



Communication in health practices: Integrative literature review

Comunicação nas práticas em saúde: Revisão integrativa da literatura

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ABSTRACT

Due to recent demographic and epidemiological changes in the population, marked by progressive and accelerated aging followed by chronic-degenerative diseases, long-term care was necessary and, therefore, the need for lasting contact with medical professionals. All this contact is made through communication. Communication is a social practice that comes from an interaction between individuals, and can be expressed verbally, through speech; and non-verbal aspects, writing, behaviors, gestures, touch, among others. Throughout the context of care, it is understood that communication must have an effective and therapeutic effect. This is because, when communication is carried out effectively, it allows the patient and their families to have a greater understanding, as well as to acquire ways of facing the problem, perceiving their role as being an active subject throughout the care. Based on the facts presented, the present study had as general objective, to ascertain through the literature the process of communication between the physician and the patient. For the present article, we used the methodology of integrative literature review, carried out through data collection, in databases between the months of July and August 2023. As an inclusion criterion, we searched for articles published between 2015 and 2022, articles in Portuguese and English, articles acquired in full and free of charge, that addressed the theme of Communication between physician and patient. To develop the results of this article, the descriptors were added 10 articles pertinent to the theme. Through the results, it is possible to observe the enormous relevance that both verbal and non-verbal communication has to build doctor-patient interpersonal relationships. Even before the establishment of a dialogue, the relationship is developed through facial expressions, behaviors and gestures. Thus, in the doctor-patient relationship, it is important that contact is developed in trust and transparency. It can be



concluded that the studies investigated to compose this review converge with regard to all the complexity of the theme, requiring better preparation of health professionals, in addition to the development of interventions with patients and families, developing communication skills. Regardless of whether the communication is verbal or non-verbal, it is important that the doctor comes to master and establish ways to interact with the patient.

Keywords: Clinical communication, Verbal communication, Non-verbal communication, Doctor-patient relationship, Patient satisfaction.

1 INTRODUCTION

Silva (2006), presents considerations about health professionals having interpersonal relationships as the basis of their activities, and the way they perform care, is directly associated with their ability to communicate. Although there may be a considerable literary production about professional communication about the health-patient relationship, there is a lack of discussions and critical reflections on the theme, which is little opportunized throughout the training courses as well as throughout the practice of health services.

All the transformations in the field of medicine in recent decades were important to bring advances in the field of diagnosis and therapy, and also brought an excessive use of complementary tests, with a segmentation of patients into functions and organs, with an exaggerated interventionism, inattention to the psychosocial aspects of the sick individual (AYRES, 2004). Due to recent demographic and epidemiological changes in the population, marked by progressive and accelerated aging followed by chronic-degenerative diseases, long-term care was necessary and, therefore, the need for lasting contact with medical professionals (ARAÚJO et al., 2007).

All this contact, cited by Araújo et al. (2007) is carried out through communication. Fermino and Carvalho (2007), affirm that communication is a social practice that comes from an interaction between individuals, and can be expressed verbally (through speech) and non-verbal aspects (writing, behaviors, gestures, touch, among others). Throughout the context of care, it is understood that communication must have an effective and therapeutic effect. Thus, therapeutic communication is understood as a skill that health professionals have in using their knowledge to help the individual face the problems, live with others, adjusting the condition that cannot be changed, overcoming the difficulties for their self-realization (ARAÚJO et al., 2007).

Ramos and Bortagari (2012) state that regardless of how this communication occurs (verbal or non-verbal), it is inserted in the therapeutic environment, adjudicating consciously and unconsciously, where the meanings are related to the context in which it is inserted. Thus, it is



understood as being a basic need of human beings, being directly responsible for determining and effecting the care in a satisfactory way to the patients by the entire medical team.

According to Silva (2006), when communication is carried out effectively, it allows the patient and their families to have a greater understanding, as well as to acquire ways of facing the problem, perceiving their role as being an active subject throughout the care. According to Coriolano-Marinus et al. (2014), it is noted that there are several barriers, responsible for hindering communication, causing relevant impacts both for the professional and for the user. The difficulties observed are due to the diversified language and knowledge, which are not always shared among the interlocutors, limitations of the receptors or emitters (visual or auditory deficits, aphasia, among others), impositions related to values and influence of mechanisms that are unconscious.

Taking into account the notes, it is essential that the medical professional can have the ability to recognize all their behaviors, gestures and attitudes, which have enormous relevance for the satisfaction and well-being of the patient. All this empathetic and consolidated relationship between doctor and patient will result in a quality consultation (FURTADO; SOUZA, 2021). Medical professionals, who are able to listen and give openness to the patient to express themselves about their condition, allows a better participation of both parties in order to solve the problem. Thus, the physician will observe the patient's satisfaction from the adherence to treatment, the presence in return consultations, as well as the increased demand for consultations (ARAKAWA et al., 2012).

Based on the facts presented, the present study had as general objective, to ascertain through the literature the process of communication between the physician and the patient.

2 METHODS

For the present article, we used the methodology of integrative literature review, carried out through data collection, in databases, Virtual Health Library (VHL), National Library of *Medicine National Institutes of Health* (PubMed) via Medline and *Scientific Electronic Library Online* (SciELO), between the months of July to August 2023.

To select the articles, the following question was asked: how can doctor-patient communication influence effective therapy? The health science descriptors (DECs) used in the present study were "Verbal Communication", "Non-Verbal Communication", "Doctor-Patient Relationship"; "Patient Satisfaction", and "Clinical Communication". For the acquisition of the articles, the cross-search of the descriptors was used, from the use of the Boolean operator "AND".

As an inclusion criterion, we searched for articles published between 2015 and 2022, articles in Portuguese and English, articles acquired in full and free of charge, that addressed the theme of Communication between physician and patient. As exclusion criteria, we were paid articles, articles that only presented the abstract, articles outside the stipulated period and language.

3 RESULTS AND DISCUSSION

To develop the results of the present article, the descriptors were applied in the previously identified databases, where at first 1,252 articles were found. Subsequently, after removal of duplicates and evaluation of the inclusion and exclusion criteria, 10 articles pertinent to the theme were added. Chart 1 presented a synthesis of the collected data, containing information on authorship and year of publication, title of the article, objective of the study, methodology used and the main results.

Table 1 - Description of selected articles

Authors/Year	Title	Goal	Methodology	Major results
Avila et al. (2022)	Non-verbal communication in the doctor-patient relationship: perceptions and satisfaction of users attended at the basic health unit of UNIFAP	To evaluate the importance of verbal communication throughout the doctor-patient relationship in a Basic Health Unit in the North of the country.	This is a cross-sectional, descriptive, and analytical study, with the application of a Likert questionnaire, to 30 users of the health service.	Regarding the results, 90% consider it important for the physician to use the color white and 93.3% the use of the lab coat; about the attitudes 100% reported that compliance and presentation of the professional to the patient was important; and 96.6% state that eye contact is an important attitude for the establishment of the doctor-patient relationship.
Perez et al. (2021)	Perception of patients about the communication of clinical physicians and surgeons in a university hospital	To evaluate the perceptions of patients in a hospital complex regarding doctor-patient communication during hospitalization	This is a cross-sectional, descriptive, analytical study, in which a questionnaire was applied to 120 adult patients.	Patients state that doctors do not convey clear information about the side effects of medications (66%); guidance after the surgical procedure (68.75%) and ways to promote and prevent health during hospitalization (63.3%). Thus, it is observed that communication in the doctor-patient relationship has significant deficits.
Souza and Lima (2021)	Doctor-patient communication during medical prescription and the safety of pediatric patients.	To evaluate the occurrence of difficulties along the communication in the doctor-patient	Cross-sectional study with data collection, with a questionnaire applied to 45 guardians of pediatric	The results indicate that there were failures in the communication in the approach of costs about the medication and in the absence of attention to the

		relationship in a university hospital.	patients after consultation.	responsible person who would administer the medication, as well as the possible side effects. It is recommended that improving communication between physician-patient, expanding attention throughout training, can be efficient actions, leaving safe care for the patient.
Souza et al. (2020)	Patients' perception of their relationship with physicians	To know the perception of patients in a capital of the Northeast about their relationship with doctors.	This is an exploratory, descriptive, cross-sectional and quantitative study, based on the application of a questionnaire to 200 patients who use a health service in Aracaju/SE.	The patients affirm that the establishment of a relationship of trust between the doctor and the patient will depend on the communication skills that the professionals have, always respecting the autonomy of the patients.
Wenceslau et al. (2020)	A person-centered clinical interview script for medical graduation	To offer a reference for easy use of the Portuguese language and that can be improved by professionals throughout the graduation.	Estudo de relato, desenvolvido a partir do modelo de entrevista de <i>Smith's Patient-Centered Interviewing, The Medical Interview: The Three Function Approach</i> , e modelos de Smith e de Cole-Bird.	It is known that scripts and models are not carried out to limit professional practice, but rather to serve as a basis for improvement, facilitating learning and ensuring proper execution. Physicians should be trained to make their practice more person-centered.
Vogel et al. (2019)	Communication of Bad News: Essential Tool in Medical Graduation	Describe the understanding of academics to deal with the communication of bad news.	This is a descriptive cross-sectional study with 63 participants, physicians and residents of two cities in the southern region of the country.	As main results, the authors state that the professionals reported that communicating the end of treatment is the most difficult task; 61% say they are reasonable to communicate bad news; 74% were unaware of communication methods; and 44% believe that classes with real patients could prove to be an effective form of learning.
Diniz et al. (2018)	Communication of bad news: perception of doctors and patients	Promote a comparison between the perceptions of physicians and patients regarding the communication of bad news.	This is a cutout study, with two simultaneous and complementary studies, being quantitative, exploratory, descriptive and cross-sectional with 200 patients and 100 physicians.	The study reveals that 71.4% of physicians say they have no difficulty communicating bad news; 98% say they can explain the consequences and limitations of the condition; 99% reported about complications and effects of treatment. Among the patients, 14.6% received bad news; and

				16.7% say that doctors did not know how to explain about the condition. It is observed that doctors and patients have different conceptions about the communication of bad news.
Sombra Neto et al (2017)	Bad News Communication Skill: Is the Medical Student Prepared?	Assess the ability of medical academics to communicate bad news.	Cross-sectional study that evaluated 119 medical students, from a <i>checklist</i> the ability to communicate in practical evaluative activity according to the model of <i>Objective Structured Clinical Examination</i> .	The results indicate that 67% had an excellent performance, however, there was difficulty in "brief announcement" with 35.3% of error, causing students to hesitate during the first consultations.
Lira et al. (2015)	Doctor-patient communication in pediatric outpatient clinics of a university hospital	To evaluate aspects about the care of pediatric patients in an outpatient clinic regarding the contact and dialogue with physicians.	A retrospective, observational and descriptive study was conducted with 118 parents or guardians of children attended at the unit. The sample was interviewed with a questionnaire about the child and the consultation.	Regarding care, 50% of those responsible state that the use of technical terminology by professionals was the main cause of difficulty in understanding throughout the consultation. It is observed that the difficulty of communication between physicians and patients are responsible for inferring in the care.
Seabra et al. (2015)	Communication of bad news by physicians in the first year of internship: an exploratory study	To evaluate the perception of recent graduates about the communication of the news.	This is an exploratory, qualitative study with focus groups (n=6 and n=7).	There is a difficulty followed by insecurity to transmit bad news, even though the students claimed that they have good communication skills. The main complaint was related to dealing with the emotions and reactions of patients. Attention should be paid to the emotional aspects of the process, and the development of programs throughout the curricular training in medical courses is fundamental.

Through the results, it is possible to observe the enormous relevance that both verbal and non-verbal communication must build doctor-patient interpersonal relationships. Even before the establishment of a dialogue, the relationship is developed through facial expressions, behaviors and gestures. Thus, in the doctor-patient relationship, it is important that contact is developed in trust and transparency. Thus, the way in which the professional will communicate is fundamental



for a good interaction to occur, and thus, obtain information necessary for the establishment of the diagnosis and thus develop therapies (ÁVILA et al., 2022).

To the patient, an adequate communication with the doctor, promotes feelings of security and autonomy, allowing an exchange of information in a clear and precise way, promoting to the patients greater autonomy to present the demands and to the professionals, to interpret and analyze in a safer way. The physician, from the narrative skills developed will be able to value, filter, collect and interpret all the information coming from the patient. This posture will stimulate the patient to talk not only about the pathological condition, but also about his life, in general, substantially altering the entire diagnosis and the therapy to be employed. Through this, the establishment of a satisfactory and quality communication will allow a greater satisfaction of professionals (VOGEL et al., 2019).

In their study Souza et al. (2020), states that a point of fundamental importance for a good structuring of the doctor-patient relationship, in a non-verbal way, is the attitudes, gestures and behaviors, which are constantly evaluated by patients as a form of approval. It is observed that at the beginning of the consultation, it is essential that the professional comes to present himself in a good tone, greeting the patient, being a sign of receptivity and good conduct. It is important that professionals come to understand that patients expect there to be a resolution of the problem in an empathetic and effective way.

Another non-verbal technique considered as very important in the physician's work, as a way of welcoming the patient, is through eye contact, where the idea of attention and welcoming is transmitted, so that such an attitude is part of the scripts of consultations. Just the fact of performing this action, makes the patient comfortable to come to report their complaints, as well as, not having this contact, the patient feels uncomfortable, creating a kind of barrier to establish a good doctor-patient relationship (WENCESLAU et al., 2020).

Thus, the way to transmit information is necessary for the doctor-patient relationship, since satisfactory communication will reduce complaints of inappropriate practices and concerns of patients, which will improve adherence to treatment and recovery of health status. However, patients' complaints and dissatisfactions are not considered rare. In one study, Perez et al. (2021) found that doctor-patient communication has considerable deficits. Patients in this study reported greater negative than positive responses to questions about information on side effects of prescribed drugs (66%), guidance on procedures after surgery (68.7%) and information on how to promote and prevent health in the hospital (63.3%).



According to Souza and Lima (2021), it is noted that communication errors become increasingly common throughout the doctor-patient relationship, impairing the achievement of clinical objectives. With regard to the doctor-patient relationship, 47% of the time, the doctor did not offer another therapeutic treatment option or explain that this was the only way. In 72% of the cases, the price of medicines is not addressed and in 50% the feasibility of purchasing medicines is not questioned. Approximately half of the cases, the doctor does not suggest alternatives for drug administration and does not question who would do it or if it had already been used previously. Regarding the side effects of the medications, they were not discussed in 56% of the consultations, demonstrating an important lack of communication for the adoption of the treatment.

In relation to the care of children, contact and dialogue with the clinical staff, in the study by Lira et al. (2015), observed that 50% of the guardians stated that the main cause of difficulty of understanding in the consultations was the use of technical terminology, while 34.7% highlighted that the attention given by the professional as the most positive factor, whereas, in 57.6%, the delay was considered to be a negative factor for care. It is observed that the difficulties related to communication between patients and physicians, in relation to welcoming were important for the care offered in the health institution, being part of the context of the professionals who work in it.

In his study Wenceslau et al. (2020), he states that inadequate communication leads to erroneous understandings about the health-disease process, which even implies a non-recognition of the damage that can be caused by the condition, as it generates misdiagnoses, reduces adherence to therapeutic planning, causes dissatisfaction, increases excessive demand for health services, a non-establishment of links with health services, increasing costs. All these factors added together, cause a therapeutic inefficiency.

In addition to all the reports about communication failures, medical professionals are constantly challenged when they must communicate to patients of "bad news", that is, comments about serious conditions or even the death of a patient, because in this there is a learning deficit of the theme (DINIZ et al., 2018; SOMBRA NETO et al., 2017; VOGEL et al., 2019). For Leal-Seabra and Costa (2015), it is known that there is no single understanding of communication, because teaching is considered as too irregular, dependent on conceptions of those who teach, and often ends up not being a specific theme, being absent in pedagogical programs of undergraduate courses, causing future doctors to have difficulties in dealing with emotions (crying and silence, for example). The acquisition of value judgments and insensitivity is much observed, where theory is distant from medical practice.



Still with regard to the communication of "bad news", Vogel et al. (2019), states that this type of communication is intrinsically complicated, involving in many cases an affliction in the doctor-patient relationship. It is observed that medical professionals are unprepared to mediate these situations, and this deficit comes from medical education, which implies heterogeneous conducts, which should be avoided, through instructions that could contribute to improve training throughout the undergraduate course.

In the research of Diniz et al. (2018), there was a comparison of the perception of both doctors and patients about the "bad news". Among the professionals, it is observed that 71.4% state that they do not have difficulty in transmitting bad news, of these, 98% made the necessary explanations of the consequences and limitations of the disease; 99% provided information about the complications and adverse effects of the treatment; 100% believed they were conveying confidence and 97% said they valued the opinion of patients.

In the patients' conception, 14.6% stated that they received "bad news", and 16.7% stated that the physician did not offer explanations about the disease; 15.2% did not receive information about the consequences of the treatment; 12.1% stated that they did not trust the doctor and 36.4% stated that the doctor was not concerned with their opinion. According to the authors, there are different perceptions between the communication of bad news between doctors and professionals. Professionals claim to do it in the best possible way, while patients claim that there are deficiencies in the information passed by professionals (DINIZ et al., 2018).

The study by Leal-Seabra and Costa (2015), reveals that patients have insecurities and difficulties to transmit bad news, no matter how much they consider to have good communication skills. The main difficulties were related to dealing with the emotions and the reaction of doctors and patients, marked by crying and silence. Thus, the existence of previous experiences of negative experiences conditioned the safety of patients in this process. The limitations were pointed out in the training, the early teaching, the disarticulation of the curricula and the insufficiency in the practical formation.

As much as the overall performance will be evaluated as being excellent throughout the research of Sombra Neto et al. (2017), medical students of a pre-clinical cycle, were hesitant in the first consultations and throughout the first contact of patients, especially with those endowed with strong emotional content, becoming evident when identifying the main failures committed by students throughout a practical evaluation for the communication of "bad news". Thus, it is important that this skill is improved throughout the teaching-learning, through standardized protocols.



It can be noted that there is a low inclusion of communication techniques in numerous undergraduate institutions, which helps to potentiate the daily difficulties of medical professionals in dealing with contact situations, making it difficult to transmit bad news. Thus, new methodologies should be inserted seeking the teaching of active listening, promoting the association of biopsychosocial aspects of patients with their pathological condition, proving to be increasingly necessary so that one can improve the practice of medicine (VOGEL et al., 2019).

4 CONCLUSION

It can be concluded that the studies investigated to compose this review converge with regard to all the complexity of the theme, requiring better preparation of health professionals, in addition to the development of interventions with patients and families, developing communication skills. The relationship established from doctor-patient communication contributes effectively to improve care, however, the new demands, from the legalization of the Unified Health System (SUS), demonstrate the weaknesses in communication, where it is necessary to improve physicians since graduation, with knowledge that promotes communicative practices of dialogue.

It is becoming increasingly important to carry out other studies on the theme between physician and patient communication, because it is a relationship that influences data collection, cooperation and comfort of the individuals who are being consulted. Regardless of whether the communication is verbal or non-verbal, it is important that the doctor comes to master and establish ways to interact with the patient.



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