**Laura Thompson- Final SEL Reflection**

Please answer the following prompts:

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

During my SEL experience as a dietetic intern in the clinical setting, one of the most profound lessons I learned came from a patient who was at the end stages of a chronic illness and receiving palliative care. This patient was no longer able to eat independently and had been recommended for enteral nutrition. However, in conversation with the care team and the patient’s family, it became clear that the patient’s goals were centered on comfort and dignity rather than aggressive intervention. This situation forced me to deeply reflect on the role of nutritional support in patient-centered care.

As a student, I was initially focused on clinical goals such as meeting nutrient needs, calculating EN formulas, interpreting labs, and recommending appropriate nutrition interventions. In this case, however, I had to shift my mindset. The patient’s care was not about optimizing lab values or ensuring caloric intake. Instead, it was about comfort, compassion, empathy, and honoring their end-of-life wishes. Despite having clinical tools to help with nutritional goals, I learned that appropriate care sometimes means holding back on what we *can* do in favor of what we *should* do. It also means honoring the patient’s and family’s wishes to focus on comfort care instead of quality of life.

This experience impacted the patient’s care by reinforcing a multidisciplinary decision that respected the patient’s values. I participated in discussions that included physicians, nurses, social workers, and the patient’s family. As a team, care was adapted based on the patient’s changing clinical status. As a result, nutrition recommendations were adjusted toward minimal, comfort-focused nutrition rather than clinical outcomes. It was a small shift, but it meant the patient’s final days were filled with a sense of agency and dignity. This lesson in end-of-life care highlighted my growth in both clinical judgment and reflective practice, showing that I’m progressing toward becoming a competent, thoughtful dietitian.

Moving forward, this lesson will guide me to approach patient care with deeper empathy and awareness. It reminded me that nutrition is not just a science. It is also a part of someone’s lived experience, especially in moments of vulnerability. In future SEL rotations and clinical practice, I will be more intentional about listening to patients’ goals and aligning my recommendations accordingly. Whether working in the ICU, giving an NFPE assessment, managing TPN/EN recommendations, or supporting oral nutrition, I will balance my clinical knowledge with the understanding that each patient’s definition of care is unique. That balance, I believe, is where true compassionate dietetic practice lies.

1. **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)**

Looking back on my weekly reflections during my clinical SEL experience, one of the most striking things I noticed was a shift in both my confidence and my ability to think critically. Early on, my reflections focused heavily on whether I was doing things “correctly”—calculating tube feeds accurately, interpreting lab values precisely, or following the hospital’s or my preceptor’s clinical protocol to the letter. As the weeks progressed, however, my charting and writing began to show a deeper understanding of patient-centered care and the nuances of clinical decision-making. I began asking more thoughtful questions, reflecting not just on the *what* of clinical care, but the *why* behind my decisions.

One attribute I recognized in myself throughout this SEL was my persistence in learning and my openness to feedback. Clinical rotations, especially in critical environments like the ICU, patients on TPN, or ventilated patients, can be intimidating. But I noticed that I kept showing up with curiosity and humility, eager to improve. This willingness to keep learning, even after making mistakes or feeling uncertain, will serve me well as I continue through the program and into practice as a future dietitian.

Another key personality trait that has helped me through all of my SEL rotations was empathy. Whether I was working with patients on ventilators, individuals dealing with complicated diagnoses, or families navigating end-of-life care, I consistently found myself reflecting on their emotional experiences and not just their nutritional needs. I recognized that I am someone who values human connection, and I naturally seek to understand other people’s lived experiences, especially in a clinical setting. This self-awareness enhanced the way I approached patient care, allowing me to see beyond lab values and nutrition interventions to consider what really matters to each individual patient.

A recurring theme in my reflection was the importance of communication, both within the interdisciplinary team and with patients and families. I often wrote about discussions that were difficult but meaningful, particularly those around goals of care, quality of life, and the role of nutrition in palliative settings. These moments reinforced my belief that effective communication is one of the most powerful tools we have as health care providers, and I want to continue honing that skill.

Overall, my SEL experience helped me grow not just in clinical competency but in self-awareness, empathy, and resilience. These insights will shape how I continue to learn, collaborate, and care for patients throughout the rest of my internship and in my future as an RDN.

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

Throughout my SEL experience, I was given ample opportunity to reflect on the emotional intelligence and clinical sensitivity I have developed. Practicing empathy, both toward my patients and myself, became a central part of my growth. In this rotation, I encountered many patients who were intubated and non-verbal, especially in the ICU. At first, it was difficult to connect emotionally when communication was limited or nonexistent. However, I learned to empathize with each patient beyond just their nutritional status. I began to take extra moments to read through their charts for personal context, speak gently to them while performing assessments, and acknowledge their dignity despite their inability to respond. I also looked at the patient when directing questions (when they were awake), even if a family member answered for them. I wanted the patient to know that I saw them. These experiences reminded me that patients are not just cases, but people that are deserving of compassion, even when unconscious or sedated.

Practicing empathy also showed up during nutrition-focused physical exams (NFPEs), particularly with patients suffering from advanced malnutrition. These exams can be physically vulnerable moments for patients, and I found myself increasingly attuned to their comfort levels. I learned to explain procedures clearly, seek consent with sensitivity, and be mindful of body language and signs of distress. Though NFPEs were incredible diagnostic tools, they were also opportunities to build trust and show respect for the person behind the symptoms.

End-of-life care presented another level of emotional complexity. In these cases, empathy meant listening closely to patients and families, understanding their grief, and recognizing that sometimes the most compassionate recommendation was not aggressive intervention, but comfort. Making tube feed decisions in palliative situations challenged me to balance clinical judgment with human understanding. One of the questions my preceptor helped me consider was: What matters most to this patient right now? In several cases, discussions revolved around recommendations of limiting or discontinuing nutrition support and focusing instead on comfort and the patient's expressed wishes. These decisions were emotionally heavy, but they reinforced the importance of empathy-driven care.

Equally important was learning to practice empathy with myself. In a fast-paced clinical setting, I had moments of self-doubt and emotional fatigue. I worked on acknowledging those feelings without judgment, allowing space to process them, and recognizing that growing into a competent, compassionate dietitian is a journey. I learned that being empathetic with myself allowed me to better show up for my patients. It helped that my preceptor was also empathetic to stress of being a student intern in the ICU unit.

Moving forward, I plan to enhance my empathy through reflective journaling, ongoing education about trauma-informed care, and maintaining open communication with mentors and peers. Empathy is a skill I can continue to cultivate with intention and experience.

1. **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)**

As I progressed through my SEL experiences in the clinical setting, I noticed several meaningful changes within myself. Some of these changes brought confidence and joy, and others that introduced challenges, complexity, vulnerability, and reflection. The most notable shift was a growing sense of self-assurance in my clinical reasoning. At the start of every clinical SEL rotation, I often second-guess my assessments and hesitate to make recommendations, especially when dealing with complex interventions like enteral or parenteral nutrition. Over time, however, I became more comfortable navigating these complicated cases. I learned how to assess the overall clinical picture, interpret labs with more nuance, and consider the relationship between nutrition, medication, and disease state. That growth brought moments of real pride such as confidently assessing, charting, and presenting a plan to my preceptor or making thoughtful recommendations during interdisciplinary rounds.

Another positive change was the sense of purpose I felt when I was able to advocate for a patient, especially in challenging scenarios like end-of-life care or managing malnutrition in patients who were ventilated or non-responsive. These situations required clinical skills, empathy, and critical thinking. Recognizing that I could show up for patients not only as a nutrition expert but as a compassionate human being, gave me confidence in the kind of dietitian I am becoming.

At the same time, there were changes that brought about some worry and self-doubt. I became acutely aware of the weight of clinical decisions, especially when recommending comfort care over nutrition support or navigating conversations where there was family resistance to limiting tube feeds. I sometimes felt the emotional burden of trying to "do the right thing" clinically when the right thing was not always clear-cut. These moments left me with a heightened sense of responsibility and the realization that my future role will involve navigating emotional gray areas, not just clinical black and white.

One dichotomy I struggled with was being *too* emotionally invested in my patients’ experiences, to the point where it sometimes made clinical detachment difficult. I often found myself deeply affected by the suffering of patients, particularly those who were critically ill, ventilated, or receiving end-of-life care. My strong sense of empathy, while usually a strength, occasionally made it harder to step back and make objective, analytical decisions. I wrestled with guilt when recommending limited nutrition support or comfort measures, even when they were medically appropriate. It was challenging to reconcile the emotional weight of these situations with the need to remain clinically focused and evidence based. Learning how to preserve my compassion while also establishing healthy boundaries was a process I had to work through during this SEL lab. It is something I will continue to navigate as I grow into my role as an RDN. Ultimately, these SEL experiences helped me evolve into a more reflective, confident, and compassionate practitioner. I’ve learned that growth in this field means embracing both strength and vulnerability, and that both have a place in patient-centered dietetic care.

**This piece will eventually end up as part of the final capstone assessment, so please also include it in the Google Drive folder you have created for your portfolio.**

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