

BEEBE HEALTHCARE

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

Student: Savannah Reed		Date of Interaction: 09/23/2025-09/24/2025	
Client Initials: JE		Age: 87	Admitting Diagnosis: Acute Kidney Injury (AKI)
General Information:			
Description of Environment: <p>Environment was in Beebe Hospital on the fifth floor, on the orthopedic unit. On this unit client JE was in RM 515, located directly outside of nurse's station. The room was a private room, meant for one client and included a private bathroom, shower, and sink. Also found in the room was a TV, closet, bedside table, chair, and a communication board with care information specific to the client. Also to provide care to the client the room/bathroom was supplied with gloves, hand sanitizer, suction equipment, walker, bedside commode, gait belt, urinal, mouthcare products, and a graduated cylinder.</p>			
Description of Client: <p>Client was an 87-year-old white male, presenting with a primary diagnosis of acute kidney injury. Visibly, the patient appeared fragile with thinned skin, and limited strength and energy. Client was able to participate in the completion of ADLs with assistance during them. He was also able to transfer to and from the chair with the use of a gait belt and walker with assistance, he was also able to ambulate short distances with the use of the same assistive devices but was unsteady on his feet. During time of care patient complained of feeling cold and was unwilling to participate in ADLs. JE continuously requested to be covered up with more blankets and wanted to stay in bed, but with more education and communication was willing to participate in care later during time of care.</p>			
Goal of Interaction: <p>The goal of my interaction with client JE was to gain his trust and establish rapport while providing care over the next two days. During my time of care my goal with JE was for him to know I was there to not only assist him but to engage with him, provide education to the best of my ability, and create an environment where he felt supported, comfortable expressing preferences/concerns, and was willing to participate in his care.</p>			
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 <i>Patient under blanket, peeking out of</i>	Technique: Open-ended	

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<p><i>Facing patient, making eye contact, smile on face, at bedside standing within an appropriate distance</i> “Good morning I’m Savannah; I’m going to be your student nurse today helping with your care.”</p> <p>“How are you doing today?”</p>	<p><i>blanket, pulled blanket closer to face, shrugged shoulders</i> “I’m cold, could you cover me up more?”</p>	<p>Rationale for use: Trying to develop rapport with client to create comfortability during time of care.</p> <p>Effectiveness: This was not the most effective communication at the time; patient was still resting and cold. He did not elaborate much into the conversation, he was not ready to participate in the conversation at this time in the AM.</p>
<p>2. Your statements with non-verbal’s</p> <p><i>Facing pt, making eye contact, nodding in friendly manner at pt bedside standing within an appropriate distance, covering pt up with blanket</i> “Would you like another blanket?”</p>	<p>Clients statement with non-verbal’s</p> <p><i>Tucking head back under blanket, curled up on side in fetal position</i> “Yes.”</p>	<p>Technique: Direct Question</p> <p>Rationale for use: Patient’s body language was closed off, very short and to the point with responses. Patient was clearly cold and uncomfortable, and I was trying to make him more comfortable by helping him.</p> <p>Effectiveness: This was effective communication at the time; the patient was uncomfortable and cold at the time. By offering him a blanket, I was able to demonstrate empathy to his needs and help make him more comfortable at the time. By doing this I was able to create further rapport with patient with the hope that later he would become more receptive to my communication and care.</p>

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<p>3. Your statements with non-verbal's</p> <p><i>Soft smile, eye contact with patient, soft head nod.</i></p> <p>"Okay we don't have to do mouth care right now; we can come back to it later."</p>	<p>Clients statement with non-verbal's</p> <p><i>Patient in bed, closed off, head under blanket peeking eyes out.</i></p> <p>"I don't really want to brush my teeth now."</p> <p><i>Patient covers back up and rolls on side away from facing me.</i></p>	<p>Technique: Accepting</p> <p>Rationale for use: Used to validate the pts feelings and choices during time of care, to help build trust and encourage the patient to participate in his care later.</p> <p>Effectiveness: This communication was effective because it respected the pt's request at the time while offering to complete it later, making the patient feel heard. By doing this patient was given time to rest so care could be completed later.</p>
<p>4. Your statements with non-verbal's</p> <p><i>In patients' room, appropriate distance away from pt, with soft concerned look on face.</i></p> <p>"you're not hungry- or is it because nothing on the tray is appetizing to you?"</p>	<p>Clients statement with non-verbal's</p> <p><i>Annoyed look, pushing tray away, shaking head. Patient is out of bed during lunch time "I'm not hungry, I'm not eating any lunch off this tray."</i></p>	<p>Technique: Clarifying</p> <p>Rationale for use: Trying to understand if my patient was not hungry or if the options being provided to him were not of interest to him.</p> <p>Effectiveness: This communication was effective for me because he further told me he was not hungry at that time, that he had a very big breakfast and would eat at dinner later.</p>
<p>5. Your statements with non-verbal's</p> <p><i>Giving bed bath to patient, relaxed posture (non-rushing), focused but still occasionally making eye contact</i></p> <p>"It is a rinse less shampoo cap, so it's getting your hair nice and clean without</p>	<p>Clients statement with non-verbal's</p> <p><i>pointing at head, confused look, looking at me with strong eye contact.</i></p> <p>"what's this cap thing again, it feels nice and warm on my head but what's it doing?"</p>	<p>Technique: Giving Information</p> <p>Rationale for use: Educating my patient on the purpose of a rinse less shampoo and why we were using it and explaining to him why it is warm feeling.</p>

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<p>all the mess of rinsing it with water since we are washing your hair while in bed. It's warm because we keep it in the warmer.”</p>		<p>Effectiveness: This was effective patient nodded and smiled at me after my teaching to him, I felt like he understood what I was telling him and seemed pleased that his hair was getting cleaned.</p>
<p>6. Your statements with non-verbal's <i>Look of concern, standing 2-3 ft away, facing pt, making eye contact, calm posture.</i> “Okay, let me help you back in bed.”</p>	<p>Clients statement with non-verbal's <i>Patient in chair in room, pushing tray table away, trying to stand up, looking frustrated and angry.</i> “I want to get back in bed now.”</p>	<p>Technique: Accepting Rationale for use: I used acceptance in this situation, because I had realized my patient had been out of bed for a while and was cold. He had grown frustrated and wanted to lay down to rest. I want him to know he was heard and acknowledge and accepted his as and got him back in bed. Effectiveness: This technique was effective because my patient was able to be heard and felt validated. He was able to take action in his care, and by accepting his request to get back in bed it prevented my patient from attempting to move himself and risk falling.</p>
<p>7. Your statements with non-verbals</p>	<p>Clients statement with non-verbals</p>	<p>Technique: Rationale for use: Effectiveness:</p>
<p>8. Your statements with non-verbals</p>	<p>Clients statement with non-verbals</p>	<p>Technique: Rationale for use:</p>

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		Effectiveness:
Evaluation:		
Reflection: Reflecting on my time with this patient, I experienced both challenges and success in my communication. With his initial withdrawnness from participating in his care, and minimal speaking it was difficult to establish rapport and trust. However, by using my verbal and nonverbal communication skills, such as using more open-ended questions, demonstrating acceptance, providing education, actively listening, and maintaining positive body language, I was able to show my patient I was there to help and gain his trust to meet his care needs of each day. With each interaction JE's body language changed, and his answers to my questions became more elaborate and he was more willing to complete ADLs. Being with this patient reminded me that patients in our care are scared and in an uncomfortable environment, they want to be heard and feel like someone sees them as a person not just a medical diagnosis. My interaction with JE taught me that communication goes a long way and just because you are there to help someone does not mean that they will be open and trusting on the first interaction with you. Sometimes you must keep chipping away and making conversation, so they gain this trust with you.		
Barriers: A barrier I came across was that my patient at first did not seem like he wanted to be an active participant during his care. During my first interaction with my patient, he spoke very little with mostly yes/no answers. He kept his face covered with the blanket only pulling it down a little when spoken to. He also at this time was refusing to participate in completing any ADLs. The first morning I was having a hard time getting him to complete certain task, this is when I started engaging with JE in conversation more, providing education to how completing these tasks would make him feel "cleaner" or how they would help benefit him in another way. Also, during this time, I was able to have more of a conversation with the client and got to have a conversation with him and his wife while she was visiting. During the time of conversation, my patient became more comfortable which was communicated through his relaxed body language, and he eventually became more willing to participate in his ADLs and other care.		
Personal Strengths & Weaknesses: A strength in my verbal communication I felt was demonstrated well by me this week was my use of acceptance in communication. I was able to acknowledge and accept my patient's preference to not complete the specific task at that exact time while also suggesting the idea of coming back to the task at a time the patient felt would be best for them. By doing this I made the patient feel heard and in control of their care, but still getting the care complete each day without him completely refusing to do these tasks. A strength of my nonverbal communication I felt I demonstrated well would be using my facial expressions such as smiling or showing concern at the appropriate times. A weakness with my verbal communication that I struggled with would be asking a lot of direct questions, which limited my opportunities in the beginning to gain the rapport		

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and trust with my client. For my nonverbal communication a weakness I noticed was my active listening body language, there were times I notice I was engaged in conversation with my client, but my arms were crossed while doing so, which could have been interpreted as me not being interested in the conversation.

Strategies for Improvement:

One strategy I will use to improve my communication with future clients would be to ask more open-ended questions at the beginning of my care, start by asking questions about themselves such as their occupation or hobbies to show the client genuine interest in them so I am able to build rapport and trust with them earlier. Another strategy I will use with my future clients to improve my communication is to be more mindful of my nonverbal communication including my facial expressions, posture, and eye contact with clients. This week during care I noticed that some of my body language could have been interpreted as uninterested and that was not my intention. As for my facial expressions, I have been told before that my resting face or thinking face is not friendly, I just want to make sure that when around clients I am aware of my face, so someone doesn't take my expressions the wrong way during my care.