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# PROPOSING A GUIDE FOR CLINICAL PRACTICE OF INTERNATIONAL NURSING DEGREE STUDENTS IN FINLAND

Developmental work

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<p><b>Abstract</b></p> <p>Throughout their clinical practice in Finnish health care settings, differences in culture and language have proven to be major impediments to international nursing students' positive learning experience. The ramifications of such barriers have been widely known in terms of their negative impact on international nursing students' quality of learning as well as their competence. The students have also expressed a lack of awareness over the expectations from them during clinical trainings. To address these and owing to the importance of retaining international nursing students in Finnish health care system which is facing several challenges, it is imperative to improve international students' clinical learning experience in practical ways and irrespective of their language abilities. Therefore, the current thesis was aimed at proposing a solution to clinical practice of international nursing degree students in Finland. Moreover, in the background, there was an expressed need by a hospital ward in the Kuopio University Hospital regarding a guide for clinical practice of international nursing degree students during clinical trainings in the hospital wards.</p> <p>The current thesis was conducted as a development work. A general guide to clinical practice of international nursing degree students in Finland was proposed with the aim of facilitating and supporting the learning experience of international nursing students during their clinical practice in Finland. To collect and enrich data for the final guide, literature search, field experience and observation as well as dialogic discussions were used. In the end, the guide components constituted the current competence requirements for general nursing education in Europe as well as in Finland. The working life partner of the development work was the Northern Savo Welfare Area (Pohjois-Savon Hyvinvointialue in Finnish) – Kuopio University Hospital. In addition, some basic instructions for learning the Finnish language in the context of clinical learning was included in the guide. Furthermore, the guide was created in a general form to make it suitable for use by a variety of inpatient medical wards providing care for adult patients.</p> <p>Upon its completion, the guide was piloted for the 2nd and 3rd year international nursing degree students at Savonia UAS as well as a representative from KUH. The piloting phase was followed by collecting feedback which reflected a positive attitude towards the product and its intention of providing support for international nursing students. While this could translate into the achievement of the product's aim, the author acknowledged that a better evaluation of this product requires time, the product's proper implementation and a seamless collaboration between the students and their nurse mentors. Future studies could improve the current product by adjusting it for use in a specific ward as well as pediatric and psychiatric wards. The guide can also be complemented by adding more practice-specific activities.</p>	
<p><b>Keywords</b></p> <p>Clinical practice, Guide, International students, Nursing degree program, Finland</p>	

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## 1 INTRODUCTION

In recent decades, the internationalization of higher education in Finland has brought a growing number of international students from diverse cultural and linguistic backgrounds to this northern European country. According to the statistics, in 2022, more than 244000 international applicants have submitted the joint application for Finnish bachelor's and master's degree programs starting in Fall 2022 with health and welfare being among the most popular fields of studies (Record Number of International Students in January 2022 Joint Application 2022, News and events). This popularity is also reflected by a 14% rise in the number of international students who started their studies in English-taught health care degree programs such as nursing, in Finland in 2022 compared to the year 2021 (Finland Welcomes More Than 11,000 New International Degree Students 2022, News and event; Vipunen – Students and degrees s.a). This upward trend could be of great significance to Finland as a potential solution to the current acute shortage of health care personnel in Finnish health care system which is also facing some other challenges such as a rapidly aging population and a declining birth rate.

Nonetheless, studies on the experiences of international students in nursing degree programs in Finland, have shown that these culturally and linguistically students deal with several difficulties throughout their studies, in particular during their clinical practice (Pitkälä, Eriksson & Kekki 2011; Pitkälä, Eriksson & Pitkälä 2012b; Mikkonen, Elo, Tuomikoski & Kääriäinen 2016a 2016a; Mikkonen, Elo, Kuivila, Tuomikoski & Kääriäinen 2016b) and such issues could affect the international students' intentions to stay in the country post-graduation (Ropponen et al. 2023). Among the most common challenges, language barrier has been identified by several studies as a major impediment to students' positive learning experience during their clinical placements (Pitkälä, Eriksson & Kekki 2012a; Mikkonen et al. 2016a; Mikkonen, Elo, Miettunen, Saarikoski & Kääriäinen 2017; Korhonen et al. 2019; Ropponen et al. 2023) making them feel incompetent due to their poor Finnish skills (Ropponen et al. 2023). Moreover, Korhonen et al. (2019) has mentioned other ramifications of linguistic issues such as students' limited learning abilities, increased stress, hindrance to their professional growth as well as affected patient care. As a viable solution, these studies have also suggested language learning support by educational institutions and other organizations. However, considering the complexity of the Finnish language and the lengthy process of language proficiency, this might not be achievable in short term and, there is a need to primarily address the learning needs of international nursing students in terms of the nursing competence requirements as well as the students' experiences during their clinical practice independent of their language skills in order to enhance their competence and reassure an equal, quality education for them akin to their Finnish counterparts.

The purpose of this development work is, therefore, to propose a general clinical practice guide for the clinical practice of international nursing students in Finland based on the current competence requirements for general nursing education. The developmental work aims to facilitate and support clinical learning process of international nursing degree students with lower level of Finnish during their clinical practice in an inpatient, medical ward for adult patients in Finland. The guide would

also contain some basic instructions for learning the Finnish language in the context of clinical learning. The working life partner of the thesis is the Northern Savo Wellbeing County, and Kuopio University Hospital (KUH), as part of the wellbeing county, is the user of the final product.

## 2 NURSING PROFESSION AND EDUCATION IN FINLAND

### 2.1 Nursing profession in Finland

Accounting for 1.3% of the total 5.5 million Finnish population, registered nurse is one of the most common professions in Finland (Finnish Nurses Association s.a.). The Finnish public and private health sectors are two major recruiters of graduate nurses with a large proportion of the nurses working in public health care settings such as in municipal health centers (now welfare counties)<sup>1</sup> or in hospitals (Ensio, Lammintakanen, Härkönen & Kinnunen 2019). Also, nurses can be employed either on a full-time or part-time basis. In terms of population diversity, it is estimated that 3.3% of the nurses practicing in Finland are of foreign origin with more than half coming from outside of the EU (Finnish Nurses Association s.a.).

According to the Finnish National Agency for Education (OPH), nursing is a regulated profession whose practice is possible once certain prerequisites outlined in legislations are met (OPH s.a.). Such prerequisites have been defined as the completion of a nursing training program as well as the authorization to practice the profession in question, and failure to comply with such requirements shall lead to imprisonment and fine of the unlicensed individuals ( Health Care Professional Act 559/1994; EU-healthcare.fi 2023; Finnish Nurses Association s.a.). Moreover, the training program of a graduate nurse can either be completed in Finland or outside of the country and in the latter case, depending on the place of the training, an evaluation and recognition of the credentials by the relevant Finnish authority may be required before proceeding to the licensing application.

Once the training requirements have been validated and recognized by the National Supervisory for Welfare and Health (Valvira) which acts as the licensure organization for all health care professionals in Finland, this organization issues, upon application, a license or the right to practice a health care profession, namely a registered nurse, in Finland (Suomi.fi s.a.). Practicing as a registered nurse, however, is not limited to licensed nursing graduates, and such entitlement is also applicable to other health care professionals such as midwives and public health nurses who opt to work as registered nurses (Ensio et al. 2019). For supervisory and transparency purposes, Valvira also maintains a central register called JulkiTerhikki, which includes the registration information of all social welfare and health care professionals (Valvira s.a.).

As a licensed profession, nursing is also regulated by various laws prepared by the Finnish Ministry of Social Affairs and Health (STM). The ministry, overall, is responsible for introducing laws and policies associated with the social and health sectors in collaboration with other organizations and institutes in Finland. Two examples of the most prominent policies governing the nursing profession include the Health Care Professionals Act (559/1994) and the Decree on Health Care Professionals (564/1994). These two policies complement each other via setting standards for the health care profession and the professionals practicing in Finland. For instance, the Health Care Professional Act (559/1994) aims at realizing enhanced patient safety and quality of care through ensuring the

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<sup>1</sup> As of January 2023, welfare counties replaced municipalities.

adequate qualification and skills of health care professionals, supervising their practice and facilitating their appropriate inter-professional cooperation.

Additionally, under the Health Care Professional Act (559/1994), health care students, such as nursing students, are allowed to carry out the tasks associated with a licensed profession only under the direct guidance and supervision of a licensed professional such as a registered nurse. Moreover, the nursing students who have fulfilled at least 140 ECT out of the 210 ECT required for their graduation, may be allowed to work as a substitute nurse (Finnish Nurses Association s.a.). Also, based on the section 18 of the Act, the health care professionals should possess the language skills required for managing their responsibilities.

In harmony with various aims of nursing profession across the globe, the work of nurses in Finland is also guided by knowledge and practice rooted in the most current scientific and evidence-based care. Nurses also contribute to multidisciplinary teams in the Finnish health care system via their field-specific perspective (Finnish Nurses Association s.a.). Moreover, in line with the goals described in the legislation discussed earlier, all nursing activities in Finland are informed by concepts such as patient-centeredness realized through increasing patient safety and providing patients with a high quality of care. Finally, the centrality of the nurses' role in the Finnish health care system has been mentioned by Koskinen, Aromaa, Huttunen and Teperi (2006) as a distinctive feature of the system in that the nurses' role has extended beyond the core professional tasks of health promotion and maintenance, disease prevention and alleviation of suffering among the population. For instance, following the diversification of clinical nursing specialties proposed by the Ministry of Social Affairs and Health in 2016, specialization education has enabled nurses in Finland to receive patients independently in outpatient clinics and health centers and also to act as telephone triage nurses following broadening their experience (Ensio et al. 2019; Finnish Nurses Association s.a.). In primary care alone, more than 50% of all patient visits have been received by nurses (STM s.a.). Another form of re-distributing the tasks among health care professionals in Finland is linked to the prescription of medication listed in the national formulary by some nurses which enables the nurses who have three years of work experience along with 45 ECTS in nurse prescribing and clinical examination to prescribe certain medications once they have been authorized to do so by a physician in charge of the organization (Sosiaali- ja terveystieteiden ministeriön asetus lääkkeen 1088/2010).

The Finnish legislation also places special emphasis on health care personnel's continuous learning and their employers' obligation in creating opportunities for them to enhance their knowledge and skills through sufficient, further training (Health Care Professional Act 559/1994; Finnish Nurses Association s.a.). The recommendation of the Finnish Nurses Association (s.a.) regarding the nurses' further training, supports a minimum of 6 days continuous education per annum for all nurses. Also, depending on the workplace, the further training for nurses in Finland can range from in-service training to seminars of variable lengths offered by a variety of organizations (Finnish Nurses Association s.a.).

Overall, it is evident that working as a registered nurse in Finland requires individuals to undertake a variety of specialized and intellectually demanding tasks. As the developments in nurses' roles has been perceived as positive for the Finnish health care system (Ensio et al. 2019), more investments

should be made in nursing education in order to better prepare nursing students to take on such advanced roles as future registered nurses. More importantly, considering the rise in the number of international nursing students in Finland (OPH 2023), their learning and competence needs should also be taken into account and addressed to encourage them to better integrate into the Finnish health care system as a solution to the current issues in Finnish health care system which continue to affect the nursing profession as well.

## 2.2 Some issues in Finnish health care system

The Finnish health care system is known for possessing well-functioning and effective services (Koskinen et al. 2006). Several issues, however, threaten the continuity of the system's current level of operationality and efficiency in the long run while also affecting the nursing profession. Impacted by the economic consequences of pandemic, the Finnish health care system is now facing more challenges, with the most significant ones being a rapidly aging population with improved longevity concurrent to a low birth rate and the acute nursing shortages (Tiirinki et al. 2020; UNECE 2021; THL 2023; Finland Birth rate 1950-2023 s.a.).

Although a prolonged lifespan is generally viewed as positive, this phenomenon with a growing older population could lead to the rise in the prevalence of age-related chronic illnesses and disabilities thus raising the need for health services and long-term health care systems in the country in the near future (Koskinen et al. 2006; OECDiLibrary 2021). Currently, in the EU region, Finland has one of the top six highest percentage of individuals over 65 years old, and according to statistics, the Finnish senior citizens' population aging over 65 years amounted to 1.2 million in 2018; a significant share of approximately 20% of total 5.5 million population (EPTA network 2019). Under the current scenarios, every fourth and every third of Finnish people would age above 65 years old by 2030 and 2050, respectively (Tilastokeskus 2018).

Furthermore, based on the EU-SILC data, in 2019, 49% of all adult individuals in Finland have reported suffering from at least one long term disease, a proportion considerably higher than that of the EU with 36% (OECDiLibrary 2021). This could translate into a growing expectation on the health care system overtime. Additionally, the current reduction in birth rate in Finland will result in fewer individuals of working age and a drop in tax revenue (Eurydice Unit Finland 2023). This is particularly important as the health care and social welfare services in Finland are primarily financed by the municipal fiscal revenues as well as the governmental subsidies (STM 2019).

Aside from the growing demand on the health care system, a rapidly aging population has also accelerated the rate of retirement in Finland (Koskinen et al. 2006). A more serious case of such acceleration is associated with an increasing retirement of the health care personnel in near future. As reported by Keva, the Finnish pension agency, 26% of nurses and 31% of public health care nurses will reach the retirement age by the end of this decade. In addition, the Finnish health care system is currently experiencing a severe shortage of labour, and the ministry of employment has estimated that there would be a need to recruit 20,000 new social and health care personnel in Finland by 2030 (STT: Finland needs 20,000 foreign health and social care workers, but few have arrived lately 2022, YLE news; STM 2023, 21). Also, the results of a recent survey by YLE (Nurse shortage eats



away at ward beds 2023), the Finnish news agency, has shown that half of 17 wellbeing services as well as the Helsinki and Uusimaa Hospital District (HUS) that participated in the survey, were forced to close some of their wards owing to a lack of personnel. Such deficiency of labour in health care could potentially worsen the current level of unmet needs for medical care in Finland, which is the third-highest level of unmet needs among the EU countries; 5,2% in 2020 (Tynkkynen, Keskimäki, Karanikolos & Litvinova 2023).

As the issues discussed above have direct and indirect impacts on the nursing profession and the quality of care, several strategies have been employed by the Finnish governments throughout recent years to tackle them. The examples of such strategies include expanding the responsibilities of the nurses (Ensio et al. 2019), the use of technologies and innovations (EPTA network 2019), outsourcing the health care workforce (STM 2023, 21), and developing new models of nursing degree programs aimed at international students (Tokasa s.a.). No matter which strategy is employed, to protect the future workforce and the delivery of high-quality health care, measures must be taken to guarantee that nursing is viewed as a desirable career choice and profession (WHO 2022).

### 2.3 Nursing education for international students

At a general level, nursing education in Finland is part of its higher education which includes a binary model of universities and universities of applied sciences (UAS) (Ensio et al. 2019), financed and directed by the Ministry of Education and Culture (OKM) in collaboration with other regulators and organizations (Salminen et al. 2019). A key difference between the two types of higher educational institutions in Finland lies in their instructional approach. In universities, the emphasis is on scientific and research-based education while at the universities of applied sciences, formerly known as Polytechnics, students are instructed and trained to meet the current needs of the labor market. (OKM s.a.) Applied research, innovation and development are also parts of the UAS's mission in Finland (Universities of Applied Sciences Act 932/2014, Section 4).

Bachelor of nursing degree program for internationals is an example of the degree programs instructed in English by Finnish university of applied sciences. Out of 22 UAS, 14 of them offer a bachelor's degree program in nursing to international students. To apply to these degree programs, international students must submit the joint application of universities and UAS on the Studyinfo portal (Study Info s.a.).

As higher education institutions have autonomy in making decisions regarding their admission criteria for selecting applicants (Ministry of Education and Culture s.a.; See also Opintopolku.fi), UAS have, therefore, set different criteria for the admission of foreign students to their nursing degree programs. For instance, half of the UAS require mandatory Finnish or Swedish language skills from the international students (See UAS admission criteria on official websites). Also, some UAS require a proof of English language skills from foreign students while the rest do not have such prerequisites. Nevertheless, as the official languages in Finland are Finnish and Swedish, the international nursing students who study in the English instructed nursing degree programs, are still expected to know and use the Finnish language during their clinical training in a Finnish health care

setting. Finally, for some UAS, entrance examinations play a major role in the initial admission procedure (See Opintopolku.fi).

In the Finnish higher education system, the students' workload is measured based on the ECTS system (European Credit Transfer and Accumulation System) (Study Info s.a.; EHEA s.a.). Also, as a member state of the European Union, in Finland, universities of applied sciences comply with the amendments outlined in the Directive 2005/36/EC of the European Union and of the Council of 7 September 2005 on the recognition of professional qualifications, which states that a nursing degree program for general nursing care should comprise of 180 ECT equating to at least 4,600 hours of theory and clinical studies combined. Based on the Government Decree on Universities of Applied science (932/2014), the number of the credits required for national competence of nursing students studying in Finland must be 210 ECTs which will be completed in 3,5 years. This would lead to a degree in nursing in Finland which meets the learning outcomes in accordance with the Level 6 of both the European Qualification Framework (EQF) as well as the Finnish National Framework for Qualifications (FINQF), equivalent to a bachelor's level degree (OAMK s.d.).

Having autonomy over developing their own curriculum (Universities of Applied Sciences Act 932/2014, Section 14), Finnish UAS have adopted a competency-based approach in their nursing education and curricula (Savonia UAS 2022). A competency-based education has been defined by the American Association of Colleges of Nursing (AACNNursing s.a) as: " a system of instructions, assessment, feedback, self-reflection, and academic reporting that is based students demonstrating that they have learned the knowledge, attitudes, motivations, self-perceptions, and skills expected of them as they progress through their education." This highlights the universities of applied sciences' approach towards tuition which is more pragmatic than merely academic and research-based. Finally, these competence requirements established in the national recommendations, EQF and the EU Directive (2013/55/EU) are also used for the development of curriculum in universities of applied sciences (Salminen et al. 2019; Tampere UAS s.a; Savonia UAS s.a.).

With respect to the structure of the degree programs in nursing for international students, the overall structure and content are quite similar to the nursing degree programs aimed at national students, and they are all developed and regulated by the Ministry of Education and Culture based on the Directive of the European Union, the European Qualifications Framework, as well as various national recommendations and legislations (Salminen et al. 2019). In addition to these, the activities of universities of applied sciences is also regulated by the Universities of applied sciences Act, and their various fields of studies are governed by the Government Decree on Universities of Applied science. In accordance with section 2 of the Government Decree on Universities of Applied Sciences (1129/2014), the overall structure of the studies in nursing degree programs in UAS consist of:

- Basic and professional studies,
- Elective studies,
- Supervised professional practice,
- A bachelor's thesis.

The basic studies provide the opportunity for nursing students to become familiar with the structure, objective and contents of studies in UAS while building their foundational soft skills such as professional development and communication skills (Savonia UAS s.a.). During core and professional studies, students gain insight into fundamentals of nursing care, acute and chronic nursing care, medical nursing, nursing assessment and care of various age groups and patient groups, first aid nursing, basics of pharmacology and pharmacotherapy and drug calculation among others (OAMK UAS s.a.). Also, towards the end of their studies on the fourth academic year, the students can deepen their theoretical and practical knowledge and skills in their selected field of specialization (OAMK UAS s.a.; Savonia UAS s.a.). It should be noted that this stage should not be confused with nursing specialization programs, and its aim is to give the students the opportunity to enhance and deepen their understanding, competence and skills in a specific field in nursing without any specialty qualifications. In addition to the studies mentioned which are all mandatory, elective studies, on the other hand, enable students to freely choose one or more courses from their own field of studies at any point during their studies in a nursing degree program.

Furthermore, the completion of each professional theoretical course is followed by a supervised clinical practice related to the theory lessons' theme. The main purpose of the clinical practice is to provide students with supervised training and orientation to the practical professional tasks central to the nursing studies and preparing them for working life through developing and expanding their knowledge and competence in a professional environment (Häggman-Laitila, Eriksson, Meretoja, Sillanpää & Rekola 2007). Moreover, it could take place in a variety of care settings ranging from primary to specialized health care or social services (Metropolia UAS s.a.). Furthermore, while the language of instructions in nursing degree programs aimed at international students is in English, as they practice in predominantly Finnish language environments, they are required to possess a sufficient level of Finnish language to be able to interact with the patients and nurses in a safe and effective manner. For this reason, the curriculum for nursing studies for international students include Finnish language courses as well (See nursing degree curricula from UAS websites).

Finally, to meet the European Qualification Framework (EQF) Level 6 equivalent to a bachelor's level, the international students are required to conduct a thesis project in relation to their field towards the end of their studies. This project, which is equal to 15 ECT credits (OAMK UAS s.a.; Metropolia UAS s.a.), can be done in pairs and is followed by a maturity test. Moreover, as of the year 2021, a national examination for nursing students has been incorporated into their education which will be implemented during the third year of their studies upon obtaining 180 ECTs (Korhonen 2020).

With regards to the studies implementation, a variety of teaching and learning methods are employed in nursing education at the polytechnics. As mentioned in previous sections, the universities of applied sciences have a greater emphasis on hands on training, however evidence-based knowledge and theory is also required and included as a basis for practice (Opinto-opas s.a.; Metropolia UAS s.a.). Contact or online lessons are utilized, however the student-centeredness nature of the studies in universities of applied sciences require the students to take responsibility for their own learning. As a result, for part of their studies, the international students might also

conduct individual studies. (Seinäjoki UAS s.a.) Furthermore, teamworking as part of social constructivism approaches used in polytechnics are also emphasized and utilized throughout the studies (OAMK UAS s.a.). Other methods of learning include, but not limited to, simulations in simulated learning environments as well as practical skills in laboratories (Metropolia UAS s.a.). Finally, students' competency will be assessed via the written or online examinations as well as a successful skill demonstration.

In general, the emphasis of nursing education in Finnish universities of applied sciences is on utilizing research and Evidence based Practice (EBP) and knowledge during both theoretical studies and clinical practices (Eriksson, Korhonen, Merasto & Moisio, E-L 2015; Metropolia UAS s.a.; Tampere UAS s.a.). In addition, the nursing education in UAS is more working life-oriented and practical in nature and therefore, training in a clinical settings constitutes a major part of learning for national and international nurse students who study in UAS (Metropolia UAS s.a.).

### 3 CLINICAL PRACTICE IN NURSING

#### 3.1 Clinical learning environment

Clinical learning environments (CLE) are important elements of nursing education where the practical preparation of nurse students is facilitated through the application of the pre-acquired theory to practice and skills in a real-life setting. CLE could include settings such as hospitals, clinics, home care and simulations centers. (Flott & Linden 2015.) The duration of practice in a CLE varies among different educational systems; However, it has been estimated that nurse students generally spend almost three times as much time in clinical settings as they do in classrooms (Moscaritolo 2009; Newton, Billett, Jolly & Ockerby 2009). In Finland, to comply with the EU Directives, the duration of the clinical trainings should be at least one half of the minimum duration of the whole training. In other words, the overall length of the practical education consists of almost one third of the entire studies with the components of both basic and professional studies (Häggman-Laitila et al. 2007; Metropolia UAS s.a.).

CLEs' significance is attributed to their influence on students' attainment of learning goals, fitness for practice and their overall professional fulfillment as future nurses (Flott & Linden 2015). Also, in a concept analysis study conducted by Flott and Linden (2015), four attributes of clinical learning environment which shape student's clinical experience and learning have been identified as: (1) physical environment; (2) psychosocial and interaction aspects; (3) organizational culture and (4) teaching and learning components. The existence and the characteristics of these attributes have been known to have varying effects on nursing students' learning outcome throughout their practice in CLE.

Among the four attributes of a CLE, physical space is associated with the availability of resources and equipment during students' provision of patient care in a clinical setting (Sand-Jecklin 2009). Also, factors associated with psychosocial interactions are those which involve communication and relationships between the individuals in the CLE including students and their mentors. Managers' attitudes towards the nursing education, organizational policies regarding the limitations of practice for nursing students as well as high standard of care in CLE, are factors related to the organizational culture that can affect students' perception. Finally, the attribute of teaching and learning which could enhance or reduce the quality of practice for nurse students include the student's participation in the learning process, the efficacy of the instructions given by mentors, and the frequency and diversity of care opportunities (Flott & Linden 2015.)

All these four components are equally important in creating either a positive or a negative learning experience for nursing students, and among them, the teaching and learning components seem to be partially influenced by the students themselves. A positive implication of the influence of nursing students over their own learning would be the possibility of introducing a wide range of student-centered solutions to facilitate their learning experience throughout clinical practice. Hence, familiarity with the competence requirements of nursing students as well as understanding the hinderance to their clinical practice learning are the prerequisites to finding the most appropriate solutions tailored to the students' needs during a clinical practice.

### 3.2 Competence requirements and components in Finnish nursing education

The nursing education curriculum in Finland follows a competence based model, and nursing students are evaluated based on both their theoretical as well as practical knowledge and skills. In "The competency-based approach to education and training" article, Blank (1982), maintains that, as apposed to the traditional approaches, the competency-based educational approach is a highly systematic concept which focuses on students' precisely defined learning outcomes, also called competencies, which have proven to be imperative for a successful recruitment in the occupation they are being educated or trained for. He also mentions the qualities of student centeredness, periodical feedbacks throughout the learning process, allocation of reasonable time for students to master the tasks, and the student's demonstration of a high level of proficiency in a work like setting prior to their accreditation, as other prominent characteristics of a competence based training and education.

In Finland, the professional competence of nursing students have been also clearly defined both at a national and at an EU level to not only ensure the graduate nurses' competence and skills but also to facilitate their transferability across the European countries. Throughout their education, either in a classroom or in a clinical setting, these pre-defined competence components guide the direction of the nursing students' learning process and practice. At an EU level, eight main categories of the competence areas for nursing students have been identified in a 2013 study conducted by Kajander-Unkuri, Salminen, Saarikoski, Suhonen and Leino-Kilpi (2013) as:

- Professional and ethical values and practice
- Nursing skills and interventions
- Communication and interpersonal skills
- Knowledge and cognitive ability
- Assessment and quality improvement in nursing
- Professional development
- Leadership, management and teamwork
- Research utilization

At a national level, a comprehensive definition of competence areas in nursing education has been introduced by Eriksson et al. (2015) in a project called "The future of nursing education project". In this project, the purpose has been to determine the minimum requirements for professional competence of nurses in the future and in accordance with the EU's Professional Qualifications Directives, the competence areas as well as the key contents among others. Additionally, the aim of this project has been to standardize the competence of graduating nurses and to promote its uniformity. In this national project finalized in 2015, Eriksson et al. introduced the following competence areas for nursing education in Finland based on a comprehensive review of literature on the same topic and using inductive content analysis. Their project has described the following 11 nurses' competence as:

- Research and development competence
- Decision making skills
- Patient oriented nursing competence

- Clinical competence
- Health promotion and well being
- Interaction and partnership skills
- Ethical competence
- Management competence
- Cultural competence
- Information and communication technology
- Leadership and entrepreneurial skills

To justify the necessity of defining the competence areas in nursing education, Eriksson maintains that changes in legislations as well as scientific and technological development also give rise to adjustments in social and health care service system; And within this system, nursing education as an integral part of society's development, is no exception. The authors also assert that trends such as an aging population, a decline in working age labour, the diversification of communities, as well as the merging of technology into everyday life calls for the development of competencies in nursing education upon which the nurses could act and respond to changes.

In 2019, an updated version of the competence requirements and contents for general nursing education in Finland, was provided by two leader projects of the Ministry of Education and Culture in Finland, EduPal and Sote Peda 24/7, in collaboration with Savonia University of Applied Sciences (Korhonen 2020). In their newly established requirements, the categories of service system of health care and social welfare services has been incorporated, patient safety and patient guidance have their own categories while the cultural competence has been included under the category of client centered care. The competence requirements established in this project include the followings:

- Professionalism and ethics,
- Client-centered care,
- Communication and multi-professionalism,
- Health promotion,
- Leadership and professional co-operation skills of the employee,
- Information technology and documentation,
- Guidance and education competence and supporting self-care,
- Clinical nursing,
- Evidence-based practice, utilization of research knowledge and decision-making,
- Entrepreneurship and development,
- Quality management,
- Service system of health care and social welfare services,
- Patient and client safety. (Silen-Lipponen & Korhonen 2020.)

Each of the nurses' competence areas introduced above consists of several components, and they have been utilized as a basis for the development of the nursing education curricula in the UAS whose task is to respond to the changing needs of working life while actively participating in regional development. As the nursing competency encompasses the core abilities needed to perform

one's duties as a nurse (Fukada 2018), these requirements can therefore be the starting point for the student's professional development (Kajander-Unkuri et al. 2013).

Given the pragmatic nature of nursing education in UAS, a major consideration and application of the competence requirements would be during the training in a clinical practice. According to Eriksson et al. (2015), extensive training provides the nurse with the tools to develop their own expertise and to understand the surrounding society and operating environment, which is a necessary condition for developing their own field and expertise. In both the old and updated versions of the competence requirements, clinical practice has its own category with several components. A description of the components of the clinical practice can be seen from the book written by Silen-Lipponen & Korhonen (2020).

Among the components of clinical nursing in competence requirements, the concept of nursing process (NP) has been recognized as the foundation of nursing profession, and no matter in which nursing specialty, nursing process is utilized by all nurses across various fields (Mahmoud & Bayoumy 2014; ANA 2023). This concept has been defined as: "A systematic approach to care using the fundamental principles of critical thinking, client-centered approaches to treatment, goal-oriented tasks, evidence-based practice (EBP) recommendations, and nursing intuition". (Toney-Butler & Thayer 2023). The need for such process both in nursing profession and curriculum, has been rationalized with the nursing profession's demand for consistent and combined use of eminent critical thinking as well as critical actions (Mahmoud & Bayoumy 2014). Moreover, Dal Sasso et al. (2013) add that as a technology of care, NP directs the progression of clinical reasoning and enhances the standards of care. This systematic approach also facilitates the integration, organization, and continuity of health care information while enabling evaluations and modifications of nurse's performance based on the results of the evaluations (Dal Sasso et al. 2013; Mahmoud & Bayoumy 2014). It should be noted that when using NP to solve problems and when making clinical decisions in a clinical setting, critical thinking skills are required (Ballantyne 2016). Moreover, in developed countries, NP also serves as the principal structure of the nursing care plans (Mahmoud & Bayoumy 2014; Toney-Butler & Thayer 2023).

In general, nursing process comprises of five main steps of: Assessment, Diagnosis, Outcomes/Planning, Implementation, and Evaluation; Also represented online by the acronym ADPIE to facilitate remembering NP's five sequential steps (Vera 2023; Armata s.a.). According to Toney-Butler and Thayer (2023), the assessment component of NP entails the collection of subjective and objective data coupled with clinical reasoning. In this step, patients, their family members and other groups associated with the patient as well as patients' electronic health records are the major sources of data (Mousavinasab et al. 2020; Toney-Butler & Thayer 2023). Next, based on the data collected and using nurses' clinical judgement, a nursing diagnosis is formulated (Toney-Butler & Thayer 2023). In this stage, various documentation models such as the Finnish Classification of Nursing Diagnoses (FiCND), which is used in Finland as part of the Finnish Care Classification System (FinCC), provide a standardized nursing terminologies to be used for the diagnosis, while also guiding the overall structure of the nursing care plan (Kinnunen et al. 2014). Moreover, the use of Maslow's Hierarchy of Needs developed by Abraham Maslow in 1943 to depict



various, basic and fundamental needs of individuals, can help with prioritization and planning of care tailored to patient outcomes (Toney-Butler & Thayer 2023). The diagnosis stage, is then followed by planning, through which patient-specific goals and care outcomes are set based on the patient prioritized problems (Mousavinasab et al. 2020). In this stage, developing nursing care plans offer a roadmap for individualized, patient care. Implementation phase starts when the nursing interventions defined in the care plan, are performed. (Toney-Butler & Thayer 2023.) According to Toney-Butler and Thayer (2023), the interventions could involve providing direct or indirect care, administering medication, and following established protocols and other sources of EBP. Following the implementation step, evaluating interventions is an important step towards verifying achievement of goals (Mousavinasab et al. 2020). Finally, the results of evaluation may necessitate repeating the cycle of the process (Moorhead, Johnson, Maas & Swanson 2014).

In spite of defining nursing competence requirements and concepts in nursing education and practice which could guide the direction of nursing students' clinical practice, several studies have shown that international nursing students with diverse cultural and linguistic backgrounds in Finland are more likely to be at risk of undesirable experiences throughout their clinical practice in a Finnish health care setting, and such experiences could have detrimental effects on their learning among other problems. A more detailed description of such experiences has been discussed in the next section. Hence, studying the international students' clinical experience in Finland, whether positive or negative, would help to identify their learning needs and the most appropriate solutions tailored to their needs. According to Mikkonen et al. (2016b), owing to the considerable social and financial investments made by the international students to pursue studies abroad, it is crucial to ensure positive and satisfactory learning conditions for them by understanding their perceptions associated with their studies.

### 3.3 Experiences and needs of international students during clinical practice in Finland

In Finland, exploring the experiences of culturally and linguistically diverse (CALD) international nursing students has been the topic of academic research for more than a decade. The majority of these studies have focused on students' clinical learning experience. This is because education in the context of clinical environment is fundamental to overall training of the health care professionals but more so, a clinical setting is where the differences in culture and language have been found to present challenges inhibitory to a positive learning experience for nursing students (Mikkonen et al. 2016a; Nordquist et al. 2019). Nevertheless, several studies have shown that difficulties could arise from learning in both class and clinical contexts for international nursing students in Finland (Pitkäljärvi et al. 2011, 2012b; Mikkonen et al. 2016a, 2016b). The results of some of these studies include both the positive as well as the negative aspects of the students' learning experience which will be discussed here.

Several studies have revealed that studying in English taught nursing degree programs in Finland have been along with unfavorable experiences for the culturally and linguistically students throughout their studies (Pitkäljärvi et al. 2011, 2012b; Mikkonen et al. 2016a, 2016b), and according to Mikkonen et al. (2016), they originate mainly from the clinical environment rather than the academic setting. Furthermore, such experiences have been of a variable nature, affecting

different aspects of students' lives ranging from psychological and social, to academic and professional life. There is also consensus among the researchers that most of these challenges have stemmed primarily from differences in culture and language. Moreover, such issues have given rise to other problems that have lowered the international students' quality of learning.

On one hand, given the difference between the language of instruction versus the language used during practice in Finnish health care settings, language barrier has been one of the most common challenges identified by several studies for CALD nursing students during their clinical placements (Pitkääjärvi et al. 2012a; Mikkonen et al. 2016a, 2017; Korhonen et al. 2019; Ropponen et al. 2023). A major effect of such barrier has been on students' learning outcomes, self-esteem, and motivation. Impacted by linguistic difficulties, international students' negative experiences during their practice have therefore been linked to learning only through observation (Pitkääjärvi et al. 2012a, 2012b) and students' limited learning opportunities (Korhonen et al. 2019) during the clinical practice. As a result of such negative impacts, students' continuation of the practice has been inspired by the primary motive of earning credits rather than actual learning (Pitkääjärvi et al. 2012b). Also, based on their findings, Korhonen et al. (2019) have concluded other ramifications of linguistic issues such as increased stress, hindrance to students' professional growth as well as affected patient care, all forming students' learning experience and self-esteem.

On other hand, a review of some of the studies reveals a lack of clarity regarding the clinical staff's expectations of the students as well as their unreasonable assumption of students' language skills during the students' placement. For instance, students have mentioned that they were uncertain what was expected from them during a clinical placement (Pitkääjärvi et al. 2012a) or how to engage in care activities as a nursing student (Mattila, Pitkääjärvi & Eriksson 2010) due to a lack of common language between them and their mentors. Surprisingly and, irrespective of such a lack of communication, Mattila et al. (2010) have also found that the CALD students were expected to take on an active role during their practice. Quite similarly, the staff's expectation regarding the students' Finnish language proficiency have appeared to be too ambitious and unrealistic (Ropponen et al. 2023). In the same study, some students have considered even the B1 level of Finnish language as practically insufficient which had evoked feelings of incompetency in them during their clinical placement.

The influence of differences in language has not been limited only to students' quality of learning, and it has also impacted how the CALD students view their degree programs and other dimensions of their education. As, during their practice, students have been judged as incompetent due to their poor command of Finnish language, such subjective evaluation of their abilities based on their language competency has consequently led them to believe that their degree program was of less value and underappreciated compared to the degree programs in Finnish (Ropponen et al. 2023). Furthermore, in a cross-sectional study conducted by Mikkonen et al. (2017), the experiences of Finnish students in terms of their learning environment, such as adequate meaningful situations, multi-dimensional content, and positive atmosphere, have been considerably better, and they have been also more content with the pedagogical atmosphere as opposed to the international students.

While it has been known that unsupportive environments deprive the students of purposeful learning experiences through assigning them to less challenging and trivial tasks (Andrews, Brodie, Andrews, Wong & Thomas 2005; Rogan, San Miguel, Brown & Klistoff 2006; Mattila et al. 2010), the study by Pitkäljärvi et al. (2012a) has found that the likelihood of international students' experiencing an unsupportive clinical learning environment, has been higher than their Finnish counterparts. This could be another possible explanation as to why international nursing students might not feel confident regarding their skills and competent after all. Surprisingly, the practice of assigning individuals to duties unrelated to their job title, knowledge or experience also referred to as deskilling, has also persisted after the international students' graduation and throughout their work as a nurse in a Finnish health care setting (Kamau et al. 2023).

In terms of the psychological and social impacts of clinical practice, international nursing students have reported dealing with feelings of seclusion, professional isolation, and the stress related to integration in the clinical setting while practicing in a Finnish health care setting (Mattila et al 2010; Pitkäljärvi et al. 2012b; Mikkonen et al. 2016a; Korhonen et al. 2019). One might be inclined to associate such feelings with the language barrier issues. However, it has been noted that even for the native students without linguistic issues, feelings of anxiety, frustration and problems related to interaction with the staff, have been common (Grant & McKenna 2003). Moreover, unpleasant learning experiences, such as having no role in the care of the patients, have resulted in students' feeling of exclusion and thus lowering their self-esteem. Another negative aspect of such feelings has also been recognized as the student's growing tendency to anticipate hardships thus giving up easily in face of difficulties at the practice placement. (Mattila et al. 2010.)

Considering the severe shortage of nurses in Finland exacerbated by an aging population with increased burden of care on the system, retaining and integration of the international students into the Finnish health care system should be taken into consideration as a viable solution. However, as confirmed by the studies, the negative experiences linked to international nurse students' practice along with the students' unmet learning goals and dissatisfaction, would lead to them being underprepared and lack confidence upon their graduation. In such situations, not only the deficiencies in nursing workforce will continue but also the patient care will be negatively affected (Flott & Linden 2015), which would not be desirable. Additionally, international nursing students have the same right to a quality education as local students, and they should receive the education that they have been promised to by the Finnish higher education system, irrespective of the language barrier. Finally, ensuring an equal, high level of expertise and competence among all nurses in Finland, regardless of their ethnicity and nationality, would not only motivates the international nurse graduates to stay in Finland but also it would lead to their improved competence and thus enhancing the overall quality of care, patient safety, and job satisfaction.

#### 4 PURPOSE AND AIM

The purpose of this development work is to propose a general clinical practice guide for the clinical practice of international nursing students in Finland based on the current competence requirements for general nursing education. The guide would also contain some basic instructions for learning the Finnish language in the context of clinical learning.

The developmental work aims to:

- Facilitate and support clinical learning process of international nursing degree students with lower level of Finnish during their clinical practice in an inpatient, medical ward for adult patients in Finland.

## 5 IMPLEMENTATION

### 5.1 Developmental work as a method

Research, development, and innovation (RDI) work, constitute the second fundamental task of the universities of applied sciences in Finland in addition to teaching (OAMK UAS s.a.). One example of RDI projects is developmental work or thesis. In the limited literature on this topic, developmental research has been defined by Seels and Richey (1994, 127) as “the systematic study of designing, developing, and evaluating instructional programs, processes and products that must meet the criteria of internal consistency and effectiveness”. The current thesis is also a developmental research work through which the 5 stages of ADDIE model have been used and explained in the following sections.

According to Salonen (2013) developmental research differs from a research thesis in several aspects. To explain, the outcome of developmental research is a product such as a guide or a model while a research thesis typically leads to new information in the form of a report. Similarly, the current developmental thesis is intended to produce a guide presented in the form of a document for the clinical practice of the international nursing students training in an inpatient ward for adult patients. The partner organization in this thesis is Northern Savo Welfare Area - Kuopio University Hospital. The main actor throughout the thesis has been the author, and the other participants have been the supervisor, the representative from KUH as well as the individuals who have participated in the evaluation part of the final product, and the interactive relationship between these has contributed to the corrections, considerations and eventually to the formation of the final product.

The core concepts of developmental work include actors (key or core persons), RDI methods i.e., research and development methods, as well as information acquisition methods, materials and literature, documentation, and analysis (Salonen 2013). In this thesis also, a literature review has been conducted and the results have been utilized in the construction of the final product. In addition to the literature review, the author’s field observation and field experience as well as exchanging ideas with the working life partner representatives and the supervisor have been all used to ensure the adequacy of the practice guide for the target audience i.e., the international nursing students in Finland.

Ultimately, the final report of a developmental thesis is a written presentation of the project, which results in a special and independent output (Salonen 2013). The current thesis also contains an overall description of the developmental activities from planning to evaluation of the final product using the ADDIE model, to a discussion on author’s own evaluation of the process and the overall experience and professional growth resulting from the research process. With respect to the development work’s timeframe, the thesis work was initiated in May 2023 and lasted until the end of October 2023, which gave the author a limited time to conduct the whole process. Nonetheless, with prior planning and following a structure, the author managed to write the thesis and prepare the product in time.

## 5.2 A guide as development work product

The product type selected for the purpose of this development work is to be a guide which contains instructions for clinical training of international students. The need for such a product arose, originally, from a suggestion made by one of the personnel of the cardiac care unit at Kuopio university hospital in the Northern Savo Welfare Area. This unit, as part of the internal medicine department in KUH, provides clinical training for both national and international nursing students in the Kuopio region. Owing to the issues with language barrier and more importantly because of a lack of official training for nurse mentors acknowledged by the personnel, the need for a set of clear instructions and guide related to clinical practice of international students with lower level of Finnish language was recognized by the ward personnel. Moreover, the emphasis of the ward was also on assisting the international nursing students to improve their Finnish language proficiency throughout the training. In an agreement with one of the ward personnel, it was decided to expand the scope of the instructions in the guide in such a way that it would be suitable for use by most inpatient medical wards for adult patients and not just the cardiac care unit. The idea was that each ward could later adjust the guide to their own specific training purpose and needs during clinical training periods.

To clarify what constitutes a guide, as educational resources, guide and manual documents offer comprehensive, step-by-step instructions that explain how to perform a role, how to develop a work product, how to complete a task, and so forth (Van Zuilen, Ruiz & Mintzer 2006; Document types s.a.). Guide can therefore consist of learning, assessing and evaluating tools (IBM – Creating guidance 2021). Also, according to Van Zuilen et al. (2006), when educational materials such as guides are intended for general use, the developer is required to supply the users with instructions and information as how to use the resource as planned, and doing such would result in an effective information dissemination and optimized usability of the materials by the end users. Finally, Boctor (2013) maintains that instructional materials are tools used to convey information that learners use.

When providing instructions, such as in guides, the clearest way to give the instruction is to do it by speaking to the reader in the command form. Moreover, in providing instruction for the steps of a controlled activity, it is important that the author first recognizes the various steps essential to the activity so that they can clarify the steps in which the reader's i.e. the student's own action is required. Finally, presenting the instructions in an easy-to-understand format and language is another important aspect to consider when offering instructions in a guide (Kotimaisten kielten keskus - Ohjeita ohjeiden tekijöille s.a.).

Finally, in addition to the information acquired through literature regarding the structure of a guide as well as following the structure of available guide documents aimed at other health care and social welfare specialties, the author used their own previous work experience and knowledge as a former teacher and instructor to construct the final guide for clinical training of nursing students. The feedback acquired from the international students as well as the working life partner representative also assisted in improving the overall structure of the guide and its content.

### 5.3 Introduction of working life partner

The working life partner of this development work is the Northern Savo Welfare Area and within the wellbeing county, Kuopio University Hospital will use the final product. Following finalizing a major social and health care reform in Finland and as of January 2023, the municipalities' duties to organize healthcare, social welfare and rescue services were transferred to 21 wellbeing services counties and the city of Helsinki (STM s.a.). As the working life partner of this thesis, the Northern Savo Welfare Area or Pohjois-Savo Hyvinvointialue (PSHVA) in Finnish is one of these 21 wellbeing services counties. Each of these welfare areas include several municipalities and the North Savo, for instance, includes Kuopio, Isalmi, Siilinjärvi, Varkaus and 15 other municipalities (STM s.a.). Some of the responsibilities of the PSHVA include primary health care including receptions and inpatient care at health centers, first aid services, fire and rescue services, oral health care, social services aimed at families and etc (PSHVA s.a.).

Also, as part of the PSHVA, Kuopio University Hospital (KUH) is responsible for providing specialized medical care to the residents of Eastern and Central Finland (PSHVA s.a). Upon its completion, the final product of the current thesis is going to be utilized by KUH for the clinical practice of international nursing students in inpatient wards such as in the cardiac care unit. In an inpatient ward, individuals are required to stay overnight in hospital for treatment (The Royal Marsden s.a). Also owing to the differences in the treatment of pediatric patients versus that of adult patients, the focus of the product is going to be on the nursing care of adult patients in that any patients age 18 or above (Law Insider s.a.).

### 5.4 Implementation of developmental work

Developed by the Florida State University in 1970s, the ADDIE model offers a structured, iterative procedure for various means including the identification of training needs, creating instructional programs and materials, as well as their implementation and evaluation of their efficacy (Gagne, Wager, Golas, Keller & Russell 2005). As a developmental process, the ADDIE model encompasses 5 stages of analysis, designing, development, implementation, and evaluation each of which is done in the given order with continuous reflection and repetition. In this thesis, the author has chosen to use the ADDIE model as a structured framework to guide the production of the final product and to also explain the steps in this section using such framework.

In the analysis phase, the current state of the clinical practice for international nursing students in Finland was studied in greater detail. The aim was to understand, through research literature, the perception of the students and their experiences, their learning needs and in general, to justify why the topic was needed and was worth researching about other than KUH's need for the product and the author's own ideas and experiences linked to the topic. To do so, a literature review was undertaken. The author also aimed at setting goals for the final product. Having met with the librarian, a suitable set of keywords on the topic could not be properly established. Therefore, the author decided to first find the most current research on the topic via PubMed, CINAHL Complete, and ResearchGate, and then to proceed with the snowballing method to find the other good resources from the reference list of the found literature. Also, owing to the scarcity of the literature on the topic, it was decided to include the literature as old as the year 2010, especially in the section related to the

international nursing students' experiences linked to their clinical practice in Finland. In some other parts where the topic accuracy and relevance were independent of time, older publications were also included. Once the author had found enough data on the area under discussion, they proceeded to explore the other concepts related to the topic. These include the nursing education in Finland, the nursing profession, the issues in the Finnish health care system relevant to the nursing profession, as well as the concept of clinical learning environment and competence requirements and core concepts for nursing education and practice. The aim here was to find not only more justifications, but also to establish a basis and an overall structure for the content of the final product to begin with. Finally, the author attempted to organize the research data in a chronological order to achieve coherence. At the same time, as the author was working in the cardiac care unit at KUH during summer 2023, when the thesis analysis phase was being undertaken, they immersed themselves in the work for the purposes of field observation and experience throughout the work and reflected upon them as another way of gathering and enriching data for the final product. The information acquired via this field observation and experience method played a role particularly in creating the templates and attachment section of the final guide.

In the next stage, the designing part, the author focused on the overall structure, content, product design and language to start the designing phase. The author decided to consider an initial structure for the content of the final product. It was decided to adhere to the overall structure of curriculum in nursing degree programs in UAS whereby the nursing related studies are divided into foundational and basic as well as professional studies. Another section associated with orientation was also considered owing to its importance to international nursing students also mentioned by some studies. For instance, in a study by Mikkonen et al. (2017) both national and international students have shown appreciation towards the adequacy of clinical orientation into placements. Furthermore, in Mattila's study (2010), the students' positive experience has been described in relation to what Mattila calls as appreciative orientation through which the student have become acquainted with the facilities, the personnel, the patients and the practice place routines. So, these three different categories were considered in the initial construction of the main content. The author also considered adding another headline before these categories to introduce some self-learning materials to international nursing students to review before starting their clinical practice. The purpose was to ensure that whomever uses the guide would become familiar with the fundamental concepts in nursing such as ethics, patient centered care and so on, that cannot be necessarily taught directly by nursing mentors. Also, following a meeting with the supervisor, a weekly-based framework, which was initially adopted for the guide, was omitted for the sake of flexibility of use by students with varying learning pace and previous clinical experience. In the next step, the overall structure of the product was decided upon based on an online search for the criteria of a good guide and inspirations from other similar online products in addition to the author's own experience rooted in working as former teacher. This stage, apparently simple, was somewhat challenging owing to the scarcity of sources explaining the characteristics of a good guide or the criteria, and the author had to conduct research on more broad topics such as characteristics of educational or instructional materials to rely on evidence for this part as well.



The development stage of the thesis was dedicated to the actual creation of the product. In this section, all the information and planning from the previous stages were utilized. This stage also involved reflection, re-review of the literature, modifications in a cyclical manner as well as reflection on different ways of creating a user-friendly and visually appealing guide. Moreover, the author benefited from other experienced individuals' opinions in each step including the supervisor and another tutor teacher.

In ADDIE model, the implementation refers to the delivery of the product or content with the target audience (Bouchrika 2023). Since this development work was a thesis and introducing the product widely and testing it overtime was beyond the scope of the thesis timeframe and deadlines, piloting the product for the main audience, international nursing students, in addition to KUH's representative would suffice. This way the author could ensure the inclusion of the end users' opinion and recommendations as to various aspects of the product.

## 5.5 Piloting the guide

The thesis product was introduced and piloted on different occasions for two groups of audience: the 2<sup>nd</sup> and 3<sup>rd</sup> year international nursing students studying in English-taught nursing degree program in Savonia UAS as well as the KUH representative. To introduce the product i.e., the guide, to the students, two separate sessions were held at Savonia campus on October 23, 2023, at two different times. For both groups of students, the piloting session happened as part of their lectures' class time. In each session, the author started with a short PowerPoint presentation to explain the background of the development work. The author then proceeded to introduce the guide to the students by going through various sections of the guide and explaining its various features for easier and faster navigation. At the end of each session, the author asked the students to participate in a Webropol survey in relation to the guide via a link which was emailed to them after both piloting sessions completed. The deadline for participating in the survey was set for the next day and the students had almost 2 days to complete the survey.

Once the survey ended, the author collected the responses. The survey included 12 questions about the guide, with some questions including several parts and 1 question about demographic data such as their group and the number of clinical trainings they have attended so far. The questions asked involved topics such as the introduction and overall impression, content evaluation, usefulness and relevance, organization and structure, clarity and language, visual elements, and improvements and suggestions. The majority of questions were Likert scale questions with a few open-ended, free text questions. In total, 16 students participated in the survey. The results of the Likert scale question have been presented via a table at the bottom of this section (Table 1).

Regarding the open-ended questions, 11 of the respondent students have mentioned that they would recommend this guide to other fellow international nursing students. When asked what they liked the most about the guide, the respondent students mentioned qualities such as the guide's simplicity, organization and clarity, compilation of information, design, and usable templates, the pre-internship self-learning materials and so on. In response to the questions regarding what they liked the least about the guide, one respondent mentioned the use of very few pictures, and one

mentioned the repetition of the content that was already available in the curriculum. Although the latter was clarified with the students during the piloting session that the guide has, indeed, used the European and Finnish competence requirements for the general nursing education and other concepts as its foundation and they are all the foundation of the nursing studies curriculum. One student also mentioned that: "Maybe not the guide in itself, but sometimes the working environment segregate international students. So I think the guide should be used in cooperation with the mentor nurses as well." (Survey respondent 1)

Regarding what aspects of the guide the respondents believe could be improved, not many suggestions were made, but one respondent provided some good insight into the matter under discussion:

I think that your idea is really good for students' wellbeing, and also for the future mentor nurses in the clinical practice placements. Sometimes they really do not know how to guide an international students, ... . I think that the guide that you made could be use(d) as a tool to improve the experiences in our internships, ... . I would only add some videos as examples for better understanding... . (Survey respondent 2)

The process of introducing the guide to the representative of KUH -working life partner – included first piloting the main content of the guide for the representative before working on its final design and then sending the completed guide for their final evaluation. During introducing the main content to the representative, the author received positive feedback regarding the presentation of the instructions given and the comprehensiveness of the content. The representative placed emphasis on translating the guide later on to make it also more suitable for use by the Finnish speakers such as nurse mentors and even Finnish nursing students. Once the overall design of the guide was completed, the author sent the file to the representative via an email along with an evaluation form containing three open-ended, free text questions regarding the relevance and applicability of the development work based on the thesis evaluation criteria, its usefulness and also a free-discussion question to share suggestions for improvement. Regarding the working life relevance and attending the needs as per commission, the representative confirmed the working life basis of the guide, its demonstration of enhanced knowledge of the profession, as well as its provision of the working life partner with perspectives to improve practices within the field. According to the representative, the results of the thesis i.e., the guide, are directly applicable and it needs to be translated and presented well also to the personnel at their ward for a successful implementation. They maintained that the guide can be used as a appropriate tool in mentoring international nursing students in CCU at KUH after some modifications to the specific needs of the ward. The KUH representative also mentioned that: "Because of its flexible and intelligent structure, the modification is possible in every ward of KUH with adult patients." Finally, in their mind, the goal of the thesis to assist the international students during their clinical practice, has been well achieved and that following the guide is the responsibility of students in future. The written evaluation made by the representative finished by making some suggestions for improvements which were taken into account by the author.

TABLE 1 – Results of Webropol Survey from International Nursing Students (n=16)

Question	Very poor	Below average	Average	Above average	Excellent	Average
I consider the overall quality of the guide to be:	0.0%	6.2%	12.5%	25.0%	56.3%	4.3
Question	Completely disagree	Disagree	Neutral	Agree	Completely agree	Average
I find the guide easy to understand and navigate.	0.0%	0.0%	6.2%	25.0%	68.8%	4.6
The guide covers the essential topics and information necessary for clinical training of international nursing students.	0.0%	0.0%	12.5%	25.0%	62.5%	4.5
The explanation and instructions in the guide are clear and concise.	6.2%	0.0%	0.0%	37.5%	56.3%	4.4
The language learning method introduced in the guide will facilitate my language learning process.	0.0%	0.0%	31.2%	25.0%	43.8%	4.1
The information in this guide is relevant for international nursing students.	6.2%	0.0%	6.3%	25.0%	62.5%	4.4
The guide addresses my specific needs and concerns as an international nursing student.	0.0%	6.3%	18.7%	31.2%	43.8%	4.1
Using such a guide could have facilitated my learning experience during the previous clinical trainings.	0.0%	6.3%	25.0%	18.7%	50.0%	4.1
The guide will facilitate my learning experience during the remaining clinical trainings.	0.0%	0.0%	6.2%	43.8%	50.0%	4.4
The guide was well-organized and easy to follow.	6.2%	0.0%	0.0%	37.5%	56.3%	4.4
The explanations and instructions in the guide were written in a clear and understandable manner.	0.0%	0.0%	6.2%	37.5%	56.3%	4.5
The use of templates and visuals in the guide are beneficial to my learning.	6.2%	0.0%	6.2%	43.8%	43.8%	4.2
The guide is well designed.	0.0%	0.0%	12.5%	18.7%	68.8%	4.6

In table 1, for the Likert scale questions, a number has been assigned to each answer option to calculate the average point. This includes: completely disagree = 1 , disagree = 2, neutral = 3, agree = 4, completely agree = 5. The same applies to: Very poor = 1, Below average = 2, Average = 3, Above average = 4, Excellent = 5.

## 6 DISCUSSION

### 6.1 Evaluation of development work process and output

This thesis was a development work leading to the creation of a guide for clinical practice of international nursing students in Finland. In the thesis background, there was a need for a guide to clinical practice to enhance the learning experience of international nursing students, expressed and requested by a university hospital ward in the Northern Savo Welfare Area. The need stemmed from the issue with mentoring of the international nursing students due to language barrier and a lack of official training and guide for nurse mentors among other problems. A further review of the topic in various literature revealed more challenges related to the clinical practice of international nursing students beyond the linguistic issues. Such involved issues related to cultural differences among students and mentors, scarcity of learning opportunities, a lack of knowledge and awareness over the expectations from the student, all leading to the students' lower level of confidence and as reported by some students in those literature, a lower level of competence.

Considering the decisive and advanced role of nurses in Finnish health care system and the need to tackle the issue of nursing shortages via the retention of all nursing graduates including the international nursing students, the topic i.e., the issue was worth looking into and thus a solution. Therefore, and after investigating the problem in depth and formulating it, a literature review was conducted as the foundation for further development and proposing a solution i.e., a guide to clinical practice for international nursing students. Since the context of the issue was clinical environment and the issue was associated with clinical practice, these two were studied to understand the contributory factors to clinical learning experience, either positive or negative and to find out what categories of competence are required from nursing students in general.

Moreover, and in addition to the literature review, the author used field work and experience to immerse themselves in the role of a non-native learner while fulfilling their duties as a substitute nurse throughout their work in a predominantly Finnish-speaking hospital ward. This led to the compilation of informative and explanatory templates that could be used in the product. Finally, a combination of the study of clinical learning experience and environment as well as the competence requirements of nursing students and field experience were utilized to lay the foundation and framework of the intended product or guide. After this, the author used the ADDIE model as a framework to systematically develop and design the final product and make cyclical revisions where needed. Once the product underwent several modifications, improvement and evaluation by other experts, the author proceeded to pilot it for the international nursing students as well as the representative from the working life partner, KUH – PSHVA.

In general, the results of the evaluation showed a positive attitude towards the overall development work and its purpose to support the students' learning, the guide's content and design as well as its simplicity along with some other aspects. Also, to the author's knowledge, there has not been a concrete, comprehensive guide aimed at international nursing students who undergo clinical training in Kuopio University Hospital. Moreover, based on the author's experience and what other students also discussed during one of the piloting sessions, the information given to the nursing students by

the university prior to each practice has not also assisted to clarify the goals of the practice for both the nursing student and their nurse mentors as well. In the end, the author acknowledges that a solution such as this guide could only be effective once it is implemented properly and in cooperation with both the international nursing students and their nurse mentors. More importantly, a fair evaluation of the guide, its usefulness and the need for improvements can only be achieved after the guide's full and proper implementation for the intended students in the intended health care settings.

## 6.2 Ethicality and reliability

The presented development work was conducted with adherence to the ethics of research and consideration of the ethical principles applicable to every research work. The ethics of research, also called the ethics of science, entail values such as integrity, credibility and truthfulness, and they can only become meaningful once valued, promoted, with safeguarded implementation (Tritonia s.a.). The author intended to maintain all these values throughout the research process. In addition to the author's previous knowledge of research ethics acquired through conducting a master's degree thesis, they attempted to establish an ethical baseline for their current research by reviewing the most recent version of "Ethical recommendations for thesis writing at universities of applied sciences" document offered by the RDI committee of the Rector's Conference of Finnish Universities of Applied Sciences (Arene) and published in 2020. The author also went through the student' checklist in the same document and followed the steps.

From the start, a supervisor was assigned to guide the author throughout the process when needed. A thesis agreement was then signed between the author, the supervisor, and the representative from the working life partner, KUH - PSHVA. According to Arene (2020), handling of personal information subjects to laws outlined in the GDPR and Data Protection Act and thus requiring research permits and ethical evaluation. However, in the thesis process, there was no need for studying individual people or collecting and processing personal information and data, and therefore, obtaining permits was not relevant. Additionally, as per their responsibility, the author inquired about their obligations towards the working life partner, limits of their responsibilities and discussed their own plans on how to proceed during a meeting with the representative. Moreover, based on the agreement, there were no costs involved, nor were there any deadlines set by the representative in KUH. The topic, the goals, and areas to focus for the thesis product, were discussed, clarified, and agreed upon together with the KUH representative. Also, there were no conflicts of interest during the research, as the author made conscious effort to be impartial and objective at all stages of the development work.

With respect to the literature search, reliable and valid sources of data such as Cinhal Complete, PubMed, Researchgate and so on, were mainly used and their reliability, authenticity and usefulness were checked by the supervisor as well. The references to the materials and data used were made according to the instructions of Savonia University of applied Sciences (Savonian opinnäytetyöryhmä 2021). Verifying the authenticity of a thesis is another aspect of ethical guidelines introduced by Arene (2020), and thus, this thesis work authenticity was also checked, and no plagiarism was detected as requested by Arene (2020) criteria.

According to Kananen (2012) development work by itself is not considered a method of research. Therefore, the reliability of this development work was assessed by using the methods employed throughout the process. The literature review was based on the research from well-known databases and frequently cited research work in the nursing and nursing education field. Also, and in addition to the European standards of nursing education, the content of the final product, i.e., the framework, has been based on the most recent competence requirements in the field of nursing which has been previously obtained via a comprehensive literature search by a team of experts in Finland. Moreover, the content includes some other widely known and researched nursing concepts such as the nursing process. The author has also further reviewed and confirmed the adequacy of the theoretical content with other faculty members such as the supervisor and two experienced university lecturers, one of whom has been directly involved in the process of creating and updating the current nurses' competence requirements in Finland. Finally, careful documentation of the development process and the author's drawn conclusions has been provided as well.

### 6.3 Professional growth

Writing a thesis is aimed at expanding the student's general and field-specific professional competence required in a workplace (HAMK UAS 2023). With regards to the general skills, writing the current thesis has contributed to the author's better time management and problem-solving skills. It should also be mentioned that the author already had skills related to planning, using frameworks and structures to improve efficiency, presentation, and some communicational skills. Nonetheless, having to work on such extensive research work in a limited period of time, partially during summer and working time in addition to the problems faced, required a more advanced level of time management and problem-solving skills which were all achieved to varying degrees throughout the process.

In terms of professional competence, conducting research on the topic resulted in the author's better and comprehensive understanding of the competence requirements in their profession which they can use as a basis to build and strengthen their own skills when practicing as a professional nurse. Moreover, since the thesis topic was related to providing solution to a current, existing problem, the author acquired skills as how to identify issues in their profession and their workplace via communication and sharing their views and opinion, as well as conducting research to provide objective rationale. Also, the author learned how to make use of valid research and reliable, scientific frameworks to seek viable solutions.

Furthermore, while almost all the research publications had focused on the language learning programs as a solution, the author used reflection and analysis to view the problem from a different perspective and hence offered a different solution. This is important as it was a reminder to the author that the most obvious solution is not necessarily or always the best solution, and a researcher must be creative and open to more diverse ways of finding an answer to a problem. Also, providing instructional material such as the guide for nursing students based on scientific research exemplified the role of a nurse as an educator and hence, improved the author's ability and comprehension of how to act as an educator for nursing students in the future.

Finally, writing the thesis and navigating through the research process ranging from information retrieval to academic writing enhanced the author's competency to conduct scientific research and to locate reliable sources and resources. Evidence to this was the author's improved ability to conduct comprehensive, in-depth and quality assignments and other research work after the thesis process during the last semester of their studies. As the field of research encompasses a variety of methods, the author will continue their efforts to become accustomed to those methods as well as research analysis, reliability, and validity methods.

#### 6.4 Applicability of work and development ideas

Owing to the diversity of language and cultural backgrounds, international nursing students face several challenges throughout their clinical practice in a Finnish health care setting. These challenges influence, among other things, the students' experience, and perception of their clinical practice. In addition, these students have expressed being oblivious to the expectations from them during the clinical trainings. As these problems could negatively affect the students' quality of learning and their learning competence, offering solutions to improve their clinical learning experience sounds imperative. Moreover, and given the current shortages of nurses in Finland, improving the learning experience of international nursing students should be considered as an international talent retention strategy in the Finnish health care system.

As the current development work resulted in the creation of a clinical practice guide for international nursing students based on the recent and nursing related competence requirements, a direct applicability of the guide could be to provide the current and future international nursing students an insight into their clinical practice in the Finnish health care system, giving them direction and precise instructions throughout their practice, while also guiding them to gradually learn the Finnish language within the context of clinical and nursing practice. Although not a direct focus or purpose of this thesis, according to the representative of the working life partner, the guide could also be utilized by Finnish nurses to better fulfill their role as mentors and educators. By translating the guide into Finnish language, its applicability could be extended to the clinical practice of Finnish nursing students as well.

Furthermore, in the future, this guide could be further developed in several ways. The students who are interested in developing the topic, could focus on introducing evidence-based ideas for improving nursing students' critical thinking and clinical judgment during their clinical practice. Also, based on the language learning plan introduced in the guide, enthusiastic students can develop a comprehensive clinical-based Finnish language product for several nursing practices and concepts. Another way of developing the current product could also be achieved by adding more evidence-based practice and learning activities, taking into account the time limits for each practice period. Finally, as also mentioned by the representative, this guide could be adjusted to the specific needs of a variety of wards with different care specialties. Therefore, students can make such adjustments to enhance the applicability of the guide for a specific ward.

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APPENDIX 1: A GUIDE TO CLINICAL PRACTICE FOR INTERNATIONAL NURSING DEGREE STUDENTS IN FINLAND

The guide begins on the next page.

# **A GUIDE TO CLINICAL PRACTICE**

FOR INTERNATIONAL NURSING DEGREE STUDENTS IN FINLAND



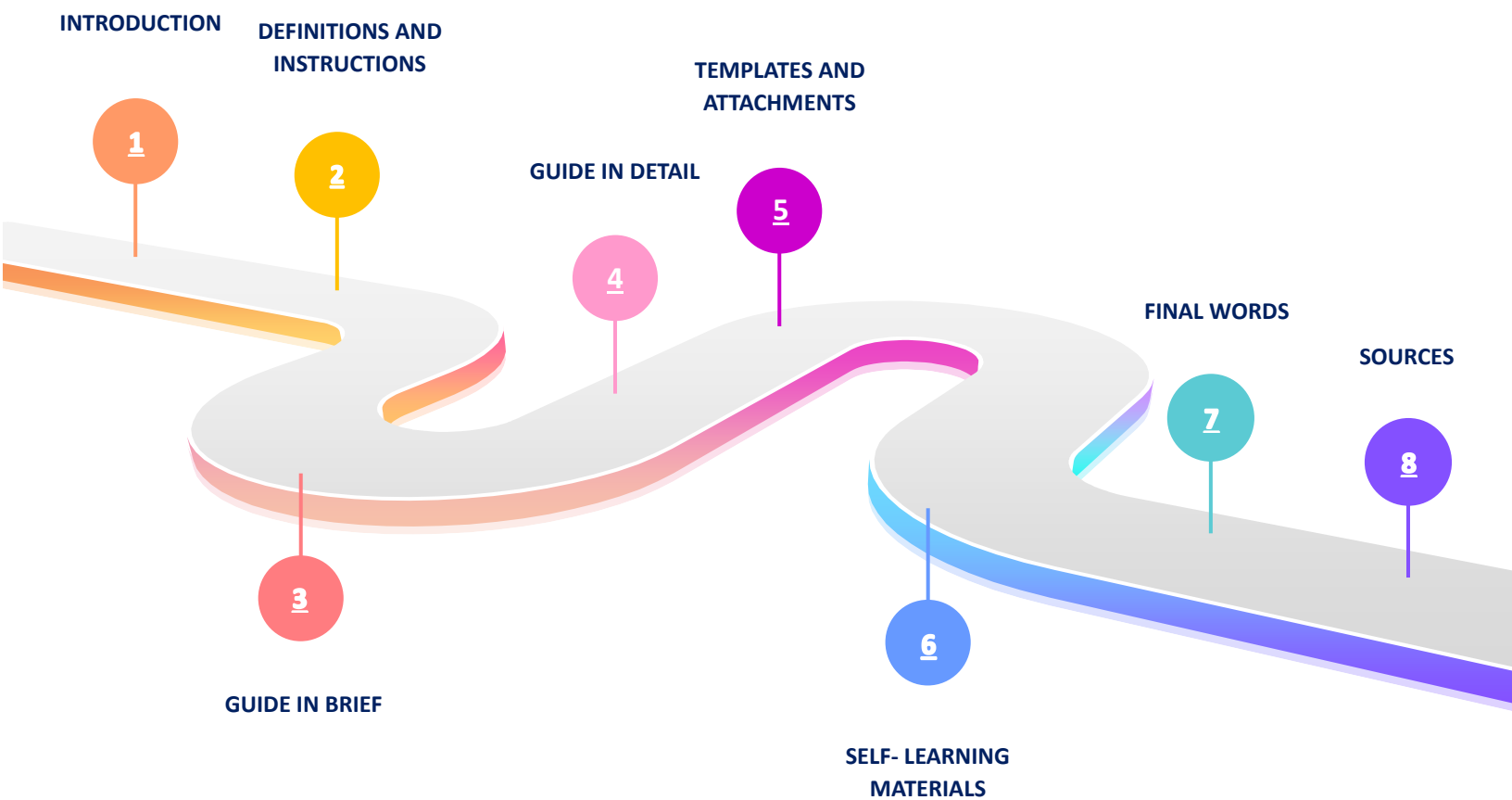
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Nursing Degree Student

2023

**SAVONIA**

ammattikorkeakoulu



# INTRODUCTION

## Objective of this Guide

This guide is a development work which presents an approach to clinical practice/learning based on the “European and Finnish competence requirements for general nursing education” and the well-known concept of “Nursing process”. The guide is to be used by international nursing students studying in Finland during their clinical practice in an inpatient medical ward for adult patients.

The objective of this guide is to present good examples of competence-based nursing practices as well as practice-based language acquisition tips to facilitate and promote the learning process of international nursing students.

## Development work Description

The development work to prepare this guide started from May 2023 and lasted until October 2023 and involved the author and their working life partner: Kuopio University Hospital (KUH)- Pohjois-Savon Hyvinvointialue (PSHVA). There was no funding involved. Several meetings and discussions with KUH representative and Savonia UAS faculty members, literature review as well as field observation and experience throughout the author’s work in KUH, have been used in preparation of this guide. The guide has been then evaluated by the representative from KUH as well as the target audience i.e., international nursing students to improve its usability and effectiveness.

## The Developmental Work was intended to address the following subjects/questions:

How to approach clinical practice in an inpatient general ward for adult patients?

What competence areas are needed during clinical practice and how to achieve them?

How to learn Finnish language in the context of clinical and nursing practice?

## The structure of this Guide

This guide comprises of eight sections.

**Section 1**, this introduction outlines the objective of the guide, presents an overview of the development work behind it, the structure of the guide, and description of the working life partner.

**Section 2** provides definitions for key concepts used throughout the guide to clarify its scope, and a brief explanation of how to use the guide.

**Section 3** presents a brief version of the stepwise clinical practice guide. Each guide component comprises a list of steps to take or subjects to learn.

**Section 4** provides further explanation and instructions for each component introduced in section 3.

**Section 5** contains some templates, and attachments referred to in previous sections.

**Section 6** introduces some recommended materials for students’ self-learning.

**Section 7** contains a short conclusion.

**Section 8** provides the bibliographic sources used in the writing part of this guide.

## **WORKING LIFE PARTNER**

Below is a brief description of the working life partner that took part in the developmental work.



### **Pohjois-Savon Hyvinvointialue (PSHVA)**

As of January 2023, Pohjois-Savon Hyvinvointialue (PSHVA) or the Northern Savo Welfare Area in English, is one of the 21 wellbeing services counties in Finland. This wellbeing county includes municipalities such as Kuopio, Isalmi, Siilinjärvi, Varkaus and 15 other municipalities. Some of the responsibilities of the PSHVA include, but not limited to: Primary health care including receptions and inpatient care at health centers, first aid services, fire and rescue services, oral health care, social services aimed at families etc.

### **Kuopio University Hospital (KUH)**

As one of the five university hospitals in Finland, Kuopio University Hospital (KUH) was founded in 1959 in the city of Kuopio in the Northern Savo. Currently, KUH is operating as part of PSHVA and is responsible for providing comprehensive specialized medical care to the residents of the Northern Savo welfare area. Additionally, KUH ensures the availability of hospital level services in the Eastern Finland while also covering the welfare areas of South Savo, Central Finland and North Karelia. Some examples of the special medical care services offered by KUH include anesthesia, surgery and intensive care services, internal medicine services, cardiovascular diseases, oncology and radiotherapy services, pediatric services etc.

## DEFINITIONS AND INSTRUCTIONS

**Clinical Practice**, also called by terms such as nursing training or internship, refers to hands-on nursing care experiences with patients or clients, or clinical simulation of such experiences, that provide the student with the opportunity to apply, integrate, and hone skills and abilities grounded in scientific and theoretical concepts.

**Nursing Student** refers to an individual enrolled in a professional nursing degree program or a vocational nursing educational program.

**Nursing Mentor**, also known as clinical instructor, works closely with a nursing student during their clinical learning training for the purpose of supervising and assessing the student's clinical skills.

**Nursing Process** serves as a systematic, cyclical process to patient-centered care with five consecutive steps of assessment, diagnosis, planning, implementation, and evaluation.

**ADPIE** is an acronym used by nurses and nursing students for remembering the steps of nursing process – **A**ssessment, **D**iagnosis, **P**lanning, **I**mplementation, **E**valuation.

### WHO CAN USE THIS GUIDE?

- An international nursing student who has completed their 1<sup>st</sup> clinical training related to basic health care.
- The guide can also be used by Finnish nursing students excluding the section related to the language learning plan.
- Nursing mentors can also use this guide as a basis for their supervisory activities.

### HOW TO USE THIS GUIDE?

- The 2<sup>nd</sup> page represents the table of contents i.e., the 8 sections of the guide. For a quick jump to a specific section, click on each colored ball on the 2<sup>nd</sup> page to go to your desired section. Quite similarly, by clicking on a colored ball next to each section's headline, you can return to the table of content i.e., the 2<sup>nd</sup> page.
- The main content of the guide, section 3 and 4, includes five categories: (1) Before internship, (2) Orientation, (3) Basic and foundational learning, (4) Core and professional learning | Introduction, (5) Core and professional learning | Deepening. Each of these categories contains its own components. They are in a progressive order, and students are advised to follow them in order.
- Depending on students' background and previous knowledge, some components or steps within each category may be skipped.
- The guide contains both a brief and its corresponding, detailed version. Once going through each 5 categories of the guide in the brief version, if you wish to see the detailed version of that section immediately, click on the category title. The same applies when students want quick access to templates and attachments under a specific category.

## GUIDE IN BRIEF

### Before Internship

- In advance of your practice, study the topics and materials provided in Section 6 of the guide.

### Orientation

- **Self-Introduction**
- **General Familiarization**
  - Ward function
  - Ward environment and equipment
  - Ward personnel
  - Ward routines
  - Ward communication channels
  - Ward-specific rules and limitations for nursing student role
  - Ward aseptic practices
  - Ward safety protocols
- **Communication – Language Learning Plan**
  - Develop a thematic language learning plan prior or during the practice period.
- **Patient Pathways**
  - Patient admission
  - Patient transfer
  - Patient discharge
- **Multidisciplinary Teamwork**
  - Familiarization with multidisciplinary team at ward
  - Ward-specific multidisciplinary collaborative pathways
- **Pharmacotherapy - Rules and Responsibilities**
  - Familiarization with ward-specific rules and roles regarding pharmacotherapy.
  - Ward's medication plan
- **Patient Encounter Initiation – Warm Up!**
  - Meet with patient
  - Observe nurse-patient interactions
  - Get involved in basic care and assist
- **Ward-Specific Care – Knowledge Foundation and Requirements**
  - Common health conditions treated at ward and their treatments

- Health conditions review
- Knowledge required or valued in ward
- Specific skills and interventions needed at ward
- **Reflection, Feedback, Sum-Up**
  - Mentor's feedback
  - Student's reflection

## Basic and Foundational Learning

- **Cultural Discourse**
  - Ward's work culture
  - Cultural discussions between the nursing student and the nursing mentor.
  - Effective ways to work together and avoid misunderstandings
- **Person-Centered Nursing Care – Observational and Reflective Learning**
  - Concept of person-centered nursing care
  - Examples of person -centered care in practice at ward
  - Student's perception and observation
- **Patient Information System**
  - Documentation system
  - Patient data extraction methods used at ward
  - Examples of compromised patient data security and preventive measures
- **Communication – Hand over and Reports**
  - Nurse's hand over
  - Report to physician
- **Sources of Evidence-Based Guidelines**
  - Multidisciplinary EBP information sources
  - Ward-specific protocols and guidelines, decision support tools
- **Pharmacotherapy – Medication Dispensing, Distribution and Documentation**
  - Medication list review in Finnish and medication dispensing
  - Medication distribution on the basis of right patient, right medication, right form, right dose, right time.
  - Safe and proper medication administration by nurses
  - Proper medication documentation
  - Check up-to-datedness of patient's medication list
- **Patient Encounter Continuation**
  - Meet with patient
  - Observe nurse-patient interactions



- Get involved in basic care and assist
- **Ward-Specific Care – Knowledge Expansion**
  - Nursing care plan for previously recorded health conditions – ADPIE in writing
- **Reflection, Feedback, Sum-Up**
  - Mentor’s feedback
  - Student’s reflection

## Core and Professional Learning | Introduction

- **Ward-Specific Patient Care – Simulated or Real Patient Care Under Supervision**
  - ADPIE in action
  - Reflection on action
  - EBP in reflection
- **Pharmacotherapy – Condition Specific Medications**
  - Review of medication specific information
  - Rules of safe pharmacotherapy
- **Reflection, Feedback, Sum-Up**
  - Mentor’s feedback
  - Student’s reflection

## Core and Professional Learning | Deepening


- **Ward-Specific Patient Care – Gain Independence and Self-Report**
  - Independent patient care by nursing student and report to nursing mentor
- **Pharmacotherapy – Condition Specific Medications**
  - Administration of medication under supervision
- **Patient Guidance**
  - Practicing patient guidance – in Finnish or English
- **Rehabilitation in Nursing Practice**
  - Concept of rehabilitation
  - Examples of ward-specific and condition specific rehabilitation and rehabilitative methods
- **Communication – Thematic Language Learning Plan in Practice**
  - The language learning plan in practice during provision of patient care
- **Reflection, Feedback, Sum-Up**
  - Mentor’s feedback
  - Student’s reflection

## GUIDE IN DETAIL

### Before Internship

#### ○ Recommended Self-Learning Topics and Materials

**GOAL.** Gaining an understanding of and/or reviewing some of the most important nursing specific concepts and tasks in advance of the practice for better preparation.

 Topics and related materials are introduced in section 5.

### Orientation


#### ○ Self-Introduction

**GOAL.** Other nurses who might guide you in addition to your appointed nursing mentors, will, in advance, get to know you as a learner, your current skills, and goals for better guidance and supervision. Also, your appointed nursing mentors will understand your goals and current skills faster and easier so that they can plan the practice for each day according to your goals.

Prepare a table summarizing the following information:












Your learning style, previous related experience and/or internships, current soft or hard skills, soft or hard skills to develop or to improve during current practice, learning goals in general.

Print this document and place it next to your shift schedule so it is visible to all nurses.


 An example template has been provided in section 5.

#### ○ General Familiarization

**GOAL.** Increased familiarity with the ward environment and procedures to create a sense of comfort while reducing stress.

- **Ask** for information and orientation into:  The kind of patients admitted to the ward  Level of care provided at ward  Places and spaces  Devices and tools  Professionals and their roles  All-day routine programs  Routine procedure and screening in ward (e.g. fall risk assessment, pressure ulcer risk screening etc.)  Common infection prevention practices such as waste sorting and aseptic procedures  Advice and/or documents on maintaining safety at the ward such as actions to take when a patient develops an allergic reaction or when the patient receives a wrong medication or a wrong dose  Important contact numbers and when to contact them  Rules relevant to practice at the ward and limits of your role as a nurse student.





It is advised to note down vocabulary words in Finnish related to places, devices, procedures and ward routines and other relevant topics discussed during this orientation session.


 An example template has been provided in section 5.

### ○ **Communication – Language Learning Plan**

**GOAL.** Gaining or extending knowledge of working Finnish language in the context of nursing practice and care while applying your language knowledge into real life practice for an effective language acquisition.

- **Create** a Thematic language learning plan at the beginning of the internship period based on various practice themes or scenarios such as ABCDE-based vitals measurement, and nursing interventions such as basic care provision, wound cleaning, medication administration etc.

The foundation of the plan is based on:  Predicting the words, sentences and overall conversations which might be required or occur during a selected example scenarios  Creating a list of the predicted words, sentences and phrases  Translating them with the help of a native speaker or your nursing mentor  Putting them into practice during a real patient case of the same theme/scenario.

 A template sample has been provided in section 5.

### ○ **Patient Pathways**

**GOAL.** Gaining or extending your knowledge of nursing role in seamless care coordination and follow-up care in the context of an inpatient general ward for adult patients.

- **Seek** information about the *procedures* and *checklists* related to the three categories of patient admission, transfer, and discharge at ward.  
Learn about your role and responsibilities as a future nurse in each stage.

### ○ **Multidisciplinary Teamwork**

**GOAL.** Increased understanding of multidisciplinary teamwork and your associated role as a future nurse in the context of an inpatient general ward for adult patients.

- **Become** familiar with different professionals' roles at the ward.  
Learn how to have a seamless collaboration with them during each patient care.  
Also, learn how and on which occasions to contact these professionals.

### ○ **Pharmacotherapy – Rules and Responsibilities**

**GOAL.** Familiarization with ward-specific rules, procedure, places, and documents associated with pharmacotherapy.

- **Become** familiar with the medication room in your ward and the activities, responsibilities and rules related to proper ordering, keeping, dispensing, distributing, and disposing of medications used at ward.
- **Become** familiar with the medication plan specific to the ward.

### ○ **Patient Encounter Initiation – Warm Up!**

**GOAL.** Familiarity with ward-specific patient care, drawing good examples and inspirations from nurses' interactions and interventions for your own future nursing care and practice, gradual initiation of hands-on training to get comfortable and gain confidence during training.

- **Start** your first interaction with patients at ward.

During the patient interactions, be prepared to introduce yourself in Finnish and ask for patients' consent to be present there and to participate in their care.

At this stage, start by learning through: 🧑‍🎓 Active observation of nurses' interaction with the patient and their interventions 🧑‍🎓 Participation in small tasks and assisting the nurses 🧑‍🎓 Observing and/or performing isolated clinical skills 🧑‍🎓 Guiding patient throughout some activities such as movement.

Another task for you here is to create a list of common reasons for patient admission to ward during various patient interactions.

### ○ Ward-Specific Care – Knowledge Foundation and Requirements

**GOAL.** Preparation for your supervised and independent hands-on training later during the practice, identifying the expectations related to your knowledge and skills to better set more focused and specific goals for your learning during current practice.

- Using the list created during patient interactions, create a review table for each recorded health condition.

📎 A template sample has been provided in section 5.

To complement your learning here, seek information about ❓ What *knowledge* is required or valued when providing care in the ward ❓ The *specific skills and interventions* that are needed at the ward.

### ○ Reflection, Feedback, Sum-Up

**GOAL.** Raising self-awareness over your potentials, the identified shortcomings and how to improve your nursing care and attitude, setting the ground for better evaluation of your nursing care style, assisting your mentor to understand and improve their own supervisory activities.

- Ask for feedback from your mentor regarding: 🗨️ Your strengths 🗨️ Areas to improve, 🗨️ Strategies to make improvements happen.

Reflect on the knowledge and awareness you have acquired up to this point of your practice.

Conduct a self-assessment of your strengths and areas to improve, and your own ideas on how to make improvements in your knowledge and skills. This reflection can be done and recorded on your weekly blog reflection.

This part is finished by you providing feedback to your mentor with respect to: 🗨️ Mentor's supervision and guidance style 🗨️ Suggestions for improvement.

## Basic and Foundational Learning

### ○ Cultural Discourse

**GOAL.** Raising your and your mentor's cultural awareness, learning how to provide culturally sensitive care for patients at ward and, irrespective of cultural differences, finding common grounds with other nurses for better cooperation and positive working atmosphere.

- Become familiar with the cultural norms in Finland in advance.

Become familiar with the *common practice and work culture* at the ward and their *rationale* via a discussion with your nurse mentor.

Together with the mentor, arrange *a brief cultural discussion* to:

- Introduce your cultural and religious background in brief
- Give examples of the effects of cultural and religious beliefs upheld in your country on individual's decision makings regarding their health, medical treatments etc.
- Ask from your nursing mentor about the common health beliefs in Finland influence by culture and religion.

Discuss with your mentor the effective ways to work together and to avoid misunderstandings for better practice and teamwork during the internship.

### ○ Person-Centered Nursing Care

**GOAL.** Extending knowledge of person-centered care in the context of an inpatient general ward for adult patients, learning various ways to achieve person-centeredness in nursing care, applying this knowledge to practice during the training.

- Reflect on your understanding of person-centered nursing care acquired through the self-learning material.

Try to reflect on this concept in the context of the ward you are practicing in, and explore how you can ensure that your nursing care is person centered and discuss your understanding with the mentor.

### ○ Patient Information System

**GOAL.** Enhancing patient information recording skills, using patients' previous health records to better understand their condition and its association to previous health conditions, avoiding the unintentional breaching of patient data security.

- Familiarize yourself with various sections of the patient information system, also known as documentation system. Some of the important sections of the documentation system include care-related nurses' documented data, care-related multidisciplinary notes, Physicians' order section, patient medication list, risk information etc.

Learn specifically where and how to extract data on patient health background and records.


Ask for examples of compromised patient data security and how to avoid them during your practice.

Learn about other software or systems used for nursing documentation at the ward. Example: Medanet.

### ○ Communication – Handovers and Reports

**GOAL.** Improved communication in the context of an inpatient general ward for adult patients, practice giving precise, structured reports regardless of the language barrier.

- Learn how to prepare and give a shift report, also known as handover, in Finnish (or in English) using ISBAR as a framework and ABCDE protocol in the framework. Using a framework or fixed structure in a written form will help you to partially overcome the language barrier and its impact on your ability to report.

 A template framework along with an example handover has been provided in section 5.

Using the same framework, learn how to communicate with the wards' physician in Finnish. Ask your nursing mentor what information matters the most when giving a report to a physician.


Here, the principle is that you, as a non-native speaker, write your report based on a prepared framework so that you not only try to conduct a shift report in Finnish but also you become familiar with how to do a systematic shift report in general.

#### ○ Sources of Evidence-Based Guidelines

**GOAL.** Extending your knowledge of evidence-based nursing care, becoming familiar with various evidence-based tools and resources at your ward, learning how and when to use these resources during practice.

- **Become familiar with various, multidisciplinary EBP information databases and sources. Create a list of all the sources used at the ward in addition to the protocols, guidelines, and clinical decision support tools at the ward.**

**Learn how to access them and what are their application to practice at the ward in order to exhaust them during your practice.**

 **A list of commonly used sources of EBP in Finnish health care system has been provided in section 5.**

#### ○ Pharmacotherapy – Medication Dispensing, Distribution, Documentation

**GOAL.** Learning proper and safe practices related to medication distribution and

- Practice reading and understanding medication list in Finnish and dispensing medication accordingly.
- Distribute medication, under supervision, based on 5R of medication distribution – Right patient, Right medication, Right form, Right dose, Right time.
- **Monitor safe and proper methods of administration for various forms of medicine conducted by nurses.**
- **Become familiar with the medication list in the documentation system, and how to document medication administration properly.**
- **Learn how to check patients' medication list in terms of being up to date and accurate.**

#### ○ Patient Encounter Continuation

**GOAL.** The same as “Patient encounter initiation-Warm up!”.

- The instructions here are the same as before. You continue the patient encounter and care via active observation, participation in small tasks and assistance, performing single skill labs, and simple patient guidance.

#### ○ Ward-Specific Care – Knowledge Expansion

**GOAL.** Extending knowledge of nursing process for specific health conditions to preparing for applying this knowledge to nursing care and practice.

- **Prepare a nursing care plan based on ADPIE for the three most common disease conditions recorded during the previous week.**

**Review the prepared care plans in depth, and then share your information in each care plan with your mentor in a teach-back style and receive feedback and recommendations for corrections or improvement.**

○ **Reflection, Feedback, Sum-Up**

**GOAL.** The same as in the previous section.

- The instructions here are similar to the instructions provided in the previous stage.

## Core and Professional Learning | Introduction

○ **Ward-Specific Patient Care – Simulated or Real Patient Care Under Supervision**

- Here, you will take an *active-reflective approach* towards practice and learning. The active part is conducted by you through ADPIE process outlined below. The reflective part is conducted afterwards with the instructions from your nursing mentor provided to them in a separate sheet.

- Provide care for a real patient at the ward or, if possible and agreed with the nursing mentor in advance, you can simulate a patient case before proceeding to the real patient care.

In the case of a simulated patient, the mentor can give you an example of a most common patient case at the ward that they are familiar with, and then ask you to go through the nursing process for that specific case. Ask also if the mentor can act as the simulated patient.

- In either case, consider the following points before proceeding to act:

☞ Prerequisites to each practice patient care: ① Prior theoretical knowledge of different health conditions being treated at the ward ② The nursing process specific to each condition ③ Ward-specific skills required throughout the patient care.

☞ What you are expected to do:

*Provide* nursing care for the assigned real patient(s)/or provide care for a simulated patient under your nursing mentor's direct supervision.

*Prepare* assessment-specific equipment, tools, assessment cards.

*Consider* aseptic practices, working ergonomically, patient safety and comfort, patient consent in all stages.

*Apply* ADPIE model on your own, under the nursing mentor's supervision.

*Give* verbal explanation of the parts of the process that cannot be done at this stage, for instance the implementation and evaluation steps.

- **ADPIE in Action:** In either simulated or real patient care, the following ADPIE process can be used to provide a framework for your nursing act and/or explanation to your nursing mentor, under their direct supervision.



## ASSESSMENT

Collect objective and subjective data. In addition to physical assessment and exploring the patient, the patient, patient's relatives, and patient's electronic health records are three other important sources of data in the assessment phase.

Prioritize the assessment components and conduct the assessment accordingly.

Record the assessment data.



## DIAGNOSIS


Review and interpret the assessment data using your clinical judgement.

Establish nursing diagnosis and care needs, if possible, based on FinCC components.

Prioritize the patient's care needs using **Maslow's hierarchy of needs**  or **ABCDE method**.



## PLANNING

Set **SMART**  – specific, measurable, achievable, relevant, time bound- goals for nursing care and plan how to achieve them.

Establish a list of interventions that you can perform according to each nursing diagnosis established in the previous step.



## IMPLEMENTATION

Implement direct and indirect care.

Possible pharmacological interventions: Basic information regarding medication required. Remember 7 rights of medication administration.

Possible non-pharmacological interventions: Skills performance combined with patient guidance. If you cannot manage the patient guidance in Finnish, explain it to your mentor in English.

Follow established protocols and other sources of EBP in the ward.

(Verbally explain to your mentor how you would do this step)




## EVALUATION

Verify the achievement of care goals by **evaluating** the effectiveness of the interventions/treatment for the patient via various objective and subjective assessments.

(Verbally explain to your mentor how you would do this step)



Click  to quickly see the illustrative pictures related to this ADPIE instruction in section 5.

- **Reflection on Action:** After going through all the five steps of ADPIE, have a reflective discussion with your mentor regarding the whole process, *your perception of the patient's condition, your interpretation of the assessment data, as well as the appropriateness of your interventions* to deepen your understanding of the patient case either real or simulated.



- **EBP in Reflection:** Post the patient case scenario and the ADPIE reflection with your nursing mentor, reflect, individually on your experience in terms of EBP by answering the following question:  
**Were your decision-making processes informed by EBP?**  
 If the answer is yes, what kind of evidence did you use to make decisions in various steps of ADPIE and where have you encountered them?  
**What other EBP guidelines and information could have guided you through the nursing process - ADPIE?**  
**After this reflection, from the sources of EBP used at the ward, search for EBP guidelines and information that could help you to improve your actions and decision makings in the process.**  
**Share your findings with your nursing mentor using teach-back technique.**

### ○ Pharmacotherapy – Condition Specific Medications

**GOAL.** Familiarity with ward-specific medications and practices related to medication administration and pharmacotherapy.

- Learn about medications specific to the common conditions treated at the ward. This includes medication's class, form, mechanism of action, side effects, interactions, etc.
- Use *Terveysportti* among the introduced sources to collect reliable EB information.
- Learn about medication-specific rules and practices for safe pharmacotherapy. These include pre- and post-administration assessments, drug interaction check, recognition of adverse events and so on.
- Learn how to prevent errors in medication distribution and administration and how to act when errors occur.
- Learn how to act when unexpected events such as allergic reactions to a certain medication occur.

### ○ Reflection, Feedback, Sum-Up

**GOAL.** The same as in the previous sections.

- The instructions here are similar to the instructions provided in the previous stage.

## Core and Professional Learning | Deepening

### ○ Ward-Specific Patient Care – Gain Independence and Self-Report

**GOAL.** Performing what you have learned during the previous stage, as independently as possible and in agreement with your mentor. Moreover, learning and practicing the role of a nurse as an educator and promoter of health among individuals.

- Take responsibility for patient care independently under *the nursing mentor's indirect supervision* and *report the outcomes* to your nursing mentor.

To go through your independent nursing care and practice, consider the following points:

☞ Conduct all the steps involved in the “**Core and Professional Learning – Introduction**”, to provide care for an assigned patient as independently as possible to practice independent care and taking responsibilities.

☞ You will not be left alone and the mentor or other nurses in the ward will be there to guide you and to answer your questions.

☞ You will not assume anything at any time and when you come across an issue or need assistance, you will seek assistance and help from your mentor or other nurses.

☞ In non-acute situations when there is no need for a prompt decision, a good practice is to search through EB guideline databases and also use decision support tools at ward to seek answers to care-related questions. This practice will help you to get accustomed to evidence based decision making and practice while improving your problem-solving capabilities.

☞ Another good practice here is to discuss the results of your research with your mentor. This way, you not only get further reassurance as to the preciseness of your findings, but you can also contribute to spreading evidence-based knowledge and sharing information with the people whom you are working with.

## ○ Pharmacotherapy – Condition Specific Medications

**GOAL.** Practicing knowledge-based and proper medication administration and pharmacotherapy under direct supervision.

- **Make sure that patients’ medication list is up to date and reflects the recent changes made by the charged physician.**
- **Administer various forms of medication after obtaining your nursing mentor’s permission and under their direct supervision based on 14 rights of medication administration.**
- **Apply the information acquired for all these 14 Rights:** 👤 Right patient, ⌚ Right time, 📋 Right medication, ✍️ Right medication form, 📄 Right dose, ➡️ Right route, 🎯 Right effect, 🎓 Right education, 📁 Right documentation, ⏰ Right expiry date, 🤔 Right reason, 🧐 Right assessment, 📊 Right evaluation, 🛑 Right of the patient to refuse, and apply them to your practice of medication administration.
- **Verbalize your knowledge of the above to your mentor as well for possible correction and/or evaluation.**

## ○ Patient Guidance

**GOAL.** Learning and practicing the role of a nurse as an educator and promoter of health among individuals.

- **Practice how to guide a specific patient in the context of health promotion.** What evidence-based information you can provide the patient with regarding: 📋 Their current disease condition 📋 The care related to it, for instance the medication in use 📋 Discharge instructions for home care. 🏡 Lifestyle changes to improve their wellbeing.

If, due to the language barrier, it is difficult for you to communicate all these points with the patients, summarize all the main points and explain them *in English* to your mentor instead. This way, you can practice your role as a guide and an educator.

○ **Rehabilitation in Nursing Practice**

**GOAL.** Familiarization with the concept of rehabilitation and its component in the context of the ward and the ward care and incorporating rehabilitative activities in your provision of care for patients in need of rehabilitation.

- Reflect on your understanding of rehabilitation in nursing care acquired through the self-learning materials.

Seek information on the specific rehabilitative methods used in the ward.

Learn when and how you can apply them in your provision of patient care.

○ **Communication – Thematic Language Learning Plan in Practice**

**GOAL.** To put into practice the language plan you have prepared and improve your language acquisition while practicing.

- Try to use your recorded Finnish phrases and sentences in the thematic language plan during various phases of nursing process for a patient case.

For instance, when measuring the patient's vital signs or performing a skill such as cannulation.

○ **Reflection, Feedback, Sum-Up**

**GOAL.** The same as in the previous sections.

- The instructions here are similar to the instructions provided in the previous stage.

## TEMPLATES AND ATTACHMENTS

### Orientation

#### ○ Self introduction

Personal information	Learning style	Previous experience	Soft and hard skills	Soft and hard skills to develop	Learning goals
Name, role	What kind of a learner you are?	Work, internship	Examples of soft and hard skills you possess (see here)	Skills you wish to develop during current internship	Your individual goals. Also use the guide components

#### ○ General familiarization

Category	Vocabulary in English	Vocabulary in Finnish
Ward space	Medication room	Lääkehuone
Ward equipment	Infusion pump	Infuusiopumppu
Ward routine	Medication administration	Lääkkeiden antaminen
Ward procedure	Fall risk assessment	Kaatumisriskin arviointi

#### ○ Communication – Language Learning Plan

##### To develop a language learning plan for your internship:

**Timing:** Preferably before the start of the internship and continue during the internship

**How to do it:** Based on themes and scenarios in nursing practice such as specific, commonly used protocols, assessments, interventions, etc.

**Example:** Let's take ABCDE (Airway, Breathing, Circulation, Disability, Exposure) protocol for example which is commonly used in nursing practice. For the Airways component of ABCDE protocol, create a table which contains all the following components of assessing the airways. In each table, write down the relevant vocabulary words/phrases/sentences and translate them in Finnish with the help of a native speaker or your mentor during the clinical training.

B- Breathing	Hengitys
<b>Body parts</b> Example: Lung	Translation: Keuhko
<b>Health conditions</b> Example: Pulmonary edema	Translation: Keuhkopöhö
<b>Signs and symptoms</b> Example: Dyspnea	Translation: Hengitysvaikeutus
<b>Assessment components</b> Example: Oxygen saturation	Translation: Happisaturaati
<b>Assessment equipment</b> Example: Pulse oximeter	Translation: Happisaturaati mittari
<b>Questions to ask during assessment</b> Example: Are you having difficulty breathing?	Translation: Onko sinulla hengitysvaikeuksia?
<b>Assessment phrases and questions</b> Example: Let's listen to breathing sounds with the stethoscope.	Translation: Kuunnellaan hengitystäniä stetoskoopilla.
<b>Interventions and relevant phrases</b> Example: I will administer some supplemental oxygen via a oxygen mask.	Translation: Annan lisähappea happimaskin kautta.
<b>Evaluating the effectiveness of intervention</b> Example: Has supplemental oxygen eased breathing?	Translation: Onko lisähappi helpottanut hengitystä?

Overtime, you can further complete the example table by adding vocabulary words, phrases and sentences for other related situations such as when giving medication for breathing or teaching a breathing technique to the patient.

After compiling these words and sentences and practicing them in advance, put them into practice when, for instance, you assess a patient's airways.

**What to do next:**

Repeat the same for all the other sections of ABCDE protocol.

Use the same strategy for other types of practice. For instance, for interventions such as cannulating a patient. Think about it in a real case and based on the prediction of what equipment you may need, what sentences you might use or might ask from the patient, or how you might guide the patient, create a table for each and compile the words in Finnish, followed by memorizing them and putting them into real practice to get used to using them over time.

**○ Ward-specific care – Knowledge foundation**

Disease Condition Name	
Etiology	Lab and imaging examinations
Risk factors	Physical assessment components
Signs and symptoms	Pharmacological interventions
Pathophysiology	Non-pharmacological interventions

## Basic and Foundational Learning

### ○ Communication – Reports/handovers

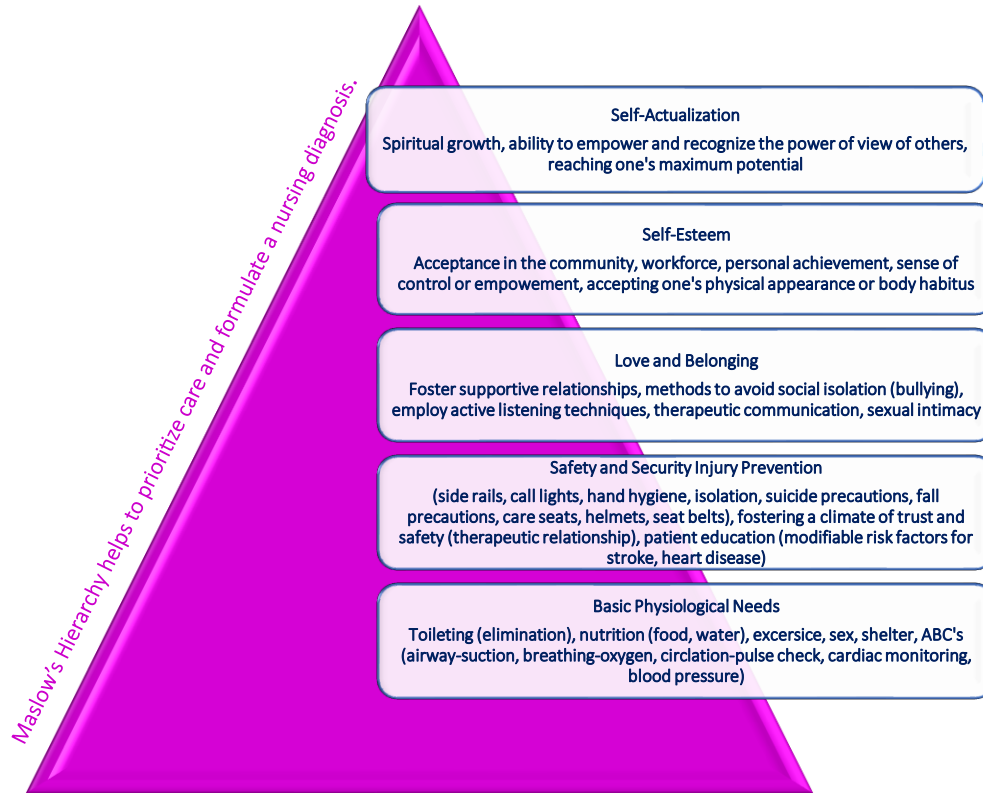
Nurses hand over	
Suggested components	Example
<b>Identification</b> ✓ Patient identification info, City	John Smith, a 30-year-old male from Kuopio
<b>Background information</b> ✓ Previous health conditions/general health ✓ Previous treatments/surgeries ✓ Risk information (e.g. allergies) ✓ Social life ✓ Living condition	Basic health, no specific previous treatments Penicillin allergy Living with his partner in a two-story apartment
<b>Situation</b> ✓ Time of admission, reason for admission, admission pathway.	On Dec 30 has developed sudden chest pain radiating to his neck followed by SOB, the partner called the emergency services and brought to the ED by paramedics.
<b>A brief timeline of current hospitalization period</b> ✓ What has happened so far? Which ward the patient has been to? When has the patient come to our ward?	On the day of admission, ST depression observed on ECG, scheduled for PCI which was performed through left radial artery, and a 50% occlusion of LAD established, and a stent placed which opened the occlusion. The procedure complication free, the patient was transferred to CCU on Dec 30.
<b>Assessment data of previous shift</b> ✓ Highlights based on ABCDE protocol. ✓ Highlights of patient medication ✓ Highlights of patient lab and imaging examinations results	During morning shift, the vitals have been stable. Breathing without problem on room air with SpO2 above 94% all the time, Normotensive, no arrhythmia, extremities warm to touch, diuresis on the way, orientated to time, place and situation, the PCI puncture site clean, no active bleeding. No report of pain, temperature normal. The physician has increased the dose of betablockers. The TTE has detected no movement disorder & LVEF of 75%. In the lab, TnT rose and CkMb reducing, the previously low K returned to normal range.
<b>Recommendations</b> ✓ Main current problem ✓ Recommended nursing assessment and interventions for the next shift ✓ Overview of scheduled treatments or labs, physician's orders	Currently no serious concern. The physician has allowed the patient's transfer to the cardiac ward this evening, so please arrange it with the ward if there're any places available. Prior to that, try to mobilize the patient with the telemetry device connected during mobilization.

### ○ Sources of evidence-based guidelines

Commonly used sources of EBP in Finnish Health care System
Terveystietti (Käypähoito, EBMG, Hoitotyön tietokanta, Lääketietokanta, Lääkeinteraktiot ja-haitat), Hotus
Check: Ward-specific decision support tools

## Core and Professional Learning | Introduction

- Ward-specific patient care – Simulated or Real Patient Care Under supervision



Maslow's Hierarchy of Needs for Nursing. Contributed by Tammy J. Toney-Butler

Specific	Measurable	Achievable	Relevant	Timely
<b>S</b>	<b>M</b>	<b>A</b>	<b>R</b>	<b>T</b>
<b>G</b>	<b>O</b>	<b>A</b>	<b>L</b>	<b>S</b>
This goal covers one clearly defined area that is direct & easy to understand.	The goal has measurable outcomes that indicate when you have achieved it.	The goal is challenging but realistically achievable for your skills, resources, & capabilities.	The goal supports the broader needs of the ward, department & organization.	There is a clear due date by when the goal needs to be achieved.

Information extracted from PEOPLEGOAL.COM

## SELF-LEARNING MATERIALS

### ○ Nursing ethical principles

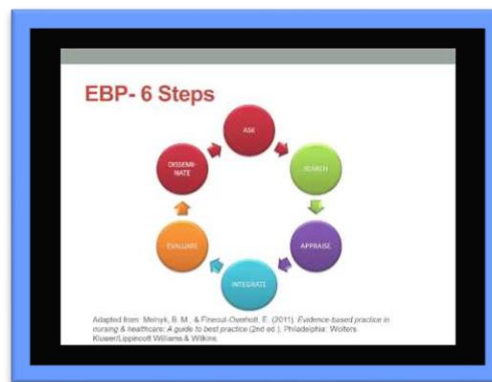
Website article: [Why ethics in nursing matters.](#)

Online article: Haddad LM, Geiger RA. Nursing Ethical Considerations. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK526054>

### ○ Evidence-based practice

Website: [What is evidence-based practice in nursing?](#)

Online video: Please check out videos No.1 to 4 from the following YouTube channel. Click on the picture.



### ○ FinCC in English and Finnish

Online document: <https://www.julkari.fi/handle/10024/140289>. Available both in English and Finnish.

### ○ Person Centered Care

Online article: [Person-Centered Care | American Association of Colleges of Nursing](#)

### ○ Infection control precautions

Online article: [Infection control basics](#)

### ○ Patient rehabilitation

Online article: [An overview of rehabilitation for nurses](#)

Online article: Gutenbrunner C, Stievano A, Stewart D, Catton H, Nugraha B. Role of nursing in rehabilitation. doi: 10.2340/20030711-1000061. PMID: 34276905; PMCID: PMC8215228.

Online article: [WHO's package of interventions for rehabilitation | 8 modules](#)



- **Books for Finnish language learning in the context of health care**

Karhumäki, M., Metsäportti, M., Tuohimäki, P. 2017. Dear patient – English for nursing. Helsinki, Finland: Sanoma Pro Oy.

Mc Grory, P., & Pietilä, A. 2013. Healthy English. Helsinki, Finland: Edita.

Although these two books are primarily intended for the health care students who want to improve their health care-related English language, they both contain many useful vocabulary words as well as phrases in Finnish that you can use during your practice in a Finnish health care setting.

## FINAL WORDS

- This guide is a good practice tool to be used by international nursing students during their clinical training in a medical ward in Finland. Successful implementation of such a guide requires a mutual and effective cooperation between international nursing students and their nursing mentors.

Nursing students can complement this guide by adding their own individual learning goals and other approved learning methods tailored to their various learning needs in different health care settings. Additionally, students could also incorporate their weekly blog reflections required by their degree program as well as the mid and end of internship evaluations with their tutor teachers and nursing mentors, in this guide.

Students should also bear in mind that acquiring competence in skills such as clinical judgment and critical thinking is rather time dependent and a product of persistent, recurrent real-life nursing care and practice.

In the end, the author hopes this guide will bring more clarity to the clinical training of international nursing students, and it will facilitate their learning process.

## SOURCES

- Ausmed – 13 rights of medication administration | Ausmed explains
- Clinical training definition | Lawinsider
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