MCCQE STUDY SHEET · PHYSICIAN ACTIVITY

Assessment and diagnosis

Medical Council of Canada Qualifying Examination (MCCQE, formerly MCCQE Part I)

8 sections · the MCC's Qualifying Examinations Blueprint

Assessment and diagnosis is how a physician explores an illness. You use clinical judgement to gather facts, read them, and put them together into a working diagnosis. On the MCCQE this is the largest physician activity. Questions ask for the most likely diagnosis, the most useful next test, or the finding that matters most. You must read the whole vignette, weigh how likely each disease is, and pick the test that changes management. The exam also rewards knowing when not to test, in line with Choosing Wisely Canada.

You should be able to: After this guide you can read an MCCQE vignette, set a pretest probability, choose the most likely diagnosis and pick the one test that will change management, or no test when none is needed.

Every section: the key point and the trap

1. Reading the vignette like a clinician

Read the lead-in question first. Then read the stem knowing what you must decide.

Trap: Do not jump to an answer after the first sentence. Many distractors match the first half of the stem and fail on a later detail.

2. Pretest probability and test results

Pretest probability is how likely the disease is before the test. It comes from the history, examination and how common the disease is.

Trap: Do not order a D-dimer or any screening test when the pretest probability is already high. A negative result would not change your plan.

3. Choosing the most likely diagnosis

Common diseases are common. Pick the usual disease with a typical picture before a rare one.

Trap: Do not choose a rare disease because one detail fits it. The best answer explains the whole picture.

4. Best initial test and most accurate test

The best initial test is the first, often simple and safe, test that answers the question.

Trap: Do not pick the most accurate test when the question asks for the first step, and do not send an unstable patient to a scanner.

5. Red flags that change the urgency

A red flag is a finding that suggests a serious or time-sensitive cause.

Trap: Do not order imaging for every back pain. Without red flags, early imaging adds harm and cost and does not help.

6. Reading labs in SI units

The MCCQE shows normal values in the question when they matter. Compare with the range given, not with memory.

Trap: Do not read a value as normal from memory of US units. Always use the unit and range printed in the question.

7. Avoiding low-value tests

Choosing Wisely Canada lists tests that often do not help patients. The MCCQE expects you to know the main ones.

Trap: Do not treat 'order more tests' as the safe answer. When the decision rule is negative, the best answer is often no test.

8. Ages and special populations

In a woman of childbearing age, check for pregnancy before imaging with radiation or before many drugs.

Trap: Do not forget pregnancy testing because the stem does not mention sex. Any person who could be pregnant needs it before radiation or a teratogenic drug.

Key terms

Pretest probability: How likely a disease is before a test, based on history, examination and how common it is.

Sensitivity: The share of people with the disease who test positive.

Specificity: The share of people without the disease who test negative.

Red flag: A symptom or sign that suggests a serious cause and needs urgent action.

Decision rule: A validated checklist that helps decide if a test is needed, such as the Ottawa ankle rules.

Anion gap: Sodium minus the sum of chloride and bicarbonate; used to sort metabolic acidosis.

Delirium: A sudden, fluctuating change in attention and thinking, usually caused by an illness or a drug.

Asymptomatic bacteriuria: Bacteria in the urine without urinary symptoms; usually not treated.

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