

Student Name: _____

Date: _____

Instructional Module 6
Magnolia Doula Community Clinical Experience

8. How did observing a doula influence your perspective on the labor and birth process?

9. What surprised you most about the doula's role?

10. How did the doula demonstrate professionalism in her interaction with the patient, family & healthcare team? Provide specific examples and reflect on how this influenced your understanding of professional behavior in a birth setting.

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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:

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 – (806) 724-5445 or Office (806) 725-8934

Rachel Soliz – Cell (806) 781-0689 or Office (806) 725-8910

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:** _____

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