An Inside Look at Nursing

Sarah Moss
Dordt College, sarah.moss@dordt.edu

Follow this and additional works at: https://digitalcollections.dordt.edu/voice
Part of the Christianity Commons, and the Higher Education Commons

Recommended Citation
Available at: https://digitalcollections.dordt.edu/voice/vol65/iss2/9

This News is brought to you for free and open access by the University Publications at Digital Collections @ Dordt.
It has been accepted for inclusion in Dordt Voice, 2016- by an authorized editor of Digital Collections @ Dordt. For more information, please contact ingrid.mulder@dordt.edu.
"How are you feeling?"

"I—I can't catch my breath," says the patient in a shaky voice.

Crouching down to eye level and putting her hand on the patient’s shoulder, the nursing student says calmly, "Can you breathe with me? We’re going to breathe in and out. Ready?"

Together, the patient and the nurse breathe in, and out. In, and out.

After examining the patient’s chart, another nurse says, "I’m going to go get some medication to help you to breathe better." He walks toward the door.

"OK," murmurs the patient. "Thank you."

Above the patient’s bed is a mirror, and behind that mirror stand two nursing professors. One speaks through the patient—a mannequin—while the other monitors the computer screen. The nursing students’ interactions with the patient are recorded, and two doors down from the hospital room, four other nursing students watch their fellow students’ interactions. Later, the two professors and six students will sit down in the debriefing room to talk through what went well and what might be improved.

This space, known as the simulation lab, is just one of the ways Dordt’s nursing program is giving students opportunities to learn better—to make mistakes and gain confidence in a safe environment.

At least twice a semester, students spend time in the simulation, or "sim," labs. The sim lab mannequins can talk, breathe, and blink; students give them shots, IV medication, and more.

"Students get to learn about theoretical nursing concepts in the classroom, practice the concepts in the skills lab, and apply the concepts in a very realistic setting in the sim lab," says Melanie (Van De Berg, ’95) Wynja, instructor of nursing.

"It’s a little intimidating to be filmed and watched by your peers through the cameras, but it’s very beneficial to practice your skills and critique yourself after and walk through it with your classmates," says Gideon Brandsma, a junior nursing major from Abbotsford, British Columbia. "Everyone has a different perspective and can provide insights on what went well or what could be improved."

AN INSIDE LOOK AT NURSING

With changes to their curriculum and facilities, Dordt’s nursing program provides students with more hands-on learning opportunities in a safe environment.

One of Dordt’s simulation labs is geared toward obstetrics—it even has a mannequin that can give birth.
Students also get to practice in the nursing skills lab—located in what was once the New World Theatre. From sophomore year on, nursing students spend two hours a week in the skills lab, engaged with eight “patients” that are also mannequins. At the beginning of the semester, each patient is given a diagnosis, a health issue, and a chart. As students make their way through concepts, the patient acquires a new complication. Students can then assess and intervene in their care. They also learn the practicalities of the nursing profession—from learning where to stand to how to open packages properly.

“When students go to clinicals, we can’t guarantee they’ll have a patient with an illness related to a concept they’re studying in class, but in lab, we can,” says Dr. Debbie Bomgaars, professor of nursing. “In the lab, students get to learn and apply skills in a safer, easier environment than when they’re in front of a human being.”

Dordt nursing majors also begin their clinicals during the spring semester of their sophomore year. Bomgaars says the nursing faculty have purposely structured clinicals to expose students to a variety of hospital environments.

“They start in community health and then move to a nursing home setting. From there, they go to small hospitals, medium-sized hospitals, and then finish in large hospitals. It helps students build confidence in their abilities,” says Wynja.

Caitlin Mundorf, a junior nursing major from Ballwin, Missouri, spent one clinical rotation at Floyd Valley Healthcare in Le Mars, Iowa. Together, she and a small group of students made the 20-minute drive to and from campus. Working on a general floor was a good experience for Mundorf. She was able to apply what she’d learned in the classroom about community health and mental health to her day-to-day interactions with patients.

“I learned how to communicate with my patients who are dealing with mental illness—to understand why they may be acting a certain way or exhibiting subtle cues,” she says.

Dordt’s nursing faculty have restructured their curriculum to better align with the opportunities provided by the new nursing space.

“Traditionally, students learn diagnoses, such as hypertension, and particular nursing skills or assessments they need to make for those diagnoses,” says Dr. Kate Vander Veen, professor of nursing.

“When nurses walk into a patient’s room, they are aware of what the diagnosis is, but they’re looking at the patient and assessing how alert the patient is, whether the patient can move about in bed, whether the patient is stressed, and more.”

So, the nursing faculty focus on training students to look at the patient as a whole person.

“Instead of focusing on specific diagnoses, we focus on the bigger picture. This frees us from a particular regimen and encourages us to pay close attention to what the patient needs,” says Brandsma.

Faculty in Dordt’s nursing program hope these changes help increase student confidence and give them the practice they need to succeed as nurses.

“We want our students to become distinctively Christian, holistic nurses,” says Wynja. “The resources we now have provide students with experiences that will, once they begin work as nurses, help them to provide safe patient outcomes.”

SARAH MOSS (10)