

U 3

Foundations of Health Communication



Listen



Understand



Connect



Communicate



HEALTHCARE COMMUNICATION • EIGHT CONNECTED ELEMENTS

A two-way safety process links people, meaning, context, and response.

SENDER

Creates the message; patients and authorized professionals may both send.



MESSAGE

Facts, questions, choices, or instructions must be accurate and role-appropriate.



ENCODING + CHANNEL

Use plain speech, writing, symbols, demonstration, or accessible aids; choose in-person, telephone, document, portal, or video to fit need.



RECEIVER + DECODING

Confirm who should receive information. Meaning varies with language, experience, culture, emotion, senses, and setting.



FEEDBACK

Invite questions, clarify, then use non-shaming teach-back to check your explanation, not test the person.



NOISE

Reduce jargon, distraction, distress, access barriers, technical failure, and assumptions.



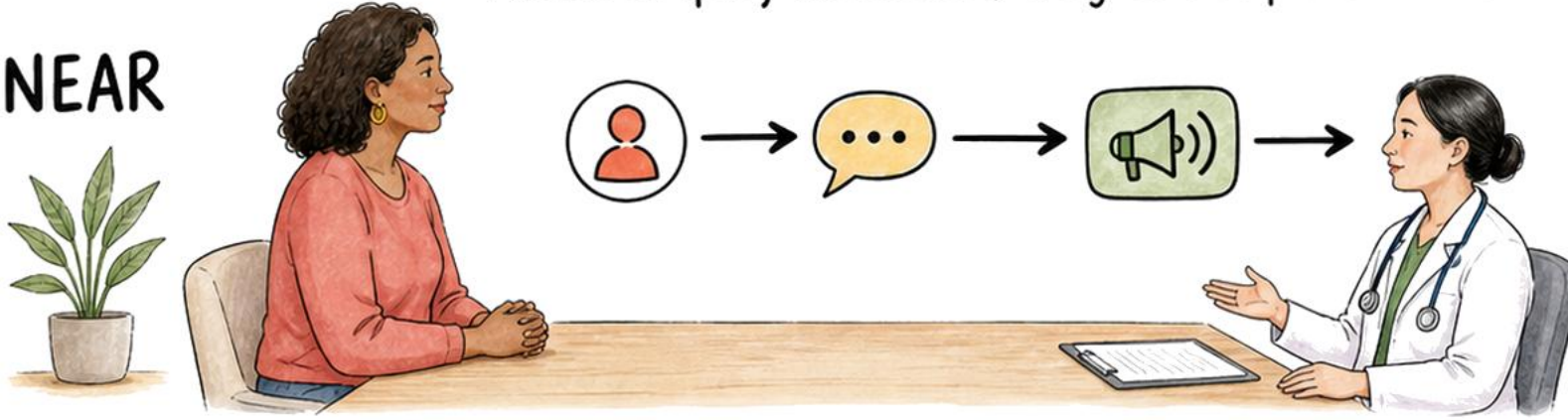
Include family or carers only with consent or valid authority; confidentiality and safeguarding rules still apply.



COMMUNICATION MODELS • THREE USEFUL LENSES

Models simplify interaction; they do not prove understanding or outcomes.

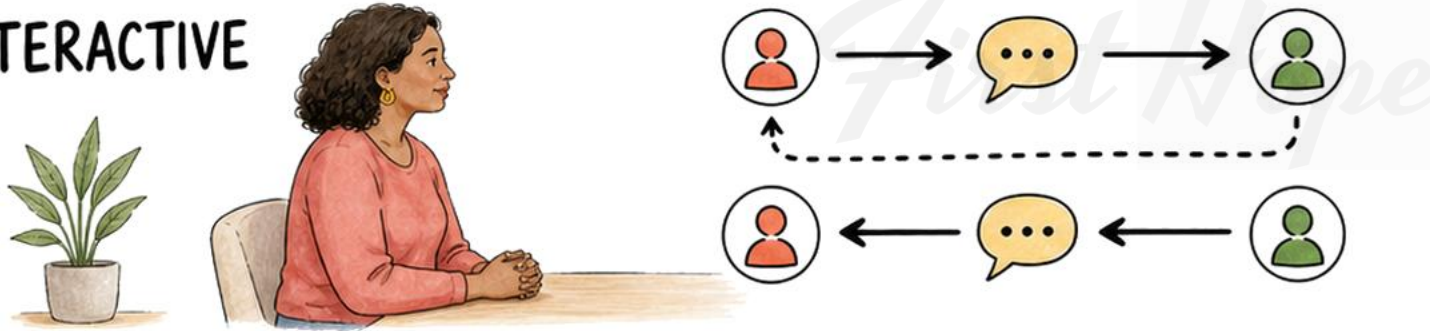
LINEAR



Sender → message → channel → receiver.
One-way delivery may suit a public-health notice, written instruction, or urgent broadcast when immediate reply is unavailable.

Limit: no built-in feedback; pair important messages with an accessible way to ask questions.

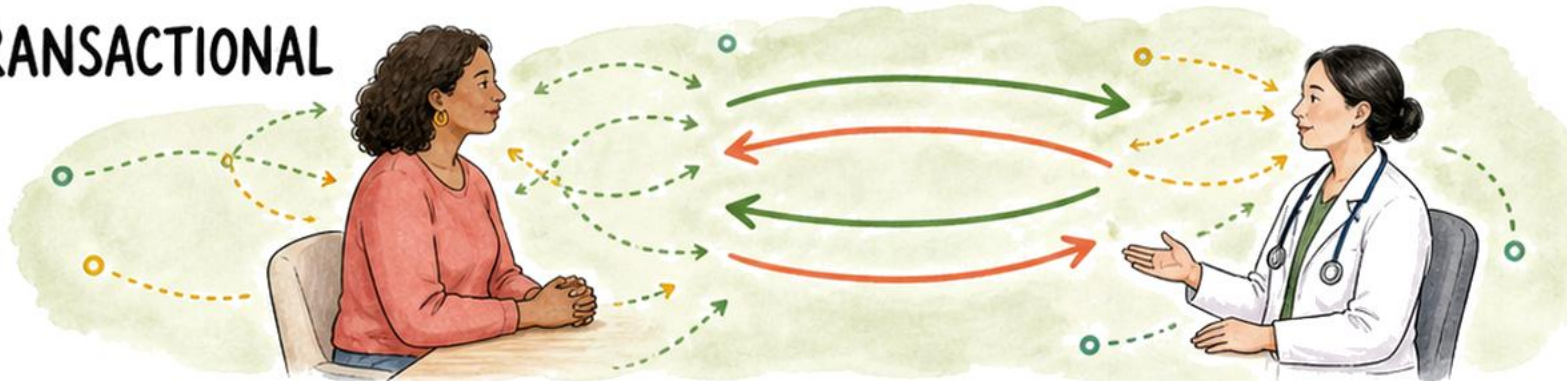
INTERACTIVE



People alternate sending and receiving; feedback can reveal uncertainty, correct errors, and support shared decisions.

Example: a professional explains options, and the patient asks questions or teaches back the agreed plan.

TRANSACTIONAL



Both people continuously send and receive verbal and non-verbal cues.

Relationships, emotions, experience, and environment shape the exchange.

Observe cues, then ask what they mean. Never infer pain, honesty, capacity, culture, or consent from facial expression, gaze, or body language alone.

INTERPERSONAL COMMUNICATION • PERSON TO PERSON

Direct exchange between two or more people combines words, tone, silence, expression, gesture, and context.

CORE PRACTICE



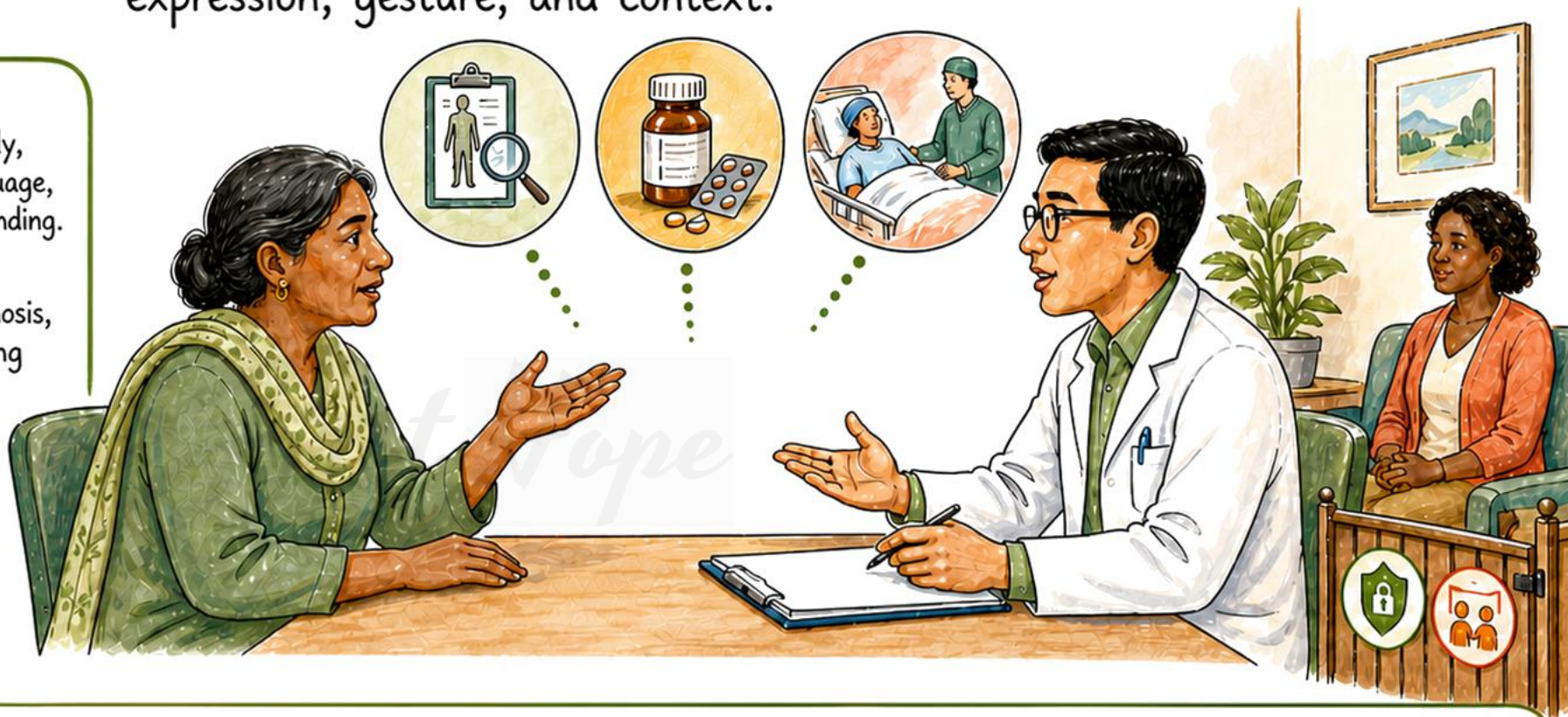
Listen without rushing; begin openly, clarify details, explain in plain language, invite questions, and check understanding.



Examples include discussing a diagnosis, explaining medicines, and preparing someone for a procedure.



Use privacy, accessible formats, qualified interpreters, and reasonable adjustments.



PARTNERSHIP



Explore goals, benefits, harms, alternatives, cost, and side effects.



Next steps, agreed without pressure, may support trust and satisfaction.



“Adherence” means following an informed, agreed plan—not obedience; respect the right to pause or refuse.



Ask before involving family or carers, unless capacity law, safeguarding, or another legal duty permits limited disclosure.



Stay within competence; document, refer, or escalate urgent symptoms, self-harm, abuse, or immediate danger through local pathways.

GROUP COMMUNICATION • TEAM CARE AND SUPPORT

Three or more participants share information, perspectives, questions, and decisions.

COMMON SETTINGS

- Multidisciplinary meetings connect doctors, nurses, pharmacists, and other roles around coordinated care.
- Patient-education sessions explain health topics and allow questions.
- Peer or long-term-condition support groups exchange experience; personal stories are not clinical advice.



SAFE GROUP PRACTICE

- Name a facilitator, purpose, roles, time, and decision owner.
- Invite each voice, manage hierarchy, summarize, and use closed-loop confirmation for critical tasks.
- Share only the minimum necessary information in an appropriate setting; explain confidentiality limits.
- Patients remain central.
- Include family, carers, advocates, or supporters with consent or lawful authority; do not let them replace the person's voice.
- Document agreed actions, responsibilities, follow-up, dissent, and any referral or safeguarding escalation.
- Active listening supports teamwork, problem-solving, and knowledge-sharing.





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