

Teaching communication skills to undergraduate medical students

Jonathan Silverman

Teaching communication skills to undergraduate medical students should:

1. be integrated not separated from the rest of the medical school curriculum and taught in clinical context in all specialties with the active help of doctors from a wide range of disciplines
2. follow a helical longitudinal path throughout all years of the curriculum, providing opportunities for learners to review, refine and build on existing skills while adding in increasing complexity
3. cover core medical interviewing skills, specific contextualised communication issues and challenges, communicating with other professionals and relatives, and professional communication skills
4. focus on specific behavioural skills as well as underlying attitudes, with multiple opportunities for interactive, experiential, observed practice with specific, descriptive and non-judgemental feedback in safe learner-centred environments.
5. pay as much attention to the hidden informal curriculum as the taught curriculum and enable learners to transfer their learning to the clinical workplace

References:

1. Van Dalen, J., Kerkhofs, E., Van Knippenberg-Van Den Berg, B. W., Van Den Hout, et al. (2002) Longitudinal and concentrated communication skills programmes: two Dutch medical schools compared. *Adv Health Sci Educ Theory Pract*, 7, 29-40.
2. Aspergren K (1999) Teaching and Learning Communication Skills in Medicine: a review with quality grading of articles *Medical Teacher* 21 (6)
3. Von Fragstein, M., Silverman, J., Cushing, A et al 2008. UK consensus statement on the content of communication curricula in undergraduate medical education. *Med Educ*, 42, 1100-7.
4. Kurtz, S. M., Silverman, J. & Draper, J. 2005. *Teaching and learning communication skills in medicine*, Oxford ; San Francisco, Radcliffe Medical.
5. Cushing, A. M. 2015. Learning patient-centred communication: The journey and the territory. *Patient Educ Couns*, 98, 1236-42.