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Professional Communication in Healthcare Settings



Clarity



Respect



Empathy



Teamwork



PATIENT COMMUNICATION • LISTEN, EXPLAIN, CHECK

Communication is a two-way safety process, not one-way instruction.

● PREPARE

Protect privacy, introduce your role, and ask about language, access, communication, and supporter preferences.

● LISTEN

Begin openly, allow time, clarify details, and reflect feelings tentatively.

Gaze, expression, posture, silence, or tone are cues to ask about – never proof of emotion, honesty, pain, capacity, or consent.



● EXPLAIN

Give accurate, role-appropriate information in plain-language chunks; discuss choices and uncertainty without pressure.

● CHECK

Invite questions and use non-shaming teach-back to check your explanation. Re-explain differently when needed.



Respect a person's pause or informed refusal.



Clear communication may support trust, comfort, participation, and an agreed plan; it cannot guarantee understanding, adherence, anxiety relief, or outcomes.



Escalate urgent symptoms or immediate safety concerns through local pathways.

CAREGIVERS AND SUPPORTERS • INVOLVE WITH PERMISSION

A caregiver may be family, friend, advocate, or paid or unpaid supporter.

ASK THE PERSON

Confirm whom they want involved, why, and what may be shared.

Review preferences when circumstances change.

KEEP THE PATIENT CENTRAL

Speak to the patient directly, support their voice, and do not let a supporter pressure or replace them.

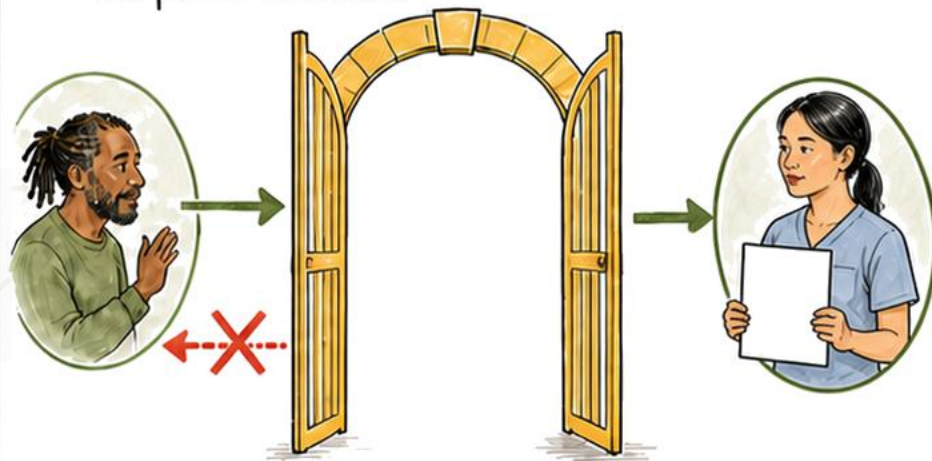


SHARE SAFELY

Use consent or valid legal authority and disclose only what the agreed purpose requires.

If capacity is questioned, follow decision-specific law and policy; relationship alone gives no authority.

Supporters may offer concerns, but listening does not permit disclosure.



Explain safeguarding, serious-harm, emergency, and other lawful exceptions.



Use accessible instructions and teach-back for care tasks.



Document permission, limits, concerns, actions, and review;



offer caregiver support or referral within role.

INTERDISCIPLINARY TEAMS • SHARED PLAN, CLEAR ACCOUNTABILITY

Different professions contribute expertise;
the patient remains a participant, not an object of discussion.

STRUCTURE THE EXCHANGE

Identify the person, situation, relevant background, assessment, uncertainty, and requested action.

Use an agreed handoff tool such as SBAR when appropriate.



CLOSE THE LOOP

Name each task owner and deadline;
the receiver repeats critical information,
and the sender confirms or corrects it.



COORDINATE

Share only relevant information through approved channels, record the current plan, and confirm who holds overall and next-step responsibility.

Respect role boundaries and seek help beyond competence.

Invite questions, dissent, and speaking up across hierarchy.



Communication may close avoidable gaps,
but meetings or arrows never guarantee
safety or outcomes.



Resolve routine conflict respectfully;
escalate unresolved risk, deterioration,
medicine concerns, or unsafe
instructions promptly.



DIFFICULT NEWS • SIX PRINCIPLES AND SUPPORT

An appropriate professional should lead, with help when needed.

1 • PREPARE

Use a private, accessible setting and enough time.

2 • ASK

Ask what the person knows, wants now, and whether they want a supporter.

3 • WARN AND SHARE

Signal that difficult information is coming. Use plain language and small chunks; separate known facts from uncertainty and avoid false reassurance.

4 • RESPOND WITH EMPATHY

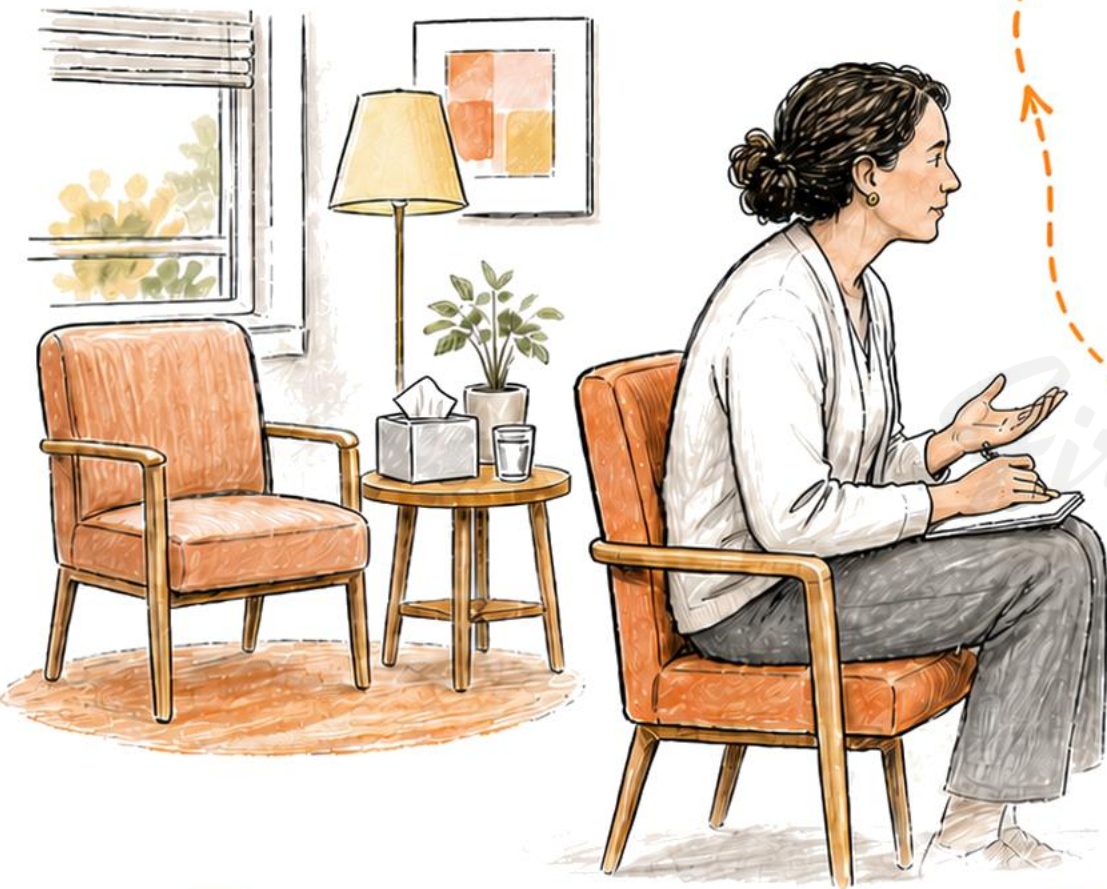
Acknowledge and reflect emotion tentatively rather than assuming it.

5 • ALLOW TIME

Pause, permit silence, invite questions, and check immediate wellbeing.

6 • PLAN SUPPORT

Use teach-back, discuss realistic next steps, support, warning signs, and named follow-up.



Include family only with consent or valid authority; document preferences and discussion.



Escalate severe distress, self-harm concern, urgent symptoms, or immediate danger through local pathways.





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