

**Instructional Module 6
Obstetrics Community Clinical Experience**

Community Site: Dr. Zavala's Office

1. What did you observe during the day? Were there any specific procedures that were able to participate in or observe?
 - I was able to observe several pregnancy check in appointments, as well as consultations for possible future hysterectomies and treatment for concerns of the older population such as hormone replacement for perimenopausal women. I was able to observe things like fundal length assessments, Rhogam injection, pap smears, biopsy, giving results of genetic testing, and hear fetal heart tones with the Doppler.

2. What was the best/most interesting part of the experience?
 - The thing I took away the most was Dr. Zavala's communication with her patients. She always believed her patients, answered their questions with evidence based information and without judgement, and figured out a plan for their concerns if they were not able to be met at the current visit. The relationship I saw that she had made with her patients inspired me to be more confident in my communication with patients as well as providing more thorough patient education regarding sensitive subjects.

3. Is a community nursing position something that you would consider working in? Why or why not?
 - Seeing Dr. Zavala's nurse in the clinic and her daily activities, I do not think I would like to work in a clinic of that kind. However, I was able to tie in a lot of the lecture material regarding prenatal/postpartum visits and the experience was beneficial in my opinion. I work as a nurse tech in the ICU overnights now, so I think doing something more fast paced and requiring more critical thinking on the job, such as in an ICU is a more suited environment for me to start off my career.

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4. Do you feel like this community site met the needs of the population they serve? Why or why not?

- Yes. Dr. Zavala saw all kinds of patients, from what I could see during my experience. There were patients that were 12 weeks pregnant to 37 weeks. There were young girls coming in for a routine screen and women in their 50's consulting about hysterectomies and abnormalities experienced. Like I said above with Dr. Zavala's communication, it was very efficient with her patients. Even though she could not solve every woman's problem right then and there or give them an answer, she gave a thorough plan to the patient and explained why she was doing it. Every patient that left the clinic said they felt good about their experience and left with no questions unanswered.

5. Did you witness patient teaching? What general things were taught to this population? Do you feel that patient teaching in this community site was adequate? Why or why not?

- Because none of the patients Dr. Zavala sees at the clinic are needing immediate care, she really relies on educating her patients and allowing them to take hold of their own care. Some of the things she educated about were menopausal relief (cold showers at bedtime, fans, and hormone replacement therapy), heartburn relief, different types of hysterectomies + alternative options, contraceptive options postpartum, antidepressant education for a mom who had MDD, covid-19 vaccine during pregnancy education, abnormal pap smear education, Rhogam treatment, oral glucose tolerance test. I felt like I learned a lot from her education to her patients, and you could tell that she explained things in a way that the patient could understand and have less worry between the time they left the clinic and their next visit.