

BEEBE HEALTHCARE

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

Student: Ellie Yerkes		Date of Interaction: 9/23-/9/24/2025	
Client Initials: D.S.	Age: 88	Admitting Diagnosis: Abdominal Surgery	
General Information:			
Description of Environment: My patient was on the third floor on Med Surg, he was in room 322B. In his room he had his bedside table right next to him, on his table he always had his glasses and phone laying together near him. He also had fresh flowers laying on his bedside table. He shared a room with another patient but they both kept their room clean and free from clutter. He also had an external catheter and had a canister hanging up on the wall that we would empty for him every few hours. He was ordered to be up out of bed and in the chair for several hours a day so he had a comfortable chair next to his bed setup for him to move to when assisted.			
Description of Client: My client was an 88-year-old white male, he had recently had an abdominal surgery so he had an abdominal incision on his left side. He an NG tube and was on 2 liters of oxygen. First interaction with this patient, he was immediately joking around with us and pleased to have student nurses who were willing to learn and eager to help him. He was ordered to be NPO but by the end of the first day we were there with him, he was on a clear liquid diet before lunch arrived. He was allergic to sulfur drugs, he also had an external catheter placed and had a canister on the wall that we had to empty for him every few hours. He was ordered to be helped out of bed and to the chair for 6 hours a day, although this was very tiring on him so he spent most of his time resting after physical therapy. Therefore, my patient was very nice and easy to work with and easy to accommodate.			

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Goal of Interaction: The goal of my interaction with my patient was to get comfortable being in the hospital setting and performing easy basic care tasks. I had never worked in a hospital or care facility before so this was all new to me. Therefore, a big goal was to take vitals, measure inputs and outputs, change linens, perform bed baths, oral care, learning how to use call bells, bed alarms, helping patients get to and from showers and helping them in the process of showering, and learning how to change external catheters. Throughout this experience I was able to do all these basic care tasks and get familiar with working at the bed side and performing some of the roles of a CNA.

Interaction Narrative

Minimum of five (5) & maximum of eight (8) interactions in order as it occurs – number each exchange

Student:	Patient:	Analysis:
<p>1. Your statements with non-verbals</p> <p>Statements: “Good morning, is now an okay time for me to check your vitals” Laughed “Perfect, I’m going to start by checking your blood pressure”</p> <p>Non-verbal’s: - <i>Shook my head to show I was actively listening</i> - <i>Was actively listening</i> - <i>Smiled towards patient</i></p>	<p>Clients statement with non-verbals</p> <p>Statements: “No” Then continued to laugh “I’m just joking, now would be a good time”</p> <p>Non-verbal’s: - <i>Shook head when stating now would be a good time</i> - <i>Made good eye contact</i> - <i>Was also smiling</i></p>	<p>Technique: Direct Question</p> <p>Rationale for use: I started out by asking if now would be a good time because I felt that would make the patient feel the most comfortable and to make sure that I started out my first interaction strong in order to build a good rapport with my patient.</p> <p>Effectiveness: This question started my interaction out with my patient very good for me. We were comfortable</p>

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		around one another. He was able to make jokes and make light of the situation that he was in. His reaction also gave me a good look at what his personality was like and his sense of humor.
<p>2. Your statements with non-verbals</p> <p>Statements: “How are you feeling this morning”</p> <p>Non-verbal’s:</p> <ul style="list-style-type: none">- <i>Used eye contact to show good concern</i>- <i>Was close to my patient, within 3-4 feet</i>- <i>Was actively listening</i>	<p>Clients statement with non-verbals</p> <p>Statements” “I had a rough spell on Sunday but I am still breathing.”</p> <p>Non-verbal’s:</p> <ul style="list-style-type: none">- <i>Used hand gestures when speaking</i>- <i>Facial expressions</i>	<p>Technique: Silence</p> <p>Rationale for use: After my patient stated this, it made me feel very sorry for him and the pain/state that he was in. I didn’t want to overstep and give any false reassurance so I showed a sympathetic facial expression and showed him that I was actively listening but the technique that I did was silence.</p> <p>Effectiveness: I feel like this was maybe not the proper technique that I should have used, I could have just kept the conversation going and asked more questions to keep the conversation going but it was my first real full interaction with him and I did not fully know what to say right away. Next time I will definitely continue to speak more when a comment like this is said.</p>

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<p>3. Your statements with non-verbals</p> <p>Statements: “Is there anything else that I can or get for you right now?”</p> <p>Non-verbal’s:</p> <ul style="list-style-type: none">- <i>Facial expression – smiled</i>- <i>Maintained eye contact</i>- <i>Was close to my patient</i>	<p>Clients statement with non-verbals</p> <p>Statements: “I have a hard time hearing in my left ear, what did you say?”</p> <p>Non-verbal’s:</p> <ul style="list-style-type: none">- <i>Facial expression – was confused</i>- <i>Posture – leaned in a little closer</i>	<p>Technique: Restating</p> <p>Rationale for use: During my time of care, my patient had a very difficult time hearing, I had to restate several things in a louder, clear tone. I used restating to make sure that the point or that what I was saying got across and that he could understand what I was saying to him.</p> <p>Effectiveness: This worked well for me, as I did not mind at all speaking louder and more clear for my patient in order for him to be able to understand me.</p>
<p>4. Your statements with non-verbals</p> <p>Statements: “Your flowers are so pretty, who got them for you?”</p> <p>Non-verbal’s:</p> <ul style="list-style-type: none">- <i>Active listening</i>	<p>Clients statement with non-verbals</p> <p>Statements: “My granddaughter got them for me, she works as an EMT.”</p> <p>Non-verbal’s:</p> <ul style="list-style-type: none">- <i>Facial expression – smiled</i>	<p>Technique: Open-ended question</p> <p>Rationale for use: I used an open-ended question so that my patient would have to open up more and talk, this was just an easy way to build a better relationship by being</p>

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<ul style="list-style-type: none">- <i>Facial expressions – smiled</i>- <i>Leaned closer</i>	<ul style="list-style-type: none">- <i>Hand gestures</i>- <i>Eye contact</i>	<p>able to actively listen to what he was going to respond with.</p> <p>Effectiveness: This worked well, he started going in deeper and telling us about his granddaughter. He stated how she works as an EMT and this was an effective way for us to build a better relationship and build that trust.</p>
<p>5. Your statements with non-verbals</p> <p>Statements: “Is now a good time for us start your bed bath?”</p> <p>Non-verbal’s:</p> <ul style="list-style-type: none">- <i>Active listening</i>- <i>Head nodded</i>- <i>Maintained eye contact</i>	<p>Clients statement with non-verbals</p> <p>Statements: “I would like to wait until after I have had my physical therapy for the day, I just want to rest for now.”</p> <p>Non-verbal’s:</p> <ul style="list-style-type: none">- <i>Facial expressions – very tired</i>- <i>Eye contact</i>	<p>Technique: Direct Question</p> <p>Rationale for use: Wanted to make sure the patient was comfortable and that it would be an okay time to perform his bed bath as he had declined in the previous shift.</p> <p>Effectiveness: This was not effective as the patient declined, therefore he did state that after physical therapy he would like one. What I could have done differently was if I had told him it was time for his bed bath instead</p>

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		of asking him if it was a good time. This might have made the outcome a little different.
6. Your statements with non-verbals	Clients statement with non-verbals	Technique: Rationale for use: Effectiveness:
7. Your statements with non-verbals	Clients statement with non-verbals	Technique: Rationale for use: Effectiveness:

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8. Your statements with non-verbals	Clients statement with non-verbals	Technique: Rationale for use: Effectiveness:

Evaluation:

Reflection: The patient's emotional status effected our interaction because he had been there for a few days before we got there and he was going to be discharged within the next few days, he also was just very tired and kept to himself most of the time. Besides the interactions that I spoke about, we did not have much interaction other than that. He was tired most of the time and was very quiet and closed off. Although we did not have a lot of communication, he was very sweet and open in the times we did have communication.

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Barriers: The barrier that I encountered during my time of care was that I asked my patient if he wanted to do things instead of telling him it was time to. This happened when I asked my patient if he had wanted a bed bath after he had declined it earlier on in the night shift and the day before. I should have been more assertive and told him that it was time for his bed bath instead of asking him. We overcame this problem by going into the room at a later time and telling him that it was time for us to go ahead and perform his 11 o'clock vitals, we learned to be assertive and act on things instead of always asking for permission. That was the big barrier that we faced throughout our basic care days.

Personal Strengths & Weaknesses:

Strengths: Was confident walking into patient's room and asking how they were doing, was able to show good verbal communication by remembering what is and what was not good uses of therapeutic communication. For my non-verbal communication, I did a good job of maintaining eye contact and actively listening and not interrupting my patient when they were talking to me, I also was able to always smile and show good facial expressions.

Weaknesses: Was not good at being able to hold a conversation for a long period of time. I got my patient to open up to me but not as much as I would have liked. For my non-verbal communication, I did a poor job of getting close with my patient, I feel as if I was always standing at the head of his bed instead of going in and getting closer to display a good sense of communication and better listening.

Strategies for Improvement: Ways that I could improve my interpersonal skills would be to get more comfortable in being put in awkward positions, sometimes patients might say things that are a little uncomfortable and I need to get use to what to say and how to react when things like that happen. Another way that I could improve my interpersonal skills could be to speak louder when communicating with my patient, I had to repeat myself multiple times throughout the two days when speaking to my patient because I was quiet or too soft spoken and he was hard of hearing. In conclusion, these are the two things that I could work on to improve my interpersonal skills

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