



WELCOME TO PRACTICE IN GASTROENTEROLOGICAL WARDS

An Orientation Guide for Exchange
Nursing Students

Tiia Nuutinen

Sirpa Rannos

Bachelor's Thesis
April 2013
Degree Programme in Nursing

TAMPEREEN AMMATTIKORKEAKOULU
Tampere University of Applied Sciences

ABSTRACT

Tampereen ammattikorkeakoulu
Tampere University of Applied Sciences
Degree Programme in Nursing

NUUTINEN, TIIA & RANNOS, SIRPA
Welcome to Practice in Gastroenterological Wards
An Orientation Guide for Exchange Nursing Students

Bachelor's Thesis 32 pages
The Guide 7 pages
April 2013

The purpose of this Bachelor's thesis was to produce an orientation guide for exchange nursing students coming to clinical training in gastroenterological wards in Tampere University Hospital. The guide introduces the gastroenterological wards in Tampere University Hospital and explains the important aspects of nursing care and patient safety regarding infection control in clinical training.

In this thesis the concepts of international student exchange, clinical training and exchange nursing student in clinical training were researched. The guide contains guidelines concerning gastroenterological wards, nursing care on those wards, the role of a nursing student in clinical training and patient safety regarding infection control.

In the future it would be beneficial to produce a guide introducing the entire Pirkanmaa Hospital District for exchange nursing students. Also the need for written patient guides in English would be beneficial to survey.

Keywords: exchange nursing student, clinical training, orientation, nursing principles, patient safety

TIIVISTELMÄ

Tampereen ammattikorkeakoulu
Hoitotyön koulutusohjelma

NUUTINEN, TIIA & RANNOS, SIRPA

Tervetuloa työharjoitteluun gastroenterologian vuodeosastoille
Perehdytysopas sairaanhoidon vaihto-opiskelijoille

Opinnäytetyö 32 sivua

Opas 7 sivua

Huhtikuu 2013

Opinnäytetyön tarkoituksena oli tuottaa perehdytysopas Tampereen yliopistolliseen sairaalaan gastroenterologisille vuodeosastoille työharjoitteluun tuleville hoitotyön vaihto-opiskelijoille.

Opinnäytetyössä käsiteltiin kansainvälistä opiskelijavaihtoa, käytännön harjoittelua sekä hoitotyön vaihto-opiskelijan roolia käytännön harjoittelussa. Opas esittelee gastroenterologisia vuodeosastoja, niillä käytössä olevia hoitotyön periaatteita sekä potilasturvallisuutta infektioiden torjunnan näkökulmasta.

Tulevaisuudessa olisi hyödyllistä tehdä laajempi englanninkielinen opas, joka esittelee Pirkanmaan sairaanhoitopiirin toimintaa kokonaisuudessaan. Lisäksi tarve englanninkielisille potilasohjeille olisi hyvä kartoittaa.

Asiasanat: hoitotyön vaihto-opiskelija, työharjoittelu, perehdytys, hoitotyön periaatteet, potilasturvallisuus

CONTENTS

1	INTRODUCTION.....	5
2	PURPOSE, OBJECTIVES AND TASKS.....	6
3	INTERNATIONAL STUDENT EXCHANGE	7
3.1	Student exchange in Tampere University of Applied Sciences.....	7
4	CLINICAL TRAINING	9
4.1	Laws and acts concerning clinical training.....	9
4.2	Successful clinical training	9
4.3	Supervision in clinical training	10
4.4	Orientation in clinical training.....	11
5	EXCHANGE NURSING STUDENT IN CLINICAL TRAINING.....	13
5.1	Negative aspects of clinical training.....	13
5.2	Positive aspects of clinical training	14
5.3	Learning outcomes for exchange period.....	15
6	THEORETICAL STARTING POINTS.....	16
6.1	Patient care in gastroenterological department.....	16
6.2	Nursing care in the gastroenterological wards.....	17
6.3	The role of a nursing student	18
6.4	Patient safety regarding infection control.....	20
6.4.1	Aseptic practice.....	20
6.4.2	Multi-resistant microbe and contact isolation.....	22
7	METHODOLOGY	24
8	DISCUSSION	25
9	CONCLUSION	27
	REFERENCES.....	28

1 INTRODUCTION

The purpose of clinical training is to deepen the knowledge of nursing care and to strengthen practical skills (Kilpeläinen 2010, 6). Hence the clinical training placement is the interface between theory and practice (Cope, Cuthbertson & Stoddart 2000, 851-852; Kilminster & Jolly 2000, 827). In turn international clinical training in the field of nursing provides students with an opportunity to familiarize themselves with different nursing methods and cultures (Laiho 2008, 47).

Tampere University of Applied Sciences welcomes international health care students to have their clinical training in health care institutions in Pirkanmaa region (Tampere University of Applied Sciences 2012). The number of foreign students in Finnish universities of applied sciences is growing steadily. The total of 578 exchange students participated in Finnish education of social and health care services in universities of applied sciences in 2011 (Garam 2012a, 10).

The purpose of this Bachelor's thesis was to produce an orientation guide for exchange students in nursing field having their clinical training in Tampere University Hospital (TAUH). The topic was introduced by TAUH, domain 2 because there is no guide helping the staff to familiarize the English-speaking nursing students with the Finnish nursing culture. In the meeting with the working life connection, the topic was defined to concern only gastroenterological area of responsibility.

As this Bachelor's thesis aims to produce a guide, a functional thesis method was chosen. The orientation guide will provide exchange nursing students with information about the gastroenterological wards, nursing principles and patient safety to support the tutoring process between the supervising nurse and the nursing student.

2 PURPOSE, OBJECTIVES AND TASKS

The purpose of this functional thesis was to prepare an orientation guide for English-speaking exchange nursing students having their clinical training in Tampere University Hospital (TAUH), gastroenterological wards.

The objective of the thesis was to provide exchange nursing students with information about the gastroenterological wards, patient safety regarding infection control and nursing principles to support the tutoring process between the supervising nurse and the nursing student.

The tasks of the orientation guide are to explain the following:

- 1) Nursing principles guiding the nursing care on the gastroenterological wards: primary nursing, patient- and family centered care.
- 2) The concept of patient safety in relation to exchange nursing students' practice in training: aseptic practice, multi-resistant bacteria, contact isolation and the role of a nursing student in clinical training.

3 INTERNATIONAL STUDENT EXCHANGE

Ministry of Education and Culture in Finland has announced goals for internationalization in the fields of higher education (Opetusministeriö 2009, 26). According to internationalization strategy one of the aims for the universities of applied sciences is to promote and improve students' international expertise. International student exchange is a way to provide students opportunity to gain deeper international knowledge. (Garam 2012b, 5, 12.)

An essential part of education internationalization is the mobility between different countries. International student exchange period can be carried out by either studying or practicing abroad. This in turn increases international mobility. (Garam 2012a, 4-5.)

According to Garam's report (2012a, 6) 3697 foreign students came to universities of applied sciences in Finland in 2011. Of those students 578 came to familiarize themselves with health care and social services (Garam 2012a, 10).

Each institution of higher education establishes an agreement with a certain organization or with another institute of education in order to facilitate international student mobility. In Europe Erasmus –programme is the main organization arranging student exchange activity. (European Commission 2012; Garam 2012a, 5, 12.)

3.1 Student exchange in Tampere University of Applied Sciences

Tampere University of Applied Sciences (TAMK) study guide emphasises understanding of other cultures and internationality due to needs of working life (Tampere University of Applied Sciences 2012a). TAMK also promotes international student exchange by offering possibilities to study in different universities across the world or to participate in trainee exchange programmes. These two alternatives can also be combined. (Tampere University of Applied Sciences 2012b.)

TAMK has numerous different foreign partner institutions worldwide. Altogether there are 350 foreign partner institutions in 50 different countries. TAMK also co-operates

with several exchange programmes for example Scandinavian Nordplus and Erasmus maintained by European Union. (Tampere University of Applied Sciences 2012a.)

According to TAMK study guide (2012a) students can apply for exchange period several times during their studies after finishing the first year of their studies. The exchange period can last from three to twelve months. To support studying abroad TAMK follows the international European Credit Transfer and Accumulation System (ECTS) and therefore approves studies completed during the exchange period.

In the year 2011 the total of 263 exchange students arrived at Tampere University of Applied Sciences, 60 of them participated in the trainee exchange programme and the rest (203) came to study. Most of the trainee exchange students (53) were from the field of health care and social services. (Opetus- ja kulttuuriministeriö 2012a.)

4 CLINICAL TRAINING

4.1 Laws and acts concerning clinical training

According to the Finnish law concerning education given in universities of applied sciences studies must include basic and professional studies, elective studies, supervised clinical training and a Bachelor's thesis. Based on the same law the aim of the clinical training is to familiarize the student with essential practical skills and knowledge applied in the working life. (Ammattikorkeakouluasetus 2003/352, 4§, 7§.)

The total number of credits in Degree Programme of Nursing is 210 ECTS and the degree is completed in three and a half years. The clinical training builds up the total of 75 ECTS which is almost twice the number of credits gained in other Degree Programmes in universities of applied sciences in Finland. (Opetus- ja kulttuuriministeriö 2012b; Tampere University of Applied Sciences study guide 2012.)

Clinical training plays an important role in the students' growth process towards professionalism. Training combines the theory with practice and must take place under the supervision of legalized professional in the health care settings. (77/453/EEC, Article 1 (c); Tampere University of Applied Sciences study guide 2012.)

4.2 Successful clinical training

The purpose of clinical training is to deepen the knowledge of nursing care and to strengthen practical skills (Kilpeläinen 2010, 6). Clinical training placement is the interface between the theory learned in the school and the reality of actual practice. Thus it is an opportunity to deepen the learned theory by applying it into an appropriate context. (Cope, Cuthbertson & Stoddart 2000, 851-852; Kilminster & Jolly 2000, 827.) According to Kilpeläinen (2010, 6) clinical training also supports professional growth and improves ethical thinking and communication. It should also give an opportunity to practice international skills (Kilpeläinen 2010, 6).

According to Grealish and Ranse (2009, 90) challenging tasks that require creativity are perhaps the best learning opportunities. This goal can be achieved when the nursing student is working beside registered nurses and is given chances to manage the patient care within the limits of a student's level of knowledge. (Grealish & Ranse 2009, 90.)

In nursing profession confidence and conscientiousness are emphasized in practice and in decision-making. Several tasks also require independence, initiative and coordination skills. (Kilpeläinen 2010, 8.) Also Löfmark and Wikblad (2001, 45-48) found out in their study that during their clinical practice students have to get opportunities to practice tasks in a safe environment in order to gain professional confidence. In the same study they (2001, 45-48) suggest that students should get possibilities to take responsibility, be initiative and practice working independently under supervision.

In studies (e.g Kilminster & Jolly 2000, 827, 829, 835; Löfmark & Wikblad 2001, 44-49; Grealish & Ranse 2009, 88, 90) the importance of regular feedback from the supervising nurse was greatly emphasized. Löfmark and Wikblad (2001, 49) state that "when students succeed and receive feedback, this gives them occasion to reflect on their own development. This may contribute to increase self-confidence."

When the student is helped to understand the general view of the nursing care, a student's belief in his/her own professional knowledge increases. As a result the student is able to perceive and control the situation in hand. (Löfmark & Wikblad 2001, 46.)

4.3 Supervision in clinical training

High-quality supervision is student-centred and promotes achieving the goals set for the clinical training. It also enables the reflection of learned practices. The supervising nurse should encourage the student to take initiative in practice. (Heinonen 2004, 29.)

According to Grealish and Ranse (2009, 90), even though every student is appointed one or two supervising nurses, it is beneficial that the student can evaluate different methods of nursing by observing several nurses' work. In this case the student may select the best possible way of working. (Grealish & Ranse 2009, 90.)

At the beginning of the clinical training period the supervising nurse has a greater effect on supporting and guiding the student. The supervisor sets a good professional example supporting the studied theory. To allow the student to develop in his/her work, the student should receive on-going constructive feedback. (Papp, Markkanen & von Bonsdorff 2003, 266; Heinonen 2004, 37.)

Heinonen (2004, 38) states that as the clinical training continues, assuring the learned outcomes plays more important role. Also the role of independence and reflection is emphasized as the student-supervisor –relationship develops into a relationship that is more like between two equal professionals. At this point the supervisor should not give ready-made solutions but encourage the student to take the initiative. (Heinonen 2004, 38.)

Throughout the clinical training the student is responsible for his/her own learning process. Both the supervisor and the student are accountable for the goal-oriented learning and a sufficient number of meaningful learning opportunities. (Heinonen 2004, 37-38.)

4.4 Orientation in clinical training

Starting in a new practice placement is stressful for students. They need support and reassurance especially at the beginning of their practice period. (Cope et al. 2000, 854.) To ease the stress the student is feeling it is important to pay attention to the way the students are welcomed on the ward. The atmosphere on the ward should be open and increase the feeling of trust. (Heinonen 2004, 36.)

Well-prepared orientation gives a good first impression and increases a student's interest in the particular unit even in the sense of recruitment in the future (Beskine 2009, 36, 38). Introducing the physical working environment is a natural way of starting the orientation process. Simultaneously the customs and the principles of the given unit are discussed as they may vary between different nursing units. This discussion should take place at the beginning of each clinical training period because of the differences. (Heinonen 2004, 36; Beskine 2009, 37.)

During the first days of clinical training the student's individual learning tasks and evaluation criteria are discussed in detail together with the student, the supervising nurse and the teacher. The working schedule is also made during the first days of clinical training and should follow the supervising nurse's work schedule to ensure the optimal learning outcomes. (Heinonen 2004, 36.)

In addition to previous orientation factors the student is reminded of the Finnish laws related to nursing care even though those are taught already during the nursing studies. These laws are: Act on Status and Rights of Patients (785/1992), Act on Health Care Professionals (559/1994) and Decree on Health Care Professionals (564/1994). Based on these acts the discussion during the orientation process should concern the student's responsibility for his/her actions and student working under the supervision of a registered nurse. Also the matters of patient confidentiality, informing patients of the students' status and the consent for a student to take part in a patient's care are essential topics. (Heinonen 2004, 36.)

5 EXCHANGE NURSING STUDENT IN CLINICAL TRAINING

One of the aims for the universities of applied sciences is to promote and improve students' international expertise (Garam 2012b, 5, 12). In the field of health care this is relevant since the population is becoming more international and the nurses need to have the understanding for patients coming from different cultural backgrounds (Button, Green, Tengnah, Johansson & Baker 2005, 315; Kokko 2008, 46, 126). To meet these needs the clinical training abroad has become an important part of today's nursing education (Kokko 2008, 15).

International clinical training is a way to familiarize students with different nursing methods and cultures (Laiho 2008, 47). This in turn establishes understanding and acceptance towards cultural differences among multicultural working society (Koskinen 2003, 21). Culturally competent nursing not only means meeting patients from different cultural backgrounds but also working in a multicultural work community. The multicultural work community should be seen as a resource and asset since at its best it might improve the level of care. (Laiho 2008, 19-20.)

5.1 Negative aspects of clinical training

Studies show that the supervisors in clinical practice feel that there is no need to invest as much in the supervision process of exchange students as in the supervision of nursing students studying in Finland. Exchange students were mainly seen as observers of Finnish nursing and thus they were not encouraged to take much part in the actual health care process. (Laiho 2008, 65-66.) Instead they were only providing basic nursing care (Mattila, Pitkäljärvi & Eriksson 2010, 155).

The supervising nurses felt that the role of the student was to observe Finnish nursing culture rather than to learn new nursing skills (Laiho 2008, 65-66). This leads to a poor level of supervision and orientation which in turn makes the students feel that they are not appreciated (Mattila et al. 2010, 155).

Cultural differences in practice cause culture shock and this is worsened with the difficulties brought up by a language barrier. Because of the lack of proper social network in a foreign country the students' level of stress increases and this prevents the student from overcoming the culture shock and leads to poor learning outcomes. (Koskinen & Tossavainen 2003, 503-505; Mattila et al. 2010, 155-156.)

5.2 Positive aspects of clinical training

Study indicates that "students should be exposed to a variety of nursing experiences within the host country. This would give them a broad spectrum for comparisons between cultures, nursing practice and health care delivery in those cultures." (Button et al. 2005, 316.) The supervisor should encourage the student to reflect on the cultural differences experienced in clinical training and therefore support the positive experience of intercultural competence (Koskinen 2003, 100-101).

In multicultural nursing observation skills and interpretation of non-verbal communication is in a great role. These skills can be improved during international exchange period if the student is allowed to participate in nursing practice in spite of the language barrier. (Koskinen 2003, 99, 109; Papp et al. 2003, 265; Mattila et al. 2010, 155.)

According to the study made by Laiho (2008, 40, 59) international exchange students hope that the members of the practical placement are open-minded towards different cultures. The students also wished that their aspects and approaches in nursing care were heard and respected. It was also found out that multiculturalism should be seen as a resource of the working community. This in turn makes the students feel as a part of the team. (Papp et al. 2003, 265; Laiho 2008, 40, 59.)

Studies have also shown that the longer the exchange period is the more useful it is to nursing students. In their study Button et al. (2005, 320) found out that the long-term exchange is more beneficial since it gives the students an opportunity to be exposed to another nursing culture for longer time. According to Cummings (1998, 42-43) adjusting to different culture takes at least two weeks and because of this a longer period may be more influential (Button et al. 2005, 319).

5.3 Learning outcomes for exchange period

The study made by Button et al. (2005, 316) suggests that there are four different learning outcomes for international exchange periods. These are: learning cultural differences, comparing health care systems and nursing practices, and personal development.

During their international exchange period students get to experience the feeling of being part of cultural minority. This enables the students to learn from cultural differences and therefore increases their cultural sensitivity. (Duffy, Harju, Huittinen & Trayner 1999, 27; Koskinen 2003, 98.)

Overcoming obstacles and solving problems experienced while practicing in a different culture improve students' self-confidence and support personal growth (Koskinen 2003, 98, 104). Kokko's study (2008, 122) states that after the exchange period "- a person had gone through a personal change. The student nurses felt that they were more tolerant and international than before exchange and that their preparedness for international cooperation had increased". Also students' problem solving ability and ways of providing nursing care developed as a result from exchange. (Kokko 2008, 122.)

In their study Button et al. (2005, 317-318) learned that an exchange period gives a student an opportunity to get experience from cultural differences in nursing practices and health care system. After a successful exchange period the student can adopt the best possible way of nursing for themselves. (Button et al. 2005, 317-318; Kokko 2008, 121.)

6 THEORETICAL STARTING POINTS

6.1 Patient care in gastroenterological department

The gastroenterological area of responsibility provides specialized medical care mainly for patients having problems with their digestive system. The patients are treated either surgically, and/or medically. They are mainly emergency patients; however there are also patients coming for scheduled, elective surgeries. Altogether in Tampere University Hospital there are three gastroenterological wards and one outpatient clinic. (Pirkanmaan sairaanhoitopiiri 2012a.)

The treatment in gastroenterological wards is based on individuality, patient and family-centeredness and primary nursing. The care is provided by a multiprofessional team which includes surgeons, gastroenterologists, nurses, physiotherapists, secretaries and orderlies. If needed also a stoma nurse, social worker, nutritionist and hospital chaplain are available for the patients. (Pirkanmaan sairaanhoitopiiri 2012b, 2012d, 2013.)

Patients on gastroenterological ward 1 (GAS1) are mainly treated for “diseases of the colon and anus, such as cancer of the colon, ulcerative colitis, dysfunction of the sphincter muscle and anal fistulas” (Pirkanmaan sairaanhoitopiiri 2012c). Also some patients on the ward may undergo general, vascular or urological surgeries. On GAS1 there are four beds in the high-dependency room where the patients can be monitored continuously. (Pirkanmaan sairaanhoitopiiri 2012b.)

Patients on gastroenterological ward 2 (GAS2) have “diseases of the upper digestive tract, such as the oesophagus, stomach, liver, pancreas, gallbladder and biliary duct” (Pirkanmaan sairaanhoitopiiri 2012e). Also patients with rare conditions such as oesophageal and pancreatic cancer are treated on the ward. There is also a four-bed high-dependency room for patients requiring constant monitoring. (Pirkanmaan sairaanhoitopiiri 2012d.)

Patients at gastroenterological ward 3 (GAS3) are mainly surgical and gastroenterological patients admitted to the hospital through emergency unit. There are also some elective patients coming for surgeries of the gallbladder, oesophagus, spleen and adrenal gland. These surgeries are mainly done laparoscopically. Patients with Methicillin Re-

sistant *Staphylococcus Aureus* (MRSA) colonization and belonging to the above mentioned patient groups are treated at GAS3 in contact isolation in cohort rooms. (Pirkanmaan sairaanhoitopiiri 2013a.)

The gastroenterological outpatient clinic concentrates on procedures done endoscopically. Also postoperative visits and consultations concerning gastroenterology are arranged from the clinic. The clinic operates during office hours. (Pirkanmaan sairaanhoitopiiri 2012f.)

6.2 Nursing care in the gastroenterological wards

The nursing care in the gastroenterological area of responsibility is based on primary nursing (Pirkanmaan sairaanhoitopiiri 2012b, 2012d, 2013a). Munnukka (1993, 1) describes primary nursing as a method in which a certain nurse is named for an individual patient. The named nurse is responsible for the patient's care and coordinates the care throughout the patient's stay in the given unit. (Munnukka 1993, 1; Koloroutis 2010, 164; Mattila et al. 2010, 734.) However, this does not mean that the primary nurse is caring for the patient around the clock but only during the nurse's working hours (Hegyvary 1991, 18; Munnukka 1993, 1), nor does it mean that the primary nurse would provide all nursing care actions (Koloroutis 2010, 166-167, 172).

Primary nursing is seen as a patient-centred working method and makes the nursing care individualized, family-centred, continuing, holistic and well-coordinated (Munnukka 1993, 1; Koloroutis 2010, 164, 166-167; Mattila et al. 2010, 734). According to the strategy of Pirkanmaa hospital district (2011, 4) the core of patient care originates from the patient's needs and is therefore patient-centred. The patient is included in the decision making of his or her care and is informed about the different treatment possibilities in understandable language. In patient-centred care the patient and family are involved in planning, implementing and evaluating the care. (Act on Status and Rights of Patients 785/1992; Pirkanmaan sairaanhoitopiiri 2011, 4.)

Quality of care is enhanced by ensuring that the patient gets the needed care in time (Drach-Zahavy 2003, 8). Every patient is provided with an individualized written nursing care plan based on the patient's needs. The primary nurse has authority and autono-

my in providing and implementing the plan. (Sellick, Russell & Beckman 1983, according to Hongwei, Senqi, Marshelle, Yanwen & Tao 2011, 150.)

According to Manthey and Kramer (1970) and Ciske (1974) continuity of care is ensured by making a written care plan to be applied even when the primary nurse is not at work (Mäkinen, Kivimäki, Elovainio & Virtanen 2003, 201). The aim in primary nursing is that the same nurse remains the patient's primary caregiver throughout the given stay in hospital. When sharing the nursing tasks it has to be taken into consideration that the primary nurse is taking care of his/her own patients, thus ensuring the continuity of care. (Webb & Pontin 1996, 352; Koloroutis 2010, 165.)

To ensure good quality of care for each patient, coordination of the care is essential in primary nursing. It is the primary nurse's responsibility to share the information concerning the patient among the relevant professionals and the patient. A good and thorough coordination also supports the continuity of care. (Koloroutis 2010, 165.)

According to Mäkinen et al. (2003, 199) "findings from previous studies consistently suggest that primary nursing is associated with higher autonomy than other nursing modes". Since the primary nurse is the decision maker in the individual patient's care the nurse has to prioritize and use their nursing skills to provide the best possible care for the individual patient (Webb & Pontin 1996, 352). This might increase the level of stress. Therefore the support from colleagues and nurse manager is in great role in primary nursing. (Drach-Zahavy 2003, 9.)

6.3 The role of a nursing student

Pirkanmaa Hospital District provides a wide range of possibilities and challenging training placements for nursing students. Every student is entitled to good quality supervision and guidance in order to practice nursing skills in actual working environment. The students are encouraged to give feedback in order to develop good quality clinical practice placements. (Pirkanmaa sairaanhoitopiiri 2012g, 2013b.)

Every student is named with one or two supervising nurses. The student is expected to follow a supervisor's working schedule in order gain the maximum benefit from the

training. Although the student has a supervisor, she/he is responsible for one's own learning. (Pirkanmaa sairaanhoitopiiri 2012g, 2013b.)

Since the nursing students are part of the team of health care professionals same laws are applied to them as the entire health care personnel. According to the Finnish law (Laki potilaan asemasta ja oikeuksista 785/1992, 13§; Laki terveydenhuollon ammattihenkilöistä 559/1994, 17§) the health care professionals are obliged to maintain confidentiality even after the termination of clinical training.

Based on the law the patient has the right of self-determination, hence he/she has the right to refuse a student's participation in care. Therefore the student must ask a patient's permission for attending patient care. (Laki potilaan asemasta ja oikeuksista 785/1992, according to Tainio, Aalto & Herrala 2011, 14.)

In case of absence the student is advised to inform the placement. Since the student is part of working community, the same rules and norms apply to them. For example the students are expected to be on time when the shift begins. Also polite and professional manners are required as the student is seen as a part of health care team. (Pirkanmaan sairaanhoitopiiri 2013b.)

According to Pirkanmaa Hospital District (2013c) the following issues in figure 1 can be learned in the gastroenterological wards during clinical training.

- primary nursing
- nursing and medical care of gastrosurgical and gastroenterological patients
- pre- and post-operative care of surgical patients
- different pain management methods
- infection prevention and control, aseptic practice
- medication management, parenteral nutrition and blood transfusions
- clinical skills; for example inserting intravenous cannula and nasogastric tube, providing stoma care
- multiprofessional team work
- emergency patient care
- recording and reporting patient care in electronic form
- cancer patient care, and palliative care

FIGURE 1: Learning objectives in the gastroenterological wards

6.4 Patient safety regarding infection control

Good quality health and nursing care are based on patient safety. This is ensured by utilizing evidence-based practice and commonly agreed principles and procedures. (Sosiaali- ja terveystieteiden ministeriö 2009, 11, 14; Terveystieteidenhuoltolaki 1326/2010, 8§.) Every professional is responsible for assessing and improving patient safety. This is ensured by professional life-long learning and commitment to generally recognized standards. (Sosiaali- ja terveystieteiden ministeriö 2009, 14.)

6.4.1 Aseptic practice

Aseptic practice means preventing contamination with harmful micro-organisms and it aims to protect patients from infections (Oxford dictionary 2013). In practice asepsis means thorough hand hygiene, proper use of protective clothing, and working from clean to unclean. Everyone is responsible for implementing aseptic practice in hospital environment. (Hart 2007, 43; Pirkanmaan sairaanhoitopiiri 2012i, 2012j.)

Hand hygiene is the most important way of preventing infections from spreading in hospital. Even a minor nursing procedure contaminates hands with micro-organisms, thus proper hand hygiene has to be implemented to decrease the possibility of contamination. Hand hygiene is conducted through hand washing, hand disinfection and good skin care. (Picheansathian 2004, 3; Hart 2007, 44; World Health Organization 2009, 1; Pirkanmaan sairaanhoitopiiri 2012j.)

According to Pirkanmaa Hospital District guidelines (2012j) hands are washed always when there is visible dirt, before and after using the toilet and also when caring for diarrhea patients. Hands are washed with warm and running tap water. Soap is added to wet hands and rubbed thoroughly. The hands are then rinsed with running water and dried well with a disposable paper towel. The tap is closed with a disposable paper towel without hands touching the tap. (Picheansathian 2004, 7; Syrjälä 2005, 1694-1699; Hart 2007, 45; World Health Organization 2009, 3; Pirkanmaan sairaanhoitopiiri 2012j.)

Hand disinfection is used when hands are not visibly dirty. Unless disinfectant is used the micro-organisms spread from patient to patient through health care professionals' hands. Hand disinfectant is used before and after touching the patient, between different procedures, before and after touching a patient's surroundings and nursing equipment, before and after using protective clothing. Hands are disinfected also when coming to and leaving from the room and ward. Hand disinfectant is rubbed in dry hands thoroughly until the hands are dry. (Picheansathian 2004, 8; Syrjälä 2005, 1694-1698; Hart 2007, 45; World Health Organization 2009, 4-5; Upshaw-Owens & Bailey 2012, 79; Pirkanmaan sairaanhoitopiiri 2012i, 2012j.)

The hands must be disinfected also before and after using disposable gloves. Gloves are meant for single-usage only, and are disposed after use. The gloves are not disinfected but changed between different procedures and patients. Gloves are used to protect the patient from infections. Those are also used to protect the professionals from contamination and secretions. Gloves are used always when there is a possibility of contact with secretions. (Syrjälä 2005, 1698; Hart 2007, 47; Upshaw-Owens & Bailey 2012, 79; Pirkanmaan sairaanhoitopiiri 2012i, 2012j.)

Good skin care is a part of hand hygiene because it prevents micro-organisms from spreading. The nails are kept short, no nail polish or artificial nails are used. Also

watches, bracelets and rings are removed when arriving at work. Hand cream can be used on daily basis to prevent hands from drying, although the hand disinfectant itself also nurtures the skin. (Syrjälä 2005, 1694; Hart 2007, 46; World Health Organization 2009, 3; Pirkanmaan sairaanhoitopiiri 2012h, 2012j.)

An essential part of aseptic practice is a health care professional's personal hygiene and taking care of one's health. It provides a basis for infection prevention. Hair should be kept clean and long hair is kept up. Tampere University Hospital is a smoke-free hospital, thus smoking during working hours is not allowed. Also the use of strong scents should be avoided. (Pirkanmaan sairaanhoitopiiri 2012h.)

The uniform is provided and maintained by Tampere University Hospital. The uniform is changed to clean one whenever unclean and preferably at least every other day. One's own clothes should be covered by the uniform, for example the sleeves of worker's own shirt should be shorter than the sleeves of the uniform. There are locker rooms in the hospital where the uniforms are changed. The uniform is not worn outside the hospital area for hygienic reasons. (Hart 2007, 46; Pirkanmaan sairaanhoitopiiri 2012h, 2012i.)

6.4.2 Multi-resistant microbe and contact isolation

The term multi-resistant microbe means that a certain microbe has developed a resistance to one or several medications. Due to medication resistance these infections are difficult to treat and thus prevention is essential. The multi-resistant microbes that are mainly encountered in Tampere University Hospital are Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin Resistant Enterococcus (VRE), and Extended Spectrum Beta-Lactamase (ESBL). (Pirkanmaan sairaanhoitopiiri 2012k, 2012l, 2013d, 2013e.)

Although the occurrence of multi-resistant microbial infections is growing worldwide (European Center for Disease Prevention and Control 2005-2009) from international point of view its incidence in Finland is said to be so low that is it worthwhile still fight against its outbreak (Sosiaali- ja terveysministeriö 2008).

Contact isolation is used to stop the spread of multi-resistant microbes. Use of hand disinfectant and protective clothing is the main way of preventing the spread of these microbes. The patients who are colonized by multi-resistant microbes are placed in single rooms, or with patients who are colonized by the same microbe. These patients must have their own bathroom in order to avoid contact with non-colonized patients. Protective clothing is used always when in close contact with the patient. All the equipment used for patient are patient-specific and not to be removed from the room. (Fairclough 2006, 74; Hart 2007, 45, 47; Upshaw-Owens & Bailey 2012, 77-80; Pirkanmaan sairaanhoitopiiri 2013f.)

When the patient is kept in contact isolation, the professionals protect other patients and themselves from exposure by using protective clothing. The employer provides the employee with needed protective clothing. It is employees' responsibility to protect themselves appropriately. Hands are disinfected always before wearing and after undressing the protective clothing. The protective clothing includes a gown, apron, mask, cap, protective glasses and shoe covers. All the protective clothing is disposable, patient- and procedure-specific. The protective clothing protects the user from blood and bodily fluids. (Hart 2007, 45, 47; Upshaw-Owens & Bailey 2012, 77, 79; Pirkanmaan sairaanhoitopiiri 2012i, 2012j, 2012k, 2012l, 2013d, 2013e.)

To prevent MRSA from spreading every patient admitted to hospital is tested for MRSA. Screening tests are taken from nostrils and pharynx from every patient. Also possible wounds are tested and if the patient has indwelling catheter, the urine is tested. If the patient is MRSA positive, he/she is always treated in contact isolation also during the following hospital stays. (Upshaw-Owens & Bailey 2012, 78-80; Pirkanmaan sairaanhoitopiiri 2013g.)

If the patient has been treated in a hospital abroad during the last six months, several screening tests for various resistant microbes are taken. The patient is treated in contact isolation until every test is negative. Also patients with diarrhea are treated always in contact isolation until negative test results. (Pirkanmaan sairaanhoitopiiri 2012m.)

7 METHODOLOGY

As this Bachelor's thesis aims to produce a guide, the choice of functional thesis method is justified. The thesis serves working life and is practical. It also demonstrates students' ability to combine professional theoretical framework with practice. (Ammattikorkeakouluasetus 2003/352 & Vilkka & Airaksinen 2003, 9-10, 42, 159.)

According to Vilkka and Airaksinen (2003, 38-40) choosing the target group is the most important part when forming the theoretical framework for the product. This is because the aim of the product is to clarify practice with an orientation guide. A correctly limited target group helps to define and choose key concepts more appropriately.

A functional thesis differs from qualitative and quantitative research methods therein that research questions are not set. However, also functional thesis needs proper theoretical framework which is based on the theories and the literature of the chosen field. (Vilkka & Airaksinen 2003, 30, 42.)

When defining the theoretical framework, traditional literature and article references are searched and evaluated. The key concepts can be used to search the material from relevant databases. Also informal interviews such as expert consultations can be used to verify already searched facts and content. Criticism towards references is relevant in order to find evidence-based and current knowledge. (Vilkka & Airaksinen 2003, 53, 63-64, 72-73, 76; Hirsjärvi, Remes & Sajavaara 2007, 117.)

The functional thesis consists of a report and a product. The report explains the process of writing the thesis and the learning outcomes of the authors. The product itself focuses on the target group giving information about the discussed topic. (Vilkka & Airaksinen 2003, 65.)

8 DISCUSSION

The topic for this thesis arose from the needs of the working life. It was brought up by one of the head nurses in the gastroenterological area of responsibility.

At the beginning of the process the specific needs of the working life were found out in the meeting with the representatives from Tampere University Hospital. In the meeting the key concepts for the guide were defined. The key concepts were chosen to cover three main categories; gastroenterological wards, patient safety regarding infection control and nursing care in gastroenterological wards. According to chosen concepts the authors of this thesis searched and evaluated literature in order to define them (Vilkka & Airaksinen 2003, 43).

Background information for the thesis was searched using relevant internet databases such as EBSCOhost, CINAHL, ScienceDirect and Duodecim (Polit & Beck 2008, 111). In addition books from the libraries of Tampere University of Applied Sciences, Tampere University and Pirkanmaa region were used. In the search the concepts of exchange period, clinical training, and nursing studies were used individually and collectively.

Authors aimed at using the primary sources of the information. However, it was not always possible due to older but still relevant information in case where there were no current studies conducted on the subject. For example this was the case with the concepts related to nursing principles. (Vilkka & Airaksinen 2003, 72-73.)

The information for the guide was primarily obtained from Pirkanmaa Hospital District guidelines (Pirkanmaan sairaanhoitopiiri 2013h). The material for discussed nursing principles was obtained from internet databases using the concepts in question as search terms.

The authors of this thesis have aimed at trustworthiness, reliability and credibility by choosing only reliable and scientific sources and by marking the references accurately. The opinions of the authors are not shown in the thesis since all the research is written without authors' own interpretation. This increases the credibility of the work. (Polit &

Beck 2010, 115). This thesis was written according to Tampere University Applied Sciences report guide (Virikko 2012).

As the thesis process was progressing, further study suggestions were made by the personnel in Tampere University Hospital; for example there is no orientation guide for exchange nursing students that would present the hospital and its policies in its entirety. There is also only little written patient information material in English in the Pirkanmaa Hospital District.

9 CONCLUSION

The aim of this thesis was to produce a guide for exchange nursing students who are coming to clinical training on gastroenterological wards in Tampere University Hospital. The information for the guide was gathered mainly from Pirkanmaa Hospital District guidelines but also reliable research articles that support the guidelines were used. The guide was delivered in electronic form to enable modification of the content as the information and guidelines are renewed due to new research results.

REFERENCES

Act on Health Care Professionals 28.6.1994/559.

Act on Status and Rights of Patients 17.8.1992/785.

Ammattikorkeakouluasetus 15.5.2003/352. Read 13.12.2012.

Beskine, D. 2009. Mentoring Students: Establishing Effective Working Relationships. *Nursing Standard* 23 (30), 35-40.

Button, L., Green, B., Tenginah, C., Johansson, I. & Baker, C. 2005. The impact of international placements on nurse's personal and professional lives: literature review. *Journal of Advanced Nursing* 50 (3), 315-324.

Ciske, K. 1974. Primary nursing evaluation. *American Journal of Nursing* 74, 1436-1438.

Cope, P., Cuthbertson, P. & Stoddart, B. 2000. Situated learning in the practice placement. *Journal of Advanced Nursing* 31 (4), 850-856.

Council Directive concerning the coordination of provisions laid down by Law, Regulation or Administrative Action in respect of the activities of nurses responsible for general care. 77/453/EEC. OJ L 176, 15.7.1977, 8-10.

Cummings P. (1998) Nursing in Barbados: a fourth-year elective practice experience for nursing students and registered nurses. *Journal of Nursing Education* 37, 42-43.

Drach-Zahavy, A. 2003. Primary nurses' performance: role of supportive management. *Journal of Advanced Nursing* 45 (1) 7-16.

Decree on Health Care Professionals 28.6.1994/564.

Duffy M., Harju L., Huittinen L. & Trayner C. 1999 An innovative model: International undergraduate education. *Nursing and Health Care Perspectives* 20 (1) 26-31.

European Center for Disease Prevention and Control (ECDC). 2005-2009. Read 23.10.2012 <http://ecdc.europa.eu/fi/eaad/antibiotics/Pages/facts.aspx?MasterPage=1>

European Commission. 2012. FAQ on Erasmus and its budget. Memo 16.10.2012. Read 5.12.2012. http://europa.eu/rapid/press-release_MEMO-12-906_en.htm

Fairclough, S. 2006. Why tackling MRSA needs a comprehensive approach. *British Journal of Nursing* 15 (2), 72-75.

Garam, I. 2012a. Kansainvälinen liikkuvuus yliopistoissa ja ammattikorkeakouluissa 2011. Tietoa ja tilastoja –raportti 4/2012. Kansainvälisen liikkuvuuden ja yhteistyön keskus, CIMO.

Garam, I. 2012b. Kansainvälisyys osana korkeakouluopintoja. Tietoa ja tilastoja –raportti 1/2012. Kansainvälisen liikkuvuuden ja yhteistyön keskus, CIMO.

Grealish, L. & Ranse, K. 2009. An exploratory study of first year nursing students' learning in the clinical workplace. *Contemporary Nursing* 33 (1), 80-92.

Hart, S. 2007. Using an aseptic technique to reduce the risk of infection. *Nursing Standard* 21 (47), 43-48.

Hegyvary, S. T. 1991. *Yksilövastuinen hoitotyö*. Helsinki: Kirjayhtymä.

Heinonen, N. 2004. *Terveysalan koulutuksen työssäoppiminen ja ohjattu harjoittelu: Suositus sosiaali- ja terveydenhuollon toimintayksiköille*. Sosiaali- ja terveysministeriön monisteita 2003:22. Helsinki.

Hirsjärvi, S., Remes, P. & Sajavaara, P. 2007. *Tutki ja kirjoita*. Helsinki: Tammi.

Hongwei, W., Senqi, H., Marshelle, T., Yanwen, H. & Tao, Y. 2011. Continuous primary nursing care increases satisfaction with nursing care and reduces post-partum problems for hospitalized pregnant women. *Contemporary Nurse* 37 (2), 149-159.

Kilminster, S. & Jolly, B. 2000. Effective supervision in clinical practice settings: a literature review. *Medical Education* 34, 827-840.

Kilpeläinen, T. 2010. *Foreign nurses' guide to Finnish working life*. Satakunta University of Applied Sciences. Leverage from the EU 2007-2013.

Kokko, R. 2008. *Aiming at Culture Conscious and Tailored Nursing: An ethnographic study on the development process towards quality transcultural nursing*. University of Tampere. Department of Nursing Sciences. Doctoral dissertation.

Koloroutis, M. 2010. *Relationship-based care: A model for transforming practice*. Minneapolis: Creative Health Care Management.

Koskinen, L. 2003. *To survive, you have to adjust. Study abroad as a process of learning intercultural competence in nursing*. University of Kuopio. Department of Nursing Science. Doctoral dissertation.

Laiho, S. 2008. *Degree Programme in Nursing –linjalla opiskelevien ulkomaalaisten opiskelijoiden ja heidän ohjaajiensa kokemuksia käytännön harjoittelusta*. Tampereen yliopisto. Hoitotieteen laitos. Master's thesis.

Laki potilaan asemasta ja oikeuksista 17.8.1992/785.

Laki terveydenhuollon ammattihenkilöistä 28.6.1994/559.

Löfmark, A. & Wikblad, K. 2001. Facilitating and obstructing factors for development of learning in clinical practice: a student perspective. *Journal of Advanced Nursing* 34 (1), 43-50.

Manthey, M. & Kramer, M. 1970. A dialogue on primary nursing. *Nursing Forum* 9, 357-370.

Mattila, E., Kaunonen, M., Aalto, P., Ollikainen, J. & Åstedt-Kurki, P. 2010 Support for hospital patients and associated factors. *Scandinavian Journal of Caring Sciences* 24 (4) 734-745.

Mattila, L-R., Pitkälä, M. & Eriksson E. 2010. International student nurses' experiences of clinical practice in the Finnish health care system. *Nurse Education in Practice* 10 (3), 153-157.

Munnukka, T. 1993. Tehtävien hoidosta yksilövastuiseen hoitotyöhön. University of Tampere. Department of Nursing Science. Doctoral dissertation.

Mäkinen, A., Kivimäki, M., Elovainio, M. & Virtanen, M. 2003. Organization of nursing care and stressful work characteristics. *Journal of Advanced Nursing* 43 (2), 197-205.

Opetus- ja kulttuuriministeriö. 2012a. Ammattikorkeakoulujen kansainvälinen liikkuvuus. Opiskelija- ja harjoittelijaliikkuvuus (yli 3 kk). Read 11.12.2012. http://vipunen.csc.fi/_layouts/XIViewer.aspx?id=http://vipunen.csc.fi/fi-fi/ammattikorkeakoulutus/ammattikorkeakoulutusraportit/Vipunen_amk_liikkuvuus.xlsx

Opetus- ja kulttuuriministeriö. 2012b. Ammattikorkeakoulujen koulutusohjelmat 2012. Yhteenveto OKM:n koulutusohjelmapäätöksistä.

Opetusministeriö. 2009. Korkeakoulujen kansainvälistymisstrategia 2009-2015. Opetusministeriön julkaisuja 2009:21. Helsinki.

Oxford Dictionaries. 2013. Read 27.2.2013 <http://oxforddictionaries.com/definition/english/aseptic>

Papp, I., Markkanen, M. & von Bonsdorff, M. 2003. Clinical environment as a learning environment: student nurses' perceptions concerning clinical learning experiences. *Nurse Education Today* 23 (4), 262-268.

Picheansathian, W. 2004. Systematic review on the effectiveness of alcohol-based solutions for hand hygiene. *International Journal of Nursing Practice* 2004, 10, 3-9.

Pirkanmaan sairaanhoitopiiri 2011. Palveluja elämän tähden. Pirkanmaan sairaanhoitopiirin strategia 2012-2016.

Pirkanmaan sairaanhoitopiiri 2012a. Read 31.10.2012. <http://www.pshp.fi/default.aspx?nodeid=18578&contentlan=1>

Pirkanmaan sairaanhoitopiiri 2012b. Read 6.2.2013. <http://www.pshp.fi/default.aspx?contentid=873>

Pirkanmaan sairaanhoitopiiri 2012c. Read 18.2.2013. <http://pshp.fi/default.aspx?contentid=2392&contentlan=1>

Pirkanmaan sairaanhoitopiiri 2012d. Read 6.2.2013. <http://www.pshp.fi/default.aspx?contentid=874>

Pirkanmaan	sairaanhoitopiiri	2012e.	Read	18.2.2013.
http://pshp.fi/default.aspx?contentid=2368&contentlan=1				
Pirkanmaan	sairaanhoitopiiri	2012f.	Read	6.2.2013.
http://pshp.fi/default.aspx?contentid=870				
Pirkanmaan	sairaanhoitopiiri	2012g.	Read	21.2.2013.
http://pshp.fi/default.aspx?nodeid=17733&contentlan=1				
Pirkanmaan	sairaanhoitopiiri	2012h.	Read	21.2.2013.
http://pshp.fi/default.aspx?contentid=15078				
Pirkanmaan	sairaanhoitopiiri	2012i.	Read	21.2.2013.
http://pshp.fi/default.aspx?contentid=8745				
Pirkanmaan	sairaanhoitopiiri	2012j.	Read	21.2.2013.
http://pshp.fi/default.aspx?contentid=8772				
Pirkanmaan	sairaanhoitopiiri	2012k.	Read	27.2.2013.
http://pshp.fi/default.aspx?contentid=17012				
Pirkanmaan	sairaanhoitopiiri	2012l.	Read	27.2.2013.
http://pshp.fi/default.aspx?contentid=24155				
Pirkanmaan	sairaanhoitopiiri	2012m.	Read	1.3.2013.
http://pshp.fi/default.aspx?contentid=14885				
Pirkanmaan	sairaanhoitopiiri	2013a.	Read	6.2.2013.
http://www.pshp.fi/default.aspx?contentid=876				
Pirkanmaan	sairaanhoitopiiri	2013b.	Read	21.2.2013.
http://pshp.fi/default.aspx?nodeid=10054&contentlan=1				
Pirkanmaan	sairaanhoitopiiri	2013c.	Read	21.2.2013
http://pshp.fi/default.aspx?nodeid=11455&contentlan=1				
Pirkanmaan	sairaanhoitopiiri	2013d.	Read	21.2.2013.
http://pshp.fi/default.aspx?contentid=8738				
Pirkanmaan	sairaanhoitopiiri	2013e.	Read	27.2.2013.
http://pshp.fi/default.aspx?contentid=3914				
Pirkanmaan	sairaanhoitopiiri	2013f.	Read	27.2.2013.
http://pshp.fi/default.aspx?contentid=16715				
Pirkanmaan	sairaanhoitopiiri	2013g.	Read	1.3.2013.
http://pshp.fi/default.aspx?contentid=3914				

Pirkanmaan sairaanhoitopiiri 2013h. Read 15.3.2013. <http://pshp.fi/>

Polit, D. & Beck, C. 2010. Essentials of Nursing Research: Appraising Evidence for Nursing Practice. 7th edition. Philadelphia: Lippincott Williams & Wilkins.

Polit, D. & Beck, C. 2008. Nursing research: Generating and assessing evidence for nursing practice. 8th edition. Philadelphia: Lippincott Williams & Wilkins.

Sellick, K., Russell, S. & Beckman, J. 1983. Primary nursing: An evaluation of its effects on patient perception of care and staff satisfaction. *International Journal of Nursing Studies* 20, 265-273.

Sosiaali- ja terveysministeriö 2008. Read 31.10.2012.
<http://www.stm.fi/tiedotteet/tiedote/-/view/1213817>

Sosiaali- ja terveysministeriö. 2009. Edistämme potilasturvallisuutta yhdessä; Suomalainen potilasturvallisuusstrategia 2009-2013. Sosiaali- ja terveysministeriön julkaisuja 2009:3. Helsinki: Yliopistopaino.

Syrjälä, H. 2005. Käsihuuhe – mikrobien leviämisen eston kulmakivi. *Lääketieteellinen Aikakauskirja Duodecim* 121 (15), 1694-1699.

Tainio, H., Aalto, P. & Herrala, J. 2011. Potilaan hyvä hoito. Pirkanmaan sairaanhoitopiiri.

Tampere University of Applied Sciences. 2012a. Opinto-opas. Read 11.12.2012.
http://opinto-opas.tamk.fi/ops/OPINTOOPAS/kansainvalinen_opiskelu-_ja_harjoitteluvaihto.html

Tampere University of Applied Sciences. 2012b. International exchange. Read 11.12.2012.
[http://www.tamkadmissions.fi/cms/tamken.nsf/\\$all/A7DECCB32C3CDA48C2257593002C0FBD](http://www.tamkadmissions.fi/cms/tamken.nsf/$all/A7DECCB32C3CDA48C2257593002C0FBD)

Tampere University of Applied Sciences. 2012. Study Guide. Read 13.12.2012.
<http://opinto-opas.tamk.fi/ops/ops/ops/kops.php?y=2012&c=1143&lang=fi>

Terveydenhuoltolaki 30.12.2010/1326.

Upshaw-Owens, M. & Bailey, C. 2012. Preventing hospital-associated infection: MRSA. *MEDSURG Nursing* 21 (2), 77-81.

Vilkka, H. & Airaksinen, T. 2003. Toiminnallinen opinnäytetyö. Jyväskylä: Tammi.

Virikko, H. 2012. Kirjallisen raportoinnin ohje. Tampereen Ammattikorkeakoulu. Tampere.

Webb, C. & Pontin, D. 1996. Introducing primary nursing: nurses' opinions. *Journal of Clinical Nursing* 1996, 5, 351-358.

World Health Organization. 2009. Patient Safety; A World Alliance for Safer Health Care. Hand Hygiene: Why, How & When?

Worrall, K. 2007. Orientation to student placements: needs and benefits. *Paediatric Nursing* 19(1), 31-33.