

Dear Sir,

Salmon and Young (1) have set up a straw man in claiming that communication skills teachers reduce clinical communication to a set of rules. They shoot down this monstrosity in favour of the creative art of skilled communication. However, all teachers of clinical communication / consultation skills of our acquaintance would contend that, just as Salmon and Young desire, skilled communication is exactly what we aim to teach. The skills we teach are indeed a tool-kit and what matters is learning to use the tools, to pick suitable tools for each consultation task and to use these tools to work with patients to produce the best outcome for patients. Assessment does indeed need to have a holistic feel about it - the success with a task rather than ticking boxes on behaviours. UK medical schools are aiming to teach what Salmon and Young wish they would. It may however be true that researchers into clinical communication have been reductionist in their attempts to measure our subject.

We would diverge further with Salmon and Young on their perception that “the ultimate aim of educators is that, just as good clinical care is delivered through the deploying of clinical skills, practitioners are equipped to build good clinical relationships by deploying communication skills”. Communication skills would seem by this assertion to be solely about building relationships, and to be taught alongside clinical skills rather than being an integral part of clinical skills. The UK Council of Clinical Communication in Undergraduate Medical Education has outlined the consensus of UK medical schools on a much broader view of communication curricular content (2). Communication skills to us are a major component of clinical skills, enabling not only the building of relationships but the clarification of the patient’s story, the testing of diagnostic hypotheses, the giving of information and negotiation of management with the patient. Several UK medical schools have deliberately integrated the learning of these and the other skills of the consultation (3).

We are grateful to Salmon and Young for the warning to avoid reductionist behaviourism and would like to reassure them and your readers that undergraduate medical education in the UK is, by teaching holistic consultation skills, delivering their creative dream of skilled communication.

Yours sincerely,

(1) Salmon P, Young B; Creativity in clinical communication: from communication skills to skilled communication. <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2923.2010.03801.x/abstract>

(2) von Fragstein M, Silverman J, Cushing A, Quilligan S, Salisbury H, Wiskin C.; UK consensus statement on the content of communication curricula in undergraduate medical education: *Medical Education* 2008; 42: 1100–1107
doi:10.1111/j.1365-2923.2008.03137.x

(3) Lefroy J, Gay S, Gibson S, Williams S, McKinley RK; Development and face validation of an instrument to assess and improve clinical consultation skills: *IJOCS* in press

This is the accepted version of the following article: Janet Lefroy and Robert K McKinley, “Skilled Communication: Comments Further to ‘Creativity in Clinical Communication: From Communication Skills to Skilled Communication’.” *Medical education*, 45 (2011), 958; author reply 961–2
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