

**Instructional Module 6  
Obstetrics Community Clinical Experience**

Community Site: Bridget Winn, FNP

**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 multiple routine pap smears, breast examinations, and pelvic examinations during my clinical. I was not able to participate in the actual performance of these exams, but I was able to hand the practitioner what she needed for the exam and help set up her supplies before the start of the exam. I was also able to observe the patient voice their concerns to the practitioner and participate in the discussion of how those concerns could be addressed.

**2. What was the best/most interesting part of the experience?** The best part of this clinical experience was that I was able to see and observe an area that is extremely interesting to me and having a practitioner who allowed me to ask as many questions as I needed for clarity and showed me exactly what I was looking for during a routine pap smear. It was also interesting to see how nervous and anxious the patients would get leading up to the actual exam and how relieved they were after as it was not as bad as they were anticipating. Another positive experience was seeing how the practitioner made sure the patients concerns were voiced completely before assuming them into such a vulnerable position for examination, which I felt allowed the patient to say what she needed to say without feeling rushed or unheard.

**3. Is a community nursing position something that you would consider working in?** Why or why not? A community nursing position is somewhere I could see myself working in sometime in the future. I would like to start out at the bedside and gain as much experience as I could before moving to a community nursing position. A con of working in the community nurse setting I think may be not having resources readily available to use as in a hospital setting and trusting that the patient would follow through with the information given during their visit to help receive the resources they need. Overall, I enjoyed the calmness of the environment and providing more intimate care for a patient including prevention teaching and medication education.

**4. Do you feel like this community site met the needs of the population they serve?** Why or why not? I do believe this community site met the needs of the population they serve. The community site provided preventative care to women and addressed their immediate concerns regarding their health. They provided thorough education and presented resource information for patients to utilize such as Good Rx information for the patient to use for medications,

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recommended facilities for a patient concerned about a mole needing to be removed, and a reliable medical website for a patient to learn more about her post-menopausal health. I felt like they provided professional care and respected the concerns and ideas of their patient while helping them to feel supported in their decision for care.

**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?** I was able to witness patient teaching regarding hormone replacement therapy options for post-menopausal patients. A patient wanted to discuss potentially discontinuing her Progesterone and Estrogen to try and omit a few medications from her daily intake. The practitioner also discussed some potential effects that could leave the patient at an increased risk if she decided to stay on her hormones. I was able to witness teaching on how to slowly titrate those hormones down safely and effectively. In a separate case I was able to witness teaching regarding osteoporosis injury prevention. The patient was post-menopausal, not currently taking Calcium or Vitamin D, and an active smoker. The teaching included getting on a Calcium supplement and taking it twice a day as well as a Vitamin D supplement and increase her daily activity such as walking to help increase bone strength. Another example was teaching on decreasing endometriosis discomfort such as taking Ibuprofen at the start of her period every 6 hours for a total of 3 days to keep the medication in her system and decrease inflammation. The practitioner also discussed a surgical procedure and birth control use as temporary relief options, though that will not prevent the symptoms and inflammation from returning. I do feel the patient teaching opportunities were adequate, as the practitioner took the time to sit with the patient and discuss every option and the potential side effects or risks. The practitioner made sure the patient understood the teaching and provided the patient with written information during check out to enforce what was taught and a reference for the patient to use for clarification once home.