

BEEBE HEALTHCARE

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

Student: Elise Cutrona SNB		Date of Interaction: 09/30/2025- 10/01/2025	
Client Initials: CS	Age: 81	Admitting Diagnosis: Decubitus ulcer – sacrum	
General Information:			
Description of Environment:			
Clinical floor: 3 Med surge Client Rm #: 316			
<p>CS was in a private hospital room on the Med Surge Unit – floor 3. The room was spacious, and the bed was in the lowest position with three side rails up for safety. The call bell, personal items, and his coffee and water were always within reach. Oxygen and IV access were available at the bedside. The environment was clean and supportive of rest and recovery, while supporting an open, conversational atmosphere. The overall environment fostered both emotional and physical comfort.</p>			
Description of Client:			
<p>The patient is an 81 y/o male admitted with a decubitus ulcer on is sacrum. He also has stage IV prostate cancer and frequently visits Beebe for treatments. He lives with support from his nephew, S, who also serves as his primary caretaker. C expressed feeling fatigue from his treatments along with some functional limitations, specifically related to reduced motor function in his right arm. Despite his illness, C shared his very lighthearted personality, along with many dad jokes and his love for sharing his hobbies with others. He was open and reflective, discussing the personal losses of his wife and two children. He finds comfort in good humor, watching football and listening to audiobooks since recent surgery on his right eye makes reading difficult. He enjoys meaningful conversation and feels valued when others listen to his stories. Overall, emotionally, C displays resilience and acceptance, though he occasionally demonstrates short moments of sadness and frustration while reflecting on his health and losses.</p>			

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Goal of Interaction:

The communication goal for this interaction is to use therapeutic communication to build trust and emotional support while addressing pain management, skin integrity, and promoting comfort. I used active listening, empathy, presence, silence, clarifying, and acknowledging to encourage C to verbalize feelings of fear, loss of independence, and to establish trust and rapport. Most importantly I made sure that C felt heard, respected and involved in his care decisions during my time of care.

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>Statement: “Good morning, my name is Elise, and I am going to be your student nurse today. How are you feeling?”</p> <p>Nonverbals: <i>I maintained eye contact, smiled warmly, and spoke in a calm, respectful tone to establish rapport and professionalism.</i></p>	<p>Clients statement with non-verbals</p> <p>Statement: “I am doing alright. I love having students around. I am so grateful to help you all learn.”</p> <p>Nonverbals: <i>Client smiled genuinely and adjusted his blanket, tone sincere and welcoming.</i></p>	<p>Technique: Introduction (AIDET), giving recognition, establishing trust</p> <p>Rationale for use: Introducing oneself is a foundational therapeutic communication technique that establishes trust, professionalism, and respect at the beginning of a nurse–patient relationship. It can also reduce anxiety and make the client feel valued by starting with a polite introduction.</p> <p>Effectiveness: The patient responded positively by smiling, maintaining eye contact, and expressing that he enjoys interacting with students. His statement, “I’m grateful to help you learn,” showed that he felt comfortable, appreciated, and eager to engage.</p>
<p>2. Your statements with non-verbals</p>	<p>Clients statement with non-verbals</p>	<p>Technique: Open-ended Question</p>

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<p>Statement: “Can you tell me about your support system at home?”</p> <p>Nonverbals: <i>maintaining posture and steady eye contact; tone is gentle, inviting, and empathetic</i></p>	<p>Statement: “Ah, yes, my nephew S. He is great. He is also my caretaker. He should be coming in soon; I hope you get the chance to meet him.”</p> <p>Nonverbals: <i>voice softens, makes eye contact, small smile appears when mentioning nephew.</i></p>	<p>Rationale for use: Encourages the patient to share experiences and identify sources of emotional and social support. It provides insight into coping mechanisms and relationships.</p> <p>Effectiveness: The client openly discussed his nephew’s supportive role, demonstrating trust and willingness to engage in conversation.</p>
<p>3. Your statements with non-verbals</p> <p>Statement: Remains quiet for several seconds after C mentions losing his wife and children before responding, “That must be incredibly hard.”</p> <p>Nonverbals: <i>maintaining gentle eye contact and an empathetic facial expression before speaking softly</i></p>	<p>Clients statement with non-verbals</p> <p>Statement: “Yes, I lost my wife and both of my children.”</p> <p>Nonverbals: <i>Looking down, rubbing hands together, voice trembling with sadness, exhales deeply</i></p>	<p>Technique: Therapeutic Use of Silence</p> <p>Rationale for use: Allows time for emotional processing and demonstrates respect for the client’s feelings without interrupting their expression.</p> <p>Effectiveness: The patient continued discussing his emotions, showing that the moment of silence fostered emotional release and deepened trust.</p>
<p>4. Your statements with non-verbals</p> <p>Statement: “It looks like your fingers are a bit too cold for an accurate pulse ox reading. Try keeping your hand under the blanket for a few minutes to warm them up, and I’ll check again.”</p> <p>Nonverbals: <i>Tone calm and professional;</i></p>	<p>Clients statement with non-verbals</p> <p>Statement: “I have a better idea. I can stick my finger into my hot morning coffee to warm my finger up.”</p> <p>Nonverbals: <i>smiles and laughs</i></p>	<p>Technique: Giving information</p> <p>Rationale for use: Giving information to explain the reason behind an inaccurate pulse oximeter reading and to educate the client on how to correct it. This approach promotes understanding, reduces anxiety, and helps the client feel included in their own care plan.</p>

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<p><i>gestures gently toward the blanket.</i></p>		<p>Effectiveness: The patient responded with humor, saying he could warm his finger in his coffee. His playful engagement reflected comfort, cooperation, and a trusting relationship. His suggestion also supported the client's understanding of the clinical teaching.</p>
<p>5. Your statements with non-verbals</p> <p>Statement: "It sounds like you have been going through a lot with your cancer treatments. How have you been feeling lately regarding your treatments?"</p> <p>Nonverbals: <i>Maintains soft eye contact, calm and steady tone; nodding gently to show understanding</i></p>	<p>Clients statement with non-verbals</p> <p>Statement: "It has not been easy. I am a frequent flyer at the hospital because I have stage IV prostate cancer. I was having a terrible day earlier, but the way you are listening to me makes me feel special and important."</p> <p>Nonverbals: <i>Client's shoulders lower, facial expression softens, and he smiles faintly; tone is sincere and emotional.</i></p>	<p>Technique: Active listening</p> <p>Rationale for use: Active listening involves fully focusing on the client's verbal and nonverbal messages to convey empathy, attentiveness, and respect. It allowed me to understand C's emotions, while remaining supportive, and nonjudgemental. It also allowed me to validate C's feelings to encourage him to process the emotional stress of his diagnoses while feeling supported.</p> <p>Effectiveness: This technique was highly effective. The client verbalized that he felt "special and important" simply because I gave him the time to share how he felt. His relaxed posture, softened expression, and engagement indicated reduced stress and increased trust.</p>
<p>6. Your statements with non-verbals</p> <p>Statement: "I understand how falling asleep easily can be a good thing and a bad thing."</p> <p>Nonverbals: <i>Smiles softly, nods slowly, and maintains relaxed posture while speaking in a calm, gentle tone.</i></p>	<p>Clients statement with non-verbals</p> <p>Statement: "Yeah, the treatments really wear me out. I can fall asleep in under a minute these days, sometimes mid-sentence."</p> <p>Nonverbals: <i>Client shrugs lightly and gives a small laugh; his expression is tired but genuine, tone slightly humorous.</i></p>	<p>Technique: Acknowledging</p> <p>Rationale for use: Acknowledging recognizes and validates the client's statements or feelings without minimizing or changing the topic. I was able to acknowledge C's feelings and statement about how his fatigue from cancer treatments, showing empathy for both the benefits (rest) and negatives (exhaustion) of his condition.</p>

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		Effectiveness: C smiled and continued talking about his fatigue with a lighter tone, demonstrating comfort and openness. Acknowledging his experience helped maintain rapport and emotional connection, acknowledging his perspective.
7. Your statements with non-verbals Statement: “I love to read books too. When you say that you love Johnathan Sparaks, are you thinking of Nicholas Sparks?” Nonverbals: <i>Smiles warmly, tilts head slightly, while maintaining comfortable eye contact; tone is light and conversational.</i>	Clients statement with non-verbals Statement: Yes, that’s the one! You should read <i>The Choice</i> ; it’s my favorite book. I have listened to the audible version over 15 times. I used to read more, but I had surgery on my right eye which makes it hard for to read.” Nonverbals: <i>Client chuckles, gestures with his hand for emphasis, and his expression brightens with enthusiasm.</i>	Technique: Clarifying Rationale for use: Clarifying was used to confirm the author’s name while maintaining a natural, friendly tone that supported rapport-building and mutual connection. Effectiveness: C laughed and continued sharing details about his favorite book, indicating engagement and comfort in the conversation. His positive tone and open body language demonstrated trust and enjoyment. The clarification not only confirmed understanding but also strengthened the therapeutic relationship by fostering warmth, humor, and human connection beyond medical care.

Evaluation:

Reflection:

Although C was visibly tired during our interaction from the effects of his Stage IV prostate cancer and ongoing treatments, our conversation flowed smoothly and felt sincere. Despite his fatigue, he remained incredibly genuine, kind, and engaged in each of our interactions. He expressed that he enjoyed helping students learn, and his openness created an environment of mutual respect and comfort. His willingness to share personal stories, including offering to send me his favorite audiobook in the mail, demonstrated the depth of trust built during our interaction. His emotional honesty and gentle nature encouraged me to communicate with more patience, warmth, and authenticity. His physical limitations did not hinder our conversation; instead, they made each exchange more meaningful and heartfelt. This experience taught me a lot about the importance of human connection.

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Barriers:

One of the biggest barriers I experienced was the transition from practicing communication in the simulation lab to applying these techniques with a real patient in a hospital setting. In the lab, interactions are structured, predictable, and focused on meeting objectives. In contrast, real patient communication requires adapting in the moment—balancing clinical tasks like taking vitals with genuine human conversation. At first, I felt nervous about how to combine skill performance with therapeutic communication naturally.

To overcome this, I focused on slowing down and being fully present rather than rushing through vitals. I reminded myself that every clinical encounter is a learning opportunity, not a performance. Once I relaxed, I found that using techniques such as active listening, acknowledging, and humor felt more natural and authentic. This shift from simulation to real-life practice helped me recognize that genuine empathy can coexist with clinical efficiency.

Personal Strengths & Weaknesses:

One of my greatest strengths is my ability to connect with people on a deep, emotional level. I am naturally empathetic and often form strong bonds with patients, helping them feel comfortable and valued. My tone, facial expressions, and posture consistently convey compassion and attentiveness. However, this strength can also become a challenge. I sometimes find it hard to step away or transition to other nursing tasks because I become so emotionally invested in the conversation. I tend to want to stay and continue offering comfort, even when I have other responsibilities waiting. This shows how caring I am, but it also reminds me that effective communication involves setting gentle boundaries so I can balance emotional support with clinical priorities. This is something that I hope to find a comfortable balance between the two throughout the semester, continuing to care more deeply while growing more confident in maintaining a comforting yet professional relationship between myself and my patients.

Strategies for Improvement:

1. Practicing balancing empathy with time management: I plan to set small, mindful limits during long conversations, specifically expressing care while still prioritizing other patient needs and tasks.
2. Developing confidence in closing interactions therapeutically: I will practice using respectful closing statements such as, “I need to step out for a few minutes, but I’ll be back to check on you soon. If you need anything while I am gone, please don’t hesitate to press the call bell and myself or someone else will be in to help you,” to ensure patients feel supported while I manage time effectively.
3. Continuing self-reflection: I will appreciate and reflect on the feedback from my instructors and classmates on how to maintain my compassionate nature while strengthening professional boundaries.