

Student Name: Janel Pinili

Date: 01/23/24

Instructional Module 6  
Obstetrics Community Clinical Experience

Community Site: Dr. David Blann

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 an  
I have been using the doppler to check the baby's heart rate  
Fetal movement ultrasound  
Electric fetal monitoring  
Cervical exam  
IUD insertion  
I was able to palpate their stomach to check their baby's HR.

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

The most interesting part of the experience was being able to see different ~~types of~~ weeks of pregnancy & ~~beta~~ locate their baby's heart rate.

3. Is a community nursing position something that you would consider working in? Why or why not?

I definitely consider working in the community.  
It is lesser stress & good work hours.

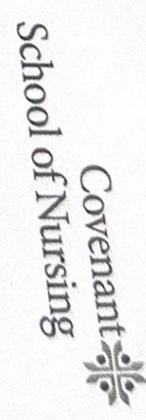
4. Do you feel like this community site met the needs of the population they serve? Why or why not?

Yes they ~~not~~ accommodated everyone needs.  
The only thing is that they don't have good BP cuffs.

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 more on planning & birth control.  
Yes it was adequate most of the patients have more kids that it is affecting their health.

Community Site: Dr. David Blann  
Were there any specific procedures that were able to



### CSON Student Community Site Verification Form

Instructional Module: IM 6

Student Name: Janel Piniil

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: Dr. Blann Date: 01/23/24

Student's Arrival Time: 0830 Departure Time: 1630

Printed Name of Staff: Marti Saunier RN Signature: Marti Saunier

Community Site: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_