

Lynnette Swinehart

I have been told by many friends and by my family that I am very blunt and unfiltered. My husband also added that I do tend to shut myself down when I am frustrated, and that silence on my end is scary. I have learned that this sometimes taken the wrong way by people at times and has caused some difficult situations for me because the way I may have conveyed something is not taken the way I intended it to be taken. My response sometimes comes off as rude, argumentative but sometimes I feel that response is because I am confused myself on what I am responding to. In some situations, the fact that I am unfiltered and not afraid to ask a difficult question or respond to a situation is beneficial, but sometimes not so much. I can use this information to improve on my approach to different situations. I should often think about how I would like to respond and choose how it is said. Many times, what my response is seems blunt because of the words that I use but can be worded better to not sound so blunt but still convey the message. With patients I do try to be more reserved on my responses and questions in a different way than I would respond to a coworker, peer, or friend. I have learned to take a minute or sometimes a day to think about how I want to respond to a situation, and it changes drastically from how I wanted to respond initially. Once I have given something a minute to think about instead of responding impulsively my response is much more appropriate and received the way intended. I have also been told I am not a good at multi-tasking. If I am doing something while someone is talking to me you might as well be talking to a wall because I probably only heard half of what was said to me. Which I find completely true. In class for example I cannot look at my notes, book, or computer and retain anything that is being taught. I must be looking and paying attention the instructor lecturing. I often am listening and realize I am a page behind on my notes because I have just been listening. I often find this the same when I am working, I cannot listen to a patient tell me about what brought them to the hospital if I am charting at the same time, they are telling me their story. I must stop what I am doing and listen. My husband knows when he is talking to me, and I am not listening because he says he can tell by my facial expressions and my eyes that I am not listening. My husband knows when there is another thought going on and usually will just stop what he is saying and tell me to spit out what I'm thinking because he knows if he keeps talking, I will not be listening because I have a thought that I am pondering because I have very quickly formed a response. In the patient setting especially with patients that may have mental health issues this distraction or my obvious thinking could be a problem as patients may feel indifferent about it. I really need to work on not saying what initially comes to my mind when I am having a conversation, and work on my game face a little better so it doesn't seem like I am so quickly forming an opinion about the conversation or that I may not be listening. I am an active listener but sometimes do get distracted by a thought. This is something I feel I will really need to work on as far as my nonverbal expression because this can be perceived in the wrong way. Patients who are admitted for something they may feel judged about if I appear to be thinking something might make them feel indifferent and not feel comfortable. This is something I will need to work on.