

BEEBE HEALTHCARE

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

Student: Lily Joyce SNB		Date of Interaction: 9/30/25	
Client Initials: S.R.	Age: 89	Admitting Diagnosis: L ankle fx. R rib fx.	
General Information:			
Description of Environment: When I entered my patient S.R.'s room at roughly 0730, the environment was dark. The room, located on the 5th floor in room 515, was quiet, and S.R. was still asleep. Her bed was positioned on the left side of the room, set in the lowest position with three side rails raised, the bed-exit alarm activated, and angled toward both the bathroom and television. To the left of the bed was a bedside table cluttered with various personal items, including tissues, crackers, and several water cups. A recliner chair was placed in the corner nearby. The bed was relatively made, though covered with an excess of blankets. Overall, the environment appeared clean, comfortable, and safe providing a setting that supported both the patient's health progression and opportunities for positive interactions.			
Description of Client My patient, S.R., is an 89-year-old female who weighed roughly 100 pounds, dark brown hair and had minimal strength. She was admitted to the hospital with a left ankle fracture and left rib fracture following a severe fall. From the beginning, S.R. demonstrated a positive, high-spirited personality and was very easy to engage with. She enjoyed conversation and often used it to distract herself from pain and discomfort. S.R. expressed experiencing significant pain when changing positions too quickly and frustration with her limited mobility. Due to her high fall risk, elevated Braden score, and difficulty moving independently, she was placed on a Q2-hour turning schedule. Throughout our frequent interactions, S.R. openly shared stories about her life. She spoke with great love about her daughter and expressed excitement about her visit that evening. She also discussed her love for gardening, cooking, and spending time with family, topics that clearly brought her comfort and joy. However, S.R. often became frustrated when needing to use the bedpan, expressing embarrassment and irritation at her loss of independence. She also voiced anxiety about her upcoming transfer to a rehabilitation facility, worrying that her mobility challenges would make recovery difficult. Despite these frustrations, S.R. remained kind, communicative, and eager to connect. She seemed to find reassurance and emotional comfort in conversation, which provided valuable opportunities to build trust and rapport.			

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Goal of Interaction:

The communication goal for my interaction with S.R. was to use therapeutic communication techniques to build trust and support while maintaining the highest standard of patient care. This was achieved through active listening, asking open-ended questions, showing empathy toward S.R. and her feelings, allowing moments of silence, seeking clarification when needed, restating her thoughts for understanding, and providing accurate information. Throughout the entire shift, my ongoing goal was to ensure that S.R. felt understood, safe, and respected. By fostering open communication. I aimed to create a supportive environment where she felt comfortable expressing her emotions and concerns. I wanted to ensure that she didn't feel like a task, but a real person.

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-verbal's:</p> <p>Statement: "Good morning! My name is Lily, and I am going to be your student nurse for today. How are you feeling this morning?"</p> <p>Non-verbal's: <i>I maintained eye contact and provided a soft open smile when speaking to S.R. to provide a calming presence for my first impression and show professionalism.</i></p>	<p>Clients statement with non-verbals</p> <p>Statement: "Good morning. I'm feeling fine, still very tired from my poor sleep."</p> <p>Non-verbal's: <i>Client showed a soft smile, and replied with a nice tone, but her facial expressions reflected tiredness.</i></p>	<p>Technique: Introduction using AIDET. (Acknowledgement, Introduction, Duration, Explanation, thank you)</p> <p>Rationale for use: Using the AIDET communication framework helps create trust and comfort between the nurse and patient. By greeting the patient, introducing myself, explaining what I'm doing, and thanking them, the patient feels respected and informed. This approach reduces anxiety, builds rapport, and supports clear, compassionate communication.</p> <p>Effectiveness: Even though S.R. appeared tired and slightly groggy, my polite and warm introduction with a welcoming smile was met with a positive response, helping to create a strong first impression and a sense of appreciation.</p>
<p>2. Your statements with non-verbal's:</p>	<p>Clients statement with non-verbal's:</p>	<p>Technique: Restating patient's statement for understanding.</p>

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<p>Statement: “I understand how you’re feeling. It must be difficult trying to sleep in the hospital with all the new sounds and people around. Do you think your poor sleep is mostly from the noise, or from having so many new people around you?”</p> <p>Nonverbal’s: <i>I maintained eye contact when asking my question, while also providing a soft smile to show respect and interest in what S.R. was expressing her feelings on.</i></p>	<p>Statement: “Definitely all the different sounds going off, it feels like some of the beeping never ends. Took a while to get used to.”</p> <p>Nonverbal’s: <i>S.R. adjusted her blanket and maintained eye contact and a soft facial expression. His</i></p>	<p>Rationale for use: Restating S.R.’s statement helps ensure accurate understanding and shows that I am actively listening to S.R. This therapeutic communication technique allows my patient to clarify or expand on her thoughts and feelings, which promotes trust and patient-nurse relationship.</p> <p>Effectiveness: My patient responded positively to my clarifying question, and her facial expressions indicated that she appreciated having an open conversation about something that had been bothering her. This interaction positively impacted our connection, showing that I was genuinely interested and eager to engage in meaningful communication.</p>
<p>3. Your statements with non-verbal’s:</p> <p>Statement: Remaining quiet for several seconds after S.R. expressed how she felt and how that’s impacted her mental health, before responding with “This quick change must be incredibly hard for you right now.”</p> <p>Nonverbal’s: <i>Standing slightly closer and maintaining eye contact with an empathetic expression before responding to S.R.</i></p>	<p>Clients statement with non-verbal’s:</p> <p>Statement: “It’s something different. But I’m happy I have my daughter with me in the time being to help me in the area’s I can’t help myself.”</p> <p>Nonverbal’s: <i>Makes eye contact for a few moments before rearranging her blankets and wiping her nose with a deep exhalation.</i></p>	<p>Technique: Therapeutic use of silence.</p> <p>Rationale for use: Providing therapeutic silence allows for the patient to internally process their own feelings and allowing the nurse to demonstrate respect and empathy towards their patient without interruption.</p> <p>Effectiveness: S.R. continued to express her feelings on the incident, and continued to open up about the other worries and problems that could arise. Providing that moment of silence aided in a deeper more impactful conversation. Only building that trust and rapport between the nurse and client more.</p>
<p>4. Your statements with non-verbal’s:</p>	<p>Clients statement with non-verbal’s:</p>	<p>Technique: Open-ended questions.</p>

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<p>Statement: “I know you said your daughter will be visiting you later, can you tell me more about your daughter and your overall support system?”</p> <p>Nonverbal’s: <i>Using an inviting tone, with a gentle smile and continuous eye contact to express empathy and desire to listen.</i></p>	<p>Statement: “I love my daughter! She has been here everyday since my accident. She lives in Miltsboro but will be traveling with me to the rehabilitation center to make sure I’m all situated. We both are hoping for somewhat quick recovery.”</p> <p>Nonverbal’s: <i>S.R. speaks with a more vibrant tone and wide smile. Appearing to be much happier when talking about her daughter.</i></p>	<p>Rationale for use: Using open-ended conversations helps the patient feel heard and understood. It gives them the space to express their thoughts and emotions freely, rather than just answering yes or no. This approach builds trust, shows genuine care, and helps create a comfortable and supportive environment where the client feels safe to share.</p> <p>Effectiveness: S.R. appeared more comfortable expressing her feelings about her relationship with her daughter, her support system, and her hopeful outlook moving forward. The open-ended conversation aided in a deeper conversation and allowed me to learn more about her personal life.</p>
<p>5. Your statements with non-verbal’s:</p> <p>Statement: “I really appreciate you complimenting my hard work today, but I can’t accept money personally. If you wanted to show your generosity for the care you received, you can either make a generous act of kindness for the entire nursing floor or you can go to the Beebe Medical Foundation and select “Celebrate Excellent Care” program and donate!”</p> <p>Nonverbal’s: <i>Maintained eye contact and expressed appreciation for her generosity through a warm smile and gentle body language.</i></p>	<p>Clients statement with non-verbal’s:</p> <p>Statement: “Aww okay, I’ll have to look into that. I’ve really appreciated your continuous check ins and in-depth care! You’ve made my stay so much better!”</p> <p>Nonverbal’s: <i>Holding my hand, offering a kind smile, and having a soft appreciative expression.</i></p>	<p>Technique: Providing Information</p> <p>Rationale for use: Providing education allows the patient to feel more actively involved in their care and helps them find a sense of purpose in what they are passionate about. Educating the patient promotes confidence, understanding, and engagement, helping them feel more informed and in control of their overall care and medical experience.</p> <p>Effectiveness: S.R. continued to express her appreciation and shared how much she enjoyed giving back to the Beebe Foundation. She discovered a new task for the day that she found enjoyment in.</p>

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Evaluation:		
<p>Reflection: Although S.R. was facing adversity due to her left rib and ankle fractures, along with the pain that accompanied them, we were able to build a strong professional, trusting, and empathetic nurse–patient relationship. This foundation allowed for open and meaningful therapeutic communication throughout our interactions. By using techniques such as an introduction through AIDET, restating for understanding, allowing moments of therapeutic silence, asking open-ended questions, and providing clear information, I was able to establish a healthy and trustworthy rapport with S.R. These strategies not only supported her emotional comfort but also enhanced the quality of care and strengthened our connection. Through this approach, S.R. appeared more relaxed and engaged during her hospital stay, expressing greater comfort and willingness to communicate. Our interactions helped create a more positive, supportive environment that promoted healing, reduced her anxiety, and improved her overall hospital experience.</p>		
<p>Barriers: Some barriers to communication between S.R. and me stemmed primarily from her diagnosis and the limitations of my student nurse role. S.R. experienced consistent pain with even simple movements, which often made it difficult for her to fully engage in conversation. Since administering medications for breakthrough pain was outside of my scope of practice, I was limited in how directly I could help relieve her discomfort. This pain became a barrier to effective communication at times. Another challenge involved the amount of information I was able to provide. S.R. had many questions about her discharge plans, and while I did my best to answer what I could, there were moments when I had to refer her questions to the practicing RN. Although my level of practice presented some limitations, the use of therapeutic communication techniques, such as active listening, empathy, and open-ended questions, they helped strengthen our trust and improve the overall quality of our interactions. Despite these barriers, S.R. remained engaged, and our communication continued to foster a positive and supportive environment.</p>		
<p>Personal Strengths & Weaknesses: Throughout my interaction with S.R., I recognized several personal strengths and areas for growth in my therapeutic communication. One of my greatest strengths was my ability to build trust and establish rapport through empathy, active listening, and open-ended questions. I remained patient, attentive, and genuine in my responses, which helped S.R. feel heard and comfortable expressing her emotions. I also demonstrated confidence in using AIDET and providing clear explanations, which supported her understanding and reduced anxiety. One of my favorite things about med-surg care is the personal connections you can build with your patient. Being an empathetic listening ear for your patient is one of the greatest therapeutic techniques you can use and can ultimately strengthen my level of care as a student nurse.</p>		

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However, one of my weaknesses was occasionally struggling to maintain the flow of conversation when S.R. expressed discomfort or frustration related to her pain. At times, I found it challenging to balance empathy with redirection, especially when certain topics caused emotional distress. Additionally, my limited scope of practice as a student nurse occasionally made me feel uncertain about what information I could share, which affected my confidence in some discussions. Despite these challenges, I view these moments as valuable learning experiences that have strengthened my awareness and skill in using therapeutic communication to support patient-centered care.

Strategies for Improvement: Moving forward, one of my main strengths for improvement is recognizing the importance of continuous growth in therapeutic communication. I plan to strengthen my ability to respond more confidently when patients express frustration or discomfort and using empathy while maintaining therapeutic boundaries. I also want to improve my ability to provide reassurance when I cannot directly meet a patient's request, such as when I'm limited by my student nurse scope of practice. Developing stronger communication skills in these moments will help maintain the trust and comfort of the patient. Additionally, I aim to continue improving my confidence in patient education and clarification, ensuring that my communication remains patient centered. These areas of improvement will allow me to enhance my patient-nurse relationship, and only support my communication moving forward in the nursing field.