

# Clinical Reflection 1\_Jamie Lee

My clinical experience so far has been quite limited as I was only able to start last week. I've had two clinicals so far, both of which my nurse was the discharge navigator for CCFMC. I had never heard of a discharge navigator before, so this was an interesting experience. A discharge manager takes a look at all the anticipated discharges for the day and looks at all the factors affecting the discharge. For example, if a patient is set to go home this afternoon, but the only thing holding them back are bedside medication deliveries (of which orders have not been released yet), we can go to the pharmacy to deliver the medications ourselves. Then we can discharge the patients and take some work off of the nurse.

Timely communication was very important as a discharge navigator, as we would be holding multiple conversations (albeit short) with several different nurses for several different patients. It was also very helpful to know exactly what each unit was, as well as reading the patient chart, because you would have to know whether or not you could answer the patient's questions.

Some roadblocks we came across were breaks in communication due to lack of charting. On the EMR, it said the patient was still waiting for an PT/OT evaluation, so we contacted the nurse asking if there was anything else that we can do in order to expedite the discharge. We got a response saying that the patient had already left a couple hours ago, and we had to discharge the patient from the EMR ourselves. There were other times when patients we had discharged (and let the nurse know that we had) were not removed from the system until hours later, and we had to go in ourselves.

I did notice that I was having a mildly difficult time remembering how the workflow was for discharges were on the nurse's end. I would like to be able to go to the floors myself (without my preceptor) and help other nurses with discharge and expediting the process. I believe this would help me feel less of a pressure to get things correctly done, as I am just helping out, but I am not confident that I can remember everything that needs to get done. For the next clinical I have (which is tomorrow), I will be on the unit instead of discharge navigator, so hopefully I can gain some confidence and dip my toes back in.

Overall, Friday (3/8) was a very successful clinical and I feel that I was able to learn a lot. We were able to discharge 9 patients across 6 different units.