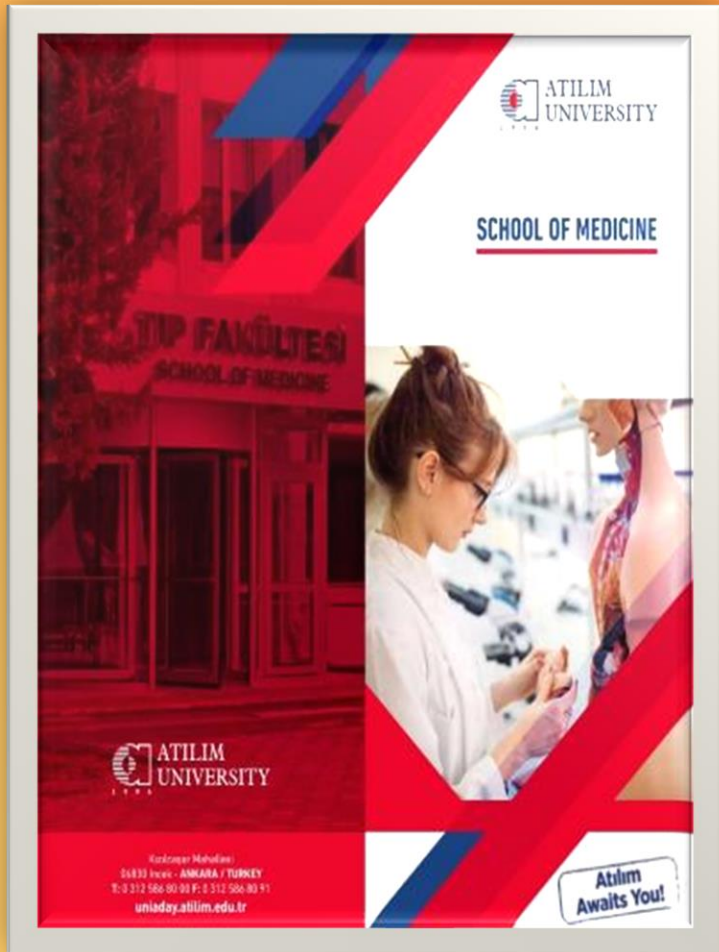


WELCOME



ATILIM UNIVERSITY
SCHOOL OF MEDICINE

TIP FAKÜLTESİ
SCHOOL OF MEDICINE

ATILIM UNIVERSITY

Kızılcasari Mahallesi
51810 İnceci - AMARA / TURKEY
T: 0 312 586 80 80 F: 0 312 506 80 91
uniaday.atilim.edu.tr

Atilim
Awaits You!

The brochure features a red and white color scheme with blue and red diagonal stripes. It includes a photograph of a woman in a white lab coat examining a patient's arm in a clinical setting. The Atilim University logo is present in the top right and bottom left corners.



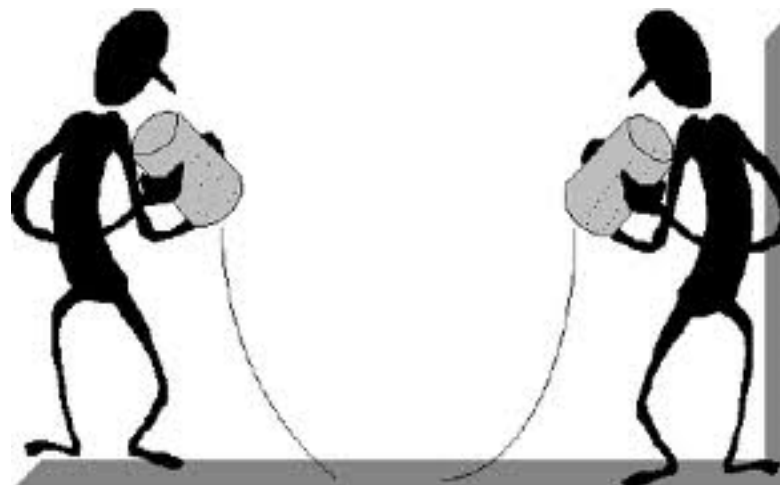
Introduction to Communication:

1. What is Communication?

2. Essentials of Communication

Prof. Dr. Ahmet SALTİK MD, *Professor of Public Health
LLM; Master's degree in Health Law – BSc; Public Admint.&Political Sciences
Atılım Univ. School of Medicine Dept. of Public Health*

MED 102, Phase 1, 29.01.24, Ankara - TURKIYE

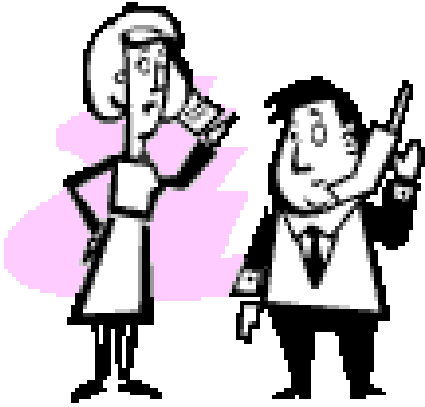


Why is a course on communication skills is necessary?

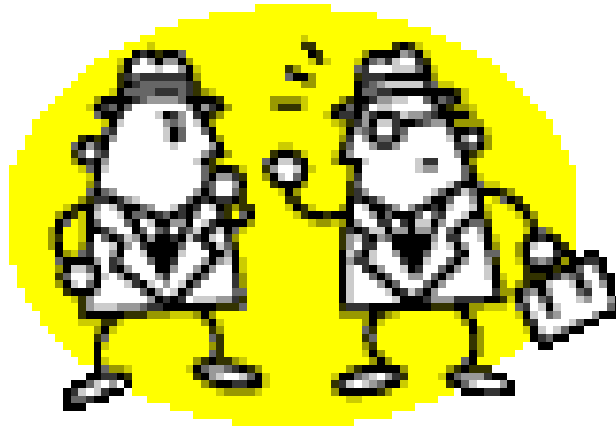
- Health professionals are not likely to make use of interpersonal communication skills unless they first change their conception of the kind of relationship they want with patients.
- ***Basic communication skills will be your keys for not only doctor-patient relationship, for also your inter-personal dialogues in daily life, in school, at work, at home, in the Street...***

Learning objectives

- To give basic information about «*communication*» in order to improve **medical communication** and relations between people and health care givers. .
- *Understand the importance of effective communication,*
- Recognize communication barriers (*roadblocks*),
- To become aware of the **communication barriers** we frequently use.
- **Aim** : *To establish a basis of co-operation based on respect and trust between people through **effective communication.***



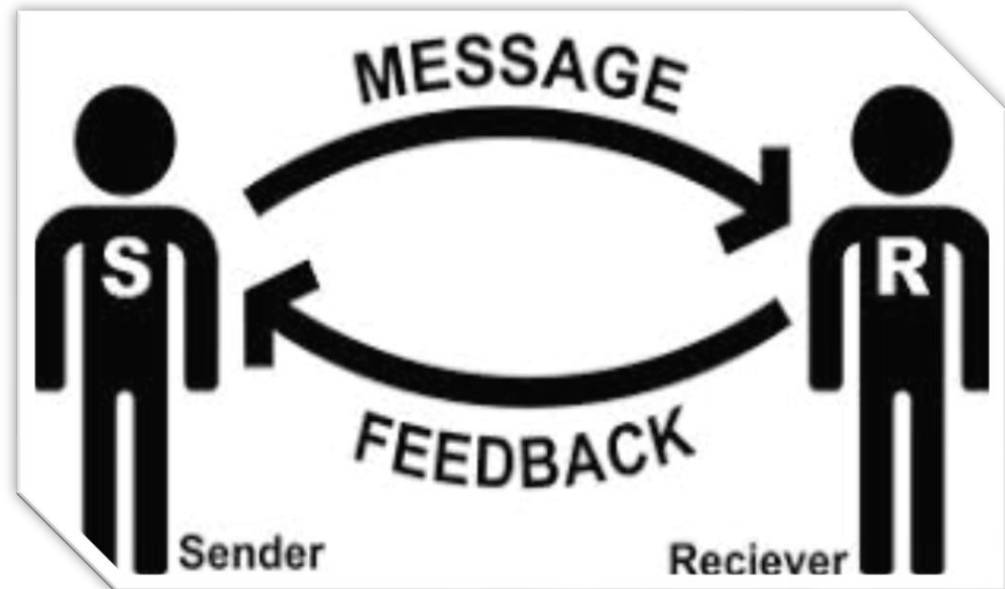
What is communication?



Communication is...

Communication is :

- The process of ***sending and receiving messages*** through verbal or non-verbal means,
 - *including speech or oral communication;*
 - writing and graphical representations (such as infographics, maps, and charts..);
 - *and signs, signals, and behavior.*
- The process of ***exchanging*** thoughts, ideas, facts, emotions and opinions between two or more people.



CDC: Communication is Essential for Health Equity

Health Equity Guiding Principles for Inclusive **Communication** emphasize the importance of addressing all people *inclusively and respectfully*.

These principles are intended to help **public health** professionals, particularly *health communicators*, within and outside of **CDC** ensure their communication products and strategies adapt to the specific *cultural, linguistic, environmental, and historical situation* of each population or audience of focus.

Two essential behaviors of communication

Listening & Speaking

- Communication aids :

- Body language
- *Clothing*
- Voice tone
- *Facial expressions*
- Emotional expressions
- *Behavior patterns*



1. Session

Targets :

- Explain the basic concepts of communication and communication itself.
- *Understanding effective communication and its importance*
- Explain 3 behavioral patterns
- *Explain the concept of the **Behavior Window** and influencing factors*
- Explaining the “**Problem Window**” in Communication
- *Understanding effective communication and the “**problem window**” connection*
- Recognizing **communication barriers**
- To be aware of the communication barriers that we use frequently.



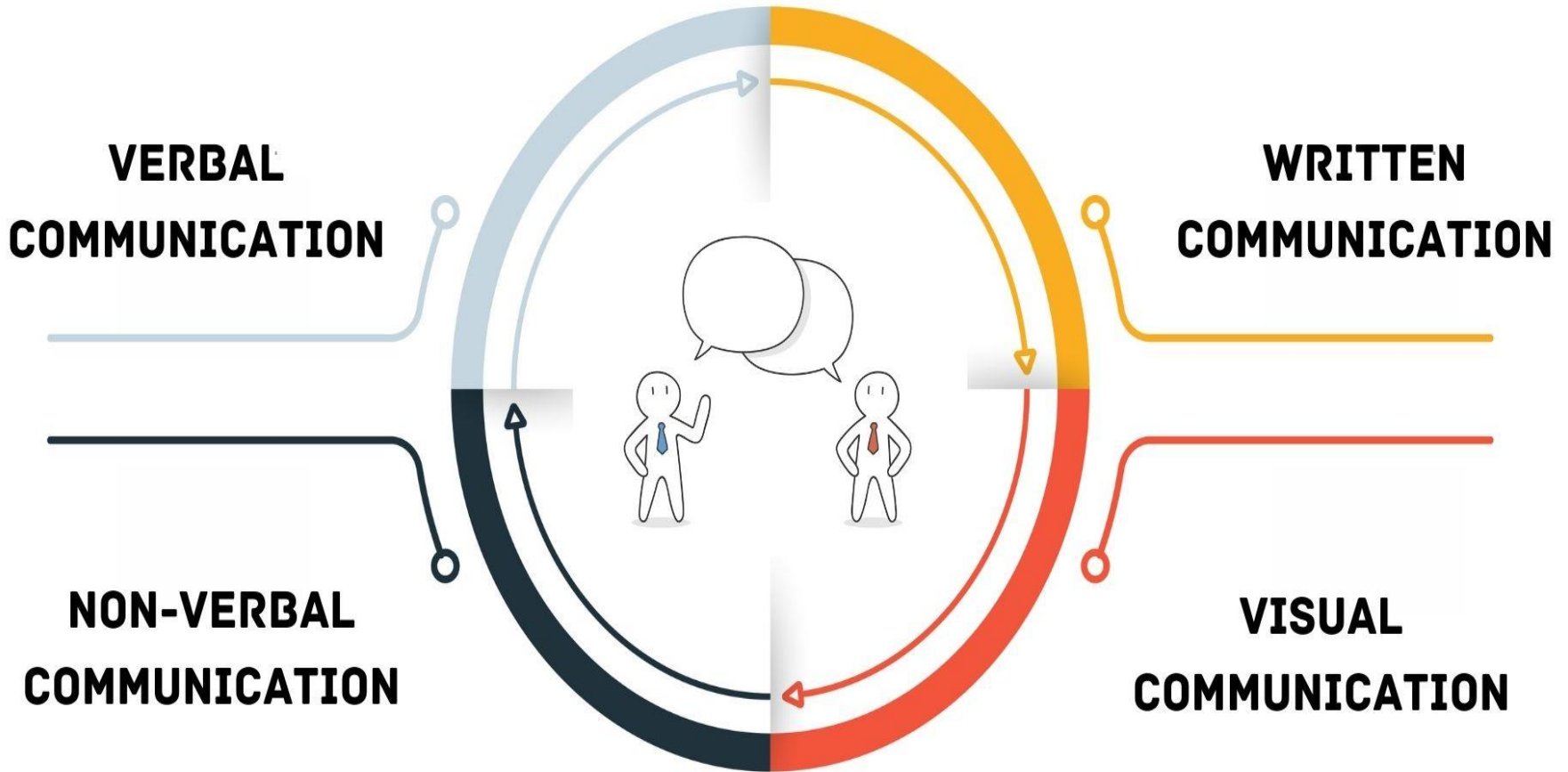
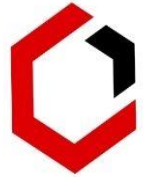
2. Session

Targets :

- To explain the place and importance of «**active listening**» in communication.
- *Making the distinction between “You & I (me) language”*
- Expressing the “I (me) language” correctly.
- *Perceiving the difference that “I (me) language/tongue” will create in **effective communication**.*
- Explain the characteristics that **effective feedback** should have.



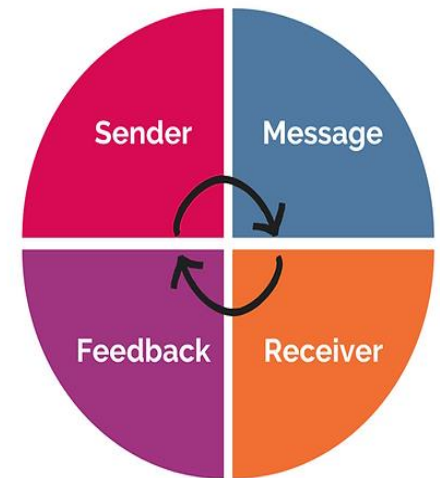
EFFECTIVE COMMUNICATION



PROGRAM of the DAY

- Identification of the basic components of communication
- Identifying behavioral patterns
 - *Passive* – *Agressive* – *Active behaviour*
- **Behavior window**
- Factors affecting the behavior window
- **Feelings of acceptance**
- Understanding the “***problem window***” and its connection with effective communication
- **Communication barriers**
- Evaluation of the session

Effective Communication Cycle





What is communication?

It is the exchange of feelings and thoughts between people..



Who needs to know what I know now?

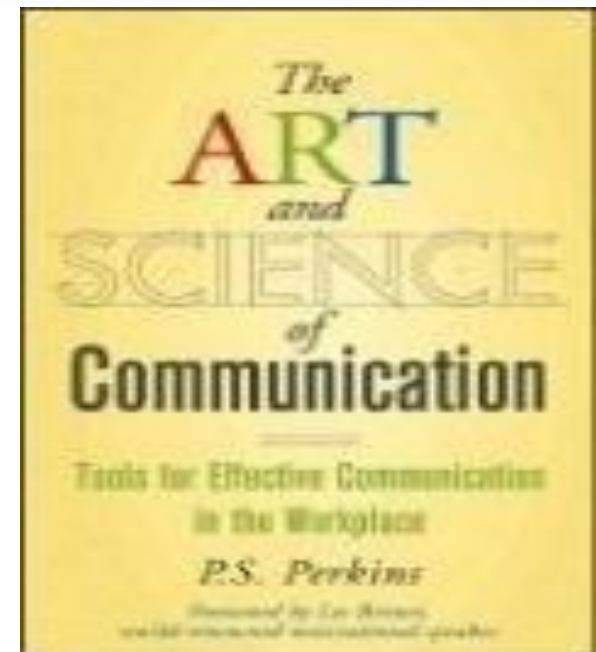
Sharing information..

Who knows what I need to know right now?

COMMUNICATION must be 2-way..

Communication tools

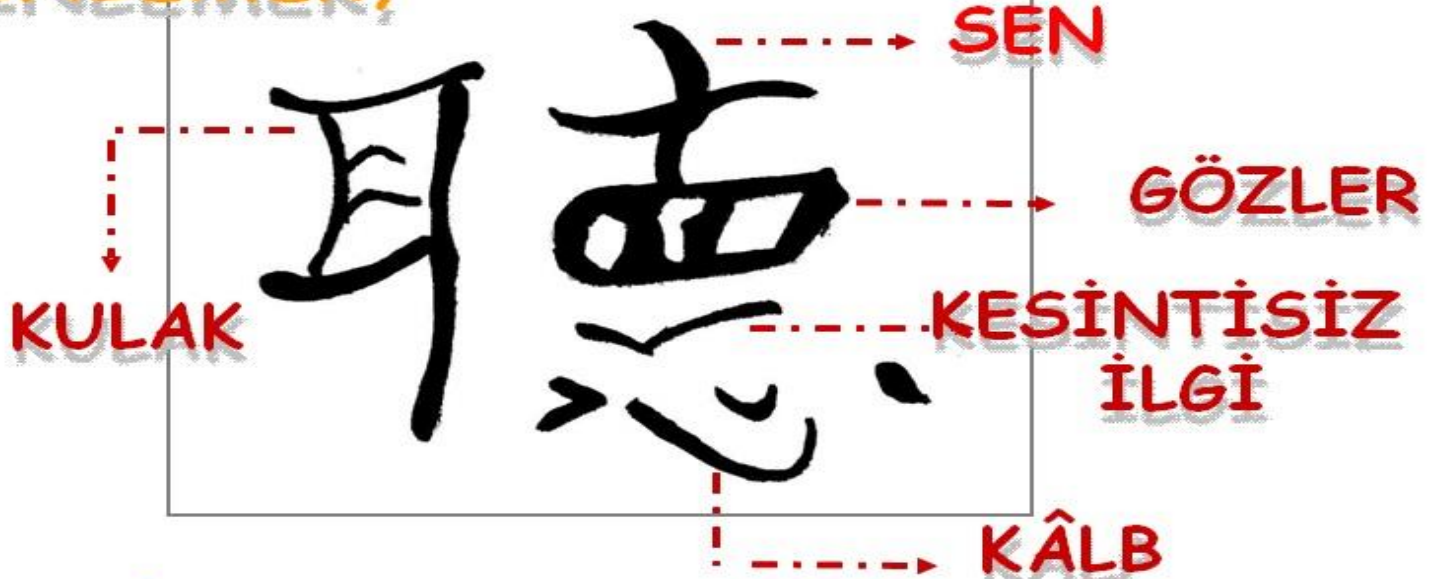
- Speaking and listening
- *Body language*
- Clothes
- *Voice tone*
- Gestures
- *Emotional expressions*
- Behaviors (types)



The importance of active listening for successful communication

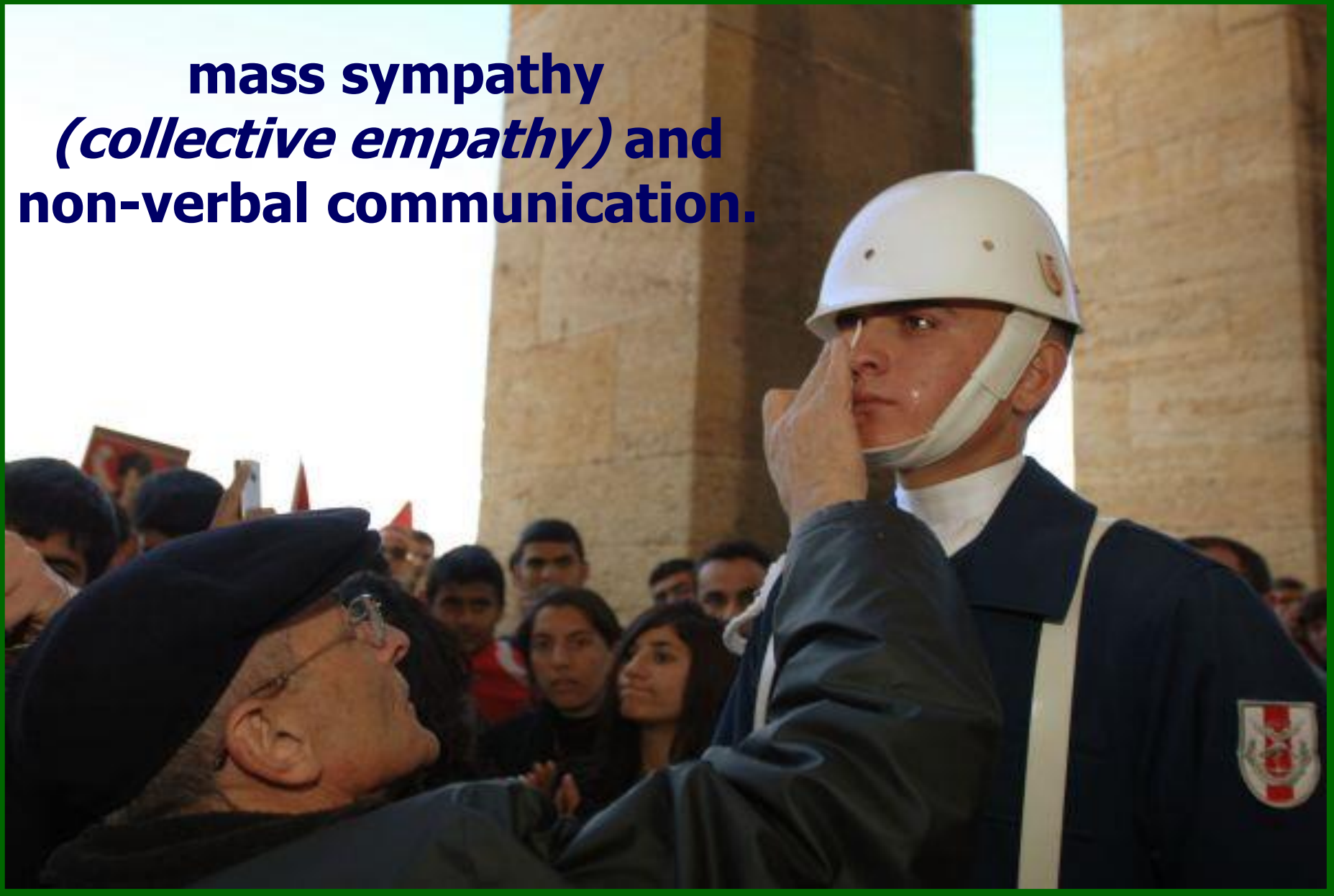
ÇİN ALFABESİNDE

DİNLEMEK,



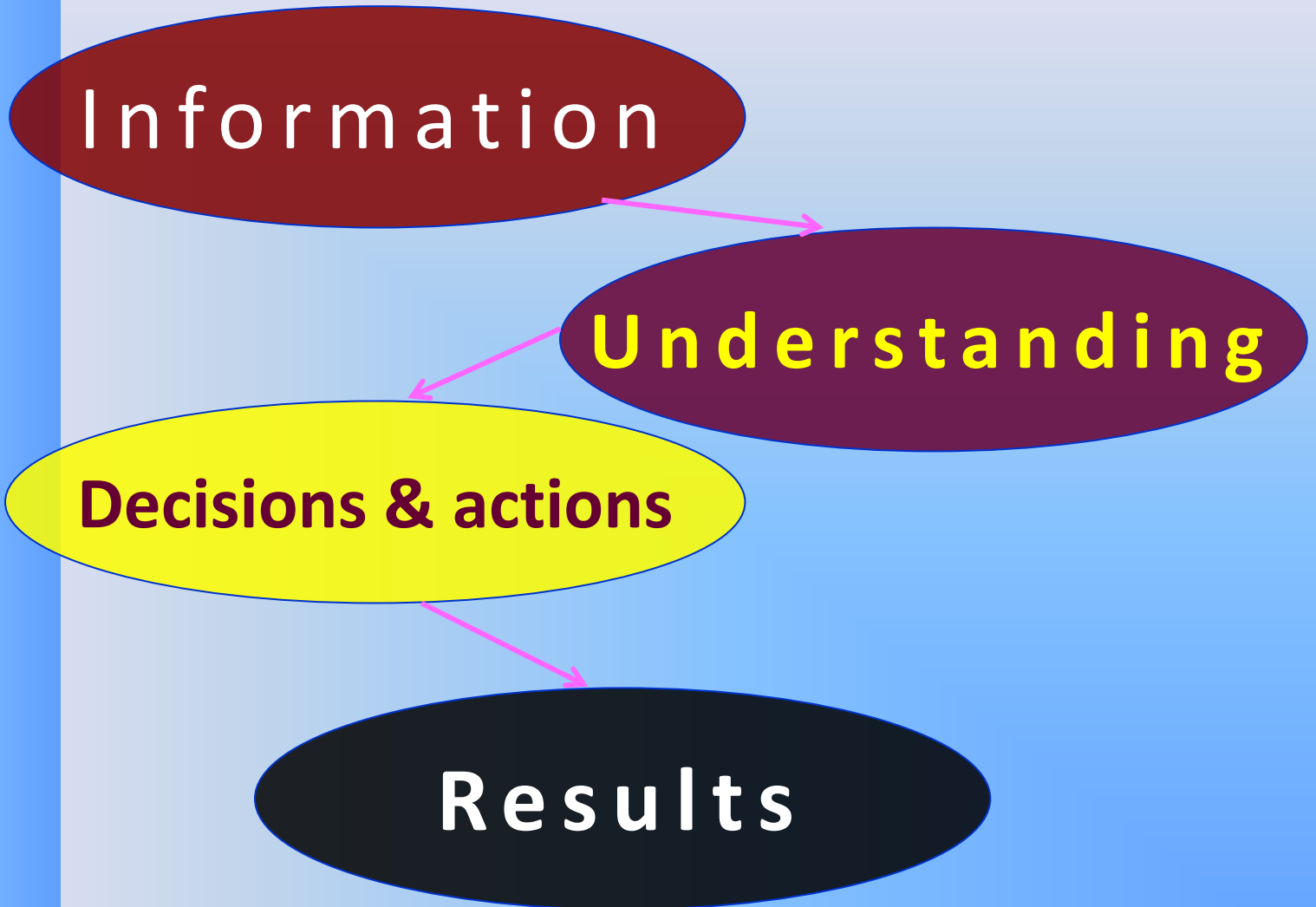
İFÂDELERİNDEN OLUŞUR.

**mass sympathy
(*collective empathy*) and
non-verbal communication.**



April 14, 2007 rally, Anıtkabir (Atatürk's mosoleum)...

Communication model



PASSIVE BEHAVIOUR - 1

The basis : *“I am insignificant, others important”* (!?)

Seeing yourself as a **victim** in life..

- ✓ Feelings and thoughts are not claimed, and their expression is avoided..
- ✓ ***Difficulty making decisions, allowing others to choose for themselves.***
- ✓ Fear of hurting others, being rejected, and being alone.. (*introvert behaviour & personality*)



PASSIVE BEHAVIOUR- 2

Acting in a way extremely cautious for no conflict.

- **In conflict**, one's own needs are easily given up.
- *Goals cannot be achieved.*
- Self-esteem drops (decreases). .
- The resulting emotions are negative:
- ***Why didn't I say this, act like that way??***
- Feeling guilty, angry, regretful, disappointed..

AGRESSIVE BEHAVIOUR-2

- **Conflict** cannot be refrained & avoided..
- *In conflicts, only the solution whose needs are satisfied is chosen. .*
- Since everything is thought to be its own right, the rights of others are violated. .
- *Goals are achieved even when others are hurt.*
- As a result, emotions experienced are negative
- **Anger, restlessness..**
- *“Others are always responsible for the negativities experienced.”*



ASSERTIVE BEHAVIOUR-1

Basis: *“I am important, others are important too.”*

- Direct communication is selected.
- *While owning and expressing feelings and thoughts, the other party is also allowed to express them.*
- The feelings and needs of her/himself and the other person are perceived and cared for in the same way.
- *Collaboration is done..*

ASSERTIVE BEHAVIOUR-2

- In case of **conflict**, the "***conflict resolution***" is chosen, in which both the own and the other party's needs are satisfied.
- Rights are known and the other is respected.
- There is problem solving..
- She/He is neither passively accused nor counter-accused as an aggressor.
- The resulting emotions are positive; a sense of ***achievement, satisfaction, happiness***..

BEHAVIOUR

Active (Externalizer)

Dominance

An active behaviour in a challenging environment with a desire to overcome, control or change the environment.

Focus: Power/Results

Communication: Tell/Direct

Influence

An active behaviour in a friendly environment with a desire to work with people, build relationships, create enthusiasm.

Focus: People

Communication: Sell/Persuade

Compliance

A passive behaviour in a challenging environment with a desire to calm or control the environment with information.

Focus: Policy/Knowledge

Communication: Write

Steadiness

A passive behaviour in a friendly environment with a desire to provide support and service, work on a team, use a steady, procedural pace.

Focus: Pace/Team/Service

Communication: Listen

BEHAVIOUR

Passive (Internalizer)

ENVIRONMENT

Unfriendly
Challenging

ENVIRONMENT

Favourable
Friendly

The basis of "*effective communication*"
is to show "*effective behavior*."

Effective Listening Skills

- ◆ Give individual attention
- ◆ Avoid interrupting
- ◆ Respect right to share
- ◆ Repress emotional responses
- ◆ Pay attention to nonverbal messages



The basis of "*effective communication*"
is to show "*effective behavior*."



NLP Solutions: Effective Communication

Map is not the Territory – Understand People's Perceptions

REALITY

"We see the things not as they are, but as we are."
– H.M. Tomlinson

Believing is seeing

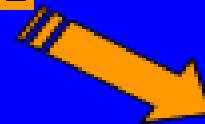
Beliefs



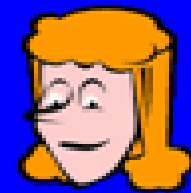
Values



Your
Mental
Map of Reality



Beliefs

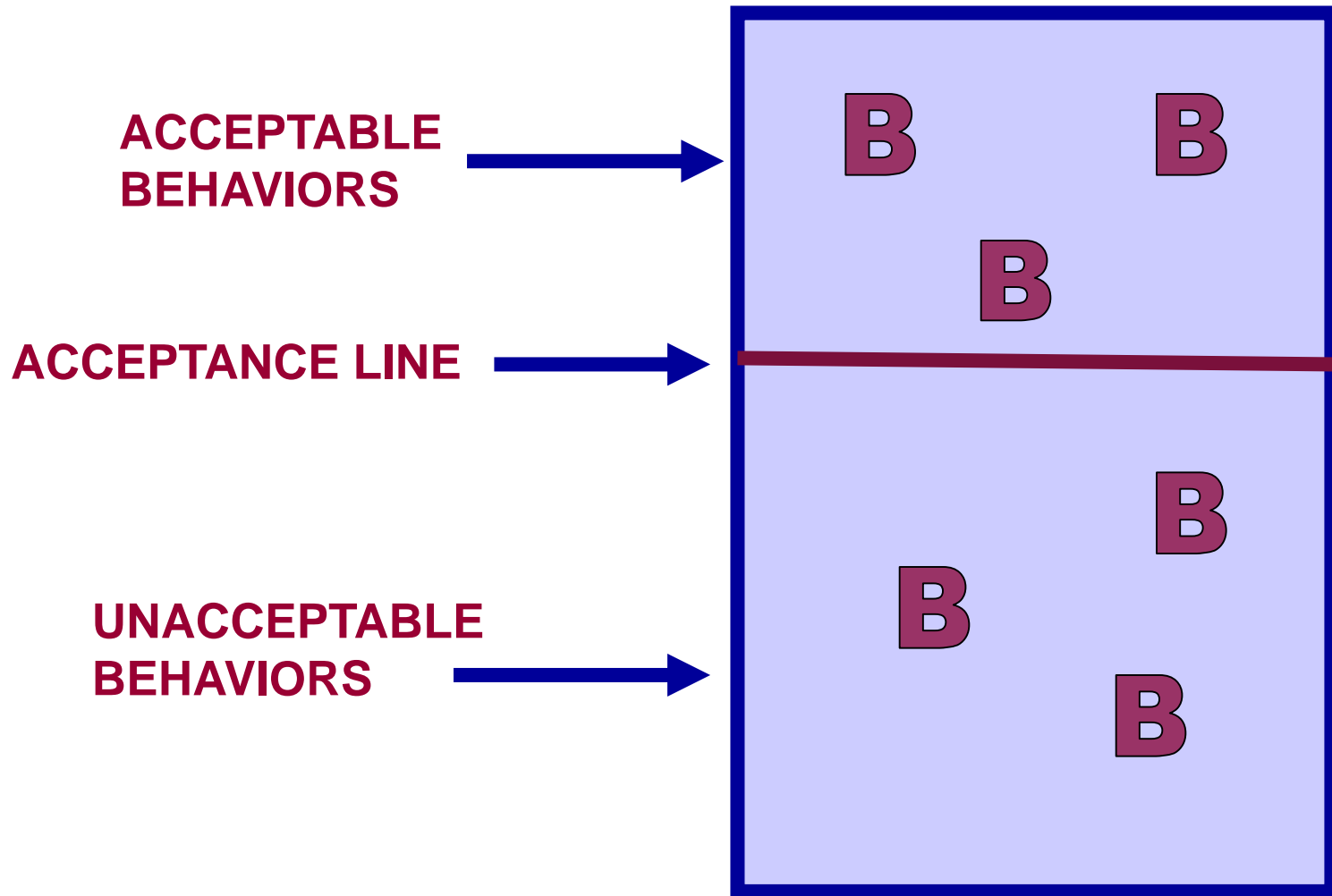


Values

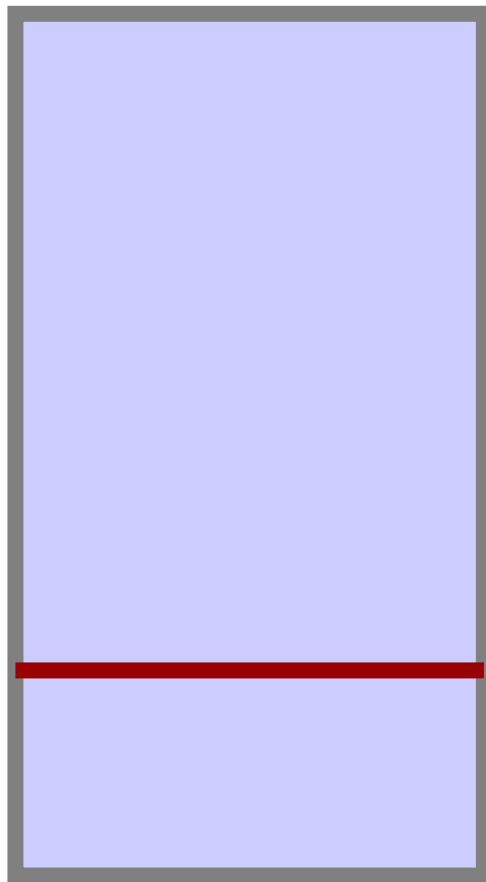
Your Prospect's
Mental
Map of Reality

**Area of Good
Understanding**

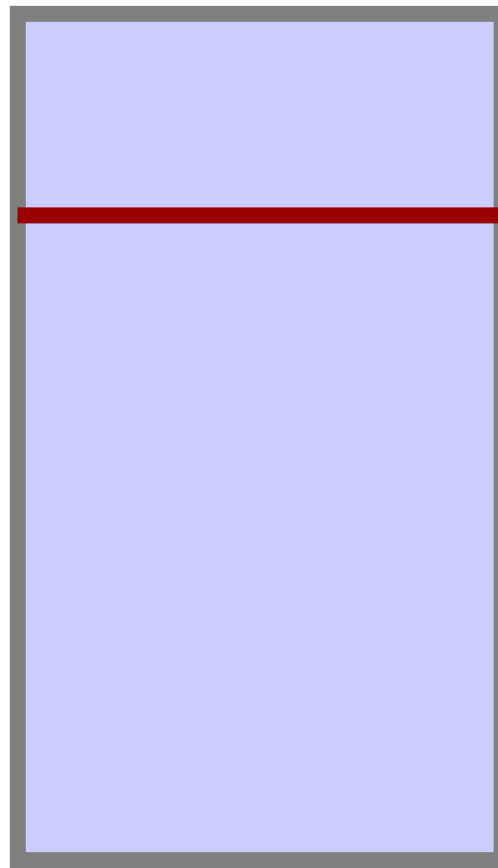
BEHAVIOR WINDOW



BEHAVIOR WINDOW



A



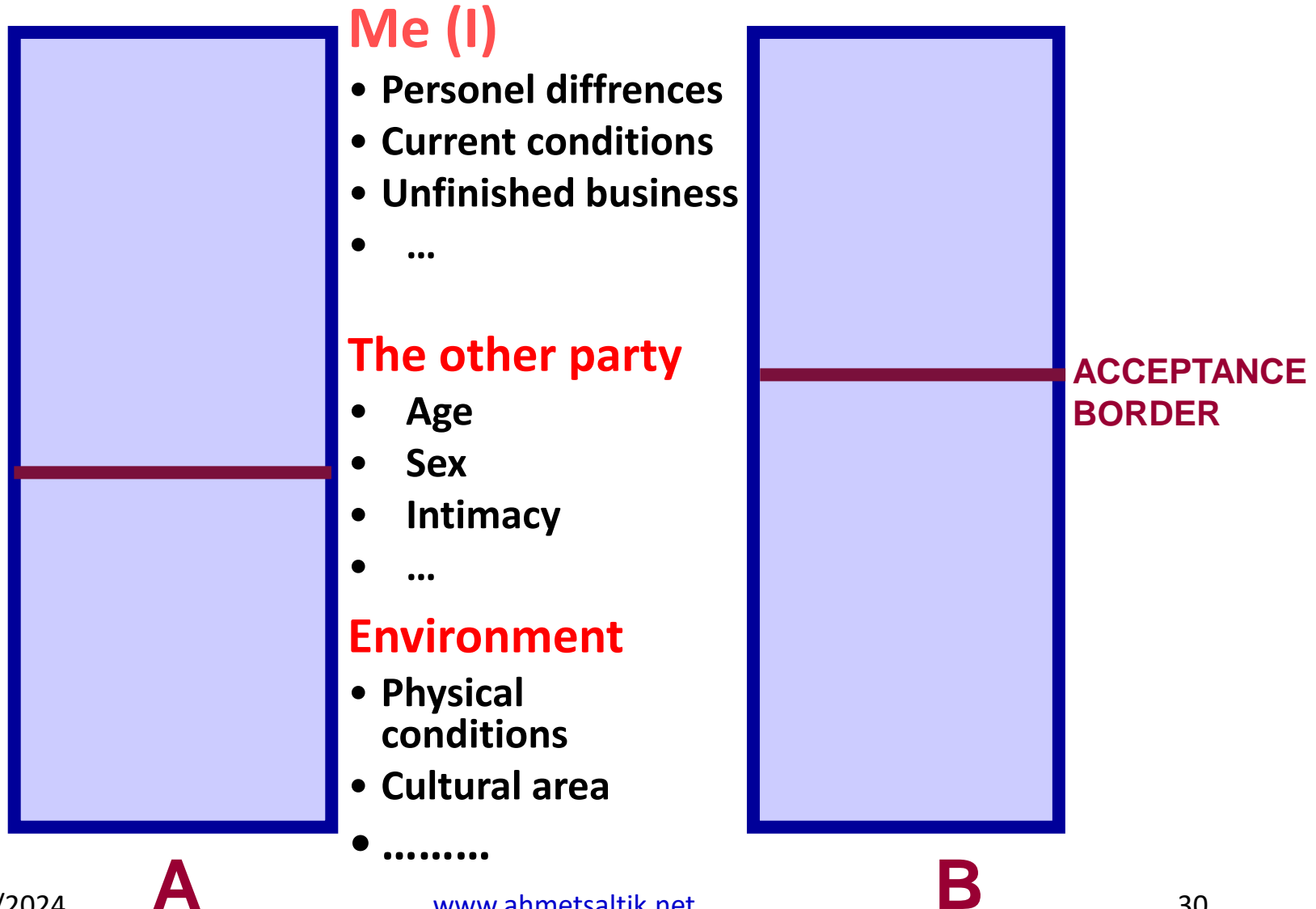
B

Me (I)

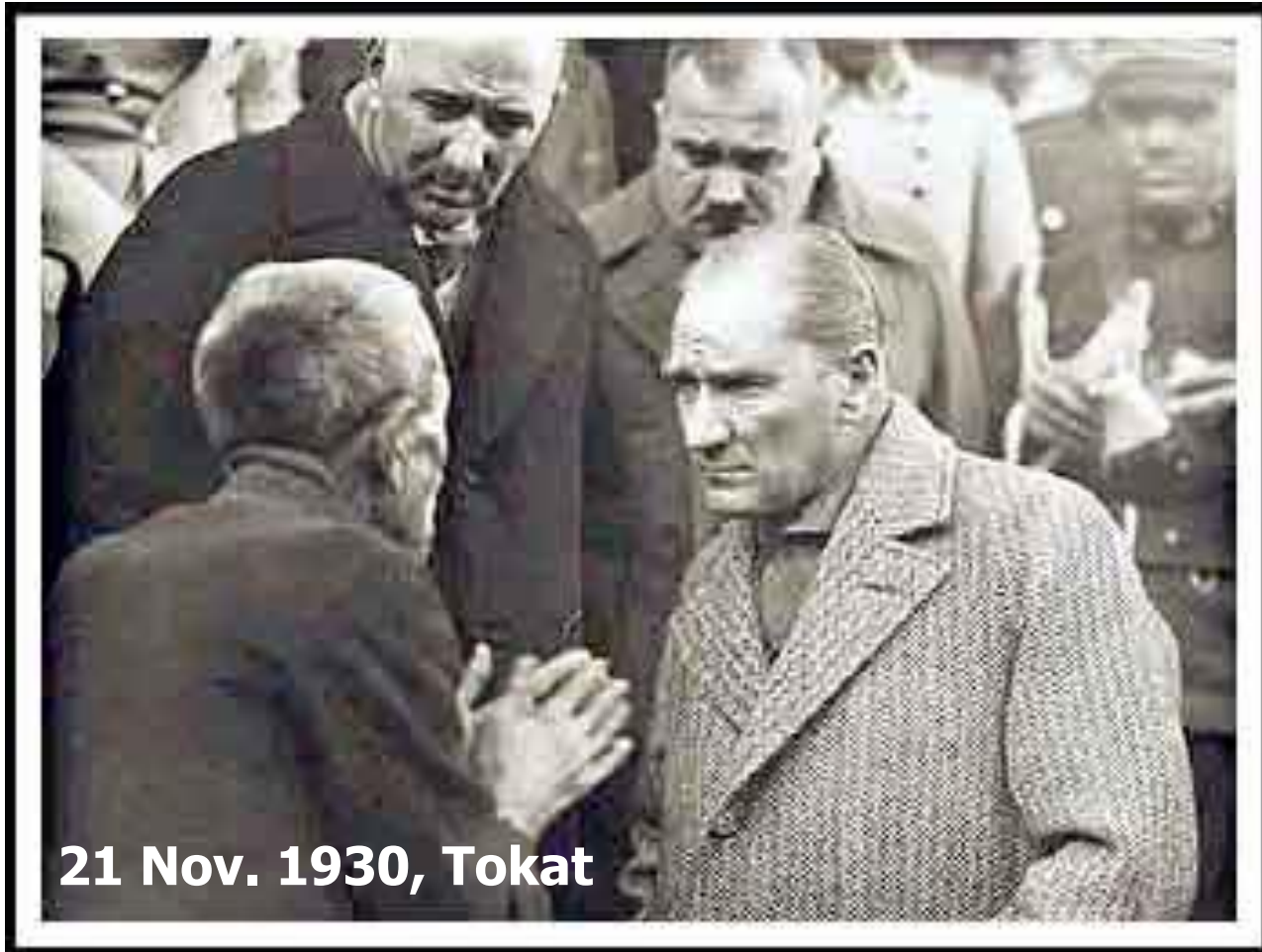
Interlocutor
(The other side)

Environment

Factors affecting the behavior window

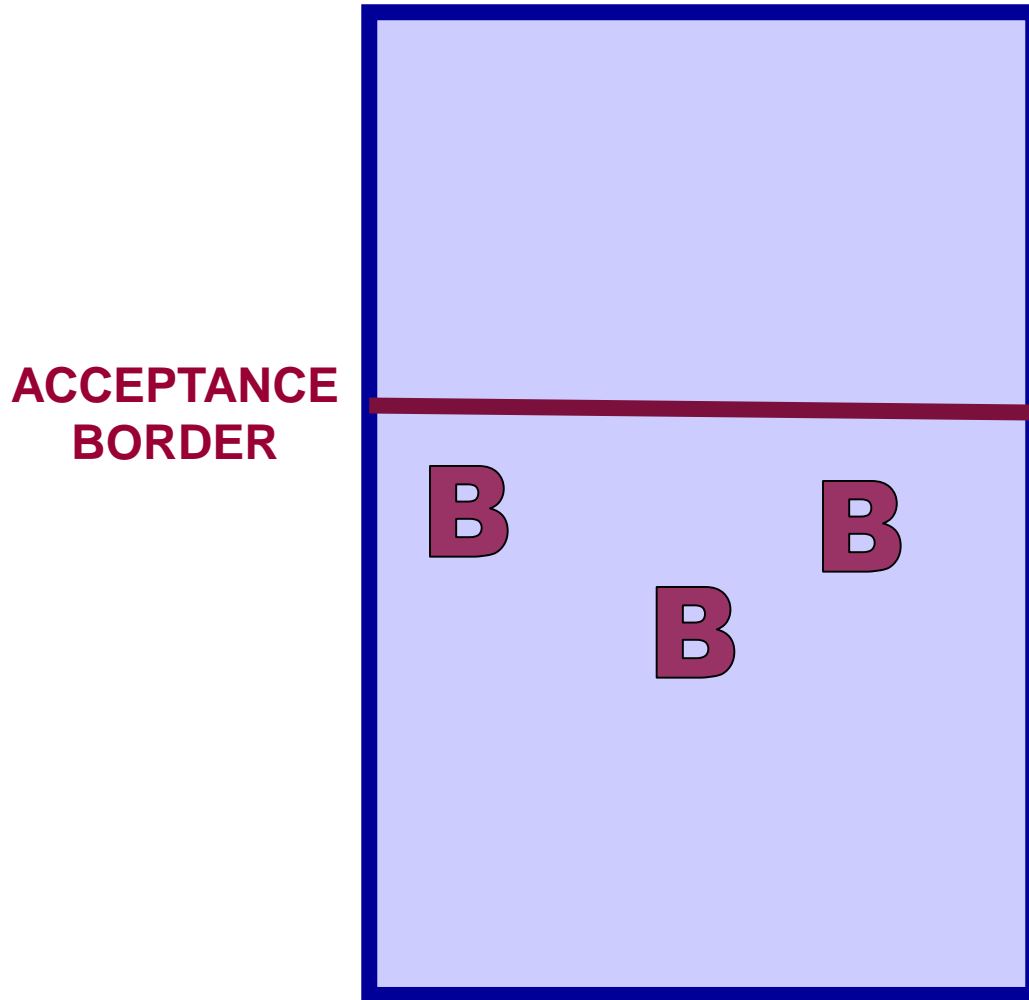


The pure human **Atatürk V.** The poor Turkish villager : With "**deep empathy**", He listens to poor man, with "sympathy", "altruism", almost "**vibrating**" with this older man..

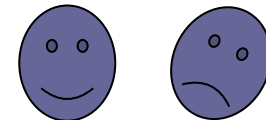


21 Nov. 1930, Tokat

FAKE ACCEPTANCE









**fake acceptance
"pretending to"**




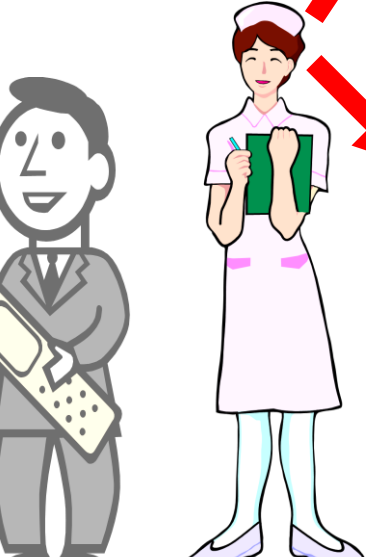

YOUR EMOTIONS of ACCEPTANCE

(Your influence)

BEHAVIOUR	YOUR SITUATION	Your sense of acceptance
<p>Your patient is quite late for her / his appointment. She wants to be taken before other patients</p> 	<ul style="list-style-type: none"> • That day, you stopped another study and came to the hospital just for this patient. • A dense and cramped day, everything comes to you in the heavy patient traffic. 	
	<ul style="list-style-type: none"> • It's your patient check-up day, you're pretty relaxed. • You have learned about the positive results of one of your studies. You feel successful. 	

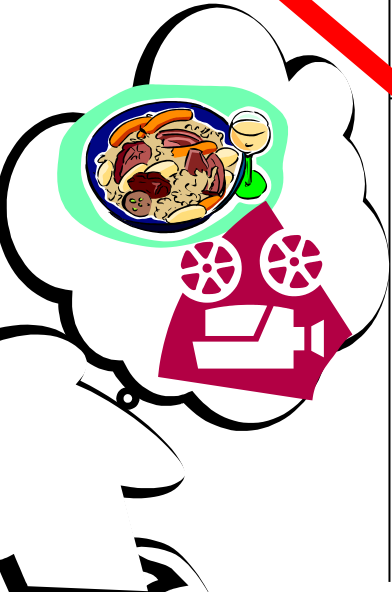
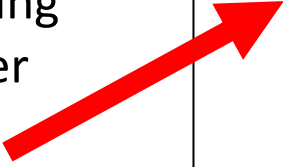
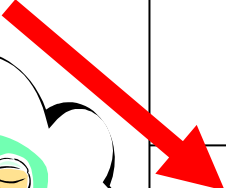




YOUR EMOTIONS of ACCEPTANCE

(Your influence)

BEHAVIOUR	YOUR SITUATION	Your sense of acceptance
<p>Your nurse tells you that the patient's relative wants to see you because of a mistake.</p>	<ul style="list-style-type: none"> You have an important appointment and you need to go out. You forgot to take a material that you need to take with you. 	
	<ul style="list-style-type: none"> You've enough time. You think that the information you will receive from the patient's relatives is important in your professional career development. 	






YOUR EMOTIONS of ACCEPTANCE

(Your influence)

BEHAVIOUR	YOUR SITUATION	Your sense of acceptance
<p>Your friend suggests going out to dinner and then to the movies.</p>   	<p>You have done all the work you planned and you are comfortable.</p> 	
	<p>You are tired and angry, nothing you planned went well.</p> 	

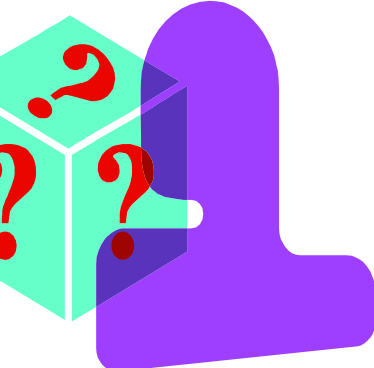
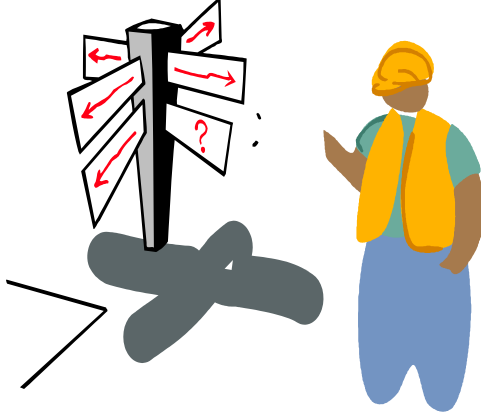



YOUR EMOTIONS of ACCEPTANCE

(Your influence)

BEHAVIOUR	Situation of the other party	Your sense of acceptance
<p>Your patient is causing problems because she is afraid of drugs and needles during her treatment.</p> 	<ul style="list-style-type: none"> • 9 years old • She can hardly swallow the drugs she takes.. 	
	<ul style="list-style-type: none"> • 25 years old • He knows that he needs to take the drugs... 	






YOUR EMOTIONS of ACCEPTANCE

(Your influence)

BEHAVIOUR	Situation of the other party	Your sense of acceptance
<p>Your patient does not understand what you are saying and constantly asks questions.</p> 	<p>Illiterate, came from town / village.</p> 	
	<p>Educated, asking questions to distract from the topic.</p> 	






YOUR EMOTIONS of ACCEPTANCE

(Your influence)

BEHAVIOUR	Situation of the other party	Your sense of acceptance
<p>You woke up to the sound of drills on the morning of the holiday you planned to rest at home.</p>	<p>The apartment management makes maintenance works without your knowledge.</p> 	
	<p>There is repair work because the sewage pipe burst.</p> 	

YOUR EMOTIONS of ACCEPTANCE

(Your influence)

BEHAVIOUR	Situation of the other party	Your sense of acceptance
<p>Your roommate is leaving your communal area messy.</p> 	<p>Your house is too small and you don't have enough closets to tidy up.</p> 	
	<p>Everyone has separate rooms and you had a division of labor from the beginning.</p> 	

PROBLEM WINDOW (DIAGNOSIS)

**ACCEPTABLE
BEHAVIOURS**



**Other party is
experiencing problem**

NO PROBLEM

**ACCEPTANCE
LINE / BORDER**

**UNACCEPTABLE
BEHAVIOURS**

**I'M EXPERIENCING
PROBLEM**



First basic step :

Who is more
bothered?

*Whose requirement
is blocked?*

What does the person with the problem do?

- Internal conversations increase**
- Walks away, blames*
- Saves - wholesaling**
- Goes on the defensive*
- Speaks with “you tongue”**
- Uses communication barriers.*





*What would
you say?*

An extremely
peculiar

(sui generis)

communication
style??

UNDERSTANDING

Comprehensive
(in detail)

Correct

Rapid

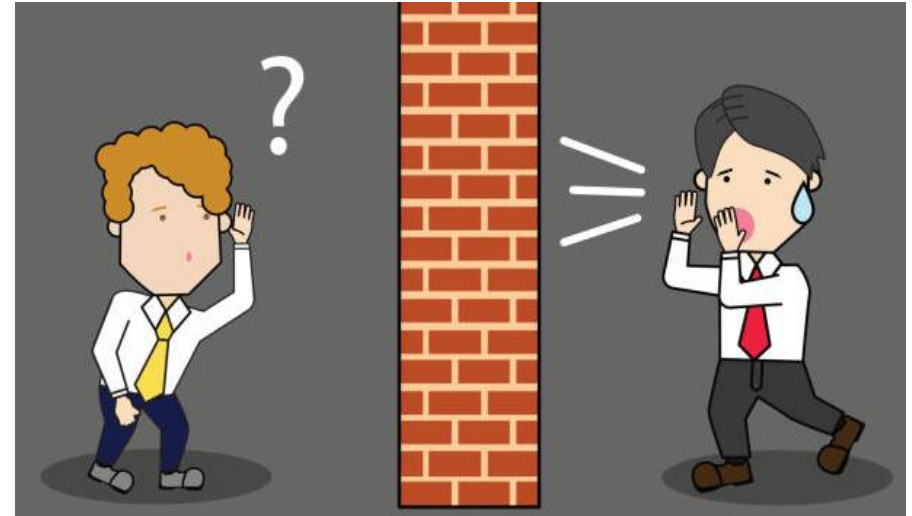
In depth

Mutual

COMMUNICATION BARRIERS

1. ORDERING, DIRECTING

“You should do,”
“You have to”



Student - I don't want doing this homework.

Teacher - You've to do this homework.

- It can create fear or active resistance;
- It may push to “try” the opposite of what is said;
- May lead to rebellious behavior or retaliation..

COMMUNICATION BARRIERS

2. WARNING, THREATENING (*Intimidation*)

“.....if you don’t happens”, “Either you do or”

Student- I don’t want reading this book, contains mant faults.

Teacher - You’ll fail in case of not reading this book.

- Fear, and can create submission;***
- May lead to “trial” whether the results in question will actually ocur.***
- It can cause resentment, anger, rebellion.***

COMMUNICATION BARRIERS

3. GIVING ETHICAL LESSON, PREACHING

“..... you should have done ”, “your responsibility”,
“..... you should do like this.”

*Student- I will not join collective regular study,
I can't tolerate it's load additionally either.*

Teacher- *You should have prepared yourself to this..*

Future is your, so hapenings are under your responsibility.

- **Creates feelings of obligation or guiltyness;**
- **It may lead the other party to defend their position more vigorously: *Who said?***
- **Gives the impression that the other person's sense of responsibility is not trusted.**

COMMUNICATION BARRIERS

4. GIVING ADVICE, GIVING SOLUTIONS

“If I were you", “Why don’t do in that way?”, “According to me.....”, “Let me offer you"”

Teacher- *How many more days will I be on guard duty? It is enough!*

Manager- *Why don't you find something to linger on your computer?*

- It implies that the other person is incapable of solving their own problems.
- It prevents the other person from thinking about the problem completely, bringing different options and trying the options.
- It can also create resistance to addiction..



COMMUNICATION BARRIERS

5. PERSUASION by LOGIC, DISCUSSION

“Here you go, ”, “Events show thati.. ..”,
“Yes, but” , “The reality is this that”

Teacher- *I beleive in postmerdern education methods.
I’m against so much lecture load.*

Tutor - *Yes, but post-modern education cannot keep up
with the performance and power of the system we follow.*

- Provokes defensive attitudes and opposition;
- Causes the other person to cut off communication & no longer listen;
- It can cause the other person to feel incompetent and inadequate.

COMPONENTS OF COMMUNICATION



COMMUNICATION BARRIERS

6. JUDGING, CRITICISING, ACCUSING

“You don’t think maturedly”, “You are already lazy

Parent - *This time, one teacher will not be enough for you...*

Student - *I think you are exaggerating this test and failure..*

- Feels inadequate, stupid and misevaluated .
- *It causes the other person to cut off communication for fear of being the target of a negative judgment or **being scolded**;*
- Generally, the other person perceives the judgment and criticism as truth. (*I’m bad!* etc.) or responds :
-« *You're not even more perfect!*» etc.

COMMUNICATION BARRIERS

7. PRAISE, AGREE, MAKING DIAGNOSIS

“Very nice ..”, “You’re right, that person looks like a lousy someone”

“I think you are doing a great job”

Student - *I cannot follow this training program regularly.
My family doesn't have any support either.*

Trainer - *But no, your family should need to help you*

- It implies that the other person's expectations are too high;
- It can be perceived as an insincere maneuver to make the desired behavior happen.
- If the self-image (*self-perception*) of the other party and praise are not appropriate, it may cause anxiety in the person.

COMMUNICATION BARRIERS

8. GIVING NICKNAME, PUTTING RIDICULOUS

“Big baby", “Come on, superman...”,
“Come on, watery eyes....»

Teacher- *Can't this photo be removed from class?
And do I have to pull this over the mess?*

Manager- *You've become a grumpy teacher ...*

- It can cause the other person to feel worthless and to think that he / she is not loved;
- It is very negative on the self-image (*self-perception*) of the other person;
- *It often pushes to respond..*

COMMUNICATION BARRIERS

9. ANALYSING, MAKING DIAGNOSIS

“Do you know what's wrong with you? ”,
“You must be very tired.” “Actually you don't mean that.”

Student - I'm a prisoner to the classroom-school axis all the year.

Mother - Actually, you do it this way, not because you work hard, but because you can't go around as you enjoy. ..

- Threatening; can be unsettling and create a sense of failure
- The other person feels unprotected, trapped, and may think that she / he is not believed;
- The counterpart (*other person/party*) may cut off communication for fear of being misunderstood.

COMMUNICATION BARRIERS

10. CONFIDENCE, GIVING SEDATION, CONDOLENCE

“never mind..... forget it, it'll be alright,”

“Let's cheer up a little,”

“You'll feel better over time,”

Student: Can't we take a break for 2 days ??

Teacher: Forget it for now, why are you rushing?

We're giving you a nice and nice education here.

- Makes the other person feel "not understood",

- Arouses feelings of anger (“Easy for you, of course”)

- The message of the other person is usually “Don't feel bad about yourself. It's not true.” format is detected.

COMMON BARRIERS TO EFFECTIVE COMMUNICATION

- **The use of jargon.** Over-complicated, unfamiliar and/or technical terms.
- **Emotional barriers and taboos.** Some people may find it difficult to express their emotions and some topics may be completely 'off-limits' or taboo. Taboo or difficult topics may include, but are not limited to, politics, religion, disabilities (mental and physical), sexuality and sex, racism and any opinion that may be seen as unpopular.
- **Lack of attention, interest, distractions, or irrelevance to the receiver.**
- **Differences in perception and viewpoint.**
- **Physical disabilities** such as hearing problems or speech difficulties.
- **Physical barriers to non-verbal communication.** Not being able to see the non-verbal cues, gestures, posture and general body language can make communication less effective. Phone calls, text messages and other communication methods that rely on technology are often less effective than face-to-face communication.
- **Language differences** and the difficulty in understanding unfamiliar accents.
- **Expectations and prejudices** which may lead to false assumptions or stereotyping. People often hear what they expect to hear rather than what is actually said and jump to incorrect conclusions.
- **Cultural differences.** The norms of social interaction vary greatly in different cultures, as do the way in which emotions are expressed. For example, the concept of personal space varies between cultures and between different social settings.

COMMUNICATION BARRIERS

11. EXAMINING, RESEARCH, INVESTIGATION

“Why?.... Who?..... What did you do!?!..... How??”

Student – *I got more stressed from my exam being postponed one after the other..*

Friend – *Why do you think like that and beat yourself up?*

- Because answering questions often brings criticism or compelling solutions, the person often tends to say "no", answer half-correctly, run away, or (may) lie.
- As the questions often do not explain where the questioner wants to get to, the person may become afraid and anxious;
- The person who tries to answer the questions arising from the concerns of the other person may overlook her own problem.

EFFECTIVE COMMUNICATION

- CLEAR
- CONCISE
- CONCRETE
- CORRECT
- CONSIDERATE
- COMPLETE
- COURTEOUS

COMMUNICATION BARRIERS

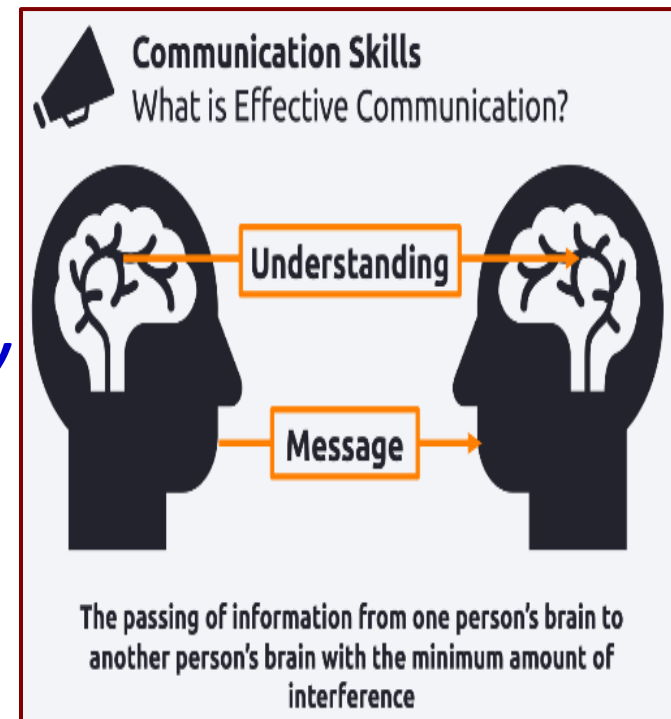
12. CHANGING SUBJECT, SYNICAL APPROACH THE JOB, UNWARRANTED JOKING

“Let's talk about better things...”,
“Why don't you rule the world ?” (!!)

Erdem : Preparations for this festive ceremony have turned into a never-ending symphony .

Onur : Don't take so big, think about the beautiful things you've lived, imagine ..

- Rather than fighting life's difficulties, avoiding them may imply the necessary message;
- It may imply that the other person's problems are unimportant, absurd and invalid;
- When faced with a challenge, she may hesitate to act open.



What they're doing???



4 Barriers to Communication

Physical Barriers

Using space to increase conversation using proximity.



Cultural Barriers

Being curious and listen to explore worldviews.



Emotional Barriers

Express feelings, validate and empathise to maintain relationships



Gender Barriers

Accept a sense of identity and build self-esteem



What are the communication barriers that we use frequently?

Would you like to make a list?



Ordering



Praising..



**Accusation,
Judging**



12 Communication Barriers

1. ORDERING, DIRECTING
2. *WARNING, THREATENING (intimidation)*
3. ETHICAL LESSON, PREACHING
4. *GIVING ADVICE, GIVING SOLUTIONS*
5. CONFIDENCE BY LOGIC, DISCUSSION
6. *JUDGING, CRITICISM, BLAMING*
7. PRAISE, AGREE, DIAGNOSIS
8. *GIVING NICKNAME, MAKING RIDICULOUS*
9. ANALYZING, MAKING DIAGNOSIS
10. *CONFIDENCE, RELIEF, CONSOL*
11. EXAMINING, RESEARCH, INVESTIGATION
12. *CHANGING SUBJECT, SYNICAL APPROACH THE JOB, UNWARRANTED JOKING*



Reference Books in Turkish & English

- CÜCELOĞLU, Doğan. *İnsan İnsana*.
- CÜCELOĞLU, Doğan. 'Keşke'siz Bir Yaşam İçin İletişim.
- GORDON, Thomas. *Etkili Aile İletişimi*
- GORDON, Thomas. *Hasta Hekim İşbirliği*
- ÖZER Kadir. *Ben Değeri Tiryakiliği*
- PEASE Allan. *Beden Dili*
- SILLARS, Stuart. *İletişim*
- DEMİRAY, Uğur (Ed.). *Etkili İletişim*
- DÖKMEN, Üstün. *İletişim Çatışmaları ve EMPATİ*.
- DÖKMEN, Üstün. *Varolmak, Gelişmek, Uzlaşmak*.
- CHAPMAN, Gary. *Beş Sevgi Dili*.
- KÖKNEL, Özcan. *İnsanı Anlamak*.
- NAVARO, Leyla. *Kadın Erkek İlişkilerinde Bir Cadı Masalı*.
- McCorry LK, Mason J. *Communication Skills for the Healthcare Professional*. ISBN-13: 978-158255814
- Bayne R, Nicolson P, Horton I (Ed.s). *Counselling and Communication Skills for Medical and Health Practitioners*. ISBN: 978-1-854-33256-1, 1998.
- Parija SC, Adkoli BV (Ed.s). *Effective Medical Communication: The A, B,C, D, E of it*. 1st ed. 2020.
- Ray EB, Donohew L (Ed.s). *Communication and Health, Systems and Applications*. Routledge, 1989.
- O'Toole, G. *Communication: Core Interpersonal Skills for Healthcare Professionals*. 4th. Ed.
- ACKNOWLEDGMENT: In this presentation, the resources the late Psychologist MSc. **Sema Yüce's** (ATÖLYE TEMPO) have widely been used.

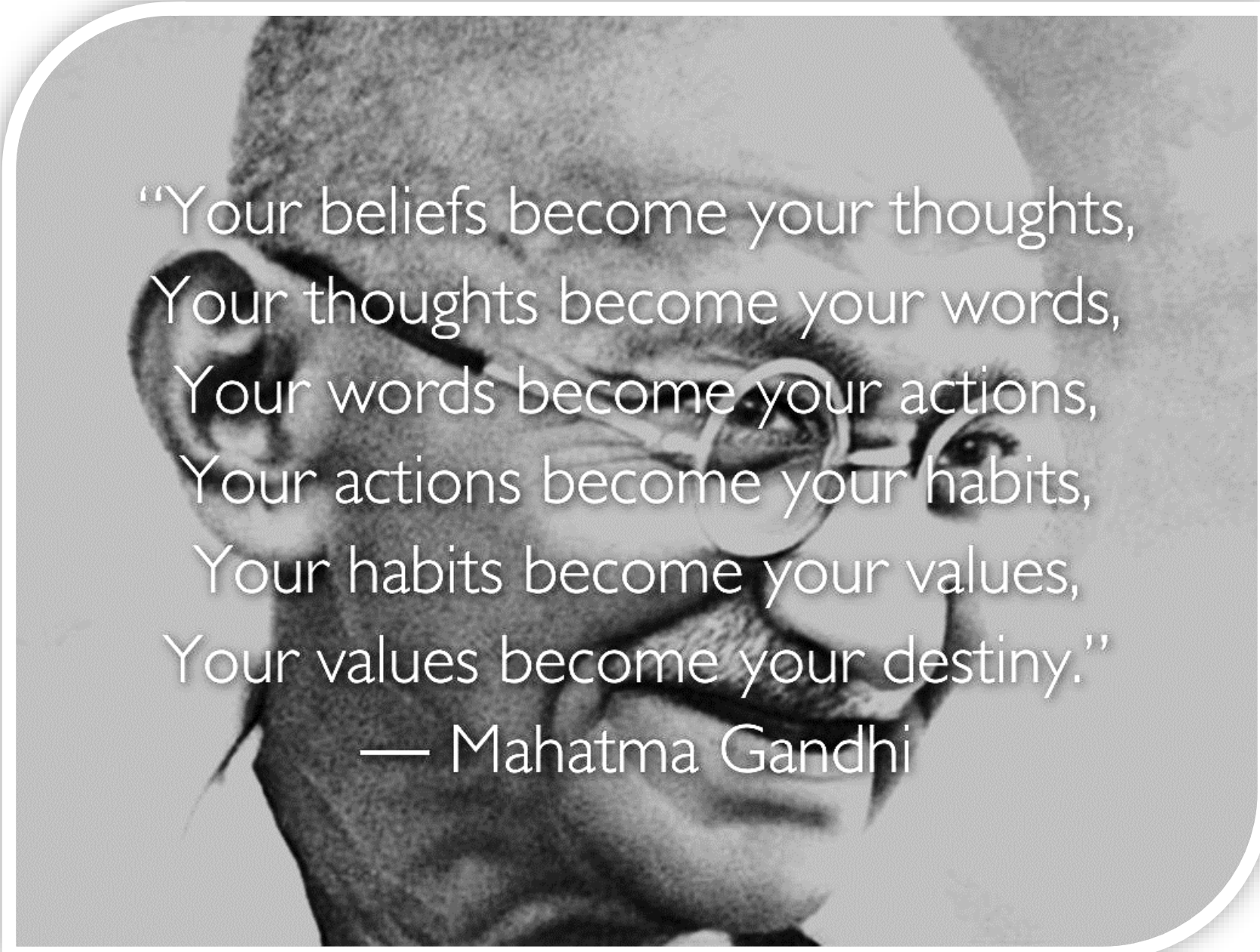


Additional References

1. [Roger Detels \(ed.\)](#), [Quarraisha Abdool Karim \(ed.\)](#), [Fran Baum \(ed.\)](#), [Liming Li \(ed.\)](#), [Alastair H Leyland \(ed.\)](#). **Oxford Textbook of Global Public Health** (7 edn), 2021, Online ISBN: 9780191858383, Print ISBN: 9780198816805, <https://doi.org/10.1093/med/9780198816805.001.0001>
2. [Anjali Choudhary](#) and [Vineeta Gupta](#). Teaching communications skills to medical students: Introducing the fine art of medical practice. [Int J Appl Basic Med Res](#). 2015 Aug; 5(Suppl 1): S41–S44. doi: [10.4103/2229-516X.162273](https://doi.org/10.4103/2229-516X.162273)
3. [Guillermo Ferreira-Padilla](#), [Teresa Ferrández-Antón](#), [José Baleriola-Júlvez](#), [Marijana Braš](#), and [Veljko Đorđević](#). **Communication skills in medicine**: where do we come from and where are we going? [Croat Med J](#). 2015 Jun; 56(3): 311–314. doi: [10.3325/cmj.2015.56.311](https://doi.org/10.3325/cmj.2015.56.311)
4. [Laurie Kelly McCorry](#) (Author), [Jeff Mason](#) (Author). **Communication Skills for the Healthcare Professional. Enhanced Edition 2nd Edition, 2020**, 978-1284219999.
5. Martin Gulliford, Myfanwy Morgan Routledge (Eds.). **Access to Health Care**. 2nd ed.2013, Taylor & Francis Group, London and New York.
6. Videos, that uploaded to the Moodle system
<https://www.youtube.com/watch?v=aeSIJPLFk8Q> (Healthcare Communication)
[How Effective Communication Can Save Lives in the Healthcare Settings](#)

Websites John's Hopkins School of Public Health, Harvard School of Public Health, MEDLINE, WHO, NIH





“Your beliefs become your thoughts,
Your thoughts become your words,
Your words become your actions,
Your actions become your habits,
Your habits become your values,
Your values become your destiny.”

— Mahatma Gandhi

*To all of you, who attends
carefully and cooperate with me*



