Student Name LaTonya Esquibel Date: 11-14-2024

# Instructional Module 6: Obstetrics Community Clinical Experience

Community Site: _____Angela Westfall CMC_____

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

I observed female patients being seen by Dr. Westfall for mostly annual visits. There was a patient that came in that wanted to talk about getting a tubal. Most of them had a breast exam and physical exam.

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

The most interesting part for me was getting to see a Pap smear done. I was able to see the cervix which I have never seen before on a patient or myself. This really put everything into perspective with learning about the cervix.

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

This community site is something I would be interested in because you get to know the patients and educate them on their female anatomy and health.

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

Yes this community site meets the needs of the population by educating woman on their heath as well as checking their health.

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?

Covenant School of Nursing

The patient teaching I witnessed was notifying almost all of the patients how they need to give themselves breast exams to know their normal tissue in order to identify something out of the normal if it occurs. Most of this teaching was for younger patients that never give themselves breast exams. Yes this teaching is adequate in this community because it is effective for early breast cancer detection. It can help stop the progress of cancer and help to try and eradicate it.

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** |
| *Formulate a plan of care for the childbearing family, and the patient with mental health disorders using evidence-based practice, safety, and quality principles.* | *Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.* | *Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.* | *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.* | *Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in the childbearing family, and the patient with mental health disorders.* |

**Safety & Quality:**

**Clinical Judgment: Patients were provided a questionnaire to fill out for signs of depression when the provider felt it was needed.**

Covenant School of Nursing

**Patient Centered Care:**

**Professionalism:**

**Communication & Collaboration:**

## 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:** _____

Adopted: August 2016, Updated July 2024

Covenant School of Nursing

**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:** _____

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

_____

_____