Journal Entry 1: Rounds in NICU

Participating in interdisciplinary rounds in the NICU provided valuable insight into the complexity of communication and collaborative decision-making in a hospital setting. Present during rounds were the RN, nurse practitioner, physician, dietician, chaplain, respiratory therapist, and occupational therapist. Each discipline contributed unique knowledge and perspectives regarding the infant's medical status, developmental progress, family concerns, and discharge planning.

One observation that stood out was the efficiency and structure of communication during rounds. 10 am rounds each day focused only on 3 babies. Team members shared concise but meaningful updates that allowed the group to quickly develop a comprehensive understanding of the patient's condition. The physician and nurse practitioner often guided medical decision-making, while the bedside nurse contributed important day-to-day observations about feeding tolerance, caregiver involvement, and behavioral regulation. The dietician provided input regarding nutrition and weight gain, while the respiratory therapist updated the team on respiratory support needs. As the occupational therapist, developmental considerations such as positioning, sensory regulation, feeding readiness, and caregiver education were incorporated into the discussion.

I also observed how family-centered care influenced communication and decision-making. Team members consistently considered caregiver concerns and discharge readiness when discussing plans of care. There was even an opportunity presented to parents to be involved in rounds. The chaplain's presence reinforced the importance of emotional and spiritual support for families experiencing stress and uncertainty in the NICU environment. This interdisciplinary collaboration demonstrated that trauma-informed and holistic care extends beyond medical treatment alone.

Reflecting on this experience, I recognized the importance of clear, respectful communication between disciplines to support positive patient outcomes. Effective teamwork required active listening, concise communication, and mutual respect for each professional's expertise. I also learned that OT plays an important role in advocating for developmental care and caregiver support within interdisciplinary rounds.

Journal Entry 2: Communication within NICU therapy team

Communication within the NICU therapy team highlighted the importance of collaboration in supporting infant development and caregiver education. The therapy team frequently communicated regarding feeding progress, sensory regulation, positioning strategies, and caregiver readiness for discharge. These discussions emphasized how continuity and consistency across therapists are essential for both infant outcomes and family confidence. Discussions were mostly had in an informal manner, in the therapy office between cares and documentation time.

One key observation was the collaborative problem-solving process within the therapy team. Therapists frequently discussed infant responses to interventions and adjusted treatment approaches based on developmental cues, medical status, and caregiver feedback.

I also noticed how emotional intelligence and empathy influenced team communication. Working in the NICU can be emotionally demanding, and therapists often supported one another while navigating difficult patient situations. Open communication helped foster a collaborative environment where questions, concerns, and observations could be shared comfortably. This experience reinforced the importance of interdisciplinary consistency and reflective communication in neonatal care.

Journal Entry 3: Communication within NICU follow-up clinic team

Observing communication within the NICU follow-up clinic team provided a different perspective on interdisciplinary collaboration and long-term family support after hospital discharge. The clinic team focused not only on the infant's developmental progress but also on caregiver adjustment, access to resources, and ongoing medical and therapeutic needs.

Almost half of the team in the follow-up clinic also work up in the NICU, so they have unique insights into the child's family unit, medical complexities, and overall experience in the NICU. This communication is helpful in briefing other team members who either did not see them during their time in the NICU or do not work up in the NICU at all. Briefing team members with important background information prior to the child's visit helps everyone be on the same page and reinforces trauma-informed care.

I observed that effective communication in the follow-up clinic required active listening and flexibility. Caregivers often shared concerns related to stress, uncertainty, feeding difficulties, or developmental delays. Team members responded with empathy, reassurance, and education while ensuring caregivers felt heard and supported. Trauma-informed communication remained highly relevant, as many families continued to experience emotional stress related to their NICU journey.

Reflecting on this experience, I gained a deeper appreciation for continuity of care and interdisciplinary collaboration beyond hospitalization. Communication within the follow-up clinic team played a significant role in promoting developmental monitoring, caregiver empowerment, and family-centered support throughout the infant's early development.