Laura Thompson – Final Lab Reflection

**Reflect on a lesson you were taught by one of your patients or clients. What was the situation? How was their care impacted? How will you apply what you learned moving forward in future SEL and patient/client interactions? (400 words)**

Lessons help us grow as people. While working in a clinical setting, there are ample opportunities to not only learn skills and competencies, but also learn lessons from the experiences provided to us. One of the biggest lessons that a patient taught me was that I have the unique ability to de-escalate a situation. I had a patient who immediately started yelling the moment I walked into the room. She was unwilling to change any part of her lifestyle to better her health. She had diabetes with out-of-control blood glucose levels along with some cardiovascular issues and smoked a pack a day. Several medical staff had already tried to talk to her about her smoking and blood sugar levels and she was not interested in hearing what they had to say. She did not want to be talked down to or told what to do. Since she had had several negative experiences with medical providers in the past, she was not happy when I entered her room as to her it was just one more person telling her what to do. She immediately started yelling when I told her who I was and why I was there.

I used active listening to really understand her by first listening to her and letting her vent then asking her questions to understand her situation better. I also paraphrased what she was saying back to her to make sure I understood her correctly. By using these skills, I was able to get her to see I was an ally for her and not there to preach unattainable nutrition health. Once she realized that I was indeed on her side, we were able to have more of a conversation about why she was so resistant to change. She eventually apologized to me for her prior outburst. We talked about ways that she was already doing well with blood sugar control and what she could still change. The more she was able to see that even a small change could be beneficial, she was more open to making small changes.

The lesson this taught me was the importance of active listening and really hearing our clients’ stories. Many of these stories have the underlying fears or barriers that are preventing better health. When we can meet people where they are and understand that not everyone will start in the same place, we can be better nutrition professionals providing better care. This is a skill that will be carried with me throughout my internship and into my future career as a dietitian.

**Looking back on your weekly reflections, what did you notice about yourself in your writing? What attributes did you identify that will help you be successful moving through the program as a future RDN? What personality traits did you notice that enhanced your self-awareness? Did any themes emerge for you personally as you progressed through your SEL? (400 words)**

As I wrote the weekly reflections for this lab, I noticed that I started to associate the competencies in my internship to my writing. When writing notes while in the rotation, I noticed that I would also write the competency into my notes. I also kept my notes more organized this rotation so that I could look back on them to easily garner reflections in my clinical experience. My preceptors both praised me for writing so many notes and I was dumbfounded that there are people who do not write any notes. I have ADHD and so I wanted to make sure to write enough down to remember things but also to organize the content so that I could reflect on what happened during the specified hours for each part of the SEL rotation.

 Several key attributes contributed to my success as an intern and as a future RDN. The first thing that I noticed was that effective communication skills are important to convey complex nutritional information to patients or collaborate with other healthcare professionals. This includes using active listening and empathy. Another important skill is the ability to critically think about the patient, the disease state, lab values, and how nutrition plays a role in helping with better health outcomes. Clinical rotations can be demanding. Balancing patient care, documentation, and learning requires effective time management skills. Note taking, prioritizing tasks, and staying organized helped me with time management. I also grew in skills expanding my clinical knowledge along with practicing skills in professionalism. One of the biggest key attributes is having empathy and compassion for my patients, who face many health challenges. These patients need a medical provider who can connect with them on a personal level.

Using the clinical rotation as an opportunity for self-reflection, I tried to identify areas for growth, seek feedback from my preceptors and professors, and continuously improve my skills in utilizing the nutrition care process. A theme that emerged for me was the word confidence. One of my first days in this rotation, I had a patient tell me she did not believe in dietitians. She wanted me to leave and was not willing to talk with me. I was nice and polite and left her room. However, I noticed as the weeks went on, that I was more apt to try to find that common ground with the patient and see if I could change the narrative of the conversation. I do not know if I would have had any better outcome with that first patient, but if I had the confidence at the beginning that I had at the end, I may have been more able to talk with the client.

**How did you practice empathy with your patients or clients and yourself throughout this lab? How will you continue to enhance your ability to be empathetic with your patients, clients, and yourself? (400 words)**

In the world of nutrition, empathy is an important part of communicating with clients and the community in a compassionate and non-judgmental way. It is not enough to be an expert in the field of nutrition if we do not also use empathy when communicating with our patients. When practicing empathy, I first looked to my preceptor for examples. Seeing how she responded to empathetic situations helped me understand my own responses. She sent a 3 musketeers candy bar to difficult patient because she was headed from ICU to hospice and the patient said, “All I really want is a 3 musketeers.” My preceptor brought it up to the nurse to give to her. This patient had not wanted to follow any nutritional advice while in the ICU. This was not her first time at the hospital, and she had a reputation for being a difficult patient for the medical staff. However, my preceptor, Rachel, knew that this would likely be the last visit for the patient and went out of her way to go down to the cafeteria to pick out a candy bar and run back upstairs just to deliver it to the nurse to give to the patient as she transitioned to hospice.

In that same regard, when an ICU patient dies, a sympathy card is sent around for the medical staff to write thoughts, prayers, and notes of encouragement for the family. A comfort cart is also sent up with beverages and pastries on it to put outside the room of a patient who is ready to pass. This allows the family to grieve and say their goodbyes without having to worry about eating or drinking during that difficult time. Both of these gestures show that the staff cares and that patients are not just a pers

on taking up a bed. Many patients were frequent guests of the hospital and because it is a smaller hospital, the medical staff get to know the patients rather well. I noticed the medical team was compassionate to their situations. Seeing the caring response from all the interprofessional providers drives me to provide the best care possible when I am with a patient.

One way I practiced empathy was to take the time to truly understand my patient’s health issues, concerns, preferences, and challenges. I was interested in creating a safe space for my patients that is judgement free and allows a client to be open and honest about their feelings towards food, their body, and their health. As I grow in my dietetic skills, another way to practice empathy is to set realistic goals with clients without trying to fix them. Often, a patient’s experiences and other barriers are not considered. I want to approach the planning of nutritional goals with sensitivity and understanding of what a patient has already experienced. I want to be the type of dietitian who is kind and caring and can understand what each client who comes to me is going through.

**What changes did you notice happening within yourself as you progressed through these SEL experiences in this lab? What were some positive changes you noticed that brought about feelings of confidence or happiness? What were some that caused you a bit of worry or anxiety? Were there any dichotomies that presented themselves that you processed as a future RDN? (400 words)**

One of the best things about clinical rotations is the hands-on experience in various aspects of nutrition. I noticed a change in my willingness to go beyond my comfort zone during this rotation as I assessed the patients’ nutritional needs and provided nutrition interventions, education, or resources to each patient. I get anxious when put in new situations that I have not experienced before. Pushing beyond my comfort level, I spent time practicing effective communication, employing active listening, asking relevant questions, and utilizing nutrition focused physical exams.

Another change that I noticed was better confidence in my decisions and abilities in real-world nutrition situations. Navigating through complex nutritional health issues using the nutrition care process takes practice as does skills related to charting, enteral calculations, and diagnosing complex nutritional problems. I became more adept at assessing disease states, charting pertinent information, writing PES statements, calculating and recommending nutrition support, and understanding key diet modifications. The more I practice these skills the more 0these skills will become second nature.

I also noticed some dichotomies while in this rotation. Even though food is a necessary element to live, we do not just use food as fuel. We also choose food based on several key factors such as behavioral, emotional, and physiological factors. For instance, the prior experiences a patient has with both nutrition experts and other medical staff will impact how willing they are to work on lifestyle changes. Sometimes connecting with a patient is needed before that person can align their nutrition goals with physiological, behavioral, or emotional hurdles.

In summary, the clinical portion of the internship can impart important nutritional skills, shape approaches to patient care, encourage empathy, and foster lifelong learning in both the patient and me. It is a transformative experience that prepares dietetic interns like me for a rewarding journey in the field of nutrition.

