

BEEBE HEALTHCARE
MARGARET H. ROLLINS SCHOOL OF NURSING
NURSING 101 – FOUNDATIONS OF NURSING
Communication Reflection Assignment

Student: Ella Murray		Date of Interaction: 9/24/2025	
Client Initials: JT	Age: 76	Admitting Diagnosis: Micro GI bleed, anemia	
General Information:			
Description of Environment: My patient was in room 320A in the MedSurge unit. She was in bed for the majority of our interactions, against the wall.			
Description of Client: The client was a 76 year old female that was admitted with a micro GI bleed. Upon arrival, she was sleeping, laying supine in her bed. Early in the day, she was somewhat reluctant to talk to us and was not overly friendly. After she was able to wake up more and get comfortable, we began establishing a rapport. As she got more comfortable JT was compliant, friendly, chatty, and overall content. She had multiple lines infusing fluids, was NPO, a full code, allergic to tetracycline, and on bed rest.			
Goal of Interaction: The general goal of interactions throughout this day was to build rapport, promote comfort and support, and decrease anxiety. Our patient was in a vulnerable state, as she was completely dependent with incontinence while being completely alert and oriented. Upon meeting her, it became clear that it was important to provide not only physical care, but emotional care as well. Reducing her anxiety and building trust while keeping her safe and clean was our main priority.			
Interaction Narrative			
Minimum of five (5) & maximum of eight (8) interactions in order as it occurs – number each exchange			
Student:	Patient:	Analysis:	
1. Your statements with non-verbals	Clients statement with non-verbals	Technique: Direct question	

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“Do you feel any differently from last night?” <i>Offers silence to prompt an answer, maintain eye contact</i>	“I’m not feeling any different from last night.” <i>Patient answered bluntly but clearly, still laying down from sleeping</i>	Rationale for use: I used a direct question as it was first thing in the morning as she was waking up. I did not want to overwhelm her with questions that required lots of thought as she woke up, especially as she has a history of memory issues. Effectiveness: The direct question was an overall effective way of receiving simple feedback from the patient and served as a building block for further questions later.
2. Your statements with non-verbals “When you say that “it’s coming” are you referring to a bowel movement? Or urine?” <i>Practice active listening techniques</i>	Clients statement with non-verbals “I can’t tell when it’s coming. Sometimes it just happens without warning.” <i>Patient has a look of concern on her face and appears anxious</i>	Technique: Clarifying question Rationale for use: Due to the complications this patient was having, it was unclear what she meant by “it’s coming”. I needed to clarify what she meant by the vague statement she made. Effectiveness: This was an effective technique, the question I asked helped to clarify what she meant and helped me to begin to prepare a solution for her. I was

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		able to help her use the bathroom and clean up properly after I fully understood the situation.
3. Your statements with non-verbals “Can you tell me anything you know about the procedure you’re having done?” <i>Sits back, provides silence and time to think about a response</i> <i>Nods as she answers</i>	Clients statement with non-verbals “I know that the doctor has to put a camera inside me to figure out what’s wrong.” <i>Client makes hand gestures while explaining</i>	Technique: Open ended question Rationale for use: I utilized an open ended question to assess whether or not she had any base knowledge about her colonoscopy before I attempted to explain anything to her. By leaving the question open ended, I was able to assess how much or little she knew. Effectiveness: I was able to figure out she knew minimal knowledge about the procedure she was undergoing soon. After hearing what she did understand, I was able to further explain the things that she didn’t.
4. Your statements with non-verbals “Please do not feel the need to hold it whatsoever. If you need anything at all please call us. We’re here to help you however we can” <i>Talks in soft voice, motions to call bell, begins giving help immediately</i>	Clients statement with non-verbals “I’m sorry about this. I’m trying to hold it in.” <i>Patient appeared uncomfortable, she seemed withdrawn and embarrassed.</i>	Technique: Accepting Rationale for use: In this interaction, our patient was feeling embarrassed and apologetic for being dependent on us. We verbally reassured her and were as accepting as possible while she was so vulnerable.

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		Effectiveness: By being accepting and reassuring, we were able to lower our patient's level of anxiety and let her get more comfortable with us. We began to prove to her that she could trust us to come when needed and to not embarrass her further.
5. Your statements with non-verbals "Can you tell me a little bit about your life? Do you have family close by or friends that you check in with?" <i>Sits down, leans forward and maintain eye contact</i>	Clients statement with non-verbals "I live alone but I have two children that check in on me often. I have a son and a daughter and my son is coming to visit me today." <i>The client relaxed back in bed, smiled, and was overall softer and cheerier.</i>	Technique: Active listening Rationale for use: By utilizing active listening, I allowed my patient to have a voice and therefore know she's important. By sitting back and listening, I was able to get to know her and establish a positive rapport. Effectiveness: Overall, utilizing active listening was incredibly effective with this patient. When I asked her questions about herself she let her guard down and was more willing to talk with us. Her demeanor softened when she started to talk and we allowed her to continue uninterrupted.
7. Your statements with non-verbals	Clients statement with non-verbals	Technique:

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Communication Reflection Assignment

		Rationale for use: Effectiveness:
8. Your statements with non-verbals	Clients statement with non-verbals	Technique: Rationale for use: Effectiveness:
Evaluation:		
Reflection: Throughout my day with Ms. JT she was incredibly vulnerable from start to finish. She was extremely limited which forced her to have to connect with me in some way almost immediately upon meeting. At first, she was understandably standoffish. This made most of our early		

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Communication Reflection Assignment

interactions fairly blunt, with me using direct questions and her replying in one to two word answers. As we progressed throughout the morning she began to noticeably soften. Once we were able to establish a rapport, Ms. JT was willing to engage in conversation with us. This was when we began utilizing communication techniques such as asking open questions, summarizing her statements, and clarifying what she meant by some statements she made. I believe that the anxiety and frustration associated with being so vulnerable and dependent impacted our communication negatively early in the day, but we were able to work through it as time progressed.

Barriers:

I believe that the greatest barrier to effective communication for this patient was her state of vulnerability and emotional distress. Especially at first, JT was reluctant to accept help and was not willing to verbally communicate any more than what was necessary. Additionally, this patient had some dementia symptoms. This impacted her ability to recall past information when asked open questions. For example, when prompted to tell us about her personal life, JT was unable to engage in effective communication due to her aphasia.

Personal Strengths & Weaknesses:

I felt as though I was able to read my patient's nonverbal cues from early on in the day, which helped guide us towards more effective and productive conversation later. As previously stated, she was very standoffish in the morning, indicating she was in emotional distress and did not want to engage in much conversation. I understood that it was best to give her time to open up and chose silence and direct questions which resulted in great talks throughout the day up until she went in for her procedure. I also felt as though I spoke clearly and kindly to her in a way that was appreciated. A weakness I feel as though I can improve upon is allowing people, including patients and my peers, to finish talking before I begin to share a thought. As my patient began to tell me a personal anecdote, I got excited because I related to her story and began to share. I stopped myself before interrupting her, but in the future I would like to work on my active listening skills.

Strategies for Improvement:

As stated above, I would really like to hone in on my active listening skills. I feel as though it's extremely important for the patient to feel and be heard, and I would never want anyone to feel like they aren't. To work on this, I've started practicing focusing entirely on what the person I'm

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talking to is saying and not worrying about my reply until it's my turn to talk. I'll continue using non-verbal cues such as nodding and maintaining eye contact to emphasize that they are important. I'm also going to work on how I show my patients empathy and compassion. With this patient being in a sensitive situation, it made me quickly realize the importance of being as patient, kind, and empathetic as possible. I'm going to continue acknowledging people's feelings in everyday conversations and situations in order to be able to do it in high stress or special cases in the hospital. I feel as though it's equally as important for a patient to feel cared for as it is for them to be heard.