

BEEBE HEALTHCARE

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

Student: Alejandra Salazar-Soto		Date of Interaction: September 23rd and 24th, 2025	
Client Initials: R.S.	Age: 92	Admitting Diagnosis: Cellulitis	
General Information:			
Description of Environment:			
<p>The environment was in the Beebe Hospital, specifically on the 5th floor's orthopedic wing. In this unit was the client R.S., who was in room 504A directly adjacent to the nurse's station. The room was a private room, which included a private bathroom with sink, shower, toilet, and one hospital bed with adjustable rails. Some other items found in the room were a hospital bedside table, a TV, an armoire for personal patient belongings, and an air conditioner unit. There was personal protective equipment found within the room, with an assortment of gloves, waterless hand sanitizer, and communication board (white board) with important information pertaining to the client. Also found within the room were suction equipment attached to a canister, IV pole and pump, and safety items such as a sharps container, a wall-mounted call bell, and a call bell attached to the hospital bed for the client. Some personal hygiene materials were also observed, such as mouth care items (toothbrush, toothpaste, mouthwash, basin), creams, tissues, and nourishment for the patient.</p>			
Description of Client:			
<p>R.S. is a 92-year-old white male presenting with a diagnosis of cellulitis. Because of this cellulitis, this client was also being treated for bilateral weeping edema in the lower extremities that presented 3 days prior. He currently resides in a skilled nursing facility and is an ambulatory wheelchair user, which he thinks was the cause of this cellulitis. He is alert and oriented to person, place, time, and situation and has a medical history of hypertension and allergies to methotrexate. Client also had a recorded Stage 1 pressure ulcer and was on a cardiac diet.</p>			
Goal of Interaction:			
<p>The goal of the interaction was to provide hands-on basic nursing care while considering my client's admitting diagnosis and presenting symptoms under the guidance of the CNA and nursing staff. The overall main goal was to build rapport and have a trusting connection with my patient to provide effective care over 2 days. In addition, it was my goal to provide an approach where I could foster and promote a safe environment where I could participate in intimate basic care activities such as feeding, mouth care, and bed baths. Through the help of the nursing staff, it is also my goal to ensure that all basic care tasks are not only completed, but accurately documented and accounted for through Beebe's electronic medical record.</p>			

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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>“Good morning, my name is Alejandra and I will be your student nurse today assisting with your care. Can I confirm your name and DOB?”</p> <p>“How are you doing today?”</p> <p><i>Smiling, facing patient, maintaining direct eye contact, open body language, standing within 2 feet of bedside.</i></p>	<p>Clients statement with non-verbals</p> <p><i>Patient was curled up on side, shrugged shoulders, rolled eyes back, looked away.</i></p> <p>“Meh, I’m doing alright. Been better.”</p>	<p>Technique: Open-ended question</p> <p>Rationale for use: Develop initial rapport to ensure patient comfort during time of care.</p> <p>Effectiveness: Not an effective first approach. Patient appeared to just have woken up and did not seem like he wanted to participate much in a conversation. He was short in his response and did not give much elaboration on how he was doing.</p>
<p>2. Your statements with non-verbals</p> <p><i>Calm/relaxed facial expression, brief silence, softly nodding, slight tilting head, facing patient, maintaining soft eye contact, open body language, standing within 2 feet of bedside and gently holding hands together in front.</i></p> <p>“Tell me more about what happened .. How did we end up here?”</p>	<p>Clients statement with non-verbals</p> <p><i>Patient shrugged shoulders, neutral expression, slouched posture, maintained eye contact.</i></p> <p>“I don’t know, the doctors haven’t said anything. My daughter brought me over from Brandywine because my legs were swelling up and they hurt. My socks were starting to feel wet. I think</p>	<p>Technique: Open-ended question</p> <p>Rationale for use: Develop a further understanding as to why the patient has been admitted to the hospital and continue to build on trust and rapport.</p>

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	<p>it's because I hit my foot on the wheelchair brakes, I don't know."</p> <p>"Am I getting breakfast? I asked for some oatmeal yesterday."</p>	<p>Effectiveness: Although R.S. was unsure about the prognosis of his diagnosis, he was able to provide student with more background information about what happened to have led him to be admitted to the hospital. It also appeared that he did want to continue engaging in conversation by asking if breakfast was coming around to him soon.</p>
<p>3. Your statements with non-verbals</p> <p><i>Calm facial expression, warm soft smile, softly nodding, maintaining soft eye contact, facing patient, standing within 2 feet of bedside, open body language, open hand gesture, slightly leaning forward.</i></p> <p>"I see. I did confirm with your nursing team, and they notified me that they are waiting to get back some lab results to see what's going on. I double checked and breakfast comes early around 7:30-8 a.m., so it should be coming around soon! If you don't get any oatmeal, I can always check and see if someone can bring you some."</p>	<p>Clients statement with non-verbals</p> <p><i>Soft smile, relaxed facial features, nodding, adjusting posture to sit up on bed, maintained eye contact.</i></p> <p>"Okay that sounds good. I think my daughter is coming in later. She wanted to talk to the doctor to see what's going on."</p>	<p>Technique: Giving information</p> <p>Rationale for use: Reduced patient's possibility of anxiety and/or fear of unknown answers but reassuring that it's just a matter of waiting for the results to come back.</p> <p>Effectiveness: Informing R.S. what was coming up next helped made him more awake, alert, and attentive. He was eager to sit himself up straight in his bed in anticipation of upcoming test results along with his preferred breakfast.</p>

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<p>4. Your statements with non-verbals</p> <p>“So are you a Bills fan? Are you from New York?”</p> <p><i>Standing within 2 feet of bedside, body leaning forward, arm pointing to patient’s blue Buffalo Bills beanie, raised eyebrows, big, genuine smile, focused eye contact.</i></p>	<p>Clients statement with non-verbals</p> <p><i>Soft smile and laugh, relaxed eyes, upright posture, sustained eye contact.</i></p> <p>“Well yes I am a Bills fan, I’m from up that area in upstate New York. My daughter made me move down about a year ago. She wanted me to be closer to her.”</p> <p><i>Shrugged shoulders, hands facing upwards.</i></p>	<p>Technique: Direct question</p> <p>Rationale for use: I wanted the patient to feel comfortable with me and have him realize that I also had genuine interest in him outside of his medical diagnosis. I wanted to gather information about what his interests were (since I also have an interest in sports) and see if I could get an idea of where he was from to build rapport, trust, and a meaningful connection.</p> <p>Effectiveness: This was the most effective technique thus far, as he was smiling as I asked about his interest in football and where he was from. This interaction continued to flow as I asked more direct questions, and he continued to open up to me about other topics such as his previous experience in the military, his children, and his wife.</p>
<p>5. Your statements with non-verbals</p> <p><i>[Patient’s breakfast tray arrives around 0745, without oatmeal. Patient states: “They did the same thing yesterday; they forgot my oatmeal! It’s like they’re not even listening to me.”]</i></p>	<p>Clients statement with non-verbals</p> <p>Hand gestures with palms facing up, eyes looked away, frowning, furrowed brows, tense posture.</p> <p>“I just want some oatmeal.”</p>	<p>Technique: Accepting</p> <p>Rationale for use: I wanted to have the patient feel a sense of peace, even if it was just for a moment, to feel heard and validated. I offered a slight touch in the arm to express my concern to him and provide him with some comfort.</p>

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<p><i>Maintained gentle eye contact, slow nod, leaning forward slightly, maintained 2 feet distance from bed, soft concerned facial expression, slight head tilt, slower calm breaths, light touch on arm.</i></p> <p>“I hear you.”</p>		<p>Effectiveness: The patient’s body seemed to relax once I placed my hand on his arm. He showed receptiveness to my comforting approach as he looked over at me calmly and maintained his gaze with a soft smile. We then discussed a plan for me to try to get someone to bring him oatmeal.</p>
<p>6. Your statements with non-verbals</p> <p><i>Light touch on arm, soft smile on face, took a step closer to the bed, leaned in forward, slight head tilt, maintained eye contact.</i></p> <p>“I am going to talk to your nurse and see if someone can bring you oatmeal right now.”</p>	<p>Clients statement with non-verbals</p> <p><i>Maintained eye contact, soft smile, relaxed posture.</i></p> <p>“Thank you so much. That would be great.”</p>	<p>Technique: Giving information</p> <p>Rationale for use: Patient had expressed that no one had brought him oatmeal although it was his breakfast preference over the past two days. I wanted to ensure that the patient was able to get his oatmeal request fulfilled so that he was able to have adequate nourishment during my time of care.</p> <p>Effectiveness: Once the patient received the oatmeal, he showed an overall relaxed demeanor with a soft smile, open posture, and bright soft eyes. He was very thankful that I immediately showed initiative to ask the nurse to seek out the Nutritional Services team to bring him a bowl of oatmeal. He immediately started to eat the oatmeal as</p>

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		soon as I brought it in the room, and he had a big smile on his face. His gratitude reflects the continuous growth of rapport and trust between him and I.
<p>7. Your statements with non-verbals</p> <p><i>Patient is eating breakfast ...</i> <i>Student nurse asks: "Would you like me to turn your TV on?"</i> <i>Patient states: "Nah, nothing good."]</i></p> <p>"You don't want to turn on the TV because there isn't anything playing that interests you right now. Is that right?"</p> <p><i>Open body language maintained 2 feet from bed, slight head tilt, maintain soft eye contact, slight smile.</i></p>	<p>Clients statement with non-verbals</p> <p><i>Patient nodding slowly with eyes closed.</i></p> <p>"Exactly. It's too early for anything good to be on."</p>	<p>Technique: Restating/summarizing</p> <p>Rationale for use: Since the patient had previously expressed his sports interest, I wanted to see if I could increase his comfort level while eating breakfast by offering to turn on the television to a channel in which he might be interested in.</p> <p>Effectiveness: Although restating and summarizing his statement was correct, he remained to not have an interest to turn on the TV while he was eating breakfast since it was still early morning.</p>

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Evaluation:		
Reflection:		
<p>Although my patient had been experiencing high amounts of pain due to his diagnosis, I felt that establishing an initial rapport and warm approach upon the first couple of interactions were imperative. Building this strong relationship led me to successfully be able to assist with these intimate basic care activities such as feeding, bathing, and mouth care. In addition, he was very comfortable and willing to have me assist him with perineal care, changing his PrimoFit external catheter (with the help and supervision of Mrs. Snyder), turning him every 2 hours, and changing his linens. Building this bond through effective communication with R.S. made us have a positive relationship, where he confided in me to provide him with the best care that I could give him for both days that I was with him.</p>		
Barriers:		
<p>Some of the earlier barriers that took some adjusting to overcome for myself included some of the medical equipment that was available to use at the hospital. Practicing with tools to assess vitals at the School of Nursing was very different then the advanced devices that were used at the hospital, which took some time with adjusting. Another barrier relating to this was the lack of access to the Cerner Electronic Medical record. Although it was a slight time management barrier, this also ended up serving as a communication barrier with our clinical instructors and nursing staff as we had to wait to input our documentation and findings (versus in practice where we should do it in real time).</p>		
Personal Strengths & Weaknesses:		
<p>Where my personal strengths truly shone were when asking both direct and open-ended questions to the patient. Encouraging the patient to speak about himself really opened him up about his personal story, how he grew up, where he was from, his family, and what living in the military was like. I personally felt most comfortable talking with the patient and through these questions, finding a common ground to bond and connect to build trust and rapport. I felt that the strengths in my non-verbal cues included open body language, soft/maintained eye contact, soft smile, and being within proximity (about 2 feet from patient's bed). The more time I spent with the patient talking to him about things outside of his diagnosis, the more I perceived for him to seem more comfortable when talking with me. This led to him being more compliant when completing the basic care tasks during the Basic Care clinical time. As I reflected on my time during clinical, I saw that some of my weaknesses lied with managing my communication with the nursing staff. I think this may have been because I was working independently during this time, so I had to be extra cautious of making sure my time management was effective. This may slightly impact the communication with the CNA that was assisting</p>		

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us during this time, who was extremely busy taking care of many rooms at once. Although it was a slight weakness for me, I started to get into a rhythm and made sure I was on top of the nutritional trays to ensure adequate documentation with the intakes and outputs, while making the CNA on the floor aware. Additionally, some of the non-verbal communication techniques that I would like to work on is my posture and my tone of voice. I think some of the nerves may have gotten in the way on Day 1, and I caught myself at times kind of being slouched over with my arms slightly behind my back. In the future, I want to make sure I am more aware and in tune with my posture and how my body is opened to the patient. Another non-verbal technique that I would like to work on is my tone of voice. I want to make sure that I am conscious of matching the tone of voice with the patient and where they are at, and not be overly enthusiastic while greeting them first thing in the morning.

Strategies for Improvement:

To prioritize improvement in the future, the strategy that I would like to focus on primarily is my time management. At the end of the day, I will be the one responsible of adequately distributing my time among my patients. I can use an organizational tool to assist me as I take care of different patients, and make sure I am setting priorities with each one of them pertaining to their diagnosis and plan of care. For example, I can make a list of questions that I can ask the patient once I arrive at their bedside for the first time to increase my preparedness and effectiveness. In addition, I would like to ensure that I maintain good communication not only with my patients, but also with the nursing and supporting staff. Through my time at clinical, I saw how successful teamwork plays a role in patient success. I also noticed how using clear and non-medical language helped with patient understanding, so I want to make sure in the future I try to gauge patient understanding and keep medical jargon at a minimum (using layman's terms when communicating).