



Medical Council of Canada Qualifying Examination Part I Supplemental Information Report

Candidate name: Vvvvvv, Vvvv Vvv
Candidate code: 00000000000 **Your final result:** Pass
Examination session: April 2018 **Your total score:** 400

This report provides you with supplemental information on your performance on the Medical Council of Canada Qualifying Examination (MCCQE) Part I.

The MCCQE Part I assesses the critical medical knowledge and clinical decision-making ability of a candidate at a level expected of a medical student who is completing his or her medical degree in Canada.

The exam assessed your performance across two broad categories with each exam question classified on both categories:

- Dimensions of care, covering the spectrum of medical care
- Physician activities, reflecting a physician's scope of practice.

Each category has four domains:

Dimensions of Care	Physician Activities
Health Promotion and Injury Prevention	Assessment and Diagnosis
Acute Care	Management
Chronic Care	Communication
Psychosocial Aspects	Professional Behaviours

See p. 3 of this report for the definitions.

Figure 1 displays your performance in each domain under Dimensions of Care. Figure 2 displays your performance in each domain under Physician Activities.

In both figures, we provide your subscores along with the mean subscore of first-time takers who passed the same exam in spring 2018 when the reporting scale and pass score were established.

Each domain is assigned a weighting on the exam. We present the content weights, expressed as percentages, in the grids shown on page 3.

We also provide the standard error of measurement (SEM) for each of your subscores. It represents the expected variation in your subscore if you were to take this exam again with a different set of questions covering the same domains.

Small differences in subscores or overlap between SEMs indicate that performance in those domains was somewhat similar. Overlap between the SEM and the mean score of first-time takers who passed signifies that performance is similar to the mean.

Subscores are based on less data than the total score and have less precision.

For more information, please visit the exam's Scoring web page on our website mcc.ca.

Figure 1: Dimensions of Care

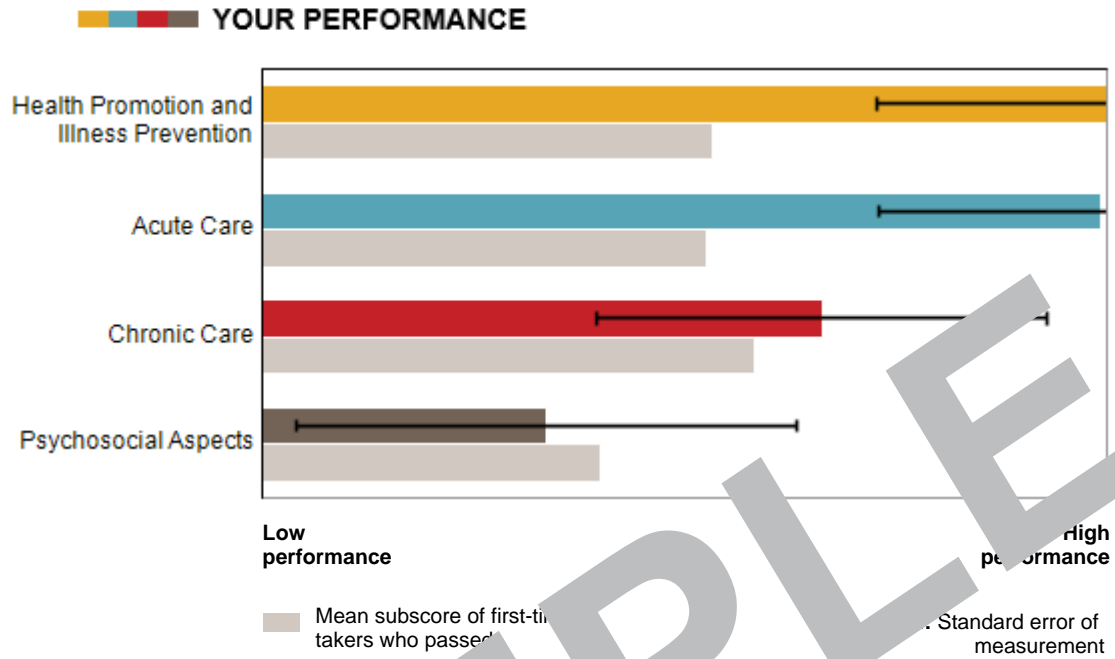
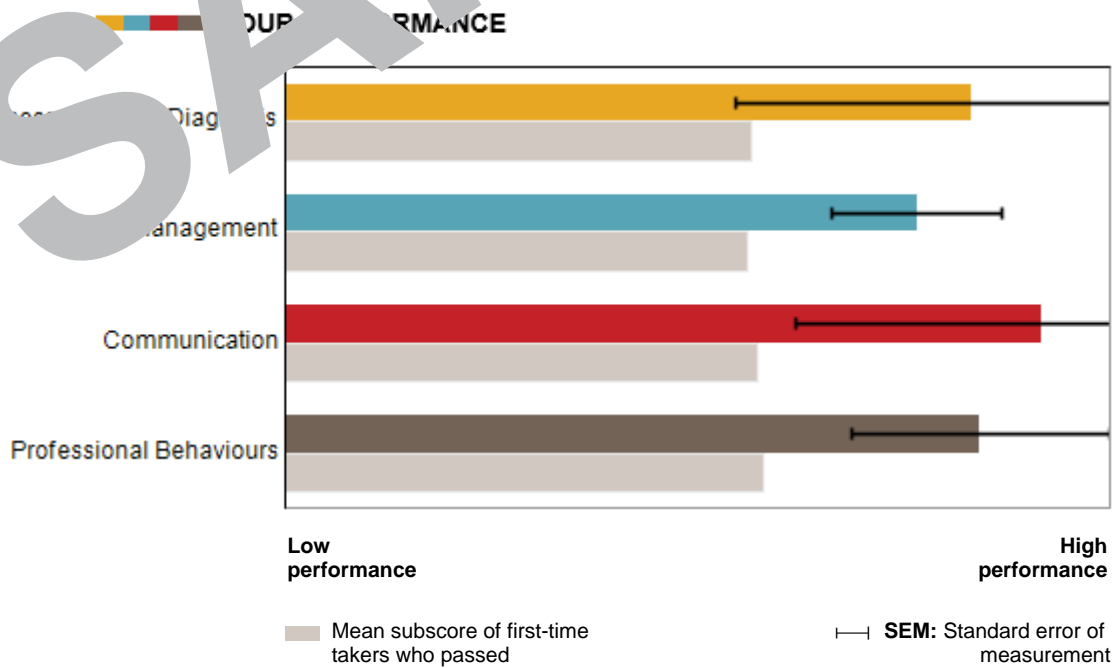


Figure 2: Physician Activities



Dimensions of Care

Reflects the focus of care for the patient, family, community and/or population:

- Health Promotion and Illness Prevention:**

The process of enabling people to increase control over their health and its determinants, and thereby improve their health. Illness prevention covers measures not only to prevent the occurrence of illness, such as risk factor reduction, but also to arrest its progress and reduce its consequences once established. This includes, but is not limited to screening, periodic health examination, health maintenance, patient education and advocacy, and community and population health.

- Acute:** Brief episode of illness within the time span defined by initial presentation through to transition of care. This dimension includes but is not limited to urgent, emergent, life-threatening conditions, new conditions, and exacerbation of underlying conditions.
- Chronic:** Illness of long duration that includes but is not limited to processes with slow progression.
- Psychosocial Aspects:** Presentations rooted in the social and psychological determinants of health and how these can impact on wellbeing or illness. The determinants include but are not limited to life challenges, income, culture, and the impact of the patient's social and physical environment.

Dimensions of care

	Health Promotion & Illness Prevention	Acute	Chronic	Psychosocial Aspects	Row %
Assessment/ Diagnosis					45:5
Management					35:5
Communication					10:5
Professional Behaviours					10:5
Column %	20:5	35:5	30:5	15:5	100

Physician Activities

Reflects the scope of professional and behaviours of a physician practicing in Canada.

- Assessment/Diagnosis:** Exploration of illness and disease using clinical judgment to gather, interpret and synthesize pertinent information that includes but is not limited to history taking, physical examination and investigation.
- Management:** Process that includes but is not limited to generating, planning, organizing safe and effective care in collaboration with patients, families, communities, populations, and other professionals (e.g., finding common ground, agreeing on problems and goals of care, time and resource management, roles to arrive at mutual decisions for treatment, working in teams).
- Communication:** Interactions with patients, families, caregivers, other professionals, communities and populations. Elements include but are not limited to relationship development, intra-professional and inter-professional collaborative care, education, verbal communication (e.g., using the patient-centered interview and active listening), non-verbal and written communication, obtaining informed consent, and disclosure of patient safety incidents.
- Professional Behaviours:** Attitudes, knowledge, and skills relating to clinical and/or medical administrative competence, communication, ethics, as well as societal and legal duties. The wise application of these behaviours demonstrates a commitment to excellence, respect, integrity, empathy, accountability and altruism within the Canadian health-care system. Professional behaviours also include but are not limited to self-awareness, reflection, life-long learning, leadership, scholarly habits and physician health for sustainable practice.

Dimensions of care

	Health Promotion & Illness Prevention	Acute	Chronic	Psychosocial Aspects	Row %
Assessment/ Diagnosis					45:5
Management					35:5
Communication					10:5
Professional Behaviours					10:5
Column %	20:5	35:5	30:5	15:5	100