



The Nordman Network

Report from Clinical Placement in Slagelse, Denmark, December 2010

1. Introduction

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Clinical placement: Denmark, Slagelse Hospital, departments of pulmonology, endocrinology and geriatric unit.

Study period: 15.11.2010-10.12.2010

2. Description of clinical placement

First week.

We were in the unit, where we helped people with lung problems, endocrinological diseases (mostly diabetes) and sepsis. There were 21 patients.

Usually, we dealt with 4 patients. We changed their bed linen, measured their blood pressure, temperature and saturation. Also, we prepared breakfasts for patients and delivered them to wards. We found many differences between Estonia and Denmark's medicine and health care. We communicated with patients as much as possible – if they could speak English

Second week.

We went with nurse to the patients' homes. For us, these kinds of outings were very interesting, because in Estonia we have not got this system. We learned that it is not home nursing, but checking out the patients after being in hospital. We found out that nurse's role is to evaluate patients and their managing in life, life functions, medicines and their knowledge of their diseases.

One day we spent in ambulatory department (lungs diseases). We met many people with lung problems who had an appointment to check out their condition and treatment. Also, different tests were done with these patients, for example spirometry and lung function tests.



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This week we were one day in hospital department, too. We assisted nurse with patients who had lung problems, diabetes; We measured vital indicators, changed bed linens, etc. We realized again that the co-operation was very good and effective in the different levels of workers.

Third week.

The whole week we were in the new unit – specific geriatric department.

Our everyday actions of care continued. There were mostly patients with serious conditions, so we had to help them with every daily action: feeding, washing, excretion, shaving, moisturizing skin, changing diapers etc. Also we used ergonomics and helped patients to mobilize. The palliative care was often used there – we came across with it for the first time.

We noticed good contact between the workers and patients. Workers used body language, active listening, physical contact, individual rapprochement. They followed the aseptic and antiseptics rules very accurately and honored patients` privacy in every way, by using the screens, closing the doors, knocking every time, etc.

One day we spent time with ergotherapist. We do not have this kind of profession in Estonia, so it was very interesting to find out, what are the tasks of ergotherapist`s job and what are they deal with. We got know that ergotherapist works with ADL (activities of daily living), that we learned in our geriatric course.

Forth week.

We went back to the 1st department. Our activities of care continued. We visited one day ambulatory department again and spent days with doctors, who explained and taught us a lot.

3. Description of and reflection on learning situations

It was rather observing and assisting practice than practical training. Our main job was to take care of patients – to wash, to help patients with their hygiene and skin problems, to change the diapers and bed-linens, to dress them, to feed or help with eating. We measured vital indicators and blood sugar, used methods of ergonomics and mobilization of patients as well.

4. Evaluation of clinical placement period

• Information prior to departure

In the spring 2010, Eve-Merike Sooväli told us about this opportunity to do our geriatric practice in Denmark. We were chosen and started to prepare for our practice. At first we filled many papers and contacted our coordinator from Denmark. We sent many mails and communicated a lot. International coordinator gave us a lot of information – sent webpages about Denmark, Slagelse, dormitory and its daily life. Everything went well.

• Reception

Our tutor Helene picked us up in the train station. She gave keys and directed us to the dormitory. She answered to all our questions and was very supportive and friendly. The next day we met face to face our international coordinator, who talked about Danish health care system and the Slagelse hospital. Also, she asked us to take part different actions and arrangements, what we did.

• Study environment

The environment of studying was very nice. In every unit we had personal room where we could warm our food and eat.

In every department there were 9 wards, living room and a dining room for patients. There were also rooms for medicines, laundry, disinfection, rooms for meetings, little kitchen and the nurses' room where was all the information about patients, like documents etc. There were also 3 computers for nurses.

• Self evaluation

We found many differences between Denmark and Estonia during our practice, like health care system, daily life of hospital, attitudes, system of working, etc. We learned a lot and understood that Denmark's system of health care is highly developed and it is working very well. For example, there are many professions and arrangements that we do not have (ergotherapist, nursing of outgoing patients, visiting friends, porters, etc). Also, Danish attitude to patients is more individual, friendly and warm. We have lot to learn from their interaction and communication with patients and between colleagues too.



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We were very positively surprised, how good is teamwork and co-operation in the hospital. They had many workers in different levels that can help patients in every way. Information is moving very fast and everybody is taking part of improving people's well-being.

We have the same high level of medicine in Estonia like you Denmark, but we are lacking of communication, values, attitude and teamwork. We can take these knowledge and skills with us that we experienced there and try to make changes in our home country.

We realized that very important part of this visit is psychological support. Patients need to talk, share their feelings and they need that somebody really listens, directs, helps and communicates with them. We saw that the communication was like therapy to the patients and it was very emotional. We saw genuine example of interdisciplinary teamwork – step-by-step the workers intervened and looked for solutions. We liked very much that the prevention is very important part of nurses` job in Denmark. They are checking out the patients, informing, advising, teaching and instructing them.

• Housing conditions

We lived in a dormitory with 6 people. Conditions were very good – we had our room and bathroom each of us, which were nice and big enough. We cooked in a spacious kitchen and spent time in cosy living room.

• Economy

We both got a scholarship from the Nordman Network of 530 €. This covered our flight tickets from Tallinn – Copenhagen – Tallinn, also the rent in the student home and most of the food. The food wasn't as expensive as we thought at first. We saved a lot of money, because we didn't have to buy a local transport tickets.

• Culture

Denmark is an egalitarian society. Most Danes are modest about their own accomplishments and are more concerned about the group than their own individual needs. Modesty, punctuality and equality are important aspects of the Danish way of life.

Men are more actively involved in child-rearing activities than in many countries, although the division of domestic chores is similar to other developed countries.



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Danish people expect courteous behavior from everyone and they talk in moderate tones and do not do anything to call attention to themselves.

Danes eat most of their meals at home and in private settings, although public dining places ranging from small hot dog stands to fancy restaurants are available and are used. Most of the population belongs to the Evangelical Lutheran Church, which has for centuries been supported by the state and is considered the national church.

Architecture is marked by a division between the ideals of Denmark as a "fairy-tale country" and as a modern, industrialized one.

Towns and cities are characterized by a center area with older houses (some several centuries old) and a periphery with newer houses, divided into business and residential areas. Most Danes are active cyclists, often using their bikes to commute to work or to go off on trips at the weekend. There are lots of national and regional bicycle routes throughout Denmark. They are all marked and include rest areas with benches and other necessities.

One of the fundamental aspects of Danish culture is "hygge", which, although translated as "coziness" is more similar to "tranquility". Hygge is a complete absence of anything annoying, irritating, or emotionally overwhelming, and the presence of and pleasure from comforting, gentle, and soothing things.

Danes are very tolerant and it is seen everywhere - there are a lot of different people in the streets and handicapped people among of them as well. Educational system is very well-developed

• Communication/transport

We communicated via mail, skype, msn. We had a very good Internet connection. Sometimes we called, but it was seldom.

We did not use transport, because our hospital was situated across the street where we lived. We had to drive only twice – from the Kastrup airport to Slagelse and vice versa.

• Teacher/tutor nurse feedback

The personnel were very supportive and friendly, the workers helped us in every way. Staff involved us in all kinds of activities and situations. We are so glad, that the most of the workers in this hospital could speak English, so it was very good to communicate with them. They explained and taught us different things and answered to all our questions. Our supervisor was very kind and nice person, who took care of us, helping and teaching us all the time.



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- **Language**

We could talk English with the most of the workers in Denmark, but as we were doing our geriatric practice, we cannot communicate with them in English, because majority could speak only Danish. We learned some elementary words, like “*tak, farvel, god dag, god morgen, venligst*”.

5. Good advice/suggestions for improvement

We did not miss anything, because everything was organized well and we did not have any problems while staying there. We were very satisfied with our practice and enjoyed the whole month.