of the target group.....	12
4.2 Resources (personnel and others) and risks	13
4.3 Agile Project Methodology.....	14
4.4 The stages of the project, timetable/timeline	15
4.4.1 Initiation phase.....	15
4.4.2 Planning Stage	15
4.4.3 Implementation Phase	16
4.4.4 Closing Stage	16
4.5 Description of the Orientation Material	16
5 EVALUATION OF THE PROJECT	18
5.1 Ethical viewpoints of the project	19
6 DISCUSSION.....	20
7 CONCLUSION	22
REFERENCES	23
APPENDIX	23
APPENDIX 1. ORIENTATION MATERIAL IN ENGLISH FOR TREATMENT WARD (T2)	

1 INTRODUCTION

An effective orientation program can help students transition smoothly into an environment and progress in their careers (Kathrotia et al., 2021). Providing students with orientation can significantly aid in their adjustment to placements leading to positive outcomes (Bøe & Debesay, 2021.) The healthcare industry is facing a shortage of nurses in countries like Finland where there is a demand for healthcare professionals. (Ensio et al., 2019.) Fluency in the Finnish language is essential for working in this sector due to safety regulations, and this requirement may pose challenges for foreign nurses looking to showcase their skills and integrate into the nursing field. (Cubelo, 2023.) Furthermore, caring for older patients in a multi-professional environment requires a better understanding of its operational functions. (Albarqi, 2024). Additionally, Act on Healthcare Professionals (559/1994) section 18 states that healthcare professionals in Finland need to enhance their expertise and skills to fulfil their duties by staying informed about relevant regulations and guidelines that pertain to their field.

Although, language proficiency remains a barrier, more students are enrolling in institutions to pursue a nursing education, and international nurses are showing interest in advancing their careers in Finland. Satakunta University of Applied Sciences has reported an increase in students aspiring to become nurses, highlighting the increased demand for nursing programs in Finland. (Saarinen, 2022). However, the Treatment Ward (T2), at the city hospital in Pori is becoming well-known among nursing students due to the opportunities it offers for clinical placements and their future careers in nursing. This department specializes in caring for patients with various health conditions, including memory disorders, and providing primary care for various types of patients with memory disorders such as Alzheimer's, dementia, delirium, and bipolar. The tools that are used in assessing memory disorder include the Mini-Mental State

Examination (MMSE) and the Consortium to Establish a Registry for Alzheimer's Disease (CERAD). International students who go to the ward for their practical training face some challenges such as the language barrier. The unavailability of orientation material in languages other than Finnish makes it difficult for individuals to comprehend the objectives and operations of the ward. Consequently, non-Finnish-speaking nurses or students may encounter challenges when trying to navigate through the processes and services offered by this ward.

The primary goal of the project was to develop an orientation material in the English language that would help nursing students understand the workflow of the Treatment Ward (T2) located in the city hospital in Pori. With this, the authors aimed to translate the main orientation material from Finnish to English and to offer a concise and simple manual for the reader on the process and the roles of the ward.

Therefore, the outcome of this project, the authors wished to produce the orientation material in print format, and a soft copy that could be saved in the organizational information chain or department information folders as the authors believed that this idea of producing orientation material in English language is a step towards improving the work experience of foreign students and healthcare professionals.

2 THEORETICAL BACKGROUND

The key concepts were discussed from the theoretical point of view covering various aspects related to the topic. The key concepts include orientation in an organisation, international students, clinical skills in nursing, and memory patient rehabilitation, and these are further explained below.

2.1 The theoretical description of the key concepts

a) Orientation in an organization

According to the Occupational Safety and Health Act (738/2002), employers must familiarize their employees with the new jobs, and working conditions, train their employees to use new work equipment, and follow work procedures and production methods to prevent workplace hazards to employees' and health and safety. (Occupational safety and health Administration, 2024.) Effective orientation has many benefits such as easy adaptation, increased productivity, and increased interest in new employees. Also, the importance of work orientation cannot be over-emphasized as it helps the new employee to learn about the job, work environment, and colleagues, thereby reducing errors and risks.

Healthcare organizations must strive to improve the orientation competence of nurses and preceptors by equipping them with the necessary guidance and tools such as good orientation material. According to Platt (2023), good orientation material should include a description of work, department, duties, responsibilities, rules, and regulations in the organization. In addition, the choice of orientation material in an organization is important which can enhance its success and sustainability. Necessary guidelines should be followed when using orientation material and the material should be used by a trained mentor. (Platt, 2023).

In the training of health professionals, students are acquainted with practices and core values of the health sector. Each practical training furnishes students with the required professional and clinical skills, and how to apply them in the workplace. Vocational schools and Universities of Applied Sciences should ensure that students acquire sufficient and appropriate skills in each placement, which will increase productivity and competence. (Kotila et al., 2020). Platt (2023) emphasized that international students face some special needs during their practical training. Some of these needs are language barriers and cultural diversity. By addressing the issue of language barriers and cultural diversity,

organizations need to provide quality orientation and an enabling environment that will impact students' learning capacity, mental health, and performance in practical training.

b) International students

Currently, more than 20000 students are studying in various higher education institutions in Finland. Students can study in Finnish, Swedish, and English languages and there are over 550 English programs in various fields of study. Finland offers free education for students from European Union /European Economic Area countries, Switzerland, and exchange students and international students globally. In recent years, tuition fees have been paid. Fees vary depending on the institution; prices range from 6000 to 18000 euros. Different scholarships are still offered to students who pay tuition fees depending on the institution's policy (Finnish Immigration Services, 2024).

Although many programs are available in the English language in Finland, learning some Finnish can enhance students' work lives and help them integrate into Finnish society (Laherto, 2023). Also working in the social and health care sector requires students to be proficient in the Finnish language due to the sensitivity of the job. This plays a crucial role in the context of patient care and safety.

The nursing program in Finland has attracted many international students due to the high demand in the social and healthcare sectors. Students can study to become nurses at the University of Applied Sciences with a bachelor's degree and master's degree. After completing the programs, students are licensed to work as registered nurses in their field of specialization (Finnish Nursing Association, 2024). Nursing education prioritizes theoretical learning skills with a main emphasis on clinical skills. The theoretical aspect is taught in school with students applying this knowledge during practical training.

Studying abroad is perceived to enhance student's international values, professional growth, and cultural competencies and deepen their understanding of global issues (Platt, 2023). However, International students in Finland face

some challenges adapting to a new environment, language, weather, culture, and education systems. These challenges may affect their health, quality of life, and their social life. In “A Grounded Theory of International Student Well-being”, the theory reveals how international students cope with transition shock and adapt to changes in their environment, culture, academic performance and social interactions. The theory also explores the challenges faced by foreign students in acclimatizing to the educational systems and cultures. (Wuysang, 2022).

To address these challenges, Finnish higher education institutions in collaboration with social institutions (Kela) and Finnish Students Health Service (YTHS), seek to improve the well-being of international students through innovative support services (Laherto,2023). These services include orientation programs, counseling services, and assistance with personal issues such as residence permits, housing, and healthcare.

c) Clinical Skills in Nursing

Clinical skills are a set of adept qualities and competencies that nursing students should acquire during their studies. These skills are categorized as basic nursing care, physical examination, clinical procedures, elimination, and communication. (Wong et al., 2023). They help students to build confidence, independence, and competence in their profession. Nursing students must develop clinical skills to work efficiently and solve problems during their nursing education. This set of skills must be learnt sequentially from demonstration to simulation to supervised performance on patients (Wong et al., 2023). These skills are performed daily in the hospital and healthcare settings.

The clinical learning environment is a situation where students interact with the patient. It allows them to learn, develop clinical skills, gain first-hand practical experience, and make informed decisions. Proper orientation and a conducive environment can enhance student learning. In addition, some components of the clinical learning environment are the atmosphere and the relationship between students and healthcare professionals (Wuysang, 2022).

Clinical Skills are used to observe and understand patients and services provided in healthcare settings. Clinical skills cover a range of skills such as clinical procedures (catheterization, stoma care, cannulation), patient assessment, medications, ergonomics, and assisting with daily activities. The fundamental skills include taking vital signs, personal care, nutritional planning, hand hygiene, wound care patient safety, and pain management. (Mehdipour et al.,2021). These skills are crucial to nursing expertise, provision of quality care, and making good decisions in patient care. In some medical situations, students should be able to work independently and make quick decisions to gather facts. Caring for patients requires other soft skills such as decision-making, leadership skills, self-care management, punctuality, and communication skills (Reji et al., 2022).

In the workplace, good communication fosters a positive atmosphere and ensures employees have the necessary information to increase their competence and productivity. Communication skills allow for a free flow of work in a healthcare setting (Wahid et al.,2024). Communication gaps can be a result of language barrier. This barrier can occur between a mentor, a student, and a patient if they do not speak the same language. Therefore, it impacts the student learning process and the patient's health condition and care outcome. It is recommended that students possess basic knowledge of the patient's language as it is important for effective communication and delivery of good care to the patient (Korhonen, 2022).

Healthcare professionals should possess the necessary clinical skills or competencies in every health sector to provide care and impact knowledge. The nurses should not only learn about patient care but also how to lead a team and provide mentorship in clinical training, hospitals, health care settings, and communities. The Health Care Act (1293/2013) section 59 stipulates that clinical training should be carried out in hospitals, communities, and other healthcare services under the mentoring of nursing teachers, qualified nurses, and other qualified professionals in clinical settings. Mentoring in nursing is an educational process between the mentor nurse and the student to support the academic growth of the student (Wuysand, 2022).

In nursing, clinical competence, such as knowledge, skills, judgment, and interpersonal skills are essential in a dynamic work environment. Nurses must show their competencies when carrying out their tasks for clients and performing their duties. Nurses must follow the legal and ethical codes to maintain their competency. (Mrayyan, 2024). Nurses display their competency in the way they interact and care for patients. Additionally, managing tools, equipment, and patient documentation is crucial for clinical competency in the health and social care sector. (Mehdipour et al., 2021).

d) Memory patient rehabilitation

Memory disorder is a condition that impairs memory and other cognitive functions in the brain (Rosenvall, 2023). Memory disorder is prevalent among older people globally, with about 130,000 people suffering from memory disorder in Finland. According to the Finnish Social Insurance Institution (KELA), in 2019 about 8600 people purchased medication for memory disorder. Alzheimer's disease is the most common type of memory disease. Other types of memory disorders are Lewy body disease, vascular dementia, dementia, Parkinson's disease, and frontotemporal lobar degeneration (Finnish Institute for Health and Welfare, 2024). Healthcare workers should be aware of the symptoms and factors that contribute to memory disorders to educate their patients.

Memory disorder can be attributed to several factors such as insomnia and tiredness, stress, fatigue, depression, pain, alcohol abuse, and a variety of medicines. The symptoms of memory disease are aggression, anxiety, depression, self-harm, changes in alertness, impaired intellectual functions resulting from disease or trauma to the brain, insomnia, slow movement, stiffness, trouble walking, sleep disorders, falls, and behavioral symptoms (Stanborough, 2023).

Memory test is carried out in the hospital or health care center and a nurse will perform the test. The test includes an interview, an assessment of memory symptoms, a memory test, and a functional ability test. Thereafter, the doctor

will continue with the assessment and make further recommendations. Memory disorders are assessed in patients with memory disorders using tools like Mini-mental state examination (MMSE), Montreal Cognitive Assessment, Brain imaging; Magnetic resonance imaging (MRI), Positron emission tomography scan (PET), Single-photon emission computed tomography (SPET), and Consortium to Establish a Registry for Alzheimer's Disease (CERAD) (Loppönen, 2023). In addition, activities in daily living (ADL) and Instrumental activities in daily living (IADL) are used to assess the self-sufficiency of the patient (Rosenvall, 2023). Early detection is important for early treatment, guidance, and rehabilitation of memory disorders.

Moreover, Kela provides rehabilitation for individuals with memory disorders in the form of an adaptation course. The adaptation course is conducted in groups considering the participants' needs. The objective of the training is to provide support for individuals with memory disorders to cope with activities of daily living, work, and study as well as to promote life management and self-care skills. (Kela, 2024). In addition, the Alzheimer Society of Finland advocates for equal rights of rehabilitation of people with memory disease and designed a rehabilitation model and recommendations to support people with memory disease and their caregivers (Alzheimer Society of Finland, 2024)

3 PURPOSE AND OBJECTIVES

The project aimed to create orientation material in English for international nursing students undergoing clinical training in the Treatment ward (T2) of City Hospital in Pori.

The objectives are:

- To improve students' understanding of patient documentation procedures and tools for assessing patients' memory.

- Increase the learning capacity of nursing students about common memory disorder diseases and rehabilitation processes during the internship.
- Facilitate the smooth supervision of international nursing students in the Treatment ward (T2).
- To provide support to students to understand the workflow in the Treatment ward (T2)

4 IMPLEMENTATION PLAN OF THE PROJECT

4.1 The description of the target group

In recent years, there has been a rise in the number of people from other countries settling in Finland attracted by opportunities for education and employment. Finnish universities and vocational training centers have seen an influx of students, particularly in the nursing field. The Satakunta University of Applied Sciences reported receiving over 1500 applications from students looking to pursue a career in nursing representing 80 countries (Saarinen, 2024). Therefore, the target group of the orientation material is the international nursing students who are studying and practicing in Finland as well as in the Satakunta region. These students are likely to have difficulties in adjusting to the Finnish healthcare system due to language and cultural differences. The Treatment Ward (T2) ward is a place where students go for clinical practice and there was a need to provide clear information to ensure that learning and patient care are effective and without risk.

The use of English language orientation material will help the students to break these barriers and easily fit into the ward operations and it allows them to

concentrate on their clinical training and learning experience without being bothered by language barriers. Furthermore, by identifying their needs, the project planned to ensure that everyone is included and to improve the quality of the clinical learning environment in the Treatment Ward (T2).

4.2 Resources (personnel and others) and risks

Stakeholders of the project thesis: All through the project, human resources such as stakeholder support and feedback were applied to create the orientation material. All the feedback and encouragement received from the supervising teacher were helpful and this feedback and support were paramount in this project work.

Other resources: Technologies like DeepL (Version 2) and ChatGPT (GPT-4) were used during the project in translating the original material from Finnish to English as both authors are not native Finnish language speakers. However, during the thesis planning phase, it was crucial to assess risks to improve the quality of the final product to prevent misunderstandings during the translation process as the AI technology might translate and produce an incorrect outcome too. Palanichamy Naveen claims that the users of machine-based translation tools might create unintentional misunderstanding, unclear communication, as well as possible legal issues as the accuracy and the quality of the outcome, can be compromised (Naveen, 2024). Therefore, it provides an alarm to be extra cautious when using translation tools to ensure the quality of the final product.

Time management: Both authors had to work on a critical timeline to meet deadlines and plan progressive meetings effectively. Therefore, time management must be properly planned and discussed when agreeing on the project tasks well in advance.

Consequently, the authors assessed and measured the project's progress by conducting a SWOT analysis. This helped the authors gain insights, into resources and how to manage the challenges and risks involved in the project.

4.3 Agile project methodology

The agile project methodology was employed for its flexibility and its unique role in the healthcare sector. Agile project management is an approach of collaborating and working together as a team to allow for improvements and adaptability to changes throughout a project's life cycle. (Wrike, 2024). It disintegrates projects into smaller parts and follows through the cycles of planning, implementation, and assessment or evaluation of a project. This approach is designed to be flexible and efficient in getting tasks accomplished in the fast-paced and constantly evolving healthcare industry. (Wrike, 2024).

Over the years, agile methodology has contributed immensely to healthcare projects with multifunctional requirements and dynamic variables (Eby, 2023), such as improvement in patient care by the introduction of advanced health technologies and effective collaboration among healthcare professionals (Majd et al., 2023). A study carried out by Majd et al. (2023) found that agile in the healthcare sector has embraced continuous development and improvement in issues regarding patient care, identifying and addressing the issues thereby reducing medical errors and improving patient safety.

Agile project management is a type of project management that involves constant collaboration between project developers and stakeholders. The process includes effective communication, adjusting at regular intervals, and giving feedback. This ensures that the project is in alignment and meets the stakeholder's specifications. (Wrike, 2023).

Employing this methodology allows the authors to make adjustments as suggested by the supervisor and accommodate new ideas at any point during the project, considering the risk involved and assuring an exceptional outcome.

Using agile methodology, the authors may update the product based on stakeholder specifications and feedback.

4.4 The stages of the project, timetable/timeline

The project methodology followed an agile approach, grouped into four stages: planning, initiation, implementation, and closing (Wrike, 2023). A Gantt chart was utilized to visually represent the project timeline (Hirakata, et al, 2022)

4.4.1 Initiation phase

It started by choosing a potential topic and getting to know the stakeholders of the same project. Thereafter, we were assigned a mentor and we also carried out various tasks and assignments on seminar days to equip us with the necessary skills and knowledge in writing a thesis. Initial contacts and plans were made to meet with stakeholders of the project. We had a meeting with the contact person of the Treatment Ward (T2) of Pori City Hospital; in the meeting, we were able to gain insights into what they wanted. Moving forward, we drafted out the thesis plan, the purpose, objectives, and preliminary keywords. These keywords formed the basis for the literature retrieval, and they were later translated into key concepts of the project. The key concepts are discussed from theoretical points of view, covering various aspects of the thesis.

4.4.2 Planning stage

It entails gathering the necessary information to achieve the project's purpose and objectives. The authors chose a project methodology which was later changed to agile methodology because of its suitability. The project timelines, implementation, and assessment plans were established. Relevant materials were researched to work on the project. During this phase, the authors

analyzed the project resources and risks through SWOT analysis and mapped out the thesis product (orientation material in the English language for the Treatment ward (T2). Thereafter, the authors visited the T2 treatment ward to meet with the contact person, and some materials were given to proceed with the creation of the orientation material.

4.4.3 Implementation phase

It includes creating the thesis final product based on the research and data gathered and of course, the feedback from the supervising teacher and the stakeholders. Throughout the project the authors were in contact with the supervising teacher, checking and monitoring the progress of the project. The structure and specifications of the stakeholders were considered. Suggestions and feedback from the stakeholders were responded to and adjusted in the project where necessary.

4.4.4 Closing stage

The authors presented the completed product to the supervisor. The supervisor gave valuable feedback and suggestions and changes were made to the product. Thereafter, the product was sent to the stakeholders. Additionally, a feedback form was attached to the orientation material to gather feedback and suggestions for future improvement of the orientation material.

4.5 Description of the Orientation Material

The orientation material for Treatment Ward T2 was created using the latest version of Microsoft Word 365. Microsoft Word 365 was selected for its flexibility and user-friendly features, allowing easy modification throughout the project. First, the authors gathered relevant materials and identified key topics to

be addressed in the orientation material. Upon identifying these topics, the authors presented them to the supervising teacher. A series of meetings was held with the supervising teacher to obtain more guidance regarding the project. Subsequently, the authors met with the contact person in Treatment Ward T2 to gain a more comprehensive understanding of the orientation material and its components. The contact person provided some Finnish material about workflow in the department that could effectively contribute to the creation of the orientation material. All materials gathered from the contact person, with information from various sources such as relevant websites and articles, were then combined to develop the final orientation material.

The final product was a 19-page printed document in A4 size and a soft copy document, including the cover page, table of contents, introduction, main contents, and references. The introduction provides a succinct overview of the Treatment Ward T2 and its operational functions. The next chapter describes the workflow in the department, presenting a step-by-step explanation with illustrated diagrams. Additionally, a section on patient documentation is included with examples of some key documents used in the department. The document concludes with a discussion of the student orientation process, the handling of medications, and the conclusion. To ensure eligibility and clarity, the Arial font in size 12 was utilized. The authors also employed translation tools like deepL and chatGPT to assist in translating some material from Finnish to English. The language used throughout the material is clear and concise ensuring the orientation material is easy to comprehend.

Table 4: Timeline Project: Gantt Chart

Stage/Duration	Mar -May 2024	June - August 2024	Sep -Nov 2024	Dec 2024- Jan 2025
Project Initiation			✘	
Project Planning				
Project Implementation				
Closing of the project				

5 EVALUATION OF THE PROJECT

The assessment was based on input and feedback from the supervising teacher and the contact person in the Treatment Ward (T2). After completing the orientation material, it was sent via e-mail to the contact person in the Treatment ward (T2). The contact person was pleased with the orientation material and pointed out a few things about the diagram and the introduction part. The contact person explained the workflow and mentioned that in caring for the patient in the ward, the nurses receive instruction from the doctors. Furthermore, the contact person explained that the department cares for patients based on their individual medical needs. Such needs are the treatment of medical conditions, including memory disorders, follow-up, and rehabilitation of the patients. Based on the feedback, specific changes were made, such as improving the diagrams and adjusting the introduction part until its final handover to the T2 ward. The authors evaluated and considered all the

feedback received, including from the supervising teacher, to improve the output of the orientation material.

Four nursing students from SAMK voluntarily reviewed the orientation material. They found it informative and a timely initiative that will help international students integrate fast into the Treatment ward (T2). The students further stated that it would support the learning of international nursing students during clinical practice in the ward.

Furthermore, after completing the project, a feedback form was provided to collect feedback from the potential users on the effectiveness of the material. Also, it was crucial to review the usability and accessibility of the orientation materials, if possible, from time-to-time update.

5.1 Ethical viewpoints of the project

Throughout the project, the authors followed principles and guidelines to ensure their work upholds integrity standards. It's essential to prioritize privacy and confidentiality when working with data and producing a product such as orientation material. Maintaining the confidentiality of patients, ward nurses and students who contribute to the project's success is crucial. Honesty plays a role in handling data and information during this process which required the authors to be cautious. Moreover, the authors were mindful of cultural sensitivities to prevent any issues while interacting with the contact person to avoid misunderstandings. Therefore, to ensure the privacy and confidentiality of the parties involved during data collection, for evaluating project outcomes, the authors signed a form of secrecy guaranteeing that confidentiality will be maintained to build trust. Moreover, the writers strive to maintain fairness toward all groups and consistently adhere to a set standard in their work. Additionally, cultural sensitivity was a watchword throughout the project as both authors are international students; thus, Finnish laws, cultural norms, and beliefs were

adhered to. Regarding the guidelines from the Universities of Applied Sciences, it is crucial to handle data with care ensuring that individuals involved possess the skills and knowledge. Furthermore, after the approval of the thesis plan, a research permit was obtained before involvement in the project. "A research permit must always be applied for a study concerning SAMK students, personnel, or operations and producing public information about SAMK and the people at SAMK" (Satakunta University of Applied Sciences, 2024.)

Therefore, to adhere to this guideline after the approval of the thesis plan, the authors further obtained a research permit from the Satakunta wellbeing area, which is known as "Satakunnan hyvinvointialue" responsible parties before proceeding with the thesis work. Consequently, the authors handled and reviewed considerations diligently throughout the project thesis, in line with the requirements.

6 DISCUSSION

The development of English language orientation material for the Treatment ward (T2) of Pori City Hospital was an important milestone in addressing the challenges international nursing students faced during their clinical training. International students encounter language and cultural barriers that hinder them from participating properly during clinical practices (Hämäläinen et al., 2022). Research shows that the language barrier can hinder the delivery of high-quality patient care in the healthcare sector, negatively impacting patient safety, as well as job satisfaction due to unnecessary pressure (Al Shamsi et al., 2020).

The material development was meant to fill this gap and, therefore, provide the ward's overview, care, and values simply and concisely. This initiative would also benefit the students as well as the healthcare system's efforts to enhance training accessibility and quality.

The project aimed to develop a resource that makes the onboarding process of international students easier. The information presented in the orientation material includes a detailed explanation of the ward's structure, patient-centered care, and patient care documentation. It also highlights the need to understand memory disorders including the treatment and rehabilitation process. During this process, primary orientation material in the Finnish language gave the authors the direction to carry out the work in developing the orientation material in English.

In addition to this, the material also adds more value from the perspective of the staff nurses in the ward. The comprehensive orientation material in English will help to minimize the time and energy that needs to be spent on student mentorship and orientation as it has been suggested that learning a language that is not a native language comes with its challenges. (Ashipala et al., 2023). Therefore, orientation material in English improves the students' self-confidence and readiness thus improving overall performance during clinical practices and enhancing the learning experiences.

The project encountered some challenges, especially in finding the right balance between the length and the size of the orientation material to ensure the information was concise and still contained the necessary aspects of the work process of the Treatment Ward (T2). In achieving this, the workflows were represented in diagrams to enhance better understanding. Working on the diagram was a bit challenging, however, it was achieved.

Furthermore, since the practices in the healthcare field are constantly changing, the material that is provided should be considered as a dynamic one, that is subject to change from time to time depending on future practices (Al Shamsi et al., 2020). Additionally, there is a need for more studies on orientation material in English for international students to address the cultural and language barriers they face in Finland.

7 CONCLUSION

This project sought to identify the need for appropriate English-language orientation material for international nursing students placed for clinical practice in the Treatment ward (T2) of Pori City Hospital. The outcomes of this project will go a long way in filling a gap that has been identified, which is providing the students with orientation material in the English language, thus enabling them to have a better insight into the ward, the patient care procedures, and the rehabilitation process of patients. As suggestions for future development, it is important to collect periodic feedback from the students who come to the ward for clinical placements and adjust to improve the orientation material. In addition, further questions and modifications should be made to the feedback form given on the Satakunta Wellbeing area website (sata.fi) which is used in collecting feedback from the students after their clinical practice to improve the quality of the practice.

Furthermore, as the world is pacing with technology, authors believe that it will be useful to identify the use of digital resources, for example, interactive modules or videos can improve the current orientation material and make it more understandable and interesting to the learners. However, this initiative should also be extended to other wards in the Satakunta well-being area and the health care system in Finland, so that international nursing students could get the necessary support during orientations which will be efficiently useful in their clinical practices and, in turn, contribute to the development of a more inclusive and culturally sensitive Finnish healthcare system.

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APPENDIX 1. ORIENTATION MATERIAL IN ENGLISH LANGUAGE FOR
TREATMENT WARD (T2)

CONTENTS

1 DESCRIPTION ON THE DEVELOPMENT OF THE ORIENTATION MATERIAL IN ENGLISH	28
2 INTRODUCTION TO THE TREATMENT WARD (T2)	29
3 ADMISSION PROCEDURE FOR THE INCOMING PATIENTS, ON THE TREATMENT (T2)	30
3.1 Step 1 Upon the patient's arrival they will go through the registration process.	32
3.2 Step 2 involves assessing health and factors.	32
3.3 Step 3 involves providing instructions and helping the patient find their way.	33
3.4 Step 4 involves creating the plan, for caring and rehabilitating.	33
4 NURSING WORK IN PROMOTING THE PATIENT'S REHABILITATION IN THE WARD	34
4.1 Involvement of patients, in care planning	34
4.2 The responsibilities of healthcare professionals	35
4.3 The duties of a nurse in the T2 rehabilitation ward	35
4.4 Maintaining records and ongoing observation.	36
4.5 Taking a cooperative method of rehabilitation	36
5 PATIENT CARE EVALUATION MEETING IN THE WARD	39
5.1 Step 1: Engaging with the Patient and their Family	41
5.2 Step 2: involves describing the patient status and outlining the treatment provided	41
5.3 Step 3: involves engaging in discussions, with healthcare professionals.	41
6 DOCUMENTATION	42
7 STUDENT ORIENTATION.....	47
8 MEDICATION	48
9 CONCLUSION	49
REFERENCES	50

1 DESCRIPTION ON THE DEVELOPMENT OF THE ORIENTATION MATERIAL IN ENGLISH

The treatment ward T2 of Pori City Hospital of Satakunta Hyvinvointialue and Satakunta University of Applied Sciences (SAMK) developed the orientation materials as a part of a thesis project and two final-year nursing students "Ridma Senanayake Mudiyansele and Olanike Oladapo" implemented this project within the framework of their project-based thesis.

The main aim of the orientation tools was to provide an orientation material in English for the international nursing students who come to the T2 ward for their clinical placements so that they get the main instructions and the process of the T2 ward to provide a smooth and effective training process. Therefore, content is particularly intended for international nursing students who may face challenges in communicating with patients during their clinical rotations. It can also assist students in adapting to the clinical environment by giving them important information on how the ward functions, the various care that will be provided to the patients and the duties of the nursing staff.

To guarantee the accuracy of the new document, the writers required help from "DeepL" to create the orientation material in English, following the guidelines from the original orientation information in T2 ward in Finnish.

2 INTRODUCTION TO THE TREATMENT WARD (T2)

The Treatment Ward (T2) primary care ward is one of the primary care wards in Pori City Hospital where adult patients are provided individualized care based on their medical conditions. Patients come into the ward through referrals from doctor's appointments, emergency room referrals/visits, or transfers from other hospitals for further treatment.

In the Treatment Ward (T2), patients receive care for various conditions, including treatment for memory disorders and they undergo a rehabilitation process. The ward (T2) also provides follow-up care for patients who have already received treatment in other hospitals and specialized care wards.

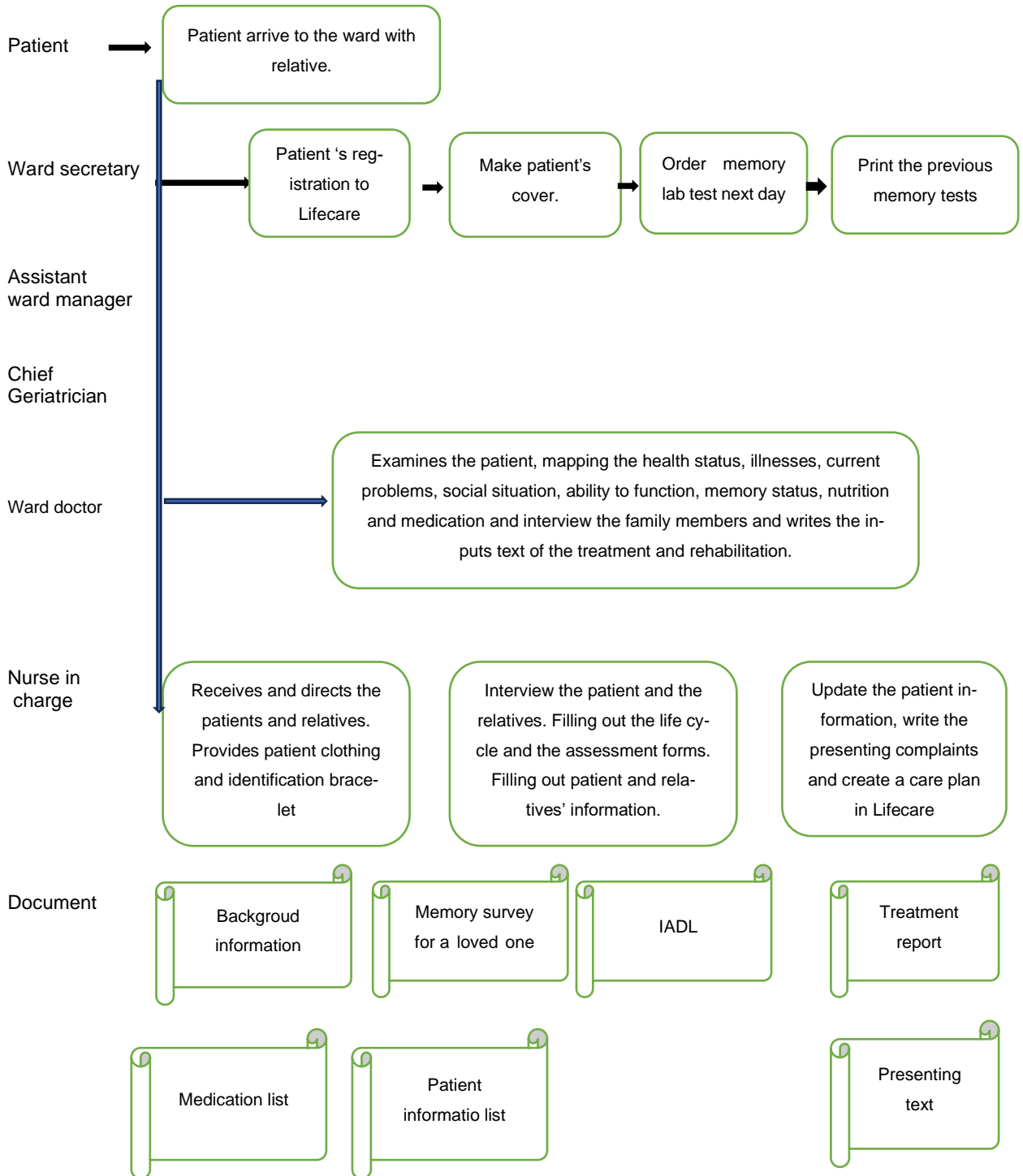
Care plans in the Treatment ward (T2) are prepared to follow a collaborative approach that includes the patient, their relatives, and the multidisciplinary care team. However, based on the patient's consent or if the patient is incapable of making decisions, the patient's relatives are also involved in the planning and implementation of the care plan. In addition, follow-up care is done in conjunction with the patients, their families, and other external collaborators including older care and rehabilitation services. This way, patients receive the appropriate care throughout their recovery and manage their condition once they are discharged from the ward.

The Treatment ward (T2) is in Maantiekatu 31, 28120 Pori, and the ward telephone number is 0447013008.

3 ADMISSION PROCEDURE FOR THE INCOMING PATIENTS, ON THE TREATMENT (T2)

The chart gives a summary of the procedures in admitting a patient, to the hospital ward. It illustrates the responsibilities of healthcare workers such as the ward secretary and nurses in coordinating a well-organized admission process for patients in need of care and treatment in the ward.

Figure 1: Arrival of Patient to the ward



Patient's arrival to the ward, workflow in English

3.1 Step 1 Upon the patient's arrival they will go through the registration process.

When a patient comes to the ward with a family member or guardian by their side and they first meet the staff, for registration purposes at the hospital's system called "lifecare" by the ward secretary where it all begins. The secretary then proceeds to set up a file and gets all the paperwork which might include scheduling all relevant lab tests for the next day while also pulling up any past test results, for reference.

3.2 Step 2 involves assessing health and factors.

After finishing the duties in hand, the patient undergoes a health assessment performed by the "Geriatrician" the chief doctor and the accountable nurse. The assessment involves examining the patient's health condition, prior illnesses, and social circumstances. Additionally, the medical team assesses the patient's function, well-being, prescribed medications, and general physical health.

The medical team also collects information, from the patient's relatives to gain insights into the patient's interactions and living situation as well, to assess the care needed by the patient for a personalized care and for a recovery plan to be established successfully; this plan is then recorded in "Lifecare".

3.3 Step 3 involves providing instructions and helping the patient find their way.

The dedicated nurse has a role; in helping the patient and their family to navigate through the admission process smoothly. The nurse takes the patient to their room and offers them the required clothing while helping them to get familiarized to the ward environment. Additionally, the nurse ensures that the patient receives an identification wristband and provides guidance on using tools like the wristwatch, for monitoring activity and ensuring safety.

The family receives surveys concerning memory evaluations and collaborates, with the nurse to fill out forms, like the IADL (Instrumental Activities of Daily Living). This form evaluates the patient's capacity to perform tasks and plays a role in assessing the assistance required by the patient.

3.4 Step 4 involves creating the plan, for caring and rehabilitating.

Upon completing the evaluation and gathering background details, the ward team proceeds to update the patient's records. The designated nurse then completes the patient's history and begins outlining a comprehensive care and rehabilitation strategy. Subsequently, this strategy undergoes review and modifications, by the attending doctor and the in-charge nurse of the ward to guarantee that all required steps are in place, for the patient's treatments and the further recovering process.

The last part of this phase involves finishing all paperwork tasks such as revisiting the list of medications used by the patient and updating their information and treatment records thoroughly to maintain an organized approach to patient care, across the health care professionals.

In Summary, the procedure, for admitting patients to the T2 hospital ward is well organized. It requires a team of healthcare professionals to work together in a coordinated manner. Furthermore, upon the patient's arrival, at the T2 ward, the system ensures that all relevant details are collected, and

assessments are conducted to create a care plan. Furthermore, family members play a role in this process by offering insights to ensure that the patient receives comprehensive and individualized care. However, for transparency and uniformity in the patient's treatment, all steps of the process from admitting to creating a care plan must be documented.

4 NURSING WORK IN PROMOTING THE PATIENT'S REHABILITATION IN THE WARD.

"Encouraging Patient Recovery Through a Team-Based Method, in Hospital Settings"

In a hospital ward setting the journey of recovery is guided by a planned collaborative effort to provide personalized and extensive care, for each individual undergoing rehabilitation process. This methodology highlights the importance of involvement in their recovery journey as well as encouraging teamwork among healthcare providers. It also incorporates the use of assessment tools to monitor advancements made throughout the process. This approach focuses not only on healing but also on mental and emotional wellness, to achieve overall rehabilitation.

4.1 Involvement of patients, in care planning

The journey, to recovery kicks off with the patient taking a role in planning their care journey to ensure their preferences and requirements are considered carefully. Moreover, involving the patient's family in this stage helps create a family-focused care strategy. Through participation, in the planning process patients feel empowered and motivated as they navigate their rehabilitation

journey promoting collaboration and dedication throughout their healing process.

4.2 The responsibilities of healthcare professionals

Various healthcare professionals fulfill functions, within this setup to support facets of patient treatment and support services. The administrative responsibilities crucial for streamlining the care process are overseen by the ward secretary. The assistant head nurse or the nurse in a position of authority offers supervision and advice to the team for patient care. In some scenarios, the geriatrician, a specialist, or inpatient care might be sought out to provide specialized perspectives on the patient's requirements. The doctor, in charge of the ward evaluates the patient's health and is tasked with consistently updating and improving the care and recovery strategy to adapt to any shifts, in the patient's condition over time.

4.3 The duties of a nurse in the T2 rehabilitation ward

The dedicated nurse plays a part, in the recovery process of patients. Their tasks extend beyond providing treatments and monitoring signs to include thorough evaluations of the patient's physical health and mental state over time using standardized assessments to track progress accurately and consistently. One tool that healthcare professionals use is the Mini Nutritional Assessment (MNA) to assess a patient's health status to aid in their recovery process and well-being, during treatment and care of the population where proper nutrition plays a crucial role, for successful rehabilitation outcomes and healing progression is hindered by malnutrition issues potentially impacting daily activities assessed with the Barthel Index measuring independence in tasks like eating or moving around.

Furthermore, as part of the healing process, rehabilitation for patients emphasizes the significance of maintaining mental abilities. The nurse conducts the Mini-Mental State Examination (MMSE) to evaluate skills while also keeping an eye on health using the Geriatric Depression Scale (GDS30) which aids in identifying signs of depression that could impact the patient's progress toward wellness. Additionally, the nurse also monitors the patient's memory functions and mood closely while assessing their abilities to ensure a holistic approach, to the patient's health care needs. This careful evaluation enables the healthcare team to detect any emerging concerns promptly and adjust to the treatment plan.

4.4 Maintaining records and ongoing observation.

Every assessment and evaluation are carefully recorded in the patient's files for reference purposes. This detailed documentation serves a function; firstly, to offer a specific and current image of the patient's health status, for all healthcare professionals involved in the process to access the most recent information; secondly to monitor the patient's improvements over time so that the care team can adapt treatments and approaches based on clear results. Maintaining records is crucial, for delivering quality healthcare as they enable the team to make informed decisions based on data and ensure that the patients' requirements are consistently addressed.

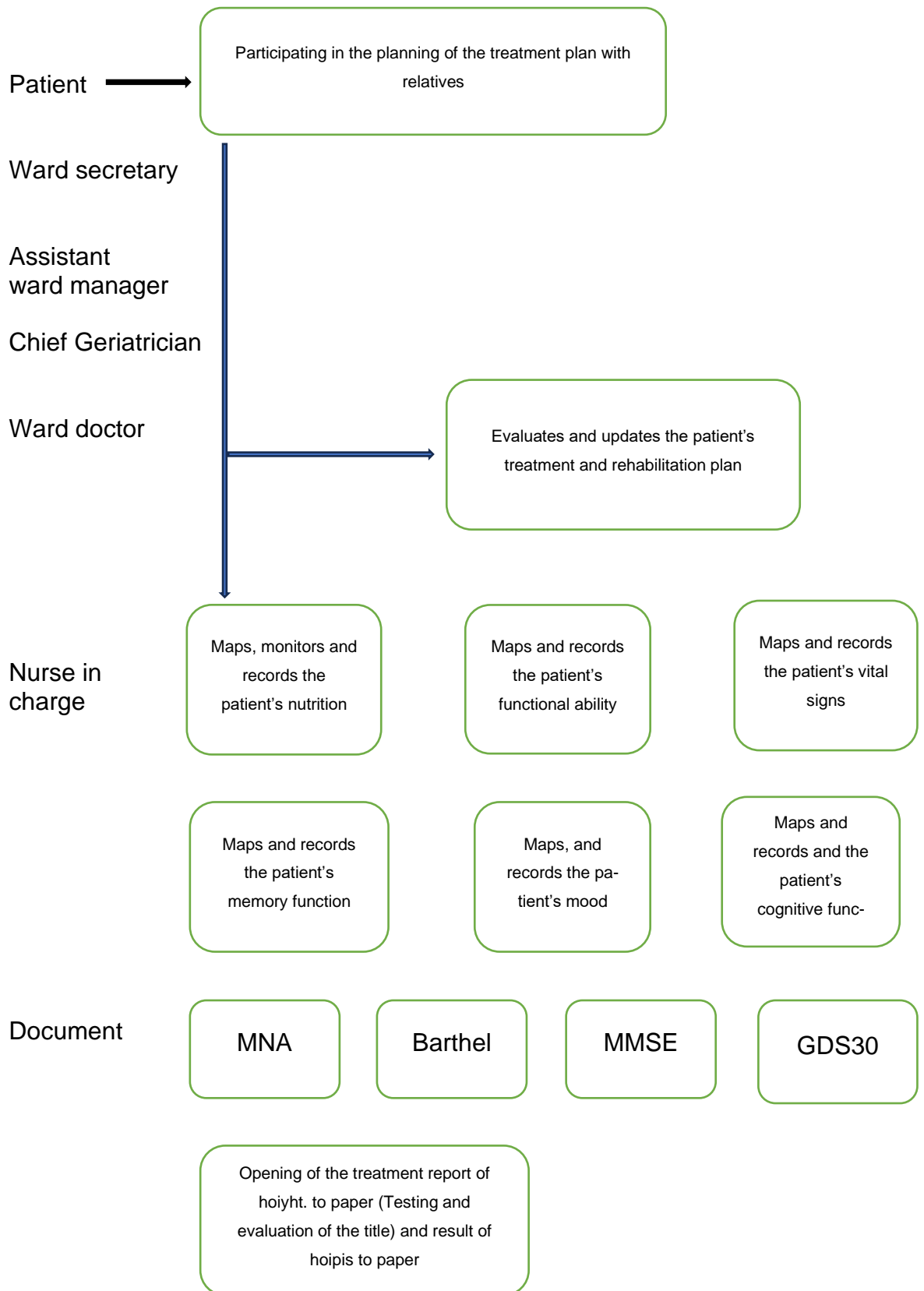
4.5 Taking a cooperative method of rehabilitation

In summary, the hospital ward rehabilitation program focuses on teamwork and holistic patient treatment. The approach highlights the patient's involvement supported by the effort of medical staff bringing their skills to the forefront.

Routine evaluations overseen by the nurse track and record the patient's well-being, physical, mental, and emotional, on an ongoing basis.

Utilizing common assessment tools such, as the MNA and Barthel Index alongside the MMSE and GDS30 guarantees that treatment decisions rely on quantifiable information. Therefore, this structured method not only enhances the efficacy of rehabilitation also, allows for adjustments to cater to the changing requirements of the individual leading to improved health results and a smoother recovery journey. Encouraging teamwork and open dialogue among patient's families and healthcare professionals underscores a patient strategy, toward rehabilitation efforts.

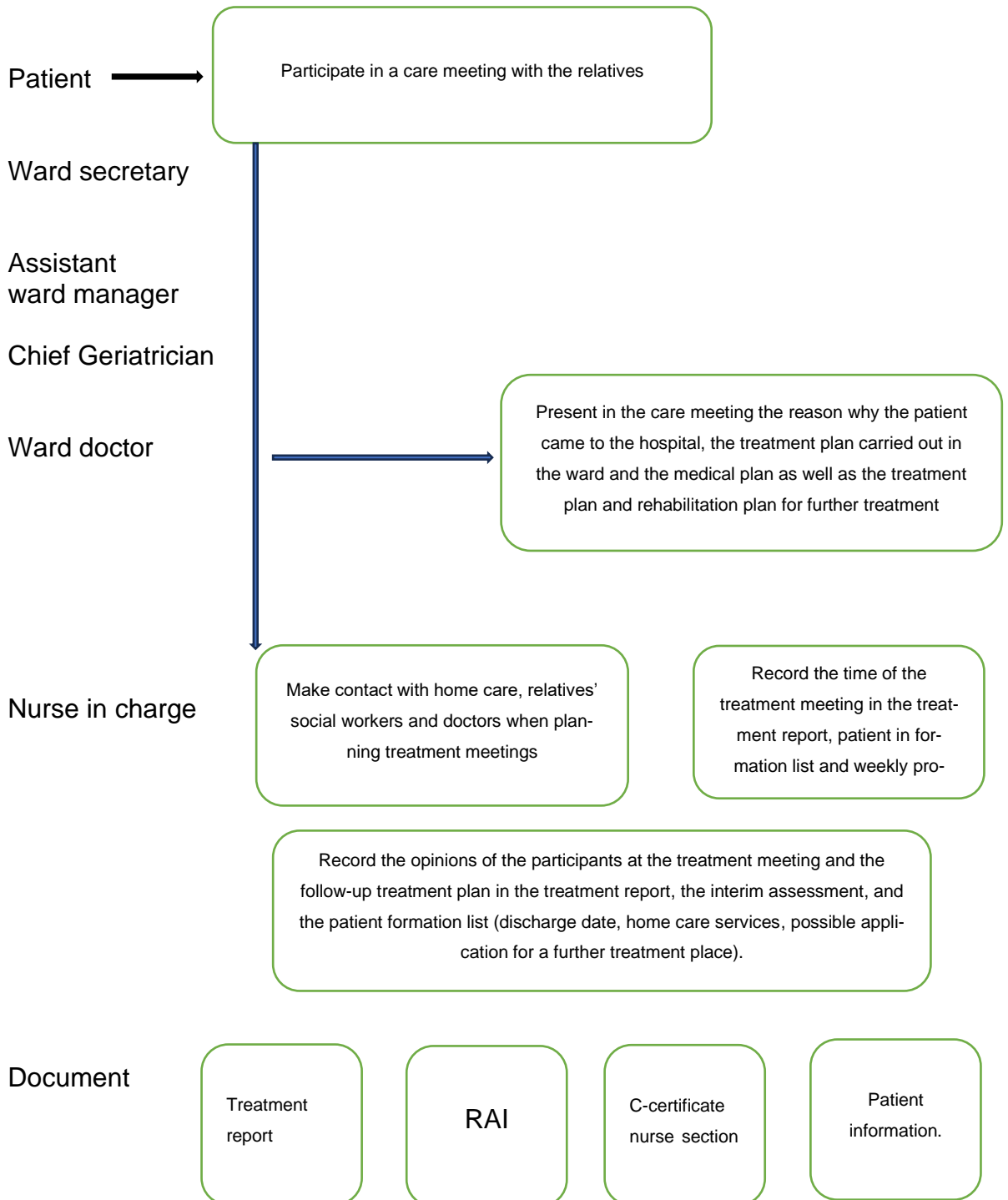
Figure 2: Nursing care on the ward to promote patient rehabilitation



5 PATIENT CARE EVALUATION MEETING IN THE WARD

The chart labelled "Patient Care meeting, in the Ward" illustrates a procedure for holding care meetings with healthcare professionals and the patient's family members involved in the process. This type of meeting is vital for assessing the patient's health status reassessing care given and organizing care and recovery plans. Also, the chart outlines the responsibilities of the patient and family members, healthcare professionals and ward staff to ensure a coordinated approach, to patient care.

Figure 3: Patient care meeting process



Patient care evaluation meeting process in the ward

5.1 Step 1: Engaging with the Patient and their Family

The patient and their family members are involved in the care meeting where they actively contribute their perspectives on the patient's condition and needs to the healthcare team for an understanding of the situation and expectations.

5.2 Step 2: involves describing the patient status and outlining the treatment provided

The role of the Geriatrician or attending physician is crucial, during the care meeting as they provide an overview of the patient's hospital admission history and medical care received far along with the current health status update. Furthermore, the physician evaluates how effective the treatment has been and reviews both medical and rehabilitation strategies implemented.

This step enables the healthcare team to gauge if treatment objectives have been achieved and determine if any modifications, to the treatment plan are needed.

5.3 Step 3: involves engaging in discussions, with healthcare professionals.

The nurse, in charge of the patient, plays a role in facilitating communication among caregivers such as home care providers and social workers as well as family members to align the care plan with the patient's specific requirements, at home effectively.

During the care meetings discussions, deliberations are carefully recorded for documentation purposes, by the nurse in charge of overseeing the patient's care report. The details captured include updates regarding the patient's treatment progress. Any adjustments made to their care plan as necessary. Additionally, important information such as the timeline for care discharge date and post-hospitalization follow-up plans are all documented to ensure coordination of the patient's care even after they have been discharged from the hospital. In addition, to that the nurse also keeps records updated such as the Resident assessment instrument (RAI) (which assesses the patient's ability) the C certification documentation, and the patient's medical files. These records are essential in representing the patient's health condition and facilitating transitions, between various care settings.

In summary, "The patient care evaluation meeting holds importance as it brings together a team of healthcare professionals, alongside the patient's family to discuss and decide the course of action for the patient's treatment and ongoing care." The main doctor takes charge of the assessment while a designated nurse manages communication, with healthcare providers and ensures thorough documentation of the care strategy. Involving both the patient and their family, in the meeting promotes an approach, to healthcare by addressing the patient's needs and ensuring seamless care continuity after discharge.

6 DOCUMENTATION

Documentation is an essential part of any hospital ward facilitating a seamless workflow. Upon the arrival of the new patient from the emergency department or other hospitals, the patient will be notified of the on-duty doctor through "Pakut". In addition, instructions such as medication changes or laboratory orders are provided. The patient will be registered in the "Hoke" and the reason for admittance will be documented. Furthermore, it is important to ensure that

the patient's diet is updated and necessary laboratory tests such as P-K, P-Krea, P- Na, B- PVK+ T are ordered. Doctor's rotation, team meetings, service needs assessment discussions (PTA), and critical issues regarding the doctor should be documented in "Hoke".

Furthermore, tests such as the Barthel Index, MNA, and MMSE are to be documented in the treatment follow-up section and both input and output Barthel scores should be recorded in detail. Additionally, patient issues or changes related to the medical condition are recorded in the logbook and then on the worklist. Although other nurses in charge are responsible for the maintenance of the worklist, Night nurses are responsible for updating the worklist.

The patient's medication should be documented in the logbook and as part of medication administration records and the patient's daily and functional capacity should be documented to monitor the progress of the patient's health. Furthermore, mental status/capacity monitoring is essential, especially for patients with symptoms like delusions, aggression, or confusion. However, each patient's needs are unique and dependent on the individual situation and the prevailing ward's conditions.

In a situation where the nurse in charge addresses a patient's issues but does not have time to record them, this must be communicated to the next nurse in charge to ensure comprehensive documentation.

The discharge plan should be followed up to avoid any discrepancies. The necessary documents such as the discharge card, the medication list and the final assessment ("Loppuarvionti"), should be prepared.

Table 1: INITIAL ASSESSMENT

HOITOKERTOMUS	TREATMENT REPORT
<u>Tulosyy</u> <ul style="list-style-type: none"> ns tulodiagnoosi/päädianoosi 	<u>Presenting complaint</u> <ul style="list-style-type: none"> so called presenting diagnosis/ main diagnosis
<u>Hoitoon tulosityy</u> <ul style="list-style-type: none"> mistä ja millon tullut, muista saapumiskelloaika 	<u>Reason for treatment</u> <ul style="list-style-type: none"> from where and when, remember the time of arrival.

<ul style="list-style-type: none"> • kuvaus potilaan oireista, jotka aiheuttaneet sairaalaan tulon • potilaan oma/läheisen näkemys sairaalaan tulosta • aiemmat sairaudet (ko hoitajaksolla vaikuttavat sairaudet) 	<ul style="list-style-type: none"> • description of the patient's symptoms that caused admission to the hospital. • patient's own/neighbor's view of the admission to hospital • previous medical history (medical conditions affecting the course of treatment)
<p><u>Hoidon tavoite</u></p> <ul style="list-style-type: none"> • hoidon päätavoite 	<p><u>Goal of treatment</u></p> <ul style="list-style-type: none"> • main aim of treatment
<p><u>Lisätiedot</u></p> <ul style="list-style-type: none"> • toimintakyky ennen sairastumista ja nyt osastolle saapuesssa • sosiaalinen tilanne: • asumismuoto (yksin tai kenen kanssa asuu) • asuinolosuhteet (omakoti-, rivi-, tai kerrostalo, kuinka monta kerrosta, onko hissiä tai sitä edeltäviä portaita, mukavuudet, lämmitysmuoto jne.) • kotihoidon tilanne/ turvapuhelein (kotihoiton käyntikerrat ja mitä ne sisältävät) • ruokavalio, annoskoko 	<p><u>Further information</u></p> <ul style="list-style-type: none"> • functional capacity before and now on admission • social situation: • type of housing (alone or with whom) • living conditions (detached, terraced or apartment building, how many stairs are there, whether there is a lift or staircase, amenities, heating system, etc.) • home care situation/safety phone (frequency of home care visits and what they include) • diet, portion size
<p><u>Apuvälineet</u></p> <ul style="list-style-type: none"> • Nuolesta avautuu apuvälineluettelo, josta valitaan potilaalla käytössä oleva apuväline ja mahdollisten avustajien määrä 	<p><u>Assistive devices</u></p> <ul style="list-style-type: none"> • A list of assistive devices is displayed in the arrow, from which the patient can select the device used and the number of assistants, if any
<p><u>Huomioitavaa</u></p> <ul style="list-style-type: none"> • Oma dosetti/ rahapussi/avaimet otettu haltuun tms 	<p><u>Things to note.</u></p> <ul style="list-style-type: none"> • Personal doset/ wallet/keys taken over, etc.

Table 2: MID ASSESSMENT

HOITOTYÖN YHTEENVETO/ VÄLIARVIO	SUMMARY OF CARE/MID EVAL- UATION
<p>Väliarvio kirjataan hoitokertomuksen hoitotyön yhteenvetoon. Väliarvio kirjataan ko hoitojaksolle ja näky- mänä on HO</p>	<p>The interim assessment is recorded in the summary of care in the care report. The intermediate assess- ment is recorded for the current epi- sode of care and is displayed as HO</p>
<p>Kirjauksessa voidaan käyttää alla olevia tai samoja otsikoita kuin lop- puarviossakin, jos ne selventävät vä- liarviota ja tulevia tavoitteita:</p> <ul style="list-style-type: none"> • arvioidaan tämänhetkistä ti- lannetta, vointia suhteessa ta- voitteisiin • arvioidaan hoitotyön to- teutumista • arvioidaan lääkkeiden vaikutusta • potilaan oma näkemys voin- nistaan, hoidostaan 	<p>The headings below or the same headings as in the final report may be used in the record if they clarify the mid-term evaluation and future objectives:</p> <ul style="list-style-type: none"> • assessment of the current situation, well-being in rela- tion to the objectives • assessment of the imple- mentation of care • assessment of the effect of the medication • the patient's perception of his/her condition, treatment
<p>Timipalaverien asiat/ kokoava arvi- ointi kirjataan hoitotyön yhteenvet- toon / väliarvio. Väliarvio tehdään myös, kun potilaan voinnissa tapah- tuu muutosta.</p>	<p>The issues of the time-table meet- ings/ summative assessment are recorded in the summary of care/in- terim assessment. A mid-term re- view is also done when there is a change in the patient's condition.</p>
<p>Kun keskeneräinen- ruski otetaan pois, siirtyy väliarvio myös HOIYHT- lomakkeelle luettavaksi ja siirtyy sil- lion kanTa-arkistoon.</p>	<p>When the mid-term review is taken away, the mid-term review is also transferred to the HOIYHT form for reading and is transferred to the sil- lion kanTa archive.</p>

Table 3: FINAL ASSESSMENT

HOITOTYÖN YHTEENVETO/ LOPPUARVIO	SUMMARY CARE/ FINAL EVALUATION
Loppuarvio kirjataan ko hoitajaksole ja näkymänä on HOI	The final assessment is recorded for the treatment period and view on HOI
Arvio (Hoitotyö) <ul style="list-style-type: none"> • lyhyt kuvaus hoitoon tulosta, hoitotyö toiminnoista ja vaikuttavuudesta ja nykytilasta hoitajakson päättyessä. 	Evaluation (Nursing) <ul style="list-style-type: none"> - A brief description of the outcome of the treatment, the functions and difficulties of the treatment and the current situation at the end of the treatment.
Hoidon tarve <ul style="list-style-type: none"> • ammattihenkilön arvioimana, potilaan kuvamana tai lähetävän tahon odotuksena. • tarve voidann ilmiasta potilaan kannalta esim muutoksena, riskinä, häirönä, vaikeutena, heikentymisena, ongelmana, vajeena. • hyödynnä mittareita: kipu painehaavariski, kuum, toimintakyky, muisti, masennus jne. 	Need for treatment <ul style="list-style-type: none"> - as assessed by the professional, described by the patient or expected by the referring provider. - The need may be expressed in terms of the patient, e.g. as a change, risk, disorder, difficulty, impairment, problem, deficit. - use indicators: pain, risk of pressure ulcer, heat, functional capacity, memory, depression, etc.
Hoitotyön toiminnot <ul style="list-style-type: none"> • Kirjaa hoitajaksole/ käynnillä toteutuneet merkitykselliset hoitotyön toiminnot (esim ohjaus, avustaminen seuranta, haavahoito, tutkimus esim PEF- mittaus, lääkehoidon toteutus, kivun hoito) 	Nursing functions <ul style="list-style-type: none"> - Record relevant nursing activities conducted during the course of care/visit (e.g. guidance, assistance, follow-up, wound care, examination e.g. PEF measurement, medication, pain management)
Hoidon tulokset <ul style="list-style-type: none"> • arvioi potilaan tilassa tapahtuneita muutoksia suhteessa tulotilanteeseen, esim parantunut/ ennallaan /huonontunut, onko hoidon tavoitteet saavutettu, mitkä keinot auttoivat, mitkä eivät, miten potilas nyt voi jne. Hyödynnä mittareita. • kirjaa potilaslähtöisesti. Älä käytä lääketieteen termejä. Ota huomioon potilaan 	Results of treatment <ul style="list-style-type: none"> - assess the changes in the patient's condition in relation to his/her income situation, e.g. improved/unchanged/worse, whether the treatment goals have been achieved, what helped, what didn't, how the patient is doing now, etc. Make use of indicators. - Record in a patient-centered way. Do not tie up medical terms. Consider the patient's perspective and

näkökulm ja jatkohoito (laitos/koti) tiedontarve.	the need for follow-up (institutional/home) information.
Hoitoisuus <ul style="list-style-type: none"> • ei käytössä 	Treatment <ul style="list-style-type: none"> - not in use
Jatkohoito <ul style="list-style-type: none"> • toteutumattomat vielä suunnitteilla olevat hoitotyön toiminnot. • suunniteltu jatkohoito, kontrollikäynnit ja muut jatkohoitoon liittyvät asiat. 	Follow-up treatment <ul style="list-style-type: none"> - unimplemented nursing activities not yet planned. - planned follow-up care, follow-up visits and other issues related to follow-up care.
Lääkehoito <ul style="list-style-type: none"> • kirjaa ainoastaan lähtöpäivän otettu lääkitys ja muuta oleellista lääkitykseen liittyen. Älä kopio lääkelista. 	Drug treatment <ul style="list-style-type: none"> - records only the medication taken on the day of departure and any other relevant information relating to medication. Do not copy the medication list.

7 STUDENT ORIENTATION

The orientation process is designed to familiarize students with their professional roles and responsibilities, as well as the workplace mode of operation and functions (Anim et al., 2024). In nursing, the objective of orientation is to equip students with the knowledge to function in a new workplace. The success of the orientation process is measured by how well the student can adjust and learn about the operations of the department. Proper orientation and a conducive environment can enhance student learning. Upon the arrival of a student to the department for clinical practice, the student is assigned a mentor. The educational process between the mentor nurse and the student is to support the academic growth of the student (Chuba, 2019). On the first day of practice, the mentor or any assigned nurse in charge will show the student around the department and some specific places like the changing room and the restaurant. In the subsequent days, the mentor will take the student

through the mode of operation in the department, such as going through the orientation material, filling out the necessary forms and drafting the work shift.

8 MEDICATION

Medication is an important part of a patient's care, and it must be managed with great care to ensure the patient's safety. When a patient arrives at the ward, the patient will come with a medication list from the emergency unit or previously treated hospital, or other wards. The medication list has to be reviewed by the doctors and nurses in the Treatment Ward (T2). Also, any adjustments could be made by the doctors to the medication list based on the current medical condition of the patient. The medication is shared into "Dosetti" and the narcotics medication are shared separately in another medication cup. After the medications have been dosed into patient's "Dosetti", it must be checked by another nurse to make sure the medications are in the right order. A nurse reviews the medication list to check the patient's medication and ensures that medication changes are up to date. The medication check is done electronically from the medication up to date check section in the patient's medication list.

Any medication that is not available and is about to be finished is noted down in the medication order notebook, and the nurse in charge of medication will make the order for the medications. When the medication arrives, the medication must be stored appropriately according to the appropriate room temperature. Narcotics must be stored separately on a shelf allocated for them and be marked; some medicated creams used for the purpose of body/skin infections must be in the refrigerator. Medicines that are expired, unused, or exposed are disposed of appropriately in the medication waste. Medicine in the form of tablets/pills, liquid, and needles are sorted and disposed of separately.

9 CONCLUSION

In Summary, the English orientation material for the T2 ward at Pori City Hospital was developed to help international nursing students. The project, which was done as a part of a thesis flow with the involvement of Satakunta University of Applied Sciences (SAMK) and the T2 ward, was designed to increase the understanding of the structure of the ward, the procedures that take place in the ward, and the nursing responsibilities.

The orientation material includes topics such as admission process in T2 ward, rehabilitation nursing practice, patient care evaluation meeting, documentation, student orientation and medication management. To help international students to integrate into the workflow, the approach used is to map patient's journey from admission to rehabilitation and then to care evaluation in a step-by-step manner. With the Final outcome, authors hope that by making information more accessible, the material will enable students to enter their clinical training with more confidence, enhance the interaction between students and staff, and finally lead to improved patient care. Suggestions for future work include the updating and reviewing of the information at a given time and if possible, extending the implementation to other parts of the hospital.

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