

BEEBE HEALTHCARE

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

Student: Rachel Mordes		Date of Interaction: 09-23-2025	
Client Initials: PV	Age: 64	Admitting Diagnosis: Post-operative complication	
General Information:			
<p>Description of Environment: Fifth floor- 5 East (Orthopedics), room 509. The unit was relatively busy, with nurses, CNAs, physicians, transport, and other healthcare professionals on the floor throughout the day. The patient's room was rather small but neat and free of clutter, with a bed, chair, curtain (for privacy), television, and bathroom. There was a window in the room that allowed in natural sunlight making the room brighter. A small basin filled with personal items (phone, charger, hairbrush) was sitting on the bedside table. The bathroom was neat and clean with only a toothbrush stored there. There was a small cabinet in the room that contained the patient's clothes from the day of admission.</p>			

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Description of Client: PV is a 64 year old female who recently had a hip replacement surgery. She was admitted due to post-operative complications following a hip replacement operation. She was alert, oriented, and generally compliant. She appeared clean. She was in a hospital gown and her hair was slightly tangled upon our first interaction. She appeared somewhat tense early in the day but lightened up throughout the day. She was very vocal on communicating her thoughts/feelings with me by the end of the day. Her orders included a low-fiber diet, ambulation, and use of an incentive spirometer. Her only allergy listed in her chart was to adhesive bandages. She was up ad lib, but pretty independent with minimal assistance. She was not a fall risk, not Q2 turn, not on oxygen, and fully continent. She demonstrated good understanding of post-operative orders (e.g. ambulation, following diet, and use of the incentive spirometer). She also had a JP drain. Overall, she was pleasant and very responsive when given time and attention.

Goal of Interaction: The goal of the interaction with the patient was to establish a rapport, so I could better meet the patient's post-operative health goals. I desired to promote my patients overall health status, through the use of multiple therapeutic techniques such as; Open-ended questions, direct questions, clarifying, giving information, silence, and accepting.

Interaction Narrative

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

Student:

Patient:

Analysis:

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<p>1. Your statements with non-verbals:</p> <p>Statement:</p> <p>“How did you like your breakfast?”</p> <p>Non-verbals:</p> <ul style="list-style-type: none">-active listening-head nods/acknowledgement of client - standing at an appropriate distance (not too close and not too far) about 3-4 ft-soft eye contact-non-judgmental looks	<p>Clients statement with non-verbals:</p> <p>Statement:</p> <p>“Eh, it was pretty good- not the worst thing I’ve ever had.”</p> <p>Non-verbals:</p> <ul style="list-style-type: none">-facial expressions-eye contact-hand gestures	<p>Technique: Open-ended question</p> <p>Rationale for use: I used the open-ended technique to ask how she liked her breakfast, so that I could scope out if she was eating enough. I also used it as a conversation starter to show that I cared about ensuring that she had a good stay while in the hospital. Hospital food is not everyone’s favorite. So, I just wanted to make sure she liked what she had and make sure that if she didn’t, to get her something else that she did like. This was to ensure she had a decent breakfast to eat.</p> <p>Effectiveness: This was effective, her tone seemed to brighten when I asked her about her breakfast. She began telling me how everything on her plate was in detail and expressed that she liked her breakfast for the most part. I also noted that she ate all of her food 100% so I knew that she liked it, and was eating adequately.</p>
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<p>2. Your statements with non-verbals:</p> <p>Statement: “Would you like me to help you with doing your hair?”</p> <p>Non-verbals:</p> <ul style="list-style-type: none">-eye contact-standing in proximal distance (not too close and not too far) about 3ft-warm welcoming facial expression	<p>Clients statement with non-verbals:</p> <p>Statement: “Yes, I would love that!”</p> <p>Non-verbals:</p> <ul style="list-style-type: none">-brightened facial expression -handing me her brush-eye contact	<p>Technique: Direct question</p> <p>Rationale for use: I used a direct question to offer help with an ADL. I noticed she was attempting to brush her hair, and since I had free time I offered to help. My goal was to help her feel refreshed to try and help her have a better stay. I used a direct question because it leaves the option up to her if she wanted help with her hair or not (yes/no). This task also allowed me more time to talk with the patient while performing the task.</p> <p>Effectiveness: This was highly effective because she did take my offer to help. She expressed that she was very happy and thankful that I did her hair. She expressed that she felt beautiful and refreshed. It sparked good conversation about her typical hair routine and how she loved to have her hair done.</p>
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<p>3. Your statements with non-verbals:</p> <p>Statement: “How do you usually like to do your hair?”</p> <p>Non-verbals:</p> <p><i>-silence</i> <i>-close proximity (I was brushing/braiding her hair)</i></p>	<p>Clients statement with non-verbals:</p> <p>Statement: “My daughter usually does my hair, but I haven’t had it done in a while since dealing with my surgery.”</p> <p>Non-verbals:</p> <p><i>-close proximity</i> <i>-appeared comfortable sitting</i> <i>-good body language</i> <i>-good tone of voice</i></p>	<p>Technique: Active listening</p> <p>Rationale for use: I asked an open-ended question to try to get to know her better involving the task being completed (doing her hair). I wanted to know more about her and her normal routine to try to create that “normalcy” feeling for her. I wanted to allow her to talk about herself. So I used active listening to learn about her normal hair routine and just her normal routine when she is at home. I asked one question and then listened to her response with brief, and occasional acknowledgement so she knew I was listening.</p> <p>Effectiveness: This was very effective, she opened up and told me all about her normal hair routine. She also told me a lot about her daughter. I believe she felt more comfortable sharing information about herself because she knew that I was listening.</p>
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<p>4. Your statements with non-verbals:</p> <p>Statement: Response statement: “How come you feel that way?”</p> <p>Non-verbals:</p> <p><i>-facial expression of concern/seriousness - eye contact -standing proximally (about 4 ft) - welcoming body language (to promote safe environment to open-up) -soft tone</i></p>	<p>Clients statement with non-verbals:</p> <p>Statement: “I feel like the nurses do not like me.”</p> <p>Non-verbals:</p> <p><i>-upset tone of voice -arms crossed - avoiding eye contact -saddened/irritated look</i></p>	<p>Technique: Open-ended</p> <p>Rationale for use: I used an open-ended question as a response to her statement to get her reasoning behind it. I wanted to give her a safe space to elaborate on her feelings regarding her statement. I wanted to try to understand exactly why she felt that way to maybe try and to resolve it if possible. I used an open-ended question to avoid being dismissive of her feelings. I wanted to make sure she knew that I cared about her feelings.</p> <p>Effectiveness: This was pretty effective. She opened up a little bit to me about why she felt like the nurses did not like her. She said she felt like a burden and she also felt as if they did not care about her. She discussed how they never spent much time discussing her care and came off dismissive to her.</p>
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<p>5. Your statements with non-verbals:</p> <p>Statement: “Following you doctors orders to take walks will help your circulation and prevent post-op complications.”</p> <p>Non-verbals:</p> <ul style="list-style-type: none">-proximal distance (standing about 4ft away)-direct eye contact-encouraging tone -avoiding coming off demanding	<p>Clients statement with non-verbals:</p> <p>Statement: “Okay, I want to do whatever I can to have a quicker recovery.”</p> <p>Non-verbals:</p> <ul style="list-style-type: none">-understanding-beginning to stand up (compliance) -direct eye contact-positive tone of voice	<p>Technique: Giving information</p> <p>Rationale for use: Noting that the doctor had an order for ambulation, I encouraged the patient to get up and ambulate. I used the “giving information” technique to give some teaching to help encourage her to want to get up and ambulate. Instead of just insisting her on walking because she was ordered to, I took time to explain to her the importance of walking so that she would be more motivated to do so.</p> <p>Effectiveness: This was very effective because she immediately began getting up to ambulation after our conversation. She expressed before that she was ready to go home, and she expressed that she would be compliant with her doctor’s orders so that she could have safe recovery and go home as soon as able. I believe giving some teaching behind the importance of the task made her more encouraged to do it.</p>
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<p>6. Your statements with non-verbals:</p> <p>Statement: Response statement: “Yes, I understand that completely.”</p> <p>Non-verbals:</p> <p><i>-caring demeanor -head nod for acknowledgment -standing in close proximity (about 4ft) -eye contact -understanding tone of voice</i></p>	<p>Clients statement with non-verbals:</p> <p>Statement: “I am just ready to go home, I don’t want to be here anymore.”</p> <p>Non-verbals:</p> <p><i>-defeated tone of voice -discouraged body language -avoiding eye contact -saddened/irritated demeanor</i></p>	<p>Technique: Accepting</p> <p>Rationale for use: The patient expressed to me that she wanted to go home and that she was over her stay at the hospital. Instead of being dismissive or telling her that she needs to be here, I used the accepting technique to show her understanding. It is difficult being in the hospital and most people do not like to be in the hospital. So I attempted to be at a level of understanding with her that she felt like she was being heard.</p> <p>Effectiveness: This worked pretty well. She talked a little bit about what she did not like about being in the hospital after I expressed understanding. So my technique made her feel more comfortable about sharing her feelings. That gave me a an opportunity to listen to what she was saying and try to improve her stay to the best of my ability.</p>
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<p>7. Your statements with non-verbals:</p> <p>Statement: “So you said that have used an incentive spirometer before?”</p> <p>Non-verbal:</p> <p><i>-standing in close proximity (about 4ft) - direct eye contact -relaxed facial expression -open posture</i></p>	<p>Clients statement with non-verbals:</p> <p>Statement: "Yes, I have used one before”</p> <p>Non-verbal:</p> <p><i>-holding IS -eye contact -head nod -sitting up relaxed</i></p>	<p>Technique: Clarifying</p> <p>Rationale for use: I used the clarifying technique to ensure that I correctly understood the clients statement on whether she had used an IS before or not. By asking the client to explain what she meant, I was able to assess her level of knowledge and any gaps in her understanding of using an IS. Clarifying technique helps with clear communication between me and the client so that there is also a clear understanding.</p> <p>Effectiveness: This technique was somewhat effective. It helped to verify that she had used an IS before and that she knew exactly how to use it. However, I am not entirely sure that she used it as frequently as she should have. She was aware/educated about using the IS about 10 times per hour, though I was not fully confident she adhered consistently.</p>
<p style="text-align: center;">Evaluation:</p>		

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Reflection: At first, the interactions were short and seemed to be unwanted by the patient. This was because she was awaiting discharge. This made it really difficult to communicate with her at first because she did not necessarily want to hear what I had to say, she was more focused on going home. Upon introduction, her non-verbals were; closed body language, avoiding eye contact, short tone, and slight irritability. After a short amount of time into the day using some therapeutic techniques, I was able to break down that wall that the patient had up. Her non-verbals became more positive, such as; welcoming body language, warm tone, and maintaining eye contact. She became more motivated and willing to complete tasks. She also became comfortable enough with me to share on her personal life, along with her thoughts and feelings. So, at first the interactions were slightly challenging, but by the end of the day I had built a great rapport with my patient and she was fully motivated to complete tasks/orders. Regarding myself, I was able to grow and learn from these interactions to help with future interactions. I learned that persistence with therapeutic communication, even when a patient seems disengaged, can change the entire trajectory of the relationship you have with them. In future interactions, I will continue practicing these therapeutic techniques.

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Barriers: One major barrier I faced with my patient was her initial guardedness and belief that staff “didn’t like her”, which reduced her eye contact and willingness to engage. This impacted nursing care by dampening the motivation for interaction and activities. I addressed and overcame this barrier accepting and validating her feelings without judgement. I actively listened to what she had to say and gave her silence to speak. I also used open-ended questions to better understand her perspective and feelings. She eventually expressed to me that she was ready to go home and that she did not like being in the hospital. So, I realized that her stand-offish mannerism in the beginning, was mainly due to the fact that she felt neglected and was ready to go home. After I utilized my therapeutic techniques, I built a good rapport with her. This led to a brightened mood every time I came into the room for the remainder of my day there. She was super compliant with her orders and much more motivated regarding her care.

Personal Strengths & Weaknesses: I would say that my personal strength was utilizing the therapeutic techniques I had learned to build a good rapport with my patient. I was able to successfully combine verbal communication with nonverbal behaviors to gain the trust of my patient. I specifically used open-ended questions and active listening with soft tones and welcoming body language the most. This is because I noted that these implements tended to give me more positive responses from the patient. It allowed her to open up to me on a deeper, more personable level. This allowed for me to get to know her better. People typically will not discuss personal details about their life unless they feel a sense comfort, and a welcoming environment to ensure it is safe to be vulnerable or to share. I was able to maintain good body gestures, eye contact, tones, and facial expressions throughout the day. I also continued with open-ended questions and periods of active listening. Throughout the day she shared lots with

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me. She opened up about her life at home, family, typical routines, etc. She also expressed to me her feelings about her health status and about her current stay at the hospital. So, I feel as if I did a good job utilizing these therapeutic techniques.

One weakness I tended to struggle with was my lack of assertiveness. I do not mean assertive as in coming off as demanding, but more so strongly encouraging the patient to complete ordered tasks. I think that this could mostly be observed through my non-verbals. I believe I came off shy/timid while discussing orders. During the day I noticed my patient had an order for an incentive spirometer, so I gathered one from the supply closet and brought it to my patient. I explained the order, how to use it, and basic client education. She had a very clear understanding for how to use it and expressed that she had used one before. However, I am not sure that she used it up to the expectation of 10 times per hour. I think she may have used it a lot less than 10 times an hour, which resulted from my fear of disrupting her. I think I could have done a better job at checking every hour and ensuring she was really following through with the order. I did not want to come off as demanding or bothersome by frequently going in the room. However, I know that our job as healthcare providers (student role) is to always encourage our patients to complete ADLs and orders. It is difficult sometimes, like in this situation, I did not want to be a bother to my patient. That resulted in a potentially unfulfilled task. So, I now realize that I need to find that assertiveness, that way I can complete my patient care to its entirety.

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Strategies for Improvement: There are multiple ways I can improve on my assertiveness to ensure all orders/tasks get completed. One way I could do this is by creating interventions or plans. Specifically regarding the IS order not being completed to its entirety, one intervention I could have done to help was, to give my patient a time sheet that she could use to track her IS use. I could have also done occasional check-ins to make sure the task is being completed. This way she would be more inspired to complete the order of using the IS 10 times per hour and I would be able to track progress better. Another way I could improve on this weakness is by setting times of care instead of just giving a yes/no option. So, instead of saying “would you like to get cleaned up now?” I could say “I will come back once you are done eating breakfast to come get you cleaned up.”. This respects the patients wishes but it is also more aligned with completing ADLs and ordered tasks. Along with these two improvement strategies I can also use my tone of voice and other nonverbal behaviors to enhance this assertiveness. My non-verbals reflected hesitancy and timidity. I think I lack assertiveness as of now because I am still new, and I do not want to come off as too pushy or demanding. However, it is important to remember that it is our job to ensure that these ADLs and orders get completed to promote our patients health which is our number one job. In the future, I will show assertiveness in both verbal (clear, respectful instruction, and client education) along with nonverbal (confident posture and demeanor). We did discuss this weakness in post-clinical conference, so I am hoping to implement these strategies for my next clinical to improve on weak areas.