Psychosocial aspects

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

8 sections · the MCC's Qualifying Examinations Blueprint

The MCC describes psychosocial aspects as presentations rooted in the social and psychological determinants of health. Questions cover mood, anxiety, psychosis, suicide risk, substance use, family violence, trauma, and the social conditions that shape illness. You must take a careful psychosocial history, judge risk and safety, and choose first-line Canadian treatment. Many items test legal duties, such as mandatory reporting and involuntary admission, and how to talk with patients who are distressed. Every patient should be treated with respect and without stigma.

You should be able to: After this guide, you should be able to assess psychosocial risk safely, choose first-line Canadian treatment, and meet your legal duties to protect patients and others.

Every section: the key point and the trap

1. Depression

Ask about low mood, loss of interest, sleep, appetite, energy, concentration, guilt and thoughts of death. Five symptoms for 2 weeks with loss of function means major depression.

Trap: Do not start an antidepressant without screening for past mania.

2. Anxiety disorders

Generalized anxiety: excessive worry most days for 6 months, with tension, poor sleep and poor focus.

Trap: Do not choose a benzodiazepine as the long-term first-line treatment for anxiety.

3. Suicide risk assessment

Ask directly about suicidal thoughts. Asking does not increase risk.

Trap: Do not avoid the question of suicide. Do not send home a patient with a clear plan and intent without a safe plan.

4. Psychosis

Psychosis includes hallucinations, delusions and disorganized thinking or behaviour.

Trap: Do not blame substances and send the patient home without follow-up. A first psychosis needs a full assessment.

5. Substance use and opioid agonist therapy

Screen everyone. A single question works: in the past year, how many times have you had 5 or more drinks in a day (4 for women)? AUDIT-C is another tool.

Trap: Do not choose 'detox only' or a short opioid taper for opioid use disorder. Long-term agonist therapy saves lives.

6. Family violence and mandatory reporting

Ask about violence in private, without the partner or family present. Use a professional interpreter, not a family member.

Trap: Do not report intimate partner violence against a capable adult's wishes in a province with no such duty. Do not delay reporting a suspected child abuse case.

7. Trauma-informed care

Many patients have lived through trauma. Trauma-informed care assumes this may be true for anyone.

Trap: Do not rush or insist on an examination. Giving control back to the patient is part of the care.

8. Social determinants and the psychosocial history

Ask about housing, income, food, work, social support and safety. These shape illness and treatment.

Trap: Do not insist that parents be told when a capable adolescent consents to their own care, unless there is a safety duty.

Key terms

CBT: Cognitive behavioural therapy: a talking therapy that changes unhelpful thoughts and behaviours.

SSRI: Selective serotonin reuptake inhibitor: a common antidepressant drug group.

Safety plan: A written plan made with the patient: warning signs, coping steps, people to contact and how to stay safe.

Early psychosis intervention: A specialized program for people in their first episode of psychosis.

Precipitated withdrawal: Sudden withdrawal when buprenorphine displaces other opioids from receptors.

Mandatory reporting: A legal duty to report certain facts, such as suspected child abuse, to an authority.

Trauma-informed care: Care that recognizes the effects of trauma and avoids causing more harm.

Mature minor: A person under the age of majority who can understand and consent to a specific treatment.

ExamDragon, examdragon.com/mccqe. Independent exam preparation, written in our own words from the MCC's blueprint for the MCCQE. MCCQE is a mark of the Medical Council of Canada, used only to name the exam.