

BEEBE HEALTHCARE

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

Student: May Htut	Date of Interaction: 10/01/2025	
Client Initials: M. S	Age: 73	Admitting Diagnosis: Lymphocytosis
General Information:		
Description of Environment: Day 2 of basic care clinicals, at Beebe healthcare hospital on the 3 rd floor Med surge/ Oncology unit at nurses station 1 in room 312B.		
Description of Client: A 73-year-old male with the initials M.S was admitted to 3East Med surge/ Oncology unit on 10/01/2025 with Lymphocytosis. Mr. S is a full code, alert and oriented x 4, allergic to penicillin, on a cardiac diet, fall score of 35, 1 assist OOB, bathroom privileges, continent of urine and stool. Bed alarm is on, call bell in reach, one siderail is up and bed is in the lowest position. 7am vital sign are BP: 134/80, HR: 60, T: 36.4, RR: 22, SpO2: 96 on room air. Mr. S behavior was calm, willing to cooperate and excited to have the student nurses around so we can learn. Mr. S demeanor was professional and welcoming. Mr. S appear to be comfortable and relaxed.		
Goal of Interaction: The goal of the interaction is to understand what ADLs we as nursing students can help Mr. S with during of time of care. We want to understand what lead up to his hospital stay and use therapeutic communication to make sure we understand Mr. S needs along with him understands us and what we need to do for him to be discharge.		

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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><i>Knocking on the door then entering the room. Coming up to the end of the pt bed with a good smile and hands in front of me. Allowing personal space remembering this is just an introduction.</i></p> <p>1. “Good morning, Mr. S, my name is May. I am one of you nursing students taking care of you. I am acting as a CNA today so I can help you with any basic care needs.”</p> <p>3. “Thank you Mr. S, It is a good program. I will be back in a few minutes to get a set of vitals.”</p>	<p>Clients statement with non-verbals</p> <p><i>Pt is alert and oriented sitting in semi fowlers position, smiling and facing towards me actively listening. Hands in front of him on his lap.</i></p> <p>2. “Good morning, May, it’s nice to meet you. It is exiting you guys get hands on experience working with people. It good to have you today.”</p> <p>4. “Sounds good.”</p>	<p>Technique: Giving Information</p> <p>Rationale for use: Introduction to the patient, making sure to build trust and memory for face to name.</p> <p>Effectiveness: Was effective, the pt was happy to have a nursing student, remembered our name by the end of our care. Pt was understanding when we took a little longer to do skills because we are students. Pt was thankful to help us in our nursing journey.</p>
<p>2. Your statements with non-verbal’s</p> <p><i>Knocks and enter the room. Bring in vital machine and manual blood pressure machine but making sure not to bring to close to Mr. S unlit we explained what the machine was for, so he doesn’t get anxious.</i></p>	<p>Clients statement with non-verbal’s</p> <p><i>Pt smile when we went back into the room. Looking curious that the machine, wondering what we are doing next.</i></p>	<p>Technique: Open end question</p> <p>Rationale for use: Using open ended question help me understand that Mr. S was in pain even though he doesn’t physically show it.</p>

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<p>1. “We are back again Mr. S. We brought in our vital machine to get your vitals for this morning. How are you feeling today?”</p> <p>3. Of course! Let me get the heat pack for you before we start your vitals so you can be more comfortable.”</p>	<p>2. “I feel good, but I am having pain in my knees, this happened last night to, could you please get me a heat pack? It seems to help last night.”</p> <p>4. “Thank you so much.”</p>	<p>Effectiveness: This was affective because asking “how are you doing today?” allow Mr. S to have a moment to talk to us about how he is feeling and builds trust that we are trying to help him.</p>
<p>3. Your statements with non-verbal’s</p> <p><i>30 minutes after taking morning vital signs the call bell goes off and my partner and I went in to see what Mr. S needed. We made sure to answer the light within a reasonable time, so Mr. S knows we are there for him when he needs us.</i></p> <p>1. “Hey Mr. S I saw your call light going off is everything okay? What can we do to help you?”</p> <p>2. “I am sorry to hear that Mr. S but unfortunately since this is my basic care week and my first clinical rotation, I am not allowed to give you any medication, but I can tell your primary nurse that you are asking for pain medication.”</p>	<p>Clients statement with non-verbal</p> <p><i>Mr. Smith was grimacing in pain and holding his knees.</i></p> <p>2. “Hey guys, the heat pack work for a while but I am still in pain. Could you guys please give me some pain medication since you guys are student nurses?”</p> <p>3. “Oh I didn’t realize but yes could you please ask my nurse for pain medication. Thank you.”</p>	<p>Technique: Clarifying</p> <p>Rationale for use: I am staying within my scope of practice but still offering assistance to my patient. I clarified that cannot not pass out meds but will help find someone that can like the primary nurse.</p> <p>Effectiveness: This is effective because with the clarification the patient better understood my role as the nursing student for that day and that I was there to provide him with assistance like a CNA.</p>

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<p>4. Your statements with non-verbal</p> <p><i>Mr. S just finished breakfast and I wonder if he would like to get washed up for the day. I grab some warm bath wipes, a new gown, a toothbrush and toothpaste and walked in the room with a positive attitude.</i></p> <p>1. “Hey Mr. S, it looks like you really enjoyed breakfast! I was wondering if you wanted to brush your teeth and get wash up for the day?”</p> <p>3. “Sounds good, while you are in the bathroom getting washed up would you like me to change your sheets as well?”</p>	<p>Clients statement with non-verbal</p> <p><i>Mr. S smiled and looked eager to get out of bed to stretch his legs. He looked shock that there is so many people around to help him with his stay at the hospital.</i></p> <p>2. “Yes, I would love too!”</p> <p>4. “Yes, that would be great. Thank you.</p>	<p>Technique: Direct Question</p> <p>Rationale for use: Closed ended question kept it simple and short, allowed Mr. S to get out of bed and move around the room with staffs help. Performing his ADLs independently but under the supervision for safety.</p> <p>Effectiveness: This is effective because it makes the patient feel like a person instead for just other task to cross of the list. We are promoting him to be independent and trying are best not the interfere unless necessary.</p>
<p>5. Your statements with non-verbal</p> <p><i>Our time of care was coming to a end with Mr. S. We wanted to see he needed anything else before we left. As we knock and enter the room, I felt sad to leave him but hopefully that he will get better to go home soon.</i></p> <p>1. “Hey Mr. S, our shift today is coming to an end soon, can we do anything else for you before we go?”</p>	<p>Clients statement with non-verbal</p> <p><i>Mr. S smiled when we walked in and after hearing that we had to leave he looked sad but very thankful for everything that we helped them with today.</i></p>	<p>Technique: Silence</p> <p>Rationale for use: This was used to give the patient the floor to express his emotions as we silently listen to what he is feeling/ better understand where he is coming from.</p>

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<p><i>We stood in silence as he continued to share his experience, making sure to be actively listening. We stood closer, leaning forward and maintaining eye contact.</i></p> <p>3. “Thank you. I understand what you’re saying, I sorry you were treated like that, but I am glad we can make you feel better.”</p>	<p>2. “leaving already? I don’t need anything else, but I am very grateful for your guys help today. I had bad experiences with hospitals in the past and was not treated well. You guys will make great nurses and good luck on the rest of your nursing school journey.”</p>	<p>Effectiveness: This was effective because he was able to talk freely without judgement of others and it builds trust over the course of our care with him if we came back and took care of him again on day 3.</p>
<p>6. Your statements with non-verbals</p>	<p>Clients statement with non-verbal</p>	<p>Technique:</p> <p>Rationale for use:</p> <p>Effectiveness:</p>

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

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Evaluation:

Reflection: Working with Mr. S during our second day of basic care was eye opening and it made me realize how important it is to meet the patient's basic needs first before trying to explain any type of medical diagnose or intervention. It also made me realize not to take little things like taking a shower or getting out of bed at your own free will for granted because in the hospital setting there is always going to be someone watching you shower, getting dress, and even sitting on the toilet.

Barriers: A barriers I found during my basic care week taking care of Mr. S was that he is a little hard of hearing, so I find myself having to repeat myself and/or speak very loudly for Mr. S to fully understand what I am trying to say. Another barrier is during my time of care is that some patients don't fully expresses when they are in pain verbally and it takes using nonverbal que/ nursing judgement to be the first one to ask the patient if they are in pain instead of the patient saying it themselves.

Personal Strengths & Weaknesses:

Personal Strengths: I was never scared going into the patients room and starting a conversation with them, Due to past experience working in the hospital I felt confident in the skills I was providing as the role of a CNA this week and I believe I had good time management throughout my shift making sure to take vital signs at 7am and 11am along with turning patient that needed to be turn every 2 hours.

Personal Weaknesses: Even if I know what I am doing I tend to studder which can make the patient lose trust in me, I tend not to be the best listener/overlook things when I am going to fast or catch up with work.

Strategies for Improvement:

My strategy for improvement includes listening to the patient needs rather than other people when it comes to his or her care because the patient is always the primary source. Helping other patients even though they are not assigned to me because it is everyone's responsibility for patient safety and learning how to correctly deescalate problematic situations.