

Student Name

Date:

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?

We had a pretty slow day, but I did get to see 2 pregnancy test being done and how the nurse and patient advocate work together.

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

I did not even know this place existed so seeing all the resources that they have and what they do for women in the community is amazing. I learned so much about them and their organization!

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

I would, I love the atmosphere that they had in their clinic, the kindness they showed each patient, and they never judged a patient only gave them education and let them decide their choices.

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

Yes! This is an amazing clinic!

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 I did! Tons of patient teaching was happening such as parenting techniques, abortions, and counseling services that they had offered. It was very adequate and they tried their hardest to meet every patients needs.

6. Provide examples of care describing one or more of the IM6 Student Learning Outcomes.

IM6 Student Learning Outcomes				
Safety & Quality	Clinical Judgment	Patient Centered Care	Professionalism	Communication & Collaboration
<i>Formulate a plan of care for the childbearing family, and the patient with mental health disorders using evidence-based practice, safety, and quality principles.</i>	<i>Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.</i>	<i>Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.</i>	<i>Relate knowledge, skills, and attitudes required of the professional nurse by advocating and providing care to the childbearing families, and the patient with mental health disorders.</i>	<i>Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in the childbearing family, and the patient with mental health disorders.</i>

Safety & Quality: The nurses asked the patients we had if they felt safe at home and with their pregnancy, if they did they moved on and if they didn't the nurse would formulate a plan to make them or get them to safety.

Clinical Judgment: This clinic offers a variety of counseling for any patient who needs it as well as their partners or support person. A patient with mental health disorders can get the help they need with their pregnancy.

Patient Centered Care: Every patient had an advocate that helped them navigate with the pregnancy and the decisions that they made.

Professionalism: The nurses showed so much professionalism when caring for these patients, never judged them only educated and listened to them. Answered all of their questions and never made them feel rushed when sitting with them.

Communication & Collaboration: The nurse would make follow up appointments with the patients for ultrasounds, counseling services, and for community events that helped them with newborn essentials. Collaborating with the patient advocates to make the best decisions for this patient and what they needed.

OB Community Verification Sheet

Instructional Module: IM 6

Student Name: _____

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: _____ **Date:** _____

Student's Arrival Time: _____ **Departure Time:** _____

Printed Name of Staff: _____ **Signature:** _____

Community Site: _____ **Date:** _____

Student's Arrival Time: _____ **Departure Time:** _____

Printed Name of Staff: _____ **Signature:** _____

Community Site: _____ **Date:** _____

Student's Arrival Time: _____ **Departure Time:** _____

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