

BEEBE HEALTHCARE

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

Student: Elizabeth Kwiecien		Date of Interaction: 9/30/25	
Client Initials: DS		Age: 83	Admitting Diagnosis: Acute Respiratory Failure
General Information:			
Description of Environment:			
Patient is staying on 3Hud medical surgical floor, sharing a room with a roommate.			
Description of Client:			
The 83 y/o patient was admitted for acute RF. DS's ability to communicate verbally was limited due to his biPAP for oxygen delivery. DS was still alert and oriented x4, and able to communicate through hand signals and brief statements. DS appeared tired and discouraged, as he was dependent on his biPAP and unable to eat, communicate or ambulate easily.			
Goal of Interaction:			
The goal was to establish rapport, show empathy and create a comforting environment throughout my care.			
Interaction Narrative			
Minimum of five (5) & maximum of eight (8) interactions in order as it occurs – number each exchange			

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Student:	Patient:	Analysis:
<p>1. Your statements with non-verbals <i>Slowly approaching the foot of DS's bed</i>, and asked, "Good morning, we will be taking care of you as your student nurses today. How did you sleep last night?"</p>	<p>Clients statement with non-verbals DS responds with a question <i>while facially showing a slight grimace and look of confusion after waking up</i>, "Why do I have to have this mask on?"</p>	<p>Technique: Asking open-ended questions.</p> <p>Rationale for use: This technique elicits useful information to the nurse and strengthens the relationship between the nurse and patient.</p> <p>Effectiveness: This was ineffective, as patient was confused upon waking up, and was unable to communicate due to the discomfort and limitation from the biPAP.</p>
<p>2. Your statements with non-verbals <i>Walking closer to the bed</i> I spoke a bit louder and clearer to explain, "You have your biPAP on to help you breathe and increase your oxygen."</p>	<p>Clients statement with non-verbals <i>DS displays calm facial reaction and nods</i>, "Okay, I'd like to get this off to eat breakfast."</p>	<p>Technique: Giving information.</p> <p>Rationale for use: Sharing information will strengthen the patient's trust in the nurse and relieve anxiety or confusion.</p> <p>Effectiveness: This was effective as it calmed the patient and relieved the confusion.</p>

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<p>3. Your statements with non-verbals <i>Stepping to stand at the side of DS's bed, "I asked the nurse and she said that the respiratory team is going to come take off your biPAP since you'd like to take that off and eat breakfast."</i></p>	<p>Clients statement with non-verbals <i>DS nods and looks down, anxiously playing with his hands.</i></p>	<p>Technique: Restating/Summarizing</p> <p>Rationale for use: Repeating client's message so that they feel heard and can trust in their nurse's listening skills.</p> <p>Effectiveness: This was ineffective, as he could not relax or take encouragement until his basic needs were met.</p>
<p>4. Your statements with non-verbals <i>I lean in as DS recalls event, maintaining eye contact and nodding occasionally, about 2 feet away from DS. "Yes, the nurse notified me, that must have been scary."</i></p>	<p>Clients statement with non-verbals <i>DS maintains eye contact while recalling an event from yesterday, "Yesterday the nurse tried to take me to the bathroom and I fell because my blood pressure dropped. I'm scared to get up now."</i></p>	<p>Technique: Active listening.</p> <p>Rationale for use: Conveys to the patient that their thoughts and feelings are important and heard.</p> <p>Effectiveness: This was effective in allowing patient to release anxious feelings from the previous day and feel heard about future concerns.</p>

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<p>5. Your statements with non-verbals <i>I explain to DS while maintaining eye contact and adjusting my posture to lean towards him. “You are not ordered for bed rest. But the respiratory team recommended that we are extra careful and avoid injuries, since you did have that fall yesterday.”</i></p>	<p>Clients statement with non-verbals <i>DS nods and shows neutral and positive facial expression. “Yes, that is makes sense.”</i></p>	<p>Technique: Clarification.</p> <p>Rationale for use: Aids the client in putting their ideas into more understandable wording.</p> <p>Effectiveness: This was effective as DS showed understanding, and confirmed that it was clear and made sense.</p>
<p>6. Your statements with non-verbals</p>	<p>Clients statement with non-verbals</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 statement with non-verbals	Technique: Rationale for use: Effectiveness:

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Evaluation:		
<p>Reflection: Once the DS was placed on nasal canula, the communication improved rapidly, and his mood improved as well. This made him appear happier and much more motivated. He was still not feeling well physically and used most of his energy towards breathing, making him still reserved in how often he communicated verbally.</p>		
<p>Barriers: One barrier encountered was DS's biPAP that was worn until 1100, it limited his verbal communication and frustrated the patient when speaking or attempting to complete ADL's. This was overcome once the biPAP was replaced with a nasal canula for DS to eat lunch. DS was able to sustain an SpO2 above 97% on NC, so it was worn the rest of the day. This allowed the patient to freely communicate and demonstrate a relaxed mood while speaking.</p>		
<p>Personal Strengths & Weaknesses: My strength in communicating verbally is that I am talkative, and I am able to approach the patient with a confident demeanor. However, my weakness was that upon entering the patient's room I was surprised by the different aspects of the room such as smell, appearance and cleanliness, which made me realize one of my weaknesses is maintaining a neutral or positive expression on my face during nonverbal communication. One of my strengths in nonverbal communication is that I show that I'm engaged while a patient is speaking, usually by being attentive, nodding or leaning a bit towards them. Lastly, one of my verbal weaknesses is over promising or false hope. Often before leaving DS's room, I would default to saying, "I will be right back," and then getting caught up with another task, making it take quite a bit longer. This can be disappointing and misleading for patients.</p>		
<p>Strategies for Improvement: One way I could improve my interpersonal communication technique would be by reminding myself, before entering any patient room, that I need to keep a positive or neutral look on my face and make sure that my body language follows that rule as well. Another way I could improve my therapeutic communication would be by never giving false reassurance or unrealistic expectations for a patient. I could demonstrate this improvement by taking a short moment to consider what the realistic, yet still encouraging, expectation would be.</p>		

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