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## VERBAL AND NON - VERBAL COMMUNICATION SKILLS IN MEDICAL PRACTICE

Knowledge and technical skills are not the only prerequisites for a successful medical practice. The ability to communicate effectively with patients was always of outmost importance and need for such a success [1,2].

Communication is in generally more than just exchanging information. It's about understanding the emotion and intentions behind the information given in any circumstance. It has two sides at the level of the doctor-patient communication: the task-focused, cure-oriented one that deals with the practical things of the treatment and the affective, socio-emotional, care-oriented part that targets at the overall care [3].

Communication skills can influence patient's decision to select therapeutic plans and even remain in the practice by deepening interpersonal connections, improve teamwork, decision making and problem solving [6]. Additionally, they increase patient's satisfaction since this satisfaction depends not only on the clinical skills of the clinician, but also on his/her non-verbal behaviors, such as body expressions [5,6,7], one's own personality and it even enables dentist to communicate negative or difficult messages without creating conflict or destroying trust [8].

All relevant data though suggest that doctor's and patient's interpersonal communication is generally, one of the most complex forms of communication, for the following reasons: 1) it is a communication established by rules and conventions of a particular type of activity, 2) it is a communication between non-equal partners, 3) it is not spontaneous, 4) its key aspects are significant and therefore can be emotional, 4) it requires close cooperation [3,4,5].

Communication can be both verbal and nonverbal [11,12]. It is said that non-verbal communication developed before verbal communication. For this reason people have learned first to react to non verbal messages [3]. Verbal communication involves exchanging messages using words or language.

Along with words and language, verbal communication includes tone and volume of the voice [13]. Listening is an important part of the communication process [14].

Active listening is a form of listening that involves giving full attention to the sender and to the message that he communicates [13,15].

Non verbal communication occurs without words and can show thoughts and inner feelings. It accounts for over 95% of the first impression we have on others [4,16]. In the first seconds of a new accountancy, amygdale, an almond-shaped section of nervous tissue located in the temporal (side) lobe of the brain, which is responsible for the perception of emotions such as anger, fear, and sadness, as well as the controlling of aggression [17] Then, non-verbal communication with eyes, hands, feet and overall position of the body, incorporates more information on the character of the doctor as well as that of the patient. Looking someone in the eyes can communicate feelings of interest, attention, respect or negative ones like hate. On the other hand, avoiding eye contact can communicate shyness, lack of attention, boredom or disrespect. Furthermore, many body signals represent different meanings depending on the person and the situation [9,16].

Naturally, the process of understanding body language needs preparation and practice [10]. Furthermore, in order to analyze and understand a patient's body language the dentist should focus on some standard behavior and evaluate any alternation from that, during the appointment [2,18]. In the end, the dentist should always analyze the characteristics he sees as a whole, like putting together the pieces of a puzzle [3,10].

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