Nursing care internship Reader

2016-2017

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Dates: instruction and internship periods

- Introductory lecture: to be announced later

- Instruction sessions: to be announced later. Enrollment through Nestor in February 2017

- Internship periods

  Shift 1: - Monday April 3 - Friday April 14, 2017
  This period contains Eastermonday if you have to work that day depends on the institution. It is allowed to roster students this day. Minimum amount of internship days this period is 9.

  Shift 2: - Monday April 17 – Friday April 28, 2017
  The organization will provide a work roster for your internship.
  A care internship comprises 10 working days
1. Introduction

This reader is a manual for BSc students of Medicine and a reference source for internship instructors and work supervisors in the organizations. It explains the importance of the care internship, states its aims and explains the place of the internship within the student’s professional development. It outlines the three stages of the internship. Practical arrangements and tips are given in the final chapter.

The care internship is an intensive introduction to patient care settings and institutional intramural health care. It is an important step in the student’s training to become a medical professional. During the internship, students work as part of the nursing and care team of a hospital or nursing home ward at the level of nursing students doing an orientation internship.

The care internship consists of three stages: preparation, the internship and the assessment. For your assessment you need your supervisor’s email!

The care internship

- **Stage 1: Preparation**
  - orientation: reader/syllabus, lecture, Nestor, literature, internet
  - writing the internship plan
  - care internship instruction

- **Stage 2: Internship**
  - discussing the internship plan with the work supervisor
  - internship work
  - writing the internship report

- **Stage 3: Conclusion**
  - assessment of the report and filling out the digital assessment form discussing feedback with the internship supervisor

Every “not on track” is to be reported immediately to the coordinator (careinternship@umcg.nl). If you wait it can be too late to redress this situation in the current academic year. It can be possible to repair a failed internship during a lecture-free period. You have to find an institution yourself.
2. The care internship and the medical training

‘Learning through observing, acting and experiencing what occurs in real care settings’ is what the nursing care internship has to offer. It is an integrated task with the focus on the competences communicating, collaboration, health advocate and professionalism. However in practice you might be able to develop others as well. Reflection on practical experience can clarify if you have also grown in other competences. (For this the cycle of Kortenhagen – appendix 5 – is used).

The internship gives students an opportunity to test their theoretical knowledge in actual practice. In the patient care setting they can compare their own conduct with that of other care professionals and experience how patients respond to their behaviour.

It is explicitly stated that students are not allowed to perform medical or technical nursing actions. You are not yet a registered professionalist. You are not qualified and competent according to Law. Shadowing doctors is not allowed in the nursing care internship. It is not about observing medical activities. It is allowed to visit medical treatment as a result of direct care of one of your patients. The internship supervisor is either a nurse or a carer.

Lectures, assignments and practical sessions have familiarized you with the medical process, communicative aspects and ethical issues (confidentiality requirement). Attention has been paid to the organization of health care and the professionals working in the care system. The care internship offers the opportunity to explore this knowledge from a new perspective. You experience what it feels like to communicate with patients in an authentic context, how ethical issues influence the work (and vice versa) and how health professionals and organizations cope with such issues. You will gain an understanding of the effects of government and organizational policies on the daily work and the organization of care.

You gain new impressions and experiences as you encounter the care provided to neonates, seriously ill children, patients with acute or chronic diseases, elderly patients (some with dementia) and/or terminally ill patients. These experiences influence your outlook on health care and are invaluable for the development of your professional attitude. Sometimes the care internship is the period in which you become aware of your future role as care provider. Or it may enable you to reflect on past experiences (a stay in hospital of yourself or family members) from a professional perspective. It is also a good moment to affirm your choice of study.

Caring for others is the central issue

Becoming familiar with the skills required to care for ill and/or dependent persons is the main aim of the nursing care internship. ‘Patient care’ is an essential characteristic of all patient-centred professions. People often equate the nursing profession with the activities and skills required to provide basic care for people who are ill. This idea is too limited. Although basic care is an important part of the daily work of nurses and other care professionals, it is not ‘physical care’ that defines this activity as professional nursing. After all, many life partners and volunteers also care for ill people, but they are not nurses.

Nursing is professional activity because the complex of care activities is set in a professional context. Observing, interpreting, goal setting, acting and evaluating are part of this context and occur simultaneously and methodically. These activities require specific expertise and skills. This context of duties and responsibilities makes nursing a profession. Elements of this care occur in a medical context and are therefore a part of the professional activities of a physician.

During the internship you will learn skills that are essential to high-quality patient care such as

- respecting the patient’s integrity; am I respectful and do I take the right action in the right way and at the right time? (communication, health advocate)
- dealing with your feelings when viewing, touching and caring for the ‘bare’ body of the patient (professionalism)
- observing the patient’s body (noting skin discolouration and damage), (medical expert)
- observing the patient’s reactions (pain, anxiety) (communication)
- manual skills (careful and skilful handling of the patient during washing, lifting or mobilizing)
(professionalism)

- communicating with the patient:
  - building and maintaining a relationship (making small talk and showing an interest in him/her)
  - basic communication skills (verbal and non-verbal behaviour; asking open and closed questions, etc.)
  - developing and showing empathy
  - dealing with the experience and meaning attribution in health or illness; what does it mean to be ill or dependent on others?
  - understanding the patients’ perspective in your relationship with them and in their relationship with the care professionals on the ward

These competences are relevant to physicians because they play a role in establishing a relationship of trust with patients, which is one of the most important conditions for adequately conducting patient consultations.

**Learning objectives**

On the one hand, the internship will familiarize you with patient-centred learning objectives:

- developing an understanding of people’s care needs (communication, health advocate)
- handling these care needs in a professional manner (professionalism)
- applying communication skills in your relationships with patients and other care professionals (types of conversation, non-verbal communication, etc.)

On the other hand, the care internship objectives are aimed at the development of a novice health professional, which includes the development of an understanding of/skills in:

- collaborating in a multidisciplinary team
- the way a care organization operates and what it means to be a part of such an organization (organizing)
- bearing professional responsibility
- developing relationships with your colleagues (collaborating)

These learning objectives are aimed at personal development, which means that they cannot be completely achieved in two weeks. The aim is for you to become aware of the competences required to provide patient-centred care and to be a team player. The internship will give you the opportunity to show that you have the potential to acquire these competences, which you will develop in the course of your studies. You are asked to do a reflection on your views on competence development during the internship (Cycle of Kortenhagen appendix5).

The aim of the care internship is achieved if, by the end of the internship, students have acquired

* some knowledge and understanding of:
  - the strain put on a patient by admission to a hospital or nursing home
  - the nursing care given to patients
  - the work of professionals of various disciplines on the ward

* some skills in:
  - establishing contact with patients and using various types of conversation
  - the physical care of patients
  - performing simple care activities
  - working in a team

* an empathetic attitude towards:
  - the dependent position of patients
  - the collaboration of professionals within and between disciplines in the care organization
  - their own conduct on the ward
  - their study motivation

* Furthermore, they should be able to write a report in which they reflect on their experiences.
3. Organization of the Nursing care internship

Stage one. Preparation
The objectives of the internship can only be achieved after an active preparation in which several steps must be taken. These steps are studying this reader; attending the introductory lecture; using the internet, literature and brochures to obtain information about ‘your’ care organization; writing your internship plan; and attending the internship instruction session of bedside care activities.

Reader
This reader describes the aim of the internship in general terms. The learning objectives can be realized in any care ward; however, the work and the procedures may vary greatly between internships. You must translate the learning objectives to match the specific nature of the ward or organization where you will do your internship.

Introductory lecture
To prepare students for the care internship, an introductory lecture will be given that explains the care practice and what you might expect during a care internship. It will describe general aspects of care and the care practice. There is a wide variety in internships, which may take place in a ward of a somatic or psychogeriatric nursing home or a hospital ward (internal medicine, surgery, neurology, gynaecology, paediatrics, oncology or rehabilitation). It can be in a lot of institutions as long as it focuses on the nursing side of care.

Internship plan
To get the most out of your internship, you need to ask yourself several questions. These questions are given in Appendix 1. After you have studied all the information, you must form an impression of what the internship will be like and describe this in your internship plan. This plan should explain the aim of your care internship – the things you expect to learn – and how you want to achieve this. You discuss the plan with your supervisor on the first day of your internship. If this is not possible plan another time immediately to create a clear starting point for your internship.

Care internship instruction
To prepare for your care internship, you attend an instruction session taught by senior HBO Nursing students at the Wenckebach Skills Center UMCG. During this session, you actively practice various bedside care skills on your fellow students such as
- physical care
  - making the bed and washing patients while they remain in bed
  - combing patients’ hair, brushing their teeth, cutting their nails, shaving male patients
  - helping patients to dress and undress, helping them in and out of bed, mobilizing them
  - helping patients with eating and drinking
- interacting with patients and colleagues
- communicating while providing care
The session will familiarize you with daily patient care activities. The aim is not for you to master all these skills. What is important is that you learn to care for patients and observe the effects of your actions. You will be given feedback aimed at improving your conduct. To prepare for this session, study the article “More than a routine wash” in Appendix 3.

Stage two. The care internship

Learning from experience
Doing an internship is a special type of learning in which you can experience ‘real-life’ events. As a novice at the bedside, in a new working environment, you will become aware of your presence, your physical reactions, your attitude and your body language.

Attitude
- How do I conduct myself as a guest (student)? How do I introduce myself? How do I keep out of people’s way? How hard is it to get used to the discipline required, the working hours and my position as a subordinate? How do I accept the assignments given to me? You will be confronted with your self-image and your expectations.

Eyes
- Learning to observe. At first you will see a lot – but notice only a little – of the interactions between
Heart and belly
- What do I feel or experience on the ward? My heart is pounding. What does that mean? Feeling ashamed or awkward. Perspiration & inspiration.

Head
- What are my opinions? What do I think about things? Making your own choices. What are my personal normative and ethical standpoints and decisions? When do I show initiative; when do I wait and see?

Hands
- What do I do with my hands? When do I use them; when do I hide them behind my back or in my pockets?

Listening
- How do I pay attention to people? When do I ask follow-up questions and when not? How do I pay adequate attention to someone?

Speaking
- How do I address people? When do I start a conversation? What do I discuss? When do I engage actively in conversation and when do I sit on the fence? What are the right moments to explain something?

Writing
- Learning to write down your experiences and observations during working hours and time off; keeping your internship log up-to-date.

Attire/personal hygiene
- What attire is correct? What is considered correct on this ward/in this organization? What do I believe to be correct? To what extent should I change my appearance to fit in? Hairstyle; clean nails; professional attire.

The aim is to learn as much as possible from the rich experience offered by doing an internship, an activity that will return many times during your medical training.

Internship activities
The coordinator of practice education of your institution has the general responsibility for the internships provided by his or her organization. For you, the most important person during the care internship is your work supervisor: the nurse or care professional you will be working with and who will supervise your work. This means that you will jointly carry out various tasks within the scope of daily patient care. Students do not undertake specific tasks by themselves but always consult their work supervisor before doing something. If you feel too much is being asked of you, discuss this with your work supervisor. The following are examples of the tasks a student may be asked to perform.

Daily care activities carried out under supervision
- physical care: (helping to) wash and dress the patient; assisting with eating and drinking
- making the bed with the patient present or absent
- observing or assisting wound care and medication dispensing
- helping patients with elimination (micturition and defecation)
- moving patients between the ward and examination and treatment rooms
- moving patients to and from recreation activities

Attending patient admissions
- observing a nurse taking the patient’s history and having this explained
- drafting a nursing or care plan and having this explained

Attending reporting sessions
- observation report; daily report; shift transfer report
- attending one or a few daily rounds (may be linked to a patient assignment system)
- attending a work discussion or meeting

Pre- and postoperative care
- observing pre- and postoperative care
- observing patient prepping and diagnostic activities

Communicating
- day-to-day talking to patients
- observing a patient information session
- observing an interview with family members

Students are explicitly prohibited from performing medical duties and advanced nursing activities. They are not authorized to do so and not competent as defined in the Individual Health Care Professions Act (BIG). Students and work supervisors also have a duty to prevent ‘medical tourism’, that is, students observing strictly medical activities more or less at random. However, students are allowed to observe medical activities linked to direct patient care (i.e. of ‘their’ patients).

**Work supervision**

To achieve the internship learning objectives, student and work supervisor must make their expectations explicit and make arrangements concerning the form and content of the internship (work, supervision, evaluation) at the start of the internship. Good preparation and a well-written internship plan will ensure that you are taken seriously.

Students are allowed to do evening or weekend shifts during their internships, but this may not be possible in the organization where you work. We do not recommend students to do night shifts because experience has shown that these two weeks can be very exacting, both physically and mentally. It is therefore important that you have sufficient time for rest and relaxation.

**Stage three. Conclusion**

**Internship report**

You write a report about your learning experiences that explains what you have done to achieve your learning objectives. Give the report to your supervisor at the end of your internship. He/she will use it in the evaluation meeting.

**Tip!** Start writing your report in good time! In consultation with your work supervisor, set aside some time (± 30 minutes) each day to make notes or to work on the report.

**Evaluation meeting with the internship supervisor**

During this meeting, you and your supervisor discuss the experiences of the past two weeks together with your internship report this is the conclusion of the internship. In preparation of this talk you have emailed your supervisor the assessment invitation with the uploaded internship report. In case a computer is not always at hand. When practical or required you also provide a report through email or a paper version.

Important factors will be your attitude and commitment, manifested by, *inter alia*, your involvement and interest in things, your conduct towards patients, your contacts with patients and their family members (if any), the way you worked with your colleagues, the way you reflected on your performance and learning process, your work attitude and the way in which you kept appointments and followed procedures.

**Assessment**

The internship ends with two assessments.

1. The internship supervisor will assess if your internship report is true to your experiences in reality and confirms this with ticking the box at the digital assessment form.
2. The internship supervisor will assess your performance during the internship, which are brought together on the assessment form under the headings: (see form appendix 4)
   a. Communicating
   b. Collaborating
   c. Health advocate
   d. Professionalism

The assessment is on a three-point-scale: “Not on track”, “on track” and “fast on track”.

With every competence your supervisor can name a strong point and one you have to develop further. The filling out and validation by your supervisor sends your form automatically in your Scorion portfolio.
Every “not on track” score has to be reported to the care internship coordinator at careinternship@umcg.nl

Beware: Without a completed digital form a final assessment of your care internship is not possible. Take care that you have the completed form within a week after your internship. If not, mail the coordinator and report what actions you are undertaking to get the form completed.

N.B. Report every NOT ON TRACK in your assessment immediately to the care internship coordinator. careinternship@umcg.nl If you wait it is likely that you will incur study delay since you will then not be able to do a repair in the current academic year.

4. Practical matters

Coordination of the care internship
Jaap Schrijvers is coordinating the care internships for the Faculty of Medical Sciences. He works at the Institute for Medical Education (A. Deusinglaan 1, 9713 AV Groningen) and can be reached by e-mail (careinternship@umcg.nl) or telephone (+3150 36 16820).

Rules, procedures and liability
Hospitals and nursing homes have rules and procedures governing the rights and duties of employer and employees. An internship student is regarded as a temporary employee who does not earn a salary but has the same rights and duties as permanent employees. Because internship students are considered to be employees, they must abide by the rules and procedures that apply to all employees. Such rules and procedures may regulate:
  – hygiene, attire, hairstyle, rings and piercings
  – working hours and calling in sick
  – professional confidentiality
  – compulsory identification
As an internship student, you are personally responsible for all the actions you perform. As an employer, the hospital or nursing home is liable for all the activities of its employees – including students doing internships – during working hours, and has taken out insurance to cover liability risks. If an incident should occur, therefore, students can appeal to the insurance and legal aid of the organization. However, the insurance company may invoke the right of recourse (i.e. try to recover the damages from the person who caused the incident), so we recommend that you take out personal third party insurance. Many students are covered under their parents’ policy. You can also take out insurance for the duration of your internship.

Medical requirements: Hepatitis vaccination
A valid hepatitis B vaccination procedure certificate is required to work in patient care. For 1st year students there is a vaccination program that you have to follow from the start and that will not be concluded before but prepares you enough for the care internship. Not participating can cause refusal of a placement by your internship institution.

TB/ MRSA screening
In the first semester students have to participate in a TB en MRSA screening program. Doing your care internship and working in patient care is only possible if you have proven not to have a TB or MRSA contamination.

Internship contract
Almost all institutions use standard contracts for interns. In this your status in the institution is regulated. If you need a signature or stamp for this contract, this is available through the Student Desk of Medicine in building 3219. For identification institutions usually require a passport or ID card.

Professional attire
Health professionals are usually dressed in white uniform clothing. This is also expected of internship students, since it increases recognizability, protects your own clothes and protects the patient. Most organizations make professional attire available to internship students; however, due to logistical problems this may not always be available. In that case, a white T-shirt and white or light-coloured trousers are recommended. Do not wear a white coat.
Medical requirements
Most health care organizations require that all employees (temporary and permanent) do not pose unnecessary health risks to their patients. For this reason, you have recently been vaccinated against hepatitis B and screened for TB and MRSA. This process must be completed. Take the results of the hepatitis B test (vaccination passport) and TB and MRSA screening with you on the first internship day. Failure to do so may lead to you being sent away and may jeopardize your internship.

Travelling expenses
You will qualify for a travel allowance in the Netherlands if you have a place at one of our cooperating institutions and cannot use your student travel product to travel or commute to your clerkship location. You have to complete the form you can find in de Studiegids Geneeskunde on myuniversity (log on with your S-number) under “Formulieren” and “Reiskosten”. There you find the Àanvraagformulier Bachelor” for reimbursement of your travel expenses. The form must be signed by an official of the clerkship organization to prove that you were present on the days you claim. You may hand in this form with your assessment form at the Medicine Desk in building 3219. The completed and signed form must be accompanied by the original tickets (train, strippenkaart) and/or OV chipcard transaction statement. Reimbursement will be based on the price of second-class public transport and applicable discounts. Be cost-conscious: use the cheapest route, use discount options or buy a 5 Return Ticket. You are allowed to commute by car but your travel allowance will be based on public transport costs. Please pay attention to the explanation concerning reimbursement on the form.

N.B. if you organize your own clerkship in the Netherlands, you will not qualify for a travel allowance. Students that organize their internship abroad receive a form they can use for an application for a UMCG-grant, which will cover travelling costs only partially.

Suggestions for preparation
Various sources can be consulted to prepare for the care internship. The library and the internet contain numerous books and articles about nursing and the consequences of health issues (children and disease, oncology, coping with loss, ageing and dementia, and so on). You should choose sources that are appropriate to your internship. Brochures issued by care organizations can also be a relevant source of information.
Appendix 1. Assignments in the internship

1. Internship plan
When writing your internship plan, pay attention to the following aspects.

   Expectations about the internship organization:
   a. What kind of organization will I be working in?
   b. What picture do I have of the patients being looked after there?
   c. What picture do I have of the kind of care being provided there?
   d. What picture do I have of the care professionals who work there?
   e. What do I expect concerning the way in which the care professionals interact and collaborate?

   Expectations about myself:
   f. What do I expect to do during my internship?
   g. What do I want to learn during my internship?
   h. What do I expect from working as a care professional? As I see it now, what aspects of care will I be good at or, conversely, less good at?
   i. What would I like to do and what am I not looking forward to?
   j. Which competences have I developed and in what way. What kind of feedback did I receive and how did it help me?

Structure: the plan must be no more than one A4 page.
Deadline: the plan must be finished before the 15th of January 2016 in order to get permission for an internship abroad. You need it also for the discussion on the first day with your supervisor.
Assessment: include the plan in your internship report.

2. Internship report
Consult your internship plan and pay attention to the following aspects when writing your internship report.

   a. Give an impression of the work you have done. What, where and with whom? What responsibilities did I have?
   b. Give an impression of the ward and the organization where you were working:
      - In which ward/organization did I work?
      - What care goal(s) does the ward/organization try to achieve?
      - What kind of patients were on my ward?
      - What is the relationship of this ward to other wards/departments involved in the care process?
      - What kind of professionals work there? What is their position, what (in brief) are their duties and responsibilities?
   c. To what extent did my expectations correspond with the reality of the care internship?
   d. Was I able to learn what I wanted to learn? Did I learn more than I expected? Or less? Have issues emerged that I need to know more about or practice more? How will I tackle that?
   e. Did I give proper care? Where did I do less well? What should I pay attention to in the future?
   f. Which aspects of the internship appealed to me? Which aspects were less appealing? Why?

Structure: Combine your internship plan and internship report into one document, with a title page, table of contents and list of references (if applicable).
   The title page must state the title, your name and student number. Furthermore the name of your supervisor/assessor and her/his email address and finally the name of the internship organization.

Size: the body of the report must be around 4 to 7 pages long.
Deadline: Your supervisor must be able to read the report before the end of your internship. Arrange this.
Assessment: The internship supervisor will assess your report, particularly on factual correctness. A report is assessed as 'sufficient' if the description of the student's experiences is what is expected of such reports. Take care your digital assessment form is filled out and discuss your feedback. Make sure your supervisor has the assessment invitation on time.
Appendix 2. Care internship instruction

The care internship instruction is given at the Wenckebach Skills Center UMCG, entrance 21 of the UMCG complex.

Take note of the following:
- wear swimwear instead of normal underwear since you will practise on each other,
- switching roles between care provider and care recipient (patient)
- bring a toothbrush, toothpaste and a comb/hairbrush
- male students must bring shaving tackle (wet or dry)

The following skills may be practised during the instruction session. The instructor will make a selection.

Hygiene
- whole body washing in bed
- cleaning the patient’s teeth and dentures
- providing oral cavity care
- shaving a male patient’s face
- providing nail care
- combing and washing the patient’s hair
- grooming the patient: make-up and attire

Nutrition and elimination
- serving breakfast and liquids to a bedridden patient
- recording fluid intake and output on a fluid balance chart
- providing a bedridden patient with a bedpan or urinal

Bed
- making the bed with the patient in it

Posture and movement
- making a patient in pain comfortable in bed
- helping an infirm patient get out of bed
- supporting an infirm patient during ambulation
Appendix 3. Article as preparation for a care internship.

More than a routine wash

G.A.M. RENSEN

Do patients just feel literally or also figuratively exposed? How do nurses and patients behave during a routine wash? Questions like these figured high on the list when speaking to people taking part in the research on which this article is based. The arguments put forward by Aart Pool in the previous article are quite clearly illustrated, and they go a long way towards filling in the communicative frame of reference in particular. The way one approaches a routine wash can be taken as a good example of how one approaches care as a whole.

Making sure that patients are washed is a daily activity on a nursing ward. Some patients are able to wash themselves, others need help. Nurses wash patients autonomously, without instructions from a doctor. The methods have remained much the same for many years. Nursing books are proof of just how little has changed. This is demonstrated in older publications (Agathe, 1952, Jongma et al., 1970, Spencer and Tait, 1973) as well as more recent work (Arets, Vaessen and Gijseleers, 1986, Du Gas, 1981, Henderson and Nite, 1978, Julchi, 1980).

It is remarkable that there are so few arguments (scientific or otherwise) to support the need for washing patients on a daily rather than a weekly basis. The books make no mention either of offering patients an opportunity to wash more than once a day. In the literature, the need for a once-daily wash is taken for granted. It could be referred to as a ‘nursing ritual’.

The routine wash is a constituent part of a more extensive care package, from which it cannot be isolated. Nurses perform other duties before, during and after they wash a patient, such as tending wounds and preparing them for tests, medical procedures and operations. The wider setting of the routine wash also provides a good opportunity for various observations and checks, such as taking blood pressure and checking the heart rate and temperature.

**THE SIGNIFICANCE OF THE ROUTINE WASH**

Nurses and patients afford a different meaning to the daily wash. Statements given by both patients and nurses lead to a whole ‘network of meanings’. In the first place, the significance of a routine wash depends on the perspective of the person concerned. A patient obviously looks at it from his or her own angle, while a nurse tends be swayed by the perspective of the patient as well as his or her own perspective. The significance of the routine wash also varies per patient. There can be various reasons for this: the situation in which the patient finds him or herself, the level of dependency on nursing staff and the individual nurse helping him or her. A patient’s feelings can also vary from day to day.

**To patients**

Some patients see the daily wash as a condition for starting the day. It prepares them for whatever the day may bring. This may include tests or procedures, or perhaps a visit from the doctor. The regular, hygienic routine of a daily wash gives them something to hold on to.

For people who need help washing, a stay in hospital represents a change in the frequency, time and way that they wash. Negative physical consequences (such as pain when turning) can be reason enough to drop the routine wash for some patients.

Independence and dependence

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1 G. Rensen is a nursing scientist, currently working as an HRM consultant in the Canisius-Wilhelmina Hospital in Nijmegen.
Changes in washing routines plot a patient’s journey on the continuum from independence to dependence. The nature and severity of the illness are the main factors determining precisely where patients are on this line. Most patients are keen to maintain their independence. They feel most comfortable when they can take care of themselves. ‘You must keep doing things for yourself as long as you can. Even if you’re half dead. This was part of my training. Having to rely on someone else is the beginning of the end.’

In this respect, independence also means a certain degree of hygienic freedom. A patient who is independent and can take care of him or herself, is free to choose when, where and how he or she washes. A fundamental consequence of this is that the patient need not enter into a relationship with a nurse, which is not the case if he or she has to rely on help.

**FEELINGS**

The routine wash can evoke certain feelings in a patient, such as anxiety or uncertainty. The anxiety may be connected with the patient’s illness or disorder, such as not wanting to have a shower because of the perceived effect on the wound.

Another common feeling is shame or embarrassment. People have to undress to be washed. A patient being washed by a nurse will have to undress in front of someone he or she barely knows. In some cases, a patient will have to be washed by a nurse of the opposite sex, which may cause different feelings than if he or she were to be washed by a nurse of the same gender. The more often this situation occurs, the better the patient will be able to deal with it. These aspects were brought up by female patients being washed by a male nurse. ‘No, at first I was a bit nervous when a male nurse came to wash me, but not anymore. I remember thinking: “Oh God, is it really necessary for a man to wash a woman?” But I’ve got used to it now and I don’t mind’.

Sometimes the gender of the nurse washing a patient becomes irrelevant. As people become more ill, their feelings of embarrassment about being washed by a nurse of the opposite sex disappear. But some patients find it easy to surrender to the situation without being seriously ill. They adopt the role of the willing patient, and it is striking how some people have no difficulty adapting to the prevailing circumstances and customs. Many patients are naturally at ease with the situation and claim to be quite happy about accepting the help they are given.

According to some patients, washing sick people requires a certain degree of professionalism. Nurses need to be given special training. Other people expect that if they have to be washed in hospital, the washing should be of a high standard. ‘I come here to get my problem sorted out. I don’t mind who helps me. All the girls and the boys have been specially trained so it doesn’t bother me at all’.

And last but not least, the routine wash leaves patients feeling refreshed, comfortable but sometimes in pain. Most patients do not concern themselves with the impact that giving them a wash can have on the nurses. On the other hand, it is important for nurses to understand how it feels from the patient’s point of view. In addition, washing a patient can be of personal significance to some nurses in certain situations.

**To nurses**

Nurses see washing patients as an ordinary everyday procedure that does not prompt any particular reaction. It is just one of the many duties they perform. But this procedure can have a wide range of functions. It is an activity that can be used to respond to the individual needs and expectations of patients. As an elementary part of daily care, the routine wash provides a fixed point in their day. For nurses, it is a procedure that involves a certain degree of responsibility and which can be very rewarding. Another important aspect is that the routine wash gives nurses a chance to demonstrate their professional skills. Nurses can have technical or social reasons for washing patients, but they can also take it as an opportunity to assess and boost a patient’s level of autonomy or help him or her to regain independence.

The routine wash demands a certain level of professional intimacy from nurses. As nurses should be aware of what this may mean to their patients, insight into how being washed affects patients is highly relevant.

**PROFESSIONAL PROCEDURE**

Routine washing is sometimes clearly linked to a particular illness or injury. Washing a patient is necessary in certain cases, such as incontinence, vomiting or excessive perspiration. These are the technical reasons for washing patients. ‘The patients we nurse are very sick. Many of them have diarrhoea, vomiting and a high...

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2 The quotes are derived from interviews held as part of the research.
temperature. In cases like this, it is important to give people a thorough wash at least once a day. Particularly if they spend all day bathed in their own sweat.’

A second group of arguments supporting the routine washing of patients is based on their mental and/or physical incapacity, the nature of their illness, and finally the limitations imposed upon patients by technical devices. The arguments are not so much technical, but social, as these patients are unable to wash themselves.

Another reason that the routine wash is important to nursing staff is that it provides them with an opportunity to assess the level of ability of their patients, and to help them become more independent where necessary. It is an instrument for gauging recovery and serves as a useful handle for achieving certain goals. Maintaining and encouraging independence in their patients is an important basic principle and goal for nurses.

The routine wash also provides nurses with an opportunity to interact with patients. According to one of the nurses, this is now the only time in the day when this happens.

Taking responsibility for someone who depends on you should not be taken for granted. Nurses tend to feel this responsibility most strongly at the start of their career. One of the nurses explains that accepting this responsibility (particularly in the case of younger patients) is not always easy. ‘Realizing that someone is completely in your hands made a huge impression on me.’

**NEEDS AND EXPECTATIONS**

Washing patients requires nurses to respond to the needs and expectations of their patients. They adapt their behaviour to the patient concerned, trying to take his or her needs into account.

In certain situations, a nurse may notice that a patient finds it difficult to be helped with washing. This reaction is often based on shame or embarrassment. The nurse pays heed to these feelings and adapts his or her behaviour accordingly. ‘You react to what you see, feel, notice. And then you act. You respond without asking the patient whether he or she minds you being there.’

Washing a patient also implies helping him or her. When talking about washing patients, some nurses give the impression that they enjoy the experience. They are pleased to be able to pamper someone who really needs it. A routine wash is one of the few tangible or visible results of nursing procedures and can be a fulfilling experience.

**INSIGHT INTO THE EFFECT ON THE PATIENT**

According to nurses, a routine wash can have either a positive or a negative effect on patients. In their view, a patient is clean after a wash, all the ‘dirt’ has been removed and they are ‘nice and fresh’.

Some groups of patients see the routine wash as protection from ‘potentially dangerous external influences’. Patients with a poor immune system need to be washed regularly and missing a routine wash could be dangerous in this respect.

The consequences or effect of a routine wash are not always positive. There can be a medical reason for deciding not to wash a patient. In some situations, nurses must weigh up the negative effects against the assumed positive effects. A routine wash can sometimes tire a patient out, which can only be seen as an undesirable effect.

**PROFESSIONAL INTIMACY**

A routine wash is an intimate procedure for nurses during which they embark on an intimate professional relationship with a patient. One of their foremost tasks is to create a safe atmosphere, in which the patient’s privacy is protected and guaranteed. There are several ways of guaranteeing privacy. Closing the curtains before you begin is an obvious measure. When washing a patient, the nurse crosses into a deeply personal area.

Sexuality is another important aspect of the intimacy that arises when washing someone. People normally only expose their sexual organs during a sexual relationship, whereas here it is part of a caring relationship between nurse and patient. Furthermore, it is a one-sided activity; the patient is the only one required to expose his or her body. Individual taboos, based on a social taboo stating that one does not simply undress in front of another person, are broken. Some younger nurses find the intimacy of washing another person of roughly the same age, particularly one of the opposite sex, more difficult to deal with than washing an older

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person or a younger person of the same sex. In general, nursing staff see the routine was as a kind of professional intimacy, whereby sexuality is rationalized and neutralized. But nurses are very clear about the feelings that a routine wash can generate among some patients. The behaviour displayed by some patients is evidence of their shame or embarrassment about undressing. Although exposing the sexual organs is largely responsible for this kind of embarrassment, it can also be caused by other parts of the body. The way that a nurse deals with the patient’s embarrassment is vitally important. The situation becomes a negotiation without verbal communication.

**PATIENTS, NURSES AND THE ROUTINE WASH**

A routine wash means different things to patients and nurses, so the various meanings can be summed up separately. But this does not mean that they are unrelated. On the contrary, they are clearly related and have an effect on each other. The relationship between a nurse and a patient involves interaction, and the impact works both ways. This is particularly true for the patient when it involves independence and autonomy. As long as a patient is independent, there is no interaction with a nurse during a daily wash. The more dependent a patient becomes, the greater the effect of the interaction with a nurse. This makes the way that a nurse deals with interaction vitally important. Two important developments play a role. These days, nurses are keen to stimulate patients to take care of themselves, an important step towards independence. This mirrors the recent social trend for more individualization, in which independence is essential.

Individualization means that patients expect nurses to take their individual interests into account. With regard to the routine wash itself, there is now a degree of variation in the methods used, although the guidelines remain unchanged. The situation and the patient’s preferences sometimes dictate the frequency and thoroughness of the wash. The routine wash has also become much less of a ritual. Instead of carrying out a routine procedure, nurses these days must be able to gauge the situation and respond accordingly. Being aware of what a routine wash means to individual patients could help nurses in this respect. Finding the right balance between professional standards for a routine wash and the individual situation of the patient is the very essence of professional practice.

*The literature list is available from the editorial secretary (+31 (0)30 2586910).*

**INTERVIEW**

Gerard Rensen rounded off his research into the significance of the routine wash in 1992, when he qualified as a nursing scientist. So what made him choose this subject? Rensen: ‘I was particularly interested in the professional aspects of nursing procedures. I had various reasons for choosing the routine wash as my subject. Among other things, I was curious to explore whether the assumption that patients need a daily wash balances the time and energy it requires of nurses. And although the routine wash is a very basic nursing procedure that affects large groups of patients and nurses every day, I find it strange that there is nothing in the literature about what daily washing actually means to patients and nurses. I made a conscious decision to examine just a well-defined part of a larger entity – daily washing as part of the total care package. The aim of the research was to find out and describe exactly what a routine wash means to both patients and nurses. A second aim was to challenge the assumption of the need for routine washing, and raise awareness among the nursing staff.’

‘To me, it is essential that nurses are interested in and aware of how patients perceive certain procedures, what certain things mean to them. This allows you to respond as a nurse. It often involves “ordinary” everyday things like using the commode, but we should never forget how important this can be to patients.’

In response to the question of whether much has changed since 1992 when he completed his study, Gerard Rensen said that he thought it had. ‘Nurses are more aware of certain matters. Poking your head round the curtains to ask a colleague a question, which used to be common practice, is now largely a thing of the past. Nurses are more conscious of aspects like this. And of course nursing is affected by the ongoing process of individualization, which we are currently seeing throughout society.’

‘I hope that this article will help to raise awareness of what certain procedures actually mean, which is so important, and I also hope that it will prompt more research into this field. After all, it revolves around the very essence of care as a whole.’
RESEARCH
The study entitled ‘More than a routine wash’ is a qualitative, exploratory piece of research. It was intended as a first step towards building a theory based on practical research. The study was carried out according to the Grounded Theory tradition devised by Glaser and Strauss (1980).

The extent to which the research has contributed to theory building can be evaluated using Dickoff, James and Wiedenbach (1968), who list theory development in order of ranking. According to them, nursing (as a practice-based discipline) should use situation-producing theories. One of the conditions for devising situation-producing theories is that lower-level theories must already exist. Dickoff et al. identify four levels of theory building. In order, these are: factor-isolating, factor-relating, situation-relating and situation-producing theories. The situation-relating theories are further divided into predictive and stimulating and/or obstructive theories. The research into the routine wash comes under the factor-isolating theory level. This level deals with identifying characteristics, phenomena and elements. They are given a ‘name’. The point of naming things is that it allows people to refer to them by name, to discuss them. The factor-isolating theories level is important to nurses as, according to Dickoff et al., having theories at the first level means that terminology has been developed. Concept building, concept clarification and the development of nursing diagnoses all belong in this level.

The research was carried out on a nursing ward in a general hospital, where thirty adult patients were being treated for internal disorders. Patients and nurses (or student nurses) took part in the study.

In practice, the data was collected by means of observation, open interviews with patients and nurses and by consulting documents, taking part in and observing consultation situations.
Appendix4 Digital assessment form care internship

Upper part of digital assessment form where you find the internship report (attachment) and fill in the date. Complete instruction can be found at [www.rug.nl/careinternship](http://www.rug.nl/careinternship)

<table>
<thead>
<tr>
<th>Competence</th>
<th>Assessment obligatory</th>
<th>Assessment voluntary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Medical expertise</td>
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<td>2 Communication</td>
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<td>7 Professionalism</td>
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</table>

There are no voluntary assessments to be conducted.

Lower part where find the buttons for saving and validating and where you can give feedback and value the competencies. Complete instruction at [www.rug.nl/careinternship](http://www.rug.nl/careinternship)
Appendix 4a. Competencies in the care internship

Communication
The student
• Is receptive to stories/problems of patients.
• Encourages the patients to tell their story.
• Communicates open and respectful.
• Succeeds in showing understanding and attention to the patient's feelings.

Collaboration
The student
• Can convey information to team members and accepts expertise of others.
• Gives and deals with constructive feedback.
• Understands the value of peer relationships.
• Is a pleasure to work with.
• Listens to other team members.
• Allows others to finish their sentences.

Promoting health, health advocate
The student
• Has an understanding of issues that are important concerning health and illness.
• Knows relevant hygienic regulations and can apply them.
• Demonstrates insight in factors that influence health in dealing with patients and can show this in the way of caring for the specific disease of a patient.
• Has an eye for opportunities to reduce the need for care/prevention.
• Has an eye for efficiency or improvement of the daily care of patients.

Professionalism
The student
• Has an internship plan with relevant learning objectives.
• Can reflect on their own behavior. Is able to appoint its own strengths and weaknesses.
• Shows commitment, is benevolent and performs tasks properly, works carefully.
• Does not require constant help, ask for help if needed.
• Can handle feedback from others.
• Tries to improve her/his own performance.
• Is reliable in keeping appointments.
• Appears groomed, clean, not dressed too provocatively.
Appendix 5. Reflective learning

This item is meant to look back on the elective period. Let the students discuss their experiences in pairs. Put the following questions on the whiteboard:

What was the most remarkable/impressive event of your elective?
What exactly happened?
What made it so important to you?
What did you learn from it?
What are you going to do with it?
How has it influenced your view of medicine or your development as a professional?

After this plenary discuss each student’s personal learning points and what it has taught him/her for the future.

Then take a further step and discuss the way of evaluation/reflection. By questioning each other students have helped each other to reflect in a better, more structured way, which is crucial in ‘learning by experience’.

The following aspects are essential:

1. a clear description of the event, experience
2. Critical appraisal and analysis
3. Formulating the exact meaning for the individual student