Communication

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

8 sections · the MCC's Qualifying Examinations Blueprint

Communication covers every interaction a physician has with patients, families, caregivers, other professionals, communities and populations. On the MCCQE it is a smaller activity, but the questions are often missed. Items ask what you should say or do next in a hard conversation: bad news, an error, consent, a language barrier, or a disagreement with a family. The best answer is honest, respectful and centred on the patient. It asks before it tells, and it checks understanding.

You should be able to: After this guide you can choose the response that is honest, patient centred and safe in the hard conversations the MCCQE tests: bad news, errors, consent, language barriers, families and handover.

Every section: the key point and the trap

1. Breaking bad news

Prepare: a private place, enough time, and the right people present if the patient wants them.

Trap: Do not open with statistics and treatment options. First find out what the patient knows and wants to know.

2. Disclosure of adverse events

Patients have a right to know when harm or possible harm happened during their care.

Trap: Do not delay disclosure until all the facts are known, and do not hide a mistake because no lasting harm occurred.

3. Informed consent conversations

Explain the nature of the treatment, its expected benefits, material risks, side effects and reasonable alternatives, including no treatment.

Trap: Do not treat a signed form as consent. Consent is the conversation and the patient's understanding, not the paper.

4. Interpreters and language barriers

When the patient and physician do not share a language well, use a trained medical interpreter, in person, by phone or by video.

Trap: Do not accept a child or relative as interpreter because it is faster. Consent obtained that way may not be valid.

5. Cultural safety with Indigenous patients

Cultural safety means the patient decides whether care feels safe and respectful, free of racism and discrimination.

Trap: Do not label a patient as non-compliant or explain a problem by identity. Ask about barriers, as you would for any patient.

6. Families, caregivers and substitute decision-makers

A capable adult controls who receives their health information. Ask before sharing with family.

Trap: Do not follow the loudest family member. The legal substitute decision-maker must apply the patient's known wishes first.

7. Interprofessional handover and teamwork

Handover passes responsibility for a patient to another clinician. Errors in handover cause harm.

Trap: Do not leave a critical pending result off the handover. A test you ordered stays your responsibility until someone else clearly takes it over.

8. Difficult and angry conversations

Stay calm and listen first. Let the person finish before you reply.

Trap: Do not argue or explain hospital policy at length first. Acknowledge the feeling, then address the concern.

Key terms

Warning shot: A short phrase that prepares a person for bad news, such as 'I am afraid the result is not what we hoped'.

Disclosure: Telling a patient openly that harm or possible harm happened during their care.

Material risk: A risk a reasonable person in the patient's position would want to know before deciding.

Teach-back: Asking the patient to explain in their own words what they understood.

Cultural safety: Care that the patient feels is respectful and free of racism; judged by the patient.

Substitute decision-maker: The person who makes health decisions for a patient who lacks capacity, named by provincial law.

SBAR: A handover structure: situation, background, assessment, recommendation.

Advance directive: A patient's earlier written or spoken wishes about future health care.

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