

# Enhancing Professional Communication Skills in Teaching English for Specific Purposes

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## Abstract

The main goal of the paper is to discuss the topic of enhancing communication skills in foreign language learning, especially in English for Specific Purposes (ESP). In ESP, professional-patient communication is essential, inevitable, and a basic requirement for productivity. Through conducting a case study involving different groups of English for Healthcare Purposes (EHP) students, information will be collected regarding student needs, the challenges they face, and their commitment to professional-patient communication. The results of the case study will identify new strategies that students can implement to develop their skills. The participation of a simulated patient (SP), a new and integral part of the course, is an important aspect of the study. Teaching professional communication techniques through specific language activities also plays an important role in the study. The ideas and materials presented could be useful for foreign language teaching for specific purposes and also within the broader context of general foreign language teaching.

**Keywords:** role-play, healthcare, simulated patient, professional-patient communication, survey

## 1. Introduction

Language acquisition is never limited to the study of pronunciation, vocabulary, and grammar. By observing and comparing the conformity to grammatical rules with one's native language, meaning is conveyed about the perception and way of expressing certain phenomena in the given foreign language. Therefore, the process of language learning involves cultural, sociolinguistic, and psycholinguistic aspects. This contributes to the complexity of language learning and teaching. During the process of learning the linguistic characteristics of a language, all of the above-mentioned aspects can arise. Furthermore, the realization of the communication and dynamics within the group of language learners increases the complexity of the process due to the unique individuality and the unique individual learning pathways of each language learner. In language teaching, especially in ESP, it is important to consider language as a tool (Harmer, 2007) by which, beyond the conveyance of lexical and grammatical knowledge, the development of several skills and the improvement of comprehensive professional knowledge can also be incorporated into the learning process. Consequently, adjusting content as close to student needs as possible and using the language as a communication tool are of particular importance in ESP courses.



The Department of Languages for Specific Purposes at Semmelweis University offers courses that cover a wide variety of topics and are within the framework of foreign languages for medical and healthcare purposes: listening, writing, translation, text-based analysis, communication skills, the language of conferences, professional-professional communication, and professional-patient communication (Jámbor et al., 2021). While enrolled in a BSc program at the Health Sciences Faculty, it is obligatory for students to study a language for healthcare purposes in their third year of study. The students are divided into two groups based on the possession of a language certificate. Students without a language certificate must sign up for Module courses that introduce them to professional healthcare topics and help them prepare for the language for specific purposes exam. Students who have obtained a language certificate can choose from the EHP courses mentioned above.

## 2. Professional-Patient Communication in ESP and English for Academic Purposes

Within the framework of Foreign Languages for Healthcare Purposes at Semmelweis University, the professional-patient and professional-professional communication courses are available in both English and German. The aim of these courses is to help future nurses, paramedics, physiotherapists, dietitians, midwives, health visitors, and public health inspectors expand their knowledge of terminology in a foreign language and develop professional language skills by practicing situations they will likely encounter in an international setting. The topics in the course syllabus include taking medical histories, explaining conditions, giving advice, living a healthy lifestyle, alternative therapies, and talking about sensitive issues.

Communication between the healthcare provider and the patient, according to numerous research studies (Boronkai, 2014; Drew et al., 2001; Gyúró-Sélley, 2008; Pilling, 2018; Varga, 2013) and coursebooks (McCorry & Mason, 2011), is crucial from the points of view of both parties as it affects the outcome of the consultation and the treatment. Ayesha Aleem Qureshi and Tabassum Zehra (2020) identified healthcare provider communication skills as a fundamental *competence* in healthcare settings. Kata Eklics and Judit Fekete (2020) claim that “speaking the language of medicine alone does not equip the students with essential tools to establish efficient doctor-patient interaction.” (p. 108) As Mónika Gyúró-Sélley (2008) emphasizes in her study, teaching empathic communication in Foreign Languages for Healthcare Purposes is crucial because this communicative strategy is a fundamental element of healthcare interactions. It is also revealing that Martin von Fragstein (2008), creator of the Communication Curriculum Wheel that was compiled in accordance with the communication curricula in undergraduate medical education based on the UK consensus statement, marked *respect for others* as the core element of medical communication, indicating that every other segment of communication is based on and determined by it. From the above-mentioned viewpoints, it can be inferred that courses based on professional-patient communication, in addition to advancing terminology, general language knowledge, and general communication skills, are suitable for conveying and applying healthcare-specific communication strategies and techniques. By demonstrating and giving examples using strategies and models connected to the communicative function of the topic, students discover that, in most cases, how they express themselves and how they turn to the patient are communicative choices. Role-play activities are essential exercises for implementing the given communicative techniques. By alternating playing the patient role, students can change their perspective and experience

first-hand how a patient would feel in the given situation and what kind of effect the communication of the healthcare worker would have.

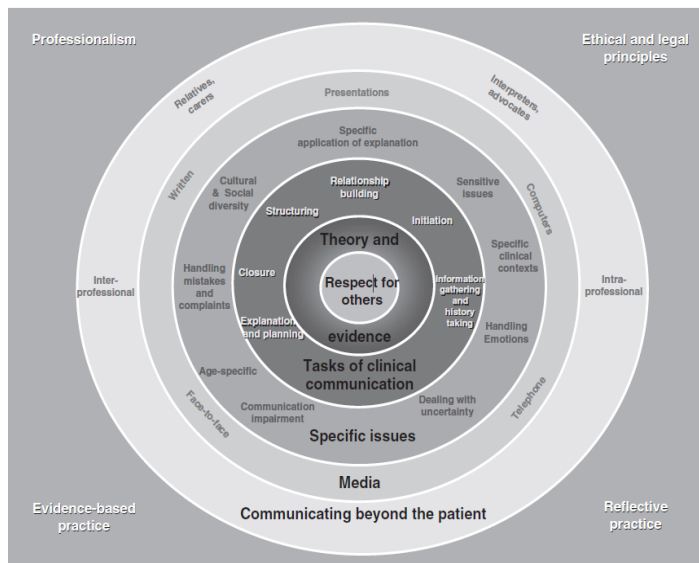


Figure 1. Communication Curriculum Wheel

### 3. A Case-Study Regarding a Possible Future Form of Simulation in EHP

The Department of Languages for Specific Purposes uses teaching assistants and native speakers in SP roles to further enhance development in communication and language usage for specific purposes (Jámbor et al., 2021). The native speakers have completed a SP course conducted by the University of Pécs. The implementation of native speakers as SPs in medical, dental, and pharmaceutical ESP groups has been achieved successfully (Jámbor et al., 2021).

The aim of this research was to develop a process and determine how the process and the involvement of a SP could be applied in the EHP courses (Halász et al., 2021). This is an important and foreshadowing opportunity. Furthermore, the assumption was that this cooperation would also provide inspiration and input for a new section of supplementary EHP teaching material.

### 4. Methods

To realize the above-mentioned goals of the research, a case study was conducted. Two groups were involved: a professional-patient communication course group of third-year physiotherapy students and a Module course group of third-year nursing and third-year paramedic students. In the physiotherapy group, 9 out of 11 students filled out the survey. In the Module course group, 7 out of 11 students filled out the survey. The aim was to use different materials and techniques during the research period. There were regular consultations with the SP to prepare the research materials and simulations. Due to the COVID pandemic, the consultations and sessions with the students took place online. Apart from some of the role-play scenarios involving physiotherapy exercises, the role-playing activities were successfully completed online.

#### 4.1. Needs Analysis

During the first class, both groups filled out a Google forms survey to determine their level of interest in the course, their motivation for taking the course, their needs, their prior experience working with patients, and their attitude towards professional-patient communication. The survey contained closed-ended rating scale questions. Based on answers to questions about their future employment expectations, e.g., willing to be a useful member of the community and help as many people as possible, it was concluded that most of the students were highly motivated in their chosen profession. A question was also posed about the importance of professional-patient communication in relation to their work. In the professional-patient communication course, 100% of the group found that professional-patient communication was a crucial aspect of their job. In the Module course, one student found it less important; however, 88.9% of the group members confirmed its significance. The survey results showed that both groups could precisely determine the challenges that could arise in professional-patient communication. In a considerable number of cases, the given answers were based on real-world experience as some of the students (77.8% in the professional-patient communication group and 33.3% in the Module group) had assisted a foreign patient in the past. Some examples of the survey questions include “What foreign or professional language skill(s) would you like to develop during the course?”, “What challenges or difficulties can come up in professional-patient communication?”, “What difficulties could arise while assisting foreign patients?” and “What exercises could be helpful in overcoming these challenges and difficulties?” The answers could be grouped into the following categories: the cultural aspects, the linguistic aspects of lingua franca usage or the absence of a lingua franca, and the difficulties of explaining the terminology to laypeople and people with different levels of education. The professional and patient points of view were also included in the replies. The possible effects and consequences of misunderstanding the patient were included in the professional replies. Some of the answers reflected patient perspectives and included psychological factors. The answers provided information revealing the challenges students predicted or have already experienced and were also used for further class discussion. The answers were also used to expand the survey, e.g., additional examples of patient emotions and psychological states, communicating with different age groups, and talking about sensitive topics.

Table 1.

*Challenges in professional-patient communication survey results – summary of student answers*

<b>cultural aspect</b>	<b>linguistic aspect</b>	<b>professional point of view</b>	<b>patient point of view</b>
cultural differences	different language levels in lingua franca usage	misunderstandings	anxiety
differences in norms	lack of a lingua franca	help the patient tell the important pieces of information, be careful and polite, not to hurt the patients' feelings	prior negative experience
differences in behaviour	difficulties in explaining the terminology	not being able to provide the necessary information to the patient due to linguistic or educational reasons	cannot articulate the complaints, problems not worthy of consideration
differences in the health care system	different levels of education	the above-mentioned problems may lead to inappropriate diagnosis or may cause harm	cannot understand the healthcare provider properly

The question regarding what types of exercises could help overcome the challenges and difficulties faced in professional-patient communication provided student answers detailing key points that can be used to prepare new situations/scenarios and in-class discussions. Many of the students noted the importance of practicing situations, speaking more with international people, learning more technical vocabulary, and using specific lay terms to give explanations to patients. It is significant that among the answers, there were also specific examples of communication techniques, e.g., speaking with the patients for a longer duration, getting to know them better, and expressing a willingness to help them. Other techniques were also mentioned: the teach-back technique and summarizing patient answers to check if the message was understood properly. There was a reply suggesting that healthcare students should practice talking about their profession with family members and friends because if the explanation is understood, then patients will also probably understand it. Using a SP works according to this pattern and is a suitable method for practicing for real-world situations.

#### 4.2. The Preparation, Realization, and Evaluation of the Scenarios

While preparing and discussing the role-play scenario activities with the SP, the patient profile was created, and the role was discussed in more detail. Several details were provided: the background information, important patient information, the communicative functions, and the instructions. A script was not written for the scenarios so they could be flexible and improvised based on student choices and solutions. An evaluation form was used to track the accomplishments of the students and their development throughout the semester. The form was compiled for internal use and was created based on the Kalamazoo Consensus Statement. It was filled in after each scenario by the SP.

Table 2.

*Evaluation form based on the Kalamazoo Consensus Statement*

1= strongly disagree 2= disagree 3= neutral 4= agree 5 = strongly agree

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Opens the discussion (can introduce him/herself to the patient properly in English)
Gathers information, interview efficiency (can listen effectively to the patient, interview techniques, can involve the patient in active dialog)
Understands patient's perspective (can show the patient verbal and non-verbal cues of empathy)
Rapport and relationship building (can assess the patient's emotional state and can react to that, making the patient feel relaxed; can involve the patient in active dialog)
Shares information (can explain a health condition to the patient using everyday equivalents instead of highly formal medical terms; can help the patient answer his/her unanswered questions; can express him/herself clearly, using proper English; grammatical mistakes don't cause any misunderstandings)
Provides closure (can reach an agreement on problems and make plans with the patient)

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After completing the scenario, students were occasionally asked to fill in a self-evaluation form to determine how successful they felt in solving the given tasks. The self-evaluation form and the SP evaluation were then compared.

Table 3.  
*Student self-evaluation form*

1 = I need more work on this    5 = I feel confident in this area

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I can introduce myself to the patient properly in English.
I can involve the patient in active dialog.
I can explain a health condition to the patient using everyday equivalents instead of highly formal medical terms
I can listen effectively to the patient.
I can show the patient verbal and non-verbal cues of empathy.
I can assess the patient's emotional state and I can react to that, making the patient feel relaxed.
I can reach an agreement on problems and make plans with the patient.
I can help the patient answer his/her unanswered questions.
I can express myself clearly, using proper English. My grammatical mistakes don't cause any misunderstandings.

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Based on the survey results, the main topics addressed at the beginning of the professional-patient course were communication in healthcare, the first encounter with the patient, how to build rapport with the patient, and taking a medical history. Gradually, the role-play activities provided in the course material were addressed. The course material for the professional-patient communication course and the coursebook for the Module course (Górász-Nagy et al., 2019) were created by the Department of Languages for Specific Purposes at Semmelweis University. For the SP role-play activities, students received situation cards or handouts. Students were grouped into pairs and had online sessions with the SP lasting approximately ten minutes. After the scenarios, students quickly returned to the class, resulting in a smooth process. With the Module group, part of the preparation was to write the scenario script and practice it with the students before they joined the meeting with the SP because the students had not yet obtained their language exam. At the beginning of the Module course, due to a lack of confidence in foreign language knowledge, students were occasionally hesitant during the sessions. The SP was able to help due to prior experience teaching students below the B2 level.

The terminological, grammatical, and pronunciation errors of the students were corrected and noted for further error analysis. During the consultations with the SP, the errors were discussed. Selected errors were mentioned to the whole group in class. After each scenario, students received feedback from the SP regarding communication skills, vocabulary, and grammar usage. Feedback is the crucial element of the SP simulations that distinguishes them from student-student dialogues. Several researchers, including Ayesha Aleem Qureshi and Tabassum Zehra (2020), concluded that the personal feedback and recommendations students receive after the scenarios develop their communication skills. According to Katharine Heathcock (2019), feedback from the SP helps with the communicatory self-awareness of healthcare professionals and helps them discover the power of their communication and learn that they make a choice through words and the way they communicate. This is one of the most important outcomes of working with a SP. Through the many role-play activities students solve in class and through the scenarios acted out with the SP, greater confidence and problem-solving communication techniques become instinctual.

### 4.3. Discourse Analysis

The professional-patient communication course ended with a spoken exam made up of one situation for each topic. Students were given situation cards written in their native language that could be compared with their translation to determine if they had acquired the necessary vocabulary for the given topic. The types of situations in the exam were practiced in class and with the SP. Contributing to the complexity of the exam, each student had to act out the roles of both the professional and the patient in pairs. They had to be able to do the translation, solve the situation by applying communicative strategies, and simultaneously use lay terms.

The professional-patient communication group members gave their consent to have their spoken exam recorded. The recordings were transcribed using Alrite software that helped with applying the discourse analysis. Based on the scripts, it was observed that students stayed in character during the whole dialogue, allowing them to construct relevant situations. The goal of the exercise was reached, and the message was conveyed successfully to the patient. Playing the role of the professional, students were careful to avoid using jargon and in giving understandable explanations to the patients. Some of them even used expressions to reassure and motivate the patient to cooperate. While playing the role of the patient, most of the students followed the instructions of the healthcare provider by physically performing the instructions, reflecting on the level of student involvement. There was only one case where student involvement was not accomplished while playing the role of the patient; however, while playing the role of the professional, that same student was active and supportive toward the patient. In most cases, the professional started the consultation with open questions and then posed more precise questions to learn more about the complaints and condition of the patient; however, most of the scripts revealed that the opportunity to speak during the conversations was given to the patient mainly through closed-ended questions. This caused an imbalance in the conversation regarding the level of involvement between the professional and the patient. Although in some cases, this balance was achieved in an exceptional way, e.g., the patient interrupted the professional and dominated a short part of the dialogue.

Several interesting interruptions occurred during the encounters. In many cases, these interruptions were exclamations, e.g., “Mhm,” “Oh,” “OK,” “yes,” and “no.” Some were sentences, e.g., “Of course,” “Thank you,” “That’s it,” and “You don’t remember.” Some were short questions, e.g., “How many times a day?” and “For example?” In most cases, the interruption did not stop the flow of the conversation, as there were gaps where the other party could interject (Lőrinc-Sárkány, 2011). The functions of these interruptions were varied and worked as feedback by expressing attention, understanding, acceptance, confirmation, and surprise, and also convincing the patient to give necessary information.

The communicative strategies applied by students enacting the professional role included active listening, paying attention to rapport-building, using expressions to reflect empathy or to motivate, calming the patient, and distracting the patient’s attention with topic shifting (e.g., when the patient was about to faint during an examination in the simulation). They aimed to find the best solution, give personal advice to the patient, and summarize the treatment plan.

## 5. Results and Discussion

Notable examples of communicative strategies were collected by analyzing the transcripts. These instructive and useful examples provided topics that were discussed, developed, and

practiced in class. Among these examples was the importance of summarizing the present condition of the patient by retelling the complaints and history. This can be useful in avoiding misunderstandings and conveying empathy (Gyúró-Sélley, 2008), and it can also strengthen the patient's sense of security, adherence, and compliance. It is also important to emphasize that a patient should be asked if they have any more questions at the end of the consultation because patients often withhold questions or sensitive issues and can get distracted, forgetting to mention them (Pilling, 2018). Yes-no questions should also be limited (Lőrinc-Sárkány, 2011). The more conscious usage of modal verbs is also advisable as their function can be to express tentativeness and allow the patient to make their own decision (Harvey & Svenja, 2012).

For the Module class, the spoken exam activities were prepared in accordance with the languages for healthcare purposes exam, which contains a role-play activity. The exam contained a general discussion, graph description, and a role-play activity. The results of the spoken exam and the evaluation form filled out by the SP showed that the students had improved their English-speaking skills. It can be concluded that applying the SP is more effective in developing speaking skills with students that have achieved the B2 level in English. However, with thorough and careful preparation, the exam can also be useful for those with a lower level of English, and regular practice with the SP can also contribute to their development of speaking skills.

Once the professional-patient communication course had been completed, the students (third-year physiotherapy students) were given another Google form survey to provide feedback regarding the course overall and the SP activities. 11 out of 11 students filled out the survey. The survey contained closed-ended rating scale questions. The survey also contained open-ended questions, e.g., "Could you name any other topics / activities that would also be important to appear in the course material?" Students often highlighted the opportunity to talk with the SP as one of the positive aspects of the course. The percentages on the pie chart in Figure 2 exhibit that 72.7% of the group found that the SP sessions were a useful part of the course.

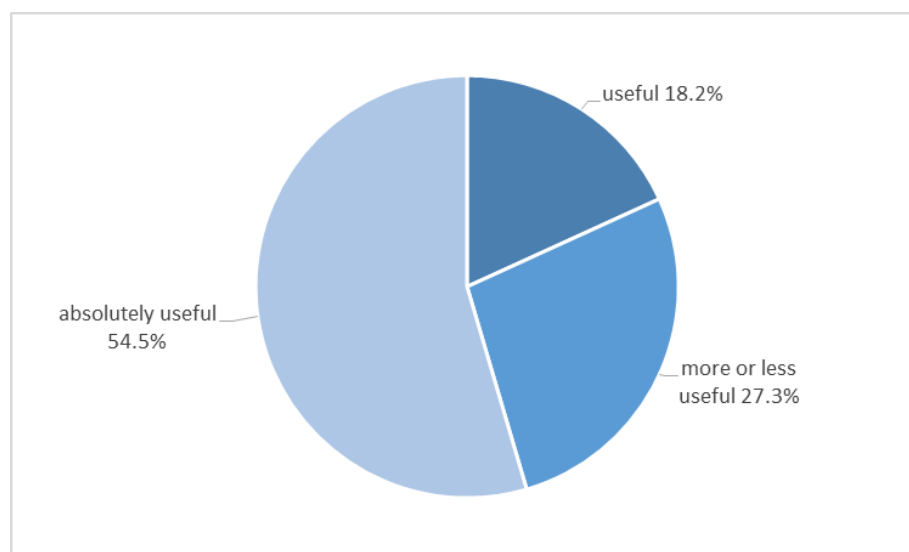


Figure 2. Professional-patient communication end of course survey. Answers to the question "Did you find the cooperation with the SP useful?"



Students found the process helpful in preparing for the spoken exam because they had a chance to practice the different types of situations in pairs and also with the SP. Some examples of the student comments include: “It was challenging to solve situations from different topics,” “I was grateful for the opportunity to speak to a real native speaker,” and “the terms, situations, and group tasks were relevant.” An example of the handouts that were compiled for the spoken exam preparation activity and the SP exercises can be seen in Figure 3.

#### **Unit 4 Health problems in our modern age – giving advice**

##### **Sample situation:**

*A 28-year-old patient is turning to you with several complaints that could even refer to fibromyalgia. He’s heard about this condition and now he is desperately asking for more information about this condition and your help.*

- *ask the patient about his lifestyle*
- *tell him about fibromyalgia and raise his attention to the habits he should change*
- *inform him about possible treatments*
- *suggest a lifestyle program and/or a neck-stretching exercise*

##### **Examples of vocabulary:**

- urban life
- household name
- muscular ailment
- tender points
- painkiller ointments
- oral muscle relaxant
- coping strategies
- relaxation techniques
- persistent
- sedentary lifestyle
- indulge in
- warning sign
- tilt, swing, rotate/twist, raise/lift, loosen/relax, lean, grasp/grab, extend/straighten, bounce/jump, bend/flex

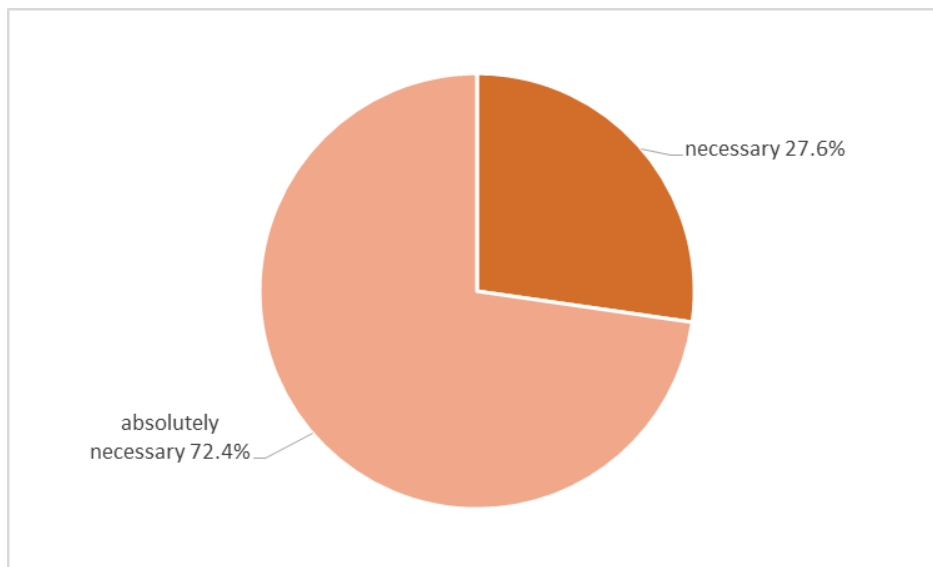
##### **Examples of expressions:**

- hinder one’s day to day activities
- vibration treatment
- to be characterized by ....
- to be strained excessively

*Figure 3. Example of a handout for the spoken exam preparation activity and SP exercises*

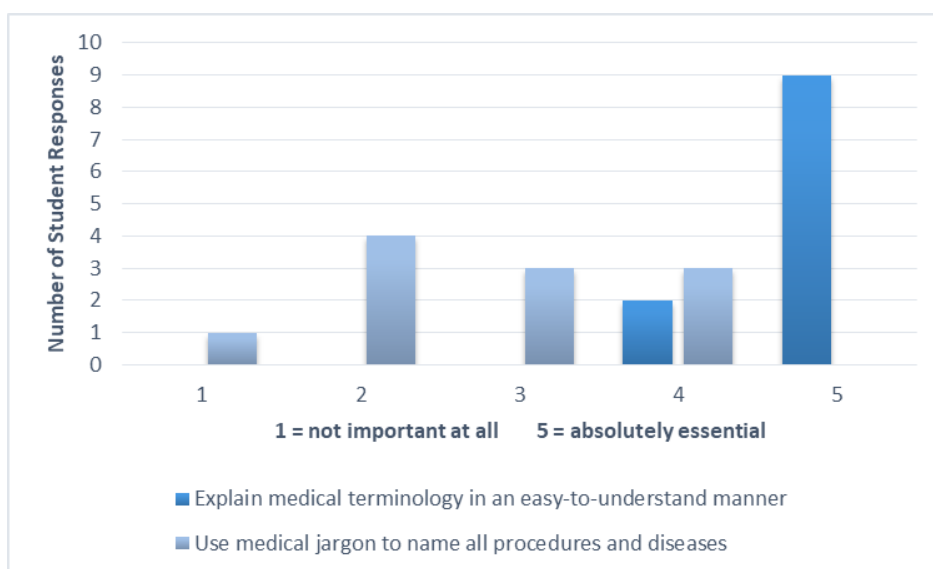
Students also gave a positive evaluation of the interactive activities and the atmosphere of the class. According to some of the students, some aspects of the process needed improvement. There was a need for more preparation time before the SP situations, and they also preferred the longer role-play activities with the SP. The survey also contained questions regarding professional-patient healthcare communication in general. The pie chart in Figure 4 shows student replies concerning the necessity of empathy in professional-patient discourse.

Everyone in the group found that taking the mental state of the patient into consideration and empathizing with the patient was necessary.



*Figure 4.* Professional-patient communication end of course survey. Agreement with the statement “It is necessary for the professional to empathize with the patient.”

As the pie chart shows, most of the students find that it is important to empathize with the patients. The group answered positively about reassuring the patient and taking the patient's cultural background into consideration. Interestingly, regarding the usage of terminology, students agreed that giving an understandable explanation of the medical terms to the patient was important, but there were differing opinions regarding naming all of the procedures and diseases using medical jargon. This is displayed in Figure 5.



*Figure 5.* Professional-patient communication end of course survey. Agreement with the statements “Explain medical terminology in an easy-to-understand manner” and “Use medical jargon to name all procedures and diseases.”

## 6. Conclusion

This research will contribute to the use of SPs in future classroom instruction. It will also be useful for further developing the process. According to our experience and the student feedback, the in-class preparation phase will be longer and include more activities. New situations will be created jointly with the SP based on the results of the needs analysis and the discourse analysis. The student feedback and discourse analysis will be useful for compiling a section of professional-patient communication course material. The aim will be to convey communication techniques through communication activities using realistic situations that are frequently encountered in the field, e.g., addressing sensitive issues, patients of varying age groups, patient excuses, expressing empathy, the teach-back technique, promoting lifestyle changes, etc. It can be concluded from the spoken exam results that students improved their English-language skills and were more confident.

In conclusion, the cooperation with the SP was important and successfully implemented in the professional-patient communication and Module courses. Further utilization and development of the process will be useful.

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