**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)**

There is an old saying that “children are the best teachers.” One of my favorite activities during my SEL rotation was working with children in the kids’ culinary classes I helped facilitate in my community rotation. This experience was a great lesson on investing in nutrition. The elementary kids I worked with made hot sauce with the peppers from their garden that they grew themselves. They made three types of hot sauce: a pineapple infused hot sauce, a spicy pepper hot sauce, and a mustard hot sauce. All three were good but my favorite was the pineapple infused one. They also designed the bottle labels and sold the bottles as a fundraiser at STEAM night. I was impressed with the amount of work and investment that the children put into this project.

Both gardening and cooking with children provide opportunities to teach them about food and nutrition. It also taught me to ask questions while cooking to get them more invested. For example, I asked them to use their senses such as to touch or smell the food we were preparing. The more invested the kids were in helping prepare and cook their own food, the more apt they were to try new items. When kids are able to feel comfortable with a new food before eating it, they are more likely to have a positive perception of the food, and more likely to eat it. During one cooking class that involved making vegetable pizza, 99% of the kids tried at least one new vegetable they had not tried before. These school programs help increase the consumption of unprocessed foods such as fruits, vegetables, and whole grains, while decreasing more processed foods. I am so glad the schools have started to take notice of this so that children can be invested in their nutritional health and sustainability from an early age.

 Cooking with kids is not only good for their investment, but it also teaches them many important skills that can be learned in the kitchen. Math skills such as counting, fractions, measuring, following directions, as well as insight into new vocabulary, are a few of the skills learned while cooking. It also increases confidence in children, which can increase healthy decision making down the road. This includes making healthy choices about their own food choices. This entire experience also helped me grow in my own confidence. I will use insight from this experience in other encounters in future rotations and later in my own dietetic practice to help my clients feel confident and invested in their food decisions and nutritional health.

**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)**

One attribute that emerged that I noticed about myself was that reading research journals, understanding the subject material in them, and relaying that information to a patient, client, or in writing has improved. This went well with several of our assignments where we were asked to relay information from scholarly journals back to the client in the form of a handout or nutrition discussion. Nutritional information can be overwhelming for a client but giving clear, concise, and easy to understand information in different mediums such as handouts can help a client make informed decisions about their nutritional health. I appreciated these assignments as well as the assignments that helped me go more in depth with academic research.

I also discovered that studying and writing papers, along with supervised learning experiences is hard work as an adult learner with ADHD. I learned that I do well with deadlines though because it pushes me to get the work done and not procrastinate. It also breaks assignments down into smaller, more manageable work, as I get the next thing due done first. I do not feel as overwhelmed when I break it down into sections and dates of when it is due. As the classes, writing, and learning experiences become more intense, I have noticed awareness in myself that I need to take small brain breaks to decompress, check social media, or check in with my family. This allows me to transition back to course work in a more manageable way.

Though I hit most deadlines with no problems, one item I want to work on in future coursework is making sure I am writing the reflections as I go. Since they are not technically due until the end of the course, I do not see the deadline as the most pertinent deadline when prioritizing my workflow. I did start these reflections earlier than the last course; however, I still felt a time crunch to get all the work done in a timely manner. I may need to set my own deadline of having the first three done with in the first four weeks of the class to ensure that I have time to finish the last three. I may also need different deadlines once into supervised learning experiences that are in one concentrated area (such as all community SEL). I will have to be disciplined in sticking with deadlines I set for myself on the reflections to ensure they are done in the timeliest manner.

**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 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 kindness when communicating with our patients. I once heard someone say that kindness is a person who genuinely wants to help, empathy allows the person to help in the best way possible. Because of this, I always try to put myself in the shoes of the patient so I can understand what they may be feeling or experiencing and see things from their perspective. One way I did this during my rotations is to rephrase sentences back to the client so that they know I was hearing them correctly. I also made sure to ask the question, “what has the doctor already told you?” This way, I can gain insight into what they already know on a specific nutritional subject and not sound patronizing if giving more nutrition education. I have found that most people know they are not eating as healthily as they can, and it is affecting their overall health tremendously. They may also be very hard on themselves because they should “know better,” as one client said to me during my clinical supervised experiential learning hours. These feelings should be considered when talking with the client.

One thing I would like to continue to do is practice empathy in future supervised learning rotations as well as in my future career. One way to do this is to create a safe space for my clients that is judgement free and allows a client to open up about their feelings towards food, towards their body, and towards their health. One of the biggest misconceptions surrounding dietitians is that we are the “food police” and nothing could be further from the truth. I am here to help and support my clients. Another way to practice empathy as I grow in my dietetic skills is to set realistic goals with clients without trying to fix them. Often, clients only hear what to eat and what to avoid. Their experiences and other obstacles are not considered. I want to approach the planning of nutritional goals with sensitivity and understanding of where a client is at and what they have already experienced. One last thing I think helps with empathy is celebrating the small wins that a client makes with their nutritional goals.

**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 change I noticed was my confidence level in approaching patients in my clinical supervised experiential learning hours. At first, when I started asking questions to a patient, I noticed I appeared very clinical. I sounded like I was just asking the question to check that question off my list. This upset me and caused me some anxiety as I do not ever want to seem as if I am not empathetic to a client or their situation. I spoke with the dietitian I was working with, and she informed me this is normal the first few times as there is a lot to remember when talking with patients. She gave me some pointers of how to sound more conversational in my approach such as asking open ended questions or summarizing and paraphrasing at the end of the conversation. The next time I talked with a patient, I used her advice and wrote down only the most pertinent questions I wanted to ask first. Then, based on the patient’s answers, I was able to tailor my next questions to her situation. It went much more smoothly, and I felt more confident and more at ease with the patient.

 Some dichotomies I noticed were that even though food is a necessary element to live, we do not just eat to live. We also choose food based on behavioral, emotional, and physiological implications. For instance, I had a client who wanted to eat food, specifically she wanted to eat more protein. However, she was experiencing gut health issues which meant all food either came back up or gave her diarrhea, heartburn, or other gastric upset. She was malnourished because of the low nutrient absorption. This frustrated her because she wanted to eat food and had a desire to eat to feel better and more nourished. When talking with her, she mentioned she could eat mashed potatoes and that seemed to be the only food staying in her system currently. Since oral supplements would not stay down, she refused to try another version of Boost or Ensure for added protein and nutrients. I asked if she had tried protein power in her mashed potatoes. She had not and was agreeable to trying this method for her next meal to see if she could consume more protein in this way. Sometimes thinking outside the box is needed to align nutrition goals with physiological, behavioral, or emotional hurdles.

**Reflection Screenshot: (**Highlighted in blue)

