

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

Student: Janiyah McGriff		Date of Interaction: 10/7/25- 10/8/25	
Client Initials: RC	Age:	Admitting Diagnosis: Hemiarthroplasty	
General Information:			
Description of Environment: <p>The interaction took place in the patient’s private room. The lights were dim, which made the space feel calm and comfortable. The room was clean and organized, with the patient’s personal belongings on the bedside table. The hallway was quiet, so it was a good environment to talk and focus on the patient.</p>			
Description of Client: <p>The patient was alert and oriented to person, place, and time. They looked calm and were resting in bed with TED hose and SCDs on their legs. The patient made good eye contact and seemed relaxed throughout the interaction. They reported no pain, rating it 0/10.</p>			
Goal of Interaction: <p>The goal of this interaction was to build rapport with the patient and gather more information about how they were feeling and coping after surgery.</p>			

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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>“HI, I just wanted to let you know that physical therapy will be coming by soon. You might want to consider taking some pain medication beforehand to help manage any discomfort.”</p> <p><i>Standing calmly at the foot of the bed, maintaining eye contact, and speaking in a calm, reassuring tone.</i></p> <p>“Oh, I don’t think that at all. We just want to make sure you’re comfortable, so it’ll be easier for you to get up and move around. We can even start with something milder, like Tylenol, to help with pain and inflammation.”</p> <p><i>maintaining soft tone, nods, and offers a reassuring smile.</i></p>	<p>Clients statement with non-verbals</p> <p>“Well, I don’t want them thinking I’m a druggie.”</p> <p><i>Patient sits in the chair beside the bed, looks slightly uncomfortable but maintains eye contact.</i></p> <p>“Okay, that sounds reasonable. I’ll start with the Tylenol, and if my pain gets worse, we can try something else later.”</p> <p><i>Patient nods and relaxes in the chair.</i></p>	<p>Technique:</p> <p>Providing Information</p> <p>Rationale for use:</p> <p>I wanted to give the patient clear information about why taking pain medication before therapy can be helpful. This helps reduce anxiety and builds trust by being transparent about the care plan.</p> <p>Effectiveness:</p> <p>The patient became more open and receptive to the idea after I explained it, agreeing to consider Tylenol as an option. This showed that the technique was effective in addressing their concern and promoting comfort.</p>
<p>2. Your statements with non-verbal’s</p> <p>“Can you tell me three of your hip precautions?”</p>	<p>Clients statement with non-verbal’s</p> <p><i>The patient sat in the chair, looking thoughtful while trying to remember.</i></p> <p>“Let’s see... I know not to cross my legs</p>	<p>Technique:</p> <p>Open-Ended Question</p>

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<p><i>I stood facing the patient, maintaining eye contact with an encouraging smile. My tone was calm and supportive while giving them time to think.</i> “That’s great! You’ve got two of them. The last one is the one you told me was common sense.”</p> <p><i>I kept a friendly tone and nodded while giving a small hint to encourage recall.</i></p>	<p>and not to bend more than 90 degrees, but I can’t think of the last one.” “Oh right; no twisting! That is common sense because it hurts if I do.” <i>Patient smiled and nodded, appearing more confident after remembering</i></p>	<p>Rationale for use: I asked an open-ended question to assess the patient’s understanding of their post-surgical precautions and to encourage them to think and respond in their own words. This technique promotes active participation in their care and helps identify any knowledge gaps.</p> <p>Effectiveness: The patient was able to recall most of the information independently, showing understanding of their recovery restrictions. This made it easier for me to reinforce teaching in a respectful way.</p>
<p>3. Your statements with non-verbal’s “Oh really? Your wife had hip surgery too? How did that go for her?” <i>I leaned slightly forward, keeping soft eye contact and nodding to show interest. My tone was calm and genuine as I encouraged him to share more.</i></p>	<p>Clients statement with non-verbal’s “Yes, she did a while ago. This is my second one too, so I kind of know what to expect this time.” <i>Patient spoke in a relaxed tone and smiled slightly while talking about his experience.</i></p>	<p>Technique: Active Listening</p> <p>Rationale for use: I used active listening to encourage the patient to share more about his personal experiences and home life. This helped me gather important background information that could support his care and discharge planning.</p> <p>Effectiveness: The patient opened up about his medical and family history, which helped me better understand his support system and confidence in recovery. It strengthened rapport and trust, making the conversation more meaningful.</p>

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<p>4. Your statements with non-verbal's "So, your pain goes up to a six when you're moving or getting out of bed, but it stays at zero when you're sitting and resting; is that right?" <i>I stood beside the patient's chair, kept steady eye contact, and spoke in a calm, understanding tone while nodding slightly.</i></p>	<p>Clients statement with non-verbal's "Yes, that's right. It only really hurts when I move around, but when I'm resting it feels fine." <i>Patient sat back in the chair and relaxed their shoulders after responding</i></p>	<p>Technique: Summarizing</p> <p>Rationale for use: I used to summarizing to make sure I clearly understood the patient's description of their pain and to show that I was listening carefully. This also gave the patient a chance to confirm or correct what I heard.</p> <p>Effectiveness: The patient confirmed that my summary was accurate, which helped ensure clear communication. It also showed the patient that their input was important and that I was paying attention to their pain experience.</p>
<p>5. Your statements with non-verbal's "Do you use your incentive spirometer?" <i>I stood beside the patient, maintained gentle eye contact, and asked in a calm, clear voice.</i></p>	<p>Clients statement with non-verbal's "Yes, I use it every time, even during commercial breaks when I watch TV." <i>Patient smiled slightly and nodded while answering.</i></p>	<p>Technique: Closed-ended question</p>

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		<p>Rationale for use: I used a closed-ended question to confirm whether the patient was following their breathing exercises with the incentive spirometer. This helps ensure proper lung function and reduces the risk of complications.</p> <p>Effectiveness: The patient's response gave a clear, specific answer. It confirmed adherence to the prescribed respiratory exercises and reassured me that the patient was participating in their care.</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>
<p>7. Your statements with non-verbals</p>	<p>Clients statement with non-verbals</p>	<p>Technique:</p>

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		<p>Rationale for use:</p> <p>Effectiveness:</p>
8. Your statements with non-verbals	Clients statement with non-verbals	<p>Technique:</p> <p>Rationale for use:</p> <p>Effectiveness:</p>
Evaluation:		

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Reflection: The patient was in a good mood and cooperative. Their incision site was clean, dry, and intact. Pain was 0/10 when sitting and 6/10 with movement, but they still used the incentive spirometer and maintained hip precautions. The patient was motivated and wanted to get moving, which made communication positive and calm.

Barriers:

A barrier encountered was that the patient required reinforcement with hip precaution teaching. Having had a previous hip surgery, the patient assumed they already knew all the instructions. I addressed this by reviewing the precautions clearly and calmly, ensuring the patient understood and followed them correctly using teach back.

Personal Strengths & Weaknesses:

Strengths: I demonstrated active listening, maintained a calm tone, and used supportive nonverbal cues, which encouraged the patient to communicate openly.

Weaknesses: I could improve by incorporating more open-ended questions to encourage the patient to share more about their experiences and concerns.

Strategies for Improvement:

Use more open-ended questions to gather detailed information and promote patient discussion.

Continue practicing active listening and reflecting back what the patient says to ensure understanding and build rapport.

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