**Interprofessional Collaboration**

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**Summary**

During my clinical rotation at Missouri Baptist Medical Center, I did one-week total parental nutrition TPN rotation. During that rotation, dietitian and pharmacist collaboration was essential. Every morning, the dietitian and pharmacist call to go through the patients' chart on parental nutrition and tube feeding. They will confirm the doctor's order for each patient who is continuing TPN/ TF or discontinuing the feeding. They go through each Patient's needs and place orders accordingly. The dietitian confirms the feeding amount and calorie needs; then, he or she adds necessary fat, vitamin, and mineral. The dietitian put the order in the chart, and the pharmacist places the order and sends it to the floor.

Another thing they discuss is the insulin amount given to the patient to control blood sugar. They addressed each patient's case and need then they placed the order that they both agreed on. Sometimes, they talk to the doctor to find out more about the order and the reason behind it, or they suggest changing the order in some cases. The pharmacist plays an essential role in the TPN/TF. A pharmacist needs to interact with a dietitian when dealing with the ICU patients because some medication requires the nutritional knowledge; for example, medicine like propofol can affect the calories of the TPN.The pharmacist does ICU daily round with all the rest of the medical team, which allows the dietitian to interact and update information for all the patients in the ICU, not just the TPN/TF patients. The collaboration between pharmacists and dietitians is necessary to provide the best health care to the patients.

A speech therapist is another person on the medial team that interacts with a dietitian. The speech therapist usually makes her assessment for chewing and swallowing. Patients that present difficulty with chewing and swallowing are older patients, patients with strokes, and patients with respiratory problems. The speech therapist assessment is critical because it can affect the dietary assessment. The diet order can be different according to the result of the speech assessment. For example, if there is a problem with showing or swallowing, the diet order needs to be mechanical soft diets or purees. Along with a mechanical soft diet, the drinks need thickening agents, and that is an order that needs to be paced by dietitians.

During my neurology rotation, I worked with many stroke patients which gave me experience in interacting with a speech therapist. All stroke patients need to be seen by a speech therapist as part of the stoke protocol to assess the chewing and swallowing. After the patients are diagnosed with a stroke, they will be on Nothing by mouth (NPO) order by the physician until the speech therapy assessment comes; then, the diet order will be placed or adjusted as needed.

Patients with aspiration problems need to be assessed by a physical therapist to evaluate the swallowing and aspiration risk. The speech therapist evaluation is considered when the diet order is placed for patients with aspiration problems. Food needs to be at a certain consistency for patients with respiratory issues; adjusting the food's consistency prevents aspirations. Since medical nutrition therapy affects medical facilities' outcome, the collaboration between dietitian and speech therapists is essential to provide high-quality care for patients.

**Reflection**

Through my experience in the clinical rotation, I learned the importance of interprofessional collaboration. The collaboration between the health care provider has many benefits. Some of these benefits are providing the best care and avoiding mistakes. Communication between the medical team can minimalize mistakes that can be related to medication, diet order, or other issues. With communication, mistakes can be corrected before they can cause harm. Technological advancements, especially communication technology, made interaction between the medical team much easier and faster. Especially during COVID-19, technology communication helped with keeping the collaboration between the medical team in the hospital. Some team members can communicate and be part of the decision making, even if they are distant. Electronical health records (HER) plays an important role in the collaboration between the medical team in the hospital system. It helps the order to be placed and deliver quickly and accurately. For example, after the result of the swallowing assessment is placed, the diet order can be made and sent, so the kitchen knows what to send in the next meal. The EHR need to be there to make all care processes faster and more accurate, but it cannot replace the one-on-one communication. The rounds done every day to discuss the Patient's case in person with includes nurses, dietitians, and social workers is as important as the EHR. I found the medical round significant to proper health care and we need to keep doing the rounds as part of the medical care system in a medical facility. The medical rounds include insight from social workers and physical therapists which can be difficult to communicate through the EHR. The medical field is a field to provide care to humans, so we should keep that one in one connection to help keep the human sympathy between the health care team and patients present.