Nursing Care Internship Reader

2018-2019
Contents

Data instruction and internships periods 2

1. Introduction 3
2. Nursing care and the medical training 4
3. Organization of the care internship 7
4. Practical matters 11

Appendixes

1. Assignments Internship 13
2. Internship instruction 15
3. Additional literature 16
1. Model assessment form 23
4.a Competencies description 25
2. Reflective learning 26

Dates: instruction and internship periods

- **Introductory lecture:** February 2019, to be announced later
- **Instruction sessions:** March 2019, to be announced later. Enrollment through Nestor

- **Internship periods:**
  - **Shift 1:** Monday April 01 - Friday April 12, 2019.
  - **Shift 2:** Monday April 15 – Friday April 26, 2019

Period 2 contains a Holiday (Easter Monday) if you have to work that day depends on the institution. It is allowed to roster students this day. The minimum number of working days during this period is nine

N.B. Duty rosters for the internship will be issued by the institution.
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 and the associated assignments. The final chapter explains practical matters and gives tips.

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 development to become a medical professional. During the internship you will work for ten days with the nursing or care team of a hospital or nursing home ward at the level of nursing students doing an orientation internship.

The care internship comprises three stages: 1. preparation; 2. internship; 3. completion. You will need your internship supervisor’s e-mail address to ask him or her to fill out the online assessment form during the completion stage. Arrange this at the start of your internship.

The care internship

- **Stage 1: Preparation**
  - orientation: reader/syllabus, lecture, Nestor, literature, internet
  - writing the internship plan
  - care internship practical instruction *(note that attendance is compulsory)*

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

- **Stage 3: Conclusion**
  - report assessment and completion of the assessment form (together with the internship supervisor)

The care internship coordinator must be immediately notified of any *Not On Track* assessment awarded during the internship *(careinternship@umcg.nl)*. If you wait, it can be too late to redress this situation in the current academic year.
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 will enable you to test what you have studied in day-to-day practice, compare your own conduct with that of other care professionals and experience how patients respond to your behavior. The care internship is an integrated task centred on the Communication, Collaboration and Professionalism competences. Although the focus is on these three competences, it will also enable you to develop other competences.

Reflective learning – learning from your practical experiences through reflection using the Korthagen cycle (Appendix 5) – will help you to see how you are developing.

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 behavior.

Students are explicitly prohibited from performing medical interventions and advanced nursing activities. You are not authorized or competent to do so under the Individual Health Care Professions Act (BIG). Shadowing doctors is not allowed in the nursing care internship. It is not about observing medical activities. You are allowed to witness medical interventions resulting from direct care (= care given to ‘your’ patient). Your supervisor will be a nurse or care professional.

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 which skills are essential to high-quality patient care. These include:

- Respecting the patient’s integrity; am I respectful and do I take the correct action in the right manner and at the right time? (Communication – Health promotion*)
- Dealing with your feelings when viewing: touching and caring for the ‘bare’ body of a patient (Professionalism)
- Observing the patient’s body: for example noting skin discolouration and damage (Health promotion*)
- Observing the patient’s reactions: such as pain and anxiety (Communication)
- Careful and skillful 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 or 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 of being healthy or ill; what does it mean to be ill or dependent on others?
  - understanding the patients’ perspectives in your relationship with them and in their relationships with the care professionals on the ward.

These competences are relevant to physicians because they contribute to establishing a relationship of trust with patients, which is one of the most important prerequisites for effective patient consultations.

* Although the Health promotion competence is not formally assessed during the care internship, it may be part of it.

**Learning outcomes**

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

- developing an understanding of people’s care needs (Communication)
- 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.) (Collaboration)

On the other hand, the care internship has student-centred learning outcomes aimed at the development of the starting practitioner, including the development of an understanding of or skill 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 appendix 5).

The aim of the care internship will have been achieved if, by the end of the internship, students have acquired the following

* some knowledge and understanding of:
- the stress experienced by the patient during a stay in hospital or nursing home
- the nursing care given to patients
- the work of professionals of various disciplines on the ward
* some **skill** in:
  - establishing contact with patients and using various types of conversation
  - the physical care of patients
  - performing simple care activities
  - working in a team
* Having an **empathetic attitude** towards:
  - the dependent position of patients
  - the collaboration of professionals within and between disciplines in the care organization
  - your conduct on the ward
  - their study motivation
* Being able to write a report in which you reflect on your experiences.
3. Organization of the Nursing care internship

Step one: Active Preparation
The aims of the internship can only be achieved if students actively prepare for it. Activities within this preparation include: studying the reader, attending the introductory lecture, becoming familiar with the care institution and the care it provides by consulting the internet, literature and brochures, writing the internship plan and, finally, attending the practical care instruction session on care activities.

Reader
This reader describes the general aims of the care internship. The learning outcomes can be achieved on 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 explain care practice and what you might expect during your 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. The lecture will give a general impression of the internship and explain various practical and procedural matters.

Internship plan
To get the most out of your internship, you have to ask yourself several questions. These questions are listed in Appendix 1, which covers the internship plan. These questions are listed in Appendix 1, which covers the internship plan. The plan should explain the aim of your care internship – the things you expect to learn – and how you want to achieve this. You should discuss this plan with your supervisor on the first day of your internship. If this is not possible, make an appointment at short notice, so that it will become a good basis for your internship.

Care internship instruction (Note that attendance is compulsory)
The practical sessions preparing students for patient contacts and care duties are taught by senior HBO Nursing students at the Wenckebach Skills Center UMCG. During these hands-on sessions, students will practice various activities on each other, switching between the roles of patient and care professional.

- 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 day-to-day patient care activities. The aim is not for you to master all these skills. It is important that you learn to interact with patients in a caring manner and observe the effects of your actions. You will be given feedback on your conduct.

To prepare for this session, study the article “More than a routine wash” in Appendix 3.

Information on the practical instruction sessions and how to register for them will be published on Nestor in February or March.
Stage two: The care internship

Learning from experience
Doing an internship is a special type of learning in which you experience ‘real-life’ events. As a novice at the bedside, and working in an unfamiliar 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 patients, nurses and physicians, between patients and their families and between the care professionals Learning to select. What is important to observe and what not?

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 opportunity that will return many times during your medical training.

Internship activities
A practicals coordinator will usually be responsible for internships within a particular organization. During your care internship you will be supervised by a nurse or care professional, with whom you will collaborate. He or she will almost always be responsible for your assessment too.
You will contribute to day-to-day patient care, not on your own initiative but in consultation with your work supervisor. If you feel that too much is being asked of you, discuss this with your work supervisor.
The following are examples of the duties a student may be asked to perform.
Daily care activities carried out under supervision
- physical care: (providing assistance with) washing and dressing 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 aims of the internship, the student and the work supervisor must agree the form and content of the internship, based on the internship plan. This will involve discussing mutual expectations, work methods, supervision and final assessment. 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 that students 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
On the basis of your internship plan, you will write a report about your learning experiences, explaining what you have done to achieve your learning outcomes. After your internship, the work supervisor will read your report and assess whether it reflects what occurred during the internship.

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. Take a scratch-pad to make notes during your shift.
Evaluation meeting with the internship supervisor and digital assessment form (scorion)
During the assessment meeting, you and your supervisor will discuss your experiences during the previous two weeks. This meeting and your report are the basis for the assessment as outlined on the online assessment form. To prepare for the meeting, you must upload your internship report and send an e-mail requesting that you be assessed. There may not always be a computer available during this meeting. If practical or desirable, therefore, you should also send the report to your supervisor by e-mail or on paper.

Your attitude and commitment are important elements in the assessment. These will have become evident through your involvement and interest in things, your conduct towards patients, your contacts with patients and their family members (if any), how you worked with your colleagues, how you reflected on your performance and learning process, your work attitude and how you kept appointments and followed procedures.

Assessment
The internship assessment is twofold:
1. The internship supervisor will assess whether your report reflects what happened during your internship and, if so, will tick the appropriate box on the assessment form (Scorion).
2. The internship supervisor will assess your performance during the internship. You will be assessed on three criteria (competences) on the assessment form: (see form appendix 4)
   a. Communicating
   b. Collaborating
   c. Professionalism

There are three possible assessments: “Not on track”, “On track” and “Fast on track”.
As a guideline, we can say that sufficient and good performance is On Track.
Excellent students can be given Fast on track. Not on track is insufficient
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

Note that if the form has not been completed, you will not receive a mark for your care internship and you will fail to obtain all the credits for Competence Development 1.2.
You are responsible for ensuring that the online assessment form (Scorion) has been completed and approved within a week of the completion of your internship. If this does not occur, immediately notify the care internship coordinator careinternship@umcg.nl, also describing what you are doing to have the form completed

N.B. Prevent study delays by notifying the Care Internship Coordinator (careinternship@umcg.nl) of any NOT ON TRACK assessment.
If you fail to do so, you may incur study delay, as a fail mark cannot be redressed during the current academic year.
4. Practical matters

Coordination of the care internship
Elly Douma – Institute of Medical Education (A. Deusinglaan 1, 9713 AV Groningen) – is the care internship coordinator of the Faculty of Medical Sciences.
If you need information or have questions about the care internship, please send an e-mail to careinternship@umcg.nl or call tel. (3150 36 16993.

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
– duty to provide proof of identify
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. Non-participation may lead to being rejected by the internship institution.

TB/MRSA screening
Students will also be invited to participate in TB/MRSA screening in the second semester. A certificate declaring that you do not have TB or carry an MRSA infection is a prerequisite for working in patient care and starting your care internship.

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.

Internship contract
Nearly all institutions make use of a standard internship contract to regulate your legal position within the institution. To sign your contract, go to the Medical Student Service Desk in room 3219. In most cases you will be required to provide proof of identity (passport or ID card).
Professional attire
Health professionals are usually dressed in white uniform clothing. This is also expected of internship students, which facilitates identification, protects their clothes and safeguards patients. 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. Wear closed-heel and toe shoes that do not make a lot of noise.

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 internship location. You have to complete the digital application form you can find the form on Nestor (log on with your S-number) Nestor / study info / medical sciences / medicine / rules and regulations / general regulations / travel expenses

The travelling expenses 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
To prepare for your internship, you can search the library and the internet, which 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). Select some of these in preparation for your internship. Brochures issued by care organizations can also be a source of information. Appendix 3 of this reader contains two articles which give a good impression of the organization and significance of care provision and the aims of a nursing internship. Various instructional films about particular nursing techniques can be found on www.goedgebruik.nl and www.vilans.nl (only in Dutch).
Appendix 1. Assignments in the internship

This appendix explains how to write an internship plan and describes the structure of the internship report.

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

   Expectations about the internship organization:
   a. In what kind of organization will I be working?
   b. What is my idea of the patients staying there?
   c. What is my idea of the care provided by the organization?
   d. What is my idea of the professionals working there?
   e. How do I expect how these professionals to interact and collaborate?

   Expectations about myself:
   f. What do I expect to be doing?
   g. What do I want to learn during my care internship in terms of competences?
   h. What do I expect of my performance as a care professional? What elements will I be good at or less good at?
   i. What would I like to do and what am I not looking forward to

   Structure: the plan must be no more than one A4 page.
   Deadline: Regular period: the plan must be ready before the January, 1 in order to get permission for an internship abroad.
   Summer period: the plan must be ready before the March, 1 in order to get permission for an internship abroad.
   Assessment: the plan is part of the internship report.

   Hand your plan to your supervisor on the first day and make an appointment to discuss it as soon as possible.

2. Internship report
   When writing your internship report, pay attention to the following aspects.

   a. Give an impression of the work you have done. What, where and with whom? What responsibilities did I have? What have I observed?
   b. Give an impression of the ward and the organization where you were working:
      • In which ward/organization did I work?
      • What care objectives 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 are their position, what (in brief) are their duties and responsibilities?

   Reflect on these aspects, using your internship plan as a guideline.
   c. To what extent did my expectations correspond to 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? Is it clear what else I need to learn? How am I going to do this?
   e. Did I give proper care? Where did I do less well? What should I pay attention to in the future?
   f. What appealed to me during my internship? What did not appeal to me? Why?
   g. In which competences did I grow, and how did this come about? What feedback did I receive? How did this help me?
   h. What aspects of care provision motivated me to seek a career in health care? What do I wish to retain for my professional development?
Form: Create a single document containing your internship plan and report, with a title page, table of contents and list of references, if any. State your name and student number on the title page, as well as the name and e-mail address of the work supervisor who will assess you and the name of the internship institution.

Size: The main text of the report must be at least 4 and no more than 7 pages long.

Deadline: Your supervisor/assessor must be able to read the report before the end of your internship, so arrange this at an early stage during your internship. Because of variable shifts, this may be difficult if you wait too long.

Assessment: The internship supervisor will assess the report, in terms of factual correctness. You will receive a pass mark if the report meets the requirements. This will be indicated by a tick mark in the appropriate box on the digital assessment form (Scorion). Ensure that the feedback on your performance is included on the Scorion form and discuss this feedback. Send in the request to complete your online assessment form (Scorion) in time and upload your internship report. Instructions for completing the Scorion form are available at www.rug.nl/careinternship.
Appendix 2. Care internship instruction

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

Students will practise in small groups of eight to ten, alternating between the roles of patient and care professional. Dressing and undressing a ‘patient’ may be part of the activities practised. Attendance is compulsory.

Take note of the following:

- Wear swimwear under your clothes
- All students will participate in the practical work, either as patients or care professionals.
- Bring a toothbrush, toothpaste and a comb/hairbrush.
- Male students must bring a shaving kit (wet or dry) and should not shave two or three days before the session.

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

Hygiene
- Washing the entire patient in bed (swimwear obligatory)
- 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, Jongsma et al., 1970, Spencer and Tait, 1973) as well as more recent work (Arets, Vaessen and Gijselaers, 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
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.’2

1 G. Rensen is a nursing scientist, currently working as an HRM consultant in the Canisius-Wilhelmina Hospital in Nijmegen.
2 The quotes are derived from interviews held as part of the research.
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 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 person or a younger person of the same sex. In general, nursing staff see the routine wash 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...
Concept building, concept clarification and the development of nursing diagnoses all belong in accordance to Dickoff et al., having theories at the first level means that terminology has been developed. People can refer to them by name, to discuss them. The factor producing theories is that lower level theories must already exist. Dickoff et al. identify four levels of theory building. 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 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.
Conduct

‘Friendly nurse = good hospital’

Although most patients are unable to judge our expertise, they are perfectly capable of assessing the way they are being treated. Therefore, our conduct is our main ‘selling point’.

Text: Mark de Jong
Photography: Frank Muller

This morning, I introduced myself to Mrs. Jansen, who started to cry immediately. ‘The night nurse was so mean to me,’ she said, ‘I need to pee a lot. I heard her groaning even before she came in!’ Something clearly went wrong here. Unfortunately, this occurs quite often. As a nurse, you will notice this if you open yourself up to these feelings of patients and enquire a little more deeply. Asking questions is often necessary, since most patients are afraid to talk about these things.

Challenge
In her farewell speech as retiring associate professor of Acute Care, Joke Mintjes named the following as the greatest challenge that will face nurses in the future: ‘Remaining aware of one’s attitude and conduct […]. We sometimes pay too much attention to our interventions and not enough to the patient’s wishes. Nursing is about skillful and humane care’. Mintjes is right: there is a lot of room for improvement in our conduct towards patients, and this is highly necessary in an era of market force pressures, increasingly assertive patients and client-centredness.

Patients ‘scan’ our demeanour
This will probably give you a bad feeling, and you will hardly be interested in the reason why he is unfriendly. You will remember his conduct and talk about it at home. First you will talk about the nasty waiter, but after a while you will start to generalize your feelings and blame the restaurant, and you will never want to go there again. The same mechanism operates in healthcare, argues Fred Lee in his book If Disney Ran Your Hospital. If patients have had an unpleasant experience involving a staff member, they will in due course generalize this feeling and include the entire organization: ‘What a lousy hospital, they treat you like s**t! We are not always sufficiently aware that patients cannot be bothered (and need not be bothered) by the fact that we are busy. Moreover, we do not know what they have already gone through during previous hospital stays. What we feel is ‘troublesome behaviour’ may be caused by unpleasant experiences in the past. Patients and the people close to them may therefore minutely scrutinize everything and will keep a close watch on health professionals. Patient satisfaction surveys show that patients are mainly concerned with the way they are treated; most of their complaints are about staff conduct. If I seem hasty and unfriendly, my patients may become tense, since they are dependent on me. This tension may already have an impact during my shift: patients may ring the bell more often or, in contrast, may be afraid to do so.

In both cases, this will land me with extra work too, often without me being aware of what is going on. As a nurse, you are playing a role, and in that role you are being judged by your audience: your patients and the people close to them. It appears that selection committees almost immediately ‘feel’ whether a candidate is the right person for the job: the first minutes or even seconds are said to be decisive. In the same way, patients feel whether you are there for them or not the moment that you ‘come on stage’ on the ward or waiting room or answer the telephone.
Patients are constantly 'scanning' us, judging our posture, the way we make eye contact, how friendly we look, whether we are well groomed, how relaxed we are and whether we pay attention. If you fail in one of these areas, you will probably never be told, but something will happen. People will talk about it (‘Just imagine you have deal with her all night …’). They will remember this first impression and start generalizing, first including your ward and then the entire hospital. You should therefore realize that unfriendly conduct, both verbal and non-verbal, will also harm your ward and thus your colleagues, even if you will never be made aware of this.

Judgement
You should realize that patients are unable to judge whether we treat their wounds, stoma or complications efficiently and in accordance with the latest guidelines. People lack the required knowledge and are therefore unable to assess us in this respect. What they can do is evaluate our conduct. They will not forget it and will talk about it with the people around them. This can make or break the reputation of your ward and your hospital.

6 TIPS FOR FRIENDLY CONDUCT
1. **Look at a patient when you introduce yourself** instead of at his IV pump or his neighbour’s catheter bag.
2. **Be aware of your role when you ‘come on stage’**. What impression do I want my patient to have of me? Ensure that your demeanour is relaxed and friendly, and let this be reflected in your choice of words and tone of voice.
3. **To you, your work is to some extent predictable; to patients, it is not**. Take care when you use the word ‘just’, for example. ‘I will just remove your catheter’ (does the patient know the consequences of your action; does he want to know them and does he want to know them now?). A drip or catheter may mean rest and structure (‘because of the IV, I do not have to drink, which is good because it makes me nauseous’). It is not nice if we neglect this aspect. However, not every patient has the confidence to address this.
4. **Do not automatically assume that patients understand what is going on**: the pressure of work, your explanations, hospital etiquette. A doctor snarling at a nurse, for example, will give patients who witness this a sense of insecurity.
5. **Never pretend to know something or that you can do something when you do not or cannot**. Your body language or the sound of your voice will give you away. Be honest, and explain that you do not know something or have not done something before, and do not hesitate to ask an experienced colleague for help. An honest ‘I don’t know’ will give patients a more secure feeling than a dishonest ‘No problem’.
6. **Patients do not deserve your moaning or grumbling, ever**. The umpteenth chamber pot to be emptied during your night shift? Annoying, but particularly for your patient, who would really have liked to go on sleeping and who, due to your unfriendly conduct, will hardly dare to ring the bell if she needs a pot again.

References
1. Mark de Jong is a nurse and healthcare trainer/consultant, www.mdjta.nl, e-mail: m.dejong@xs4all.nl.

*Nursing | June 2012*
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)
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
Appendix 4a: Competencies in the care internship

Communication
Students:
- are open to what patients say about their concerns and problems
- encourage patients to tell their story
- communicate openly and respectfully
- pay attention to and empathize with patients’ feelings.

Collaboration
Students:
- are able to transfer information to team members and accept the expertise of others
- are able to give and handle constructive feedback
- understand the value of relationships with colleagues
- are pleasant to work with
- listen to other team members
- do not interrupt people before they have finished speaking.

Professionalism
Students:
- will have formulated relevant learning outcomes in their internship plan
- are able to reflect on their conduct and to list their strong and weak points
- make an effort, are obliging, complete tasks satisfactorily and work with due care
- do not need constant attention but ask for help where necessary
- can handle feedback
- try to improve their performance
- keep appointments
- have a satisfactory appearance and do not wear attire that is too daring.
Appendix 5: Reflective learning, The cycle of Kortenhagen

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

---

![Diagram of the cycle of Kortenhagen]