Student Name Date:

# Instructional Module 6: Obstetrics Community Clinical Experience

Community Site: _____

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

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

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

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

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?

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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:**

**Patient Centered Care:**

**Professionalism:**

**Communication & Collaboration:**

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# 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:**
Gracie Nuttall – Cell (806) 724-5445 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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**Community Site:** _____ **Date:** _____

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

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

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Adopted: August 2016, Updated July 2024