

The Hague University

Academy of Health

HBO-Nursing-full-time

Academic year: 2012-2013

Year/period: 1.2

Blockbook Propedeutic stage: View the Practice

Order information

Order number / price	No
Title:	Block book Propaedeutic internship: View the Practice
Academic year:	2012-2013
Year / period:	1.2
field of study	Nurse
Length of time:	Full-time / dual 10 weeks
Year of publication:	2012

Authors:

Willemien van der Weerd
Angela Tuijp

Version date: October 2, 2012 (Draft)

© Copyright:
2012, The Hague University of Applied Sciences, HBO Nursing course.
No part of this publication may be reproduced and/or made public without the prior written permission of the HBO Nursing department.

PREFACE

*"Those who are healthy have many wishes,
those who are sick only one wish"*

(Author unknown)

Dear student,

In this block you will become acquainted with the practice. You come into contact with real patients and real colleagues. You experience what it is like to work in a 24-hour care setting.

You are present at the internship site at times when you can follow the care process. This can be the case in the evening, during the weekend and, exceptionally, at night.

So a bit of a taste of irregular working hours.

We wish you an educational and pleasant internship!

The HBO-V teaching team

TABLE OF

CONTENTS	
FOREWORD	3
TABLE OF CONTENTS	4
PROGRAM SCHEDULE	5
GENERAL INTRODUCTION	6
1. EXPERIENCE REFLECTION LEARNING LINE	8
1.1 Guidance during the internship.....	9
1.2 Creating a practical curriculum....	12
1.3 Preparation assignments	14
1.4 Assignment Professional Roles.....	16
2. LEARNING LINE PERSONAL DEVELOPMENT/SLB	17
3. PROFESSIONAL SKILLS LEARNING LINE	23
VEVA 5 Excretion 1.....	26
COVA 5 Dealing with resistance	28
6 Observation techniques	31
6 Dealing with emotions	33
VEVA 7 Excretion 2.....	35
7 Information and instruction and giving.....	38
VEVA 8 Excretion 3... ..	42
COVA 4 Response training or aggression training?	44
4. ASSESSMENT.....	45

PROGRAM SCHEDULE

BLOCK 1.2 V PRACTICAL LEARNING				
	Learning objectives/content	Working methods	Test	STP
Experience reflection line	<ul style="list-style-type: none"> - Integration of topics covered from the AGZ into the practice - Getting to know the nursing profession in one of the three exit directions - Creating and implementing a practical curriculum - Developing the core competencies 1.1, 5.1 and 5.2 to level 2 of the competency card - Orientation on the roles of the HBO nurse 	Implementation of competencies in practice Assignment Professional roles Reflection meetings	Practical learning (80%) Assignment Professional roles (20%)	11
Conceptual learning path	Not applicable during this period			
Vocational skills line	Observation techniques Excretion 1 and 2 Social and communication skills	Demonstration and practice Role play	Practical test Participation 100%	3
Personal development learning path (SLB)	The development of the core competency of self-management is central.	Individual and group meetings	Portfolio period 2 Participation 100%	4
Integrated learning path	Not applicable during this period			

GENERAL INTRODUCTION

Thematic

During the internship you will provide care to care recipients who can no longer, or no longer fully, care for themselves. You will not only provide care, but you will also focus on preventing health problems in both individuals and groups. You will notice that some experiences confuse you and that you are still at the beginning of the training, because you do not know and cannot do much yet. There will also be experiences that give you a feeling of satisfaction and satisfaction.

During this period you will do an internship for 10 weeks (for both full-time and dual students). You are at the internship institution 4 days a week, 8 hours a day, and you return to school 1 day a week. This return day consists of learning activities that support learning in practice.

Structure

This block consists of the experience-reflection learning track, the personal development/slb learning track and the vocational skills line. The experiential reflection learning path consists of the internship in practice and the reflection meetings at school. At school, you and fellow students reflect on your actions in practice with the aim of developing yourself as a professional.

You will also learn new professional skills that support your actions in practice. The professional skills are tested by means of a practical test. In this block you can obtain a total of 18 ECTs (credits).

Competences

This block focuses on the following core competencies:

The role of healthcare provider (competency 1.1.):

- To alleviate the burden of illness, disability or dying, the HBO nurse provides tailor-made nursing care in a professionally responsible manner (Pool, Pool – Tromp, Veltman – van Vugt and Vogel, 2005).

The role of a professional (competency 5.1 and 5.2):

- In order to develop the nursing profession into a profession that is in line with social developments of the 21st century, the higher professional nurse plays an active role in the renewal of the profession and the promotion of professional awareness.
- To maintain the quality of the nursing profession at the required level so that it can meet social criteria, the higher professional nurse actively contributes to promoting the expertise of the profession (Pool et al, 2005).

You must obtain these competencies at level 2. On the interim and final assessment forms you can see what level 2 entails (Internship – period 2; Assessment forms). In addition, view the competency card that you will use in years 2, 3 and 4 (Internship – Period 2).

An overview of all nurse competencies can be found in the study guide and on BlackBoard (Internship – period 2).

Reading Guide

This block book consists of three parts:

1. The experiential reflection learning line
2. The personal development/slb learning path
3. The vocational skills learning path
4. The assessment

The assessment forms of the experience reflection learning line and the additional documents of professional skills are on BlackBoard (Stage – Period 2).

Begin iced out

To participate in the propaedeutic internship, you must have completed the professional skills practicals of block 1. If you missed this, please contact your teacher.

1. EXPERIENCE REFLECTION LEARNING LINE

Introduction

The experiential reflection learning path consists of the following components:

- Guidance during the internship
- Creating a practical curriculum
- Making preparation assignments
- Reflection meetings at school

Learning goals:

- You can prepare for an internship
- You can indicate which points are relevant to you when preparing for an internship
- You can make a plan to coordinate your learning process in practice. You can select activities that contribute to developing the role of healthcare provider (competency 1.1) and professional (5.1 and 5.2).
- You can indicate what is expected of you during an internship in terms of knowledge, skills and attitude. You can make contact with care recipients and their loved ones.
- You can work together with care recipients, their loved ones, and colleagues
- You can provide care in situations that are not very complex
- You can recognize parts of the theory covered in practice
- You can analyze practical situations. You can reflect on your actions in practice

1.1 Guidance during the internship

Introduction

During the internship you will receive guidance from the training program and the healthcare institution. This promotes the integration between theory and practice and stimulates reflection on nursing actions and the learning process. The guidance is explained below and the aspects of evaluation and monitoring the continuity of the learning process are discussed.

Guidance at school At

school you will be guided by your study career counselor during the reflection meetings.

During these meetings, the teacher will work with you and your fellow group members to discuss your internship and the experiences you gain during it. The focus is on how you can use experiences in your growth as a professional.

Guidance in the institution

You will also be assigned a supervisor within the institution. This is a nurse who works at the institution where you are doing your internship. From this position, he or she has insight into the possibilities for you during the internship. You can find different 'types' of supervisors in the institution. In addition, it may happen that institutions have various supervisors

give different names. The following functions are often distinguished: *work supervisor*

(supervisor in the direct implementation of care), *practical supervisor* (provides remote guidance and is responsible for the learning conditions in a department) and a *practice or training coordinator* (leads a team of supervisors and is responsible for the guidance policy of an institution) .

The description below assumes that the supervisor performs his work in the same setting as you. The supervisor is your first point of contact for questions and uncertainties. In this way, he or she ensures that you can work on achieving your (personal) learning goals, competencies, and assignments.

During the first contact with your internship institution, you will be told who your supervisor(s) is (are) and what everyone's responsibilities are.

Contact internship institution and The Hague University

of Applied Sciences If there are any problems or questions during the internship, your internship supervisor will contact your SLB student after consultation with you. Therefore, always include the name, telephone number and email address of your SLB student on your practical learning plan.

If the situation so requires, the SLB member may decide to engage 'third parties'.

The SLB'er contacts the supervisor in the practice during the period surrounding the interim and final evaluation. In special cases, the SLB can be present at the (interim) assessment.

So also include the contact details (telephone, email) of your supervisors in practice on your practical learning plan.

Evaluation of the

internship In order for supervisors and students to gain insight into the learning process, it is necessary to evaluate regularly during the internship. The evaluation moments are arranged in mutual consultation and included in the practical curriculum.

During the internship you will have at least the following evaluations: introductory meeting, feedback on the practical curriculum, interim evaluation and final evaluation.

Feedback on the practical

curriculum To prepare for your internship, you create a practical curriculum. You create the draft practical curriculum before the internship starts and submit it to your study career counselor. He or she reviews the first draft. You process the teacher's feedback and submit the adjusted practical curriculum to your supervisor in the practice.

The definitive practical curriculum is discussed with the supervisor in practice at the end of week two and in the third internship week.

finally submitted. Your supervisor in practice will therefore assess the final practical curriculum.

You must submit the assessment form to your study career counselor.

Interim evaluation

During the internship you will regularly evaluate with your supervisor. You can make agreements with your supervisor when, how and for how long these evaluation moments will be. It is important that you prepare for any evaluation. For example, create an agenda that you hand out to those present and take evidence with you to illustrate your development.

Halfway through the internship, you and your supervisor will take stock. You then have an official evaluation moment. This determines how far you have progressed in developing the core competencies associated with the role of healthcare provider and professional. Use the points of interest form for this. A prognosis about the assessment is given and points of interest and advice are noted. Make a copy of the points of interest form and add it to your portfolio. Submit the original to your study career counselor within 1 week after the interim evaluation.

The following questions can serve as a guideline during the evaluation moments:

- How do you work on the sub-competencies?
- Are the assignments easy to complete?
- How do you deal with possible points of attention, is your learning attitude effective?
- Which shows that you are developing sufficiently in (parts of) the competencies (see also behavioral criteria assessment form)?
- How do you work with others?
- To what extent can you critically examine the situation at the internship location, and how do you deal with your findings?
- How do you evaluate/reflect on your actions?
- What is the prognosis for the assessment at the end of the internship?

Final evaluation and assessment

The final assessment of performance in practice takes place in the last week of the internship. Prior to the interview, you must submit the practical curriculum as agreed.

The final assessment is determined based on the practical curriculum and the observations of the supervisors. During the final evaluation, the final assessment form will be used to determine whether your learning process has been sufficient.

All Dublin descriptors (professional competence, collaboration, judgment, effective learning attitude and reflection) must be assessed as sufficient for a satisfactory final assessment. All criteria must be sufficient to assess these Dublin descriptors as satisfactory. Only then will you have completed the internship at level 2 of the competency card. For the entire competency card, see BlackBoard (Stage – Period 2). You will use these during your internships in years 2, 3 and 4.

The qualification is noted on the final assessment form, after which it is signed by the ultimately responsible supervisor and yourself. Make a copy of the entire final assessment form and add it to your portfolio. Deliver the original within 14 days after the final assessment to your study career counselor.

What to do if you fail?

If you have an insufficient assessment for the internship:

• Request written advice about the content, length and method of resit from your practical supervisor.

This advice has been signed by you and the practice supervisor.

• Contact your SLB officer within three days of the assessment about the proposal and withdraw draw conclusions together for further practical learning.

What to do if you disagree with the assessment of the internship?

• Report in writing, stating your arguments, to your practical trainer that you do not agree with the assessment and request an interview.

• If no agreement is reached between you and the practical trainer, discuss this with your teacher. This person can work with you to determine whether there are sufficient grounds to submit an objection to the examination board (see study guide).

Resit

If the internship is carried out again for the entire duration of the internship, it is not necessary to request this from the examination board. The resit will take place in the next minor period of your year group. You must submit other proposals to the examination committee.

1.2 Create a practical curriculum

Introduction

Before the start of the internship, you write a practical learning plan. In this practical curriculum you introduce yourself. In addition, you don't just describe what you will be working on during the next 10 weeks but also how (method) and when (planning) you will do this. So you describe which personal learning goals, competencies and partial competencies you will work on in the role of healthcare provider and professional at level 2. In addition, you indicate how you want to develop yourself in the field of the role of healthcare provider and professional. The practical curriculum

is therefore a tool to ensure that your learning process runs smoothly: it makes your learning process transparent for you and your supervisors.

Literature to be used

- Dalen, W. van (2009). Integrity in execution. Groningen: Wolters-Noordhoff.
- Green, M. (2008). Act effectively through reflection. Groningen: Wolters-Noordhoff.
- Pool, A., Pool – Tromp, C., Veltman – van Vugt, F., Vogel, S. 2005. *With an eye to the future. Professional competencies of HBO nurses (ninth edition)*. Utrecht: Netherlands Institute for Care and Welfare.

In addition, you use the mandatory purchased books, readers and recommended websites from the AGZ block.

The practical curriculum

During this internship you will work in various ways to achieve the competencies in the role of healthcare provider and professional at level 2. You will work out the sub-competencies in your practice plan. You develop your competencies by processing the feedback you receive on your performance in practice. This involves checking whether your behavior contains sufficient elements of the behavioral criteria described on the assessment form.

During the AGZ block you start by creating a draft practical curriculum. You discuss these during the SLB lessons, together with your fellow students and teacher. **On the Monday of week 8 (period 1!) you hand in the draft to your SLB -er and you will receive feedback in week 9.** You process the teacher's feedback before submitting the adjusted draft practical curriculum to your supervisors in practice. This way, at the start of your internship, you can immediately make it clear to your supervisor what you want to work on and how. You then hand in **the definitive practical learning plan to your practical supervisor on the Monday of week 3 (period 2!)**. He or she assesses the practical curriculum. You submit the assessment form to your study career counselor.

Practical curriculum content

The practical curriculum consists of the following components:

- An introduction about yourself (who are you, what is your motivation, what are your strengths/weaknesses, what do you expect to learn at the internship?)
- The CV that you created in block 1 for the personal learning path (SLB).
- A current SWOT analysis including a description of how you will work on your strengths and weaknesses during the internship.
- Your personal learning goals including evaluation criteria and actions with which you want to achieve the learning goals. You formulate your goals SMART and base them on:
 - the results of the SWOT analysis
 - learning objectives from the portfolio
 - personal interests • professional skills
- Formulate at least 2 learning objectives that are related to your SWOT.
- The elaboration of the preparatory assignments A, B, C and D (see chapter 1.3). You can further supplement this information during the first two weeks of your internship.
- A schematic overview of the activities you will carry out to achieve the sub-competences: planning, evaluation and evidence
- Planning schedule of the activities you will carry out during your internship

Evidence of the implementation of the activities to achieve the sub-competences

There is already a fixed format for the practical curriculum on BlackBoard (Stage – Period 2: Experience Reflection Line; Practical Curriculum). You can complete this yourself.

The criteria for the practical curriculum are stated on the 'Practical curriculum assessment form'.

This form can be found on BlackBoard under Internship - Period 2: Experience reflection line; Assessment forms.

The practical curriculum already contains a schematic overview of all the sub-competencies and activities that you can perform in the role of healthcare provider and professional. You will not be able to carry out all activities during this first internship, because this internship is your first introduction to the nursing profession in practice. Further develop your planning schedule according to the following steps:

In period 1, consider which activities and partial competencies are feasible for you during your first internship and include them in your draft practical curriculum

During the first two weeks of your internship, make an inventory, possibly together with your practice supervisor, of which sub-competencies and the associated nursing activities you can perform as an intern. Consider the professional skills training, your starting situation, the elaboration of the preparatory assignment and the possibilities at the internship location.

If necessary, adjust your schematic overview in your draft practical curriculum: remove or add partial competencies and/or activities.

Check whether you have used all sub-competencies that apply to your internship.

Indicate how the nursing activities should be carried out in order to achieve the associated sub-competences. Also use the behavioral descriptions the assessment form (including professional competence).

Describe when and with whom you will evaluate the implementation of the activities.

Describe what evidence you provide for achieving the sub-competencies and personal learning goals.

- The completed assessment forms (practical curriculum, professional roles, interim and final assessment) must be included as evidence in your portfolio.
- You can also collect evidence for your practical curriculum yourself, for example feedback you receive on a report, having a conversation or performing a nursing procedure.

You submit the *draft* practical curriculum to your study career counselor on the Monday of week 8 (period 1!).

You must submit the *final* practical learning plan to your practical supervisor on the Monday of week 3 (period 2!).

You must submit the assessment form to your study career counselor.

1.3 Preparation assignments

Introduction

In order to learn effectively during the internship, you must prepare yourself well for this. You do this by completing a preparation assignment, in which you orient yourself on the following points:

- What is expected of me? What role do I have as an intern?
- What can I expect from the guidance? What does the organization where I will be doing an internship look like?
- What does the department where my internship takes place look like?
- Which target group is nursed in the department where I am doing my internship?
- What are the characteristics and common nursing activities of this target group?

The preparation assignment will help you answer the above questions.

Literature to be used

To answer the questions that belong to the preparation assignment, use the required purchased books, readers, recommended websites from the AGZ block and new websites that apply to the institution where you are doing your internship and/or the care category with which you are dealing. gets to make. You can also use the SBBL site and request brochures from the institution.

Preparation assignment

The preparation assignment consists of 4 parts: A, B, C and D. Before you go on the internship, you must complete part A. Parts B, C and D are started prior to the internship and completed in the first two weeks of the internship. . You add the entire preparation assignment as part of your practical curriculum.

A: Institution information

Before you start your internship, it is important to have an idea of the setting in which this internship takes place. Find answers to the following questions:

- Is it a private or government institution?
- Does the institution fall under a foundation/umbrella organization?
- What function does the institution have in this region?
- Which target group can you expect?
- What is the purpose of the institution (treatment, rehabilitation, housing, prevention)?
- What is the vision of the institution?
- How many care recipients are served? How many, beds, treatment places, housing units?
- How many locations does the institution have?
- What is the composition of the nursing staff (helpers, carers, nurses, specialized nurses, nurse practitioners)?

State what you find important when nursing the target group of your internship (maximum 2 pages). If you really cannot find information, you can ask your supervisor questions during the introductory meeting.

B: Organization of guidance at the practical training place

For this part you map out how the guidance at the practical training place is organised. Collect information during the introductory meeting and/or on the first day of the internship.

Points that are important:

- Who will guide you?
- What does the supervisor expect from you and what do you expect from the supervisor? (Also think about how you make your learning process visible to your supervisors?)
- Who is informed of illness or inability to keep appointments related to the learning process?
- Who can serve as a role model for you as a HBO-V intern?

Include the agreements you have made with your supervisors in your practical learning plan (maximum 1 page).

C: General orientation of the department

If you want to function optimally in a department, knowledge and insight into the organization is very important. Use the first two weeks of the internship to find out information about the department by asking questions, reading information about the department, observing employees and shadowing your supervisor. Some institutions have an induction program available to support you in this.

The following points are important to know:

- How is the department organized?
- Which disciplines are there in the department and what are their tasks?
- What shifts do nurses have and which ones do you perform as an intern?
- What does the daily schedule look like (which activities, when, by whom and for what purpose)?
- How is the nursing file structured (what order and structure is used in the nursing plan, how does reporting take place)?
- What working procedures, protocols and guidelines are in place and how are the monitor its timeliness/quality?

Make an inventory of points that appeal to you and/or that you have noticed, points that you find difficult and two points that you think could be improved or changed and discuss these findings with your supervisor at the end of the first two weeks. Also discuss your own learning attitude in the first two weeks in terms of taking initiative, asking questions and observing. Make a report of the results of this conversation, have it signed by your supervisor and include it in your practical curriculum as critical evidence (Maximum 1 page).

D: Orientation on the care category At

the same time as you get to know the department, you start to form an idea of the care category. In order to properly nurse and guide the care recipient, you need background knowledge of diseases, medical and nursing interventions. Familiarize yourself with this at your internship location and check your study books. You then participate in healthcare provision.

The following information is required at a minimum:

- Knowledge of the most common diseases and health disorders that are important for observing and providing care to the assigned care recipients. Include this in an MBZ (Methodical Description of the Disease).
- Read files of assigned care recipients and look up unfamiliar concepts and ask questions ambiguities.
- What care is provided (most common nursing diagnoses and interventions, nursing skills, communication skills)?
- Knowledge of medication assigned to care recipient (effect, side effect, observation)
- How does information exchange about the care recipient take place (handover moments, visits, Discuss)?
- What are the activities of other disciplines that are involved in the care of the assigned care recipient (research, therapy, conversations, interventions, dietary requirements, treatment instructions)?

Make a report of the collected results and add it to your practical curriculum (maximum 5 pages).

1.4 Assignment Professional roles

During your internship you will develop in the role of healthcare provider and professional. Through this orientation assignment you will gain insight into the other roles and core competencies that the HBO nurse fulfills. You can ask questions about this assignment during the experience and reflection meetings on the return day. Below is a description of what you need to do for this assignment.

Orientation on the roles of the HBO nurse

The nurse not only provides care to many categories of care recipients, but also applies individual and collective prevention and provides information, education and advice to individuals and groups. This all falls within the healthcare domain. In addition, the nurse operates in these domains: organization of care and profession. The role of the nurse as a care provider for the sick, disabled and dying is known to almost everyone. Much less is known about what the other core competencies and roles entail. During the AGZ block you have delved somewhat into the roles of the HBO nurse, especially at a theoretical level.

During this internship you will also delve more deeply into the practical implementation of the various roles and competencies of the HBO nurse (director, designer and coach).

The following questions may be helpful:

- Which competencies/roles (care provider, director, designer, coach, professional) does your supervisor perform?
- What do you see her doing that you think belongs to the different competencies? Which tasks do you not recognize?
- Does she deal with all competencies/roles, or does she concentrate on a few roles?
- Who then carries out the other competencies/roles or associated tasks and how do they do it?
- that?
- How do you see the nursing process in practice?

You observe nurses at your internship site in their work and ask them questions about the interpretation of the competencies/roles. Collect this data and record it (use a logbook if necessary) and then group the collected data per competency/role (care provider, director, designer, coach, professional). Make a distinction between the tasks that you have recognized and those that you have not.

Assignment

- Indicate per role which tasks/professional behavior of the nurse you have seen in practice
- Indicate per role which tasks/professional behavior of the nurse you have *not* seen in practice and why
- For the role of care provider, indicate how you see the nursing process in practice
- Discuss the collected data (recognized and unrecognized tasks/professional behavior) about the five roles with your practice/work supervisor
- Make a report of the conversation with your practice/work supervisor about the recognized and unrecognized tasks/professional behavior and include this in your own report
- Describe your own opinion regarding the recognized and unrecognized tasks/professional behavior

Please note: there is always a HBO nurse working within the institution. If this person does not work in your department, look for him or her and investigate what she does with regard to the different competencies/roles.

The criteria for the assignment can be found on the professional roles assignment assessment form, which is available on BlackBoard (Internship - Period 2: Experience Reflection Line; Assessment forms).

You hand in the assignment to your teacher on the Monday of week 5 (period 2). You must also submit the form truthfully and have it signed by your practice supervisor.

2. PERSONAL DEVELOPMENT/SLB LEARNING LINE

INTRODUCTION

Study career guidance (SLB), the learning path of personal development, runs like a common thread through your education and, for you as a propaedeutic student, is in line with the results of your digital intake assessment. Naturally, you start by getting to know each other in your coaching group.

You also exchange information about your motivation for training as a nurse, what image you have of the profession and what it is based on, what study skills you have already developed and what you are doing well or less well. The way in which you learn best is discussed and of course the working method in the coaching meetings.

It may take some time for you to get used to thinking and talking about your personal development and how you can direct your own personal development (self-management). It helps you when you try to show an open, learning attitude. This means that you are prepared to take a critical look at yourself, develop your qualities and discuss your development process.

You do this in a safe environment in which you have the opportunity to develop in a way that suits you, based on the qualities you have. Your fellow group members and your coach (study career counselor) will support you. The starting point is that you proactively take responsibility for your learning process.

For SLB, it is about working on learning goals through a plan that you draw up that challenge you to further develop yourself in the direction of becoming the best nurse you have within you.

You do this in your own way and based on your own qualities.

There are three ways in which you can make your professional development visible, depending on your learning goals and competencies. You can demonstrate certain behavior (a) and you can also (b) report or (c) communicate about it. For example, you can actually show (demonstrate) initiative in the group(s) you work with during coaching. Moreover, you can report on it orally and in writing during the coaching meetings and in your reflection reports.

In addition, there are also certain aspects of functioning that can only be demonstrated indirectly. But you can communicate about it. An example of this is the way you deal with uncertainty. This often concerns thinking patterns and feelings that are only partially visible in behavior. By talking about this with others and reflecting on it in a report, you can make visible how this works for you.

Specific to practice

Practical learning is a common thread throughout the entire training and is an important part of the training to become a nurse. During the internship you will learn the skills in real practical situations. This learning situation is even more powerful than a simulated situation and is therefore ideally suited to develop the various competencies of the nurse. Learning in practice is not identical to learning in a school situation and requires a different approach. You not only gain knowledge by studying books or articles, but by, for example, observing other nurses in practice, carrying out activities yourself and asking questions to colleagues. The way you behave has a direct effect on the behavior of the care recipient and your colleagues. Behavior that is common in a school situation may be assessed differently in a practical situation, because it is not learning, but nursing that has priority in the practical learning environment.

During the internship you show that you not only have knowledge and skills, but also that you can apply them in practice. In order to meet this requirement, you must know prior to the internship which learning activities you need to carry out, what is expected of you as a higher professional education intern and that you make a plan to develop professional competencies.

During the internship, you and your fellow students and your teacher will look back on the way in which you develop nursing practice in practice. It is therefore about an effective learning attitude and adequate reflection.

You use all the knowledge and skills acquired from all learning paths from the AGZ - block. Sometimes it is necessary to translate this knowledge to the specific situation you are currently dealing with.

During your internship you will encounter many different nursing situations from which you learn at that moment, but from which you can also learn a lot afterwards. You can be satisfied with your role in it, but situations may also arise that you do not know what to do with or about which you have doubts.

It is important to look back at practical situations and analyze what happened. As a result, you and the group can discuss why you were satisfied and/or what options there are to do things differently next time. The meetings in the experience and reflection learning line therefore support your learning in practice.

PERSONAL PROFESSIONAL PROFILE (PPP)

The starting point for the description of professionalism and professional conduct is stated as follows: *'Professional behavior is*

observable behavior in which the values and standards of professional practice are visible. It is expressed in words, behavior and appearance and is of great importance for the basic trust that a patient must be able to place in a professional. Three dimensions are distinguished within professional behavior, namely: dealing with profession and (study) work, dealing with others and dealing with oneself.

These three dimensions accentuate behaviors that focus on high-quality care, constructive cooperation (with the patient and other professionals involved in care) and long-term development ('lifelong learning'). They thus form the personal professional profile of the nurse.

CONTENT/PROCEDURE

Competences

In the SLB you will work on developing the competencies you need to function professionally as a nurse. An important tool for this is reflection, which means that you reflect on your own actions and examine them critically.

Then you experiment with new behavior. *The SLB is there to get more out of yourself*, to ultimately become the best nurse you can be.

Coach (study career counselor)

During each year you have a coach who guides both the group you are assigned to and you personally during this period. The coach guides you as a student, but also the group process. You can discuss many of the questions or problems you encounter during your studies in coaching meetings. Sometimes it is necessary to make an individual appointment with your coach.

Coaching meetings

You will be placed in a coaching group of 8 students from your class. Once every two weeks you have a coaching meeting of 4 hours in which you and your fellow students reflect on your personal professional development and the group process. Each meeting is organized based on intervision. This is a method in which you talk to each other in a structured way and think about questions and problems during your studies (p. 12).

The aim of this is to learn from your experiences in order to promote your personal professional development. If there are any problems in the meantime, discuss them with each other.

subjects

Within the education of the course, much emphasis is placed on group work, because collaboration is an important skill for nurses. That is why the group process will be discussed every time as learning content, in which communication and feedback play a central role. You also contribute your own stories with learning questions.

COMPETENCES

The nursing professional competencies guide the interpretation and formulation of your learning goals. For example, you want to learn to adopt an empathetic attitude or you want to learn how to guard your own boundaries. At the end of the block you determine via the competency card

how far you are with your competencies. Based on this you decide what you will continue with in the next block. Naturally, you will then connect this with the new expectations from the coming block with regard to your competencies.

Biweekly reflection reports

Following each coaching meeting, you prepare an individual reflection report, which you submit to your coach and fellow group members *no later than two working days before the next coaching meeting*.

When writing the reflection report, use the following points of attention:

- How have you been working on your learning goals in recent weeks?
- What has happened in recent weeks that is important to you personally
professional development?
- What meaning does what is said/happened have for you?
- What significance does the theory/literature discussed have for you?

Select those things that are personally meaningful to you and present them as concisely as possible.

The report should be about *yourself*, not about your fellow group members.

Of course you can mention your fellow group members, but you are supposed to reflect on your own performance. Keep the report to a length of *1 to 2 A4 pages*. The reports are discussed at the beginning of each intervention. To keep track of your development process during the course of your studies, it is important to create a portfolio in which you keep all your reports and other documents relating to the SLB.

Process reports

In addition to the individual reflection reports, you take turns writing a process report in pairs, in which you describe the group process. You do this from your perspective, as you experience the group process. So it is not about *the* truth about the group process (which does not exist...), but about your perception of this process.

Points of attention here are:

- How do you work as a group?
- How do you handle appointments?
- What is everyone's role and contribution in the group?
- How does the collaboration work?
- What hinders/promotes cooperation?
- How do you deal with this?

As with the individual reflection report, the process report must concisely present those things that are meaningful to you. The process report is submitted together with the individual report, i.e. *no later than two working days before the next coaching meeting*, both to your coach and to your fellow group members. As a group, you make agreements about who will write the process report and when.

Preparation

In preparation for each coaching meeting, you study each other's reflection and process reports. In both cases you write down things that you notice and that you want to respond to.

Moreover, you consider what you want to bring to the meeting. You may have already written about this in your reflection report, but perhaps there is something else that concerns you and that you would like to add.

Conditions

During the first coaching meeting, the coach will make agreements with the group about the way of working and interacting with each other. With regard to the entire coaching process, mutual trust, respect and safety are essential conditions. An absolute condition is that everything discussed in the coaching meetings remains confidential and is not passed on to others. This means that the coaches also treat the information from conversations and reports confidentially.

Organization of the coaching

You have a coaching meeting of four hours once every two weeks, supervised by your coach. For some groups this is in odd weeks and for some groups in even weeks. The fourth and final meeting of a block focuses on the evaluation and assessment of your learning process.

TESTING

When assessing your learning development, attention is paid to what you demonstrate, report and communicate with regard to your personal professional development.

Components of testing:

- 1) Active participation (100%)
- 2) A presentation at the end of block 2 and block 4, to your coach and coaching group
- 3) Portfolio containing:
 - the competency card (to be completed by the student himself and by the SLB)
 - at least 3 personal learning objectives (SMART) based on the Dublin descriptors
learning objectives (what am I going to do, how am I going to do it and how am I going to prove it, what is my final level)
 - evidence (multiple sources)
 - reflection reports (3 individual and 1 group report) • final report after each block

Final report

After the third coaching meeting, you will write a final report, answering the following questions:

- 1) What have you discovered about your learning style? How have you developed in this?
- 2) What have you learned about the different topics discussed within the SLB? This is not about generalities, but about things that are important to you personally. Include literature read or exercises performed.

You are not supposed to provide summaries, but rather relate the topics to yourself.

- 3) Which (core) qualities of yours have emerged? And how?
- 4) What is the significance of what you have learned in the training in the past period?
have for you? How do you see yourself as a future nurse?
- 5) What were your learning objectives? How did you work on this?
- 6) What are your learning goals for the next period? Why this one? How exactly do you go there?
and work on it step by step?
- 7) How did you experience the coaching meetings?

Completing the competency

card You enter your achieved levels on the competency card and indicate why you completed it in this way. Your coach will also complete a competency card for you. During the last meeting, both competency cards are compared with each other. The final report plus the completed competency card are submitted to your group members and your coach no later than *three working days* before the last coaching meeting.

WEEK 1

Act. 1.2

Duration: 4 SBU D+

Working method: Seminar Group A

WEEK 2

Act. 2.1

Duration: 4 SBU D+

Working method: Seminar Group B

WEEK 3

Act. 3.1

Duration: 4 SBU D+

Working method: Seminar Group A

WEEK 4

Act. 4.1

Duration: 4 SBU D+

Working method: Seminar Group B

WEEK 5

Act. 5.1

Duration: 4 SBU D+

Working method: Seminar Group A

WEEK 6

Act. 6.1

Duration: 4 SBU D+

Working method: Seminar Group B

WEEK 7

Act. 7.1

Duration: 4 SBU D+

Working method: Seminar Group A

WEEK 8

Act. 8.1

Duration: 4 SBU D+

Working method: Seminar Group B

3. PROFESSIONAL SKILLS LEARNING TRAIN

Introduction

In this block, the psychiatric care recipient and the care recipient with an intellectual disability are central to the various cases. The two care categories have in common that the emphasis in nursing care is on shaping daily life. If you do an internship, you will become acquainted with this category of care recipients at school and in practice.

During the professional skills training you will be prepared for the various skills that you as a nurse must be able to apply in nursing situations within mental health care. You also need these skills if you do an internship in the AGZ.

The design and elaboration of the various training sessions in period 2 will be the same as those of block 1.

During the second block, the emphasis for professional skills is on the basic skills: making contact, treatment, dealing with resistance, providing instructions and information, observation techniques and excretion. These skills are aimed at the psychiatric care recipient and the care recipient with an intellectual disability.

In this block you continue with your learning file for the professional skills. Include your personal learning goals that you set in block 1. Block 2 ends with a practical test in which the skills of blocks 1 and 2 are tested on the basis of a case. You demonstrate the integration of communication and nursing skills with a 'real' simulation patient. You also show that you have enough knowledge to be able to properly instruct, motivate or inform the patient! The criteria lists for the various actions, and an example case, are on BlackBoard (Stage - period 2: Professional skills learning line - VEVA; Assessment forms).

Program schedule

Block 2		Theme	Supporting theme
BV training 1	CRANK 5	Excretion 1 (administer enema and help with toileting)	Dealing with resistance
	COVA 5	Dealing with resistance	Excretion 1 (administer enema and help with toileting)
BV training 2	CRANK 6	Observation techniques (blood pressure, pulse, respiration and temperature)	Dealing with emotions
	COVA 6	Dealing with emotions	Observation techniques (blood pressure, pulse, breathing, temperature)
BV training 3	CRANKSHAFT 7	Excretion 2 (condom catheter and incontinence material)	Providing instruction & information
	COVA 7	Providing instruction & information	Excretion 2 (condom catheter, incontinence material and stoma care)
BV training 4	CRANK 8	Excretion 3 (ostomy care)	
	COVA 8	Responsietraining of Agressietraining?	
		Practical test of periods 1 and 2	

BV Training 1

Introduction

This first BV training focuses on the following skills (nursing and communication skills):
administering an enema, helping with toilet use and dealing with resistance.

Literature to be used

Books:

- Brunklaus O. (2008). Interactive skills for nurses. Amsterdam: Pearse Education.
- Emmens, G., Meulen van der S. (2006). Basic book on nursing conversations.
Baarn: HB publishers.
- Eycken, van der W., and R. Van Deth. (2004). Psychiatry. Wooden: Bohn Stafleu van Loghum.
- Smith, SF, Duell, DF, Martin, BC (2011). Nursing Skills Part 1.
Amsterdam: Pearson Education Benelux

Case Mr. Witteveen

Mr. Witteveen has been admitted to the regional psychiatric center Woerden (RCPW). He is 77 years old and has been admitted with schizophrenic complaints. Mr. Witteveen is a widower, his wife died 3 years ago. He has 5 children, all of whom have their own families. The children visit their father regularly, but cannot provide much informal care. That's why Mr. Witteveen had been receiving care from home care for a few months. Mr. Witteveen neglected himself. He no longer ate well and no longer washed. He walked down the street at night. The nurses help Mr.

Witteveen with washing, dressing, meals, taking medication and other activities regarding ADL. They also keep an eye on how Mr. go. Things have been getting worse in recent weeks. He started to take even worse care of himself.

Communication with the nurses became increasingly difficult, he could get angry out of nowhere and he seemed to be talking to people who were not there. After consultation, Mr. then incorporated into the RPCW.

VEVA 5 Excretion 1

(Administer an enema and assist with toileting)

Training goals

From the case data, the student can:

- administer an enema;
- providing assistance with toileting for both ambulatory and bedridden care recipients

Act. 1.1

2 SBU D-

Duration: Working method: Self-study

Just like when washing a care recipient, when helping a care recipient with his/her excretion, you may experience that nursing sometimes means exceeding the normal communication zone. You literally and figuratively come very close to the other person.

Going to the toilet is a private matter, many people have difficulty talking about it openly. Many people therefore experience a feeling of shame when they need help with this. The excretion pattern can change under the influence of all kinds of factors. You may recognize that your bowel movements change when you are on holiday or when you change your diet.

Preparation at home

1. Study Chapters 12 and 14 from Nursing Skills Part 1:
 - i. Read 12.1, 12.3, 14.1 to 14.4.3, 14.5 and 14.6
 - ii. Read the chapter appendices 'Gerontological points of interest' and 'Jurisdiction and transfer' of Chapters 12 and 14
 - iii. Complete the critical professional situation 2 and question 3 of the practice test Chapter 12
 - iv. Answer questions 3, 4 and 5 of the practice test from Chapter 14. You can also use the information found to answer the questions at point 2.
2. Answer the following questions:
 - What does a normal defecation pattern look like?
 - What can cause deviations in the defecation pattern?
 - Which nursing diagnoses can you make regarding defecation?
 - What nursing interventions are available with regard to defecation?
 - What is an enema, what is its purpose, and how does it work?
 - What types of enemas are there and what are they used for?
 - How do you administer an enema: what are the nursing points of attention before, during and after?
 - On which side should the care recipient lie during administration of an enema and why?
 - What complications can arise and how do you act?
 - What do you take into account when administering an enema with regard to the care recipient's feelings?
 - What are the nursing points to consider when administering a chamber potty in bed after administering an enema?
 - What is a stool culture and why is it taken?
 - What are the nursing points of attention when taking a stool culture in different age categories?

Bring your detailed answers to class.

Preparation in practice

3. Collect protocols at your internship location about giving a potty in bed and the administering an enema (rectal laxative). If there are no protocols, ask your colleagues how they perform these actions and write this down.
4. Find out whether these actions are performed at your internship location, observe your colleagues when they perform the action, and write down your experiences.

Bring your results to class.

Act. 1.2

3 SBU D+

Duration: Working method: Guided training (D+)

- The questions you bring to the training are discussed
- The theoretical preparation of this training is discussed
- The answers to the practice test are discussed
- The teacher gives a demonstration of the skill
- The skills are practiced in groups of three
- The training is evaluated

Act. 1.3

Duration: 1 SBU D-Working

method: Unsupervised training

Continue practicing the skills learned in your study group. Do this using the role play below. Make sure everyone practices the skills. Everyone alternates between roles of nurse, patient and observer.

Role play 1

Roll Mr. Witteveen

You have been included in the RPCW. In addition to your psychological complaints, you are also not feeling well physically. You have severe stomach pain and a lot of heartburn. Even though you have a lot of urges, you have not had a bowel movement for 4 days.

The nurses have noticed your complaints and want to give you an enema. You are not looking forward to this.

Nurse role

Have you noticed that Mr. Witteveen has a stomach ache and upon inquiry it appears that he has not had a bowel movement for 4 days. You also hear him complaining all the time about heartburn, headaches and fatigue. After consultation with the psychiatrist, it is decided that Mr. Witteveen is going to give an enema and collect some stool and take it away for examination. The psychiatrist suspects that Mr. Witteveen suffers from 'irritable bowel syndrome'. You know that Mr. Witteveen doesn't feel like having the enema and is too tired to get out of bed. You go Mr. Convince Witteveen that it is necessary and you decide to put the chamber pot within reach so that Mr. Witteveen does not have to walk to the toilet. You're afraid he won't do that and his bed will soon be covered in it. You go Mr. Now give Witteveen an enema, you help him onto the toilet and you take a stool culture (collecting feces for examination), fill in the correct forms and take it away.

COVA 5 Dealing with resistance

Training goals

The student recognizes that resistance is a (healthy) part of the behavior of nurses and patients and has an important function in this.

The student can:

- show two descriptions of resistance from the literature
- explain the characteristics and functions of resistors
- recognize signals of resistance in themselves and explain their meaning
- adopt an attitude towards one's own and others' resistance.

From the case data, the student can:

- put yourself in the patient's shoes by showing respect for his/her behavior - practice dealing with resistance based on knowledge and own attitude
- demonstrate the effect of an adequate response from the nurse on resistance and associated behaviors can have on both the patient and the nurse and their mutual relationship.

Act. 1.1

Duration: 2 SBU D-

Working method: Self study

- Search literature sources for definitions of resistance and use the documents on BlackBoard (Internship – Period 2: Vocational Skills Learning Line; COVA)
- Choose a definition that appeals to you most and write it down on paper.
- Give examples of your own resistance and how you respond to it.
- Which expressions (in behavior) of resistance do you think play a role in Mr. Witteveen?
- Prepare for the conversation in the nursing situation with Mr. Witteveen by van
- consider in advance how you want to deal with these resistances.
- Formulate observation points for the role play.

Act. 1.2

Duration: 3 SBU D+

Working form: Guided training

- At least 1 video tape is viewed and provided with feedback.
- The answers you have found to resistance are discussed.
- Your own experiences with resistance in practice (internship) are placed in a framework (of forms of behavior).
- Experiences with resistance related to experiences of the student project group are discussed - Afterwards, the situation of Mr. Entered Witteveen.
- Then the conversation between the nurse and Mr. Witteveen is located on the basis of observation points.
- The role play is discussed afterwards.
- Evaluation: which learning objectives will you practice in the unsupervised training?

Role play 1

Roll Mr. Witteveen

You have problems with your stool and it has not worked yet. You haven't been to the toilet for 5 days now. The nurse, in consultation with the doctor, suggested an enema. The idea alone! You shouldn't think about it! You have unconsciously decided not to cooperate with the nurse and doctor's plan.

Nurse's role:

The nurse recently had a conversation with Mr. Witteveen to give him an enema because of problems with bowel movements. At first, Mr. Witteveen was not convinced, but after listening seriously and explaining, Mr. consented to its use. You are an intern and you have been assigned Mr.

Witteveen to give the enema. When you come to him he doesn't want to know anything anymore! He doesn't think about it. You will find Mr. Witteveen had to convince him to get the enema after all. You talk to him to find out what the problem is and why he has so much difficulty with the proposed treatment.

Act. 1.3

Duration: 1 SBU D-Working

method: Unsupervised training *Group assignment.*

You will practice the conversation with Mr. again. Witteveen and record this with the video camera.

You play out the situation in each study group until everyone has been a nurse once and you look at the results. First check your videotape yourself and then show it to a fellow student.

Ask yourself the following questions:

- What have you become aware of?
- What resistance do you recognize and how did you deal with it?
- What did you find difficult and why?
- What went well and why?
- How would you prefer to deal with resistance?
- What do you need for that?
- What learning objectives arise from this and how are you going to approach them?
- Compare your own outcome with that of your fellow student and draw conclusions.

Use the results for your learning file and hand in your wristband to your COVA teacher at the next COVA training.

BV- training 2

Introduction

This BV training focuses on observation techniques (blood pressure, pulse, breathing, temperature) and dealing with emotions.

Literature to be used

Books:

- Brunklaus O. (2008). Interactive skills for nurses. Amsterdam: Pearse Education.
- Emmens, G., Meulen van der S. (2006). Basic book on nursing conversations. Baarn: HB publishers.
- Smith, SF, Duell, DF, Martin, BC (2011). Nursing Skills Part 1. Amsterdam: Pearson Education Benelux

Case Mrs. Touzanni

Mrs. Touzanni (48 years old) is of Moroccan descent and has been admitted to the closed ward of the PAAZ (psychiatric department of the general hospital). The lady was born in Morocco and has lived in the Netherlands for 20 years. She has a reasonable command of the Dutch language.

The lady is going through menopause and has been feeling lethargic in recent months, tires easily, sleeps poorly and has reduced appetite. The psychiatrist thinks of unipolar depression.

The woman's treatment mainly consists of medication therapy and providing support with her self-care activities.

In the department, the lady prefers to lie in bed all day. She must be constantly encouraged to groom herself, eat, drink and take her medication on time. She reacts angrily when the nurse tries to help her.

She does not automatically seek contact with fellow patients or nurses. When spoken to, she indicates that she wants to be left alone.

She takes everything very "heavy". It all makes no sense anymore. She eats little. Since her admission she has lost 1.5 kg. After some encouragement she can be persuaded to take a short walk under supervision. She appears tired and exhausted. Everything is too much for her. The checks show that Mrs. Touzanni has high blood pressure.

She is put on medication for this.

VEVA 6 Observation techniques

(Blood pressure, pulse, respiration, temperature)

Training goals

The student can provide help based on case data with:

- measuring blood pressure;
- measuring the temperature;
- measuring the pulse;
- observing breathing;

Act. 2.1

Duration: 2 SBU D-

Working form: Self study

Preparation at home

1. Study Chapter 3 from Nursing Skills Part 1:
 - i. Read the entire chapter
 - ii. Read the chapter appendix 'Gerontological points of interest' and 'Authority and transfer'
 - iii. Take the critical professional situations 1, 2 and 3 and the practice testYou can also use the information found to answer the questions in point 2.

2. Answer the following questions: - What are vital signs?
 - Which factors influence vital functions?
 - How are the body temperature, pulse, blood pressure and respiration in the body regulated?
 - How to observe and assess body temperature, pulse, blood pressure and... breathing?
 - How do you measure body temperature, pulse, blood pressure and respiration?
 - Which nursing diagnoses can you make with regard to body temperature, pulse, blood pressure and breathing?
 - What are normal and abnormal values with regard to body temperature, pulse, blood pressure and breathing?
 - How do you deal with complications and/or deviating values regarding the body temperature, pulse, blood pressure and respiration?

Bring your detailed answers to class.

Preparation in practice

3. Collect protocols at your internship location for measuring body temperature, pulse, blood pressure and breathing. If there are no protocols, ask your colleagues how they perform these actions and write this down.
4. Find out whether these actions are performed at your internship location, observe your colleagues when they perform the action, and write down your experiences.

Bring your results to class.

Act. 2.2

3 SBU D+

Duration: Working method: Guided training

- Students demonstrate the role plays of VEVA 1 (Act. 1.3) and these are discussed afterwards
- Questions regarding the preparation are discussed
- The answers to the critical professional situations and the practice test are discussed
- The teacher gives a demonstration of the skills
- The skills are practiced in groups of three
- The training is evaluated
- Please note: after the unsupervised hour you make a SOAP report! Take this with you to VEVA 3!

Act. 2.3

Duration: 1 SBU D-Working

method: Unsupervised training

Continue practicing the skills learned in your study group. Do this using the role plays below. Make sure everyone practices the skills. Everyone alternates between roles of nurse, patient and observer.

Make a SOAP report and take it with you to the next lesson.

Role play 1

Role Mrs. Touzanni

You have been in the department for a week now. You just had a conversation with the psychiatrist. He is a bit concerned and wants to rule out that there are no physical complaints. And tells you that he is going to ask the nurse to do the checks on you. It doesn't interest you that much, as long as you don't have to do so much yourself. You also forgot to ask what those checks are, so when the nurse comes to you to do the checks, you first want to know what exactly they are.

Nurse role

The psychiatrist just asked you to see Mrs. Touzanni to do the checks. You come to Mrs. Touzanni and it turns out she has no idea what you're doing. You give her a clear explanation and then you measure her blood pressure, temperature and pulse. You record the data on the correct forms.

COVA 6 Dealing with emotions

Training goals

The student dares to look at his/her own emotions.

The student can:

- identify how he/she deals with emotions.
- telling what someone else's emotions mean to him/her.
- explain how he/she would like to be approached as a patient.

From the case data, the student can:

- show empathy for the patient's situation by responding to the patient's needs and feelings
- adequately apply at least 1 listening skill (unsupervised training).

Act. 2.1

Duration: 2 SBU D-

Working method: Self-study

- Briefly describe what the clinical picture of depression entails.
- Study pages 108 to 122 from the book 'interactive skills in healthcare' and answer questions 1, 2 and 3 (from 'Interactive skills for nurses') that are on Blackboard (Internship period 2 – Professional skills learning path: COVA).
- Study pages 200 to 216 from the book 'interactive skills in healthcare' and answer the question: In Marja's case, how would you prefer to be approached by a nurse and what effect would that have if you were in the same circumstances? would be?
- Find out which health pattern you would like to know more about in the case of Mrs. Touzanni and explain why you chose it (see case).
- What should you take into account as a nurse when caring for Mrs. Touzanni?

Act. 2.2

Duration: 3 SBU D+

Working method: Guided training

- The questions surrounding your own emotions as a person and as a nurse at the internship location are discussed.
- Questions and experiences surrounding emotions are discussed related to experiences of the project group of students - The sample conversation is discussed; this discusses how everyone would like to be treated yourself.
- Then the situation of Mrs. Touzanni entered.
 - In the study groups, possible questions and other listening skills are formulated that are appropriate for role play 4.
- Evaluation: which learning objectives will you practice in the unsupervised training?

Role play 4

Role Mrs. by Touzanni

You have now been staying at the PAAZ for 1 week. The psychiatrist visited you this morning. In consultation with you, it has been agreed that you will receive medication for high blood pressure. It's all fine with you as long as they leave you alone. This morning a nurse (intern) helped you get out of bed and take a shower.

A nurse will come and talk to you this afternoon. On the one hand you don't feel like doing that at all, but on the other hand you also want to tell your story.

After the conversation you don't actually feel like you're getting any better. Actually, you just become more depressed. You don't feel like continuing to live like this anymore.

Nurse role

This morning you met Mrs. Helped Touzanni get out of bed and shower. During the care, the lady indicated that she thinks a lot about death and no longer feels like continuing to live this way. You agreed with her that you would come by this afternoon to talk to her. You would like to know more about Mrs. Touzanni, so that you as a nursing team can guide her better. You decide to try to connect with Mrs.'s experience.

Act. 2.3

Duration: 1 SBU D-Working

method: Unsupervised training

Group assignment:

Through the preparation in the guided training, you will practice the conversation with Mrs. Touzanni and you are recording this with a video camera. You play the situation for each study group so many times until everyone has been a nurse once and you look at the results.

Ask yourself the following questions:

- What skills have you applied?
- What went well and why?
- What went less well and why?
- What learning objectives arise from this and how are you going to approach them?

Make use of each other's feedback and use the results for your learning file.

This will be discussed in the next COVA training.

BV Training 3

Introduction

In this BV training you will work on applying a condom catheter and... During the COVA training you will learn to give instructions to a mentally disabled person.

Literature to be used

Books:

- Brunklaus O. (2008). Interactive skills for nurses. Amsterdam: Pearse Education.
- Emmens, G., Meulen van der S. (2006). Basic book on nursing conversations.
Baarn: HB publishers.
- Jong de, JHJ et al. (2003). Nursing manual. Wooden: Bohn Stafleu van Loghum.
- Smith, SF, Duell, DF, Martin, BC (2011). Nursing Skills Part 1.
Amsterdam: Pearson Education Benelux

Case Mr. Brand

Mr Brand is 75 years old and lives at home with his wife. Recently, Mr. has been suffering from incontinence and he uses incontinence material for this. However, his wife notices that he does not handle or handle the incontinence material very well. He regularly walks around with wet clothes. His wife indicates that she does not like this. She has talked about this with her husband, but Mr. Doesn't seem to find it that much of a problem. The nurse therefore spoke to Mr Brand and suggested a condom catheter. The nurse spoke to Mr and his wife about the advantages of a condom catheter compared to incontinence material.

Even though Mr. was not very positive about the condom catheter at first, as the catheter bag seemed particularly difficult to him on his leg, he ultimately thought it was a good idea.

VEVA 7 Excretion 2

(Condom catheter and incontinence material)

Training goals

From the case data, the student can:

- apply a condom catheter
- use incontinence material for a care recipient
- provide a one-piece stoma system

Act. 3.1

2 SBU D-

Duration: Working method: Self-study

Preparation at home

1. Study Chapter 13 from Nursing Skills Part 1
 - i. Read 13.1 to 13.5 (13.5 too!)
 - ii. Read the chapter appendix 'Gerontological points of interest' and 'Authority and transfer'
 - iii. Complete the critical professional situation 1 question 1 of the practice test

You can also use the information found to answer the questions in point 2.

2. Answer the following questions: What factors play a role in the production of urine?
 - What is a normal voiding pattern?
 - What abnormalities can occur with regard to micturition and how do they arise?
 - What nursing interventions are available with regard to voiding and what are the nursing points of attention?

- What is a condom catheter and why do you use it?
- Which nursing diagnoses can you make when applying a condom catheter?

- How do you apply a condom catheter?
- What complications can arise and how do you act?
- What do you take into account when applying a condom catheter with regard to the care recipient's feelings?

- What types of incontinence products are there for men and women?
- What are the advantages of a condom catheter compared to incontinence material?

5. Study Chapter 14 from Nursing Skills Part 1:
 - iv. Read 14.1 to 14.4 (also 14.4!) and 14.7
 - v. Read the chapter appendices 'Gerontological points of interest' and 'Authority and transfer' vi. Complete the critical professional situation 1 and 2 and the practice test question 1.

2 in 6

You can also use the information found to answer the questions in point 2.

6. Answer the following questions:
 - What does a normal defecation pattern look like?
 - What can cause deviations in the defecation pattern?
 - Which nursing diagnoses can you make regarding defecation?
 - What nursing interventions are available with regard to defecation?
 - What is an ileostomy, colostomy, and uristomy?
 - What are the indications for creating these stomas?
 - What consequences do these 3 stomas have for stool or urine?
 - What is the difference between an end- and double-barrel stoma?
 - How do you apply a one-piece and two-piece stoma system: what are your nursing points of attention?
 - How do you take the emotions and feelings of the person into account? care recipient when caring for a stoma?

- Which nursing diagnoses can you make?
- What complications can arise and how do you act?
- What types of receiving materials can be used for these 3 stomas?

Bring your detailed answers to class.

Preparation in practice

3. Find a protocol at your internship location about applying one condom catheter. If there is no protocol, ask your colleagues how they perform these actions and write it down.
4. Find out if this action is performed at your internship location, observe your colleagues as they perform the action, and write down your experiences.

Bring your results to class.

Act. 3.2

Duration: 3 SBU D+

Working method: Guided training -

Students demonstrate a role play of VEVA 2 (Act. 2.3) and this is discussed afterwards.

- The SOAP reports made during the unsupervised hour are discussed
- The theoretical preparation of this training is discussed
- Questions regarding the preparation are discussed
- The critical professional situations and the answers to the practice test are discussed
- The teacher gives a demonstration of the skill
- The skills are practiced in groups of three
- The training is evaluated

Act. 3.3

1 SBU D-

Duration: Unaccompanied training

Method: Continue practicing the learned skills in your study group. Do this using the role plays below. Make sure everyone practices the skills. Everyone alternates between roles of nurse, patient and observer.

Role play 1

Role dhr. brand

You have been suffering from incontinence for a few years. You use inserts for this. However, you do not take good care of yourself, which means that you sometimes walk around with wet clothes. It doesn't interest you that much, but the surroundings do. So the nurse had a conversation with you and suggested that you put on a condom catheter. Ultimately you agreed to this, although it seems difficult to have such a catheter bag on your leg.

Nurse role

You have with Mr. Brand talked about using a condom catheter instead of inserts. You have Mr. provided information about the benefits of a condom catheter and Mr. is now willing to try this. You will now take off his incontinence pads and apply a condom catheter (uritip). You attach a catheter bag and attach it to Mr.'s leg. (so he can move around easily).

COVA 7 Information and instruction and giving

Training goals

The student can:

- explain the importance of providing information
- explain how instructions should be given
- explain what should be taken into account when providing information and instruction.

From the case data, the student can:

- prepare a conversation
- practice with an instructional conversation
- practice with an information interview
- appropriate to the patient's level
- observe the role play with an observation list

Act. 3.1

Duration: 2 SBU D+

Working method: Self study

- Read pages 52 to 61 of the 'basic book on nursing conversations'
- Find the information you need for patient information and instruction in Marieke's situation from the 'Nursing Manual'.
- Answer the following questions:
 - What is the importance of providing information?
 - What points should you take into account when informing a patient or instructs?
 - What is the difference between information and instruction?
 - You have been assigned to teach Marieke her own one-piece stoma system. You know that Marieke suffers from depression and that, on the advice of the stoma nurse, she has just changed from a two-piece to a one-piece stoma system. You also know that she has difficulty taking care of her stoma (she suffers from leakage and irritation) and that she has difficulty remembering things. How do you prepare the instructional meeting with Marieke?
- Make an observation list of 10 points that you consider most important instructional conversation with Marieke and copy it 3 times.
- Set 2 SMART goals for yourself: one for the role of nurse and one for the role of observer. Formulate your SMART goal in 1 or 2 sentences.

Role play 1

Role Marieke Bergman

Until recently you had a two-piece stoma, but after visiting the stoma nurse yesterday, you now have a one-piece system. However, half of what the stoma nurse told you then passed you by. You suffer a lot from leaks. Your skin hurts and you no longer know what you are doing wrong. You are having a lot of trouble with your stoma. You feel ugly and you find it scary to look at your stomach. You ask the nurse on the ward to help you change your one-piece system.

Nurse role

Marieke Bergman is having a lot of trouble with her stoma and she has asked you to help her change the one-piece stoma system. Her skin is irritated and she suffers from a lot of leaks. You have the feeling that she doesn't remember much of what the stoma care nurse said. You explain again the difference between the two-part system she previously had and the one-part system she has now.

You will now help her change the one-piece stoma system. You care for the skin with caviol® and you explain everything in detail, so that Marieke can do this herself in due course.

Act. 3.2

3 SBU D+

Duration: Working method: Guided

- training** - Experiences with providing information and instruction at the internship location are discussed - The theoretical preparation is discussed on the basis of questions and theory.
- The observation lists are discussed and changed or supplemented if necessary.
 - The role play is performed several times with a simulation patient and discussed in class. Learning objectives are discussed for both the role of nurse and observer.
 - The training is evaluated. Example questions: What has it achieved? What has helped to learn? What was an obstacle? How was the training method experienced?

Act. 3.3

Duration:

1 SBU D-

Working form: Unguided training -

- Continue practicing based on the learning objectives that emerged from the previous guided training (based on the role play in the training).
- Using the role play below, you will practice the information interview.
 - Use your learning experiences (how you worked on the learning objectives) for your learning file.

Role play 1

Roll Mr. Witteveen

You have been suffering from incontinence for a few years. You use inserts for this. However, you do not take good care of yourself, which means that you sometimes walk around with wet clothes. It doesn't interest you that much, but the surroundings do. So the nurse had a conversation with you and suggested that you put on a condom catheter. Ultimately you agreed to this, although it seems difficult to have such a catheter bag on your leg.

Nurse role

You have with Mr. Witteveen talked about the use of a condom catheter instead of inserts. You have Mr. provided information about the benefits of a condom catheter and Mr. is now willing to try this. You will now take off his incontinence pads and apply a condom catheter (uritip). You attach a catheter bag and attach it to Mr.'s leg. (so he can move around easily).

BV Training 4

Introduction

This BV training focuses on caring for a one-piece stoma system.

Literature to be used

Books:

- Brunklaus O. (2008). Interactive skills for nurses. Amsterdam: Pearse Education.
- Emmens, G., Meulen van der S. (2006). Basic book on nursing conversations. Baarn: HB publishers.
- Smith, S.F., Duell, DF, Martin, B.C. (2011). Nursing Skills Part 1. Amsterdam: Pearson Education Benelux

Role play 2

Role Marieke Bergman

You have now been admitted to the RPC in The Hague. You suffer a lot from leaks from your stoma. This makes you even more insecure and depressed. You visited the stoma nurse yesterday. This has decided that it is better that you try a different system. You had a two-part system and now you're moving to a one-part system. She hopes that this will cause you to have fewer leaks. She would like to see you again in a month. Fortunately, the nurse from the ward was with you because half of what the stoma nurse said passed you by.

Nurse role

Yesterday you went with Marieke Bergman to the stoma nurse. You are now going to install the new system on her. You have the feeling that she doesn't remember much of what the stoma care nurse told her. You ask this and it turns out to be true. You explain again the difference between the two-part system she previously had and the one-part system she will now use.

Then you will replace the one-piece system. You explain exactly what you are doing, so that Marieke can do it herself in due course.

Role play 3

Role Marieke Bergman

Your stoma is now cared for with a one-piece system. You suffer a lot from leaks. Your skin hurts and you no longer know what you are doing wrong. You ask the nurse on the ward to help you change your one-piece system.

Nurse role

Marieke Bergman has asked you to help change the one-piece stoma system. Her skin is irritated and she suffers from a lot of leaks. You will now help her change the one-piece stoma system. You care for the skin with cavilon®.

VEVA 8 Excretion 3

(Stomazorg)

Training goals

From the case data, the student can:

- provide a one-piece stoma system

Act. 4.1

2 SBU D-

Duration: Working method: Self-study

Preparation at home

1. Study Chapter 14 from Nursing Skills Part 1:
 - i. Read 14.1 to 14.4 (also 14.4!) and 14.7
 - ii. Read the chapter appendices 'Gerontological points of interest' and 'Authority and transfer' iii. Complete the critical professional situation 1 and 2 and the practice test question 1. 2 in 6

You can also use the information found to answer the questions in point 2. 2.

- Answer the following questions: What does a normal defecation pattern look like?
- What can cause deviations in the defecation pattern?
- Which nursing diagnoses can you make regarding defecation?
- What nursing interventions are available with regard to defecation?
- What is an ileostomy, colostomy, and uristomy?
- What are the indications for creating these stomas?
- What consequences do these 3 stomas have for stool or urine?
- What is the difference between an end- and double-barrel stoma?
- How to apply a one-piece and two-piece stoma system: what are your nursing points of interest?
- How do you take the emotions and feelings of the care recipient into account when caring for a stoma?
- Which nursing diagnoses can you make?
- What complications can arise and how do you act?
- What types of receiving materials can be used for these 3 stomas?

Bring your detailed answers to class.

Preparation in practice

5. Collect protocols at your internship location on how to provide a one-piece stoma system. If there are no protocols, ask your colleagues how they perform these actions and write this down.
6. Find out if this action is performed at your internship location, observe your colleagues as they perform the action, and write down your experiences.

Bring your results to class.

In your preparation, pay attention not only to the nursing aspects, but also to the communication aspects. These are very important when caring for a stoma.

Act. 4.2

Duration: 3 SBU D+

Working method: Guided training - Students

demonstrate a role play of VEVA 3 and this is discussed afterwards

- The theoretical preparation is discussed

- Questions regarding the preparation are discussed
- The critical professional situations and the answers to the practice test are discussed
- The teacher gives a demonstration of the skill
- The skills are practiced in groups of three
- The training is evaluated

Act. 4.3

Duration: 1 SBU D-Working

method: Unsupervised training Continue

practicing the learned skills in your study group. Do this using the role plays below. Make sure everyone practices the skills. Everyone alternates between roles of nurse, patient and observer.

COVA 4 Responsietraining of agressietraining

Act. 4.1

2 SBU D-

Duration: Working method: Self-study

Preparation at home and at school

Prepare for this response training by practicing a lot during the unsupervised hours and by sending any questions you have about the practiced actions to your teacher by email 5 working days before the response training.

Act. 4.2

Duration: 1 SBU D+

Working method: Guided training -

Questions submitted by email regarding VEVA 1, 2 and 3 are discussed.

- Skills can be practiced under the guidance of the teacher.
- The training is evaluated.

Act. 4.3

2 SBU D-

Duration: Unaccompanied training

Method: Discuss the peer assessments with each other: you ask each other clarifying questions that apply to the BV training.

You also have the opportunity to practice for the practical test.

4. ASSESSMENT

The tests for block 2 take place in weeks 9 and 10. If the result is satisfactory, credits will be awarded for each of the individual tests. The block is tested in the following manner:

• The internship is sufficient if:

o the practical supervisor determines the internship to be satisfactory on the basis of the assessment form has assessed with regard to the sub-competencies of core competences 1.1., 5.1 and 5.2

o attendance at the internship department was at least 80%¹

o participation during the reflection meetings has been assessed as sufficient by the teacher

o the original assessment form for the propaedeutic internship within 14 days after the assessment has been submitted to the teacher (See OER)

• Professional skills are tested by means of a practical test

• SLB is assessed as sufficient for:

o Active participation (100%)

o A presentation o

Portfolio containing:

• the competency card (to be completed by the student himself and by the SLB)

• at least 3 personal learning goals (SMART) based on the

Dublin descriptors learning objectives (what am I going to do, how am I going to do it and how am I going to prove it, what is my final level)

• evidence (multiple sources)

• reflection reports (1 individual and 1 group report) • final report

Resit

Resits take place in accordance with the rules of the examination regulations, which are described in the 2012 – 2013 study guide.

Osiris test schedule

The results of the components can be found in Osiris, the program used by The Hague University of Applied Sciences. Below you will see an overview of the study units and associated tests.

Periode 2: BLOK 1.2 VT

Ingangseis voor VP-PRAK1VT-12: VP-BV1VT1-12 met een voldoende afgerond.

Code	Toetsvorm	Onderwerpen	Ec's	Resultaat	Duur	Weging
VP-PRAK1VT-12 Ervaringsreflectie - leerlijn	Praktijkleren	Uitvoering competenties in de praktijk	11	Voldoende		80%
	Verslag	Opdr. Beroepsrollen		Voldoende		20%
VP-BV2VT-12 Beroepsvaardigheden	Praktijktoets Participatie 100%	VeVa en CoVa VeVa en CoVa	3	Voldoende Voldoende	0,5 uur	100% 0%
VP-SLB12VT-12 Leerlijn persoonlijke ontwikkeling	Portfolio periode 1	SLB	4	Voldoende		50%
	Participatie 100%	SLB		Voldoende		0%
	Portfolio periode 2	SLB		Voldoende		50%
	Participatie 100%	SLB		Voldoende		0%
Totaal periode 2			18			

¹ If the student is unexpectedly absent, the student must report this to the supervisor of the institution as soon as possible. The student discusses with the supervisor to what extent it is necessary to compensate for absenteeism for the implementation of the practical learning assignments and competencies and how this can be done. If the criteria cannot be met due to absenteeism, the internship is insufficient, regardless of the reason for the absenteeism.

