

BEEBE HEALTHCARE

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

Student: Emily Johnson		Date of Interaction: 9/30/25 and 10/1/25	
Client Initials: CS	Age: 81 y/o	Admitting Diagnosis: Decubitus Ulcer	
General Information:			
Description of Environment: My partner and I's patient had a room on the 3 rd floor, on the med surge unit. It was in a corner room directly behind the nurse's station. The hospital bed was in a catty-cornered position. A Private room, with the urinal hanging on side of bed. The BIPAP machine on the drawers on the side of the bed, and underneath was a monitor for continuous spo2 on the patient's right hand index finger. The curtains were always closed, and there was a movable television monitor that could be positioned wherever that attached to the headboard of the bed. The bedside table consisted of his phone, coffee, water, and anything not finished from the previous meal tray being saved for later.			
Description of Client: The client's initials are C.S, an 81-year-old male diagnosed with a decubitus ulcer on his sacrum. He is fully oriented and continent. He did not get out of the bed to walk around even though he was strong enough to. He wore hearing aids and wore a constant nasal canula on 2L which he also had at home. He did open up and tell me that he also suffered from cancer. The first interaction with him, C was just waking up and had his BIPAP machine still on. He was happy to see us but, unhappy about the fact that no one listened to him about removing his BIPAP machine. He enjoyed talking about himself and expressing who he was. C expressed he had been through a lot but still had a drive to continue to participate in hobbies and do things that mean a lot to him. C.S. had supportive family who came and visited. C wanted to be discharged as soon as he could.			
Goal of Interaction: The goal of my interaction was to make my patient feel safe, listened to, cared about, and important. As stated, before our patient was very excited to see us, but was upset about still waiting on his BIPAP to be removed. Following that interaction, we wanted to make him feel the most patient-centered care. Getting to build rapport with him, make him feel special and heard and feel clean. We constantly reassured him that if he needed anything we would be right over to help him. We wanted him to feel prepared to go home with any education that he may need as well.			

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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.</p> <p>Statement: <i>“Hi! How are you doing this morning? My name is Emily... we will be your student nurses today.”</i></p> <p>Non-verbals:</p> <ul style="list-style-type: none"> - Eye contact - Bright smile - Active listening 	<p>Client statement: <i>“Good morning, I am sorry I have this thing on me I’ve been asking since almost 5 am for someone to take this off of me”</i></p> <p>Non-verbals:</p> <ul style="list-style-type: none"> - Eye contact - Uneasy posture - Touches his mask <p><i>*C has BIPAP machine on during this</i></p>	<p>Technique: Open-ended question</p> <p>Rationale for use: I used this technique to allow for direction of how C felt about having student nurses for the day, along with things he may need help with during that time.</p> <p>Effectiveness: C indicating that he had been expressing the want for his BIPAP to be removed, my partner and I let him know that we would get the nurse to see what can be done for removing it. Before the next interaction he was able to get his BIPAP removed!</p>
<p>2.</p> <p>Statement: <i>“We are here to get your morning vitals, is now an okay time for you?”</i></p> <p>Non-verbals:</p> <ul style="list-style-type: none"> - Eye contact - Smile - About 1 foot away 	<p>Clients statement: <i>“Yes, go ahead, do it as many times as you need. I know you both need to learn”</i></p> <p>Non-verbals:</p> <ul style="list-style-type: none"> - Lifting arm as he is eager to watch us take his vitals - Smiling - Excited tone of voice 	<p>Technique: Direct question</p> <p>Rationale for use: Allowing for the patient to feel in control, asking for a time frame that C feels comfortable with builds the rapport and trust during the first interactions with him</p> <p>Effectiveness: C was able to express his willingness and want to allow us to learn from him, and it allowed him to be able to communicate with us and build trust which made him feel more important and cared for.</p>

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<p>3.</p> <p>Statement: <i>“How come you’re not being discharged tomorrow like you thought you would be?”</i></p> <p>Non-verbals:</p> <ul style="list-style-type: none"> - 2 feet away - High pitched tone of voice - Head tilted 	<p>Clients statement: <i>“Well, they’re waiting to take another ABG test to see if I need to take this Machine home with me or not”.</i></p> <p>Non-verbals:</p> <ul style="list-style-type: none"> - <i>Slouched Sholders</i> - <i>Facial expression of disappointment</i> - <i>Looking towards BIPAP machine on table</i> 	<p>Technique: Clarification</p> <p>Rationale for use: Understanding why he was unable to leave like he wanted to. Also expressing care of what is going on regarding his progress, giving a time to express his feelings.</p> <p>Effectiveness: I was able to understand why he was not being discharged and he clarified an anticipated lab that followed to determine if the BIPAP was needed or not</p>
<p>4.</p> <p>Statement: Gave silence</p> <p>Reason: C was getting is ABG test done, he insisted that we watched, it was 3 of us in the room and we wanted to be respectful. The man doing it gave education while he was preforming it as well.</p> <p>Non-verbals:</p> <ul style="list-style-type: none"> - <i>3-4 feet away</i> - <i>Head nods</i> 	<p>Clients statement: During the Injection C was very silent but afterwards he stated <i>“That one did not hurt as bad as the other times, and it only took one try. It usually takes others three to four times to get it. They say that it “rolls over.”</i></p> <p>Non-verbals during the procedure:</p> <ul style="list-style-type: none"> - <i>Grabbing the side rail tightly</i> - <i>Jaw was clenched</i> - <i>Looking upwards</i> 	<p>Technique: Silence</p> <p>Rationale for use: A precise and typically very painful procedure was taking place. By reading the room, the most proper thing to do was be silent. This allowed for a smooth procedure and allowed comfort to C</p> <p>Effectiveness: After the procedure, C was very glad that we were all able to observe, he stated that it was the least painful ABG test he had experienced thus far.</p>

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<ul style="list-style-type: none">- <i>Eyebrows raised watching procedure</i>		
<p>5. Statement: “So, tell me what you are watching on YouTube?”</p> <p>Non verbals:</p> <ul style="list-style-type: none">- <i>Eye contact</i>- <i>Next to his bedside</i>- <i>Looking interested</i>	<p>Clients statement: “I was watching videos on making models, and it got me to thinking about how I should start making them again too. But I just look up videos about things I don’t know about that I find it interesting; I get to learn about them.”</p> <p>Non-verbals:</p> <ul style="list-style-type: none">- <i>Smiling</i>- <i>Holding his phone</i>- <i>Eye contact</i>	<p>Technique: Active listening</p> <p>Rationale for use: Allowing C to talk about the things he likes to do to pass the time by while waiting for discharge. I was also able to show interest in what he like to do to get to know him better</p> <p>Effectiveness: C was able to momentarily take a minute away from all of the hospital needs and procedures to talk about his hobbies and his own interest, he seemed relaxed and excited to talk about it.</p>

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Communication Reflection Assignment

Evaluation:

Reflection:

My patient was very willing for my partner and I to learn from him and enjoyed having us around. When he rang the call bell, we were right there to help him. We were able to get him freshened up, which included a bed bath, new linens, brushing his teeth and washing his hair. You could tell the difference we made during his stay at the hospital. He knew we cared about his outcomes, and we knew he cared about us learning. He was a very kind man.

Barriers:

Some barriers I would say would be maybe confidence in manual blood pressures. He had very loose skin which made it difficult to be able to find the brachial pulse and hear it properly. We had to retake it many times, although he did not mind, I felt bad knowing how sometimes it can be uncomfortable. Another barrier would be his hands were always very cold, so when taking the SPO2, we had to manipulate ways for it to be able to read. Barriers to communication I honestly would not say that there was any. He was a very open person and loved talking to us about everything.

Personal Strengths & Weaknesses:

Some personal strengths I would say is that I have already been in the patient care area, I am very aware of what we are able to say and do regarding getting close to patients. Sometimes when you express interest into getting to know a patient a little deeper to build trust and show you care, it can sometimes be taken in a direction where it can get too much and make you feel uncomfortable. I try and avoid that but keep that balance. I know my partner kind of went through something similar when C tried to get her address to send her an audiobook. My weakness is that I would be freaked out and standoff-ish and avoidant after if that had happened to me and she handled it extremely well. I would have done everything I could to avoid the room afterwards. I can work on handling awkward situations at face value and not be so avoiding especially towards a patient.

Strategies for Improvement:

Some strategies for improvement are to be professional and confident. Practice before and after being at the bedside on things I have done before to be confident in findings. Time management and spacing out times for care. Sometimes my partner and I would be in the rooms for long periods of time and only be out for a short amount of time. The patient may seem okay with it but allow time for them to breathe and give them space.