



Evaluation of the Curriculum of Dentistry Faculties in Terms of Communication Skills Education: A Review

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Abstract

Objectives: Having effective communication skills is crucial for physicians/dentists to provide quality and sensitive care to patients and to experience job satisfaction. Therefore, it is necessary to provide dentistry students with training that will increase their communication skills during their undergraduate education. The aim of this study is to examine the curriculum of dentistry faculties in Turkey in terms of communication education, to reveal the current situation, and to emphasize the necessity of expanding communication courses in the curriculum. **Materials and Methods:** The subjects investigated include whether the communication course is compulsory or elective, whether the elective course is actively offered, what the weekly credit and total hours are, the semester in which it is taught, and the specialization of the instructor teaching the course. Content analysis was performed on the data obtained from the study. **Results:** There are fifty-seven communication courses in thirty-eight (50.7%) of seventy-seven dentistry faculties in Turkey. Communication courses are offered as compulsory courses in nine faculties (15.8%) and as elective courses in twenty-eight faculties (78.9%). Communication courses are generally taught for one hour (27.2%) or two hours (24.3%) per week, and during the education period, the intensity is between fourteen (16.5%) and twenty-eight hours (13.6%). Only six of those who teach the communication courses are communication specialists (10.5%). **Conclusion:** Communication education should be provided to dentistry students as a compulsory course and communication courses should be expanded throughout the curriculum by improving their content every following year.

Keywords

Education of communication skills, undergraduate dental education, physician/dentist-patient communication, curriculum evaluation

1. Introduction

The most distinctive component of human nature is communication. In this context, communication is the production, perception, and comprehension of messages that reflect individuals' ideas about what is essential and what is true (Gerbner, 1967). Individuals make sense of their feelings through communication, share with other individuals through messages, and build social relations. Just like in many other professions, having effective communication skills is crucial in the

medical profession to establish better relationships with people.

The effective communication skills that must be possessed in order to establish effective interpersonal communication and develop healthy relationships are as follows: knowing yourself, opening yourself up and expressing yourself correctly, listening to the other person effectively and with interest, being able to empathize, being tolerant and unprejudiced, being open to criticism, being able to use non-verbal communication elements correctly (Sezer & Doruk, 2010), to be able to use verbal communication skills correctly, to be able to persuade and to have conflict resolution skills (Badur, 2024). Physician have effective communication skills when communicate with patient are an important determinant in the correct functioning of the diagnosis and treatment process, in the physician's high work motivation, in the patient's feeling of being understood, and in relieving of the patient's anxiety.

"Despite the incredibly consequential scientific and technological advances being made available to physicians, communication is still considered the heart of the clinical procedure encompassing diagnosis, treatment, and patient care" (Gordon & Edwards, 2014). Correct communication with the patient is the basis of the clinical procedures containing the diagnosis and treatment of the patient (Apaydın & Yazdurdıyev, 2007). Having knowledge and technical competence alone does not suffice to excel in practice in the profession of medicine and dentistry. Equally crucial are the abilities to actively listen, effectively comprehend and communicate information, sensitively handle patients' emotions, and demonstrate empathy and mindfulness (Alvarez & Schultz, 2018). Effective communication; since it has positive effects on the patient's emotional health, and relief of symptoms, and pain, it is necessary to establish effective communication between the physician and the patient in order to provide a good treatment service to the patient and increase the effectiveness of the treatment (Stewart, 1995; Memarpour et al., 2016; Lloyd, Bor, & Noble, 2019). Informing the patient correctly, in an appropriate manner, about the content of the treatment and why that treatment is applied, and that this information is correctly understood by the patient; provides the patient to reach the highest benefit from the treatment method (Apaydın & Yazdurdıyev, 2007). The lack of communication skills of physicians negatively affects the patient's satisfaction and compliance with treatment, and also negatively affects health expenditures (Özçakır, 2002, p. 185).

Having effective communication skills is essential for the satisfaction of dental patients and health outcomes (Ayn et al., 2017). The utilization of information and effective communication and are deemed vital factors to treat of dental anxiety (Molen et al., 2004). It is possible to improve communication skills, and it is essential for physicians to enhance these skills to effectively communicate with their patients (Schildmann et al., 2004; Laidlaw & Hart, 2011). It is widely acknowledged that dentistry students have the opportunity to enhance their communication skills in the clinical setting (Yoshida et al., 2002). However, in recent years, teaching communication in dental education has been perceived as important (Rüttermann et al., 2017) and communication education has begun to become an important part of the dentistry curriculum (Ramseier et al., 2022). Various reports explaining the changes made in dental education with the addition of communication skills training to the dentistry curriculum have been published in the global educational literature (Rüttermann et al., 2017). It is known that communication skills training enhances the communication skills of dentistry students. Hence, enhancing the training of communication skills in dental education shows the potential to enhance dental patient satisfaction and health results. In recent years, curriculum development trends in dentistry faculties within the context of communication courses offer opportunities for changes in the quality of communication skills education (Ayn et al., 2017). Communication skills need to be learned and be taught with the same rigor as other basic dentistry skills throughout the entire dentistry curriculum (Moore, 2022). However, a lack of time and resources in dentistry faculties prevents successful communication skills training (Burkert et al., 2021).

The primary objective of communication skills training programs in dentistry is to equip students with the necessary communication skills to establish professional relationships with patients and effectively educate them about their health. The ultimate goal of this relationship is to heal the patient's health and therefore the health of their teeth. This general purpose can be divided into two more specific purposes (Molen et al., 2004):

- Improving students' knowledge of basic communication skills.
- Expanding students' behavioral repertoire: Students must be able to use skills in an appropriate manner and at the same time express these skills in a friendly and respectful basic attitude towards their patients.

Students can be better equipped to cope with patients' fears and anxiety, detect patients' problems, and offer solutions according to their individual needs and perceptions because of the effective communication training taught to dentistry students (Burkert et al., 2021).

The aim of this study is to examine the curriculum of dentistry faculties in Turkey in terms of communication skills education and to reveal the current situation. The long-term aim of this study is to draw attention to interpersonal communication skills, which have a significant impact on the effectiveness of the patient's treatment process and the work motivation of physicians, and to shed light on the permanent inclusion of communication courses in dentistry curriculum to impart these skills to dentists. Starting from this point, the study analyzes the current status of communication education

in dentistry departments in our country by examining the curriculum and course programs of dentistry faculties. It aims to reach the answers to the following questions by examining the curriculum and course programs of the faculties of dentistry:

- 1) Are there any communication-focused courses, such as ‘health communication’, ‘communication skills’, or ‘inter-personal communication’ included in the curriculum of the dentistry department?
- 2) If there is a communication-related course in the curriculum, is it a compulsory or elective course?
- 3) If the course is elective, is it actively offered?
- 4) What are the weekly credit and total hours allocated to the communication course?
- 5) What is the format of instruction for the communication course, theoretical or practical?
- 6) In which semester or academic year is the communication course included in the curriculum?
- 7) During which semester/year is the communication course most commonly offered in the curriculum?
- 8) Does the instructor teaching the course specialize in communication?

Since there is no other study analyzing the current situation of communication education in dentistry faculties in our country, this study is important as a guide.

2. Materials and Methods

This study, based on the necessity of providing communication skills training to physicians, analyzes the current status of communication education in dentistry faculties in Turkey. The list of universities that offer dental education in Turkey was accessed from the official website of the Higher Education Institution of Turkey (YÖK) through the “YÖK Undergraduate Atlas” (<https://yokatlas.yok.gov.tr/lisans-anasayfa.php>) section in 2020. The course information packages created by the seventy-seven universities included in the list, as part of the Bologna process, were examined through the official websites of universities and faculties to access the curriculum programs of dentistry faculties covering the 2020-2021 academic year (fall semester of 2020 and spring semester of 2021). In addition, the course programs of the relevant faculties were examined through their official websites to determine whether the communication courses specified in the curriculum were actively offered during the academic terms.

Ethics committee approval is not required since the study does not use human or animal-based data and the study data is accessed from public information of universities/faculties. Content analysis was conducted on the data obtained from the research. The research data were analyzed using IBM SPSS 26 (IBM SPSS Statistics for Windows, Version 26.0., IBM Corp.).

3. Results

There are a total of eighty-four departments in seventy-seven dentistry faculties in Turkey, with seventy-six departments offering education in Turkish and eight departments providing education in English. Out of these eighty-four departments, curriculum information could not be accessed for nine of them, while curriculum information was obtained for seventy-five departments, resulting in a total of one hundred and three data entries entered into SPSS (Table 2).

3.1 Number of Communication Courses, Language of Instruction, and Teaching Methods in Dentistry Faculties

A total of thirty-eight faculties (50.7%) offer communication courses, while thirty-seven faculties (49.3%) do not provide communication courses (see Table 1). This ratio indicates that, as of the year of the study, half of the dentistry faculties in our country prioritize communication education and include communication courses in their curriculum.

Table 1. Status of Communication Courses in Dentistry Faculties (Faculties with at Least 1 Course)

		Frequency	Percent (%)
Valid	Communication Course Available	38	50,7
	No Communication Course Available	37	49,3
	Total	75	100,0

In some faculties in our country, there is one communication course, while in others, there are multiple communication courses. The total number of communication courses in dentistry faculties is fifty-seven (55.3%). The language of instruction for only one of these fifty-seven courses is English, while the language of instruction for the others is Turkish

(98.2%). Out of the fifty-seven courses in faculties, fifty-six (98.2%) are taught in a theoretical manner, and only one course (1.8%) is taught in both theoretical and practical format (in the elective category, one hour of theory and one hour of practice) (see Table 2).

Table 2. Total Number of Communication Courses, Language of Instruction in Dentistry Faculties, and How the Course is Taught

			Communication Course			Total
			Communication Course Available	No Communication Course Available	Information not Available	
Language of Instruction	Turkish	Count	56	32	6	94
		% within Comm. Course	98.2%	86.5%	66.7%	91.3%
	English	Count	1	5	3	9
		% within Comm. Course	1.8%	13.5%	33.3%	8.7%
Total	Count	57	37	9	103	
	% of Total	55.3%	35.9%	8.7%	100.0%	
How The Course is Taught	Theory	Count	55	-	-	-
		% within Comm. Course	98.2%	-	-	-
	Practice	Count	1	-	-	-
		% within Comm. Course	1.8%	-	-	-
Total	Count	56	-	-	-	
	% of Total	100.0%	-	-	-	

3.2 Type and Availability of Communication Course

Out of the thirty-eight dentistry faculties that offer a communication course, eight faculties (14%) offer it as a compulsory course, while one faculty (1.8%) offers it as a compulsory elective course. In total, the course is compulsory in nine faculties (15.8%) and elective in twenty-eight faculties (78.9%). The information regarding whether three courses (5.3%) are compulsory or elective could not be obtained (see Table 3). The research findings indicate that communication courses in dentistry faculties are predominantly categorized as elective courses.

Table 3. Type of Communication Course and Course Availability

			Course Availability			Total
			Actively Offered	Not Offered	No Information	
Course Type	Compulsory	Count	8	0	0	8
		% within Course Type	100.0%	0.0%	0.0%	100.0%
		% within Course Status	23.5%	0.0%	0.0%	14.0%
		% of Total	14.0%	0.0%	0.0%	14.0%
	Elective	Count	22	15	8	45
		% within Course Type	48.9%	33.3%	17.8%	100.0%
		% within Course Status	64.7%	100.0%	100.0%	78.9%
		% of Total	38.6%	26.3%	14.0%	78.9%
	Compulsory Elective	Count	1	0	0	1
		% within Course Type	100.0%	0.0%	0.0%	100.0%
		% within Course Status	2.9%	0.0%	0.0%	1.8%
		% of Total	1.8%	0.0%	0.0%	1.8%
No Information	Count	3	0	0	3	
	% within Course Type	100.0%	0.0%	0.0%	100.0%	
	% within Course Status	8.8%	0.0%	0.0%	5.3%	
	% of Total	5.3%	0.0%	0.0%	5.3%	
Total	Count	34	15	8	57	
	% within Course Type	59.6%	26.3%	14.0%	100.0%	
	% within Course Status	100.0%	100.0%	100.0%	100.0%	
	% of Total	59.6%	26.3%	14.0%	100.0%	

In faculties where the communication course is elective, a total of forty-five communication courses are offered. Out of these forty-five courses, twenty-two (48.9%) have been offered, while fifteen (33.3%) have not been offered, and information regarding the offering status of eight courses (17.8%) could not be obtained. Additionally, three communication courses whose status (compulsory or elective) could not be determined have been offered in two faculties. Consequently, out of the fifty-seven communication courses available in thirty-eight faculties (including compulsory, elective, compulsory elective, and courses with unknown types), a total of thirty-four courses (8 compulsories, 22 electives, 1 compulsory elective, and 3 with unknown types) (59.6%) have been offered. When considering all dentistry departments in Turkey, it is observed that 50.7% of the seventy-five departments, for which information was obtained, include the communication course in their curriculum. However, when examining in terms of actively teaching the course, it is seen that out of the fifty-seven communication courses, thirty-four courses (59.6%) are actively being taught (see Table 3).

3.3 Weekly and Semester Credit of the Communication Course

Generally, communication courses are offered for one hour (27.2%) or two hours per week (24.3%) (see Table 4). When looking at the total hours of communication courses, it is observed that the courses are predominantly taught for fourteen hours (16.5%) and twenty-eight hours (13.6%), indicating a significant emphasis on credit allocation for communication courses in the curriculum (see Table 5). The communication course, which is taught theoretically and practically, is taught as twenty-eight hours in total. Information regarding the weekly credit of a course and the total hours for six courses could not be obtained (see Table 4 and Table 5).

Table 4. Weekly Hours/Credit and Total Hours of Communication Course

		Weekly Hours/Credit of Communication Course			
		Frequency	Percent	Valid Percent	Cumulative Percent
	No Information	1	1.0	1.8	1.8
Valid	1	28	27.2	49.1	50.9
	2	25	24.3	43.9	94.7
	3	2	1.9	3.5	98.2
	4	1	1.0	1.8	100.0
	Total	57	55.3	100.0	
Missing	System	46	44.7		
	Total	103	100.0		

Table 5. Total Hours of Communication Course

		Frequency	Percent	Valid Percent	Cumulative Percent
	No Information	6	5.8	10.5	10.5
Valid	5	1	1.0	1.8	12.3
	12	1	1.0	1.8	14.0
	14	17	16.5	29.8	43.9
	15	2	1.9	3.5	47.4
	16	5	4.9	8.8	56.1
	28	14	13.6	24.6	80.7
	30	8	7.8	14.0	94.7
	42	2	1.9	3.5	98.2
	56	1	1.0	1.8	100.0
	Total	57	55.3	100.0	
Missing	System	46	44.7		
	Total	103	100.0		

3.4 The Semester(s) in which Communication Courses Are Taught

According to the curriculum of dentistry faculties, communication courses are predominantly offered in the second year (twenty-one courses). The first year is another period where communication courses are prominently included in the

curriculum (fifteen courses). Out of thirty-eight faculties, thirty-one of them (82%) offer communication courses in the first two years (thirty-six courses). Two faculties have communication courses both in the first and second years (see Table 6).

Table 6. Opening Status of Communication Courses in Offered Terms

		Course Status			Total	
		Actively Offered	Not Offered	No Information		
Year/Semester	1st Year Fall and Spring Semester	Count	1	3	0	4
	1st Year Fall Semester	Count	4	3	0	7
	1st Year Spring Semester	Count	4	0	0	4
	2nd Year Fall and Spring Semester	Count	6	1	0	7
	2nd Year Fall Semester	Count	6	4	0	10
	2nd Year Spring Semester	Count	3	1	0	4
	3rd Year Fall Semester	Count	3	0	0	3
	3rd Year Spring Semester	Count	3	1	1	5
	4th Year Fall Semester	Count	2	1	0	3
	4th Year Spring Semester	Count	1	1	0	2
	5th Year Spring Semester	Count	1	0	0	1
	1st 2nd 3rd 4th 5th Year	Count	0	0	7	7
	Total	Count	34	15	8	57

When the communication courses in the curriculum of dentistry faculties are examined in terms of the opening of the courses, it is observed that courses in the second and first years are offered more frequently, respectively. Out of the twenty-one courses in the second year, fifteen of them are taught. As for the fifteen courses in the first year, nine of them are taught.

3.5 Specializations of Instructors Teaching Communication Courses

When examining the specializations of instructors teaching communication courses, it is observed that only six individuals (10.5%) are experts in the field of communication. The number of instructors who are specialized in human psychology and can be considered competent to provide communication education, such as psychiatrists, psychological counselors, and expert psychologists, is four (7.1%). Generally, it is observed that communication courses are taught by dentists working in the faculty of dentistry (21.1%) and by non-faculty physicians (10.5%). Furthermore, it is noted that communication courses are also taught by educators specializing in interdisciplinary fields, such as educational scientists and business administrators. There are twenty-three courses for which the specialization knowledge of the instructor providing the communication course could not be obtained (see Table 7).

Table 7. Specialization Field of Instructors Teaching Communication Courses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Communication Specialist	6	5.8	10.5	10.5
	Psychiatrist	2	1.9	3.5	14.0
	Physician	6	5.8	10.5	24.6
	Dentist	12	11.7	21.1	45.6
	Psychological Counselor	1	1.0	1.8	47.4
	Education Scientist	3	2.9	5.3	52.6
	Business Administrator	3	2.9	5.3	57.9
	No Information	23	22.3	40.4	98.2
	Expert Psychologist	1	1.0	1.8	100.0
	Total	57	55.3	100.0	
Missing	System	46	44.7		
Total		103	100.0		

4. Discussion

The study is important because there is no other study that analyzes in depth the current status of communication education in the curriculum of dentistry faculties in Turkey. During the literature review, it was seen that international studies on communication in dentistry were mostly aimed at evaluating the communication skills of students, and studies examining the curriculum of faculties in depth in terms of communication education were limited.

The results of this study, which analyzed the current state of communication education in dentistry faculties in Turkey, indicate that thirty-eight dentistry faculties (50.7%) have at least one communication course. This ratio demonstrates that half of the dentistry faculties in our country incorporate communication courses into their curriculum. Yoshida et al.'s study (2002) revealed that communication courses were offered in 35% of the forty dentistry faculties in America (36) and Canada (4). A study conducted in three German-speaking countries (Germany, Austria, and Switzerland) in 2013 indicated that communication education was provided in twenty-six out of thirty-four dentistry faculties (76%) (Rüttermann et al., 2017). Although this percentage is high, it pertains to three separate countries. Considering these rates, it can be observed that the number of communication courses in dentistry faculties in Turkey is relatively high (50.7%) as of the year 2020. In Turkey, 15.8% of communication courses are compulsory, while 78.9% are elective, and it was determined that 48.9% of these elective courses were offered. The findings of this study indicate that out of fifty-seven communication courses included in the dentistry curriculum in our country, thirty-four courses (59.6%) are actively taught. When considering all dentistry faculties (seventy-five departments), the proportion of actively taught communication courses is 45.3%. Therefore, the results demonstrate that more than half of the dentistry faculties (50.7%) incorporate communication education into their curriculum, but less than half of the faculties (45.3%) actively teach communication education. Although it is desirable for this ratio to be much higher, it is evident that dentistry faculties are aware of the significance of communication education and emphasize it in their curriculum.

In the study covering America and Canada, it was found that among forty faculties, fourteen (35%) offer a separate course that extensively emphasizes interpersonal communication, while most of the other faculties deal with interpersonal communication within their existing courses (Yoshida et al., 2002). According to the results of this study, thirty-eight out of seventy-seven faculties in Turkey (50.7%) offer a course related to interpersonal communication. The number of dentistry faculties with multiple communication courses in their curriculum is nine (12%). Among them, six faculties (7.8%) offer two communication courses, one faculty (1.3%) offers three communication courses, one faculty (1.3%) offers five communication courses, and one faculty (1.3%) offers eight communication courses. The overall percentage of faculties with multiple communication courses among all faculties is 11.7%. When evaluated within the faculties that offer communication courses (thirty-eight faculties), the percentage of faculties with multiple communication courses is 23.7%.

In the existing studies, the exact duration allocated to communication courses in dentistry faculties' curriculum is not known with certainty (Yoshida et al., 2002; Rüttermann et al., 2017). However, in our study, as we had access to the faculties' curriculum, the duration of communication courses is known precisely. Generally, there is a significant emphasis on communication courses in terms of credit allocation in the curriculum, with classes typically being held for one or two hours per week. The total duration of communication courses ranges from fourteen to twenty-eight hours, depending on the semester(s) in which they are offered.

In medical faculties, in particular, communication courses are taught through practical applications. There are studies that emphasize the significance of incorporating practical approaches and patient scenarios into communication education, as they enable students to gain a patient-oriented perspective (Krause et al., 2021; Yoshida et al., 2002; Partriv & Ahmed, 2013; Dalen et al., 2001; Uhm et al., 2015; Deveugele et al., 2005; Gebhardt et al., 2021; Hannah et al., 2004; Berry et al., 2022). The analysis of videos depicting dentist-patient scenarios during communication education is considered a valuable tool for both students and instructors. Additionally, it is suggested that involving real patients in these training sessions could enhance the realism of the education (Carey et al., 2010). Out of the fifty-seven courses offered in dentistry faculties in our country, fifty-six (98.2%) are taught in a theoretical manner, while only one course is taught in a theoretical and practical format (as an elective course, with one hour of theory and one hour of practice). It is observed that a revision in education is necessary to incorporate practical content into communication education.

According to the findings of Yoshida et al. (2002), more than half of the faculties (twenty for out of forty) offer communication courses only in the first two years. The study demonstrates that schools with multiple communication courses provide a richer and more beneficial curriculum to their students. On the other hand, the results of another study indicate that the education of communication skills is mainly provided between the sixth and ninth semesters. There is almost no course offered in the first, second, and fourth semesters. In eight dentistry faculties, all communication courses are harmonized with each other and integrated into the entire curriculum. While ten faculties partially integrate communication

courses into their curriculum, eight faculties offer independent courses that are not integrated into the curriculum (Rüttermann et al., 2017). Communication education has been taught in the first four years of pre-clinical education at the Maastricht Faculty of Medicine in the Netherlands since the 1980s (Dalen et al., 2001). Communication skills education is taught in the third and fourth semesters at the Faculty of Medicine of Leipzig University in Germany. The program recommends teaching basic communication skills (for example, establishing a relationship between physician and patient, empathy, emotions, communication purposes, communication agenda, and communication skills) and the theoretical background of physician-patient communication (for example, medical communication theories) in the first stage (third semester). In the second stage, it recommends teaching advanced communication skills (for example, giving bad news, responding to an angry patient, and communicating through an interpreter) (Gebhardt et al., 2021). Deveugele et al.'s study (2005) on communication skills in medicine at Ghent University in Belgium, in which they evaluated a six-year education, showed that creating communication continuity in the form of a 'skill sequence' throughout the entire curriculum would be more useful in the early detection of students' communication problems (Deveugele et al., 2005). It is recommended that effective communication education should be continuous and the level of difficulty should gradually increase over the years (Dalen et al., 2001). Experimental courses with an emphasis on Physician-Dentist/Patient communication should be offered to students initially in preclinical medical education and during their dental education as a regular part of the curriculum. Dentistry students should be provided with the opportunity to learn, experience, and reflect on communication strategies early during their education so that they can later communicate successfully with patients (Alvarez & Schultz, 2018). In order to create permanent change in behavior, it is important to teach students with skill-based communication education in their first clinical year and to continue the education for as long as possible. It is certain that such an application will not only increase students' communication skills but also positively affect patient satisfaction and the public image of dentistry faculties (Hannah et al., 2004). In our study, out of thirty-eight faculties, thirty-one (thirty-six courses) offer communication courses in the first two years. Two faculties have communication courses both in the first and second years. It is observed that communication courses in dentistry faculties in our country are predominantly distributed across the first two years of the curriculum. Developing communication skills in the early years of students' education life is the correct approach. However, communication education should be structured to encompass all years of the curriculum and should progressively advance in terms of content. Nevertheless, it cannot be denied that dentistry faculties face challenges in implementing this due to their packed curriculum.

The study findings of Yoshida et al. (2002) indicate that communication courses in dentistry faculties are taught by dentists at a rate of 53% and by instructors specialized in psychology at a rate of 58%. It is also observed that instructors with undergraduate degrees in communication, education, economics, public health, sociology, and political science are involved in delivering communication education. It is believed that deans or department heads may have chosen psychologists for teaching due to their perceived possession of skills not covered in dentistry faculties. Yet another study found that using skilled instructors, preferably from both the social sciences/psychology field and the dentistry profession, has many benefits to students' learning. It has been revealed that such a combination enables instructors to contribute in different areas of expertise while providing feedback to students, answering students' questions, and during group discussions (Hannah et al., 2004). In the communication education provided for 6 years in medical education, all education sessions are organized by a team consisting of practicing physician and psychologists. The study states that communication experts such as psychologists interested in medical sciences, practicing physicians interested in medical communication, and medical experts working on communication issues related to medical problems in their field are more suitable for educators who will provide communication education (Deveugele et al., 2005). According to the results of this study, only 10.5% of the instructors who teach communication courses in dentistry faculties in our country are communication specialists, and 7.1% are experts in human psychology. Generally, communication courses are taught by dentists working in the faculty of dentistry (21.1%) and by non-faculty physicians (10.5%). It is a more appropriate approach for the communication course to be taught by a competent specialist in interpersonal relationships to ensure the effectiveness of the education.

5. Conclusion

This study examines the curriculum of dentistry faculties in Turkey in terms of communication education and provides an evaluation of the communication education taught to students. It was found that communication education exists in half of the dentistry faculties; however, this number is still insufficient.

Communication courses are predominantly offered as elective course categories at a high rate (78.9%), some of the elective courses being opened (48.9% are offered) and the choice is left to the students' choice. Communication skills, which are essential for students in their professional careers, should be taught by making communication courses

compulsory.

Communication courses are generally taught one hour (27.2%) or two hours (24.3%) per week, and mostly between fourteen hours (16.5%) and twenty-eight hours (13.6%) throughout the education period. Considering the intensive programs (theory + internship) of dentistry curriculum aimed at professional skills, it seems that the weekly hours and total semester hours of communication courses are appropriate.

82% of faculties that offer communication courses offer these courses in the first two years of education. It is a correct approach to developing students' communication skills in the early years of their educational lives.

The study revealed that communication courses were taught theoretically at a rate of 98.2%. Teaching communication courses using active learning methods within the framework of dentist-patient case scenarios would be more beneficial in terms of learning retention.

Only six of the instructor that teach communication courses are communication experts (10.5%). It is a more appropriate approach for the communication course to be taught by individuals who possess expertise in the field of communication or psychology, and if necessary, to determine the content in coordination with a physician.

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