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MOOC – Care for Europe

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Care for Europe - MOOC

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1 Care for Europe MOOC, main page

1.1 Orientation

This MOOC aims to introduce the concept of cultural competence to the nursing exchange students and to orientate them to clinical placements in nursing education in Finland, France, Hungary and Spain.

This MOOC will help international nursing students orientate to their student exchange and clinical placement in a new country and culture as well as provide them with valuable country specific information related to their clinical placements, which will help them to integrate better to the new environment.

This MOOC has been developed in Care for Europe Erasmus+ KA2 project. The Care for Europe project is coordinated by the French Red Cross IRFSS Auvergne-Rhône-Alpes (France) and the project partners are University of Pécs (Hungary), University of Lleida (Spain) and Laurea University of Applied Sciences (Finland). Care for Europe Erasmus KA2 project is granted by Erasmus+ programme.

Prerequisites

The course is aimed to nursing students who are planning a student exchange in and clinical placement in Finland, France, Hungary or Spain.

Required Equipment

Computer and an internet connection, mobile phone with QR-code reader.

Language of Instruction

English

Course Content

This MOOC has four study modules and it is recommended to study them in given order:

1. Cultural competence module will introduce the concept cultural competence and why it is a requirement in nursing profession and how one can enhance it.
2. Before the clinical placement module introduces nursing profession and nursing education in Finland, France, Hungary and Spain making it easier for you to orientate to your possible nursing studies and clinical placement in the above-mentioned countries.
3. During the clinical placement module will orientate MOOC users to the clinical placements and mentoring practices in Finland, France, Hungary, and Spain.



4. Culture and language module will familiarize the MOOC user to culture and language in Finland, France, Hungary, and Spain.

Assignments

In the MOOC, there are reflective assignments and quizzes. Reflective assignments are recommended to be done in the given order alongside studying the course material. Quizzes are recommended to be completed in the end of each module.

Reflective assignments

The aim of the reflective assignments is to help a student to gain learning goals of each module and to help students to reflect the central themes and concepts that has been discussed in the module. In addition, the reflective assignments help students to prepare them for a clinical placement abroad. Reflective assignments can be found in the end of each module.

Student answers to each reflective assignment with a structured piece of text utilizing the course material and other relevant material (articles, websites, books). Answers to all reflective assignments can be compiled on a one single word document. Minimum length of an answer to one reflective assignment is two paragraphs of text and maximum length is one page text (A4). It is recommended to add citations and reference list to your paper.

Reflective assignments are evaluated on a completed/incomplete scale. To complete the assignment, the student needs to answer all the reflective assignments including all the questions.

Quizzes

The aim of the quizzes is to support student learning in each module. Quizzes are multiple choice statements about the module's topic. Quizzes are evaluated on a completed/incomplete scale. Student gets automatic feedback after finishing the quiz.

Course evaluation

The course is evaluated on completed/incompleted scale. Student compleates the course after finishing all the reflective assignments and quizzes.

Course credits

This is an independent study module and awarding the course credits depends on the policies of the higher education institution.

More information? Please contact:

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1.2 Enter the course

Icons for entering the module 1, 2, 3 and 4 here

1.3 Say hello

Course tutor, please create a Padlet by choosing the Map alternative and add the instruction text below:

“Say Hello to your fellow nursing students!

Introduce yourself briefly to other users by telling something about you and your country. You can for example describe what you are studying and why. Or tell a funny fact about you or an interesting fact about the culture you live in. Your introduction can be a short video, or a short text. Start by clicking on the Plus (+) icon below. Then, to pick a location, either search and select a place, or drag and drop the pin to a point on the map. Please, keep in my mind that the posts are public.”



2 Module 1 – Cultural competence

Picture 1

Tag 1

INTRODUCTION TO CULTURAL COMPETENCE MODULE

By familiarizing yourself with the concept of culture and cultural competence as well as the development of cultural competence, you can promote your own development towards a culturally competent nurse. However, you cannot become culturally competent just by studying it in theory - you also need to encounter and interact with people with different cultural backgrounds. This section does not provide information about specific cultures but draws a general picture of cultural factors affecting our life. You can learn more about the culture of your exchange country in the module culture and language.

This cultural competence in nursing module includes 2 different rooms. Please go through the virtual tour and the material. Test your knowledge with the quiz in the end of the module.

Tag 2

REFLECT YOUR OWN CULTURAL BACKGROUND

Being aware of one's own cultural background is important also in terms of understanding other cultures. Take some time and reflect your own cultural background considering following aspects:

What kind of different cultures you are part of?

What does your culture mean to you?

What kind of things are typical to your own culture?

What kind of prejudices you have?

What kind of attitudes you have towards other cultures?

Tag 3

CULTURE

Culture can be seen as a shared system of knowledge, codes, symbols and meanings, and according to this view, people organize their social life through these shared features (Geertz, 1960-1970). In addition to this, culture is depicted as a shared set of beliefs and conventions that people have adopted as a part of a certain group. Culture is thus a collective way of life that connects a certain group of people and distinguishes them from others (Gellner, 1997; de Munck & Bennardo, 2019). Moreover, culture is not inherent. Instead, it is something we adopt as part of the process of identifying ourselves with a certain group and it is something that constantly evolves in interaction with its surroundings (Gellner, 1997). See the following video defining culture: What is culture? <https://www.youtube.com/watch?v=T7Z4zLEX1CQ>

Tag 4

CULTURAL ICEBERG MODEL



Certain dimensions of the culture are easily distinguishable for us. However, many cultural dimensions are more hidden in nature. Edward T. Hall (1976) has created an iceberg model as an analogy for culture. Some parts of the iceberg are floating above the water, whereas largest parts lie beneath the surface – similarly as in cultural dimensions. See the following video to learn more about cultural iceberg model: Cultural Iceberg <https://www.youtube.com/watch?v=woP0v-2nJCU>

Tag 5

CULTURAL DIFFERENCES

It is very important to acknowledge that besides culture, there are many other factors affecting our individual behavior. Therefore, for example, the individual variation within ethnic groups is usually greater than the variation across ethnic groups. However, the culture has a great impact on us, and the cultural differences are not only those that we can see “above the water” but reach much deeper in our thoughts and worldviews.

Dutch social psychologist Geert Hofstede has studied cross-cultural communication using large multi-national samples over time and has identified certain dimensions, which can be used to characterize national cultures. These dimensions are power distance, individualism vs. collectivism, uncertainty avoidance, masculinity vs. femininity, long-term orientation vs. short-term orientation, and indulgence vs. restraint.

Learn more about cultural dimensions and compare the culture of your own country and receiving country (the link below). What kind of differences or similarities did you find? What kind of thoughts evoke?

Hofstede Insights: compare countries <https://www.hofstede-insights.com/product/compare-countries/>

Tag 6

CULTURE AND HEALTH

Culture and health are intertwined in many ways. Culture affects our perceptions of health and diseases and our health behavior. Learn more about this relationship by reading a blog text and watching a video about health-related communication in cultural context

blog text: Culture as a determinant of health

<https://novialia.novia.fi/novialia/bloggar/studerandebloggen/culture-as-a-determinant-of-health>

Video: Culture and Health https://www.youtube.com/watch?v=U2Q_7BnyofA

Tag 7

THE IMPACT OF CULTURE ON THE DAILY WORK OF HEALTHCARE PROFESSIONALS

Interculturality is an essential part of communication, especially nowadays, in a world of globalization and growing migration. However, interculturality in healthcare communication has played a very important role for a long time, as besides the phenomenon of migration, each and every healthcare professional is familiar with the cultural and communicational gaps existing in the various ethnicities, religions, or even individuals from different backgrounds.

Culture and some of its manifestations have an impact on the daily work of healthcare professionals. In today's multicultural world, it is essential to understand the client's verbal and nonverbal communication,



and this requires a sense of intercultural awareness on the part of the healthcare professionals. Nurses and other healthcare professionals need to be familiar with the different forms and meanings of transcultural nonverbal communication, especially if they do not speak the client's language.

Interculturality represents itself in every aspect of healthcare, it is there on the patients' side, as well as on the side of the people working in healthcare. After all, nurses are with the patients for the greatest amount of time during the day, so, for them, being able to understand the differences and the possible communicational problems arising from them and communicate accordingly is a crucial part of their profession.

In an intercultural environment, it is very often difficult to distinguish between cultural norms and individual behaviors and ideas that seem "out of the norm". This can cause two common problems: 1. A culturally insensitive healthcare professional may make a mistake. 2. Stereotyping and discrimination through the systematic culturalization of unexplained behaviors. We need to realize that we are not culturally neutral and become more open to a discussion, in which prejudices play a much smaller role.

Think about a culture that you are familiar with – which cultural factors related to health you can recognize?

Picture 2

Tag 1

CULTURAL COMPETENCE AS A CONCEPT

Cultural competence is defined as awareness of the cultural factors that influence another's views and attitudes, and an assimilation of that awareness into professional practice (Napier et al., 2014). In everyday life, cultural competence refers to respecting the fact that people have adopted different cultures and hence have different mindsets and altering habits.

It includes respecting how people function in different ways in varying situations. Developing cultural competence is a lifelong holistic learning process, to which we are constantly adding new knowledge. Developing cultural competence implies learning through encounters and in interaction with people from other cultures. Cultural competence can be fully acquired only through one's own experiences, because cultures are manifested in the way people interact.

Tag 2

INTERNATIONAL GUIDELINES FOR CULTURALLY COMPETENT CARE IN NURSING PROFESSION

People's right to health is a human right:

Healthcare professionals are ethically, morally and legally obliged to provide the best possible and culturally safe care. People's right to health is regulated at the international level by human rights treaties and at the national level by national laws. It is important that you as a future registered nurse are aware of the regulation.

UN Declaration of Human Rights (1948, Article 25):



Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

UNESCO Universal Declaration on Cultural Diversity (2001, Article 4):

The defense of cultural diversity is an ethical imperative, inseparable from respect for human dignity. It implies a commitment to human rights and fundamental freedoms, in particular the rights of persons belonging to minorities and those of indigenous peoples. No one may invoke cultural diversity to infringe upon human rights guaranteed by international law, nor to limit their scope.

UN Office of the High Commissioner for Human Rights (OHCHR), Minority Rights: International Standards and Guidance for Implementation (2010):

The promotion and protection of the rights of minorities require particular attention to be paid to issues such as the recognition of minorities' existence; efforts to guarantee their rights to non-discrimination and equality; the promotion of multicultural and intercultural education, nationally and locally; the promotion of their participation in all aspects of public life; the inclusion of their concerns in development and poverty-reduction processes; disparities in social indicators such as employment, health and housing; the situation of women and the special concerns of children belonging to minorities.

WHO Global Code of Practice on the International Recruitment of Health Personnel (2010):

The Code aims to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel and to facilitate the strengthening of health systems. Member States should discourage active recruitment of health personnel from developing countries facing critical shortages of health workers.

The ICN Code of Ethics for Nurses (2012):

The nurse's primary professional responsibility is to people requiring nursing care. In providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected. The nurse ensures that the individual receives accurate, sufficient and timely information in a culturally appropriate manner on which to base consent for care and related treatment.

Tag 3

THE DEVELOPMENT OF CULTURAL COMPETENCE IN NURSING

The Papadopoulos, Tilki and Taylor model of cultural competence development (PPT-model) has been widely used and cited in the nursing literature. Papadopoulos, Tilki and Taylor (2003) define cultural competence as the capacity to provide effective healthcare taking into consideration people's cultural beliefs, behaviors and needs. According to them cultural competence is the synthesis of a lot of knowledge and skills which we acquire during our personal and professional lives and to which we are constantly adding. Their model consists of four stages: 1. cultural awareness, 2. cultural knowledge, 3. cultural sensitivity and 4. cultural competence. In the following numbered tags (4-9) you will learn more about these stages

Tag 4

CULTURAL AWARENESS

The first step of the cultural competence development; cultural awareness, implies being alert to the potential cultural differences that should be considered in patient assessment and care management. Cultural awareness begins with an examination of our personal value base and beliefs. Getting to know oneself is not necessarily an easy task, because we cannot always see the features of our own culture and we might even be surprised to discover how other people perceive us. However, before developing cultural competence the learners need to be aware about their own culture and cultural identity as well as cultural diversity and different health beliefs and behaviors.

Cultural awareness consists of self-awareness, cultural identity, heritage adherence, ethnocentrism and stereotyping. Someone's cultural awareness is their understanding of the differences between themselves and people from other countries or other backgrounds, especially differences in attitudes and values. Nurses need to understand the basic principles for developing cultural competence and be aware of their own culture and cultural identity to be able to provide culturally competent health care. They need to become aware of their own prejudices and values, and to critically examine the concepts of ethnocentrism and stereotyping. It is important for a nurse to realize how their own culture will affect their intercultural encounters in a clinical environment.

Let's take a closer look at two important aspects of cultural awareness: ethnocentrism and stereotyping in the following tags (5 and 6)

Tag 5

ETHNOCENTRISM

Ethnocentrism is a belief in the superiority of the nation, culture, or group to which we belong, and it is often accompanied by feelings of dislike for other groups. A culture always implies our social, and not our biological heritage. We inherit our religion, language and behavioral patterns in a different way than our skin and hair color. Therefore, our race and nationality do not tell anything about our language and culture. It is very common that people subconsciously prefer their own cultural heritage, and therefore we need to learn to recognize our own cultural prejudices. These prejudices can interfere with our intercultural encounters or even manifest themselves in feelings of hatred. We need to identify our own subconscious ethnocentrism to be able to develop our intercultural competences and respect other cultural heritages.

Cultural relativism can be seen as an opposite to ethnocentrism. Watch a video to learn more about cultural relativism and ethnocentrism: Ethnocentrism and Cultural Relativism | What is It?

<https://www.youtube.com/watch?v=aQ9mDILbzGA&t=65s>

Tag 6

STEREOTYPING

A stereotypical idea of a type of person or thing is a fixed general idea that a lot of people have about it, that may be false in many cases. The noun stereotype typically applies to refer to a commonly held mental picture that represents an oversimplified opinion, a prejudiced attitude, or an unconsidered judgment about someone or something.

Stereotypical ideas imply that e.g. all Americans are similar, created with the same mold. These ideas are often based on features that are interpreted in a different way in different cultures. We need to be aware of the interpretations of our own cultural features in other cultures. The same features might be interpreted in either positive or negative way in different cultures. We also need to pay attention to the unique background that all individuals have in addition to their cultural background.

Tag 7

CULTURAL KNOWLEDGE

The second step of the cultural competence development; cultural knowledge, can be gained in several ways. Meaningful contact with people from different ethnic groups can enhance nurses' knowledge of their health beliefs and behaviors as well as raise understanding around the problems they face. The conceptual framework of cultural knowledge comprises health behaviors, stereotyping, ethnohistory or anthropological understanding, sociological understanding, psychological and biological understanding, similarities and variations.

Tag 8

CULTURAL SENSITIVITY

The third step of the cultural competence development; cultural sensitivity, implies empathy, interpersonal and communication skills, trust, acceptance, appropriateness and respect. An important element in achieving cultural sensitivity is how professionals view people in their care and are aware of other cultures. A culturally sensitive person takes an active role in introducing their own culture to people from other cultures and facilitates their integration into another culture. They are interested in their background and perceptions. It is also important to create an approving and honest atmosphere in the interaction in a multicultural setting. Equal partnerships involve trust, acceptance and respect as well as facilitation and negotiation.

Cultural sensitivity in nursing implies willingness to cooperate in a multicultural team and to promote positive communication and interaction with patients and their families as well as relationships within a professional team. Cultural sensitivity is also demonstrated by the desire to develop and improve one's intercultural and transcultural communication skills in a clinical setting. It is important to understand the characteristics of effective communication with people of different cultures.

Learn more by watching a video about cross cultural communication: Effective Cross Cultural Communication 101 <https://www.youtube.com/watch?v=IMpIUEgo5YQ>

Tag 9

CULTURAL COMPETENCE

The final step; cultural competence, comprises the assessment of skills, diagnostic of skills, clinical skills as well as addressing and challenging prejudice, discrimination and inequalities. The achievement of this stage requires the synthesis and application of previously gained awareness, knowledge and sensitivity. Furthermore, the focus is placed on practical skills, such as assessment of need, clinical diagnosis and other caring skills.

A most important component of this stage of development, is the ability to recognize and challenge racism and other forms of discrimination and oppressive practice. Culturally competent care is becoming an



imperative for those responsible for providing health care services in multicultural societies. Being treated in a culturally competent manner is a reasonable expectation of all of us. It is no longer acceptable to treat everyone in the same way, or to base the care we provide to individuals on norms drawn out of the majority culture. A culturally competent nurse can perform a needs assessment and provide competent health care for child and adult patients of different cultural backgrounds.

Module 1 reflective assignments

Draft an answer to the questions below on a separate document. Attach the document to your learning portfolio.

1. Reflect your own cultural background considering the following aspects: What kind of different cultures are you part of? What does your culture mean to you? What kind of things are typical to your own culture? What kind of prejudices do you have? What kind of attitudes do you have towards other cultures?
2. Think about a culture that you are familiar with – what cultural factors related to health can you recognize? Give some examples.
3. What kind of stereotypical ideas do people have about your culture, and thus about you? Give some examples
4. What is cultural competence and why, it is a requirement in nursing profession?
5. How can one enhance their cultural competence? Give some examples

Module 1 knowledge test

1. Most dimensions of culture are easily distinguishable.
 - a. True
 - b. **False**
2. The variation between individuals is usually greater than the variation across ethnic groups.
 - a. **True**
 - b. False
3. Socio-economic status, educational level and social networks are typical cultural factors affecting health.
 - a. True
 - b. **False**
4. Which one of the following dimensions can be used to characterize national cultures in the well-known Hofstede's model?
 - a. Gross Domestic Product
 - b. **Power Distance**
 - c. Religion
 - d. Language
5. Healthcare professionals are not only ethically and morally, but also legally obliged to provide the best possible and culturally safe care.
 - a. **True**
 - b. False
6. According to the ICN Code of Ethics for Nurses, nurses promote an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected.
 - a. **True**
 - b. False
7. According to Papadopoulos, Tilki and Taylor, the development of cultural competence consists of four stages which are:



- a. **cultural awareness, cultural knowledge, cultural sensitivity and cultural competence**
 - b. novice, advanced beginner, competent and proficient
 - c. unconscious incompetence, conscious incompetence, conscious competence and unconscious competence
 - d. recollection, recognition, decision and awareness
8. Drag the words into the correct boxes
- a. **Ethnocentrism** is a belief in the superiority of the nation, culture, or group to which we belong.
 - b. **Stereotype** is a generalized belief about a particular category or group of people.
 - c. **Cultural relativism** is the idea that a person's beliefs and practices should be understood based on that person's own culture.
 - d. **Cultural competence** is the capacity to provide effective healthcare taking into consideration people's cultural beliefs, behaviours and needs.
9. Which one of the following statements characterizes culturally competent care?
- a. **Nurses recognize and challenge racism and other forms of discrimination and oppressive practice.**
 - b. The care that nurses provide to individuals is based on norms drawn out of the majority culture.
 - c. Nurses expect patients to fade out their cultural beliefs and habits.
 - d. Nurses ignore their own cultural prejudices.
10. Examination of our personal value base and beliefs is essential in the development of cultural competence.
- a. **True**
 - b. False



3 Module 2 – Before the Arrival

3.1 Finland

Picture 1

Tag 1

INTRODUCTION TO BEFORE THE ARRIVAL MODULE

In this module, you will get general information about nursing profession and nursing education in Finland. This study module will help you to orientate to your nursing studies, and especially clinical placement in Finnish clinical learning environment.

After studying this module, you will have developed an understanding of the nursing profession and nursing education in Finland, and you know the prerequisites for starting a clinical placement in Finland.

Before the arrival module includes four different rooms. Please go through the virtual tour and the material. Test your knowledge with the quiz in the end of the module.

Tag 2

NURSE IN FINLAND

Nurses in Finland are an independent profession, governed by their own discipline, nursing science. Nurses have a clear role in patient care in relation to other professions. The work of nurses is governed by laws, regulations and legislation, including for example Act on the Status and Rights of Patients (785/1992), Health Care Act (1326/2010) and Decree on Health Care Professionals (564/1994). In Finland, health care professionals who have completed their nurse education (210 ECTS, 3,5 years) can apply for protected title registration or legalisation from Valvira (The National Supervisory Authority for Welfare and Health) and work as a registered nurse.

Tag 3

HEALTH REQUIREMENTS FOR NURSES IN FINLAND

Being a nurse requires sufficient physical, psychological and social abilities to function and the preconditions will be estimated already among student applicants and later in working life, e.g. in health examinations.

As obstacles are identified for example:

- a disability which influences the ability to function as a nurse
- serious mental health illness or serious mental health disorder
- substance/drug addiction or abuse
- a limitation of the social ability to function which makes operating with people difficult
- a chronic disease or physical disability, if it restricts working
- a serious rash and/or allergy for example to medications and to cleaners

Nursing profession is not suitable for everybody. Obstacles for working as a nurse is if the person has been condemned for crimes which are directed to children, sex offences, violent crimes, for the crimes which are



directed to freedom or drug offences. In addition, nurses and nursing students have to present an extract from the criminal record if they work among minors. The inspection of the students' extracts from the criminal record is made in a centralised manner in the educational institutions.

Sufficient and valid vaccinations or immunisations are also required from a nurse, e.g. against measles and chickenpox as well as against whooping cough in neonatal care. Furthermore, annual influenza vaccinations are required. Hepatitis B vaccine is recommended if there is a risk for infection during their internship (students) or in the work (nurses). The required vaccinations are free of charge for healthcare staff and students, and they are provided by occupational health services and student health care. Also, tuberculosis screening and salmonella sampling might be required. If the nurse has shingles in the blistering stage or Herpes Simplex virus in hands or mouth, the working environments are restricted.

Healthcare and social welfare employers obligated to ensure the safety of services during the COVID-19 epidemic, and therefore, the covid vaccinations are mandatory for social and healthcare workers until end of 2022.

Read more: Instructions for social and health care students concerning infectious diseases and vaccinations <https://www.yths.fi/en/services/a-prevention-of-infectious-diseases/instructions-for-social-and-health-care-student/>

Tag 4

HEALTH REQUIREMENTS

It is important to know well the health requirements of the student exchange destination country. The health requirements for nurses are similar in many countries, however, differences are possible. For example, it is good to check if the tuberculosis screening is needed and which vaccines are mandatory for nurses in the student exchange destination.

Evaluate your vaccine protection:

https://1285112865.rsc.cdn77.org/app/uploads/2020/01/Rokotuslomake_YTHS_EN.pdf

Tag 5

NURSES' UNIFORM AND HYGIENE INSTRUCTIONS

Nurse's work includes hygiene related instructions. Following the instructions can prevent infections which are related to the care and influence the safety and quality of the patient care. The nurse has to pay attention to the correct use of work and protective clothing as well as take care of their own hygiene and health.

The nurse gets the uniform from the workplace and the uniform has to be always clean when coming to a shift. The uniform is changed every day or more often when necessary. The nurse's uniform includes trousers, a short-sleeved shirt and working shoes. In the patient work, long-sleeved shirts are not worn for hygiene reasons. Working shoes have to be steady and cleaned. Socks are worn with the working shoes. The nurse's uniform does not include hanging jewellery (earrings, bracelets, necklaces), rings or wrist watches. The nails have to be short and the nail beds have to be clean. Nail varnish, artificial and gel nails are forbidden in most of the workplaces. Long hair has to be kept clean and fastened. Beard and moustache have to be groomed and clean. The use of perfumes is not recommended and smoking during the working hours is in most cases forbidden. The nurses have an identity card, which has to be kept visible fastened to the uniform. Nursing students carry a name plate, which the students orders through the educational institution before the going to the work placement.



Headgear or scarves, which are used for religious reasons are changed every day or if necessary, more often. Headgear and scarves, which cover faces cannot be kept in the patient work, because the patient has a right to identify the worker who takes care of them. Sometimes the nurse works in their own clothes. In this case, the nurse has to take care of the appropriateness and cleanliness of the uniform themselves.

The nurse's work includes also health related requirements. Health records are personal information and a nursing student does not need to provide them to the organiser of their clinical placement, but the student's responsibility is to make sure that they fulfil the health requirements. The employer is often satisfied with an oral announcement of the health. If necessary, the employer has the possibility to ask for a report on the suitability of the worker's health to the unit of work from occupational or student health care. This means that the student must be able to show that the requirements that are related to their health are fulfilled.

Tag 6

NURSES' WORK

Nurses are the highest trained professionals in the field of nursing and work independently in their duties. The nurse's work is based on nursing science and evidence-based nursing care, which is the basis of their expertise. The nurse's job description can vary according to the working environment, but the work focuses on comprehensiveness and holistic care, responsibility and health promotion.

The nurse's work includes different tasks related to patient care, such as the patient's basic care and different treatments and examinations. Nurses for example manage wound care, take samples, e.g. blood and cervical smear samples, take readings related to the patient's condition, such as blood pressure and blood sugar level readings as well as assess the patient's condition applying different scales, e.g. Beck Depression Inventory (BDI) and the Alcohol Use Disorders Identification Test (AUDIT). The nurse assesses the patient's state and monitors the changes in it together with doctors and other health care professionals. Decision-making is also a central part of the nurse's work. In nursing, it is required that the nurse is able to make independently decisions related to patient care. The decision-making is a central part of for example the evaluation of the need for care. In addition to treating illnesses, the nurse's work includes the maintaining and promotion of the patient's health and prevention of illnesses. The nurse's work includes guiding, advising and supporting the patients and close ones. The nurse's work also includes the documentation of the patient care and the compilation of different documents and plans concerning the patient's care. Moreover, the nurse is responsible also for the planning of the realisation of patients medication. The nurse's tasks can include the ordering of medicines and the preparation of medicines as well as administering them to patients in appropriate doses. The nurse administers medicines to the patient and handles medicines that are classified as drugs or central nervous system (CNS) drugs according to separate instructions. Nurses have to maintain their knowledge of pharmacotherapy continuously and they have to show that they have theoretical and sufficient practice skills for carrying out pharmacotherapy. Separate additional education is needed for e.g. intravenous fluid therapy and epidural injections as well as for vaccinating. The knowledge and skills are confirmed at the workplaces, where the doctor responsible for pharmacotherapy in the unit grants the permission.

Tag 7

NURSES' WORK



The nurse works as an independent expert in nursing, but they are often part of multiprofessional teams, whose task is to take care of the patient's matters in cooperation with the patient. The starting point to the working is equal professional cooperation, in which every health care professional uses its own knowledge to the best of the patient. The nurse's role in professional cooperation varies from the expert role to the role of the co-ordinator of the patients' care. Moreover, the nurse's work includes sometimes tasks where they assist the doctors with patient's preparations to the treatment or assisting during the patient's treatment. Moreover, nurses' work includes multiprofessional cooperation and different guidance and teaching tasks. For example, nurses guide their colleagues and mentor nursing students.

Nurses' working conditions are governed by various collective agreements. Typically, nurses work in shifts, with morning shifts from 7am to 3pm, evening shifts from 1pm to 9pm and night shifts from 9pm to 7.30pm. The working day is around 7-8 hours, with 10 minutes coffee break and one 20 minutes lunch break. On average, a nurse has 2 days off per week and receives an average of 2.5 days of holiday per month, i.e. around 30 days per year.

The starting salary for a nurse is around 2500e. In addition to the basic salary, nurses are paid extra for evening, weekend and night work. The average nurse's salary, including these extras, is around 3000 euros depending on working environment and nurses's background (workhistory, education etc). There are differences in salaries between public and private sector and in some places and nurses may also be paid an annual experience bonus or a personal performance-related bonus.

Tag 8

NURSING IS EVIDENCE BASED PRACTICE

The nurse's work is based on evidence-based nursing. Evidence-based nursing refers to the use of the best and the most up-to-date and available information in the management of the patient and their close ones. In evidence-based nursing, care needs are responded to by using uniform care practices and methods that have been approved having an effect, which improves the effectiveness and quality of the nursing care. In Finland, evidence-based nursing is regulated by the law and ethical guidelines, which bind the professionals of public health care.

Evidence-based nursing is manifested in practice in the decision-making in nursing care, which is directed by the uniform recommendations of nursing. In Finland, the nurses rely, for example, on care recommendations provided by Nursing Research Foundation NRF who draws up clinical guidelines and current care guidelines, which are based on the national and international research data. Nurses also use in their work their own databases, which support their decision-making, such as Terveysportti, Current Care Guidelines through which they get different clinical guidelines and different instructions that direct their work.

Links:

Nursing Research Foundation NRF <https://www.hotus.fi/nursing-research-foundation-nrf/?lang=en>

Terveysportti <https://www.terveysportti.fi/terveysportti/koti>

Current Care Guidelines <https://www.kaypahoito.fi/en/guidelines>

Tag 9

NURSES COLLEGIALLY GUIDELINES



The nurses are also supported by a code of conduct on collegiality. The Collegiality Guidelines support nurses' collegiality and oblige nurses to act collegially towards each others: https://sairaanhoitajat.fi/wp-content/uploads/2019/10/KOLLEGIAALISUUS_A4_ENG.pdf

Tag 10

ETHICAL GUIDELINES

The nurse's work is guided and supported by ethical guidelines. The ethical guidelines support decision-making in day-to-day nursing work and also demonstrate to health professionals and the public the basic role of nursing in society: https://sairaanhoitajat.fi/wp-content/uploads/2021/08/Tulostus_A4_EO_SH-2021_ENG.pdf

Picture 2

Tag 1

CAREER POSSIBILITIES FOR NURSES

Nurses have diverse working environments and different duties and responsibilities depending on the working environments. Nurses can act in public healthcare services, for example in primary health care, special health care or in outpatient and district nursing. Nurses also work in social welfare and in the third sector, for example in different organizations or in research and development. During the past few years, the digital working environments have become an essential part of nurses work and there are nurses who are working full time in digital environments.

After work experience and additional education, nurses can work in managerial or educational positions or they can be employed for different evaluation and monitoring positions. Persons with a nurse's background are also needed in the political decision-making so that health care and the nurse's expertise and their social status can be developed further.

Tag 2

CONTINUING PROFESSIONAL DEVELOPMENT

The nurse's work includes continuing professional development and maintaining professional skills. The nurse can maintain their knowledge and skills through further training courses, specialized trainings or by continuing their studies at universities in the Master's degree programmes.

Further trainings are often short practical trainings, which are related to a specific topic, such as documentation in different electronic systems or developing mentoring skills. Specialized professional trainings can be longer and deepen the nurse's knowledge of e.g. wound care or diabetes care. The scope of the specialized professional training is at least 30 credit units and universities of applied sciences arrange them in cooperation with working life. A nurse who has completed a specialized professional training can specialize in this field in their work and for example provide a nurse's reception in this specific field.

In Finland, there also is the specialized professional training for prescribing medicinal products (45 credit units) and after the education and sufficient practical experience, nurses have restricted right to prescribe medicines for preventive care or to continue the drug treatment that has been prescribed by a medical doctor. The restricted right to prescribe medicines requires written order from a doctor that defines the medical products that the nurse is entitled to prescribe.



Tag 3

MASTER'S DEGREE PROGRAMMES FOR NURSES IN FINLAND

Nurses can also continue their studies in the Master's degree programmes in the universities of applied sciences, which provide higher education studies that are closely connected with working life. The Master's degree studies of the universities of applied sciences consist of 90 credit units comprising theoretical studies and a dissertation. In addition, nurses can continue their studies universities by studying the nursing science or the health sciences.

The university studies are free of charge in Finland. The studies consist of the Bachelor's degree and the Master's degree, and the studies provide competence for different managerial, educational or research and development positions in health care and in the society. After the masters degree the nurse can be employed e.g. to become a ward manager, teacher in nursing, or for example clinical nurse specialist .

Nurses can continue their studies after the Master's degree to the doctoral programme of a nursing science or health science and can qualify themselves as Doctors of Health Sciences. The Doctor of Health Sciences degree provides eligibility to a wide range of different research, development and managerial positions in the field of nursing.

Video: Finnish Clinical Nurse Specialist <https://www.youtube.com/watch?v=DF0YgwBmjY>

Picture 3

Tag 1

FINNISH EDUCATION SYSTEM

One of the cornerstones of Finnish education is to offer equal opportunities for all citizens. In Finland, education is free of charge from early childhood education to higher education in universities or in universities of applied sciences. Pre-primary education starts at the age of 6 and compulsory education starts with comprehensive schools and ends at age of 18.

Learn more about Finnish education system: Finnish Education System <https://okm.fi/en/education-system>

Tag 2

Video: Multiple learning opportunities <https://www.youtube.com/watch?v=jpfY0QPCro0>

Tag 3

NURSING EDUCATION IN FINLAND

Registered nurses are Bachelors of Health Care graduated from universities of applied sciences. In Finland, there are 22 universities of applied sciences offering nursing education. The Finnish nursing education prepares for a general nurse's duties, and the education is regulated by national laws and EU Directives on the qualifications of nursing professionals. Finnish nursing education lasts 3.5 years comprising 210 ECTS. The students can also choose a specialist education, which prepares them for public health nurse's, paramedic's or midwife's profession in addition to their registered nurse's qualification. Public health nurses and paramedics education consists of 240 credits and midwives education consists of 270 credits. One credit unit corresponds to about 27 hours of a student's work.



Nursing education is free of charge and students do not pay any tuition fees, but nursing students pay the costs of their housing, meals and most of their study materials.

Universities of applied sciences have an autonomy to decide about the curriculums, and therefore, there is a slight variation in the nursing curriculums between different universities of applied sciences. In the past years, the need to standardise the nurse education and core competencies in nursing education in national level. Currently, the core competencies of nurse education have been formed and named nationally and most of the Universities of applied sciences are adapting their curriculums. In addition, national examination for nurses (180 ECTS credits) will be introduced gradually as from the beginning of 2021 and some of the universities of applied sciences in Finland have already started to utilize the national exams during and in the end of the nursing education.

Moreover, nursing studies includes writing a thesis (15 credit units). The thesis is done in cooperation with working life or for example in different research and development projects.

Example of a nursing curriculum: <https://ops.laurea.fi/212701/en/68081/206679/2095> (ThingLinkissä ei toimi linkki – täytyy korjata)

Tag 4

NURSING STUDIES IN UNIVERSITIES OF APPLIED SCIENCES

In Finland, nursing education is provided as a full-time contact teaching course on campus or as a blended learning course which combines contact teaching in classroom, online courses and independent work. In the full-time course on campus the contact teaching is provided in the daytime during weekdays, in the blended learning course the lectures are partly as contact teaching on campus and partly online. In the blended learning course, contact teaching is arranged mostly in the contents required such as clinical skill workshops, simulations and seminars. Various teaching methods are applied in the Finnish nursing education, such as lecturing, teamwork activities, workshops and simulations. Lecturing can include assignments given in advance (flipped classroom learning method) and teamwork activities in small groups.

Students are advised to wear their nursing uniform in the workshops, and to remove possible watches, jewellery and tie up long hair. In workshops, students practice different clinical skills in groups that are smaller than the groups during contact teaching lectures. Simulations are arranged often in separate simulation premises, where the students practise various nursing situations and analyse the learning situations afterwards, for example, with the help of video recordings.

Some of the studies are arranged online and then the student will proceed according to the instructions, which are given in the online workspace. It is very typical that in the studies all the elements that have been described above are combined. For this reason, the students should have their own computers so that their participation in the studies will be fully possible.

The communication during the course will take place through different platforms (e.g. Moodle, Canvas etc.) and through e-mail that must be followed daily. The duration of the school days varies and to the course timetable is often marked only the teaching, which requires the student's presence, and the students must design their use of time independently as regards written work, teamwork and projects.

If you cannot participate the lecture, or workshop or simulation training, please inform the teacher well in advance. In most of the cases, the attendance in workshops and simulations are mandatory.

The timings and locations of the teaching activities can be seen in your individual timetable. It is recommended not to arrive late to the lecture room.

Tag 5

EVALUATION OF THE STUDIES

The contents of the study units are directed by the learning aims that have been defined for the study units. Nursing studies are assessed often on the scale Fail/1-5, and in addition, Pass/Fail evaluation also is used and this evaluation form is often in use for example in clinical placement. The objectives and evaluation methods of the study module are always shown for the students and they are discussed with the students at the beginning of the study units.

There are usually no exam weeks, but the exams and skills demonstrations can be arranged throughout the studies. The study modules can be evaluated also e.g. on the basis of written work or activity during the contact teaching.

Tag 6

CLINICAL PLACEMENTS AS A PART OF NURSING STUDIES

In the Finnish nursing education, clinical placement comprises 90 credit units. Clinical placement is realised according to the student's individual learning plan, but the clinical practice path must enable the development of a comprehensive knowledge in nursing in accordance with the EU Directives (2005/36/EU). During their studies, students have to complete placements in the elderly care, in the field of the general practice, in surgical nursing, in mental health nursing, in child nursing, in maternity health care and community nursing.

Clinical placement is a goal-oriented learning process, guided by the objectives of the related study unit and the student's personal goals. Placements are linked to theoretical studies and follow the themes of the theoretical studies. Placements give nursing students the opportunity to deepen their knowledge, learn new skills and receive feedback on their work. The student usually have around 7-8 placements in different units during their studies, one placement lasting around 4-10 weeks at a time. However, there are some variation between universities of applied sciences on how the placements are divided and allocated in the curriculum.

Clinical placements are always connected to theoretical studies, and the students themselves choose and book the provider for their clinical placement from the national Jobiili- system, where the organisations of social welfare and public health care inform about their different internships available. The nursing student's task is to register on the site and create an up-to-date curriculum vitae (CV). Students are informed in advance of their placement dates and book their placements independently according to their personal study plan. Reservations for placements are often made in the previous semester. Universities confirm the reservation and information about the placement goes to the placement institution. It is recommended that the student contacts the placement institution before the start of the placement, for example by telephone, to agree on the schedule for the first day. Contact details for the placement can be found on the Jobiili booking form or on the placement's website.

Tag 7

CLINICAL PLACEMENTS SUPPORTS GOAL ORIENTATED LEARNING

The clinical placement is always directed by the student's individual learning objectives and a nurse is named in the clinical environment as a mentor who will be responsible for the internship in the clinical environment. The mentoring nurse has the main responsibility for the mentoring and often the student's shifts in the hospital are determined by the shifts of the mentor. Sometimes more nurses participate in the mentoring and in that case the nursing student's mentor will be always named for every shift separately.



A supervising teacher, who directs the clinical placement in a clinical environment, is named in addition to the mentoring nurse. A supervising teacher's task is to support the student during the internship. In practice, the supervising teacher helps the student for example in the compilation of objectives in cooperation with the mentor and participates in the mentoring discussions during the practice or at the end of the internship.

In a clinical placement, the nursing student participates in the nurse's work in a genuine working environment and acts in the client and patient work together with the mentor.

The total number of hours of the placement is 27 hours per credit and may include the formulation of placement objectives, reflection discussion with mentors and evaluation of the placement. Sometimes a written assignment related to the placement may be included in the placement hours and this will always be agreed separately before the start of the internship. Public holidays during the placement do not reduce the duration of the placement.

A supervising teacher and a mentoring nurse in the placement unit will always be appointed for the placement.

Video: Nursing Degree Programme in Laurea <https://www.youtube.com/watch?v=ei9th6dFDI8>

Picture 4

Module 2 Reflective assignment

Draft an answer to the questions below on a separate document. Attach the document to your learning portfolio.

1. Which health related things needs to be taken care of before you start a clinical placement in Finland? Make a list of things.
2. Draft a plan for your possible nursing studies in a Finnish university of applied sciences and for your clinical placement in Finland. In your plan, you may describe which topics or courses would fit to you personal study plan? If you are planning a student exchange, find out which universities of applied sciences have a contract with your home organisation and go through their nursing curriculums and study offerings for exchange students. If you are planning to do a clinical placement during your student exchange, find a hospital, nursing home or other learning environment that you would be interested of.

Module 2 Knowledge test A

1. Nurse education lasts approximately 3.5 years in Finland.
 - a. **True**
 - b. False
2. More than half of the nurse education is done in clinical placements in Finland.
 - a. True
 - b. **False**
3. Education in Finland is free of charge.
 - a. **True**
 - b. False
4. Tuberculosis screening is compulsory before the clinical placement for an international nursing student.
 - a. True



- b. False**
5. In Finland, you need to have a protection against influenza, measles, pertussis and varicella if you want to do a clinical placement in hospital setting caring children under 1 years old.
- a. True**
b. False
6. Getting vaccinated is not voluntary for a health care student.
- a. True**
b. False
7. Vaccinations should be taken at least 3 months before the clinical placement starts.
- a. True**
b. False
8. The clinical placement unit will provide the vaccines that are needed for the clinical placement.
- a. True**
b. False
9. The employer can ask a nursing student to show a certificate of the vaccination certificate from the nursing student.
- a. True**
b. False
10. Students must have their own nurse uniform for the clinical placements.
- a. True**
b. False
11. Jewelry is not part of nurses' uniform.
- a. True**
b. False
12. It is recommended not to have nail polish when working as a nurse or nursing student in a clinical setting.
- a. True**
b. False
13. The Learning Agreement must be signed by the clinical placement mentor before the clinical placement starts.
- a. True**
b. False
14. Finnish public health nurses have a nurse education.
- a. True**
b. False
15. Nurses' main task is to assist doctors.
- a. True**
b. False

Module 2 Knowledge test B

1. Evidence-based nursing means, for example that nursing care is based on current care guidelines.
- a. True**
b. False
2. Ethical guidelines can be used to support the decision making in nursing practice.
- a. True**
b. False
3. According to the nurses' collegiality guidelines, we trust our colleagues and we are trustworthy ourselves.



- a. **True**
 - b. False
4. In Finland, there are 19 universities of applied sciences.
- a. True
 - b. **False**
5. In Finland, the nursing education is standardized, and the curriculum is the same in every university of applied sciences.
- a. True
 - b. **False**
6. In Finland, it is possible to study nursing fully online.
- a. True
 - b. **False**
7. Nursing education is a bachelor level education in Finland, and you can continue to master's degree in nursing science in a university.
- a. **True**
 - b. False
8. Nurses have a restricted right to prescribe medicines in Finland.
- a. True
 - b. **False**
9. Nurses' lunch break is 1 hour long.
- a. True
 - b. **False**
10. In Finland, a nurse needs a separate additional education for administering intravenous fluid therapy.
- a. **True**
 - b. False
11. In Finland, there are four nurses for every physician.
- a. **True**
 - b. False
12. Nursing degree in Finland is based on the EU directives, and the requirements are the same in different European countries.
- a. **True**
 - b. False
13. Nursing degree in Finland is 180 credits.
- a. True
 - b. **False**
14. One credit unit corresponds to about 20 hours of a student's work.
- a. True
 - b. **False**
15. Every nursing student needs to formulate learning goals for the clinical placement during the clinical placement.
- a. **True**
 - b. False

3.2 France

Picture 1



Tag 1

INTRODUCTION TO BEFORE ARRIVAL MODULE

In this module, you will get general information about nursing profession and nursing education in France. This study module will help you to orientate to your nursing studies, and especially clinical placement in French clinical learning environment.

After studying this module, you will have developed an understanding of the nursing profession and nursing education in France and you know the prerequisites for starting a clinical placement in France.

Before the arrival module includes four different rooms. Please go through the virtual tour and the material. Test your knowledge with the quiz in the end of the module.

Tag 2

CONTENT OF NURSING WORK

Aims of nursing care:

- To protect, maintain, restore and promote individual's mental and physical health or autonomy of their physical and mental abilities in order to assure their maintenance, insertion or reinsertion in their social and family life
- To participate in the implementation of methods and gathering useful information to other professionals, and also to doctors to establish their diagnoses and evaluate the effects of their prescriptions
- To take part in the evaluation of the level of dependence of people
- To contribute to the implementation of treatments by participating in clinical surveillance and to the continuous application of the medical prescriptions, if it applies, in processes established by the prescribing doctor
- To participate in the prevention; evaluation and relief of pain and physical and mental distress of individuals, especially those at the end of their life by palliative cares, and support, as a need, their surroundings.

Tag 3

TASKS WHICH CAN BE DONE BY NURSES

National state nursing degree, referential tasks:

- observation and gathering of clinical data
- comfort and well being care
- information and education of individuals, his/her personnel and a group of people
- surveillance of the evolution of the health status of individuals
- care and tasks in line with diagnosis or therapy
- coordination and organization of activities and care
- control and management of equipment, products and medical facilities
- training and information to new professional and intern staff
- professional observation and research

Tag 4

WHAT KIND OF DECISIONS NURSES MAKE?

As a part of his/her own role:

- nurses are skilled to take initiative and accomplish the care that he/she thinks is necessary (articles R 4311-5 et R.4311-6 – public health code) - he/she identifies needs of the person
- establishes a nursing diagnosis
- articulate care objectives
- implements appropriate actions and evaluates them
- he/she can elaborate nursing protocols depending on his/her initiative
- he/she is in charge of the design, use and management of nursing care files

Tag 5

NATURE OF NURSING WORK - EVIDENCE BASED PRACTICE

2 nursing skills pertaining to this topic :

- Competence 8 - nurses are trained in critical article reading and analysis (textual, qualitative and quantitative results) and as such, in identifying relevant and reliable resources, in the research process (methodology, analysis, study structuration, results introduction...)
- Competence 7- they are in the pursuit of improvement of practices by observation and confrontation

Tag 6

NATURE OF NURSING WORK - TEAM WORK IN WITH NURSES AND OTHER-HEALTHCARE PROFESSIONALS

The nurses interact with a multitude of care professionals: kinesiotherapy, doctors, speech pathologist, dietician, ergotherapist but also psychologist, social service workers and chemist for example.

Picture 2

Tag 1

The nurse participates in the prescription of medicine with the doctor : responsibility in respect to a medical prescription : Art. R. 4312-42. – The nurse applies and respects the medical prescription which, apart from emergencies, is written, quantitative and qualitative, dated and signed. He/she asks to the prescriber additional information each time he/she judges it necessary, notably if he estimates to be insufficiently informed. If the nurse has a doubt regarding the prescription, he checks with his authoror, if not possible, with another member of the corresponding profession. In case of impossibility of checking and with clear and imminent risks for the patient health, he adopts, in connection with his/her own skills, with the intention to best preserve the patient's health, and creates no unjustified risk to the patient.

- for his/her own role, he/she can communicate with assistant nurses
- he/she must coordinate activities in connection with other care team members

Tag 2

Deontology code : relationships to other care team professionals : « Art. R. 4312-28. – the nurse must, in the best interest of patients, nurture good relationships with other care team professionals. He respects their



professional independence. It is forbidden for the nurse to slander other health professionals or repeat that which could harm him/her in the practice of his/her profession."

Tag 3

AUTONOMY IN THE PROFESSION

- Proper role: cares relating to the functions of maintenance and continuity of life, aiming to partially or totally compensate for a lack or a diminution of a person or group of person's autonomy (articles R. 411-3 à R. 411-6 of public health code) deontology code: management and coordination of professionals: « Art. R. 4312-36. – The nurse in charge of coordination and management tasks observes the correct execution of accomplished actions by the persons for whom he/she coordinates or manages activity, whether they are nurses, assistants, child care assistants, medical-psychological assistants, students in nursing care or any other person placed under his/her responsibility. He/she is responsible for the actions he does in collaboration with other professionals that he manages. He observes the skills of persons who support him/her.
- Role prescribed by the doctor (article L.4311-1 – public health code)

Picture 3

Tag 1

WORKLOAD

Work schedules vary by location. In France, the weekly workload is 35 hours. Shifts can be in mornings, evenings, nights or weekends. Here are a few examples of nursing students' working timetables:

- 12 hour working day (1h pause) : day : 7am-19pm or night : 19pm-7am
- 7 hours working day (30min pause) : often 6:45am-2:15pm

Tag 2

NURSING EDUCATION & CAREER IN NURSING

The nursing training is 4200 hours, divided into 6 semesters. The theoretical training is 2100 hours and the clinical practice is 2100 hours. The nursing state diploma can be obtained by validating 180 ECTS. The progression of students in clinical practice is evaluated through a portfolio through which the elements of skill development are followed. It is mandatory for students to attend TD (directed work) and TP (practical work) as well as their internship. If the student is sick, he must introduce a medical certificate to justify his absence. In order for a clinical practice to be validated, the student must have been present at last 80% of the internship period. Obtaining the state nursing degree gives a bachelor degree.

Tag 3

NURSING STUDENT'S ROLE IN THE CLINICAL PLACEMENT

The students complete the same tasks as nurses during their internship. They must have objectives and introduce themselves to the team before the beginning of their clinical practice. The students are managed by a mentor (who represents the pedagogical function of the internship, he supports students during their internship and evaluates their improvement in the acquisition of their skills) and a clinical practice mentor (who represents the institutional and organizational functions, he is the guarantor of the quality of management). All professionals in the care team also participate in the management of students with which



they work (daily management). A teacher of the training center is the point of reference for each internship and the students can rely on him if needed.

In general, during internships, the student plans 3 meetings with his mentor: a meeting at the beginning of the clinical practice to introduce the objectives, another one half way to review objectives and strategies for improvement to implement, and one at the end to assess the student's achievements and validate the skills.

There are 4 classifications of clinical practices (short term care, mental health care or psychiatry, long term care or SSR, individual or collective care in facilities). Each student must complete at least 10 weeks of internship in each of these classifications.

Tag 4

CAREER OF A NURSE IN FRANCE

After graduation, the nurse can work in many sectors and fields: psychiatry, hospitals, senior centers, private practice, operating room, surgery, medicine, emergency rooms, resuscitation unit...

After several years of experience, the nurse can also enroll in a training which will lead him/her to a specialization.

- "IBODE": state degree of operating room nurse (2 years)
- "IADE": state degree of anesthesia nurse (2 years)
- Health operative (management of teams) (1 or 2 years of training)
- Child care nurse (1 year training)

Tag 5

CAREER FOR NURSES

Many formations are available to develop specific skills such as therapeutic education for example. It is also possible to become an advanced practice nurse. These nurses have skills relevant to the medical field. 3 fields of intervention are defined in the first step:

- stabilized chronic pathologies and in common polypathologies primary care
- oncology and hemato-oncology
- chronic kidney disease, dialysis, kidney transplantation

Picture 4

Tag 1

ETHICAL PRINCIPLES IN NURSING PROFESSION

In 2016, the nursing code of ethics was created in France. It is a major step for the profession which is recognized as an autonomous profession with its own rules. The ethics code must be able to adapt to the evolutions of the last 20 years:

- the development of patient rights, being more and more demanding and informed and wishing to have close relationships
- the boom of care of chronic diseases, of seniors and the question of end of life
- the hospital restructuring and the ambulatory care trend



- the pursuit of productivity and its consequences in terms of workload (lots of burn out)

Tag 2

CODE OF ETHICS

This ethics code gathers more than 90 articles which define the legal frame and ethical rules to affirm the profession as such. They concern:

- the interest of the patient
- the promotion of the nursing profession
- the protection of the interests of the profession
- the growth of the Nurse National Order prerogatives
- A few examples are enough to measure the stakes of this document:
- professional secrecy (article R.4311-5 of public health code)
- take into account evolution of sciences and techniques
- respect of the rights of the individual (article R.4311-2 of public health code)
- « Art. R. 4312-3. – The nurse, at the service of person and public health, accomplish his/her mission in the respect of human life. The nurse respects the dignity and privacy of the patient, his/her family and relatives. The respect owed to the person continues its imposition after death.
- « Art. R. 4312-7. – The nurse, in presence of an ill or injured person at risk or in danger, or informed that a sick or harmed is at risk, provides assistance, or ensures that the patient receive the necessary cares.
- « Art. R. 4312-8. – The nurse brings his support in decided action by the competent authorities in line with the protection of health and sanitary education.
- « Art. R. 4312-9. – The nurse refrains, even outside the practice of his/her profession, from all actions which could discredit the profession.
- In respect to the interest of the patient and the framework of exercise: « Art. R. 4312-10.- the nurses act in every circumstance in the interest of the patient.

Tag 3

CODE OF ETHICS

- Nondiscrimination : « Art. R. 4312-11.- The nurse must listen to, examine, advise, educate or provide care with the same conscientiousness to all persons, whatever their origins, conventions, social or familial situation, beliefs or religion, handicap, health status, age, gender, reputation, the feelings that he/she may have toward them or their situation regarding the social protection system.
- Continuation of care : « Art. R. 4312-12. – As soon as the nurse agrees to provide the care, he/she must assure its continuity. “Outside case of emergency and the case where he/she would not uphold his or her duty to humanity, the nurse has the right to refuse care for professional or personal reasons.
- Section2: duties towards patients
- Decree n° 2016-1605 25th November 2016 related to ethical nurses code: « If the nurse finds himself in the obligation of interrupting or decide not to apply the care, he must, provided it does not harm the patient, explain to the patient his reasons and direct the patient to a colleague or an appropriate facility and forward all useful information necessary to the pursuit of care.”

Tag 4

CODE OF ETHICS

Patient information : « Art. R. 4312-13. – The nurse implements the right of every person to be informed about his health status in the respect to his or her professional skills. In the case where a situation exceeds his skill level, the nurse invites the patient to seek the information toward the legally skilled professional. “The will of the person not to be informed must be respected”.

Tag 5

CODE OF ETHICS

Consent of the patient : « Art. R. 4312-14. – the free and informed consent of the patient examined or cared for is sought in every case. When the patient, expressing his will, refuses the proposed treatment the nurse respects this refusal after he informed about its consequences and, with his agreement, the prescribing doctor. “If the patient is not in the state to express his wishes, the nurses cannot take action without consulting the trusted person as written on article L. 1111-6, or the family, or one of the relatives.

Tag 6

CODE OF ETHICS

- Assistance to the person deprived of freedom : « Art. R. 4312-17. – The nurse brought in to examine or care for a person deprived of freedom may not, directly or indirectly, even if only by his mere presence, foster or endorse damage to the mental or physical integrity of this person or his dignity. “If the nurse sees that this person endured abuse or bad treatment, with the consent of the person concerned, he/she must inform the judiciary authorities.
- Assistance to the abused person : « Art. R. 4312-18. – When the nurse sees that a person for which he is brought in to help is a victim of abuse, bad treatment or sexual assault, he must implement exercising precaution and circumspection, using the adequate means to protect her.

Tag 7

CODE OF ETHICS

- Pain care : « Art. R. 4312-19. – In every circumstance, the nurse must endeavor by his professional action, to relieve the patient’s pain by means appropriate to his state and morally support him.
- End of life care : « Art. R. 4312-20. –The nurse has the power to implement all means at his disposal to assure for everyone a dignified life until the death. “He has the duty to support the patient the state requires of him to access palliative care and support. “He also must endeavor, in circumstances mentioned in the previous paragraphs, to support the relatives of the patient. The nurse must not deliberately provoke the death.

Tag 8

CODE OF ETHICS

- Participation in the distribution of medication and medical facilities: « Art. R. 4312-31. – it is forbidden for the nurse to participate or engage in medicine, products or equipment distribution in a lucrative way.
- Continuous professional development: « Art. R. 4312-46.- To assure the quality of care that the nurse provides and the safety of the patient, the nurse has the duty to update and improve his/her



skills. He makes all necessary arrangements to respect his obligations in his/her continuous professional development.

Module 2 Reflective assignment

1. Can you describe the process of accompanying a student on an internship?
2. What is the purpose of the portfolio?
3. What criterias are used to validate a clinical practice?

Module 2 Knowledge test

1. In France, are nurses authorised to prescribe medication?
 - a. True
 - b. False**
2. In France, the nursing role is included in:
 - a. The penal code
 - b. The public health code**
 - c. The code of ethics
3. The management of the computer-based care file or nursing file is the responsibility of...
 - a. ... the doctor
 - b. ... the medical secretary
 - c. ... the nurse**
4. The skills related to nursing research are:
 - a. Skills 1 and 2
 - b. Skills 7 and 8**
 - c. Nursing research does not exist in France
 - d. Skills 3 and 4
5. The nursing code of ethics does not mention one of the elements mentioned, which:
 - a. The nurse cannot work more than 40 hours per week.**
 - b. The nurse must maintain good relations with other health professionals.
 - c. The nurse must not slander other health professionals.
6. Nursing training is divided into:
 - a. 8 semesters of training
 - b. 4 semesters of training
 - c. 6 semesters of training**
7. In France, over the 3 years there are:
 - a. 5,200 hours of theoretical lessons
 - b. 2,100 hours of theoretical lessons**
 - c. 3,500 hours of theoretical lessons
8. In France, students must have completed 10 weeks:
 - a. In the typologies of their choice
 - b. In each of the typologies: long stay, place of residence, medicine-surgery-obstetrics, mental health**
 - c. In Erasmus



3.3 Hungary

Picture 1

Tag 1

Introduction to before arrival module

In this module, you will get general information about nursing profession and nursing education in Hungary. This study module will help you to orientate to your nursing studies, and especially clinical placement in Hungarian clinical learning environment.

After studying this module, you will have developed an understanding of the nursing profession and nursing education in Hungary and you know the prerequisites for starting a clinical placement in Hungary.

Before the arrival module includes four different rooms. Please go through the virtual tour and the material. Test your knowledge with the quiz in the end of the module.

Tag 2

NURSES IN HUNGARY

Nursing in Hungary is provided by different levels of professional and specialized practitioners. Hungarian registered nurses are called Ápoló (Nurse). Previously, the official name for a nurse practicing in Hungary was Nővér (female) and Ápoló (male).

To become registered as a nurse, one needs to take and pass an official state exam in Nursing. Different schools and the MESZK (Hungarian Health Care Professional Chamber) are responsible for registration in the country.

Tag 3

HEALTH REQUIREMENTS FOR NURSES IN HUNGARY

The health requirements for healthcare professionals for being able to carry out medical activities are specified in different regulations in Hungary (40/2004 Ministry Decree, Act LXXXIV of 2003 on certain aspects of the pursuit of health care activities).

Before a Nurse starts working, they need to undergo a preliminary health aptitude test. Healthcare workers must have medical check-ups periodically, otherwise they cannot practice in patient care activities.

Some of the conditions excluding one to become a nurse are:

- contagious diseases resulting in incapacity to work,
- conditions involving loss of consciousness (not safely treatable by medication),
- chronic illnesses compromising professional performance,
- serious mental health illnesses or disorders, addictive disorders,
- disabilities influencing the ability to function as a nurse (e.g. vision impairment, reduced mobility),
- absent or severely impaired communication ability.



- Students applying for Nursing and patient care must also provide certain medical certificates (see next point).

Tag 4

MEDICAL REQUIREMENTS CHECKLIST FOR NURSING STUDENTS

- General Medical Certificate issued by a General Practitioner
- HIV/AIDS test results
- Hepatitis B, C test results
- Hepatitis B vaccination card (with exact doses and dates)
- Chest X-ray results (Tuberculosis free)

Tag 5

NURSES' UNIFORM IN HUNGARY

The basis of the Hungarian health care system is white pants and a tunic. But many departments have their own color code, the use of which allows them to differentiate between nurses working in each department. Of course, if someone wants to deviate from a particular color code, it is also possible to buy different sets at a cost. With regard to the intensive care unit, it can be said in general that the workers carrying the shift wear paper clothes, which end up in the hazardous waste container at the end of the shift. In the field of pediatrics, colorful clothes with cheerful motifs are very common, thus also helping the healing process of small people. All footwear should have closed toes, low heels, and non-skid soles. The colour of the footwear should be a match with the rest of the professional attire (white). You should never wear the shoes you use for work anywhere else. It is the duty of every professional to wear a badge with a name and position in a conspicuous place. An important rule of appearance is that the hair should be pinned without disturbing the care process. In order to minimize the threat of spreading microorganisms, it is recommended not to wear any jewelry on the hand and wrists during work. The nails should be trimmed short and kept clean, in order to prevent injuries and infections.

Tag 6

GENERAL HYGIENIC RULES IN HEALTHCARE FACILITIES

Indications for hand hygiene

Wash hands with soap and water when visibly dirty or visibly soiled with blood or other body fluids or after using the toilet.

If exposure to potential spore-forming pathogens is strongly suspected or proven, including outbreaks of *Clostridium difficile*, hand washing with soap and water is the preferred means.

Use an alcohol-based handrub as the preferred means for routine hand antisepsis in all other clinical situations, if hands are not visibly soiled. If alcohol-based handrub is not obtainable, wash hands with soap and water.

Perform hand hygiene:

- before and after touching the patient,
- before handling an invasive device for patient care, regardless of whether or not gloves are used,

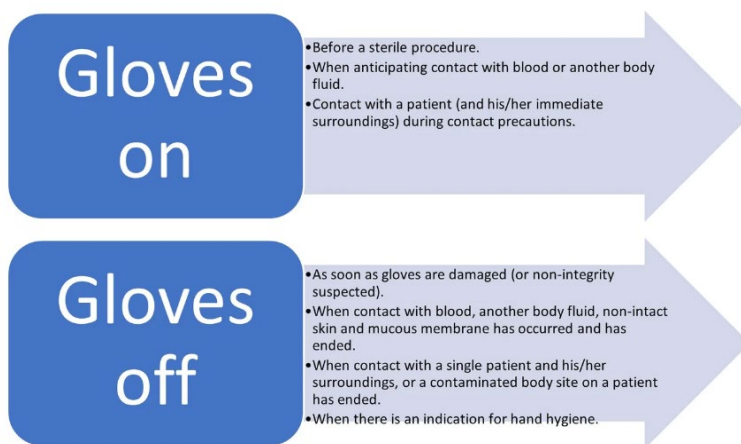
- after contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressings,
- when moving from a contaminated body site to another body site during care of the same patient,
- after contact with inanimate surfaces and objects (including medical equipment) in the immediate vicinity of the patient,
- after removing sterile or non-sterile gloves.

Before handling medication or preparing food, perform hand hygiene using an alcohol-based handrub or wash hands with either plain or antimicrobial soap and water.

Soap and alcohol-based handrub should not be used concomitantly.

Tag 7

Rules about gloves



Tag 8

WORKING AS A NURSE

In hospitals, there are mostly working registered nurses and nursing students. Registered nurses in Hungary take care of the patients and there are different systems who and how the patients are treated: (a) taking care of a set of patients including all work that needs to be done or (b) taking care of the patients on a ward doing just one special function. Work includes planning based on the patients' needs and condition, documenting, writing about the progress and current condition. Preparation of medication is in the hands of nurses and its application: tablets, infusion etc. but not the i.v. application by syringe (except in the ICU). Blood samples and setup of venflons are done by nurses. All basic care is done by registered nurses or coordinated and done by the nursing students. Special care like setting up urine catheters, nasogastric tubes, treatment of wounds and wound dressings are done by registered nurses or nurse students (under supervision). Nurses are essential part of the medical team in the hospital.

Tag 9

HEALTHCARE TEAM IN A HOSPITAL

Medical attending/ Attending physician (főorvos)

Primary duties: Attending physician typically supervises fellows, residents, medical students, and other practitioners. Attending physicians may also maintain professorships at an affiliated medical school. This is

common if the supervision of trainees is a significant part of the physician's work. Attending physicians have final responsibility, legally and otherwise, for patient care.

Fellows (szakorvos)

Primary duties: A fellow is a physician who has completed their residency and elects to complete further training in a specialty. The fellow is a fully credentialed physician who chooses to pursue additional training, the fellowship is optional and is not required to practice medicine, but is necessary for training in a subspecialty.

Resident (rezidens)

Primary duties: After completing medical school, almost all doctors enter a residency program. While practicing independently is possible, the vast majority of physicians choose to pursue a residency for further training. Residency can range from an additional two years of education to an additional seven years of training, depending on the specialty. For example, a family practice residency would be two years of residency while a surgery residency may last five, seven, or more years. Minute decisions are being made by house officers (residents).

Medical Interns (gyakornok)

Primary duties: Individuals who are in medical school are referred to as medical students. They are not referred to as a doctor or physician until they graduate from medical school. Once they graduate, they are called a physician even though their training is not complete and they will continue to learn from experienced physicians for several years before practicing independently.

Medical technologist

Primary duties: A medical technologist works in a hospital's lab to perform tests, such as cell counts, drug tests and bacteria cultures. They prepare blood, tissue and other samples and use specialized equipment to test them. They record and interpret results and communicate them to doctors and laboratory supervisors.

Radiologic technician

Primary duties: Radiologic technicians perform X-rays to help doctors produce diagnostic images for their patients. They might meet with patients to describe the process and answer questions, and they provide the patient's healthcare team with the X-ray results.

Dietitian (dietetikus)

Primary duties: Dietitians educate patients on proper diet and help them manage conditions, such as obesity and diabetes. They plan diets based on the patient's goal, whether it includes weight loss, weight gain, managing a disease or improving their overall quality of life. They create personalized recipes and meal plans and track patients' progress.

Physiotherapist (gyógytornász)

Primary duties: Physiotherapists help sick, disabled, injured and recovering patients develop or regain the basic skills they need to care for themselves or have a job. These professionals provide patients with exercises and therapies to improve their skills and mobility. They might redesign living and working spaces with special equipment or technologies.

Doctors' assistant (orvos asszisztens)



Primary duties: Doctors assistants do the administrative work around the practice of a doctor. They administrative order tests and bloodwork, organizing prescribing, maintain patient records and refer patients to specialists and help doctors and physicians as needed and educate patients on healthy lifestyles.

Tag 10

HEALTHCARE TEAM IN A HOSPITAL - NON-CLINICAL

Nonclinical jobs are those that do not involve patient care. They might include administrative and business tasks, such as communications or billing. Some are entry-level and require only a high school diploma

Medical admissions clerk (biztosítási ügyintéző)

Primary duties: Admissions clerks greet patients entering the hospital and gather their medical and personal information and reason for visiting. They check the patient in and file their data in the hospital's system. They also collect and enter insurance information. When not interacting with patients, medical admissions clerks might answer phones, record data and communicate with nurses and doctors.

Medical records clerk (Orvosirnok)

Primary duties: Medical records clerks organize and file patient information, such as personal and medical histories, and admission and discharge documents. They give hospital departments the records and paperwork they request. They are responsible for keeping records confidential, secure and up to date. Medical records clerks also provide information and support during hospital audits.

Social worker (szociális munkás)

Primary duties: Social workers help patients and their families deal with the physical, emotional and financial stress of hospitalization. They meet with and talk to patients about what to expect from their condition and the recovery process. They also provide support for patients and families going through difficult situations, such as being diagnosed with a life-threatening condition. Social workers also teach nurses and doctors how to handle patients with issues like depression or anxiety.

Information technology specialist (IT specialista)

Primary duties: Information technology specialists maintain the hospital's computers, networks and servers. They keep software up to date and make sure the crucial data in hospital computer systems is private and protected from cyber threats. Some health IT specialists also design and manage electronic health record systems that store patient data.

Cleaning workforce (takarító személyzet)

Primary duties: The cleaning staff cleans hospital patient rooms, baths, laboratories, offices, halls, and other areas: Washes beds and mattresses, and remakes beds after dismissal of patients. Keeps utility and storage rooms in clean and orderly condition in Hungary they are not direct employers of the hospital but a cleaning firm, which have a contract with the hospital.

Tag 11

TYPICAL NURSING SCHEDULES IN HUNGARY

- Day shifts
- Night-only / mostly night shifts
- Irregular (not tailored to the needs of the worker)



- Flexible (tailored to the needs of the worker)
- after a 12-hour day shift to a 12-hour night shift, and then one or two rest days
- after two 12-hour day shifts to a 12-hour night shift, and then two or three rest days
- after two 12-hour day shifts to two rest days, and then 12-hour night shifts, and then two rest days
- after a 12-hour day shift to two 12-hour night shifts, and then two or three rest days
- after two 12-hour day shifts to two 12-hour night shifts, and then three or four rest days
- after five 8-hour day shifts to two rest days, and then five 8-hour evening shifts, and then two rest days...

Tag 12

CHARACTERISTICS OF A NURSE

Nurses care for people during some of the most vulnerable and scary times of their lives, and usually act as the most regular and accessible point of contact for patients and families. A nurse is able to do their job effectively while also showing compassion, concern, and sympathy for each individual they serve.

Communication skills are one of the most important requirements of a nurse's job—both following directions and communicating with patients and families. Patients who are sick or suffering often are not in a position of strength to speak up for themselves. Patients and families rely primarily on their nurse for this kind of support. For a good nurse, being supportive includes being an effective advocate for the patient when you anticipate a problem or see a concern that needs to be addressed.

Caring, compassion, and empathy sometimes are confused as one and the same, but there is an important distinction. Empathy is the ability to really hear and share a patient's feelings. For a nurse, this doesn't mean you always have to agree with what a patient or their family thinks. And for your own self-preservation, you don't need to internalize the pain and suffering they may be experiencing. But it is very important that you listen and try to understand where they're coming from.

A nurse can make each patient feel seen and heard, without judgment, and with a recognition that each individual has their own valid set of values, life experiences, and perspectives.

When it comes to providing medical care, attention to detail is crucial. Even in the most busy, hectic environment, a nurse must be detail-oriented, making sure that instructions are followed to the letter, ensuring proper medication dosages, and keeping accurate records.

Similarly, a great nurse exercises excellent judgment and can think quickly to anticipate and address problems.

Being set in one's ways is not a useful quality for a nurse. Providing excellent health care can be very dynamic and unpredictable at times. A great nurse is willing and able to be flexible and adapt to any unforeseen circumstance.

In the day-to-day provision of health care, it is up to nurses to sometimes juggle hectic schedules and competing demands, to make calm decisions and respond to unexpected events effectively, and often, to find creative ways to make a difference for patients in the limited time you are able to spend with them.

Decision-making on the job can be a delicate balancing act, and when it comes to nursing, respect goes a long way. Whatever may come, it is important for a good nurse to honor healthy boundaries and respect all of the diverse people you serve and work with.



Medical knowledge and technology are advancing very rapidly, and a great nurse must have a genuine sense of curiosity to keep working on their professional development, improving their skills, and learning new things.

Tag 13

ETHICS IN NURSING PROFESSION

To become a nurse does not only mean acquiring certain knowledge and skills, behavioural forms of certain situations, but also the mental constitution and system of values must be acquired. Being a nurse means you act with rightful self-confidence and wisdom arising from acquired clinical and moral experience. Nursing has a special role in the system of helping relationships. Those who have this occupation may be faced with all (somatic, psychic and social) problems of all fields of human life. An unsolved dilemma in modern healthcare provision is that the role of nursing has increased, however, the professional attitude has changed, and the prestige of the nursing profession has decreased.

Nursing ethics is aiming specifically at professional nursing activity. The value of nursing as a profession is enhanced by the fact that the responsible and autonomous healthcare worker with competences adequate to the special skill level performs her activities as an efficient and co-operating member of the healthcare team in order to solve the patient's problems, to satisfy his needs, to be in attendance for him, as a result of a systematic process, at every stage and level of healthcare observing professional and social norms as well as ethical principles.

A nurse's attitude to nursing depends on the nurse's own outlook on life and values, on their views on health, illness, healthcare itself and nursing. The nursing community works according to accepted behavioural values and a system of norms, consequently, a nurse

- respects human life, human dignity, and human rights,
- attends to the individual irrespectively of his nationality, race, skin colour, age, gender, religious conviction, political orientation, or social status,
- assumes responsibility for the performed activities and the people in her care,
- through continuous learning, her expertise is up to date, she does her work on this basis,
- co-operates with people and groups taking part in attendance in the interest of the
- patient,
- after professional consideration, she gives information about the patient to those entitled, exclusively in the interest of the patient.

The code of ethics is a guideline, an official requirement which is related to the behaviour of those concerned, and it denotes the boundaries between accepted and prohibited behaviour, in addition it includes the standards fully accepted by the members of the profession. The purpose of codes of nursing ethics is to inform healthcare participants about the minimum standards of the profession, describe nursing duties, outline the main ethical principles of nursing, describe nursing behaviour as general guidelines, present the self-controlling functions of the profession, be reminders of responsibility assumed in healthcare.

The ICN Code of Ethics for Nurses https://www.icn.ch/system/files/2021-10/ICN_Code-of-Ethics_EN_Web_0.pdf

Picture 2

Tag 1

NURSING EDUCATION IN HUNGARY

There are different level of Nurses in Hungary based on their education level, each level of nurses have different scope of practice based on their education.

Nursing assistants

The typical content of training and tasks includes care assistance, nutrition, hygiene, first aid, safety, and documentation. Regular tasks of Nursing assistants include “making beds, helping patients to eat and bathe, monitoring and recording patients’ glucose tests, temperature, pulse, respiration and weight, carrying out simple dressings.

Vocational Nurse (OKJ Nurses)

Vocational nurses work in hospitals, nursing homes, and other medical facilities and are typically responsible for more basic kinds of patient care and comfort measures. Usually, they work under the guidance of an RN or MD. They usually function as staff nurse or bedside nurse: provide direct patient care. They are typically registered nurses who monitor, observe and assess patients. They are the first point of contact for questions or concerns that patients may have. Duties can include changing bandages, inserting catheters, administering oral medications, taking vital signs and writing notes in the patient’s chart.

Tag 2

NURSING EDUCATION IN HUNGARY - UNIVERSITY

Bachelors of Science in Nursing (BSN)

A BSN is a 4-year (240 ECTS) nursing degree for students who want to be a registered nurse (RN). Bachelor’s trained nurses work in nursing specialties throughout the hospital setting. For example, cardiac, neuro, pediatrics, labor & delivery, emergency room, and ICU, to name a few. In Hungary this type of nurses working usually in leading positions in a ward as chief nurse, etc.

Master of Nursing

In Hungary, only three universities provide master’s degree in nursing. This program had been focusing on leadership, education and management roles, therefore nurses with this type of education are usually in leading position of a nursing management board of hospital.

Advanced Practice Registered Nurse (APRN)

APRNs provide patient care and treatment services in collaboration with a physician.

Tag 3

Practical Nurse (PN)	Registered Nurse (RN)	Advanced Practice Registered Nurse (APRN)
<ul style="list-style-type: none"> • Focus on fundamental skills such as taking patient vital signs and providing comfort; must be supervised by a registered nurse 	<ul style="list-style-type: none"> • Complete patient assessments, interpret patient data, recommend treatment plans, provide patient education, and determine nursing diagnoses 	<ul style="list-style-type: none"> • Can assess, diagnose, treat medical conditions, prescribe medications, and order and interpret diagnostic tests; in some states, they must be supervised by a physician

Video: Interview with Nursing BSc student - Boluwatife Olagoke

<https://www.youtube.com/watch?v=gAeSv2G6LDY>

Picture 3

Tag 1

HUNGARIAN EDUCATION SYSTEM

Education in Hungary is compulsory for all children between the ages of 3 to 16.

While creche (in Hungarian bölcsöde) is available for children aged below the age of 3, kids are required to enroll at kindergarten (óvoda) at the age of 3, where they receive professional day care and basic education preparing them for school.

In Hungary, school starts with 'basic' schools (általános iskola), which usually covers primary and lower secondary education, grades 1 to 8. Students graduating from basic school can continue their education for another 4 years in the public education system, either at general secondary schools (gimnázium), vocational secondary schools (szakközépiskola) or vocational schools (szakmunkásképző iskola). There are also some general secondary schools that offer longer programs, starting from Grade 5 or 7.

The government finances all levels of education for children at institutions of the public education system until the age of 18.

After the age of 18, students can continue their studies at programs of public or private higher education institutions, or they can also enroll in adult education and training programs in both the public and private sector.

[Study in Hungary - Higher Education in Hungary](#)

Tag 2

Structure of higher education



Tag 3

UNIVERSITY NURSING EDUCATION IN HUNGARY

Nursing education is divided into 8 semesters, during which the first three semesters include subjects taught jointly in the nursing and patient care program. The specializations (nursing, midwifery, dietetics, physiotherapy) in the 3rd semester already receive certain subjects specific to the specialization, however, the profession-specific subjects start only from the 4th semester.

During the nursing training, the profession-specific subjects include a part of internal medicine and surgery, which will be continued in the next semester, and will be joined by 'smaller' clinical knowledge studies such as ophthalmology, dermatology, orthopedics. Building on the antecedents, knowledge of obstetrics and gynecology, oncology, neurology, and infant and pediatric medicine follows, and concludes with knowledge of psychiatry, emergency care, and intensive care. In the last semester, we provide an increased number of professional final internships for graduating students, especially in the places where the state exam takes place.

Tag 4

MASTER'S DEGREE PROGRAMMES FOR NURSES

After completing the BSc program, our university also offers MSc nursing training for both Hungarian and foreign students. Our MSc is the advanced practice nurse training that is applied and accepted in more and more places around the world APNs are intended to demonstrate effective integration of theory, practice and experiences along with increasing degrees of autonomy in judgments and interventions, while remaining under physician supervision.

Tag 5

CLINICAL PRACTICES

Clinical internships for students begin in the 3rd semester, during which the practice of physical examinations will be held for 20 hours within the framework of the subject Clinical Basics and Propaedeutics. Then Internal Medicine and Surgery will cover 110-110 hours of practice over two semesters, Clinical Knowledge 30 hours, Neurology 50 hours, Obstetrics and Pediatrics 40-40 hours, Oncology practice 30 hours. In the final year, psychiatry practice is 40 hours, Emergency practice is 50 hours, and Intensive Care practice is 100 hours. In the last semester mentioned earlier, graduating students will be given an additional 300 hours of clinical practice during their professional final internship, mostly in the departments of cardiology and general surgery. Thus, a total of 1,100 hours of clinical practice will be organized during student training.

Clinical practices are built on each other or are in a parallel system of conditions, taking into account the acquisition of professional knowledge. Clinical practices are always provided on the basis of a given set of

criteria system. At the beginning of the semester, each student receives a practice booklet containing a series of assignments for the demonstration room practice of the given subject as well as the related clinical practice. In addition to the various activities to be learned manually (e.g. blood sampling, iv line insertion), the set of tasks also includes interventions that cannot be performed by the student due to lack of experience, but allow him / her to observe them, e.g. ERCP monitoring. Remaining on the ground of realities, the practice list also includes the amount for each activity, which must be authenticated by the signature of the nursing colleague mentoring the practice after completion. Initially, students are under constant nursing supervision, all activities take place in the presence of a mentor, and then students can perform interventions independently. It is important to note that clinical practice sites in most cases accept groups of 3-5 people, so the attention of the nursing mentor is continuously distributed.

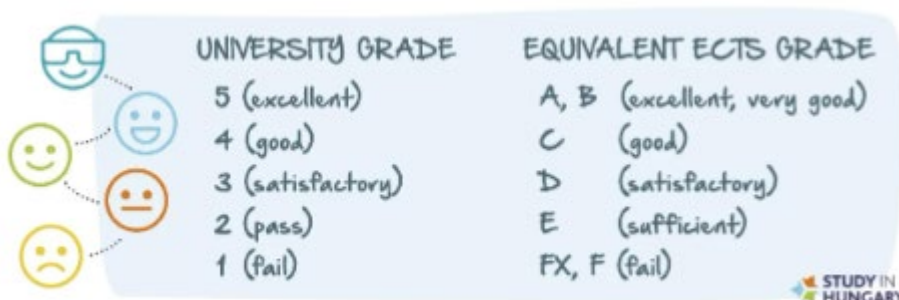
Tag 6

Evaluation of studies

The Hungarian academic credit system is an ECTS-compatible system. The calculation of the credits is based on the number of working hours of the students (one credit means 30 student working hours, on average).

At the end of the semester, the student's study achievement is evaluated with a grade (5-excellent, 4-good, 3-medium or satisfactory, 2-sufficient or pass, 1-fail). The ECTS conversion table ensures transfer procedures between the Hungarian academic credit system and the ECTS. The recognition of courses completed abroad is based on the credit transfer regulation.

For incoming international students, a Transcript of Records is issued at the end of the semester, which contains the code and title of the completed courses, credits, grade, and its ECTS-compatible grade.



UNIVERSITY GRADE	EQUIVALENT ECTS GRADE
5 (excellent)	A, B (excellent, very good)
4 (good)	C (good)
3 (satisfactory)	D (satisfactory)
2 (pass)	E (sufficient)
1 (fail)	FX, F (fail)

Video: Interview with Nursing MSc (APRN) student – Wan Ahmad Luqman bin Wan Abdullah
https://www.youtube.com/watch?v=6J0n3_GatN8&t=2s



Picture 4

Module 2 Reflective assignment

1. Describe your qualities that make you suitable for nursing profession.
2. Which areas do you need to develop?
3. How are you planning to improve those skills?

Module 2 Knowledge test A

1. To become a nurse, registration is not needed in Hungary.
 - a. True
 - b. False**
2. Before a nurse starts working, they must undergo a preliminary health aptitude test.
 - a. True**
 - b. False
3. You will need a Hepatitis C vaccination card to be able to work as a nurse.
 - a. True
 - b. False**
4. You can wear your outdoor shoes while working in a hospital.
 - a. True
 - b. False**
5. You should not wear any jewellery on hand and wrists while working.
 - a. True**
 - b. False
6. You must remove your gloves as soon as their non-integrity is suspected.
 - a. True**
 - b. False
7. Medical attending is called "főorvos" in Hungarian.
 - a. True**
 - b. False
8. Nurses typically work in 16-hour shifts.
 - a. True
 - b. False**
9. Taking patients' temperature is one of the regular tasks of a nursing assistant.
 - a. True**
 - b. False
10. Nurses with a Master of Nursing degree typically are in the leading position of a nursing management board.
 - a. True**
 - b. False
11. An APRN cannot prescribe medication.
 - a. True
 - b. False**
12. In Hungary, education is compulsory for all children between the ages of 3 to 18.
 - a. True
 - b. False**
13. During student training, a total of 1,100 hours of clinical practice is organized.



- a. **True**
 - b. False
14. The university grade 5 corresponds to "sufficient" (E).
- a. True
 - b. **False**
15. Soap and alcohol-based handrub should not be used concomitantly.
- a. **True**
 - b. False

Module 2 Knowledge test B

1. Special care like setting up urine catheters, nasogastric tubes, treatment of wounds and wound dressings are done by registered nurses or nurse students (under supervision).
 - a. **True**
 - b. False
2. Above the age of 16, education is not for free anymore.
 - a. True
 - b. **False**
3. Doctoral education takes 3+2 years to complete.
 - a. True
 - b. **False**
4. Nursing education is divided into 10 semesters.
 - a. True
 - b. **False**
5. The first three semesters of nursing education include subjects taught jointly in the nursing and patient care programme.
 - a. **True**
 - b. False
6. The Hungarian Health Care Professional Chamber (MESZK) is responsible for registration of nurses along with the different nursing schools.
 - a. **True**
 - b. False
7. In Hungary, impaired communication abilities do not mean you cannot work as a nurse.
 - a. True
 - b. **False**
8. It is common to see nurses on paediatric units wearing uniforms with cheerful motifs.
 - a. **True**
 - b. False
9. At the beginning of the semester, each student receives a practice booklet containing a series of assignments for the demonstration room practice of the given subject as well as the related clinical practice.
 - a. **True**
 - b. False
10. In the Hungarian academic credit system, one credit means on average 60 student working hours.
 - a. True
 - b. **False**
11. For incoming international students, a Transcript of Records is issued at the end of the semester, which contains the code and title of the completed courses, credits, grade, and its ECTS compatible grade.



- a. **True**
 - b. False
12. The official name for a nurse practising in Hungary is Nővér (female) and Ápoló (male).
- a. True
 - b. **False**
13. Healthcare workers must have medical check-ups periodically, otherwise they cannot practise in patient care activities.
- a. **True**
 - b. False
14. White pants and a tunic are worn by healthcare professionals in every hospital department.
- a. True
 - b. **False**
15. Doctor's assistants do the administrative work around the practice of a doctor.
- a. **True**
 - b. False



3.4 Spain

Picture 1

Tag 1

INTRODUCTION

This module will provide general information about the nursing profession and nursing education in Spain. Please go through the virtual tour and materials. Test your knowledge with the reflective assignment and the quiz at the end of each module.

Tag 2

ROLES AND RESPONSIBILITIES OF NURSES

Nurses are qualified professionals holding a university degree. They have skills in management, evaluation and provision of nursing care aimed at the promotion, maintenance, and recovery of health, as well as the prevention of illnesses and disabilities. Their responsibilities include the development and planning of nursing care and its therapeutic application. Currently, Spanish law allows registered nurses to prescribe (indicate), use and authorise the dispensation of drugs and medical devices for human use for both general and specialised care. 'Health Professionals Code'. Official State Gazette (BOE) of February 3, 2021.

Tag 3

NURSING SPECIALTIES

Below is a list of current nursing specialties recognised in Spain. Access to these specialties requires an official university degree in nursing, according to the Spanish Nursing Specialties Regulation (Royal Decree 450/2005).

- Mental health nursing.
- Medical-surgical care nursing.
- Occupational nursing.
- Family and community nursing.
- Geriatric nursing.
- Obstetric-gynaecological nursing (midwifery).
- Paediatric nursing.

'Health Professionals Code'. Official State Gazette (BOE) of February 3, 2021.

Tag 4

NURSE EDUCATION

Spanish nurses must have the following skills, irrespective of whether their training was acquired at a university, an equivalent higher education institution, a professional school or through professional nursing training programmes:

- Making nursing diagnoses independently by applying theoretical and clinical knowledge.
- Planning, organising and administering nursing care when treating patients.



- Collaborating effectively with other actors in the health sector, including participation in the practical training of health staff.
- Delivering tools to individuals, families and communities to support their empowerment and participation in their own healthcare.
- Taking immediate life-sustaining measures and implementing measures in crises and disaster situations independently.
- Offering independent advice and guidance to support people in need of care and their relatives.
- Ensuring and evaluating the quality of nursing care.
- Establishing comprehensive professional communication and cooperating with members of other health professions.
- Analysing the quality of care and improving their own professional practice as nurses responsible for general care.

'Health Professionals Code'. Official State Gazette (BOE) of February 3, 2021.

Picture 2

Tag 1

HEALTH SCREENING

Health screening activities carried out in primary healthcare in Catalonia are mandated by the Preventive Health Activities Programme; they include vaccination, early neonatal screening and the monitoring of physical and psychomotor development in childhood. In addition, the Health Promotion and Disease Prevention Programme includes the following activities: prevention of vascular diseases and prevention and early detection of cancer, infectious diseases or signs of mental health risk.

Secondary preventive activities are contact tracing during epidemic outbreaks and population-based screening. There are population-based screening programmes for early detection of diseases according to risk factors or age. Examples include breast, cervical or colon and rectal cancer screening, prenatal screening in the first trimester, phenylketonuria screening in infants, etc.

Tag 2

PATIENT PRIVACY ISSUES

The Catalan Charter of Citizens' Healthcare Rights and Duties includes nearly 100 rights and responsibilities in 10 areas:

1. equity and non-discrimination of individuals;
2. protection and promotion of health and prevention of illness;
3. access to the healthcare system;
4. privacy and confidentiality;
5. autonomy and decision-making;
6. health information, clinical records and information, and communication technologies;
7. system quality and safety;
8. individual genetic makeup;
9. research and experimentation; and
10. participation.



The Charter is inspired by our healthcare model, which places people at the centre of health, supported by the principles of freedom and autonomy, equality and dignity of individuals, access to information and civic commitment. The Charter includes the right to receive health education, the right to be informed about waiting times, the right to make advance decisions, the right to data protection, and the right to continuity of care, among others. These rights and duties are applicable to all health services, regardless of their level and legal ownership.

Tag 3

HYGIENE RULES

Students must comply with the following hygiene rules:

- White scrub suit (official Faculty set)
- White socks
- White shoes (no trainers), closed or tied
- Navy blue jacket (not compulsory, optional)
- Nothing may be worn from elbows down to nails (watches, bracelets, rings, etc)
- Nails must be short and free of nail polish
- Hair must be tied back
- The identification card must be worn in a visible place on the uniform

For other protective equipment (e.g., gloves, respiratory masks), requirements will depend on the type of procedure to be carried out. Professors will tell students whether they need to use any specific protective equipment. Students who fail to wear the required equipment or to comply with the general safety rules detailed above will be denied access to the laboratories or asked to leave.

Tag 4

HOSPITAL RULES

Students must comply with both the Faculty of Nursing regulations and the rules applicable in the institution where they serve as interns. Students are required to provide a negative certificate from the Central Register of Sex Offenders if their internship is in an institution directly linked to children or when the purpose of their internship involves continuous activity with minors. Students are required to submit these certificates directly to the University in person, duly completed and signed, or send an electronically signed certificate.

Tag 5

TIMETABLES IN CLINICAL ENVIRONMENTS

Students must be in their uniforms at the unit 10 minutes before the start of their workday and may not leave the unit until the end of their shift; therefore, where there is a change of shift, students will be present both on arrival and departure. Once the students have successfully completed both the theoretical and pre-clinical parts, they will proceed to the scheduled practicals which will last 8 hours per day — from 7:30 AM to 3:30 PM (morning shift) and from 2:30 PM to 10:30 PM (afternoon shift). In centres or services with different timetables, students will be required to adapt to the site's hours; however, workdays must always be 8 hours per day.

Tag 6

CLINICAL ROUTINES



Clinical placements are pre-professional placements, in the form of an independent clinical rotation and with a final assessment of competences. They are carried out in primary care centres, hospitals and other care centres where nursing students can develop skills and learn progressively and gradually through different courses.

The subjects linked to clinical practice are mandatory core courses. They include 7 courses with different credit ratings depending on the year, and are presented in increasing order. The first year comprises one single course of 6 ECTS credits; the second year has one course of 12 credits; the third year has two courses of 12 ECTS credits each; and the fourth year has three subjects — two are worth 12 ECTS credits and one is 15 credits.

These subjects focus on the care of a person throughout the life cycle and in various healthcare contexts: hospital, community, social healthcare, residential, and other more specific contexts such as mental health. Their purpose is to develop real-world nursing activities in prevention, promotion, treatment or support of healthy or sick people, groups of people, or the community.

Picture 3

Tag 1

CLINICAL ROUTINES – same text twice

Clinical placements are pre-professional placements, in the form of an independent clinical rotation and with a final assessment of competences. They are carried out in primary care centres, hospitals and other care centres where nursing students can develop skills and learn progressively and gradually through different courses.

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Tag 2

Direct and indirect nursing tasks

Nurses carry out their actions and make the necessary decisions, obviously within their fields of knowledge and specialisation, and within their roles according to their professional activity. The fields of action and decision-making include:

- Care process: assessment, data collection and identification of problems
- Prioritisation and nursing action and evaluation
- Prevention and health promotion
- Procedures and protocols



- Care of people in specific situations (chronic patients, critical situation, acute conditions, palliative care, home care...)
- Communication and relationship with users, families or significant people
- Teamwork and inter-professional relations
- Intra-professional communication
- Maintenance of professional competences
- Ethics, values and legal aspects
- Professional involvement and commitment

Tag 3

EVIDENCE-BASED PRACTICE IN NURSING

Evidence-based practice has an important impact on the quality of care provided to people as it leads to greater quality and safety of care, improving outcomes and reducing costs by helping to better understand the reality of patients, their families or the health systems themselves. In addition, it is a source of greater satisfaction for nursing professionals than traditional approaches to care.

In Catalonia, a study was conducted to define the characteristics, competences and knowledge that an advanced practice nurse should have. Currently, we can find this professional profile implemented in most Catalan hospitals.

Tag 4

TEAMWORK WITH NURSES AND OTHER HEALTHCARE PROFESSIONALS

Nursing professionals are a fundamental link for teamwork between different health professionals in the Spanish health system. Teamwork must be considered horizontally. Effective communication, the use of different strategies, respect between different professionals, sharing opinions and knowledge must be guaranteed. In short, well-done teamwork makes it possible to achieve much higher quality and safety of care, bringing benefits for both patients and professionals. Nurses in Spain have autonomy to perform any of their specific roles and functions.

Tag 5

ETHICAL PRINCIPLES IN NURSING

Students must ensure they respect patients' rights in the care they provide, upholding ethical principles as a priority and in accordance with the patient's beliefs and values. They must maintain the privacy and confidentiality of patient data and professional secrecy. They must adhere to the ethical code of the nursing profession and specifically to the ethical code applicable in Catalonia.

Module 2 Reflective assignments

1. While on public transport back home after your practical training, you overhear your colleagues talking about one of the patients they cared for today. They are talking openly about her health problems, her family situation and the prognosis of her chronic disease. The next day, you see that one of them is taking a picture with the patient and sharing it on social media. How would you feel in this situation and what would you do? What patient rights are being violated by this situation?
2. As you begin your practical training, you notice that both your supervisor and the nurses in your clinical unit have put up barriers when dealing with you. This has caused you to feel isolated and



unfulfilled in your training. Although it is not a direct conflict, it does make you feel uneasy during your internship. What would you do to try to solve this situation? Who would you talk to?

Module 2 Knowledge test

1. The responsibilities of nursing professionals in Spain include the development and planning of nursing care and its therapeutic application
 - a. **True**
 - b. False
2. The current legislation in Spain allows accredited nurses to indicate, use and authorise the dispensing of drugs and medical devices for human use for both general and specialised care.
 - a. **True**
 - b. False
3. Spanish nursing professionals must be able to independently apply nursing diagnoses using theoretical and clinical knowledge and to plan, organise and administer nursing care when treating patients.
 - a. **True**
 - b. False
4. Spanish nursing professionals must be able to deliver tools to individuals, families and communities to support their empowerment and participation in their own health care.
 - a. **True**
 - b. False
5. Which one of the following is a nursing competence in Spain? (There can be several correct answers)
 - a. **Ensure and evaluate the quality of nursing care**
 - b. **Establish comprehensive professional communication and co-operate with members of other health professions**
 - c. **Analyse the quality of care and improve your own professional practice as a nurse responsible for general care**
6. How many Nursing specialisations currently exist according to the Royal Decree 450/2005 of 22 April?
 - a. 6
 - b. **7**
 - c. 5
 - d. 8
7. Which one of the following is not a nursing specialisation in Spain?
 - a. Occupational nursing
 - b. **Radiology nursing**
 - c. Mental health nursing
 - d. Medical-surgical nursing
8. The training of nurses is held only at hospitals in Spain.
 - a. True
 - b. **False**
9. What are the vaccines students must receive before starting clinical practice periods? (There can be several correct answers)
 - a. **Hepatitis**
 - b. **Tetanus**
 - c. **Covid-19**



10. Which one of the following is a training objective that nursing students in Spain must meet during their clinical placement? (There can be several correct answers)
- Experience of working with members of other health professions**
 - Knowledge of the nature and ethics of the profession and of the general principles of health and nursing**
 - Ability to participate in the practical training of health care personnel and experience of working with such personnel**
11. The health screening activities carried out in primary health care in Catalonia are those derived from the Programme of Preventive Health Activities or the Programme of Health Promotion and Disease Prevention.
- True**
 - False
12. Students are allowed to wear watches, bracelets or rings in clinical environments.
- True
 - False**
13. The programmed practicals will last 8 hours a day.
- True**
 - False
14. Nurses must maintain privacy and confidentiality of patients' data.
- True**
 - False
15. In Spain, midwives are specialized nurses.
- True**
 - False

4 Module 3 – During the clinical placement

4.1 Finland

Picture 1

Tag 1

INTRODUCTION TO DURING THE CLINICAL PLACEMENT MODULE

This study module will orientate you to the clinical placement in Finnish nursing education. You will learn about practical issues related the clinical placement, student rights and responsibilities during the clinical placement and mentoring practices.

After going through the material, you will have an understanding of clinical placement and mentoring practices in Finland, and you will know the student's rights and responsibilities in clinical placement, and you have a general understanding of the practical issues related to clinical placement.

This during the clinical placement module includes three different rooms. Please go through the virtual tour and the material. Test your knowledge with the quiz in the end of the module.



Tag 2

CLINICAL PLACEMENT AND MENTORING

Around one third of nursing education is practical training in nursing work environments in clinical practice, for example in hospitals, nursing homes, health centres, home care or schools. Clinical placements is a goal-oriented learning process, guided by the objectives of the related study unit and the student's personal goals. Placements are linked to theoretical studies and follow the themes of the theoretical studies. Placements give nursing students the opportunity to deepen their knowledge, learn new skills and receive feedback on their work.

For international students, registration for placements is often handled in cooperation between the university and the placement units. The nursing teacher coordinating the international exchange often arranges placements and makes reservations for international students according to their study plan. As there are not many placements available, it is possible that individual preferences for placements and environments cannot be fully accommodated. It is always a good idea for the international student to discuss placement practices well in advance with the teacher coordinating the placement. It is recommended that the student contacts the placement institution before the start of the placement, for example by telephone, to agree on the schedule for the first day. Contact details for the placement can be found from hospital webpage or from your mentoring teacher.

Tag 3

STUDENT'S WORK SHIFTS DURING THE CLINICAL PRACTICE

The placement is always a continuous in nature. Thus, a student is doing their placement for example five weeks consecutively. Placements are governed by the Working Time Act and you can usually plan a maximum of 40 hours per week and at least 1 day off per week.

Typically, a nursing student will follow the shifts and working hours of their designated supervisor. The placement involves working three shifts on weekdays and weekends. Only a few night shifts are recommended during the period, as often the nurse's duties or departmental activities are limited at night. The average duration of the shifts is 8 hours, with morning shifts from 7/8 to 15/16, evening shifts from 13/14 to 21/22 and night shifts from 21/22 to 7/7.

During coffee and meal breaks, students will follow the unit policies and agree them with mentoring nurse. Typically, the shift includes one coffee break in the morning (10-15min), lunch break (20-30min). The working shift sheet of the nursing student should always be prominently displayed at the placement and any deviations from the shift sheet should be clearly recorded on the sheet.

The total number of hours of the placement is 27 hours per credit and may include the formulation of placement objectives, reflection discussion with mentors and evaluation of the placement. Sometimes a written assignment related to the placement may be included in the placement hours and this will always be agreed separately before the start of the internship. Public holidays during the placement do not reduce the duration of the placement.

A supervising teacher and a mentoring nurse in the placement unit will always be appointed for the placement.

Tag 4

LEARNING GOALS FOR THE CLINICAL PLACEMENT



Clinical placement is goal-oriented learning and is guided by the objectives of the related study unit and the personal goals of the student nurse. Learning objectives are usually set by the student nurse during the first week of the placement. In setting these objectives, the student nurse takes into account the objectives of the related study unit, the development of their own skills, the learning opportunities offered by the placement environment and general working life skills. It is a good idea to think about the objectives before the placement and to refine them together with the mentoring nurse and the supervising teacher during the first week of the placement. The finalised objectives are discussed with the mentoring nurse and the supervising teacher.

Learning objectives describe what the student is expected to know by the end of placement. Thus, it is recommended to formulate the objectives using a verb that describes what you are able to do by the end of your practice. For example, I am able to administer ventrogluteal intramuscular injection, I am able to provide discharge education for a patient after knee arthroplasty. You can use SMART mnemonic when formulating learning objectives.

Tag 5

SMART LEARNING OBJECTIVE

S = specific

Avoid very broad and generic learning objectives - they are difficult to gain

M = measurable

In the end of the placement, You and your mentor should be able to evaluate whether the you reached the goal

A = action oriented

Use verbs describing nursing activities e.g. I'm able to administer injection... To provide discharge education...

R = realistic

Consider the learning opportunities in the placement environment and the phase of your professional development

T = time bound

Specify when the goal can be achieved - in the end of the placement, in the middle?

Tag 6

ASSIGNMENT

Formulate some learning objectives taking SMART criteria into account. In case you already know the next placement unit, try to formulate the objectives specifically to that unit/field of nursing. Formulate at least five learning objectives that are relevant to your possible clinical placement in Finland.

Picture 2

Tag 1



MENTORING MODELS

There is always an appointed registered nurse who is in charge of your mentoring during the clinical placement. Most units also have nurses who are responsible for coordinating and developing student mentoring in their units. However, nowadays there are different models for mentoring and guidance during the clinical placement.

In the traditional student-mentor model, there are one or two nurses appointed as mentors and the student works together with them. The student usually follows the working shifts of the mentoring nurse(s).

The student modules (clinical education wards/dedicated education units) are becoming more common as a mentoring model. In this model, there are several students in the unit doing their placement at the same time. The students work as a team and they plan their working shifts together. Certain patients are appointed in the student module and the students are in charge of their care. There is always an appointed mentoring nurse in the module, who, for example, secures and checks all medications together with students and provides guidance when needed. This model allows student to learn from each other's (peer learning) and to make decisions together. It also allows students to learn more comprehensive and independent care.

Some units utilize pair mentoring model, when the students are working as a pair and mentored by the same nurse.

Coaching model is used in some units. In this model students do not have an appointed nurse with whom they work every day, but they may work with several nurses during their placement. There is a coach (a nurse responsible for mentoring) with whom the students have discussions about their learning and development during the placement. Students may receive guidance and mentoring also from the interprofessional team (e.g. physician, physiotherapist, hospital pharmacist, social worker etc).

Tag 2

OTHER PROFESSIONALS SUPPORTING THE STUDENT DURING THE CLINICAL PLACEMENT

Head nurse/team leader/ward manager

A ward manager is a qualified health professional, often with a basic qualification such as nursing. In addition to this, a ward manager usually has an advanced degree (e.g. Master of Health Sciences) or a bachelor's degree, supplemented by studies in management or administration. The ward manager is responsible for the care and development of the ward and acts as a front-line staff member. You can always contact the ward manager e.g. your mentor is absent and there is no nurse appointed to your mentor or you have some conflict/disagreement with your mentor.

Clinical teachers

There are clinical nursing teachers supporting students especially in bigger hospitals. The clinical teacher may be the person who is welcoming you to the hospital and briefly orientates you into organization and most important practices. Clinical teachers support also mentoring nurses and they may participate in evaluation discussions. Sometime clinical teachers organize learning activities and reflection sessions for the students during the placement.

Mentoring nurses and supervising teacher

The role of the mentoring nurses and supervising teacher is to support you as a student during the placement. Therefore, it is very important that you tell them if you have some concerns or issues. Students are expected to take an active role in learning, thus it's also important to ask advice and further clarification from your



mentor. Giving feedback is also an important responsibility of the mentoring nurse, and the goal of feedback is to support your professional development.

Tag 3

THE STUDENT'S RIGHTS IN CLINICAL PLACEMENT

Clinical placements have an important role in the nursing student's professional development. They form a considerable proportion of studies. Therefore, the nursing students have certain rights in the placement.

The nursing students should feel themselves welcome in the placement unit. It is reasonable to expect that the atmosphere towards the students is positive and the students are involved in the interprofessional activities in the unit.

The students have right to get guidance and feedback supporting learning and professional development. The students have right to receive support from mentor and supervising teacher when needed. Please, remember that even though the mentoring nurse has been appointed to you, actually all the healthcare professionals have responsibility to guide and support students to become their future colleagues and co-workers.

Very importantly, the students have right to learn client/patient-centered and evidence-based nursing care during their placement. They should be provided opportunities to learn and practice.

Tag 4

THE STUDENT'S RESPONSIBILITIES IN CLINICAL PLACEMENT

Successful learning in the clinical placement requires the nursing students to adopt an active and responsible role in clinical learning. Taking initiative, being motivated, enthusiastic and empathetic as well as acting in self-directed manner are important factors supporting successful learning and placement experience. Hence, in addition to students' rights, several responsibilities can be identified.

Be well prepared for the clinical placement

- Being aware of the instructions and documents related to the placement.
- Being familiar with the placement organization and unit (you may search for information e.g. using hospital webpages)
- Having completed the studies required for the placement according to the curriculum
- Updating knowledge of nursing and medical care specific to the unit

Provide basic information about competences and experience that you already have in the field

This will help your mentoring nurse to plan individual guidance supporting your learning

Being aware of own competence, identifying own strengths and needs for development

Act systematically according to the placement objectives and actively utilize the learning opportunities in the clinical learning environment

- Creating clear and realistic personal learning objectives reflecting the general objectives of the related studies.
- If you are unsure about something, always seek for guidance, and double check.

Actively seeking for and utilizing guidance



- Please, remember: There's no such thing as a stupid question.

Act professionally in concordance with ethical code of conduct, legislation, rules and instructions

- Go through the relevant instructions and prepare yourself well for the clinical placement. Keep in mind that there might be differences in the instructions between the countries.

Actively ask feedback from the mentor to support learning

- Learning how to receive and use feedback to develop competences - no one is born a master

Utilize and provide peer support among other students in the unit

- Peer learning and support may be a valuable resource for you and your student fellows.

Intervene to the detected defects in client/patient care, work community and student guidance

- Discuss with your mentor and/ward manager.

Adopt the practice of constant self-assessment

- Prepare for the assessment, actively promote open discussion with the mentor. If you have concerns, discuss with your mentor or with your mentoring teacher.

Give feedback

- Most units in Finland use CLES+T-scale for collecting student feedback

Tag 5

FEEDBACK AND EVALUATION

The evaluation of the placement is usually pass/fail. The assessment of the placement is based on the student's learning objectives and the overall objectives of the placement. For an approved placement, the student must have achieved the learning objectives and have completed the required number of hours of the placement. The evaluation of the placement involves the student, the mentoring nurse and the teacher supervising the placement. The placement is jointly evaluated by the mentor and the student nurse and the supervising teacher decides whether to accept or reject the placement on the basis of the evaluation discussion.

The student has the right to feedback during the placement. Typically, the student will receive continuous feedback as part of the work from the mentor, the work community and patients. Occasionally, the student and mentor will arrange separate feedback sessions to discuss the student's progress during the placement. It is a good idea for the student to agree on feedback procedures at the beginning of the placement. If the student has several mentors during the placement, the student can collect brief feedback from the mentoring nurses at the end of their shifts.

If the student feels that they are not getting enough feedback or that the assessment is unfair, they should contact their supervising teacher. If the student feels that the evaluation by the supervising teacher is unfair, the student can contact the placement coordinator, his/her own tutor teacher or the teacher's supervisor.

The placement may be discontinued and rejected based on the certain criteria:



- The student has no realistic possibility to reach the goals set for the placement despite support and guidance for example for the following reasons: not committing to the placement, lacking essential knowledge and skills, not having made learning objectives.
- The student acts against University of Applied Sciences rules of order during the placement.
- The student, by repeatedly or seriously endangering the health or safety of another person, has proven to be manifestly unsuitable to perform practical assignments or practical training relating to studies (Universities of Applied Sciences Act section 33).
- It is apparent that the student's state of health or functional capacity makes him or her incapable of performing the practical tasks or practical training included in the studies (Universities of Applied Sciences Act section 26).
- The student has severe deficiencies when it comes to working life skills (for example following the shift schedule, repeatedly neglecting the rules and norms of the working environment) which prevents the placement continuing, and the student will not amend their behavior accordingly despite having been asked to do so.

Picture 3

Tag 1

PRACTICAL ISSUES RELATED TO CLINICAL PLACEMENT

The criminal records extract

According to Finnish legislations, the criminal records extract for working with children has to be presented prior to the placement among the minors (persons under 18 years of age). The criminal records extract only includes criminal record information that is thought to have special significance to your work with children. Universities of applied sciences have specific instructions concerning checking the extracts, and therefore you should contact the person in charge of international student.

If you are planning to do your clinical placement in a unit that has minors patients, find out what kind of rules your host institution has for the criminal records extract, and find out how to get one from your home country.

Tag 2

Medication administration and calculation skills

Finnish universities of applied sciences usually ensure students' adequate medication administration and calculation skills related to the specific field of nursing prior to the placement. This will be instructed by the person in charge of international students/placements.

Tag 3

Working clothes

Nursing uniform is usually provided by the placement unit, thus you don't have to bring your own uniform. However, you have to bring appropriate shoes with you in the unit. It is always good to ask beforehand,



whether you need to take some working clothes with you as especially some elderly care facilities require nurses to have their own working clothes. Also, remember to care of your personal hygiene.

Tag 4

Meal breaks

You entitled to have lunch break and coffee break during your work shift. Discuss with your mentoring nurse about practices concerning breaks. Usually lunch break is approximately 20-30 minutes and coffee break 10-15mins. In most health care environments, there are cafeteria and lunch restaurants available and in most cases there are student discounts of meals. However, it is also possible to bring your own meals and enjoy them in nurses' lounge.

Tag 5

Use of private mobile phones during workshifts

It is prohibited to carry personal mobile phones with you during your workshift. Mobile phones should be left in your locker. Mobile phones can be used during your coffee and lunch breaks.

Tag 6

Name tag

Nursing uniform includes a name tag. Bring your name tag with you from your home country. Confirm from your mentoring teacher if you can use that or if you need to order a new one.

Picture 4

Tag 1

IN CASE OF ACCIDENT

Students are covered by a statutory accident insurance policy during the placement. The statutory accident insurance policy will compensate for any accidents that occur during practice work that is part of the curriculum and in unpaid working life placements, whether in Finland or abroad. Please, familiarize yourself with the instructions that the University of Applied Sciences has concerning accidents during the clinical placement.

Tag 2

IN CASE OF ILLNESS

Contact your clinical placement unit and inform supervising teacher as soon as possible. Make sure you have the unit's telephone number, and who to contact in the case of illness.

Tag 3

IN CASE OF BULLYING OR HARASSMENT DURING THE CLINICAL PLACEMENT

Contact you clinical placement mentoring nurse or supervising teacher. It is recommended to discuss with ward manager as well. Please, remember that you should not try to solve these situations alone - you are entitled to receive help and support.

Module 3 - Reflective assignment



Formulate a brief description of your nursing competencies and working life skills prior the clinical placement. Consider the competences and skills that you have learned both in theory studies and previous placements.

Module 3 – Knowledge test

1. A good learning objective is as general as possible.
 - a. True
 - b. False**
2. When formulating the learning objectives you should take into account the objectives of the related study unit, the development of your own skills, the learning opportunities offered by the placement environment and general working life skills.
 - a. True**
 - b. False
3. To which model of mentoring does the following description refer? “Several students are working as a team and they take care of the certain patients appointed to them.”
 - a. Pair mentoring
 - b. Student module**
 - c. Interprofessional mentoring
 - d. Coaching
4. You should not ask questions and clarification from your mentoring nurse, because it may affect negatively your evaluation.
 - a. True
 - b. False**
5. In case of needle stick injury you should not squeeze the injury.
 - a. True**
 - b. False
6. Usually only oral feedback is collected in healthcare organizations.
 - a. True
 - b. False**
7. Which one of the following learning objectives adheres best to SMART-mnemonic?
 - a. I’m able to use ABCDE-protocol in patient assessment.**
 - b. I’m able to do all the nursing tasks in the unit.
 - c. I learn about the medications used in the unit.
 - d. I observe the interprofessional patient care.
8. The feedback discussions should be restricted to the official meetings between student, mentoring nurse and supervising teacher.
 - a. True
 - b. False**
9. Before administering any medications to the patient, you as a nursing student, have to ask your mentoring nurse to check the medication.
 - a. True**
 - b. False
10. Usually nursing students are working in their placement units two to three days in a week and spend the rest of week doing their theoretical studies.
 - a. True
 - b. False**



4.2 France

Picture 1

Tag 1

INTRODUCTION

In this module, we are going to introduce you to what to expect during your clinical placement.

Tag 2

TYPICAL DAY FOR A NURSE OR AN INTERN

It is difficult to describe a typical day because it depends a lot on the placement site.

At the hospital, working schedule can be:

- 12 hours a day (8am-8pm or 9am-5pm for example)
- Morning shift : 6.45am-2.20pm for example
- Afternoon shift : 1.45pm-9.20pm for example
- Night shift : 9pm-7 am for example
- Divided shift : 8am-12am then 4pm-8pm for example

Picture 2

Tag 1

NURSES' WORK

The shift generally starts with the transmission of the previous team and ends with the transmission of the next team. The law allots a 20 minutes break for 7 hours of work. During the internship, the student is responsible for a specific number of patients according to his level of study. He must apply clinical approach to the patients for whom he is in charge.

At the hospital, care is generally provided in the morning, but it is also possible to do it in the afternoon. Doctors come in departments generally 2 times a day (mornings and evenings) but it is possible to call them for emergency.

Picture 3

Tag 1

NURSING DOCUMENTATION IN FRANCE

The written transmissions in care files are generally digitalized. The needs of X-rays, laboratory analysis requires written documents.



An internship agreement is signed between the student, university and clinical practice sites. It details the conditions of hosting the students, the length of the internship, the amount of hours to be completed, the names of the internship supervisors, the tutor and instructor.

In some cases, the professionals can provide the student with a welcoming guide informing him/her of the organization, activities and specificities of the unit.

The internship objectives must be written and made available to the care team. At the end of his internship, the mentor evaluates the level of skill acquisition and fills out an internship evaluation. This evaluation will be provided to the teacher who formalize the ECTS acquisition after a meeting with the attribution commission of ECTS.

The student has a portfolio which enables self-evaluation, measure his progress and keep record of his knowledge acquired during the internship. It is also asked to the student to analyze a situation experienced during the clinical practice. It enables the student to make sense of his professional practice by taking a reflective step back.

Picture 4

Tag 1

ROLE OF THE MENTOR AND STUDENT MENTOR

During their internship, students are managed by the care team. On the field, the students have 2 mentors:

- an internship mentor (in general the head of department) who represents the institutional and organizational role of the internship (working schedule). He is the guarantor of the management quality and handle conflicts between the student and his mentor or other team members
- the internship tutor: he had the pedagogical role of the internship. He supports the student throughout the internship and evaluates his progression. In general, the internship tutor organizes several meetings with the student: a meeting at the beginning of the clinical practice to introduce the objectives, another one half way to review objectives and and to readjust their objectives in terms of their progression, and one at the end to assess achievements and validate the skills.

According to the organization of the service, or the student's schedule, the mentor isn't managing the student everyday. The rest of team can be in charge of it. In case of difficulty, the student or the mentor can ask the teacher (intern university point of reference) to intervene.

Module 3 – Reflective assignment

- Can you identify the advantages and difficulties of an Erasmus clinical placement?
- What do you suggest to think about so that the internship is carried out in the best possible conditions?
- How can an Erasmus + mobility be an added value for your future work as a nurse?

Module 3 – Knowledge test

1. The daily duration of the internship is not the same depending on the establishment where the student is on internship.
 - a. True
 - b. False



2. The schedules are the same throughout the duration of the internship within the same establishment.
 - a. True
 - b. False**
3. A typical day begins with the transmission of data with the previous team.
 - a. True**
 - b. False
4. At the hospital, care is generalised at the end of the afternoon.
 - a. True
 - b. False**
5. In a department, the doctors generally come twice a day, morning and evening.
 - a. True**
 - b. False
6. The transmission of data in care is generally digitalised.
 - a. True**
 - b. False
7. The internship agreement is signed between:
 - a. The student, the university and the clinical practice site**
 - b. The student and the university
 - c. The student and the clinical practice site
8. The internship agreement details: (there can be several correct answers)
 - a. The names of the people who supervise**
 - b. The duration of the internship**
 - c. The number of hours to be worked**
 - d. The student's accommodation conditions**
9. The internship objectives must be written and made available by the care team.
 - a. True**
 - b. False
10. At the end of the internship, the student skills are assessed by the tutor and validated by the teacher in the form of ECTS.
 - a. True**
 - b. False
11. The student has no self-evaluation.
 - a. True
 - b. False**
12. During his internship, the student is asked to analyse a care situation.
 - a. True**
 - b. False
13. During the internship, the student has two mentors: an internship mentor and an internship tutor.
 - a. True**
 - b. False
14. To assess the skills of the student, the internship tutor organises only one meeting at the end of the internship.
 - a. True
 - b. False**
15. The mentor is managing the student every day.
 - a. True
 - b. False**



4.3 Hungary

Picture 1

Tag 1

INTRODUCTION

In this module, we are going to introduce you to what to expect during your clinical placement.

Tag 2

A TYPICAL DAY OF A NURSE IN HUNGARY

In Hungary, due to the different qualifications of nurses, the division of shifts differs, the tasks performed in one shift and their order may vary in several cases. The order in which the tasks are performed may also vary depending on the number of nursing staff working in the shift, the shift schedule and the form of care.

Typical nursing shifts are:

- Day shifts
- Night-only / mostly night shifts
- Irregular (not tailored to the needs of the worker)
- Flexible (tailored to the needs of the worker)
- after a 12-hour day shift to a 12-hour night shift, and then one or two rest days
- after two 12-hour day shifts to a 12-hour night shift, and then two or three rest days
- after two 12-hour day shifts to two rest days, and then 12-hour night shifts, and then two rest days
- after a 12-hour day shift to two 12-hour night shifts, and then two or three rest days
- after two 12-hour day shifts to two 12-hour night shifts, and then three or four rest days
- after five 8-hour day shifts to two rest days, and then five 8-hour evening shifts, and then two rest day

Tag 3

BEGINNING THE PLACEMENT

Exchange students applying for a clinical placement are informed before their arrival about their schedule for the internship.

Usually, placements take place in the form of rotation, so that they can gain experience in various hospital departments and medical fields.

Exchange students and full-time international students do their clinical practices together, under the supervision of a nurse mentor working at the given department.

Clinical schedules are organized by the clinical placement coordinator, and all the necessary information and assistance is provided for the students before their arrival and during their stay by the Erasmus coordinator, who assists them both in administrative and practical matters.

Tag 4



THINGS TO ARRANGE BEFORE THE PLACEMENT

- General Medical Certificate issued by a General Practitioner
- HIV/AIDS test results
- Hepatitis B, C test results
- Hepatitis B vaccination card (with exact doses and dates)
- Chest X-ray results (Tuberculosis free)

Tag 5

TYPICAL SCHEDULE OF CLINICAL PLACEMENTS

Placement regularly involves a maximum of 40 hours of work per week, on weekdays. Trainee nurses typically work in day shifts, beginning at 7 o'clock in the mornings, and finishing at 3 or 4 in the afternoon.

Picture 2

Tag 1

NURSING DOCUMENTATION IN HUNGARY

There are different kinds of documentation nurses must handle during their work. These are written in Hungarian and usually not translated to English. Thus, international students need to be prepared to understand the basic expressions used in these documents.

Full-time students receive Medical Hungarian language education during their studies to be able to communicate with the patients during their clinical placements and to handle the various documentation.

In the followings, we will show you the most important documents used in hospitals.

Tag 2

Nursing anamnesis chart

L/1
ÁPOLÁSI ANAMNÉZIS

Beteg neve:		TAJ:	
A beteg legközelebbi hozzátartozója:*	telefonszáma:	
Háziorvos neve:telefonszáma:	
GYÓGYSZERÉRZÉKENYSÉG:.....			
ALLERGIA			
ALKAT FNO b530**			
<input type="checkbox"/> arányos <input type="checkbox"/> túltáplált <input type="checkbox"/> hiányos-csonkolt <input type="checkbox"/> sovány			
RR: (Hgmm)	Pulzus:	/perc	Hőmérséklet: C fok
BŐR FNO b810**			
<input type="checkbox"/> ép <input type="checkbox"/> kiütés <input type="checkbox"/> dcccubitus <input type="checkbox"/> seb <input type="checkbox"/> oedema/lymphoe. egyéb:			
LÉGZÉS FNO b440**			
<input type="checkbox"/> normál <input type="checkbox"/> tachypnoe <input type="checkbox"/> bradypnoe <input type="checkbox"/> apnoe			
<input type="checkbox"/> cyanosis <input type="checkbox"/> dyspnoe: <input type="checkbox"/> nincs <input type="checkbox"/> van <input type="checkbox"/> nyugalmi ortopnoe			
KÖHÖGÉS: <input type="checkbox"/> van <input type="checkbox"/> nincs <input type="checkbox"/> improduktív <input type="checkbox"/> produktív köpet:			
<input type="checkbox"/> Tracheostoma <input type="checkbox"/> oxigén kénztűlek használata			
MOZGÁS FNO b710**			
helyzetváltoztatás: <input type="checkbox"/> járóképes <input type="checkbox"/> segítséggel <input type="checkbox"/> járóképtelen <input type="checkbox"/> segédeszköz <input type="checkbox"/> egyensúlyzavar <input type="checkbox"/> fekvő			
végtagok: <input type="checkbox"/> fiziológias mozgás <input type="checkbox"/> mozgáskorlátozott <input type="checkbox"/> paresis <input type="checkbox"/> plégia <input type="checkbox"/> orthostaticus hypotonia			
ÉRZÉKELÉS látás:FNO b2100* hallás: FNO b2300*			
látás <input type="checkbox"/> normál		csökkent:..... <input type="checkbox"/> vak	
hallás <input type="checkbox"/> normál		csökkent <input type="checkbox"/> siket	
TÁPLÁLKOZÁS FNO b510**			
étvágy: <input type="checkbox"/> kielégítő/normális <input type="checkbox"/> fokozott <input type="checkbox"/> csökkent <input type="checkbox"/> nincs			
fogazat: <input type="checkbox"/> saját <input type="checkbox"/> hiányos: részben, teljesen, protézis <input type="checkbox"/> szájüreg állapota:.....			
étrend: <input type="checkbox"/> normál diéta:			
nyelési, rágási nehézség: <input type="checkbox"/> nincs <input type="checkbox"/> van			
étkezés: <input type="checkbox"/> önálló <input type="checkbox"/> segítséggel <input type="checkbox"/> csak etetéssel <input type="checkbox"/> szondatáplálás <input type="checkbox"/> parenterális táplálás			
emésztés: <input type="checkbox"/> fiziológias <input type="checkbox"/> hányinger <input type="checkbox"/> hányás <input type="checkbox"/> puffadás egyéb:			
stoma: <input type="checkbox"/> nincs <input type="checkbox"/> van, helye:			

* Szükség esetén a hozzátartozó bejegyzését köthető ki.

This chart is recorded when the patient is on admission to a new department. Including the assessment of the organ systems, mobility, self-care, integrity, sensation and nutritional status.

Tag 3

Discharge sheet (távozási lap)

TÁVOZÁSI LAP

Név: Dátum:

Távozás: Otthonába
 Más intézetbe/osztályra
 Egyéb

Ápolási napok száma:

Távozási státusz:
 RR: Hgmm
 P: /min
 T: °C

Távozás módja:
 Egyedül
 Kísérővel
 Mentővel

A beteg távozásáról értesítve:
 A család
 Körzeti ápoló

Áp. dg.:

Az ápolás rövid leírása:

Gyógyszerel:

Étrend: Normál Diéta:

Távozás után segítséget igényel:
 Személyi:
 Étkezés
 Közlekedés, mozgás
 Tisztálkodás
 Öltözködés
 Egyéb:

Ápolási javaslat:

Értékelmet hiánytalanul visszakaptam: Távozásra felkészítette:

beteg aláírása ápoló aláírása

Kaufmann Nyomda

Used when the patient is leaving the department to another clinic or to home. Including assessments on the place of discharge, mode of discharge, actual vital parameters, brief description of the nursing care, medications, self-care and further nursing suggestions.

Tag 4

Pressure ulcer/chronic wound assessment tool (Decubitus ápolási lap)

his sheet has to be filled when the patient arrives to the hospital and continuously day by day. Including questions about the arrival of the patient (home or other hospital), nutritional status, incontinence, modified Norton scale, assessment of the locations and size.

A. Felmérő lap

Ellátás helye:

Dátuma:

 Otthonápolás Kórház Acut Krónikus

 Honnan érkezett: Otthonról Kórházból Egyéb:

 Személyi adatok: Férfi Nő Kor

 Decubitus kialakulásának körülményei:
nosocomialis így került felvételre

 Tápláltság: alultápláltság norm obesitás

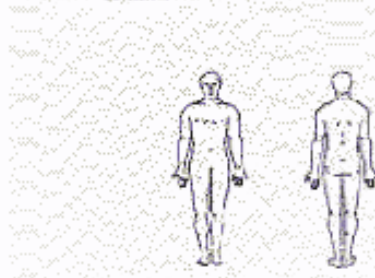
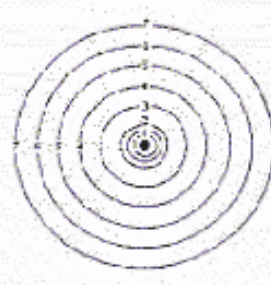
BNO dg.: Ápolási dg.:

 Incontinentiáig:
Bővített Norton skála:

Kooperáció közvetítő motiváció	Életkor	Bőr állapota	Külső betegségek	Állás állapot	Érrendszer szerve	Állóképesség	Módtétés	In- kontinencia	Összes pont
jó (4)	10 év alatti (4)	ép, sírulatlan (4)	nincs (4)	jó (4)	éber (4)	jelölhető (4)	teljes (4)	nincs (4)	
kissé csökkent (3)	10-30 év között (3)	száraz, hémos (3)	közvetlen (3)	közvetlen, közvetlen (3)	éber (3)	jelölhető (3)	kissé csökkent (3)	nincs (3)	
elégtelen (2)	30-60 év között (2)	száraz, sírulatlan (2)	közvetlen (2)	rossz (2)	szorongó (2)	jelölhető (2)	nagyon csökkent (2)	gyakran széklet (2)	
nincs (1)	60 év felett (1)	száraz, sírulatlan (1)	széklet (1)	nagyon rossz (1)	inaktív, hébós (1)	jelölhető (1)	teljesen (1)	széklet széklet (1)	

 Elért pontszám:
Rizikó beosztás:

- decubitus valószínűsége csekély 36 pont
 decubitus veszély fennáll 27 pont
 decubitus veszélye nagy 18 pont
 decubitus 9 pont

Decubitus elhelyezkedése

Decubitusméter


Tag 5

Pain assessment tool (Fájdalom felmérő lap)

III / 2. FÁJDALOM FELMÉRŐ LAP

Beteg neve: TAJ:									
Fájdalom mérő skála									
1	2	3	4	5	6	7	8	9	10
Nincs fájdalom									Elviselhetet- len fájdalom

A fájdalom jellemzői

Mi okozza/fokozza a fájdalmat?

Fájdalom

Kezdet:	
Időtartama:	
Gyakoriság:	

Fájdalom osztályozása

Akut Krónikus

Áttöréssel járó fájdalom van-e?

Igen Nem

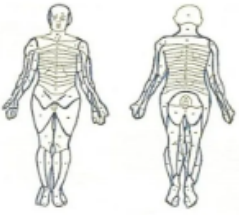
Jellemezze fájdalmat

Felszínes <input type="checkbox"/>	Lüktető <input type="checkbox"/>	Zsibbadt <input type="checkbox"/>
Mély <input type="checkbox"/>	Sajgó <input type="checkbox"/>	Szúró <input type="checkbox"/>
Kisugárzó <input type="checkbox"/>	Égető <input type="checkbox"/>	Éles <input type="checkbox"/>
Görcsös <input type="checkbox"/>	Hasogató <input type="checkbox"/>	Tompa <input type="checkbox"/>

Befolyásolja-e a fájdalom

Étvágát <input type="checkbox"/>	Fizikai aktivitást <input type="checkbox"/>
Figyelmét <input type="checkbox"/>	Érzelmét <input type="checkbox"/>
Kapcsolatát <input type="checkbox"/>	Alvását <input type="checkbox"/>

A fájdalom helye



Milyen fájdalomcsillapítót szed?

A gyógyszerek milyen mértékben csökkentik a fájdalmat?

Nem hat Mérsékeli Megszünteti

Megjegyzés/észrevétel

--

Dátum: **Aláírás:**

Needs to be used if the patient informs about pain or receives pain management. Includes a numeric analogue scale for the intensity, characteristics of pain (eg. beginning, duration, frequency, cause, acute or chronic, influencing other activity, type), location, medication therapy, other notes.

Tag 6

Care of intravenous devices

This chart includes the location of the iv. devices, any complain, sign of phlebitis, change of dressings, flushing, name and amount of infusion solution, additional medication, duration of therapy.



Used for 24 hours when the intake and out-put is measured. Includes the infusion solutions, per is fluid intake, NG probe feeding, for the out-put section we assess the urination spontaneous or catheterized, drainage, atonia, perspiration, vomiting, other secreting.

Tag 8

CLINICAL PRACTICES IN HUNGARIAN NURSING EDUCATION

Clinical internships for students begin in the 3rd semester, during which the practice of physical examinations will be held for 20 hours within the framework of the subject Clinical Basics and Propaedeutics. Then Internal Medicine and Surgery will cover 110-110 hours of practice over two semesters, Clinical Knowledge 30 hours, Neurology 50 hours, Obstetrics and Pediatrics 40-40 hours, Oncology practice 30 hours. In the final year, psychiatry practice is 40 hours, Emergency practice is 50 hours, and Intensive Care practice is 100 hours. In the last semester mentioned earlier, graduating students will be given an additional 300 hours of clinical practice during their professional final internship, mostly in the departments of cardiology and general surgery. Thus, a total of 1,100 hours of clinical practice will be organized during student training.

Clinical practices are built on each other or are in a parallel system of conditions, taking into account the acquisition of professional knowledge. Clinical practices are always provided on the basis of a given set of criteria system. At the beginning of the semester, each student receives a practice booklet containing a series of assignments for the demonstration room practice of the given subject as well as the related clinical practice. In addition to the various activities to be learned manually (e.g. blood sampling, iv line insertion), the set of tasks also includes interventions that cannot be performed by the student due to lack of experience, but allow him / her to observe them, e.g. ERCP monitoring. Remaining on the ground of realities, the practice list also includes the amount for each activity, which must be authenticated by the signature of the nursing colleague mentoring the practice after completion.

Tag 9

THE ROLE OF THE CLINICAL MENTOR

In clinical placements, a registered nurse working at the given hospital ward is appointed to supervise the trainees (groups of 3-5 people at the same time).

In some cases, where providing an English speaking professional mentor is not an option, a mentor lecturer is assigned for the foreign students, who accompanies them to their clinical practices, helping them in translation and mediation between the healthcare staff and the students. This also gives the students the feeling that they are supported and provided with the assistance they need.

Mentoring is a complex and difficult job, full of responsibilities. It is hard to explain what it means, because its meaning varies mentor by mentor, personality by personality, everyone defines it differently.

Being a mentor in clinical placements is both a personal and a professional challenge. A mentor, while dealing with the professionals of the future, besides teaching and showing the technical skills necessary for the trainees, also helps them to get to know the given organizational culture, to socialize in their roles in the professional environment of their chosen field. Mentors are not only teachers and advisors, but, in a way, they are also role models for their students.

This is already a tough job requiring a great deal of effort and empathy, even when mentoring students speaking the same language, coming from the same country, but being a mentor of a person who comes from



a foreign country, speaking a foreign language, and guiding him/her for months professionally are all very challenging. Therefore, we, at the University of Pécs, Faculty of Health Sciences consider it very important that all our staff members, including mentors, working in our international or mobility programs develop a deep intercultural understanding so that they are able to deal with the everyday challenges in having international students at the Faculty.

Tag 10

PEER MENTORS

In Erasmus mobilities, and also in full-time international degree programs, appointing student mentors (buddies) for the newcomers is an established custom, and throughout the years, has proven itself to be a really effective way of providing support for incoming students.

Our experience is that newcomers feel quite lost when they arrive, and they need a lot of empathy and guidance during the first few months. Buddies (student mentors) are appointed for them. Being away from the family, friends and home can cause a lot of anxiety in students. Student mentors can help them in all aspects of life from personal issues to academic matters. They are like a big brother or sister for the international students. They can make integration of the new students into our Faculty Family easier. Also, we all know that there are things a student would only talk about with an other student, instead of talking to a staff member.

Picture 3

Tag 1

A TYPICAL DAY - A PRACTICAL EXAMPLE

In the following, we will present in detail the care of a neurology subacute department with 7 beds, where 2 nurses work per shift:

The day shift begins at 6 a.m., for which nurses must already report on site around 5:40 a.m. so that the night shift can hand over the patients. In this case, bed by bed, the person leading the night shift informs the nurses about the patient's last 24 hours. According to the qualifications, the shift nurse prepares the different medications for each patient based on the previous day's prescriptions. Meanwhile, a nurse with a lower education monitors vital parameters and blood sugar levels, and then records the values in the 24-hour documentation chart. Depending on the patient's condition, but in the subacute area, the vital parameters of the patients are checked every 2 hours using a monitoring system. Blood collection orders are made by the laboratory assistant unless the patient has a CVC, which is done by the shift nurse. After the measurements, inhalation therapies are performed to help the physiotherapists' work.

The medical shift change is at 8 a.m., so the physicians make the day's medication and examination orders, and the nurse doing the pharmaceutical care checks if there is a change in the orders, if so, modifies them and administers medication according to the order of importance and the patient's condition. This is most often done in conjunction with meals, artificial enteral nutrition. A nurse with a lower level of education assists patients in per os eating, and a nurse with a higher level of education provides enteral nutrition. Cannulas are also inspected and cared during intravenous medication administration. After feeding, the patients' needs are checked (eg diaper change). Subsequently, the nursing chart, the intravenous device assessment sheet, the wound assessment sheet and the pain assessment sheet are completed in the electronic documentation for each patient.



After that, the daily orders and examination preparations take place during the day according to the medical orders and the condition of the patients. If a new patient arrives, he or she will also be admitted according to the protocol. During the afternoon, the shift leader writes a shift briefing in the electronic documentation to help colleagues working in the next shift or, in the event of a patient transfer, colleagues in other departments.

The shift change takes place at 18.00, in which case the night nurses are already on site 20 minutes before the switch due to handover. The tasks of the night shift include the preparation and administration of evening medications, in parallel and continuously with the monitoring of vital parameters. After that, dinner and feeding take place, together with the administration of the medicine, if necessary. The task of the night shift is to bathe the patient and meet the hygiene needs in the evening. Later, the electronic documentation is filled in and the nursing activities are performed according to the condition of the patients.

Tag 2

ROLE OF THE PROFESSIONAL MENTOR

Although mentoring is difficult, full of challenges to overcome, in clinical settings it is a rather beneficial way of bringing professional practices closer to the students, who, until the start of their clinical rotations, were mostly dealing with theory. It is a huge change for them, having to deal with real patients, under real clinical circumstances, instead of practicing in skill labs on mannequins, and this is where a devoted mentor can help them a lot. By building trust and an effective way of communication, a good mentor can guide their students in their professional development, help them prepare for potential difficulties and stress factors, and also support them in making career choices for the future, while constantly improving the mentor's teaching, leadership and time-management skills.

At the same time, a mentor can also benefit from the teaching experience by constantly being prepared to gain new knowledge and skills, having the opportunity to strengthen or improve their professional network, not to mention the personal satisfaction one can get by the success of their mentees.

According to the feedback of the healthcare team, dealing with foreign students in clinical settings, they can benefit in improving their language skills, also the students can improve their Hungarian, and develop their communication skills at the same time. A mentor can give them support and encouragement not to be afraid of communication with patients with little or no English knowledge.

It can also be beneficial from an intercultural aspect. By dealing with foreign students, one can learn a lot about the culture and healthcare system of another country, or about the differences in the roles of each healthcare professionals in different societies, thus, it is also a great opportunity to exchange multicultural professional experience and good practices, from which each parties can benefit a lot.

Working in a team with international students in it creates the possibility of making new friends, a friendly relationship that lasts long after the practice ends. Working with international students creates new stimuli for the hospital staff, which can be helpful in the hamster's wheel-like work of health care professionals.

Tag 3

PIECES OF ADVISE FOR THE CLINICAL PLACEMENT

The nursing clinical placement is an essential part of the nursing degree and is an opportunity to solidify clinical knowledge and get real life exposure to clinical settings.

For almost all students, the transition from university-based learning to the real clinical setting is both fascinating and challenging. For many, it will be their first exposure to highly vulnerable patients and the



complex multidisciplinary ecosystem of a hospital setting. The situation could be far more complex, if the nursing student is doing his/her internship in abroad, with the Erasmus + program.

It takes anyway some time to understand the relationships between the various members of the multidisciplinary team, the doctors, the allied health professionals and the array of staff in a hospital setting, but the cultural differences and the diverse local behavioural attitudes can make it for a real challenge.

Indeed, there is quite all the time a gap between theory and practice, and it is essential that students traverse this gap and develop a nuanced understanding of how clinical knowledge is applied to real people in clinical settings.

The following are some suggestions and recommendations for students beginning their first nursing placement in abroad with Erasmus

Tag 4

PIECES OF ADVISE FOR TRAINEESHIPS

Have realistic expectations: Learning the complex psychosocial clinical skills of being a confident nurse takes time and involves being exposed to challenging and stressful clinical situations. So, it's important to have realistic expectations when embarking on your clinical placement in abroad and not to expect it to be easy at all. Remember, you are not expected to be a fully qualified nurse as a student; you are always encouraged to ask questions.

Be prepared: Read up about the county, the local surroundings, the hospital, the clinical field into which you are being placed, and try the find local nursing students in the social media, speak with about the chosen clinical setting Make sure you have the right equipment with you: comfortable closed shoes, a stethoscope, a watch and perhaps a drug directory so you are prepared.

Be professional: One of the biggest changes moving from a university-based setting to a clinical one is the importance of the professional persona, keeping in mind that patients often hear and see the behaviour of the professional staff and students. This includes maintaining a respectful and formal clinical style and ensuring you are punctual and considerate throughout your clinical placement.

Be safe: Take seriously the scope of practice and be aware of the legal requirements of a student. In other words, know what you can and can't do in your student role. Never do something you feel unsure or uncomfortable about – always speak up. Be meticulous with PPE (personal protective equipment), using appropriate attire such as gowns, gloves, goggles and shoe coverings when necessary. Also always remember the Five Moments of Hand Hygiene:

- Before touching a patient
- Before clean/aseptic procedures
- After bodily fluid risk/exposure
- After touching a patient
- After touching a patient's surroundings.
- Safe practice not only protects the patient, it also protects you.

Self-care: When embarking on a career as a nurse, it is important to get into good habits of self-care that will help you to maintain your overall wellbeing throughout your career. These include getting enough sleep, eating a well-balanced diet, exercise, debriefing with a trusted person if you are exposed to something confronting or upsetting (always being mindful of patient confidentiality), and getting into the habit of unwinding properly after being in your professional nurse role.



As a student, be aware that you can always contact your supervisor/Erasmus mentor, if dealing with more serious problems or stresses that you feel you need assistance with.

Tag 5

ADVICE FOR TRAINEES

Ask questions

You know the feeling — you have a question in class but don't want to ask it because you fear it's too elementary or you should already know the answer. You ask it anyway. Three people immediately lean over and thank you for asking it because they didn't know the answer either. In class, as in your clinical rotation, there is no such thing as a stupid question. If you don't know something, ask, then commit the answer to memory! If you don't, you might miss out on a golden opportunity to learn something. There will be times where your mentor/instructor will be too busy to answer a question. This is the perfect time for you to find the answer on your own. Do some research. Look up diagnoses, treatments, terminology, or medications that you have trouble remembering. If you can't find the answer you're looking for, write down the question and ask your instructor at a time that's more appropriate for them. If you are feeling neglected by your mentor during your internship do not hesitate to ask this person for work, ask questions, make her/him to feel, you are here to learn and it would be a great opportunity for learning here for you and to provide her/him an extra pair of helping hands in the work. As you feel yourself neglected, communicate it just in time in an appropriate tone and manner to your mentor and ask her/him to teach you.

Be humble

Nurses are lifelong learners. You won't start clinical knowing everything, and you won't retire knowing everything, either. That's the beauty of the profession — there's always so much to learn! Books and lectures, as much as they might try, can't convey the nuances of communication and patient care that start to form when you're actually in the trenches. Being humble and gracious to the nurses who are teaching you, and knowing that your knowledge base hasn't even scratched the surface when you enter clinical, will take you far in developing a solid learning experience for yourself.

Be confident, too

Clinical is like learning in hyperdrive, but that doesn't mean you haven't already learned a lot, or that you aren't ready for the challenges you're about to face. Your first classes in nursing school should have prepared you for the responsibilities you're about to take on. Working with patients for the first time can be daunting, in case of language barriers even more. But remember: it might be that you will never understand each other by words, but the nonverbal communication could be an effective tool for understanding and caring: a smile, an appropriate gentle touch, a proposed glass of water or a changed pillow case can speak for themselves.

Be an active learner

Being a wallflower won't help you become a great nurse. Even though that might be your natural instinct when thrust into a new — and scary — situation, take control of your experience. The nurses and other healthcare professionals are there to guide and mentor you, but they're not there to do the learning for you. Don't wait for someone to tell you everything you're there to learn — seek out what you want to learn during your practicum. If you haven't done something before, ask your supervisor to do it. This is the time to practice your skills!

Tag 6



REMEMBER: THE LITTLE THINGS COUNT

While most of your time will be spent learning about patient care and how a hospital or clinic operates, the little things you do to prepare for clinical will show your instructor and classmates that you take your role, and their time, seriously. Here's a helpful list of things to remember:

- Be on time. Treat this clinical rotation like you would any other job.
- Be professional. Even though you're a student, this is a work environment, and basic workplace etiquette of the given place in a given country, still applies to you.
- Know the dress code. And stick to it!
- Eat a good meal beforehand. Your brain will thank you when you're trying to recall information.
- Stay positive. We all need to vent from time to time, but do it away from the hospital and on your own time.
- Be prepared. Study your patients' charts so you're prepared if you're called on by your mentor to answer questions about one of them.
- But don't fake it. If you don't know an answer to a question, be honest with your mentor.
- Stay engaged. Stay alert. You never know when an opportunity to learn something new will strike

Tag 7

CONFLICT DURING YOUR CLINICAL PLACEMENT

How you deal with conflict can turn a negative experience into a more positive one. A conflict has the potential to lead you to useful professional and personal learning opportunities.

Tips on dealing with conflict:

- listen actively
- be respectful
- ask for advice from a neutral person
- journal and reflect on the situation to learn what went well and what didn't
- practice self-awareness – are you stressed, sleep deprived or hungry?
- seek support if things seem to be getting out of hand or need to be escalated
- try to be assertive in your communication, learn some terms of the local language and try to practice it, be polite and kind
- accept and respect that others may have a different opinion
- try not to hold onto conflict – deal with it and move on.

Module 3 – Reflective assignments

REFLECTIVE ASSIGNMENTS

- Prepare a CV for applying for a clinical placement
- Draw up a traineeship plan based on your existing knowledge, include your learning objectives as well

Module 3 – Knowledge test

1. In Hungary, due to the different qualifications of nurses, the division of shifts differs, the tasks performed in one shift and their order is very strict and does not vary.
 - a. True
 - b. False**



2. Exchange students and full-time international students do their clinical practices separately under the supervision of a nurse mentor working at the given department.
 - a. True
 - b. False**
3. Trainee nurses typically work in day shifts, beginning at 7 o'clock in the mornings, and finishing at 3 or 4 in the afternoon.
 - a. True**
 - b. False
4. Nursing documentation is available in English in hospitals.
 - a. True
 - b. False**
5. Full-time students receive medical Hungarian language education during their studies.
 - a. True**
 - b. False
6. The nursing anamnesis chart is called "Távozási lap" in Hungarian.
 - a. True
 - b. False**
7. "Távozási lap" is used when the patient is leaving the department to another clinic or to home.
 - a. True**
 - b. False
8. Pain assessment tool (Fájdalom felmérő lap) needs to be used if the patient informs about pain or receives pain management.
 - a. True**
 - b. False
9. Clinical internships for students begin in the 2nd semester.
 - a. True
 - b. False**
10. Intensive Care practice entails 100 hours.
 - a. True**
 - b. False
11. In the last semester, graduating students will be given additional 500 hours of clinical practice during their professional final internship.
 - a. True
 - b. False**
12. At the beginning of the semester, each student receives a practice booklet. The practice list also includes the amount for each activity, which must be authenticated by the signature of the nursing colleague mentoring the practice after completion.
 - a. True**
 - b. False
13. In some cases, where providing an English speaking professional mentor is not an option, a mentor student is assigned for the foreign students, who accompanies them to their clinical practices, helping them in translation and mediation between the healthcare staff and the students.
 - a. True
 - b. False**
14. In Erasmus mobilities, and also in full-time international degree programs, appointing student mentors (buddies) for the newcomers is an established custom.
 - a. True**
 - b. False



15. The day shift begins at 7 a.m., for which nurses must already report on site around 6:40 a.m. so that the night shift can hand over the patients.
 - a. True
 - b. False**
16. Depending on the patient's condition, but in the subacute area, the patients' vital signs are checked every 2 hours using a monitoring system.
 - a. True**
 - b. False
17. The medical shift change is at 10 a.m.
 - a. True
 - b. False**
18. The tasks of the night shift include the preparation and administration of evening medications, in parallel and continuously with the monitoring of vital signs.
 - a. True**
 - b. False

4.4 Spain

Picture 1

Tag 1

INTRODUCTION

In this module, you will be introduced to what to expect during your clinical placement.

Tag 2

THE ROLE OF THE STUDENT MENTOR

During Welcome Week, students are introduced to and provided with a Catalan course, a Spanish level test and an information session, with the participation of the International Relations Office, the City Council's Youth Resource Centre and Mossos d'Esquadra (local police department).

A meeting will then be held with the coordinators of each Faculty or School. There will be a welcome meeting at the Faculty of Nursing and Physiotherapy, where the Internship Coordinator and the Vice Dean for International Relations will explain the internship procedure and map out the internship itinerary (set of placements to be carried out in different units).

Tag 3

THE ROLE OF STUDENTS

The clinical and healthcare environment is considered essential for the training of nursing students, but it can be unpredictable and stressful. The relationship created between the student and his or her clinical tutor is of utmost importance for an optimal learning outcome. Students will feel more motivated and involved during their rotation in clinical settings and their clinical training will be more individualised and tailored to their needs. However, in order to promote the students' learning outcomes and enhance the quality of the degree's clinical training, it is essential to innovate and improve in this process, as well as in the training and distribution of activities in health institutions.

Tag 4**STUDENT EXPERIENCE AND STRESSORS**

Before and during the development of clinical training, students will face different stress factors. Some of these include the acquisition of skills and theoretical knowledge and the demands placed on their training in undergraduate studies. Other stressors will be the situations encountered during clinical training, such as patient death, suffering, contact with terminally ill patients coping with death, critical illness situations, cardiorespiratory arrest, the relationship with patients and their families, and the gaps between practical training and theoretical contents. The main stressors faced by students will be errors made at work, harm to patients during the provision of care, and harm caused by patients.

Tag 5**THE ROLE OF CLINICAL MENTORS AND PEER MENTORS**

There are different names for the person responsible for nursing students during their clinical training, as a teaching figure. The most commonly used names for student evaluators are 'mentor', 'counsellor', 'coach' and 'tutor', the latter being the most common in Spain.

The tutor's main role is to encourage the student's critical capacity and development of reflection in the face of a given phenomenon or health-illness situation. Historically, the tutor's role was limited to guiding the student in the performance of nursing techniques and their evaluation. Nowadays, tutors also encourage other types of actions such as the promotion of certain types of care, procedures and functioning of health care, reflective conversations about complex situations, etc.

It is the tutor's duty to coordinate and communicate with all the professionals the student will interact with during training. Tutors will also encourage collaboration with the teaching staff of the University, facilitating the planning of student learning, helping to overcome any problems detected, and improving the integration of theoretical concepts with the practice of care. Adequate communication between tutors and students is key to connect the theoretical dimension of nursing education with clinical training.

Tag 6**THE ROLE OF TEACHERS**

Nurses who take on a mentoring or tutoring role should not forget that trainees will see them as experts and can imitate the behaviours they observe during clinical training. If the experience during their clinical period is positive, trainee nurses will be more likely to become qualified professionals. Therefore, clinical mentors should keep in mind that students have no control over their learning, which will depend on different variables. For this reason, it is essential that mentors have good teaching skills to help foster student participation, interest and motivation.

Tag 7**EVALUATION OF CLINICAL TRAINING**

There are multiple approaches for the evaluation of clinical training. Below are some examples of tools for clinical practice assessment.

Portfolio of evidence. The use of a portfolio of evidence is encouraged as an alternative evaluation as it provides a continuous assessment of the student's learning outcomes, taking into account the areas of knowledge, skills and attitudes. It is considered a teaching method and not an instrument for collecting information. To compile the portfolio, the student builds up a document to record the acquisition of



competences and skills, including a description and collection of his or her experiences, through which teachers can then approach the students' reality. Based on a theoretical and epistemological approach, the portfolio follows a constructivist perspective to teaching.

Reflective field diary. Another widely used method is the reflective field diary, considered a teaching technique of evaluation. Through the diary, the student can reflect on the development and acquisition of competences in the real situations arising during the clinical training period. This reflection usually includes a personal vision and approach, the perspectives of other professionals and the perspective generated by the student towards the teacher. This is a tool for individual assessments. The person reviewing it must give constructive and supportive feedback for the student to achieve optimal learning outcomes and to promote the acquisition of the competences proposed at the beginning of training.

Case study and care plan. This is a method for training and evaluation. It consists of describing and analysing a real situation in its whole context, allowing the student to observe the progress of events involved in the process. It is used in nursing education as it helps students to relate the environment with the effects of health-disease.

Picture 2

Tag 1

HOSPITAL RECORDS

Every action, intervention and prescription carried out by each healthcare professional must be recorded individually. All health centres must have a standardised clinical record model adapted to the level of care and the services they provide. Each hospital has a Medical Records Committee to establish the structure of the site's medical record. This Committee designs the documents that will make up the clinical record and the order in which the documents are placed, including the minimum requirements established by Act 41/2002 on Patient Autonomy and Clinical Records and Information.

According to Act 41/2002, a patient's clinical record (called *historia clínica* in Spain) must comprise at least the following documents and information:

- Clinical-statistical sheets and related records
- Admission authorisation
- Informed consent forms
- Medical history and physical examination
- Progress charts and notes
- Medical orders
- Reports of consultations with specialists or other departments
- Reports of all investigations
- Emergency reports
- Anaesthesia reports
- Pathological reports
- Nursing progress notes and care plans (evolution)
- Nursing medication chart (therapeutic application)



- Vital sign charts
- Discharge report

Tag 2

PRIMARY CARE RECORDS

The primary care record (known in Catalonia by its Catalan acronym 'HCAP') includes information related to the health of an individual and any changes throughout his or her life.

Identification within the Catalan Health Service (CatSalut) and the corresponding primary care centre (CAP): The patient's identification data include: name and surname, sex, address, national identity card number (DNI), CIP number (a unique personal identifier for the health card), Social Security number, type of pharmaceutical concession, medical record number, and numerical signalling and location codes (useful for archival purposes).

There is no unified primary care record model for all Spanish regions. However, the main documents used in these records are very similar in all regions. In fact, there are two main types of documents. One type includes clinical documents for systematic use, such as the examination and physical assessment sheet, the list of conditions and current complaints: in this document, the patient's health problems (diseases, signs, symptoms or relevant laboratory data, disabilities, etc.) are noted as a numbered list in chronological order. In some cases, a distinction is made between active problems (which should be followed and assessed at each visit) and inactive problems.

Another group of documents includes progress or follow-up sheets: these contain the most relevant data generated in patient care, in the form of a report, with the dates when the patient is seen or contacted.

Finally, occasional clinical documents are not as widely used as the documents mentioned above. They consist of follow-up data, obstetric data, reports of consultations with other departments, laboratory results, medication control, etc.

Picture 3

Tag 1

NURSING DOCUMENTS USED IN DAILY CLINICAL PRACTICE IN SPAIN

Nursing assessment. The purpose of the nursing assessment is to record the most significant data on the patient's health requiring nursing care. The data are organized by human needs or functional health patterns.

Progress (evolution) notes and care plan. The purpose of this document is to reflect any events, changes and complications and to supplement the information on relevant assessments in the diagnostic section.

Medication chart. Also called nursing therapeutic application in Spain, it is a signed record of the implementation of therapeutic orders and is intended to support the planning and administration of the medication prescribed to patients.

Daily records. Nurses keep daily records of vital signs, fluid balance and the control of lines and drains in patients requiring hourly monitoring.



Discharge report. This report describes the patient's situation at discharge, including the most important problems persisting at the time. It briefly describes the care provided to the patient and his or her progress during hospitalisation, as well as the patient's basic needs, presented as nursing diagnoses.

Tag 2

A DESCRIPTION AND EXAMPLE OF A TYPICAL DAY FOR A NURSE IN A PRIMARY CARE CLINICAL PLACEMENT

8:00 to 9:30 AM: Blood collection and/or home care, oral anticoagulant management, chronic care, group health education, home care for frail patients, face-to-face or telephone demand management and vaccination.

This schedule usually changes over the weeks and can be modified according to the course term, except for advanced nursing practice including wound care, endocrinology and diabetes. The students are hosted by their nurse practitioner, who will rotate over time, to encourage them to develop different skills.

Tag 3

HOW TO GET FEEDBACK AND SUPPORT DURING CLINICAL PRACTICES

For feedback, an assessment report is made and shared with students on the virtual campus. It includes aspects such as:

- Behaviour and competence in the service: interest, responsibility, observation, organization and ability to acquire or assimilate new knowledge.
- Application in the execution of work: quality of the work (order and method), skill in execution, initiative, assessment of the person's state of health, performance of nursing activities, use of safety measures and self-protection in the procedures.
- Teamwork: relationship with the team, effective communication with team members and integration.
- Behaviour towards users: relationship with patients/users and their families, skills to carry out health education, ability to promote information to patients and their families.
- Compliance with rules: compliance with schedules, institutional guidelines and personal appearance.

The assessment report is prepared after each internship period within the agreed internship itinerary. In addition to the above, tutoring is provided during the internship period by tutors.

Support during the clinical period is provided by the internship tutors, who are guest professors of the health area. There is one professor at each internship centre to monitor and liaise between the university internship coordinator and the health centre.

Picture 4

Tag 1

INSURANCE

All students are insured against accidents (the insurance is included in the registration fee). The University of Lleida has taken out an accident insurance policy from Axa Seguros Generales, S.A. (www.axa.es) with the intermediation of Willis S&C Corredores de Seguros (www.willis.es). The policy covers all students taking any of the official courses at the University of Lleida.



Tag 2

UNEXPECTED EVENTS DURING CLINICAL PRACTICE (INJURIES)

What to do if you have a health problem during your mobility period?

What documents will you be asked to provide? You can provide the School Insurance Social Security System (Public and Subsidised Centres) or the "Univer Plus" insurance card (Subsidised Centres).

You may be asked to show other documents such as your registration receipt (if you did not keep a copy, you can request one at the Secretary's Office) or a corresponding form* (previously downloaded from the website of the Community Services).

If the person is not moving, is unconscious or is in cardiorespiratory arrest, you must urgently request external assistance (call the emergency number 112) and provide the address of the place.

Tag 3

DURING YOUR MOBILITY PERIOD, YOU MUST REPORT ANY HEALTH PROBLEM

The school and the tutor responsible for the mobility period must be notified of any health problems you have, no matter how severe. In these cases, you will be able to report your problem to the campus concierge and corresponding departments. In a serious emergency, you will be asked to specify the address that has been provided for external assistance.

Module 3 – Reflective assignment

- What stressors can you identify from your previous clinical placements? Make a list and reflect on how your clinical mentors could have supported you in these situations. What resources would you have needed to manage them better?
- What would you do if you see a colleague who is not complying with hygiene rules, for instance wearing black socks, watches, bracelets, rings or nail polish?
- What would you do if you have an accident during your stay?

Module 3 -Knowledge test

1. The person in charge of the nursing student in training receives the name of tutor in Spain. The tutor or the mentor... (There can be several correct answers)
 - a. ... coordinates and communicates with all the professionals with whom the student will be in contact during the corresponding practical period.
 - b. ... guides the student in the performance of nursing techniques and their corresponding evaluation.
 - c. ... favors collaboration with the teaching staff of the University, facilitating the planning of student learning, helping to overcome the problems detected, improving the integration of theoretical concepts with the practice of care.
2. The mentor should have good teaching skills to foster student participation, interest, and motivation during their learning.
 - a. True
 - b. False
3. The clinical training is assessed by: (There can be several correct answers)
 - a. a reflective field diary
 - b. a Case Study and a Plan of Care
 - c. a portfolio of evidence



4. The Clinical History documents can be classified into two main groups: medical documents and nursing documents.
 - a. **True**
 - b. False
5. The Clinical History must have an identification number and must include only data identifying the patient and the care provided and clinical data.
 - a. **True**
 - b. False
6. The clinical data of the Clinical History includes: (There can be several correct answers)
 - a. **Physiological and pathological family and personal history**
 - b. **Description of the current illness or health problem and successive reasons for consultation**
 - c. **Clinical procedures used and their results, with the corresponding opinions delivered in the case of specialised procedures or examinations, and also the interconsultation sheets**
7. The nursing documents in clinical practice include: (There can be several correct answers)
 - a. **Therapeutic nursing approach**
 - b. **Nursing assessment and nursing care planning and evolution**
 - c. **Daily chart and discharge nursing report**
8. The therapeutic nursing application...
 - a. records vital signs, fluid balance and control of lines and drains in patients requiring hourly monitoring
 - b. identifies the patient's situation, with the most important problems persisting at discharge
 - c. **aims to provide a signed record of the implementation of therapeutic orders and to support the planning and administration of prescribed medication to patients**
9. There is a unified Clinical History in Primary Health Care model in the 17 different autonomous regions in Spain.
 - a. True
 - b. **False**
10. The students' accident insurance is included in the registration fee.
 - a. **True**
 - b. False

5 Module 4 – Culture and language

5.1 Finland

Picture 1

Tag 1

INTRODUCTION TO CULTURE AND LANGUAGE MODULE

In this study module you will learn about Finnish social and healthcare system and health care services. You will be also introduced to Finnish culture and language.

After studying the material, you will have a general understanding of social and health care system in Finland, you know some basics of Finnish culture and language, and you have tools that will support your language learning.

Tag 2

SOCIAL AND HEALTHCARE SYSTEM IN FINLAND

The aim of the Finnish social and healthcare system is to maintain and improve people's health, wellbeing, work and functional capacity and social security, as well as to reduce health inequalities (STM 2021). In addition, the primary goals of the health policy is health promotion and disease prevention. In Finland, municipalities organize and finance health care services, which are divided into primary health care and specialised medical care. Moreover, private providers of the healthcare services are also available and many Finns use private healthcare services alongside the public services.

Tag 3

PRIMARY HEALTH CARE SERVICES

Primary health care services are provided at municipal health centres. Publicly funded health stations are offering services such as health counseling and medical examinations and screenings, vaccinations, health care services for students, home care services and services for families. Most of the cases, international students get medically necessary treatment from public health stations if they have European Health Insurance Card.

Read more: [Primary health care - Ministry of Social Affairs and Health \(stm.fi\)](https://stm.fi/)

Tag 4

NEUVOLA - EXAMPLE OF PRIMARY HEALTH CARE SERVICE

Finland is famous for "neuvola", which is a maternity and child health clinic for families, which provides support for pregnant mothers, fathers and their children. Families meet with a nurse and doctor approximately 11-15 times during pregnancy. Attending a maternity clinic is one of the preconditions for eligibility for maternity benefit. In the biggest cities, the maternity clinics are located in family centers, where one finds all social and health care services for families easily from the same building. Wellbeing of families and children is an important factor in Finnish health policy and every family expecting a child gets a maternity package from the state. The package contains children clothes and other essential products for a new born baby and their family.

Read more about neuvola: <https://finland.fi/life-society/for-more-than-100-years-finnish-neuvola-clinics-have-given-families-a-healthy-start/>

Video: Maternity and child health work in seven minutes https://youtu.be/_bWiQCpce2w

Tag 5

SPECIALISED MEDICAL CARE

Specialised medical care is usually provided at hospitals. Municipalities form hospital districts that are responsible for providing specialised medical care in their area.

Read more: [Hospitals and specialised medical care - Ministry of Social Affairs and Health \(stm.fi\)](https://stm.fi/)

Tag 6



NEW CHILDRENS HOSPITAL

Take a virtual tour in new Childrens Hospital in Helsinki: <http://www.koeuusilastensairaala.fi/index-en.html>

Tag 7

PATIENT AND CLIENT RIGHT

Read more about patient rights in Finland: [Client and patient rights - Ministry of Social Affairs and Health \(stm.fi\)](#)

Tag 8

FOLLOW THE FINNISH NEWS: [News | Yle Uutiset](#)

Picture 2

Tag 1

<https://youtu.be/qoIKmOdQwdg>

Tag 2

https://youtu.be/4YexB7ua_bg

Tag 3

<https://youtu.be/9FPU4F-Ajh8>

Tag 4

What are we Finns like? <https://www.visitfinland.com/en/articles/what-are-finns-like/#7b55c3a8>

Tag 5

https://youtu.be/qY_OOcv--M

Tag 6

Best things to do in Finland <https://www.visitfinland.com/en/articles/10-best-things-to-do-in-finland/#bed771a6>

Tag 7

<https://youtu.be/SJUMO9LuVBs>

Picture 3

Tag 1

[thisisFINLAND](#)

Tag 2

20 PHRASES IN FINNISH

Learn useful phrases in Finnish: <https://finland.fi/life-society/begin-finnish-out-loud-now-20-phrases/>

**Tag 3**

Introductory Finnish (MOOC)

[Introductory Finnish - Self-study: About the course \(aalto.fi\)](#)

Tag 4

Duolingo app- learn Finnish

[The world's best way to learn Finnish - Duolingo](#)

Tag 5

Learn basics of Finnish through videos [Suomen kielen alkeet | Oppiminen | yle.fi](#)

Tag 6

Finnish for clinical learning environments [Microsoft Word - Sairaalanastoa englanniksi.doc \(gehoitajat.org\)](#)

Tag 7

Finnish for nurses [Suomea sairaanhoitajille ja lääkäreille - by RandomFinnishLesson - Memrise](#)

Module 4 – Reflective assignment**REFLECTIVE ASSIGNMENT**

Please go through country health profiles and culture related material in this module. Compare Finland with your home country. What are the similarities and differences there is between the two countries? [Country Health Profiles \(europa.eu\)](#)

5.2 France**Picture 1****Tag 1****INTRODUCTION TO CULTURE AND LANGUAGE MODULE**

In this module, you are going to learn about the French healthcare system and services and will be given a general overview on the culture and language of France.

Tag 2**SOCIAL WELFARE SYSTEM IN FRANCE.**

Social protection refers to collective welfare mechanisms, allowing individuals to face the financial consequences of "social risks".

Tag 3

A FEW DEFINITIONS, TO INTRODUCE THE SUBJECT:



Social Assistance:

- Legal benefits in kind or in cash intended for individuals unable to meet their needs.
- Social assistance law is governed by the Code de l'Action Sociale et des Familles (CASF) since 2000, formerly known as the Code de la Famille et de l'Aide Sociale, which has existed since 1953.
- Social assistance is mandatory. It responds to an individual need. It is called legal social assistance. There is also an "extralegal" social aid that grants higher amounts or more flexible conditions for the attribution of legal social aid.

Tag 4

A FEW DEFINITIONS, TO INTRODUCE THE SUBJECT:

Social action:

- A set of actions, in addition to social aid, implemented with the objective, "to promote the autonomy and protection of people, social cohesion, the exercise of citizenship and the prevention of exclusion" article L 116-1 of the CASF.
- Social action is optional. It encompasses collective actions in a given territory and has a multi-partner dimension.

Social security:

- A public service whose function is to protect individuals from social risks.

Tag 5

TO REMEMBER

Social assistance, social action (State, departments and municipalities), social security and UNEDIC (unemployment insurance scheme) are the pillars of social protection.

Tag 6

THE SUBSIDIARY SYSTEM:

The subsidiary system intervenes when the basic and complementary systems are not and complementary systems are not sufficient to protect the user.

Picture 2

Tag 1

GO ON A VIRTUAL TOUR OF OUR INSTUTE LOCATED IN VALENCE! [Visite virtuelle VAL \(genial.ly\)](https://www.genial.ly)

Tag 2

DISCOVER THE AUVERGNE-RHÔNE-ALPES REGION! [Guide of Auvergne-Rhône-Alps 2023 - Tourism, Holidays & Weekends \(france-voyage.com\)](https://www.france-voyage.com)

Tag 3

SOME FRENCH CLICHÉS...BY FRENCH PEOPLE! [\(146\) What Is Typical French? | Easy French 135 - YouTube](https://www.youtube.com/watch?v=146)



Tag 4

TRAVELLING IN FRANCE! [Travelling in France | Campus France](#)

Tag 5

Get started with French! [40 Basic French Phrases Every Beginner Should Know | Super Easy French 82 - YouTube](#)

Tag 6

PODCAST | INTERVIEW

Discover the interview of Julie, a Belgian student who talks about her experience in Grenoble! [Let's go and study in ... Grenoble with Julie from Belgium \(English track\) by Croix-Rouge Compétence \(soundcloud.com\)](#)

5.3 Hungary

Picture 1

Tag 1

IN THIS MODULE, YOU ARE GOING TO LEARN ABOUT HUNGARIAN HEALTHCARE SYSTEM AND SERVICES, AND WILL BE GIVEN A GENERAL OVERVIEW ON THE CULTURE AND LANGUAGE OF HUNGARY.

Tag 2

THE FOUNDATIONS OF HEALTHCARE IN HUNGARY

The Fundamental Law of Hungary prescribes that everyone shall have the right to physical and mental health. Hungary shall promote the application of this right by agriculture free of genetically modified organisms, by ensuring access to healthy food and drinking water, by organizing safety at work and healthcare provision, by supporting sports and regular physical exercise, as well as by ensuring the protection of the environment.

The foundations of the Hungarian healthcare system are laid down by Act CLIV of 1997 on Healthcare.

More information on NEAK:

http://neak.gov.hu/felso_menu/rolunk/kozerdeku_adatok/tevekenysegre_mukodesre_vonatkozo_adatok/a_szerv_feladata_alaptevenysege_es_hatarkore/en_a_szerv_alaptevenysege_feladata_es_hatarkore

Tag 3

HEALTHCARE SYSTEM IN HUNGARY

The Hungarian healthcare system is mainly financed through the National Health Insurance Fund of Hungary (Nemzeti Egészségbiztosítási Alapkezelő - NEAK) and taxes. NEAK's coverage is universal and it allows access to ambulatory as well as secondary healthcare. Healthcare is generally free. Patients make co-payments on certain services, such as pharmaceuticals, dental care and rehabilitation. Non-Hungarians who are not insured are entitled to essential health services free of charge, in the case of an emergency or acute condition.

Hungary also has private healthcare services. If you seek treatment from the private sector, you will be liable for all costs.

Before travelling to Hungary or to another EU country for a short stay - whether on holiday, a business trip or studies - you should get a European Health Insurance Card from your statutory health insurer. This will enable you to get any health care you might need during your trip.

The European Health Insurance Card proves your entitlement to health care. It is the physical proof that you are insured in an EU country.

If you fall unexpectedly sick during a temporary stay abroad, the European Health Insurance Card gives you the same right to statutory health care as people insured in the country you are in, so you can visit a local doctor.

Tag 4

PRIMARY HEALTHCARE

The first line of defense of the Hungarian healthcare system is primary healthcare. In accordance with the Act on Healthcare, all patients shall be assured continuous long-term healthcare based on a personal relationship, in or near their places of residence, irrespective of gender, age or the nature of their illness. The important institutions of primary healthcare are: family practitioners, family pediatric practitioners, dental practitioners, on-duty services adjacent to services, health visitor services, and school health services.

Tag 5

OUTPATIENT SPECIALIZED CARE

One-off or occasional healthcare provided by a specialist physician upon referral from the physician regularly attending and caring for a patient, or on the self-referral of the patient, or continuous specialist care when the patient has a chronic condition not necessitating inpatient care.

In general, it is a prerequisite of using outpatient specialized care that physicians entitled to give referrals provide such a referral. Referring physicians – based on their own professional indications and the regulations on referral issued by the healthcare administration – may initiate the examination and treatment of the patient at the healthcare facility operating at a level of specialized care justified by the health of the patient.

Tag 6

INPATIENT SPECIALIZED CARE

Healthcare provided in an inpatient facility close to the domicile of the patient. It shall take place as specified by law, based on a referral by the physician providing the patient with regular care, an attending physician, or by the self-referral of the patients themselves. Inpatient care shall mean care provided in parallel with being admitted in an inpatient treatment facility without interruption for the purpose of diagnostics, treatment, rehabilitation or nursing (including long-term nursing care), or care provided for the above purposes during specific times of the day, or any one time or cure-like intervention, following which a specific amount of observation shall become necessary, and during the course of observation further immediate care is provided if necessary.

In certain inpatient facilities, the forms of specialized care are structured differently in each administrative unit. Different forms of inpatient specialized care are carried out by hospitals, clinics, national facilities,



sanitaria and other institutions. These are provided based on the frequency of certain diseases, for a specific population, per administrative units, generally in cities.

General inpatient specialized care can be used based on referral given by physicians of healthcare providers financed by health insurance, or by such physicians to themselves or to their next of kin.

Tag 7

THE UNIVERSITY OF PÉCS CLINICAL CENTER

The practical education of healthcare and medical professional students takes place at the University of Pécs Clinical Center. With its more than 20 clinics, the Clinical Center covers most of the healthcare provision of Pécs and the region, and gives excellent opportunity for students to get the practical knowledge they need for their profession.

Our newly renovated clinical centre provides students with bedside practical education in small groups, but we also boost excellent local and international teaching hospital networks and exchange programmes. The practical clinical education is prepared and supported by one of Hungary's excellent Simulation Education Centre.

Learn more about the clinics of the Center: <https://aok.pte.hu/en/klinikak>

Tag 8

Take a look at the Clinical Center of the University of Pécs from above (**embedded video without link**)

Tag 9

PATIENTS' RIGHTS IN HUNGARY

Act CLIV of 1997 on health, healthcare services, and healthcare providers (on Healthcare) sets forth the rights and obligations of patients in the course of healthcare.

Learn more at: [Patients' Rights \(patientsrights.hu\)](http://patientsrights.hu)

Tag 10

Be informed about the latest news of Hungary [Hungary Today - Read here the latest news about Hungary](#)

Picture 2

Tag 1

YOUR EVERYDAY LIFE GUIDE FOR HUNGARY [Everyday life information \(visithungary.com\)](http://visithungary.com)

Tag 2

HUNGARIAN TRADITIONS

Hungarian culture has many typical and unconventional traditions and customs. Since Hungarians are considered to be very friendly, hospitable and open, you will learn of these in no time.

Hungarian names consist of a surname followed by a given name. Some Asian countries hold the same custom.

Hungarians celebrate birthdays, as well as so-called name days. Every given name is linked to a specific date in the calendar: these originate from historical or religious traditions. Name days are smaller



celebrations than birthdays, but it is customary to gift flowers or small presents. This tradition is also observed by the Czech and Slovakian peoples, as well as the Russians and Romanians, and some Scandinavian or Baltic countries.

The first Hungarian word you will come to learn will most likely be “egészségedre”. This word is used to cheer before drinking alcohol but is also a common refrain following a sneeze.

Hungarians love offer a meal and drinks to their guests, even those who come unexpected. You can try but you most likely won't get away from trying the famous national spirit of Hungarians, the pálinka, which is a strong brandy made of fruits.

One of the most colourful Hungarian folk traditions is the custom of Easter. At Easter, girls paint or dye eggs and prepare traditional festive dishes. On Easter Monday, they dress up in festive attire and wait for the boys to visit them and sprinkle them with water or some perfume. Nowadays, this tradition is only celebrated in the countryside, but if you are interested in being part of a traditional Easter celebration, make sure to visit Hollókő. This lovely old village was preserved in its old-world charm, and on Easter, locals always wear their colourful, traditional clothing, welcoming visitors to celebrate together.

In many countries, people celebrate the end of cold and grey winter days with a series of carnival celebrations. *In the Southern region of Hungary, in the town of Mohács, people celebrate the carnivals in a unique, traditional way. This is the popular Busó Walking. This celebration features a parade where people wear unique wooden masks and dress up in flamboyant, traditional costumes.*

Before Christmas celebrations, *Mikulás (Saint Nicholas) arrives every year at the beginning of December to give small gifts to children.*

Hungarian households traditionally prepare gingerbread before Christmas, the scent of cinnamon and cloves wafts through the air. Traditional gingerbread making is masterful work: some of the decorations resemble elements of Hungarian folk motifs.

Video: WOW Hungary – Wellspring Of Wonders ([146](#)) [WOW Hungary – Wellspring Of Wonders - YouTube](#)

Take a virtual tour in Hungary: <https://vr.visithungary.com/map/?lang=en>

Tag 3

PLACES TO GO IN HUNGARY [Must-see sights in Hungary \(visithungary.com\)](#)

Tag 4

FAMOUS HUNGARIAN INVENTIONS

Hungarians have always been great at finding innovative ways to solve problems, often leading to the invention of objects that now surround us every day. [Study in Hungary - Famous Hungarian inventions](#)

Tag 5

HUNGARIAN CUISINE

Hungarian cooking is actually quite difficult to define. It tends to use paprika, black pepper, several different spices and often onion. Traditional Hungarian dishes are primarily based on meats, seasonal vegetables, fresh bread, dairy products, cheeses and fruits.



In Hungary, a typical breakfast may consist of fresh bread, cold sausage type minced meat products (such as kolbász or szalámi), some vegetables or jam. Lunch is the main meal of the day, usually consisting of three courses: soup is followed by a main dish and a dessert.

We are quite sure that you have already heard of the famous Hungarian gulyás soup. The soup was accredited as a hungaricum in 2017 although it has been well-known for a long time by many international people coming to the country. It is made from vegetables and beef but also can be made in a vegetarian version. Another typical national food is fisherman's soup called "halászlé", a soup of paprika-spiced broth and thick cuts of river fish. Since Hungary has the river Tisza, the river Danube and several lakes, it is easy to get fresh, tasty fish. For hot summer days, light fruit soups are also great.

We couldn't make this list without mentioning "lángos" which is a platesized sheet of fried dough that is usually smothered with sour cream and cheese, the popular stuffed cabbage called "töltött káposzta", which is large leaves of cabbage, stuffed with meat and rice, cooked and then smothered with sour cream (yes, we love sour cream) or the well-known "lecsó", the paprika vegetable stew of onions, tomatoes and peppers with variations including sausage and egg.

If you prefer sweet foods, try the Hungarian Dobos cake, a chocolate butter-cream-layered sponge cake, topped with crystallised caramel and covered on the edges with nuts, or the incredibly popular Túró Rudi, a dark chocolate bar filled with sweetened cottage cheese, available in different flavours or with jam fillings as well. Desserts often contain different fruits or jams since Hungary has internationally famous vineyards and orchards full of apples, pears, plums and other fruits.

If you feel like having a drink after a good meal, taste one of the fine Hungarian wines. Hungary has 22 wine regions, the most well-known among foreigners are the Tokaj, Villány, Balaton Highland and Eger regions, but it is also worth visiting other regions for their special local wines. If you like shots, you should not miss the famous Unicum and pálinka, either.

Typical dishes you should try while in Hungary:

gulyásleves (goulash soup), húsleves (meat soup), halászlé (fish soup), hideg meggyleves (cold sour cherry soup), Jókai bableves (bean soup Jókai style), Hortobágyi palacsinta (pancake filled with meat), túrós csusza (pasta with cottage cheese), töltött káposzta (stuffed cabbage), pörkölt (stew made of different kinds of meat), lecsó (stewed onions, tomatoes and peppers), paprikás krumpli (potatoes with paprika), mákos guba (dumplings with poppy seed), szilvás gombóc (dumplings filled with plum), Dobos torta (chocolate cake with a special caramel top on it), rétes (strudel), szaloncukor (special Christmas sweet), bejgli (Christmas cake filled with walnut or poppy seed filling), túró rudi (sweet curd bar coated with chocolate), lángos (Hungarian fried bread), pogácsa (small savoury biscuits) and the list is endless in fact.

You can find some recipes here: <https://hu.pinterest.com/ideas/hungarian-recipes/907284048974/>

Tag 6

HUNGARIAN LANGUAGE

The official language of the country is Hungarian, which forms part of the Finno-Ugric language family. Hungarians call their language magyar. Although Hungary is located in Central Europe, Hungarian is not related to any of the languages that surround the country. Hungarian is spoken by 10 million people in Hungary, but there are sizable populations of Hungarian speakers outside the country.

Although your studies are in English or in another foreign language, it is a good idea to learn a few basic words which may be necessary in your everyday life here in Hungary. It will be extremely well-received by native Hungarians, so don't worry about making mistakes!

Tag 7

A MINI DICTIONARY OF HUNGARIAN [Study in Hungary - Mini Dictionary](#)

Tag 8

DUOLINGO APP FOR HUNGARIAN [The world's best way to learn Hungarian - Duolingo](#)

Tag 9

Learn Hungarian with videos [\(146\) Learn Hungarian with HungarianPod101.com - YouTube](#)

Tag 10

Useful Hungarian vocabulary in clinical settings

hospital	kórház	clinic	klinika, szakrendelő
outpatient department	járóbeteg-rendelés	emergency room	sürgősségi osztály
intensive Care Unit	intenzív osztály	operating room/ theatre	műtő
ward/floor	kórházi osztály	laboratory	laboratórium
delivery room	szülőszoba	maternity ward	szülészeti
recovery room	őrző	waiting room	váró
doctor's office	rendelő	examining room	vizsgáló
admittance	felvétel	doctor/physician	orvos
General Practitioner/GP	körzeti-/családorvos	nurse	nővér, asszisztens
patient	páciens, beteg	specialist	szakorvos
internist	belgyógyász	dermatologist	bőrgyógyász
dentist	fogorvos	ENT specialist/ otolaryngologist	fül-orr-gégész
paediatrician	gyerekorvos	cardiologist	kardiológus
oncologist	onkológus	orthopaedic doctor	ortopédorvos
psychologist	pszichológus	psychiatrist	pszichiáter
radiologist	röntgenorvos	rheumatologist	reumatológus
surgeon	sebész	optometrist	optikus, látászérez
ophthalmologist	szemész	gynaecologist	nőgyógyász
obstetrician	szülész	midwife	szülésznő, baba
urologist	uroológus	neurologist	ideggyógyász
pathologist	boncolóorvos	anaesthetist	általóorvos
intern	bentlakó orvos	resident	rezidens
dietician	diétetikus	pharmacist	gyógyszerész
orderly	beteghordó	candy striper	kórházi önkéntes
internal medicine	belgyógyászat	dermatology	bőrgyógyászat
dentistry	fogászati osztály	otolaryngology/ENT	fül-orr-gégészeti
cardiology	kardiológia	oncology	onkológia
orthopaedics	ortopédia	psychiatry	pszichiátria
radiology	röntgenosztály	rheumatology	reumatológia
surgery	sebészet	general surgery	általános sebészet
emergency surgery	baleseti sebészet	vascular surgery	érsebészet
neurosurgery	idegsebészet	plastic surgery	plasztikai sebészet
oral surgery	szájsebészet	orthopaedic surgery	ortopéd sebészet
ophthalmology	szemészet	gynaecology	nőgyógyászat
urology	uroológia	neurology	ideggyógyászat

fluid	folyadék	medicine/drug	gyógyszer
pill/tablet	tabletta	capsule	kapszula
fever	láz	accident	baleset
allergy	allergia	cough	köhögés
fracture	törés	operation/ surgery	műtét
infection	fertőzés	inflammation	gyulladás
rash	kiütés	wound	seb
cut	vágás	stitches	varrat
cancer	rák	tumour	daganat
blood pressure	vérnyomás	blood test	vérvétel
urine test	vizeletvizsgálat	ECG	EKG
sedative	nyugtató	antibiotics	antibiotikum
care	ellátás	first aid	elsősegély
prevention/ check-up	megelőzés	therapy	gyógykezelés, terápia
vaccination/ inoculation	oltás	cancer screening	rákszűrés
ultrasound	ultrahang	painkiller	fájdalomcsillapító
prescription	recept	heart beat/pulse	pulzus
prognosis	prognózis/kéltás	recovery	gyógyulás
immune system	immunrendszer	symptom	tünet
medical record	kórtörténet	cure	gyógy mód
complaint	panasz	condition	állapot
appointment	időpont	treatment	kezelés
bacterium	baktérium	virus	vírus
remedy	gyógymód	health insurance	betegbiztosítás
health insurance card	TAJ kártya	eye-chart	szemvizsgáló tábla
consultation	konzultáció	test result	lelet
delivery	szülés	Caesarean/C- section	császármetszés
side effect	mellékhatás	emergency	vészhelyzet
blood type	vércsoport	period	menstruáció
sick note	orvosi igazolás	check-up	kivizsgálás
waiting list	várólista	family history	családi kórtörténet
visiting hours	látogatási idő	coat	köpeny

összetett szavak:

disease/ sickness/illness	betegség	health	egészség
examination	vizsgálat	diagnosis	diagnózis
ambulance	mentőautó	pain/ache	fájdalom
hurt	sérülés, fájás	X-ray	röntgen
hospital bed	kórházi ágy	bed pan	ágytál
stethoscope	sztetoszkóp	tongue depressor	spatula
operating table	műtőasztal	scalpel	szike
cast	gipsz	bandage	kötés, kötszer
cane	bot	crutches	mankó
wheelchair	tolószék, kerekeszék	tweezers	csipesz
stretcher	hordágy	paramedic	mentős
thermometer	lázmérő	oxygen tent	oxigénsátor
injection/shot	injekció	syringe	fecskendő
needle	tű	infusion	infúzió



Module 4 – Reflective assignment

REFLECTIVE ASSIGNMENT

Please go through country health profiles and culture related material in this module. Compare **Hungary** with your home country. What are the similarities and differences there is between the two countries? [Country Health Profiles \(europa.eu\)](#)

5.4 Spain

Picture 1

Tag 1

INTRODUCTION TO CULTURE AND LANGUAGE

In this study module you will learn about the Spanish healthcare system and healthcare services. In addition, you will be introduced to Spanish culture and language.

After studying this material, you will have a general understanding of the social services and healthcare system in Spain, you will have gained some basics of Spanish culture and language, and you will have tools to support your language learning.

Tag 2

THE HEALTHCARE SYSTEM IN SPAIN

On 25 April 1986, the Spanish Parliament passed the Healthcare Act (Ley General de Sanidad), which governs all actions to enforce the exercise of the constitutional right to the protection of health. To this end, the law created a National Health System with universal coverage. This system, of a predominantly public nature, is funded by the State Budget and comprises the health services of both the central State Administration and the regional Governments. The approval of the Healthcare Act 1986 marked a milestone for the transformation of Spanish healthcare by bringing together all existing public health and welfare resources into a single mechanism, tied to the Social Security resources, and integrating health promotion and disease prevention policies and activities with medical and pharmaceutical services.

Tag 3

THE HEALTHCARE SYSTEM IN SPAIN

The Spanish healthcare system is divided into three coexisting statutory sub-systems:

1. the universal National Health System (*Sistema Nacional de Salud, SNS*)
2. mutual funds for civil servants, the Armed Forces and the Judiciary (MUFACE, MUGEJU and ISFAS)
3. mutual funds for accidents and occupational diseases, known as “Collaborating Mutualities with the Social Security”.

The SNS is a national health system based on the principles of universality, free access, equity and fairness of financing, and is mainly funded by taxes. It is organized at two levels – national and regional – mirroring the administrative division of the country. The health competences have been devolved to the 17 autonomous regions (*comunidades autónomas*). The national level is responsible for certain strategic areas under the

governance of the Interterritorial SNS Council. It also provides overall coordination of the health system and monitors its performance at the national level.

Tag 4

PRIMARY HEALTHCARE

First-level health services – primary care – are easily accessible and capable of managing the most common diseases in full. Primary care services are provided at medical centres staffed by multi-disciplinary teams of family doctors, paediatricians, nurses, administrative staff as well as social workers, midwives, physiotherapists and pharmacists. Given its position in the community, this level of facility is responsible for health promotion and disease prevention.

Follow the link below for a brief report from the World Health Organization on the characteristics of primary healthcare in Spain: https://www.euro.who.int/_data/assets/pdf_file/0016/504331/primary-health-care-Spain-eng.pdf

Tag 5

SPECIALIST CARE

The second level of care – specialist care – comprises the system's most complex and costly diagnostic and therapeutic resources. Specialist care includes all medical and surgical specialties. There is also a 24-hour care mechanism for medical emergencies.

Read more about the Spanish health system: [WHO/Europe | Home](#)

Picture 2

Tag 1

A VIDEO PRESENTATION OF THE UNIVERSITY OF LLEIDA [University of Lleida / Presentation 2022/2023 - YouTube](#)

Tag 2

INFORMATION ON TRAVEL TO AND WITHIN SPAIN [Spanish Tourism | Tourist information on Spain | spain.info](#)

Tag 3

STAY UP TO DATE WITH SPANISH NEWS

El País is the most widely read newspaper in Spain. Click below for its English version: [EL PAÍS English \(elpais.com\)](#)

Tag 4

Learn Spanish

Join one of the online Spanish language courses offered by Instituto Cervantes: [Spanish courses. Aula Virtual de Español \(AVE\) \(cervantes.es\)](#)

Tag 5

CATALAN UNIVERSITY PHRASE BOOK



If you want to learn some spoken Catalan, this is the resource you are looking for: [A University Phrase Book \(ub.edu\)](#)

Tag 6

LEARN BASQUE

Visual Basic Dictionary: Basque - Spanish - English – French [irudi_bidezko_hiztegia2.pdf \(etxepare.eus\)](#)

Tag 7

LEARN GALICIAN

If you want to learn some spoken Galician, this is the resource you are looking for: [Learning Galician - The USC and the Galician language - USC](#)