

Original Article

Dialogue Workshop Helps Improve Residents' Understanding of Others

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Abstract

Introduction: Dialogue is a free flow communication technique that helps the stream of meaning to flow among people. It makes shared meaning or new understanding to hold people or society together. Four principles of dialogue are 1) deep listening, 2) respect, 3) suspending judgments, and 4) voicing. The dialogue workshop is a fundamental practice in transformative learning and contemplative education. **Objective:** This study aimed to analyze the content of written reflections of participants after attending the dialogue workshop. **Methods:** In academic year 2018, Phramongkutklao Hospital arranged a dialogue workshop for first-year medical residents in the theme of communication skills. Voluntary participants were 49 first-year medical residents of Phramongkutklao Hospital. The 2.5-hour dialogue workshop included orientation, icebreaking, learning zone, the practice of dialogue both in pairs and in groups, and written reflections. Expert facilitators enhanced mindfulness practice throughout the workshop. The four reflection topics are: 1) what I have learned from the workshop, 2) outstanding feelings and reasons, 3) perspective shift or transformation and 4) applications. Then two researchers independently analyzed reflection contents before making discussion and conclusion together. **Results:** Firstly, participants learned the dialogue technique and its benefits in understanding others and themselves. Secondly, the obvious feelings during the workshop were understanding of others and themselves, and lessening ego and peace. Thirdly, the changes that occurred were better awareness of listening, and improvement of perspectives on others and themselves. Lastly, participants can apply the dialogue with patients, patients' relatives, coworkers, and people they felt close to. **Conclusion:** The dialogue workshop helped to improve residents' understanding of others and themselves, and transformed perspectives in a positive direction. This study benefitted the medical residency program of Phramongkutklao Hospital. Also, it provided scientific data for medical education and suggested the possibility to apply a dialogue workshop to cultivate medical learners in well-rounded aspects.

Keywords: ● Dialogue workshop ● Deep listening ● Reflection

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นิพนธ์ต้นฉบับ

การอบรมเชิงปฏิบัติการเรื่องสุนทรียสนทนาช่วยพัฒนาความเข้าใจผู้อื่น ในแพทย์ประจำบ้าน

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บทคัดย่อ

บทนำ ปีการศึกษา 2561 รพ.พระมงกุฎเกล้าได้จัดการอบรมเชิงปฏิบัติการเรื่องสุนทรียสนทนาให้แก่แพทย์ประจำบ้านชั้นปีที่ 1 เพื่อพัฒนาทักษะด้านการสื่อสาร หลักการของสุนทรียสนทนา 4 ข้อ ได้แก่ 1) การฟังอย่างลึกซึ้ง 2) การเคารพความแตกต่างระหว่างบุคคล 3) การห้อยแขวนการตัดสิน 4) การสื่อสารจากเสียงภายในที่แท้จริง **วัตถุประสงค์** เพื่อวิเคราะห์เนื้อหาการเขียนสะท้อนความรู้สึกลึกซึ้งและความคิดของอาสาสมัครภายหลังการอบรมเชิงปฏิบัติการเรื่องสุนทรียสนทนา **วิธีการศึกษา** การอบรมเชิงปฏิบัติการเรื่องสุนทรียสนทนาเวลา 2.5 ชม. ประกอบด้วยการแนะนำรูปแบบการเรียนรู้ การละลายพฤติกรรม พื้นที่ที่เหมาะสมต่อการเรียนรู้ ฝึกการฟังอย่างลึกซึ้งแบบคู่และกลุ่ม และการเขียนสะท้อนความรู้สึกและแง่คิดโดยกระบวนการเรียนรู้จะกระตุ้นการฝึกสติตลอดการอบรม การเขียนสะท้อนความรู้สึกและแง่คิดมี 4 หัวข้อ คือ หลังการเรียนสุนทรียสนทนาและการฟังอย่างลึกซึ้ง 1) ท่านได้เรียนรู้อะไร 2) ระหว่างการอบรมความรู้สึกเด่นชัดที่เกิดขึ้นเป็นอย่างไร เกิดจากอะไร 3) มีมุมมองใดที่เปลี่ยนแปลงไปจากเดิมบ้าง 4) ท่านสามารถนำสิ่งได้เรียนรู้ไปประยุกต์ใช้ได้อย่างไร **ผลการศึกษา** ผลวิเคราะห์เนื้อหาการเขียนสะท้อนความรู้สึกและแง่คิดภายหลังการอบรมพบว่า 1) อาสาสมัครได้เรียนรู้หลักการและประโยชน์ของสุนทรียสนทนา โดยเฉพาะการเข้าใจผู้อื่นและตนเอง 2) ความรู้สึกที่เด่นชัดระหว่างการอบรม คือ การเข้าใจผู้อื่นและตนเอง 3) การเปลี่ยนแปลงที่เกิดขึ้น คือ การตระหนักถึงคุณภาพการฟังของตนเองที่ผ่านมา มุมมองที่ดีขึ้นต่อผู้อื่นและตนเอง 4) อาสาสมัครสามารถนำหลักการสุนทรียสนทนาไปประยุกต์ใช้กับผู้ป่วยญาติผู้ป่วย เพื่อนร่วมงาน และบุคคลใกล้ชิด **สรุป** การอบรมเชิงปฏิบัติการเรื่องสุนทรียสนทนาช่วยพัฒนาแพทย์ประจำบ้านในการเข้าใจผู้อื่นและตนเอง และช่วยเปลี่ยนแปลงมุมมองต่อผู้อื่นและตนเองไปในทิศทางที่ดีขึ้น ผลการศึกษานี้เป็นประโยชน์ต่อหลักสูตรแพทย์ประจำบ้าน โรงพยาบาลพระมงกุฎเกล้า และเป็นข้อมูลเชิงคุณภาพทางด้านแพทยศาสตรศึกษาประกอบการนำสุนทรียสนทนาไปประยุกต์ใช้ในการเรียนรู้เพื่อพัฒนาเฉพาะผู้เรียนให้มีคุณสมบัติรอบด้าน

คำสำคัญ: ● Dialogue workshop ● Deep listening ● Reflection

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Introduction

Dialogue (Bohman Dialogue, deep listening or Soon-tareeya Sontana in Thai) is a free flow communication technique that helps the stream of meaning to flow among people to make shared meaning or new understanding.¹ Four principles of the dialogue are: 1) deep listening, mindfully listening to verbal and nonverbal cues, of either storytellers or listeners, 2) respecting different perspectives of each other, 3) suspending judgments which need to cultivate individual's mindfulness to become aware of random upcoming thoughts, and 4) voicing by allowing each individual to realize and express the real inner voice from the mind.² The idea of dialogue was introduced by Bohm DJ in 1983 who was one of the most significant theoretical physicists. It also cultivates individuals to become aware of the process of thought and respect each other's voice. Bohm suggested that if the dialogue was implemented widely, it could heal the fragmentation in society.¹ The dialogue has been presented not only in western countries but also in Thailand.

Phramongkutklao Hospital is responsible for the Higher Graduate Diploma Program in Clinical Medical Sciences, which is the postgraduate study of trainees (so-called residents) who graduate with the Doctor of Medicine (MD) degree. The objective of the program is to cultivate medical residents in well-rounded aspects: knowledge, skills, attitudes, and morals. Attitudes and morals involve two learning outcomes. The first is to treat patients using a holistic approach with empathy and show respect to humanity. The other outcome is to have a good human relationship with patients, their family members, and interprofessional team members, which cannot easily be taught by lecture classes. Hence, in the 2018 academic year, Phramongkutklao Hospital started a workshop with experiential learning to enhance these outcomes. The dialogue is also one of

the workshops for first-year residents.

The objective of this research was to analyze the content of written reflections of participants after attending the dialogue workshop.

Materials and Methods

Participants and study context

Phramongkutklao Hospital arranged a dialogue workshop for first-year medical residents. In this study, 49 out of 77 residents (63.6%) voluntarily participated by completing written consent forms; 24 male and 25 female residents. Their various specialties included Anaesthesiology, Emergency Medicine, Family Medicine, Medicine, Neurology, Obstetrics & Gynaecology, Ophthalmology, Orthopaedics, Otorhinolaryngology, Paediatrics, Psychiatry Radiology, Rehabilitation, and Surgery.

At the beginning of the academic year, the organizer set this workshop to develop communication skills on the first day of a 3-day resident trip. It was an extra-curricular activity in the theme of professionalism. The place was Garden Sea View Resort, Pattaya, Thailand.

Dialogue workshop

The dialogue workshop lasted for two-and-one-half hours from 10.00 AM to 12.30 PM. (Table 1)

Briefly, the workshop employed experiential learning to practice dialogue with all four principles as aforementioned. In the beginning, ice breaking involved a game

Table 1 Dialogue workshop schedule

| Time | Activities |
|---------------|---|
| 10.00 - 10.10 | Orientation |
| 10.10 - 10.45 | Icebreaking and self-awareness |
| 10.45 - 11.00 | Interactive lecture: comfort zone and learning zone |
| 11.00 - 12.10 | Dialogue exercises with four principles and self-awareness: both in pairs and in group practices. |
| 12.10 - 12.30 | Written reflections |

to make participants feel comfortable to learn together. The game also taught mindfulness by observing their body and mind (such as feelings and thoughts). The expert facilitator continually reminded about self-awareness practice throughout the workshop.

Next, the interactive lecture of the comfort zone and learning zone (according to Learning Zone Model by Senninger³) facilitated participants to leave their safe zone and try new things for growth. This session aimed to engage their full participation for the next significant topic. After that, dialogue practices started with direct experiences. The first dialogue exercise was practicing in pairs with an unfamiliar person. The facilitator grounded the participants (with a soft and tender tone of voice) to think about any significant experience during their childhood. During the dialogue practice in pairs, one acted as a storyteller to narrate his/her significant experience during childhood and their partner practiced as a deep listener who continued listening without speaking following the four principles of dialogue. The listener noted both verbal and nonverbal languages, practiced eye contact and self-awareness by heeding their thoughts to realize any upcoming concepts, and suspended their judgment to keep listening until the time out. These ground rules were employed to generate a safe climate for the storyteller for expressing his/her real voice. Also, when the listeners interrupted the storyteller by speaking out their opinions, they lost the opportunity to listen to the whole story of the storyteller. In addition, the storyteller might forget what they needed to say during the interruption. Then they switched roles as storyteller and listener in the second round.

The second dialogue exercise involved a practice in groups of four participants, to share feelings and learnings from the practice in pairs. The first person who wanted to speak raised his/her hand, and spoke the word "end" to end the story. Again, the remain-

ing participants of the group carefully listened without interruption until the speaker stopped sharing. After that, the next participant started to speak by following the same rules. Group members did not need to force anybody to talk until one was ready to speak. These rules were very significant in training the participants to slow down, respect others, and be mindful before automatically interrupting others without listening. Thus, the participants practiced listening and respecting, and created a safe zone for each other, which was very important in this era of competition. Then they changed to a new group of four people. The final round started with the same patterns and rules. The topic was, "How to apply their learning from dialogue to daily life?" Lastly, the participants composed reflective writings.

Instrument and data collection

Four topics were given for written reflection, with structured open-ended questions. The topics are listed below.

After attending this dialogue workshop or Soontareeya Sontana: 1) I have learned that.... 2) During the workshop, please explain your outstanding feelings and where the feelings came from. 3) Did you experience any perspective shift or transformation? 4) How will you apply what you have learned?

Participants wrote their reflections at the end of the workshop for 20 minutes. Every participant was provided a paper with those four topics and was free to answer or not. The researchers provided the opportunity and made participants feel free to ask any questions throughout the study. Also, real answers were emphasized for accurate interpretation of data. Moreover, participants knew that every answer did not affect their personal history or academic score.

The researchers made observations throughout the workshop and wrote field notes.

Data analyses

Two researchers (CM and WI), who completed the qualitative course, independently analyzed the contents of every reflection topic. First, they discussed the direction of the process for dependability. Then, they individually read and re-read the content for the coding scheme to develop categories before establishing themes and subthemes of each topic. Finally, they met each other again to compose the discussion and finalize the conclusion.

Triangulations of this study were the analyses by two independent researchers. The high numbers of participants and the similar results of four different reflection topics promoted the saturation of data interpretation.

Results

Reflection 1: What I have learned from the dialogue workshop.

From 49 written reflections, two major themes were learnings from the dialogue techniques, and learning from benefits of the dialogue.

The first theme was learnings from the dialogue techniques. The three subthemes were: 1) listening by being neutral, suspending judgments - not interrupting, and not breaking the speaker's line of thought, 2) listening with safe and comfortable manners which empower the storytellers to dare to express their inner voice, and 3) listening to both verbal and non-verbal languages of the speaker.

"Deep listening makes me understand others and myself more. Also, suspending judgments, and observing voice tone, facial expression, and gestures of the listeners facilitate the storyteller to feel at ease to talk or empty their heart." (Reflection from a female participant, No. 11)

The second theme was learning from benefits of dialogue. The subthemes of benefits were understanding of others (33/49 participants), understanding of themselves, and other benefits such as peace and healing. Three examples are illustrated below.

"Learning about empathetic listening is... we do not have to think or do in the same way as others. We can just be ourselves because the elements in our lives are different. The ways our thoughts were shaped are different so just be open to listening and understanding. We will then learn why a person chooses or does things this way and what exactly the person needs." (Reflection from a female participant, No. 1)

"Listening widens our world. We'll understand more about people in our circles. It is sometimes also reflected in ourselves." (Reflection from a female participant, No. 14)

"Deep listening without judging makes us better in understanding others. Furthermore, it is the healing of both storyteller and listener" (Reflection from a female participant, No. 33)

Reflection 2: Outstanding feelings during the workshop and reasons

Three significant themes emerged: understanding others (24/49 participants), understanding themselves, and lessening ego and increasing peace.

"I feel that I understand and empathize with the speaker better because I listened attentively and did not interfere with my own opinions while listening." (Reflection from a female participant, No. 5)

"I've noticed that I've been listening with some way that I feel. I still use myself as a ground for listening. However, today, if I can remove myself from the ground, I'll derive the real message that the speaker intends to convey to me." (Reflection from a female participant, No. 12)

"The feeling of peace, we listen attentively. I think it comes from being unbiased, and open-minded while listening and not being mixed-up with personal opinions." (Reflection from a male participant, No. 15)

Reflection 3: Perspective shift or transformation

Two significant themes of transformation were listening aspect (27/49 participants), and better perspectives on others and themselves (22/49 participants).

"I'm practicing to be a good listener. Sometimes, in the past, while I was busy and patients or colleagues tried so hard to tell me about something, I would feel interrupted, annoyed, and being wasting my time. Now that I know, I'll try to give more attention and seek out benefits from listening." (Reflection from a female participant, No. 1)

"The aspect of listening shifts from being against the speakers (sitting at the opposite side), to being in the same aspect. Then we'll be able to derive more." (Reflection from a female participant, No. 12)

For better perspectives on others and themselves, most reflections predominantly reported not to judge others before knowing them. Also, they gave more respect to other opinions.

"Each and every incident that individuals experienced had different solutions. One problem has many exits. If we keep using the same old exit, we might not be able to resolve the problem. Listening provides a chance to see the way others cope with the problem. Listening is important. It improves our empathy towards ourselves and others, and helps to hold us from judging others before we truly talk and get to know one another." (Reflection from a female participant, No. 18)

"I pay more attention to and care for both verbal messages and feelings that the speakers intend to convey. I reduce being selfish, self-centered, and my ego." (Reflection from a female participant, No. 11)

Reflection 4: Application

Most residents realized the significance of applying dialogue to their patients (30/49 participants), implying the intention to help their patients in a holistic approach. Some participants referred to using dialogue with people they felt close to around them (family, friends and partners, including themselves).

"I will listen to patients more empathetically to derive their real needs, thoughts, and comprehensions to

plan treatment together, a real way of patient-centered treatment." (Reflection from a female participant, No. 1)

"Listen to patients more attentively because we might truly understand why the patients come to see us. Sometimes we notice only physical sickness, but there might be something deeper than that." (Reflection from a female participant, No. 25)

The second subtheme was applying dialogue with colleagues (16/49 participants).

"We need to treat every colleague nicely because we cannot know what they're facing inside. We're just someone they meet. So, don't put more suffering or burdens to them. It's better to fulfill them with pleasure and understandings." (Reflection from a male participant, No. 10)

Discussion

According to reflection, the researchers designed four topics to explore from superficial (what they have learned, and their feelings) to deeper aspects (transformation and application). For the first reflection, medical residents learned dialogue techniques of listening to both verbal and nonverbal languages from the storyteller by remaining neutral and suspending judgment in safe communication climates, leading to the realization that the dialogue benefits primarily in understanding of others and themselves. The second reflection topic inquired about outstanding feelings during the workshop and reasons. The results comprised understandings of others and themselves which helped to lessen their ego and to feel at peace. These feelings were the results of deep listening with full attention, open-mindedness, and without interrupting with listener's opinions. Therefore, participants could receive real messages from actual voices. The third topic of reflection showed a perspective shift or transformation. Regarding subthemes of the listening aspect, most participants realized the significance of

listening quality. They wanted to change themselves to be a better listener. Some recognized that they exhibited a low quality of listening in the past. Therefore, they desired to improve this skill. After attending the dialogue workshop, the participants transformed their listening aspects and their perspectives on others and themselves to a positive direction. For the final topic of reflection, medical residents contemplated applying dialogue primarily to their patients for patient-centered treatment, and to their coworkers for better understanding. Therefore, the significant finding of this study was understanding of others. This was consistent with related researches that reported the role of Bohmian dialogue on "understanding others' perspectives". The dialogue promoted nursing values among nursing students by improving their understanding of other's perspectives.⁴ Moreover, the dialogue reduced conflicts in the workplace by promoting acceptance of differences and better understanding of oneself and others.⁵ In addition, deep listening, which is the key practice of dialogue, could help hospice volunteers to genuinely listen to patients, leading to a better understanding of human beings especially dying individuals.⁶

The major finding, "understanding others' perspective", correlated with the keyword of empathy defined in patient care. Hojat et al. clarified that empathy is a cognitive aspect concerning the capacity to understand a patient's perspective, combining with the ability to communicate this understanding and intention to help.⁷ This definition correlates with the results of this study. The major finding of this study was, "understanding another's perspective", which comprises the critical component of those empathy definitions. Such results appeared in the first reflection topic (benefits of dialogue), the second reflection topic (outstanding feelings during the workshop and the reasons), and also the third topic (transformation without judging somebody before getting

to know them), facilitating saturation of data. However, it would have been interesting to also measure the level of empathy after completing the dialogue workshop. This would have constituted valuable and supportive quantitative data.

In this study, the method of collecting data was written reflection. The major advantage was the capability of collecting a great amount of data within limited time. Subjects also had enough time to reflect their own experience after the intervention. Furthermore, the assessment of reflection could directly reach the meaning of text. A disadvantage was lacking of space to explore using in-depth interview. In contrast, advantages of spoken reflection were opportunities to clarify any unclear answers and to collect non-verbal data at the same time. However, it took time. To finish in a short period, many interviewers with standardized methods must be employed to collect data. A voice record would have been translated to text before analyses. Hence, reflective writing was more practical than spoken reflection in this research situation because of highly limited time.

The strengths of this study are the number of participants and the varied aspects of the topics. Reflections from 49 participants helped to clarify and crystallise the data. Also, the four different points of reflection topics promoted saturation of the significant finding "understanding of others", which was derived from 3 out of 4 reflection topics.

Several limitations were encountered in this study. The first aspect was transferability. This research was conducted in a single institution and during a single year of the residency program due to feasibility. Thus, the transferability may be limited to other residency programs. However, the participants were from 14 specialties and thus better than only one. Also, the researchers could not recruit residents from other institutions or differ-

ent years to participate. Hence, future research could possibly expand the study by including different years, institutions, and other target populations such as medical students and other health professions. Secondly, the duration of time to meet the participants repetitively also posed another limitation. The researchers could not arrange meetings right after the workshop due to tight schedules of the resident trip. In addition, the time to recruit and conduct this research was during the first two months of the academic year in which all of the first year medical residents still studied Basic Science together. After that, the residents returned to work primarily in their departments. Making appointments for individual interviews or focus group discussion were not feasible. Hence, a future study may create a focus group discussion or incorporate in-depth interviews.

Conclusion

From four topics of written reflections, firstly, participants learned the dialogue technique and its benefits on understanding others and themselves. Secondly, significant feelings during the workshop were understanding others, understanding themselves, lessening ego, and increasing peace. Thirdly, the transformations involved realization of low listening quality in the past, and an improved perspective change on others and themselves. Lastly, participants were determined to apply dialogue with their patients, patients' relatives, coworkers, and people they felt close to.

This study directly benefitted the residency program of Phramongkutklao Hospital for the scientific evidence of dialogue workshop. It also provided scientific data for medical education. It would be a challenge to integrate the dialogue workshop among non-technical skills of either intra- or extra-medical curriculum to cultivate medical learners using a holistic approach combining both cognitive ability and personal attributes.

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Conflicts of interest: The authors declare that no potential conflict of interest exists.

Ethics approval: The ethics committees of the Royal Thai Army Medical Department, and the Human Research Ethics, Faculty of Medicine Siriraj Hospital, Mahidol University approved this study. Only the abstract of this work was partially presented at the Graduate Research Forum 2019, Faculty of Medicine Siriraj Hospital, Mahidol University in oral presentation for graduation requirement of CM (the First Runner up Oral Presentation).

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