Catherine Huber

Wk2 Clinical Paperwork

Student Name: Catherine Huber   **Date:** 1-17-24

Instructional Module 6
Obstetrics Community Clinical Experience

Community Site: Parkridge Pregnancy center

1. What did you observe during the day? Were there any specific procedures that were able to participate in or observe?

observed pregnancy tests, vaginal swab, STD check, patient teaching about what's expected with pregnancy and how to treat STDs

2. What was the best/most interesting part of the experience?

seeing how they ask and answer questions in a nonjudgmental way

3. Is a community nursing position something that you would consider working in? Why or why not?   yes, I liked the pace of a clinic

4. Do you feel like this community site met the needs of the population they serve? Why or why not?   yes, many people don't know where to go for these things or where to start if they are pregnant. The clinic is a place where they can get their questions answered and get resources.

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?
yes, they taught them what symptoms to expect in pregnancy and what are things they should report, what to expect with doctor's appointments and how to get on medicaid.
yes, they answered their questions and told them what to expect going forward.

Adopted: October 2016

Catherine Huber

CSON Student Community Site Verification Form

Instructional Module: IM 6

Student Name: _Catherine Huber_

Please call the CSON Instructor(s) should you have any additional comments regarding the student's performance and/or participation today.

Instructor Contact Information:
Donna Neel – Cell (806) 441-5222 or Office (806) 725-8934
Rachel Soliz – Cell (806) 781-0689 or Office (806) 725-8951

Community Site: _Parkridge Pregnancy center_ Date: _1-17-24_
Student's Arrival Time: _10:00_ Departure Time: _3:00_
Printed Name of Staff: _Anna Richardson_ Signature: _[signature]_

Community Site: _____ Date: _____
Student's Arrival Time: _____ Departure Time: _____
Printed Name of Staff: _____ Signature: _____

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Printed Name of Staff: _____ Signature: _____

Adopted: August 2016