1.) Types of Communication
    a. With each individual, there are different ways of communicating with one another. More specifically, when dealing with therapeutic communication, it is important to be able to talk with those who are in rough situations. Communicating therapeutically grows a place of warmth and understanding while also being able to get a point across.
2.) Factors that Affect Communication with Individuals and Groups
    a. Older Adult Clients: People who are older lived in a very different time and generation than me. Therefore, how I would communicate with a kid vs. an elderly individual or a teen vs. elderly individual is all very different. As a nurse, I am going to speak with those of every age and personality. I need to be able to communicate to them efficiently.
    b. Strategies: When I communicate with my patients, I will have to speak to them all very differently. For one thing, I may need to avoid eye contact with one but then let a patient cry on my shoulders. These different forms of communication will help my patients to form a personal, but professional relationship.
    c. Staff Nurses: When I think of someone who is a good communicator, I think of someone who has a peaceful tone in their voice. I also think of someone who is willing to hear both sides of an argument. These two important factors can affect communication. I want every conversation with my peers to be productive. Understanding ways to improve or realizing bad things to do while communicating, will help me in the future.
3.) Organizational Communication
    a. Intraprofessional Communication: I am going to communicate with so may nurses on different floors and different hospitals for the remainder of my career. If I am communicating with them, it is for the benefit of my patient. The patient comes first. Hence, why this is a must in the nursing field.
    b. Orienting Nurse: I am by no means a nurse. However, on my first day of clinicals and even now, I get a little nervous. Partly because I want to follow my nurse around, but I do not want to come across as annoying, while I also try and balance a couple patients. I find no better joy than when they are helpful and genuinely want you there. When orienting a new nurse, it is important that we are warm and friendly with them. I will make the utmost difference to them and even to us.

c. SBAR: When using the SBAR communication, it requires a detailed but simple rundown to the doctor. This means that whatever question they ask you, you better have an answer for them. This is important to honestly save myself from embarrassment.

4.) Client Education

a. Factors Affecting Client Learning: The goal of teaching a patient is to ensure they understand their responsibilities in their personal care. If I cannot properly teach them, this means they cannot learn and will unfortunately end back to where they started. Because I do not want this for myself or for them, I am going to make sure I teach them the best ways that they learn. If it is handouts, I will give it. If it is a written instructional, I will write it. If they want to record me talking, then I will speak.
b. Interfere with Client Learning: Each patient may have personal issues that may interfere with their learning. Maybe they are blind or deaf. Maybe they cannot read. Maybe they speak a different language than me. Either way, it is my responsibility to work around these things, while still being able to effectively educate them.