Learning Outcome 1: Demonstrate technical and scientific oral and written communication skills through the use of current and emerging technologies to enhance the practice and delivery of nutrition care in a professional and ethical manner.

NUTR 6007: Grady Acute Care
Artifacts: Simulation lab nutrition note

Georgia State University's (GSU) Coordinated Program (CP) of nutrition requires 1200 hours of supervised practice in community, foodservice, and clinical care settings. These 1200 hours prepare students to take the national registration exam to become a registered dietitian (RD). The CP has taught me that working in the healthcare field requires a tremendous amount of teamwork from other professions as well as the use of current and emerging technologies. I was exposed to this concept during my first semester of the CP when we were required to complete a simulation lab assignment in conjunction with GSU nursing students. Interprofessional education is a priority of the Lewis School of Nursing and Health Professions.

The simulation lab served a dual purpose; to familiarize CP students with using the electronic health record (EHR) and to demonstrate the importance of working alongside other professionals from various disciplines in order to enhance the practice and delivery of nutrition care as well as expose us to working with a patient with multiple comorbidities prior to our acute care rotation at Grady Memorial Hospital. In preparation for the simulation lab we were encouraged to review the Nutrition Care Process (NCP) including the assessment, diagnosis, intervention, monitoring and evaluation of patient care. We utilized the EHR, Neehr Perfect, to review the mock patient's chart. This included looking up pertinent information such as laboratory values related to nutrition, patient and family history, current diet, medications, height, weight, and BMI. We also calculated their energy needs based on the patient's current disease state. This proved to be challenging given the patients multiple comorbidities, but was beneficial as practice for our upcoming clinical rotations.

On the day I was scheduled for my simulation lab I was fairly anxious. I had limited experience with patients in the hospital setting or working with nurses. Reminding myself that the patient was just a robotic mannequin, the nurses were students in a similar position as me, and this was designed to be a learning experience for everyone involved, I was able to reduce my anxiety. When I entered the simulation lab I was very impressed. The nursing station resembled what a nursing station would look like in a hospital; it even had a full sized patient room alongside it. I was oriented to the simulation lab by the nursing students' preceptor and then introduced to the nursing students. Part of the assignment was to ask the nursing students at least two questions we had about the care and status of the patient. I asked them if he had any food complaints thus far, what his current fluid intake was since he was on a fluid restriction, and if he was having regular bowel movements.

Acting as the RD, I was to respond to the diet consultation ordered by the physician and complete a patient assessment. One of the objectives of the simulation was to practice hand sanitizing before and after entering and leaving a patient's room, asking for two identifiers such as name and date of birth before speaking with the patient, introducing ourselves in a respectful manner and asking for permission to speak with them before proceeding with the consult. These are all standards we would be required to adhere to during our acute care rotation at Grady Memorial Hospital. We were reminded multiple times that the consult should take no longer than 10 minutes, therefore it was important to keep the patient on task in order to gain significant information in a short amount of time. Although the patient was a mannequin, he demonstrated a wide range of lifelike physical responses such as coughing, changes in vital signs, and he could move his head and blink like a real person. The nursing preceptor "spoke" for the patient through a speaker from another room in order to simulate real-life responses to my questions. We were to ask at least five patient interview questions relevant to the patient's current disease state, medical history, and how he manages his care at home. I asked the patient and his wife (portrayed by one of my nutrition professors) how he managed his type two diabetes at home, how much he was eating in the hospital, to describe what he ate over a normal 24 hour period, if he was able to exercise at home, and the status of his pressure ulcer including any concerns he had about the healing process. Working with the mannequin patient was more of a real-life experience than I was expecting, and although my nerves may have shown during the patient assessment, I feel I was able to gain pertinent information from the patient and his wife.

After I completed my assessment I left the room and briefed the nursing students about my dietary recommendations as well as any other information I felt was relevant. Because the patient had uncontrolled diabetes and a stage two pressure ulcer present for two weeks, I recommended a carbohydrate-controlled diet with increased protein due to inadequate wound healing and his infection indicated by his white blood cell count. After speaking with the nursing students, I observed as they completed their assessment of the patient and administered medications. Once they were finished we went to an empty classroom to debrief with the nursing preceptor and nutrition professor. We discussed why either I, acting as the RD, or the nursing students asked the patient particular questions, how we felt the process went, the ease of using the EHR to find information, and how we feel about seeking out other healthcare professionals now that we have completed the simulation lab. The final task to complete this assignment was to log into the EHR and complete a nutrition note using the NCP format. I appreciated being able to practice using the NCP and writing problem, etiology, signs and symptoms (PES) statements.

After completing the simulation lab I felt more prepared to begin my clinical rotation at Grady Memorial Hospital the following semester. I enjoyed being able to use such an emerging technology like simulation to practice providing medical nutrition therapy. This experience not only lent me an opportunity to work with a mock patient similar to those I would work with in the acute care setting, but also a chance to work as a team first hand with nursing. Working with

nursing allowed me to feel more comfortable asking them questions about the patient as well as the confidence to communicate with the nurses when I began at Grady. Taking an intercollaborative approach is vital to providing enhanced patient care. I appreciated being able to utilize the EHR to look up important information about my patient. It is essential that you read notes from physicians, nurses, speech pathologists, and other healthcare professionals to understand the patient's medical problems and plan of care. Reading through the EHR for the simulation lab allowed me to gain valuable information first and then I was able to follow up with nursing with anything I was unable to glean from the chart. Looking back, practicing using EHRs, being able to speak and perform a nutrition assessment with a mock patient, and collaborating with other healthcare professionals set the groundwork for the skills that I would utilize in all of my future clinical rotations. These skills will be invaluable as I become a registered dietitian.