

Estonian Nurses Capitalize on Learning

By Michal Hamill, MSN, RN, CS

During the past year, the Tallinn-Washington partnership has made great strides in the areas of nursing management training, hospital nursing education, and patient and family education by nurses.

The partnership's nursing initiative began in February 1995, when five nurses from George Washington University Medical Center (GWUMC) in the US capital traveled to Tallinn, Estonia's capital, to assess the state of nursing practice at Tallinn Central Hospital and Mustamäe Hospital. Prior to the trip, the nursing team developed assessment tools to evaluate areas of need identified by the Estonian partners: infection control, patient safety, medication administration, patient and family education, IV therapy, nutrition and elimination, discharge planning and community resources, data collection and documentation, and physician-nurse communication.

During the nine-day assessment, the team met with head nurses, ward nurses, educators and physicians in both hospitals. We found very bright, dedicated nurses who were eager to share ideas about clinical issues and discuss ways to improve their skills.

Because of staffing shortages, Estonian nurses have very heavy patient loads. The average ward nurse is responsible for the care of 15-20 patients daily. Economic conditions have contributed to a high turnover among nurses and other health workers, who are severely underpaid. It is not unusual for a nurse who has finished her training to leave the profession and work as a secretary for a much higher salary.

The nursing team from GWUMC also visited Tartu University, Tartu Medical School and Tallinn Medical School to learn more about Estonia's nursing education system. Like their counterparts in other CEE/NIS countries, Estonian nurses have traditionally been educated by physicians rather than nurses. In recent years, the deans of Estonian medical schools have recognized the need for better, more standardized nursing curricula to raise the level of knowledge and the professional status of nurses.

The US partners used the information obtained from the assessment to plan an internship for three groups of Estonian nurses who would undergo training in Washington, DC. The first group of eight interns arrived in July. During the two-month internship, each Estonian nurse was matched with an American preceptor, or mentor, on a unit similar to the one she worked on in her own hospital. The internship was designed to integrate clinical practice and classroom instruction, with preceptors using clinical experiences to reinforce the skills learned in each lecture.

The Estonian nurses attended lectures two days a week and spent three days a week in hospital units. The lecture series began with a physical assessment course and lectures on adult education and patient and family education. Nurses were encouraged to collect patient teaching materials used on the unit and to participate in patient teaching sessions with their preceptors. They also participated in nursing rounds, during which nursing staff gathered at a patient's bedside and the nurse responsible for that patient presented the diagnosis, history, pathophysiology, treatments, medications, laboratory data, prognosis, psychosocial concerns and discharge planning.

Toward the end of the internship program, each Estonian nurse was required to present a nurse education or patient education project to her Estonian and US colleagues. After selecting a topic, the nurses developed learning objectives and prepared outlines, overheads and handouts to be distributed to the audience before the presentation. Topics included cardiovascular risk factors for the development of myocardial infarction, pre- and

postoperative education for the surgical patient, valvular disease and its surgical treatment, cataract surgery, side effects of chemotherapy, and lower back pain and its treatment.

Ilme Aro and Eve Soovali, the first nurses to pursue graduate-level study at Tartu University, completed a special two-month internship program that exposed them to the role of the nurse educator. They participated in weekly nursing rounds, observed nurse educators at Georgetown University and The Catholic University of America, also in Washington, DC, and spent time with nurse educators from various clinical specialties in the hospital setting.

When they finish their masters degrees in the spring of 1996, Aro and Soovali will continue their clinical practices in the ICU and the operating room, respectively, at Tartu Medical University. They will also be prepared to teach basic nursing courses at the university this spring, in addition to revising a nursing manual for beginning university students.

In October 1995, the GWUMC nursing assessment team made a follow-up trip to Estonia to evaluate the impact of the internship program. During our visit to each of the partner hospitals, staff nurses who had recently concluded internships in Washington presented their observations, experiences and teaching projects to their nursing and medical colleagues. We were glad to see that many of the teaching projects developed by the nurses were going to be being implemented on the units.

At Tallinn Central Hospital, Maire Vilimaa's project will be used to teach all pre-operative cataract surgery patients, while Annely Lill's teaching tool on the side effects of chemotherapy will be used for appropriate cancer patients. Merle Tamm, of Mustamäe Hospital, hopes to use her pre-operative and postoperative patient teaching program on all surgical patients that come through her operating room. And the emergency admission department at Mustamäe can make good use of Katrin Roose's project involving translation of an algorithm for ventricular dysrhythmias. During our visit, Elizabeth Nahk conducted the first-ever nursing rounds on Mustamäe's neurosurgery unit.

The nursing initiative continued with the arrival of eight more Estonian nurses in Washington at the end of October. Because this group encompassed a broader range of nursing roles than the first group of interns, specialized internships were developed to meet the needs of two nurse managers, a nursing educator and a midwife. The other four nurses, who represent various clinical specialties, rotated throughout the GWUMC nursing units and developed teaching projects that they can utilize on their units back home.

Like any partnership, our relationship with the Estonian nurses has involved a mutual exchange of ideas, with learning occurring on both sides. When asked by her chief doctor, "What can American nurses learn from Estonian nurses?" one Estonian nurse replied, "How to give excellent nursing care without all of the equipment."

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The Internship Experience

On September 12, 1995, *CommonHealth* Assistant Editor Stefanie Condie spoke with six Estonian nurses about their experiences in Washington, DC. During a two-month internship at GWUMC, the nurses were particularly impressed with the nurse preceptor system, which allows experienced nurses to serve as mentors for their younger colleagues.

"A nurse knows better than a doctor what is important for a nurse to know," said Merle Tamm, an operating room (OR) nurse from Mustamäe Hospital. "I saw in the OR that the preceptor has special time for the new nurse and that all the time she is encouraging her."

Mall Pook, a cardiology nurse from Tallinn Central Hospital, agreed. "It was good to see how the older nurse watches as a younger nurse performs a skill," Pook said. "We have heard about the unit preceptorship system, but now we have seen that it works."

All of the nurses said that they want to implement a preceptor system in their hospitals back home. One of the challenges, Tamm explained, is that because of heavy patient loads, experienced nurses have little time left for teaching younger nurses. "All of the nurses have to work, not to teach," she said.

The Estonian nurses also hope to adopt the kind of patient teaching program they observed at GWUMC. "The nurses here know exactly what will happen with the patient after the hospital," said Elizabeth Nakh, a neurosurgery unit nurse at Mustamäe. "Nurses have a lot of knowledge of physiology, etc., and they can explain to their patients what is happening."

Nakh was surprised to see nurses at GWUMC perform regular assessments of patients' conditions. "In our hospital, we didn't do assessment," she said. "Here nurses do assessments every day, every hour."

Nahk was impressed by the pain management and skin care programs at GWUMC, as well as by the teamwork among physicians and nurses. "We need better communication between nurses and physicians," she said.