Social Sciences: Communication and Interpersonal Skills

United States Medical Licensing Examination (USMLE) Step 1

6 to 9% of Step 1 · 7 sections · content outline and specifications

This system covers how physicians communicate, ethics and law, patient safety, and the health care system. Step 1 tests it with short patient or team stories. Many questions ask for the most appropriate response or action by the physician. The best answer follows US medical ethics and law: respect for autonomy, honest disclosure, confidentiality and its limits, and patient safety. Patient safety questions ask you to name a type of error or the best way to prevent it.

You should be able to: After this guide, a learner should be able to choose the physician response or action that best fits US medical ethics, law, and patient safety principles in a short clinical scene.

Every section: the key point and the trap

1 Patient-centered communication

Start with open questions, listen, and show empathy before giving information.

Trap: The tempting answer often gives correct medical advice too early. On Step 1, the best first response usually explores the patient's view or feelings before giving facts or orders.

2 Informed consent, capacity, and refusal

Informed consent needs the nature of the procedure, risks, benefits, alternatives (including no treatment), and a voluntary choice.

Trap: Do not confuse a decision you disagree with and a lack of capacity. A choice that may lead to death does not by itself mean the patient lacks capacity.

3 Confidentiality and its limits

HIPAA protects health information; share it with family, employers, or others only with the patient's permission, unless an exception applies.

Trap: Confidentiality is strong but not absolute. Danger to an identifiable person, child abuse, and elder abuse override it; a family member's wish to know does not.

4 Death, dying, and palliative care

A valid advance directive guides care when the patient cannot decide; family cannot override clear written wishes.

Trap: The proxy's own preference is the wrong standard. The question is what the patient would want, based on his values and past words.

5 Professionalism and the physician's duties

Romantic or sexual relationships with current patients are never acceptable; decline kindly and keep caring for the patient.

Trap: Answers that report later or speak privately to the colleague feel polite, but they do not protect the patient who is at risk now.

6 Patient safety: errors and how to prevent them

Active errors happen at the point of care; latent errors are hidden weaknesses in the system, such as look-alike vials stored together.

Trap: Retraining and new policies sound reasonable, but they rely on memory and attention. Choose the answer that designs the error out of the system.

7 Systems, quality, and health care policy

Plan-Do-Study-Act: plan a small test with a prediction, do it, study the data against the prediction, then act (adopt, adapt, or abandon).

Trap: Do and Study are easy to mix up. Do is running the test and collecting data; Study is analyzing the data and comparing it with the prediction.

Key terms

Autonomy: The right of a person to make decisions about their own care.

Beneficence: The duty to act for the patient's good.

Nonmaleficence: The duty to avoid harming the patient.

Justice: Fair distribution of care and resources.

Capacity: A clinical judgment that a patient can make a specific medical decision.

Competence: A legal judgment by a court about a person's ability to make decisions.

Surrogate: A person who makes decisions for a patient who cannot decide.

Latent error: A hidden system weakness that makes errors more likely.

Near miss: An error caught before it reaches the patient.

Forcing function: A design that makes an error physically impossible.

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