



Examiner Guidance on Verbal Roughness: for MRCP(UK) Part 2 Clinical Examination (PACES)

Verbal Roughness is a serious failure to live up to one or more aspects of the GMC standards of communication (see over). It may include an inappropriately raised voice, rude or insulting behaviour or dismissal of a patient's complaints. Within the context of station 2 and station 4 scenarios in the PACES exam, if you suspect that a candidate has been 'verbally rough' with a patient/surrogate, you should confer with your co-examiner and the surrogate BEFORE awarding marks. The surrogate may confirm that, for example, they felt dismissed, bullied, had not been listened to, or misrepresented.

If you and your co-examiner agree that there has been Verbal Roughness, you must:

- each award an Unsatisfactory for Skill G,
- tick the counselling box, and
- raise the issue at the post-cycle meeting.

This definition of verbal roughness is based on the GMC "Good Medical Practice"¹, with the following sections of particular relevance:

Relationships with patients

The doctor-patient partnership

20) Relationships based on openness, trust and good communication will enable you to work in partnership with your patients to address their individual needs.

21) To fulfil your role in the doctor-patient partnership you must:

- (a) be polite, considerate and honest
- (b) treat patients with dignity
- (c) treat each patient as an individual
- (d) respect patients' privacy and right to confidentiality
- (e) support patients in caring for themselves to improve and maintain their health
- (f) encourage patients who have knowledge about their condition to use this when they are making decisions about their care.

¹ http://www.gmc-uk.org/static/documents/content/GMP_0910.pdf

Good communication

22) To communicate effectively you must:

- (a) listen to patients, ask for and respect their views about their health, and respond to their concerns and preferences
- (b) share with patients, in a way they can understand, the information they want or need to know about their condition, its likely progression, and the treatment options available to them, including associated risks and uncertainties
- (c) respond to patients' questions and keep them informed about the progress of their care
- (d) make sure that patients are informed about how information is shared within teams and among those who will be providing their care.

Being open and honest with patients if things go wrong

30) If a patient under your care has suffered harm or distress, you must act immediately to put matters right, if that is possible. You should offer an apology and explain fully and promptly to the patient what has happened, and the likely short-term and long-term effects.

31) Patients who complain about the care or treatment they have received have a right to expect a prompt, open, constructive and honest response including an explanation and, if appropriate, an apology. You must not allow a patient's complaint to affect adversely the care or treatment you provide or arrange.

Confidentiality

37) Patients have a right to expect that information about them will be held in confidence by their doctors. You must treat information about patients as confidential, including after a patient has died. If you are considering disclosing confidential information without a patient's consent, you must follow the guidance in