

THE TRAINING AND MANAGEMENT OF THE COMMUNICATION SKILLS IN MEDICAL FACULTIES (TIP FAKÜLTELERİNDE İLETİŞİM BECERİLERİ EĞİTİMİ VE YÖNETİMİ)

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ABSTRACT

Communication is an essential skill for all health care professionals. This involves effective speaking, listening, reading and writing. In the current study, the concept, scope, quality, effectiveness and implementation of the communication skills course taken in the process of medical education of family physicians was investigated by supporting the research with a questionnaire form. Significant findings were reached concerning teaching and managing communication skills besides the necessity of giving adequate communication skills courses to physicians in education and training process. At the same time, most of the hypotheses posed were confirmed. According to the evaluation of the responses to the questionnaire of 47 family physicians; 70% of the surveyed physicians think that communication skills courses aren't taken for enough time and appropriate periods in medical faculties; 80,8% of them states that the communication skills can be taught; 89,3 % of them accept that the communication skills can be managed; 85,8% of them think that the communication skills are taught slowly and often in the form of master-apprentice relationship; 91,5% of them emphasize that "how" was told should be given more importance rather than "what" to be told. The statistical reliability of this study, Cronbach's Alpha value, was found as 0,716.

Keywords: Family Physician, Patient, Communication, Faculty of Medicine.

1. INTRODUCTION

It is possible to examine the health communication in terms of society, target groups, individuals and politics, respectively. An individual is unique with his personal needs, problems and emotional world. For this reason, personal needs of individuals are needed to be met in other service areas. Personal communication is vital in every aspect of health care, such as clinical, education, consultation etc. It is essential to strengthen and raise the capacity of individuals providing individual-oriented help. An effective health communication basically consists of three main parts. First, the message: message isn't the thing that is said by the source, but instead, it is what is understood by the receiver. Second, an effective communication entails being mutual. And finally, communication is an interactive process (Sakall , 2001, p. 135).

Communication consists of some values, such as the need to understand the other, respect, empathy, caring and showing this care to the addressee. At this point, health communication shouldn't be seen as a equipment or a method which increases the effectiveness of the programs, but could be seen as an expansion which pays attention to personal values.

Family Health Centre (FHC) is an institution where one or more family physicians and family healthstaff provide families with health service. Family physician is responsible for managing his FHC, controlling the team whom he is working with and providing their service according to the Ministry of Health's programs (Ministry of Health, 2010). In the study, we mean "family physician" when we refer to "physician".

FHC is considered as a health institution and managed by family physician or physicians. Whatever the rank, level and activity they take on, all directors share similarities, such as being appointed to the office, making the staff work effectively, easing their work as being responsible for their resource usage and reporting to their supervisors all necessary activities (Kavuncubaşı and Yıldırım, 2010, p.100-101). Thus, family physicians that are responsible for their unit management must use resources as effective as possible. The most effective way in achieving this is to be able to establish and maintain effective communication between their staff, patient and their relatives. The morale and efficiency of the staff in an institution depends on the knowledge and capabilities regarding personal communication. Communication is in the center of business activities with its whole severity (Yates, 1992, p. 299).

In Turkey, learning, teaching and managing communication in medical schools have been important in terms of health recycling program. The deficiencies in communication affect negatively patient satisfaction, patient adherence to treatment, health related outcomes and increases health expenses (Akvardar, to all, 1999). For these reasons, communication skills are being considered to be one of the most important fields of basic medicine science in Medicine Faculties. They constitute an important part of the curriculum or they are being offered as courses and seminars in a majority of Medical Faculties abroad (Humphris and Kaney, 2001). 25% of the program has been devoted to communication skills training in Medicine Faculty of Maastricht University in Netherlands. The basic topic in this program is quality of patient-physician relationship and it is focused on "how" he will tell the patient rather than "what" he will tell the patient (Van Dalen, to all, 1997). As is seen above, family physicians have to be in an effective interaction. In order to achieve this, they must acquire necessary knowledge and skills and learn how to apply and manage them effectively at faculties of medicine.

In this study, not only the theoretical side, but also the practical side of communication skills executed by family physicians at Family Health Centers in Sakarya will be investigated. Besides, the adequacy of the courses, physician-patient relationships, whether or not the communication can be taught and managed will be determined. Physicians graduating from the Medical faculties in Turkey comprise the universe of research. The target group of the research includes the family physicians working in the 75 of Family Health Centers in Sakarya. The study group includes 27 Health Centers (ASM), representing 36% of the total number of Health Centers in the whole province. The questionnaires have been administered by talking to 47 physicians face to face.

2. METHOD

A questionnaire, consisting of 43 questions, was used. Five of the questions were related to demographic information of family physicians. This research consists of four parts. In the first part, "the demographic information related to family physicians", in the second part, "communication perceptions", in the third part "teachability of communication", and in the fourth part 'manageability of communication' was investigated to determine family physicians' assessment of the assumptions. The data in the survey was evaluated with the help of statistics program and the feedback of the statistical works was done. With the help of data provided in the survey, both the importance of communication skills in medicinal curriculum in Turkey's faculties of medicine and physicians' competence at communicating with patients were studied at length.

2.1. Preliminary Research Studies

Required permission for the implementation of the survey was taken from Sakarya Provincial Directorate of Health, dated 7th June 2011, and numbered B1041SM4540009.201 16039, with the approval of governorship. The prepared research questionnaire was applied initially and it was made much more reliable after getting the feedback from this application.

2.2. Assumptions Of The Research

The most important hypotheses posed at the beginning of the research are listed below. These are:

- a. Neither the scope of theoretical and applied courses regarding communication skills nor the time allocated in curriculum at faculties of medicine in our universities is adequate.
- b. Communication skills can be taught to physicians at faculties of medicine to execute adequate health care.
- c. Communication skills are innate.
- d. Communication skills can be managed while providing health care.
- e. The answers given by the family physicians involved in this research reflect their opinions and assessments.

While the questionnaire is being evaluated, the demographic information of the involved physicians, such as age, the graduated medical faculty, experience and gender will be determined. Afterwards, each answer will be statistically evaluated of "the perception of the communication", "teachability of communication", "manageability of communication" counted as percentages and finally whether there is a certain relationship between the variables.

2.3. Communication Must Be Taught

Teaching communication skills is arguably the most important part of the medical curriculum, not an optional extra. The only purpose of the present study will be physician-patient communication. Physician-patient communication is especially important in two aspects. Firstly, the physician needs to know all the personal characteristics of patients precisely. Secondly, patient must trust to the physician and take a complete support from the physician during the treatment (Rourke, 1993:684-685). Physician-patient relations are maybe the cases which are the most mentioned and given advices about. But, this subject is inconsistent, disorganized and not operative. The number of practical courses about physician-patient relations in medical faculties is not enough (Öztürk, 2004:736-737)

The program named "Introduction to Clinical Practice" was put into practice in Medicine Faculty of Marmara University in the academic year of 2000-2001. In this program, the education of communication skills was started containing interpersonal communication skills, communication in small groups, speaking in front of a crowd, medical talk, taking the patient's history and difficult histories (Kalaça, to all, 2001:29). "Communication Skills Program" which was integrated with all other units and continued for 6 years in the Medical Faculty of Adnan Menderes University has been put into practice since the academic year of 1999-2000. The Master Program of Health Communication Management which is a first in Turkey was formed with the cooperation between the Communication Faculty and Health Sciences Faculty of Adnan Menderes University (Başak, to all, 2001:97).

In Turkey, people who want to be a teacher have to take pedagogical formation in accordance with the Pedagogical Formation Regulation of the Ministry of Education (Milli Eğitim Bakanlığı Talim Terbiye Kurulu Başkanlığı, 2010). Just as the pedagogical formation is

necessary and essential for our teachers, the communication skills education must be also necessary and obligatory for our physicians. Communication is an attitude, idea and emotion notifications of the society formed by people who inform each other about similar things, events, phenomena and inform each other about these, have similar emotions to the same life experiences, judgment which is realized inside of living as a society (Bıçakç , 2000:22).

Generally, it is possible to gather the communication concept as interpersonal, organizational and mass communication (Yatk n, 2003:52). It was ascertained in the research of the communication skills education in the schools of medicine of UK in 2002, that the communication skills education given to the students was not efficient in interpersonal communication skills and knowledge required for effective communication with patients (Hargie, to all, 1998). Teaching communicative skills is certainly the most essential part of the medical curriculum, it is not an optional extra (Özçak r, 2002 and Sleight, 1995). According to the bio-psycho-social approach which World Health Organization officially adopted in 1947, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Well-being is the lack of discomfort that also involves a person's special perception (WHO 1946, Fremont and Bird 1999).

It is possible to arrange the reasons of the public relations, especially the reasons entailing communication studies in health institutions as follows (Tengilimoğlu, 2001:36).

- a. Increase in the number of for-profit organizations, changes in payment politics to the health institutions, increasing competition and improvement of the concept of marketing in health sector,
- b. Extreme division of laborandspecialization, presence ofmatrixorganizationalstructure,
- c. The reality that services to be provided by units composed of individuals requiring different education and skills,
- d. Health staff obliged to use medical terminology heavily due to the extreme specialization and technological developments.
- e. Health services, being much more abstract than the other services,patients are deprived of the chance to try and experience them before taking them,
- f. In recent years, development in education, income and welfare levels of public have led to an increase in the consciousness of patients,
- g. Parallel to the technological developments, hospitals have gained a complex structure entailing professional management,
- h. Teaching and management of communication have become compulsory due to the technological developments and the changes in patient's demands leading to financial difficulties in health institutions.

Most of the complaints are not about clinical deficiency, but about the communication problems (Roter, 1977). Patients' anxiety and dissatisfaction are related to the ambiguity and the lack of information, explanation and feedback of physicians (Faden, to all, 1980). Physicians should specialize in pre-defined information, skills and attitude to be an efficient communicator (Lipkin, to all, 1984). In clinical medical education, the clinical communication training generally wasn't successful (Kahn, to all, 1979:29-35). Medicine Faculty students are supposed to develop their communication skills furtheras they experience more complex situations. "The reinforcing method" is used in interpersonal skills as in others (Engler, to all, 1981).

Although physicians believe that communicative skills are innate, a wide variety of intervention studies show that they can be taught. A study conducted with the students from Uludağ University indicates that 84% of the students are of the opinion that the communication skills course should be given, and 91.8 % of

them disqualify themselves in terms of the various skills. Besides, it has been indicated that first step physicians should be given formal education to gain various skills primarily necessary for a healthy physician-patient relationship. It has been also stated that improving skills enabling an efficient communication especially with difficult patients and giving more importance to the inadequate skills first and foremost are crucial.

Although there are physicians of varying abilities from birth, their communication skills can be enhanced if they are provided appropriate education. Practicing doesn't mean doing the same things over and over again. Communication is a basic skill that includes effective speaking, listening, reading and writing, and it should be taught at levels of the curriculum: further development of skills is needed as student encounter more complex situations, and interpersonal skills, like other skills, benefit from reinforcement. Coherent attention needs to be given to students' emotional issues, such as working with dying patients and anger at self-inflicted ill health (Smith and Kleinman, 1989:54).

The determined communication traps determined by scanning the domestic and foreign literature survey with the results of questionnaire analysis are (Travaline, to all, 2005:16):

- a) Using highly technical language or jargon when communicating with patient,
- b) Not showing appropriate concern for problems voiced by the patient,
- c) Not pausing to listen to the patient,
- d) Not verifying that the patient has understood the information presented,
- e) Using an impersonal approach or displaying any degree of apathy in communication,
- f) Not becoming sufficiently available to the patient.

2.4. Communication Must Be Managed

Especially the improvements in communication and data processing technology and the globalization event have highly changed the management features (Koçel, 2010:59). Managers have to manage this process by setting up an effective communication system and watching closely the negative factors affecting communication (Tengilimoğlu and Körpe, 2002:56).

Today, despite the fact that all types of medical technology are at physicians' service, the most powerful weapon in diagnosis and treatment is to manage the process of physician-patient communication effectively. The way in which a physician communicates information to a patient is as important as the information being communicated. The approaches such as giving orders, directing, warning, intimidating, giving moral lessons, advising, bringing solutions, making a speech, judging, criticizing, blaming, and teasing are examples of communication barriers.

There is a matrix system in health institutions, especially in hospitals. Each patient must be seen as a project to be managed by a physician. "Project director in matrix structure" has the responsibility to complete the project. Project manager's authority concerning the project is not in the classic sense of command authority. 'Suasion' is on the basis of this matrix structure. There is no pecking order relationship between the project director and functional director. On the other hand, they have to work together for the realization of the project (Koçel, 2010:323).

One of the most crucial features in matrix system is that the source of authority is knowledge and ability not position. And communication within the organization is multi-faceted. The biggest problem of the matrix system is softness required in human relationships and ability being the most important power supply in human relationships. Another important disadvantage of the matrix structure is the necessity of

complete communication. Matrix organization is an organization which has ever-changing conditions rather than fixed conditions, in other words, same and static. The only thing that can't be tolerated is 'communication and dialog breakdowns' (Koçel, 2010:328).

Today, the meaning of the health communication has been formed according to a perception involving complete management of health and giving support to it in social life. Defining communication as a two-way process and understanding it as an interaction process carries "the concept of health communication" to a broader framework (Erbaydar, 2003:45). The main communication skills encompass a wide range of themes including breaking bad news, information giving, information gathering, counseling, interviewing, assertiveness and negotiation, and incorporate written as well as interpersonal skills.

There seem three main factors when health care is handled in terms of health communication. These are; interaction, process and context as seen at figure 1. If we handle it in terms of relationships, there will be four interactive dimensions. These are; health workers and the relationships among them, the relationships between the health workers and the patients, the relationships between the health workers and others and the relationships between the patients and others. Both verbal and non-verbal communications are used in process factor. The continuity of feedbacks and the proper communication among the participants are also important. This factor includes all the conceptions, such as trust and empathy that affect the communication. The context dimension has also its own major influences. This includes both human and physical conditions concerning human. Besides, it includes the number of health care providers and customers (Northouse and Northouse, 1998:17-21).

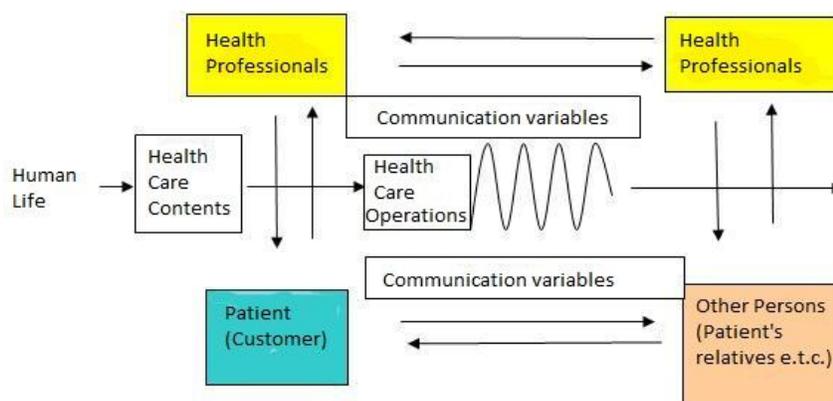


Figure 1. Communication in health model

Communication variables depend on the dynamics such as empathy, control (individual or relational), trust, self-disclosure and confirmation (Northouse and Northouse, 1998:71-72). These variables are the basic variables of the effective communication established between physician and patient. When communication takes place under normal conditions and among equals, it has a symmetric structure and develops in the form of dialogue. But due to the power arising from the possession of knowledge and being a part of the institutional structure, the communication turns into asymmetric structure and horizontal-vertical hierarchy. The reflection of possessing power in the communication process is to control and manage communication in respect to time, place and content. In health sector, physician should put himself in place of his patients and look at the events from the point of view of them to understand the feelings and opinions of patients correctly in order to develop empathy with them. The empathic perception formed in the mind of physician should be conveyed to the patient (Odabaşı, 1995:18).

The hospitals in respect to organizational structure are very different from other organizations. Therefore, reaching and communicating with the mentioned masses and teaching and directing the communication skills effectively in communication process will be possible with scientific methods (Yurdakul, to all, 2007:31).

Communication is essential for safe, effective patient care. When health care professionals lack proficiency at communicating, it is the patient who suffers. If the physician doesn't feel care, love and respect to his patient, he is unlikely to have an ethical and healthy relationship with his patient. Likewise, the patient should also feel care, love and respect to his physician. Trust and honesty are two very important basic principles. Equality is the other essential thing that must be carefully considered. Independence of the patient can't be underestimated in terms of the fact that he mustn't lose his free-will in order to make right decisions on his own. On condition that a patient-centered humane care which is respectful and responsive to patients' needs is supported and values and concerns are followed carefully, then it will be possible to set up a true and ethical relationship between physician and patient.

Physicians are carrying out their occupation consciously and professionally. They do their work in Turkey as they do it all around the world. Physicians don't only read the whole concept, but also learn and prove that they are qualified by passing a variety of exams and specialize. That's why they are all in the position of professionals with diplomas in their hands. On the contrary, a large group of physicians still are not aware of the importance of communication that needs to be provided with patients. Because they haven't been educated and mastered about it. They only learn with the experience of trying and from what they've seen and heard so far. That's why they have professionally carried out the medicine, but they communicate with patients amateurishly. There are two points of view about the quality of managerial communication. According to the first view, communication is a human behavior and that's why it is a process integrating the mutual interactions in a group. According to the second view, communication forms the managerial system and it helps to combine the other two sub-systems, planning and controlling (Can, to all, 2009:396).

A physician must truly understand what his patient is in need of. He must always give feedbacks to his patient and communicate by adding more explanations and attitudes when it is required. Generally, patients are not able to express their own health status. That's why a physician must understand his patient's real aim not only by just listening but also trying to feel him/her (Morgan, 1986).

Physicians don't have the right to just say "Communication is innate and that's all I can do". Of course, there is an innate part. This is not an acceptable excuse and they need to know how to develop effective communication with their patients. Today it is accepted that communication is a skill which can be developed. Listening is the most important communication behavior. The most effective way of delivering the five dimensions of the existence is listening to the patient (Cüceloğlu, 2010:137).

Patients, with active listening, should be allowed to express themselves. Studies show that physicians aren't patient enough to listen to their patients. It is determined that physicians typically wait only 23 seconds after a patient begins describing his chief complaint before interrupting and redirecting the discussion. Such premature redirection can lead to late-arising concerns and missed opportunities to gather important data (Travaline, to all, 2005:15).

Empathy is a process putting yourself emotionally in someone else place, correctly understanding and feeling his emotions, thoughts, attitudes and showing this to him (Dökmen, 2002:135). The physician should empathize with the patient, shouldn't use a language composed of medical terms that are not understandable for the patient. Physician should use a clear language and a respectful and caring style. Even if patients don't claim that physicians put the wrong diagnosis and applied wrong treatment, they are

able to measure the behavior of physicians very well. The most correct communication behavior expected from a physician is to become an easily accessible physician. What is meant here is not just physical accessibility. Accessible physician is a physician who doesn't build walls between himself and his patients. He is the physician who treats his patient compassionately, politely, courteously and in a comforting way.

In health care system, since every patient is accepted as a project subject, the most important output of patient and physician relationship is a healthy person. The effect of the communication on the patient is described as "placebo impact". This impact in patient-physician relationship is due to patient's trust to his physician (Morgan, 1986). In spite of technological and medical developments in health care system, communication is still accepted as a key factor in the diagnosis, treatment and rehabilitation services (Gordan and Sterling 1997). Every person has a field of experience depending on his individual experience and knowledge. The experience area of the receiver and the transmitter is common. The messages out of the common experience area can't be accurately interpreted and this communication can't be effective. Physicians should focus on the patient, not the problem. Physicians' aims are to rehabilitate the patients, destroy his concerns and fears, meet the expectations and improve the quality of life (Özlü, 2003:40-41). In health care system, there is no time and right to understand wrongly. Physician has to think very quickly, especially in rapidly developing critical situations and has to transfer information to others with a few words. The manner in which a physician communicates information to a patient is as important as the information communicated.

3. FINDINGS

Quantitative approach was used in analyzing the data. Calculations and analyses were made by the SPSS 15 package program. In the analysis, One-Way ANOVA test was primarily wanted to be carried out. It was understood that the data was not normally distributed since Kalmogorov-Smirnov test conclusion was smaller than 0.05. That's why, in spite of One-Way ANOVA test, a parametric test, Kruskal Wallis test, being a nonparametric one, was used. Reliability degree of research, Cronbach's Alpha value, was found as 0.761. So, the research is reliable in respect to all parameters. The following results related to the physicians serving in the Family Health Centers (FHC) were obtained by analyzing findings:

- a. 83 % of the physicians are general practitioners (Table 1).
- b. 89.40% of the physicians perceive "communication" as a science.
- c. "Effective communication is the heart of providing quality health services". 23.40% of the physicians answered that "I Agree" and 68.10 % of them answered that "I Am Certainly Agree" with this expression.
- d. All the physicians expressed they also need information and skills related to communication as well as professional knowledge.
- e. 70% of the physicians supported our hypothesis which claims that the communication skill courses are not given in sufficient time and offered for adequate periods.
- f. 80.80% of the physicians supported our hypothesis concerning "skills of communication can be taught".
- g. 70.20% of the physicians accepted our hypothesis concerning "the adequate and skilled physicians can also do mistake",
- h. 65.90 % of the physicians commented that "the communication skills education is required",
- i. 85.80% of the physicians agreed with the hypothesis posed in the questionnaire.

These are results of the analyses;

- communication skills have been taught very slowly and usually with master-apprentice relationship and by seeing,

- communication skills education in medical faculties hasn't been given in sufficient period of time and offered for adequate periods,
 - It is experienced after training period.
- j. 68% of the physicians think that "the communication abilities are not innate". This corresponds with our hypothesis regarding "communication can be taught" which was accepted by 80.80% of the physicians.
 - k. 89.30% of the physicians declared a positive opinion for the hypothesis concerning "the communication abilities can be directed". This supported our idea that "the communication abilities shouldn't be only taught, but also effectively managed".
 - l. 51% of the physicians supported our hypothesis concerning "the health institutions have got the matrix organization structure and at the same time they work as project managers".
 - m. 72.40% of the physicians reported a positive opinion on the subject that the physicians should specialize at defined information, ability and attitude in addition to vocational knowledge and skills in order to supply an effective communication.
 - n. 63.80% of the physicians stated that "time is the most important factor in physician-patient relationship, and there isn't enough time to communicate effectively".
 - o. 89.40% of the physicians stated that "instead of solving patients' problems despite them, patients should be provided with options and information, and given tools to exploit and make contribution to the process of solving problems they experience.
 - p. 80.80% of the physicians accepted that "there is very much problem in physician-patient communication and this indirectly affects the patient management activities".
 - q. 91.50% of the physicians emphasized that rather than what to be told, how to be told should be regarded, considering patient's perception basis.
 - r. 70.20 % of the patients reported a positive opinion in respect to our hypothesis regarding "the most inadequate skills felt at the beginning of profession are prescribing, communicating with terminal phase patients and literature scanning.

Furthermore, the curriculum of the faculty of medicine of 18 universities has been researched in respect to hours given for teaching the communication skills. It was seen that only 10.20 hours of communication skill courses given in 6 years and it was given in the first year. In addition, a lot of faculties of medicine haven't yet offered courses related to communication skills.

Gender	N	%	Title	N	%
Woman	16	34	General Practitioner	39	83
Man	31	66	Specialist in Family Medicine	7	14.9
Professional Experience	N	%	Others	1	2.1
0-5	4	8.5	Age	N	%
6-11	14	29.8	24-30	5	10.6
12-17	11	23.4	31-37	16	34
18-23	12	25.5	38-44	14	29.8
24 and over	6	12.8	45 and over	12	25.5

Table 1: Table of Sample

4. CONCLUSIONS

This study revealed that communication is a basic qualification for all physicians. It is determined that physicians aren't given sufficient education concerning communication skills during the medical education and the physician-patient communication takes place in the form of trial and error. Most of medical faculties have failed to teach students the interpersonal skills which will enable them to effectively communicate with the patient, to consider the patient's need and wishes, to encourage the patient appropriately to participate in their care, and to treat the patient with respect and dignity. Communication subjects that are needed and lacked most by medical students during their professional life are effective speaking and expressing themselves, overcoming communication conflicts, listening and showing empathy, physician-patient interview, culture and communication, body language, verbal non-verbal communication, socio-cultural factors in physician-patient relations, history taking, physician responsibility, psychology of illness and giving bad news to the patient's family etc.

The communication between physician and the patient has an asymmetric structure due to public-institutional authority owned by physician and knowledge related to the solution of health problems. The existing asymmetric communication will keep hindering the dialogue between the physician and the patient unless it is turned to symmetric structure. We have failed to teach our students the interpersonal skills which will enable them to effectively communicate with the patient, to encourage the patient appropriately to participate in their own care, and treat the patient with respect and dignity.

As a conclusion, it was determined that the communication knowledge and skills in medical faculties should be at adequate quality and quantity and should be taught using contemporary methods and should be directed lifelong. It was revealed that the practical training is required in order to realize the subjects mentioned above. It was identified that the communication skills training has to be extended to overall education process by preventing it to be just theoretical.

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