



## **Examiner Guidance on Inappropriate and/or Inconsiderate Communication: for MRCP(UK) Part 2 Clinical Examination (PACES)**

Inappropriate and/or Inconsiderate Communication 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 communication and consultation scenarios in the PACES exam, if you suspect that a candidate has shown Inappropriate and/or Inconsiderate Communication 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 Inappropriate and/or Inconsiderate Communication, you must:

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

You may wish to consider the following guidance when assessing candidates for inappropriate or inconsiderate communication:

### **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.

## **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.