|  |  |  |
| --- | --- | --- |
| **Effective Communication:** | | |
| Verbal |  | |
| Non-verbal |  | |
| **Communication Process:** | | |
| Sender |  | |
| Message |  | |
| Receiver |  | |
| Feedback |  | |
| **Factors that Interfere with Communication:** | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| **Good Listening Techniques:** | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| **Non-verbal Communication:** | | |
| Facial expressions | |  |
| Eye contact | |  |
| Body language | |  |
| Touch | |  |
| Gestures | |  |
| **Barriers to Communication:** | | |
| Deafness/Hearing loss | |  |
| Blindness/Impaired vision | |  |
| Aphasia/Speech Impairments | |  |
| Psychological Barriers | |  |
| **Cultural Diversity** | |  |
| Cultural beliefs/practices | |  |
| Eye contact | |  |
| Touch | |  |
| **Recording & Reporting:** | |  |
| Sight | |  |
| Smell | |  |
| Touch | |  |
| Hearing | |  |
| **Recording & Reporting:** | | |
| Subjective | |  |
| Objective | |  |
| Basic Rule | |  |
| HIPAA | |  |