**Ayesha Khan**

**ND617 - Clinical Nutrition Supervised Experiential Learning**

**Competency Activity**

1.11 Applies knowledge of medical terminology when communicating with

individuals, groups and other health professionals (D)

**Activity**

Participated in interdisciplinary care rounds with different RDNs

**Reflection**

This is also one of the competencies I conducted frequently during my clinical rotation. It’s just amazing how healthcare professionals from different disciplines work together to provide comprehensive and coordinated patient care. It also made me realize that I need to improve my communication skills if I am to collaborate with different healthcare professionals in the future.

 My preceptor introduced me to the speech therapist at St. Luke’s hospital who was wonderful to talk to. I was able to witness a barium swallow test that she conducts on patients to assess their difficulty with swallowing food of different consistencies. Most of the nurses were also great to talk to. I would often ask a nurse if a certain patient was okay to talk to, if said patient’s level of orientation was low.

 While I didn’t talk much with physicians, physical therapists, and the other professionals, I always attended the discharge meetings they held, with Danielle. It was interesting to see them working together to discuss the status of each patient, what the plans for discharge were, whether they will have home-care or will go to a long-term care facility, and whether they would need to be transferred to another St. Luke’s campus e.g., the Lehighton campus in the Psyche unit.

 I also noticed they used a lot of medical terminology amongst one another and since I’ve done a course on the different types of medical jargon, I had no trouble understanding them. Of course, with patients, we simplify our communication as a lot of the time, they won’t understand the terminology used in the hospital.

 I was also able to work under several RDNs during my clinical rotation and each one had their own way of interviewing patients and charting data. If low salt education was required for a certain patient, then they would simplify it in a way that was easily understood by patients. When I gave education on a low-fiber diet for a patient with Crohn’s, I made sure to use terminology that the patient would understand. It’s hard to change the way I talk to communicate information, but I certainly improved during this rotation!