**Ayesha Khan**

**ND617 - Clinical Nutrition Supervised Experiential Learning**

**Competency Activities**

2.2 Selects, develops and/or implements nutritional screening tools for individuals,

groups or populations (D)

2.3 Utilizes the NCP with individuals, groups or populations in a variety of practice

settings (D)

2.4 Implements or coordinates nutritional interventions for individuals, groups or

populations (D)

**Activities**

Utilized a screening tool to assess high-risk populations and used the NCP to assess, diagnose, intervene and monitor patients with a variety of diseases

**Reflection**

I use these competencies every day for this SEL. This was also the first time where I properly screened a patient and utilized all the NCP steps, which was a very interesting experience. Throughout my Master’s program I would do the assessment, diagnosis, intervention and evaluation on case studies but it’s not like I was actively talking to the patient and using the electronic health record (EHR).

Danielle Straub, my preceptor and the RDN working at St. Luke’s Carbon Campus, would have me screen data on several patients using EPIC, which is an EHR the hospital uses. Some of the information she usually asked me to extract would be the following,

1. Why nutrition services are seeing the patient
2. What they present with
3. The patient’s past medical history
4. The patient's weight history and IBW
5. Any documentation of edema or wounds
6. The currently prescribed diet and nutrition supplements
7. The intakes (% of food consumed)
8. Recent lab values
9. Medications of importance that the patient is on
10. Patient's level of orientation
11. Any notes that have been posted to EPIC since their arrival

After collecting the data on patients, I decide if there are any particular questions I would want to ask them. For example, one of the patients I saw had Crohn’s and I asked her the kinds of foods that normally triggered her flare-ups. When interviewing patients I always ask them the following,

1. How has your appetite been today? If poor, how long has it been that way?
2. How many meals do you usually have at home?
3. Do you follow any particular diet?
4. Any food allergies you know of?
5. Who cooks and grocery shops at home?
6. Any difficulty chewing or swallowing?
7. Has your weight been stable in the past?

Sometimes I add or omit questions depending on the patient's background and what disease they are admitted for. I also complete the NFPE if required. I’ve seen several patients with various diseases like cachexia, CKD, and cancer that contribute to subcutaneous fat loss and muscle wasting. I assess them to see if there is any muscle or fat loss at the temple, orbital, buccal, and clavicle regions.

I talk to the patients about the diet they are prescribed and ask them if they have any nutrition-related questions. Sometimes I give education where it is required. For example, one of the patients I interviewed was diagnosed with Crohn’s Disease after being admitted for terminal ileitis and severe abdominal pain. I asked her if she had ever been given nutrition-related education on Crohn’s and since she hadn't, I provided her a handout that had several tips to manage her flare-ups. It also included foods that should be consumed and foods that she would need to limit or avoid. I talked to her about why it’s necessary to limit those foods. Likewise, I give education to other patients who need it. I did find it difficult to give education to patients at first but I slowly got the hang of it.

After interviewing patients and collecting information, I chart their data in the Nutrition Care Plan section of EPIC. I calculate their energy needs based on their current situation, document what I discussed with them, create a PES statement if needed, and what my recommendations are from this point on. Then, depending on whether they are low, moderate, or high risk, I schedule a follow-up session to assess their status after a few days, if they are still in the hospital.