



The Nordman Network

Report from Clinical Placement in Eskilstuna, April 2010

In addition to study requirements students on clinical placement abroad are to submit a report which is to contain the following items:

1. Introduction

Student: Ilona Pastarus, Tartu Health Care College in Estonia

Clinical placement: Mälarsjukhuset Hospital in Eskilstuna.

Study period: 29.03–23.04.2010

2. Description of clinical placement

Mälarsjukhuset Hospital is the largest hospital in Sörmlands, which is responsible for the care and treatment of people living in the northern county (approximately 123 000 inhabitants). The hospital is offering an extensive range of care in many fields (like medical, surgical and psychiatric care). Some facts about hospital:

- Number of beds – 417
- Number of admissions per year – 23 000
- Number of physician visits per year – 131 000
- Number of employees (full and part time) – 2900

Most of our clinical practice took place in cardiac intensive care unit (HIA). Personnel of HIA takes care of approx. 2000 patients a year. The most common reason for patient hospitalization is chest pain and/or respiratory distress as a result of ischemic heart disease or heart attack. Other common problems are rhythm disorders, valvular diseases, aortic stenosis and aneurysms, cardiomyopathy, heart failure, pulmonary diseases, infectious heart diseases, intoxication, hypo- or hypertension, postoperative care etc. There is max. 22 beds for patients on the weekdays and 17 beds on the weekends. The number of staff depends on the number of patients (at least three nurses and three assistant nurses in daytime, two nurses and two assistant nurses in nighttime). The period of medical care is 4–5 days in average. All documentation is written in a cross-system database. All care is documented using a scientific VIPS model (acronym of Well-being, Integrity, Prevention, Safety).

We also made visits to intensive care unit, ambulance, emergency care unit, operating room and recovery room in Mälarsjukhuset Hospital; visited intensive care units in Nyköping and Västerås.

3. Description of and reflection on learning situations

Clinical practice is an essential part of the nurse-specialist education. This clinical training gave me the opportunity to link theory, prior working experience and the new practice of caring of the



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patients. There was no difference in the level of knowledge, but remarkable difference in the ways of working. I've never seen so great and efficient teamwork, all focused on patient problems, needs and resources. The nurses hold high academic and clinical competence, they are development-oriented, and their English is excellent. It was easy to start discussions and exchange experiences. As a former neuro nurse I learned a lot in HIA, because cardiac care is unfamiliar for me. I obtained knowledge of management of cardiac patients: patient assessment and interpretation of findings, monitoring opportunities, nursing and treatment procedures (e.g. cardioversion, angiography of the coronary vessels, pacemaker placement). The nursing documentation seems well thought-out and patient-centered. There was no significant language barrier communicating with the staff, but I missed free talking with the patients and their families the most, because *"if you can't communicate it doesn't matter what you know."*

The intensive care unit (IVA) amazed me most in these three fields:

- ICU nurses outreach or MIG (mobile intensive care group). It works after a British concept, Acute Life-threatening Events Recognition and Treatment (ALERT). The aim of ALERT is to give staff members working on wards knowledge about failing vital functions and when they should contact the ICU. Today intensive care nurses are mobile and treat patients before admission to the ICU.
- care developer position, development and research work;
- a nurse-led intensive care after-care programme.

Great ideas to implement in our ICUs.

We had some meetings with lecturer and international coordinator Margarethe Rehnman to talk about nurse-specialist curriculum and its developments. The idea to use e-learning in specialist studies is just great and definitely worth further development in our college. We also met clinical education lecturer Reet Sjögren in Nyköping to discuss clinical learning issues.

We had ambulance visit with Camilla Lindbäck to observe the role of ambulance/prehospital nurse and accompany prehospital nurse on emergency cases. We also visited operating theatre and had great discussion with nurse-anesthetist and OR nurse. The contemporary patient safety systems in OR impressed me most (timeout before surgery, checklists etc).

4. Evaluation of clinical placement period

• Information prior to departure

We got information about Nordplus program from our coordinator of nursing curriculum Reet Urban, lecturers Kaja Solom and Eve-Merike Sooväli. The further communication was with Mälardalen University international coordinator Margarethe Rehnman, who sent us information about clinical practice placement, housing, traffic etc. We had enough information to plan our practical training and set the aims for practice.

More information for international students is provided in Mälardalen University homepage.



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• Reception

The reception was very pleasant: when we arrived to Eskilstuna train station on Sunday evening, we met the international coordinator Margarethe Rehnman right away. She welcomed us, walked with us to our apartment, gave the keys, maps, timetables and further instructions. The next day Margarethe arranged for us student cards, user IDs and passwords for library and computer rooms.

The personnel of HIA and other wards was also aware of our arrival.

• Study environment

The clinical learning environment was great and I got a good learning experience. As a student I received the appreciation and support, the mentoring was good and I had the opportunity to be a self-directed learner as I like it most. There was also co-operation between the school and the clinical staff. The staff was focused on patients problems, needs and resources and the nurses was using scientific approach to nursing practice.

• Self evaluation

I learned a lot about patient-centered care, teamwork, development and research and got loads of new ideas to implement in our ICUs and nurse-specialist studies. I'm just starting to realize the benefits of this clinical practice.

As a student I was self-directed and self-motivated, committed to tasks of the clinical practice, and academically curious.

• Housing conditions

The housing conditions were good. We lived in a small, quite comfortable apartment, which was located near the centre of the city (5 minutes walk to train station and university, 20 minutes walk to hospital). We had one room, kitchen and bathroom. The area was safe and pretty quiet.

• Economy

We got scholarship from the Nordman Network of 530 €. This covered flight tickets from Tartu to Stockholm and back, local transport and also the rent for the apartment. The prices are mostly the same in Sweden and in Estonia. The food wasn't expensive and lunch in student cafeteria or hospital diner was affordable.

• Culture

Sweden is considered a liberal country and has multiethnic population. Society values its people. Many of Swedes speaks great English, which makes it easy to communicate. The people are



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friendly, but bit reserved, with good sense of humour. We share the same Nordic cultural space, so we don't have difficulties to understand each other.

My most recent favourite band is Kent – a great alternative rock band founded in Eskilstuna.

- **Communication/transport**

We had the opportunity to use the Internet connection in University library or computer room at any time.

- **Teacher/tutor nurse feedback**

We didn't have one particular mentor, who would give us a feedback. All my clinical mentors were good – we planned the day and discuss the goals, I was involved in patient care and often we took the time to sit down and discuss our patients. At the end of the shift we summarize our day. Mostly it was two-way feedback.

- **Language**

Mostly we communicate in English, with some patients in Finnish. Clinical education lecturer Reet Sjögren speaks great Estonian. After couple of weeks in Sweden I understood some Swedish words and sentences pretty well.

- **Student host organisation (if applicable)**

5. Good advice/suggestions for improvement

I had enough information and this program met my expectations.