

STUDENT NAME: Dawnielle Williams
DATE: Wednesday 29 September 2010

1. **DESCRIPTION OF SITUATION AND ENVIRONMENT IN WHICH INTERACTION TOOK PLACE:** The patient is a young woman who was in a car accident with a friend earlier the same evening. She is in the emergency room being observed for possible internal injuries. The patient also injured her head. She may or may not have to be admitted overnight.

2.

INTERPERSONAL PROCESS RECORDING

Verbal Interaction	Non-Verbal Cues/Actions (gestures, facial expressions, posture, space, appearance, body movement, touch, voice tone, volume, rate of speech, silence)	SN Facilitative Communication Techniques, Blocks to Communication, Preferred Responses and/or Alternate Responses Defense/Coping Mechanisms Exhibited By Client	Perceived Thoughts (T), Feelings (F), Beliefs (B) & Values (V) of Both Client and Student Nurse (Write out and Label)
Nurse: Hi, How are you?	Nurse walks in as she is greeting the patient. Nurse stands over the patient.	Open-ended question Looking too busy Alternative: Nurse should wait until she knows she has the client's attention before speaking to her so she should walk in the room, introduce herself, then proceed with the interaction.	Nurse does not seem to prioritize being overly warm with her patient (V). Nurse seems to feel rushed or busy (F).
Client: Hi, I've been better.	Patient frowns. Her hand is on her stomach.		Client seems to experience both physical and some emotional pain. She seems hurt or uncomfortable (F).
Nurse: Can you tell me what happened today?	Nurse touches lightly on shoulder. Client looks up at nurse.	Open-ended question/focusing Eye contact/therapeutic touch	Nurse considers that it is important to comfort and show concern for the client (V).

Client: in the accident?	Patient puts her arm behind her head and on her stomach	Seeking clarification	Client seems uncomfortable, she shifts around in her bed a lot (F).
Nurse: yeah			Nurse does not consider that perhaps her standing over the client is the most inviting and comforting position for her (V).
Client: uh ,well I was out to dinner with my friend Kathy, and I was just on my way driving her home and um she was you know going off at the mouth she had too much to drink at dinner, she was using my phone to call everybody she knew all of a sudden tonight and she was going on and handing me the phone and asking for it again like a few times and uh I guess I was distracted and I did not see this cab come at me and it broadsided me.	Patient fidgets, becomes restless. Patient uses many dramatic hand motions while talking. Nurse nods. Nurse grabs the clipboard from the side. Nurse tries to maintain eye contact with patient while listening.	Eye Contact/active listening	Client doesn't seem to accept she had any active role or fault in the accident (B).
Nurse: did you hit the windshield?	Nurse moves hand.	Exploring	Nurse seems concerned for client (F).
Client: I hit the steering wheel, I think, I don't really know.	Client becomes fidgety again. Nurse talks over the patient as the patient is trying to answer the question.		Client feels slightly confused because she has difficulty remembering (F).
Nurse: you hit the steering wheel? Did you hit it with your chest too?		Restatement/seeking clarification	
Client: not that I know of. I don't feel anything there.			Client does not have pain in her chest area (F).
Nurse: no? Did the bag go off?		Restatement/seeking clarification	Nurse seems to value being task-oriented as she keep the chart in her hand and writes on it periodically (V).
Client: no			Client feels aware of some of the details of the accident (F).

Nurse: you are holding your side		Opening remark/stating the observed	Nurse thinks the client may be experiencing pain in her side (T). Nurse believes that she is being observant (B).
Client: yeah, it's a little painful, but ...			The client is experiencing pain (F).
Nurse: and your head?		Opening remark/stating the observed	
Client: yeah it feels ok, is it that bad?	Patient looks up at nurse. Nurse maintains eye contact with patient.	Eye contact/active listening	Client seems worried about the extent of her injuries. (F) She also seems somewhat unaware of the extent to which she is injured (B).
Nurse: we will be checking it out, it might need a little help. Let me take some notes here.	Nurse examines patient from a distance. Seems to show some concern. Nurse writes on chart.	Giving information	Nurse believes that the client's injury will require further assistance and care (B).
Client: hmmm	Client sighs heavily.		Client seems slightly annoyed or comfortable (F).
Nurse: I just want to take your vital signs. So your BP.	Client looks up at nurse. Nurse put clipboard to side. Nurse prepares for BP, does not look up at client	Giving information	Nurse is able to talk to and listen to client while remaining task-oriented (V).
Client: alright, do you have any idea how long I am going to have to stay here?	Client fidgets by itching her ears.	Displacement, Denial	Client seems annoyed or upset (F).
Nurse: No I don't right now.	Client itches her head.	Giving information	Nurse seems to be more concerned with obtaining BP than with consoling the client's concerns (V).
Client: not overnight though?	Nurse is involved in placing the cuff around the client's arm.		Client expresses concern about staying in the hospital overnight (F).
Nurse: not sure, not sure. But I will check it out.	Nurse secures cuff on arm.		Nurse is honest with client about her expectations and care (V).

Client: Really? I really don't want to be here overnight if I don't have to be...	Client looks up at nurse and uses dramatic arm motions while talking.	Regression	Client gets increasingly upset. Client seems slightly angered and frustrated. (F). Client thinks that staying at the hospital would not be beneficial for her (T).
Nurse : why?	Nurse continues to be task oriented.	Why Question Alternative: "Tell me more about that."	Nurse is curious about why the client feels the way she does (F).
Client: I mean, if you could get a doctor in to see me and say it's okay and release me. I'll stay a few hours if that's... I have a really important meeting tomorrow with a client, I've got a trial next week that I can get anyone to replace me for. I've done all the work on it so it's just a bad time for me. You know	Client continues to look at the nurse. Nurse makes "Mhhmmm" noises as client explains herself. Nurse pulls out stethoscope and places it around her own neck. She maintains eye contact with the client.	Rationalization	Client is anxious. Client is more concerned with work and her other obligations than with her injury. She would prefer not to have to stay in the hospital longer than needed. Client seems to be upset about something more than just staying in the hospital (F). Client believes that she is well enough to leave the hospital. Client believes that staying at the hospital would be a great inconvenience to her life (B).
Nurse: So what do you do for work?	Client itches ear once again. Nurse looks at client.	Change of subject Alternative: Acknowledge client's feelings. "We just want to make sure you are well enough to go back to work."	Nurse thinks that the client seems upset or stressed (T). Nurses feels slightly uncomfortable (F).
Client: I'm a lawyer.	Client looks away from nurse.		Client does not seem to like being a lawyer (F).
Nurse: You're a lawyer?		Restatement	Nurse believes she should get back on track with the assessment (B).
Client: Yeah.	Nurse grabs chart. Client takes a deep breath.		Client seems upset or anxious (F).
Nurse: Umm, do you have any allergies?	Nurse takes a note.		Nurse believes that completing the assessment is very important (B).

Client: No. God this is just awful!	Client itches her head again and looks up at the ceiling.		Client feels extremely distressed (F).
Nurse: Any pain anywhere else before I listen to your pressure?	Nurse talks over the client and cuts her off. Nurse puts stethoscope into place.	Invalidation Alternative: "Tell me more about how you are feeling. What can I do to make you more comfortable for now?" Nurse does not practice active listening/encourage collaboration/seek clarification	Nurse does not seem to value client's feelings at the moment, she is too task-oriented (V). Nurse believes that it is okay to talk over a client and to disregard her client's feelings. (B) Nurse does not seem to think the client is upset (F).
Client: No.			Client does not feel like the nurse is paying attention to her emotionally (F).
Nurse: You can move all extremities?	Client lays back with her hand behind her head. She does not maintain eye contact with nurse.		Client seems annoyed and upset (F).
Client: Yeah.	Client cooperates with nursing assessment begrudgingly.		Client does not think she should put a lot of effort into cooperating because the nurse seemed to disrespect her (T).
Nurse: Move both legs for me! Great! Can you squeeze my hands?		Reinforcement	Nurse seems to feel a little more comfortable, she feels a little more confident with client (her interaction with client changes) (F).
Client: Sure.	Client looks up as she applies pressure onto the nurses hand. Client smiles.		Client thinks the nurse is acting differently (T).
Nurse: Terrific! No pain in your back?	Nurse either adjusts something on client's shoulder or touches her.	Reinforcement	Nurse seems more concerned with making the client feel more comfortable (F/T).

Client: No	Client shakes her head and looks away.		Client seems to be distracted or thinking about something else as she looks in the other direction. (T)
Nurse: It's not difficult to breathe?	Client rolls her eyes.		The nurse seems unaware that the client may be upset or distracted (F).
Client: Nope.			Client seems annoyed again and indifferent towards the assessment (F).
Nurse: Okay. Just a quick minute for a blood pressure here.	Client looks away. Nurse attempts to take a blood pressure	Giving information	Nurse is very concerned with the procedures of taking vital signs. (V)
Client: Is there any way I can make a few phone calls? I know I'm not allowed to use my cell in here but ...	Client looks up and fidgets.		Nurse thinks it is okay to talk over a client (T). Client has many concerns and feels stressed because of them (F).
Nurse: One second. Great. Phone calls? We can pull the phone over in a few minutes, okay?	Client shakes her head noticeably and breathes deeply. Nurse writes on chart.	Invalidation/ignoring the client Alternative - "We will make some time for you to use a phone after the assessment." *Not active listening	Client is annoyed (F). If the nurse had more regard for the client's feelings, the client may have been more cooperative (T).
Client: I need to find out where my car is, where it got towed, insurance company...	Nurse continues to look at chart and environment, not at client.		Client is thinking about all of the tasks she has to accomplish (T) and is becoming more stressed (F).
Nurse: Sure, it's all a worry.	Nurse continues to write on the chart.	Reflection/verbalizing the implied	Nurse thinks less and less about how and what the client is feeling (T).
Client: What a mess!	Client places hand on her face.		Client is extremely stressed and concerned (F).
Nurse: Is there anybody you can call?		Exploring	Nurse thinks that perhaps the client is overreacting and that she will realize her concerns can wait (T).
Client: Right now?			Client is eager to deal with her concerns (F).
Nurse: Mmmhmm			Nurse is eager to hear what the client is most concerned about (T).

Client: Well I mean my friend Kathy, but that's about it.			Client is concerned about her friend Kathy (F).
Nurse Can you be quiet for a second so I can take your pulse and your respirations?	Nurse takes client's pulse and respirations as she hold the clipboard between her body and her arm. Nurse is looking at her watch with her hand placed on the client. The client is looking away from the nurse.	Incongruence Alternative: Listen to client's answer, complete that part of the conversation before moving on to vital procedures.	Nurse does not believe it's important to let client express her feelings and for her to understand them (B).
Client: I have to get home and feed my...		Rationalization	Client is concerned about the welfare of her pet (F).
Nurse: Just one second, almost done. Oh great. Okay.	Client pulls lips inside her mouth and looks down. Nurse keeps her eyes on her watch.	Invalidation/ignoring the client Alternative: Explain that the sooner the assessment is over with the sooner she will be informed of what to be concerned about. Doesn't actively listen/encourage elaboration	Nurse seems annoyed (F).
Client: Who is going to feed the dog?	Client continues to look down as she charts information. Client puts her hand on her eyes.		Client is thinking constantly about her worries and concerns (T).
Nurse: No neighbors to help you out?		Looking at alternatives	The nurse believes the client is not looking at the overall picture, the client may be stuck on worrying about things she shouldn't necessarily be concerned with at the moment (B)
Client: Yeah I guess, but it's late. They're like already in bed.	Nurse puts chart down.		Client thinks that she would be an inconvenience to others if she were to stay in the hospital (T).
Nurse: Uh-huh. Well we'll check out whether you are going to stay. Um can I ask you a few more questions?	Client looks up at nurse and sighs heavily. Nurse pulls out thermometer.		Client seems to be getting increasingly impatient (F).
Client: Sure			Client thinks it is important to continue with the assessment (T).

Nurse: Alright. Have you ever had a tetanus shot in the last few years?	Client itches her ear. Nurse looks at patient.	Nurse is concerned with assessing the client as accurately as possible (V).
Client: Yeah, four or five years ago I think.	Nurse repeats "Yeah" and nods her head while maintaining eye contact with client.	Client thinks that supplying the nurse with information she requests is important (T).
Nurse: Oh. Good. Okay. Take your temp. Great. Just a second. Almost done. Okay. Very good.	Nurse takes the clients temperature while looking at client.	Nurse believes that reinforcing cooperation of a client in an assessment is helpful (B).
Client: Look, I know it's not your fault, I just, I really can't afford to be here right now	Nurse puts thermometer away and pulls out the chart.	Client is upset (F). Client believes that she has a multitude of relevant excuses for her not wanting to be in the hospital (B)
Nurse: I know, it would be upsetting to me too.	Nurse touches client's shoulder.	Nurse is thinking about herself and how she perceives the clients emotions rather than how the client feels them (T).
Client: It's okay. Sorry.	Client breathes a small sigh of relief. Client rubs her eyes.	Client seems slightly relieved (F).
Nurse: Okay. A little bit about your medical history? Can you tell me? Have you been in a hospital before?	Nurse looks at client.	Nurse believes she should be rushing, maybe she feels like the assessment is taking too long or is difficult. (B) Nurse does not think that the client should have more time to process and express her emotions (T).
Client: Fine. Healthy, never been in a hospital.	Client looks up and away from nurse. Her voice seems different, she seems to laugh a little as she answers. Nurse's hand is placed behind client on her bed. Nurse leans over patient.	Client still seems tense. Client seems a little detached from the situation (F).

Nurse: Do you have a primary care physician?	Nurse continues to look at patient.	Nurse is more concerned with assessing the client that she doesn't seem to notice the nonverbal cues (V).
Client: Yeah.		Client thinks that answering simply is more effective in this current situation (T).
Nurse: Yeah. Okay. You do. When was the last time you saw them?	Nurse nods. Nurse bites her lower lip.	Nurse seems to be a little annoyed or frustrated (F).
Client: Uhh I think more than a year ago. I'd have to check back, I'm not sure.	Client looks up then makes eye contact with nurse. Client itches her head.	Client feels restless still (F).
Nurse: Do you keep up with your GYN, breast exams?		Nurse thinks that asking closed questions is proper for this particular situation (T).
Client: Oh yeah, what does that have to do with this right now, really?	Client looks down, itches her head then looks up at the nurse.	Client is impatient (F) and thinks that certain questions aren't important to the assessment (T).
Nurse: It's part of our role to check it all out. Okay? We want to make sure you're alright from head to foot right now.	Nurse nods. Nurse uses authoritative voice.	Nurse believes that exerting some authority over a patient is okay (B).
Client: It's ridiculous, I mean, I'm fine. I banged my head.	Client smiles and motions to her head with her hands.	Client experiences anger (F). Client thinks that the assessment is taking too long and encompasses irrelevant questions and procedures (T).
Nurse: Yes you did. Umm. Can we talk about dinner a little bit?	Nurse nods in a very noticeable way. Nurse continues to lean over client. Client looks at the nurse in an odd way.	Nurse thinks it is more important to continue with the assessment than to consider the client's feelings (T).
Client: Sure.		Client hopes the assessment will be done soon (T).

Nurse: Okay. What did you have?			Nurse thinks that there is more important information to uncover (T).
Client: for dinner?	Client and nurse maintain eye contact.	Eye contact	Nurse thinks that using eye contact is important in interacting with a client (T).
Nurse: yeah	Client looks away and laughs quietly.		Nurse thinks that giving a simple response is effective (T).
Client: what does that have to do with anything?	Client shrugs her shoulders.		Client is still frustrated with the questions being asked (F).
Nurse: well I just kind of have to... You know, we're going to have to do some stitching and all of the rest so I need to know..	Nurse tilts her head to the side and looks away	Defensiveness Alternative: Explain that "We don't want to skip over something important. It might seem like a stupid question but it's not."	Client thinks the nurse's explanation is scattered (T). Nurse is unsure as to how to explain it to client (F).
Client: What did I have for dinner? I had a Caesar salad and some rolls and a steak and a glass of wine. That's about it.	Client itches her eye. She uses her hands as she talks.	Restatement	Client is restless and fidgety (F).
Nurse: One glass of wine?	Client and nurse maintain eye contact.	Seeking clarification	Nurse thinks there may be a connection between the accident and alcohol.
Client: Yeah.	Client sits up and rests back down.		Client seems to think that being somewhat attentive to the assessment might become helpful (T).
Nurse: And you said your friend was drinking?	Nurse nods and smiles slightly.	Seeking clarification	Nurse believes that nodding is an effective tool (B).
Client: Oh yeah. She finished the bottle. Yeah you should really check on her. I can't believe it. I mean it's really her fault.		Denial	Client doesn't believe that she could have any blame for the accident (B). Client seems worried about her friend (F).

Nurse: But you only had one glass?	Nurses smiles as she asks the question and tilts her head so she is looking down at the patient more.	Being moralistic (Nurse seems to look down at the patient when she asks about the wine) Alternative: Nurse shouldn't look down at client.	Nurse does not seem to think that the client is telling the truth about having a single glass of wine (T).
Client: Yeah.			Client seems suspicious as to why the nurse is asking her again about how much she drank (F).
Nurse: Yeah?		Restatement	Nurse does not believe client is telling her the truth (B).
Client: Yeah. Is there any way that I can check to see if Kathy is okay?	Nurse nods then touches the client's shoulder. Client makes eye contact with the nurse and sits up to face the nurse.	Therapeutic touch Ignoring the client Alternative: "We can check up on Kathy after the assessment." then proceed to ask her questions.	Client is worried about her friend (F).
Nurse: Kathy came in with you?		Encourages elaboration/exploring	Nurse believes that asking about Kathy is relevant and helpful in this stage of the assessment (B).
Client: I think so.			Client is not aware of all the details. (F)
Nurse: in the ambulance?		Seeking clarification	Nurse thinks the details about where Kathy was are important (T).
Client: no, I think she took a cab. I can't really, I'm not really sure.	Client uses her hand to motion to her head.		Client seems confused (F).
Nurse: You're not remembering?	Nurse nods her head.	Opening remark/stating the observed	Nurse believes that being observant is important (B).
Client: No.			Client doesn't seem to want to believe that she is not remembering, she wants to think she's completely uninjured (B)
Nurse: Were you awake and alert at the accident?		Seeking clarification	Nurse thinks that the client doesn't realize that she may be affected by her injuries (T)

Client: Yeah, she wasn't in the ambulance though, unless she was in the front.	Nurse nods. Client looks away then back at nurse.	Client thinks that she was alert at the accident but doesn't remember a lot of the details (T).
Nurse: you seem a little confused about what went on.	Nurse talks over client as she responds. And raises her voice a little to be heard over the client.	Nurse believes that there is a possibility that the client may be confused because of the accident or because of the alcohol consumed (B).
Client: Well, I'm not sure. Because they whisked me away so fast I didn't really see where she went but maybe she was in the front. But she might be in the waiting room right now, I'm not ...	Client uses hand motions as she responds. She fidgets as well touching her face in particular. Client makes eye contact with nurse.	Client thinks that making excuses for not remembering is effective (T). Client thinks that she should know where Kathy is (T).
Nurse: Can we go back to how much you've had to drink?		Nurse believes that alcohol may have had a role in the accident and that the client may not be completely truthful with the nurse (B).
Client: Yeah. A glass of red wine.	Client looks at nurse.	Client is frustrated (F).
Nurse: Yeah?		Nurse doesn't think the client is being truthful (T).
Client: Yes.	Client looks up and down at nurse.	Client thinks that nurse is being judgmental and close-minded (T).
Nurse: Do you drink frequently at home?	Nurse nods. Nurses head again tilts so she is looking down at the client more.	Nurse thinks that pursuing the client's drinking habits will help her uncover more important information. (T)
	Being moralistic Alternative: Nurse should no tilt her head.	

Client: with dinner.			Client feels upset and answers the questions simply again (F)
Nurse: With dinner?	Nurse nods.	Restatement	Nurse seems to be very motivated to get to the bottom of this issue (F).
Client: Usually, yeah.	Client looks away. Client lays back in bed.		Client seems annoyed (F).
Nurse: One, two?	Nurse shakes her head from left to right.	Seeking clarification	Nurse thinks that asking the client again may be helpful (T).
Client: One or two.	Client looks up at nurse.		Client thinks the nurse does not want to believe her (T)
Nurse: One or two glasses of wine?		Restatement	Nurse thinks that asking again may help the client remember (T)
Client: Mmmhmm. I keep forgetting.	Client closes eyes and itches forehead where the bandaging is. She motions towards the bandaging and smiles.		Client forgets that she is injured. She does not want to believe that she is injured (B).
Nurse: Yeah, we'll check that out. One or two glasses of wine?	Nurse nods. Nurse seems to stress "wine" when she says it.	Seeking clarification	Nurse really believes that drinking was the cause of the accident (B).
Client: Yeah. You really think I'm going to have to stay here awhile?	Client looks up at nurse and tilts her head faces her.		Client is still concerned with how long her hospital stay will be (F).
Nurse: Well we're going to have to find out what's going on in your belly.	Nurse touches client's stomach. Nurse uses a different tone when she says belly.	Tone Alternative: Speak to client as an adult. "Well we need to assess if there was any damage to your abdomen and organs."	Nurse thinks it is important to point out that her injuries may need further care (T)
Client: Well it's not that bad really. I mean, can the doctor just come in and check me and...	Client looks at nurse and squints her eyes. Client touches her abdomen then proceeds to make hand motions as she talks.		Client is impatient (F).

Nurse: I'll check with him but it's probably we might keep you for a little observation time.	Nurse nods. Nurse looks away then at client. Client rolls her eyes.	Nurse believes that the client will have to stay overnight (B).
Client: I really don't need that right now in my life	Client looks down then closes her eyes. She rests her head deep on the pillow and extends the fingers on her hand. Nurse places hand back on the back of client's bed and leans over her.	Client seems upset (F).
Nurse: What is going on in your life that's, you've said that a couple of times?	Nurse looks at client.	Nurse thinks that the client needs to explain her feelings (T).
Client: my job. Basically you know, it's just a lot of pressure.	Client itches her nose and looks down a couple times before looking back up at the nurse.	Client feels that her job causes her stress (T)
Nurse: A lot of pressure?		Nurse thinks the client should verbalize her problems (T).
Client: A lot of stress.		Client believes that she experiences a lot of stress (B).
Nurse: What do you do for stress?	Nurse has her head tilted down more than normal again.	Nurse thinks that the client could potentially have stress problems (T).
Client: What do I do for stress?		Exploring Being moralistic Alternative: Nurse should not tilt her head downward.
Nurse: You know like exercise or anything?	Client itches her head and rests her head on her arm.	Client may think that implementing actions for stress may not help her (T).
Client: No. I mean I have a massage once a month but it doesn't really seem to do much. Anyway what does that have to do with anything?	Client shrugs then smiles. Nurse's head is tilted down.	Nurse may think that client needs to think about how she handles stress (T).
		Client seems calmer (F).

Nurse: I'm just checking to see, you know, people deal with stress in different ways and it's always good to know if they have a healthy outlet.	Nurse nods and looks away from client. Client looks up at nurse. Nurse looks at client.	Being moralistic Alternative: Explain that "Management of stress is an important part of health."	Nurse seems to think that the client does not manage stress well (T)
Client: That's true But can we just get the doctor in here, moving this along, so I can either know what I am doing or ...	Client looks down and makes hand gestures as she talks. Client's lips seem to twitch.		Client seems impatient and frustrated (F)
Nurse: That's where I am going to go, I'm going to go check with the doctor, see if we are going to hold you for the night.	Nurse touches client's shoulder. Client looks up at nurse. Client itches her head. Client and nurse maintain eye contact. Nurse uses her hands as she talks.	Therapeutic touch	Nurse believes she has collected enough data (B).
Client: That would be great.	Nurse nods. Client smiles slightly then breathes deeply.		Client seems somewhat relieved (F).
Nurse: and I'll check on your friend and I'll be back.	Nurse touches client's shoulder lightly and nods.	Therapeutic touch Offering self	Nurse thinks that she should help to relieve some of clients concerns especially the concerns about Kathy (T).
Client: Okay.			Client seems less restless (F).
Nurse: Okay.	Nurse walks out of the room.		Nurse seems to feel busy, she rushes away (F).
Client: Thank you.			Client thinks that she should express gratitude for the nurse's care.

1. Why did you select this interaction?
- 2.

3. What did you learn about IPR from this interaction? I learned that effective communication is very complicated. Nurses should be constantly learning how to better communicate with clients and evaluating how they communicate with them. Touch seems to be a very significant technique while restatement can be overused easily. I think the nurse in this IPR should have allowed the client to explain her emotions a little more as well as using silence as a tool more often.

4.

5. What kind of interaction was this? Therapeutic communication.

6.