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Clinical placement: Tartu University Hospital

Study period: 8.3.2016-8.6.2016

## **2 About the practice**

My practical training took place in Tartu University Hospital's (TUK) operating and anesthesia department. There were a total of 14 operating rooms, an anesthesia preparation room, and recovery room. Minor procedures and day surgeries also took place in the four operating theaters of the un-renovated section of the hospital (fondly referred to by the staff as the "old house").

The majority of my practical training period was spent learning circulating and scrub nursing, reflecting my particular interest in that area. I also spent a few weeks in the anesthesia section.

## **3 Learning situations**

Several themes were present during this learning opportunity: teamwork and collaboration, organization skills, mechanical skills, and practical knowledge. As TUK is a teaching hospital, many of the surgeons were accustomed to teaching medical students in English. This facilitated cooperation and teamwork in addition to my efforts to study Estonian. By the end of the practice, I was able to understand what the surgeons or the scrub nurse required and what they asked me to do, and I was able to feel like a member of the OR team.

One of my biggest challenges in going to the operating theater is also a big challenge in my daily life: organizing! I'm used to working and living with a lot of clutter, but I found that this does not translate well at all to the operating table. It was difficult for much of my practice; I don't even know how many times I had to be reminded to throw something away, or where a set of instruments should be so that the surgeon can grab them without paying too much attention. By the time I finished my practice, however, I received feedback that I had significantly improved in this area.

Mechanical skills and practical knowledge came slowly, over time. I remember that on my first day, I struggled so much to open and close a clamp without using two hands. Most people who know me will say that being good with hands-on work is not my strongest suit. There were so many different instruments to handle, put together, and prepare. In addition, I absorbed practical knowledge as I went along; which sutures were to be used for each kind of tissue/wound, how to mix liquids used by the surgeons (dyes, local anesthetics, spirit solutions), commonly used dosages on anesthetic medicines, etc.

#### **4. Getting started**

The information regarding my practice was very brief and to-the-point. I had very little input regarding when the practical training itself could start; I'd have preferred to do as close to 12 weeks as possible, but the scheduling allowed for only 10. The first week was set aside as an "orientation" week.

The reception was extremely friendly; the international coordinator of Tartu Healthcare College provided lunch for myself and the other exchange student, and gave us a tour of the school grounds. Arrangements were made for the IC to meet with us at the hospital for our first day and take us to the ward, which I thought was a very nice touch to eliminate the anxiety of trying to find our work place.

## 4.1 Living conditions/experience

I was lucky enough to be able to share a room with a friend already living in Tartu, so I cannot comment on the quality of the student dormitory facilities. However, I was in a central location, just a brief walk away from the major shopping malls and attractions. Street markets were often held right outside my front door, so I was regularly immersed in the local culture.

One surprising thing was the issue of the economy. A particularly shocking matter was the number of homeless people begging for money outside of the front street of my apartment building, day after day. People say that Estonia is cheap, but in practice I found that it really wasn't that much cheaper to live than in Finland. Some things cost significantly less (rent prices, going out to a restaurant/bar) but things like clothes and food are about what you would pay in Finland. My money didn't go nearly as far as I thought it would.

A notable exception to the affordability of my stay was transit: transportation by bus is extremely cheap, reliable, and has a computerized system which announces and displays the next stops. That is so helpful when all you have is the stop name written on a piece of paper, and little other idea where you're going!

## 4.2 Workplace experience

Starting at the ward began with a little bit of confusion; there weren't enough English-speaking mentors for both myself and the other student. In fact, they had assumed that one of us had to know some Finnish, and so they arranged one English speaking mentor and one Finnish speaking!

Thankfully this little miscommunication worked itself out in a few days, and I was put with a mentor that could teach in English.

The head nurse was extremely open, communicative, kind, and very proactive in making sure that I had as many learning opportunities as possible. I had to simply express interest in seeing a certain kind of procedure or go to a different surgical area, and she arranged it seamlessly.

I “clicked” extremely well with my assigned mentor. She was very patient, willing to explain everything that was happening, and expressed joy at watching me learn and grow. She took an additional education course during my practice, regarding how to teach foreign students. I was amazed at how committed she was to doing a good job of teaching and improving her English skills.

By the time my practice ended, I understood basic Estonian phrases and requests (“Anna mulle...”), and felt at home and able to joke around a bit with the operating team. It was an incredible feeling to feel like I belonged there. I still have a lot of learning to do, particularly in the areas of organizing my work/working space, and of course my Finnish language skills, but I enjoyed the challenge of working with a foreign language all over again!

## **5 Feedback and suggestions**

First, some advice for students:

- If you are from Europe, don't rely on the European Health Insurance Card if you need health care during your stay, and try to ask someone to help you find a family doctor. There are extremely heavy penalties for visiting the emergency/urgent care unit of the hospital if you have an injury/illness that is not literally life-threatening, and the EHIC does not protect you from a rather large bill. Travel insurance which covers medical treatment definitely costs less than one trip to the ER.
- Mind the water quality. The water is perfectly safe to drink, but it is extremely hard and full of limescale. If you come from a country with soft water, you'll have to use more soap to wash your clothes, wash dishes, etc. People with long hair beware: the water made my hair start breaking! It got so bad I had to buy bottled water from the shop to wash my hair with. A shower filter didn't do much.

Next, my suggestions for improvement:

- Tartu Healthcare College should organize student tutors for arriving exchange students. I was lucky to have a friend to show me the way, but I imagine it would be really scary to arrive at the airport and have little idea how to get to your flat, where the city center even is, where the school or hospital are, etc. I took the wrong bus on the orientation day and got very lost!
- There should be, if possible, more collaboration with the students about their hopes for the practical training. For example, an entire week was arranged for orientation, but that consisted only of eating lunch with the IC, getting a tour, and then just hanging out for the rest of the week. I would have preferred either more activities, or to have the choice to start working.
- More practical information should be provided to incoming exchange students, especially about matters like health care. Even though plenty of doctors speak English, the rest of the population has much more difficulty, and it was impossible to get an appointment by phone when I needed to.

- The assigned supervisor at Tartu Healthcare College was never in contact with me, and I was never in contact with IC after being shown to the hospital. That wasn't necessarily a bad thing, because my practice went completely fine with little need for meeting or talking about it. But on the other hand, I can see how that could make someone feel reluctant to ask for help when they need it, especially if they come from a culture where teachers are given extra respect.