



Research Article

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EVALUATION OF COMMUNICATION SKILLS OF FAMILY MEDICINE ASSISTANTS

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Abstract

Objectives: This study aimed to reveal the communication skills of family medicine residents who are new to the profession and to provide formative feedback to residents in the early stages of their education.

Materials and Methods: 222 family medicine assistants studying in hospitals affiliated with the University of Health Sciences within the borders of Ankara province participated in the research online. The socio-demographic characteristics of the residents participating in the study were accepted as independent variables, and the Turkish version of the Health Professionals Communication Skills Scale (HP-CSS-TR) was considered as the dependent variable.

Results: The mean age of the participants was 22.13 ± 2.25 years. The assistant seniority level of the participants was 1.77 ± 1.39 years. 80.63% of the participants reported having problems with the patients and their relatives. 99.55% stated that they encountered difficult patients or their relatives. In our study, family medicine clinical assistants' communication, empathy, respect and social skills were high. Senior participants had better communication levels ($p=0.011$).

Conclusion: In our study, we found that family medicine residents have high communication skills, but they expressed that they have difficulties communicating with patients and wanted to receive communication training to improve their communication skills and cope with difficult patients. Giving feedback by measuring the communication skills of young assistants who are new to the profession should be included in our assistant training practice as a standard first-step assessment of the profession.

Keywords: Family Medicine, assistant, communication skills, empathy, education

Introduction

The doctor-patient relationship is one of the most important elements in patient care and directly affects patient satisfaction and treatment results. There is a growing body of evidence to suggest that effective clinical communication contributes to improved treatment outcomes. Strong communication skills are an essential component of medical school and postgraduate education.¹ Increased patient compliance and patient satisfaction through communication skills and increased quality of patient care reduce the work stress of employees.²

As a discipline, Family Medicine meets the health needs and expectations of the individual, family and society by establishing effective communication with a holistic and patient-centered approach.³ Previous studies have evaluated communication mostly from a patient perspective. There are few studies evaluating communication from the physician's point of view.^{4,5,6} Communication skills are not well studied for assistants new to the profession. In a study by Klein et al., first-year family medicine assistants' verbal and online communication skills were evaluated, and they emphasized the importance of feedback on communication skills at the beginning of specialty training. Participating assistants also found the assessment helpful and stated that it offers an opportunity for introspective learning and has the potential to change their practice.¹

In a qualitative study conducted to evaluate the problems faced by primary care physicians with patients in the province of Istanbul, it was found that the most common problems encountered by physicians related to patients were violence against physicians, prescribing off-label prescriptions, out-of-hours examination requests, problems related to the examination order, unnecessary complaints by patients and communication problems. As solution suggestions, increasing the training to improve communication skills, establishing institutions to provide legal consultancy to physicians, various sanctions to prevent unnecessary complaints and some administrative recommendations were presented.⁷

Evaluating the communication skills of family medicine and primary health care physicians and trying to increase their communication skills are attracting more and more attention and are the subject of research.¹⁻³ This study aims to reveal the communication skills of family medicine residents new to the profession and provide formative feedback to residents in the early stages of their education.

Materials and Methods

Our study is observational and descriptive. There are approximately 513 family medicine residents in Ankara. In the calculation made by taking the confidence interval of 95% and the margin of error of 5%, the sample size was calculated as at least 220 people when the population was 513. Between June 2021 and August 2021, 222

family medicine assistants studying at the Health Sciences University Hospitals within the borders of Ankara province participated in the online study. Those who started residency less than three months after the working period were excluded from the study. Participants' consent to participate in the study was obtained online.

The gender, age, marital status and seniority of the assistants were recorded. Whether they had any problems with the patients and their relatives was questioned. It was recorded whether they received communication training and drama training. It was questioned whether they found the communication training they received was sufficient or not. It was determined whether they encountered difficult patients and their relatives and whether they wanted to receive communication training to cope with this patient group. The socio-demographic characteristics of the assistants participating in the study were considered independent variables, and the Turkish version of the Health Professionals Communication Skills Scale (HP-CSS-TR) was considered dependent variables.

HP-CSS-TR consists of four factors: 1) Empathy, 2) Informative Communication, 3) Respect, and 4) Social Skills. The resulting scale consists of 18 items divided into four dimensions, including empathy (five items), informative communication (six items), respect (three items) and social skill (four items). The participants were assessed on how often each item applies to themselves by using a six-point Likert-type scale from 1 to 6 (1 = almost never, 2 = once in a while, 3 = sometimes, 4 = normally, 5 = very often, 6 = many times). Empathy includes items 2, 4, 6, 11 and 12, and the score ranges between 5 and 30; informative communication includes items 5, 8, 9, 14, 17 and 18, and the score ranges between 6 and 36; respect includes items 1, 3 and 15, and the score ranges between 3 and 18; social skill includes items 7, 10, 13 and 16, and the score ranges between 4 and 24. Higher scores reflect better communication skills of health professionals. It was determined that HP-CSS-TR is a valid and reliable instrument for evaluating the communication skills of healthcare professionals.⁸

Descriptive statistics were presented with frequency, percentage, mean and standard deviation values. Normality was assessed by skewness and kurtosis. All values were normally distributed. The t-test and analysis of variance (ANOVA) test were applied to examine the measurements according to the study groups. Sidak post-hoc test was conducted to evaluate the measurements that differed as a result of ANOVA. The Chi-square analysis was used to examine the relationships between categorical variables according to groups. Correlation analyses were applied to determine the relationship among the dimensions. Multiple linear regression analysis was performed to examine the relationship between the research sub-dimensions and the general level of the scale. In the study, p-values less than 0.05 were considered statistically significant. Statistical analyses were performed with SPSS (Statistical Package for the Social Sciences) 25.00 package program.

Results

Demographic Features

Two hundred twenty-two family medicine residents were included in our study. The mean age of the participants was 22.13 ± 2.25 years. The professional seniority level of the participants was 1.77 ± 1.39 years. Demographic characteristics are shown in Table 1.

80.63% of the participants reported having problems with the patients and their relatives. It was observed that 6.31% of the participants received certified communication training, while 25.68% received communication training but did not have certificates. It was determined that 71.83% of the participants considered the communication training they received sufficient. Communication-related features are shown in Table 1.

Table 1. Demographic data and communication-related characteristics of the participants

		n	%
Gender	Female	140	63.06
	Male	82	36.94
Marital Status	Single	99	44.59
	Married	123	55.41
Assistant Seniority	1. Term	63	28.38
	2. Term	83	37.39
	3. Term	76	34.23
Do you have problems with patients and relatives?	Yes	179	80.63
	No	43	19.37
Have you received communication training?	Yes Certified	14	6.31
	Yes Uncertified	57	25.68
	No	151	68.01
Do you think the training you received was adequate?	Yes	51	71.83
	No	20	28.17
Would you like to receive communication training?	Yes	157	70.72
	No	65	29.28
Have you had drama training before?	Yes	22	9.91
	No	200	90.09
Do you encounter difficult patients and/or relatives?	Yes	221	99.55
	No	1	0.45
Would you like to receive training on communication with difficult patients and their relatives?	Yes	182	81.98
	No	40	18.02

The participants' scores for the sub-dimensions of the communication in health scale are given in Table 2. In general, it can be stated that the communication scores of the group are at a high level.

Table 2. Investigation of Dimension Scores

Dimension	Mean±SD
Empathy	23.20±3.68
Informative Communication	25.08±3.04
Respect	14.62±2.39
Social Skills	15.68±2.22

Examination of Scale Dimensions According to the Characteristics of the Participants

Regarding the hospitals of the participants, the empathy levels of the residents working at Ankara Training and Research Hospital (TRH) were higher ($p=0.032$), while the communication levels of the residents working at the Dışkapı and Keçiören TRH were found to be higher ($p=0.024$).

It was observed that residents who had problems with patients and their relatives had higher levels of empathy and informative communication ($p=0.011$, $p=0.010$, respectively). It was determined that the participants who thought their education was sufficient had higher levels of empathy and informative communication ($p=0.013$, $p=0.008$, respectively). The comparison of empathy and informative communication dimensions according to the characteristics of the participants is given in Table 3.

Participants' respect and social skill levels were found to be similar regarding gender ($p=0.248$, $p=0.324$, respectively), marital status ($p=0.320$, $p=0.052$, respectively), and assistant seniority ($p=0.221$, $p=0.328$, respectively). It was observed that the social skill levels of the residents who had problems with the patients and their relatives were higher ($p=0.033$). It can be stated that residents who received certified training had higher levels of social skills ($p=0.028$). It was observed that residents who stated that the communication training received was adequate had higher levels of social skills ($p=0.032$). Participants who received drama training had higher levels of respect and social skills ($p=0.009$, $p=0.007$, respectively). The distribution of the dimensions of respect and social skills according to the characteristics of the participants is given in Table 4.

There was a significant positive correlation between the participants' empathy levels and their communication and respect levels ($r=0.76$, $r=0.78$, $p=0.01$, respectively) (Table 4).

In general, it was seen that the sub-dimensions were positively correlated among themselves. Multiple Linear Regression analysis was conducted to see how communication level was related to the sub-dimensions. It was seen that the explanation percentage of the model was 85% ($R^2=0.851$). Regression analysis showed that empathy, communication and social skill levels were significantly associated with the general patient communication level ($p=0.012$, $p=0.014$, $p=0.017$, respectively). According to the regression model, empathy

is the most important independent variable on the general communication level ($\beta=0.561$). It was observed that the respect sub-dimension did not significantly affect the general patient communication level (Table 5).

Table 3. Investigation of Empathy and Informative Communication Dimensions According to Participants' Characteristics

		Empathy	p	Informative Communication	p
		Mean±SD		Mean±SD	
Gender	Female	24.00±4.50	0.132	25.26±3.11	0.193
	Male	23.25±3.23		24.76±2.9	
Marital Status	Single	23.22±4.05	0.405	25±2.86	0.328
	Married	23.23±4.12		25.14±3.19	
Assistant Seniority	1. Term	24.00±3.32	0.206	25.17±2.89	0.079
	2. Term	23.52±4.22		24.67±3.1	
	3. Term	23.26±4.41		25.43±3.07	
Hospital	Ankara ETH	24.50±4.00	0.032*	24.95±3.06	0.024*
	Ankara City Hospital	23.40±3.05		24.94±3.2	
	Dışkapı ETH	23.00±3.90		25.54±2.88	
	Gülhane ETH	23.60±4.20		24.68±2.81	
	Keçiören ETH	23.80±4.05		25.86±3.39	
Do You Have Problems with Patients and Relatives?	Yes	23.55±4.20	0.011*	25.36±3.01	0.010*
	No	22.25±4.50		23.91±2.95	
Have you received communication training?	Yes Certified	24.55±2.13	0.053	25.64±2.68	0.089
	Yes Uncertified	23.30±3.10		25.44±2.91	
	No	23.10±4.40		24.89±3.11	
Do you think the training you received was adequate?	Yes	24.10±3.90	0.013*	26.68±2.85	0.008*
	No	23.00±3.10		24.85±2.63	
Would you like to receive communication training?	Yes	23.70±4.20	0.233	24.99±3.10	0.077
	No	23.80±3.80		25.28±2.9	
Have you had drama training before?	Yes	23.40±3.00	0.423	24.77±2.91	0.234
	No	23.30±4.50		25.11±3.06	
Would you like to receive training on communication with difficult patients and their relatives?	Yes	23.25±4.11	0.282	25.2±3.04	0.084
	No	23.10±4.23		24.53±3.01	

Table 4. Investigation of Respect and Social Skills Dimensions According to Participants' Characteristics

		Respect	p	Social Skills	p
		Mean±SD		Mean±SD	
Gender	Female	14.72±2.47	0.248	15.81±2.14	0.324
	Male	14.44±2.26		15.45±2.33	
Marital Status	Single	14.69±2.3	0.320	15.34±1.89	0.052
	Married	14.56±2.47		15.95±2.42	
Assistant Seniority	1. Term	14.90±2.20	0.221	15.65±1.91	0.328
	2. Term	14.42±2.40		15.85±2.16	
	3. Term	14.59±2.53		15.97±2.46	
Hospital	Ankara TRH	15.90±2.28	0.001*	15.43±2.01	0.001*
	Ankara City Hospital	14.10±2.43		15.44±1.99	
	Dışkapı TRH	14.23±2.52		16.12±2.46	
	Gülhane TRH	14.18±2.51		15.55±2.17	
	Keçiören TRH	14.71±2.33		17.07±3.00	
Do You Have Problems with Patients and Relatives?	Yes	14.72±2.33	0.258	15.85±2.28	0.033*
	No	14.19±2.60		14.25±1.79	
Have you received communication training?	Yes Certified	14.71±2.13	0.291	16.93±2.2	0.028*
	Yes Uncertified	14.81±2.22		15.32±2.16	
	No	14.54±2.49		15.42±2.2	
Do you think the training you received was adequate?	Yes	14.78±2.3	0.193	16.65±2.01	0.032*
	No	14.9±2.26		15.85±2.28	
Would you like to receive communication training?	Yes	14.69±2.39	0.164	15.62±2.19	0.351
	No	14.43±2.4		15.83±2.30	
Have you had drama training before?	Yes	15.91±2.11	0.009*	15.91±1.62	0.007*
	No	14.59±2.42		14.71±2.27	
Would you like to receive training on communication with difficult patients and their relatives?	Yes	14.72±2.31	0.333	15.77±2.26	0.375
	No	14.15±2.73		15.28±1.97	

Table 5: Multiple Linear Regression analysis results

Dependent Variables	Independent Variables (X)			F Model	R ²
	Empathy	Informative Communication	Social Skills		
	(β)	(β)	(β)		
General Communication Level (Y)	0.561	0.340	0.234	1332.45	0.851
	t=36.29	t=22.41	t=17.35	(p=0.011)	
	p=0.012	p=0.014	p=0.017		

The group was divided into clusters according to the general patient communication scores. As a result of the clustering analysis applied in this context, it was seen that the group gathered under two clusters. The first of these groups was n=112, 51.45% (21.57±1.36) with high scores and n=110, 49.55% (17.67±1.43) with moderate scores. The characteristics of the participants according to the general patient communication level are shown in Table 6.

Table 6. Identification of clusters belonging to the general communication level

Group	n	%	Mean±SD
High	112	51.45	21.57±1.36
Moderate	110	49.55	17.67±1.43

It was seen that the participants who had problems with patients and their relatives received certified communication training, found the communication training sufficient, and wanted to receive communication training about difficult patients and their relatives were in the group with a higher level of communication ($p=0.001$ for all). Participants with medium and high communication levels had a similar rate of wanting to receive communication in health ($p=0.092$). It was observed that the communication levels of the residents were similarly high and moderate according to their drama education status ($p=0.394$). Senior participants had better communication levels ($p=0.039$) (Table 7).

Table 7. Characteristics of participants according to general level of communication

Characteristics of participants		General Level Of Communication				p
		High		Moderate		
		n	%	n	%	
Gender	Female	75	53.57	65	46.43	0.001*
	Male	37	45.12	45	54.88	
Marital Status	Single	51	51.5	48	48.49	0.258
	Married	61	49.59	62	50.41	
Assistant Seniority	1. Term	33	52.38	30	47.62	0.039*
	2. Term	38	45.78	45	54.22	
	3. Term	41	53.95	35	46.05	
Hospital	Ankara TRH	41	47.67	45	52.33	0.031*
	Ankara City Hospital	25	50.00	25	50.00	
	Dışkapı TRH	23	56.09	18	43.91	
	Gülhane TRH	15	48.39	16	51.61	
	Keçiören TRH	8	57.14	6	42.86	
Do You Have Problems with Patients and Relatives?	Yes	97	54.19	82	45.81	0.001*
	No	15	34.88	28	65.12	
Have you received communication training?	Yes, Certified	9	64.29	5	35.71	0.001*
	Yes, Not Certified	32	56.14	25	43.86	
	No	71	47.02	80	53.98	
Do you think the training you received was adequate?	Yes	27	67.50	13	32.50	0.001*
	No	20	50.00	20	50.00	
Would you like to receive communication training?	Yes	76	48.41	81	51.59	0.092
	No	36	55.38	29	44.62	
Have you had drama training before?	Yes	11	50.00	11	50.00	0.394
	No	101	50.50	99	49.50	
Would you like to receive training on communication with difficult patients and their relatives?	Yes	95	52.19	87	47.81	0.026*
	No	17	42.50	23	57.50	

Discussion

In our study, informative communication, empathy, respect and social skills of family medicine clinical assistants were high. In general, it was observed that the dimensions were positively correlated with each other at moderate and high levels. It was observed that the levels of empathy, communication, respect and social skills were in interaction with each other. The level of empathy was the most important factor affecting patient communication. Participants who received certified communication training were likelier to be in the group with a high communication level. Participants who had problems with patients and their relatives were in the group with a higher level of communication. Participants who received drama training had higher levels of respect and social skills. Assistants who received certified training had higher levels of social skills. There was a positive correlation between age, assistant seniority, and communication and social skill levels.

Very few studies evaluate the communication skills of resident physicians who have just started their profession and specialization from the physicians' perspective. In a study by Klein et al., first-year family medicine residents' verbal and online communication skills were evaluated, and their communication skills were measured as quite good. Making new assistants aware of their expectations and basic skills at the beginning of their training, providing feedback with specific suggestions in a non-threatening environment, and the potential of the provided feedback to cause behavioral changes are considered quite beneficial.¹

A study conducted in Antalya reported that 92% of medical students encountered difficult patients.⁹ The encounter with difficult patients, which starts during the student period, increases even more during the residency period and is definitely encountered in medical life.

On the basis of communication between women and men, gender roles, not biological sex, make a difference. Despite this, many studies have shown that there is no significant difference in communication skills between genders.¹⁰ Similarly, in our study group, it was determined that there was no communication difference between the genders. The fact that there is very little gender discrimination in the practice of medicine and that society's perspective is generally not sexist may be why there is no difference between the genders in terms of communication and empathy among those who practice medicine.

Many studies have shown that empathy increases the satisfaction level of patients.¹¹⁻¹³ The fact that the employees show individual attention to the patients through empathy has positive effects on the psychology of the patients.¹⁴ In our results, it was seen that the most important factor affecting the patient communication level was the level of empathy. Participants who received certified communication training were likelier to be in the group with a high communication level. It was observed that the empathy and communication levels of the participants who thought that their education was sufficient were higher. From this point of view, we

emphasize the importance of informative communication education and empathy in the communication of healthcare professionals, and we think that empathy should be emphasized as a key factor in communication.

It is known that the inability to establish correct communication between people causes conflicts to arise.⁵ In our study, when the communication level of the participants who had problems with the patients and their relatives was examined, it was found that their communication level was higher than expected. It made us think that only physician communication is not sufficient in today's conditions and may not be able to prevent quarrels.

Surprisingly, the social skill levels of residents with problems with patients and their relatives are significantly higher. It is stated that physicians with high social skills use conflict management styles of compromise and cooperation more, and when physicians prefer cooperation conflict management style in conflicts, cases of violence can be reduced. However, when they prefer avoidance and competition conflict management styles, the incidence of violence cases may even increase.¹⁵ As it is known, patient-physician communication is at least a two-way communication between two people. No matter how good a party's communication skills are, it becomes ineffective if the other party has poor communication skills.¹⁶ For this reason, the extremely conciliatory attitude of the assistant group with high social skills may sometimes be misunderstood in society and trigger violence. Therefore, we think that standard communication training should be adapted according to the characteristics of the society served. In fact, an empathetic approach to the physician is also necessary. Just as communication is not one-sided, one-sided empathy cannot provide healthy communication.⁴

In a study by Hakverdi et al. in which the relationship between the communication skills of family physicians and their approach to patients was evaluated, it was suggested that although physicians' current communication skills are high, practical training in human resources, human psychology, body language, communication difficulties, and practical and healthy communication techniques should be emphasized in training programs, starting before graduation.⁶ Drama education includes training such as role models, disease simulation, standardized patient scenarios, and intervention in times of crisis. In our study, there was no difference in communication and empathy skills between the group that received drama education and the group that did not. Nonetheless, the literature has determined that training with role models, standardized patients, simulated patients and real patients increases communication skills.^{17,18} However, the educational content of the drama education group receiving this training in our research group was not evaluated in quality and quantity. That is one of the limitations of our study.

In conclusion, we found that family medicine residents have high communication skills, but they expressed that they had difficulties communicating with patients and that they want to receive communication training to increase their communication skills and cope with difficult patients. Measuring the communication skills of

young assistants who are new to the profession and giving feedback to them should be included in our resident training practice as a standard first-step assessment.

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Conflict of Interest: The authors declare no conflict of interest.

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