

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

Student: Layla Espinola-Keel		Date of Interaction: 10/07/25	
Client Initials: R.L	Age: 87	Admitting Diagnosis: Pneumonia	
General Information:			
Description of Environment: 3 rd floor shared hospital room 329A. Quiet morning, dimmed lights, view of the community out the window. Comforting environment for patient.			
Description of Client: Elderly woman with short hair and glasses. AOX4 with a steady gait. Lung sounds unclear, wheezing and crackles. Patient was nice and cheerful despite the second time being treated for pneumonia. Educated on her condition and made efforts to help relieve symptoms especially with the incentive spirometer. Patient was enthusiastic to walk around and get out of bed, was also very attentive and lovely to talk to.			
Goal of Interaction: Provide comfort and build good rapport with patient. Offering comic relief to aid in lifting spirits and relieving anxieties. Active listening to provide a safe and caring environment.			
Interaction Narrative Minimum of five (5) & maximum of eight (8) interactions in order as it occurs – number each exchange			

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

Student:	Patient:	Analysis:
<p>1. Your statements with non-verbals</p> <p><i>“Goodmorning, ma’am, how are ya feeling this mornin?”</i></p> <p><i>“ I am Layla, I am a student nurse are you okay with working with me today? I want you to be comfortable.”</i></p> <p>Standing at a distance before approaching to see if patient would prefer space or physical comfort.</p>	<p>Clients statement with non-verbals</p> <p><i>“I am doing as good as I can be. I have a nice view so that is nice. Oh, I love to see people in nursing, we need more nurses!”</i></p> <p>Put down her phone and seemed more receptive to conversation</p>	<p>Technique:</p> <p>Standing at a distance before entering personal space</p> <p>Rationale for use:</p> <p>Allowing patient to get to know me a bit better before entering her personal space. Not be overwhelming and overbearing to the patient. Allowing time for patient to adjust and feel more comfortable</p> <p>Effectiveness:</p> <p>Effective, patient became upbeat and engaged in conversation immediately</p>
<p>2. Your statements with non-verbals</p> <p><i>“Would you like to tell me about how you were dealing with your pneumonia the first time around? You seem very educated, you could be my nursing mentor.”</i></p> <p>Closer to client, nodding and making eye contact as Ms. L speaks.</p>	<p>Clients statement with non-verbals</p> <p><i>“Haha, I’m too old for this job now. I could slip you some tips and tricks. I use the incentive spirometer at home and I am active.”</i></p> <p>Smiling and laughing. Seems more awake and willing to converse</p>	<p>Technique:</p> <p>Active listening building good rapport</p> <p>Rationale for use:</p> <p>Create a less serious environment to help build a conversation that flows and is enjoyable for patient</p> <p>Effectiveness:</p> <p>Effective, Ms. L shares how she works to prevent/relieve symptoms of her pna. Allows me to encourage her to continue using IS.</p>

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

<p>3. Your statements with non-verbals</p> <p><i>“Your lungs are sounding wheezy and I am hearing some crackles. How are you feeling right now compared to last night?” (when she was admitted)</i></p> <p>Stopping auscultation to make eye-contact and give Ms. L my full attention.</p>	<p>Clients statement with non-verbals</p> <p><i>“I feel more wheezy today for sure. I do feel better today though, I got here around 2 am.”</i></p> <p>Ms. L was descriptive on how she felt and why she thinks she feels that way.</p>	<p>Technique:</p> <p>Giving factual information Undivided Attention</p> <p>Rationale for use:</p> <p>Enabling patient to share information and thoughts in a non-rushed, attentive environment</p> <p>Effectiveness:</p> <p>Effective, Ms. L shared valuable information to help determine her condition and what measures can be taken to help.</p>
<p>4. Your statements with non-verbals</p> <p><i>“Before I listen to your belly, we are going to sit up and take a break. You’re a bit winded and coughing. Are you coughing up any mucus or is it mainly dry?”</i></p> <p>Giving her some space to breathe and rest. Physical touch on her forearm to offer comfort</p>	<p>Clients statement with non-verbals</p> <p><i>“Whew alright. I have no been coughing up anything. Its dry but Im not too winded, we can keep going so you girls can stay on track.”</i></p> <p>Ms. L seemed a bit fatigued from coughing but overall still open to conversation and laughing. Patted my hand, appreciative.</p>	<p>Technique:</p> <p>Factual information caring and non-judgemental environment Physical comfort</p> <p>Rationale for use:</p> <p>Allowing patient to rest for accurate assessment But also to show that her comfort is first</p> <p>Effectiveness:</p>

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

		Effective, Ms. L was appreciative and shared more information to help us care for her. Took some time to breathe then wanted to resume immediately.
<p>5. Your statements with non-verbals</p> <p><i>“Alrighty, that is it for the assessment. You said you had pneumonia before? Do you mind telling me about that?”</i></p> <p>Stopping all assessment efforts and giving her my full attention.</p>	<p>Clients statement with non-verbals</p> <p><i>“This is my second time with pneumonia. I think the doctors last time didn’t give me a strong enough antibiotic so it came back stronger. Now I’m here in this bed.”</i></p> <p>Ms. L wasn’t acting upset but seemed a bit frustrated. Still enthusiastic and willing to work towards better health.</p>	<p>Technique:</p> <p>Recalling information and Attentive</p> <p>Rationale for use:</p> <p>Recalling information she gave earlier shows attentiveness. I wanted to show that I care about what she has to say and that it is important.</p> <p>Effectiveness:</p> <p>Effective, recalling that information. Provided an opportunity to elaborate on her reoccurring pna with information that is important for her care.</p>
<p>6. Your statements with non-verbals</p> <p><i>“I am sorry that it came back and that you are here now. But on the bright side I got to meet this smart lady with nice hair. Now we get to work together to get you out of here!”</i></p> <p>Open body language and showing empathy and care. Attempting to lighten the mood</p>	<p>Clients statement with non-verbals</p> <p><i>“Oh please, you girls are so sweet. I am happy to see people like you in nursing school. I have had such nice people taking care of me.”</i></p> <p>Ms. L was laughing and smiling. Seemed to feel better a tiny bit about her situation.</p>	<p>Technique:</p> <p>Displaying empathy and honesty Caring attitude</p> <p>Rationale for use:</p> <p>Lighten up the mood and make her feel a bit better as she is dealing with a lot. I also wanted to show that I cared about her.</p> <p>Effectiveness:</p>

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

		Effective, Ms. L seemed visibly happier, her smile stayed on. Shared that she is having a good experience despite her situation. The mood was brighter before I let her eat breakfast in peace.
<p>7. Your statements with non-verbals</p> <p><i>“I know you use your incentive spirometer at home. Lets see how far you can go then we can make a goal together.”</i></p> <p>Calm and focused on detrerming her baseline to work towards a goal.</p>	<p>Clients statement with non-verbals</p> <p>“At home, I can usally get to 1700 but lets see what I can do now.</p>	<p>Technique:</p> <p>Goal-directed Non-judgemental and care environment</p> <p>Rationale for use:</p> <p>Creating a goal with the patient helps them feel more in control of a hard situation and allows them to have an opinion in their care. It allows makes it feel more achievable instead of hard and exhausting.</p> <p>Effectiveness:</p> <p>Effective, Ms.L reach 1000 mL and agreed to work with the spirometer towards a goal of 1250mL</p>

Evaluation:

Reflection:

Ms. L current status was a large contribution to our conversations. She was not in any pain and continued working with us when she got winded. She was cheerful and willing to share information despite her situation and likely to be tired due to a late admission into the hospital. She was not emotionally distressed but showed some frustrations but moved past it to continue on her care and getting better.

Barriers:

BEEBE HEALTHCARE

MARGARET H. ROLLINS SCHOOL OF NURSING

NURSING 101 – FOUNDATIONS OF NURSING

Communication Reflection Assignment

Time was the most significant barrier. We wanted to give her enough time to eat and rest before she started her busy day with the rest of her care team such as her primary RN, pulmonologist, and PT. We worked through it getting everything needed done with some extra time for her to rest and have some alone time.

Personal Strengths & Weaknesses:

My strengths are lightening the mood and providing my patient with my undivided attention. I recall information they tell me which helps them show that I care and provide personalized care.

My weakness is physical comfort. Ms. L was very receptive to physical comfort but I am not personally a physical person. It is something that I am working through so I can provide them any all comfort that they need.

Strategies for Improvement:

I would like to work on my body language skills. I am usually standing with arms crossed which makes me seem more closed off and harder to talk to. I am getting better on my body language and coming off as open and willing to talk and listen.

I also would like to work on organization skills. I do feel like I jumped around in our conversations due to time and her scheduled day. I feel like I can be more concise and focused to optimize time and care without taking away from bonding with my patient to build good rapport and trust.