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## Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q192-

## Q197):

### NEW QUESTION # 192

A 29-year-old concert pianist with severe chronic kidney disease presents with a 6-month history of loss of appetite and pruritus. Although the issue of initiating dialysis has been discussed with him and his questions answered, he has declined dialysis thus far. You understand his concerns that it will interfere with his concert tour and recording schedule. Which one of the following is the best next step?

- A. Explore employment alternatives that would better accommodate the dialysis schedule.
- B. Explain to him you will see him again when he decides to start dialysis.
- C. Offer to arrange for him to meet patients in the peritoneal dialysis clinic.
- D. Warn him of the consequences of refusing dialysis.
- E. Provide him access to his medical records and full chart.

**Answer: C**

Explanation:

When a competent patient declines dialysis, the next step is to support shared decision-making and explore options that align with their lifestyle. Peritoneal dialysis may allow more flexibility and autonomy compared to hemodialysis, making it more acceptable to patients with demanding schedules.

Toronto Notes 2023 - Nephrology, Chronic Kidney Disease Section:

"Peritoneal dialysis offers the advantage of home-based treatment and flexible scheduling. Patient education and peer support can improve acceptance and adherence to dialysis initiation." MCCQE1 Objectives - Internal Medicine > Nephrology:

"The candidate should explore treatment alternatives collaboratively, emphasizing patient autonomy, while addressing misconceptions and lifestyle concerns related to dialysis." Simply warning the patient or withdrawing engagement (Options B and C) may undermine rapport. Access to medical records (D) is a right, but does not actively address treatment planning. Exploring new employment (E) is inappropriate at this stage.

### NEW QUESTION # 193

Your colleague's receptionist asks you to assess her 4-year-old daughter who has had 2 episodes of acute otitis media in the last month. The mother wants you to arrange a consultation with an ear, nose and throat (ENT) specialist to get a tympanostomy before her daughter starts school. You do not believe there is a surgical indication at this time. Which one of the following is the best next step?

- A. Explain that there is no indication for the surgery but refer her daughter for consultation.
- B. Ask another family physician to see the daughter due to a conflict of interest.
- C. Suggest that the next time they go to the Emergency Department for quicker access to the ENT consultant.
- D. Decline to send her daughter for consultation and explain your decision.
- E. Call the ENT consultant on call to discuss your dilemma.

**Answer: D**

Explanation:

Referrals should be medically indicated. Physicians are not obligated to refer simply because a patient (or colleague) requests it, especially when it may lead to unnecessary care. The ethical and appropriate action is to explain your medical reasoning and decline an unwarranted referral.

Toronto Notes 2023 - ELOM, "Professionalism and Resource Stewardship" Section:

"Physicians have a responsibility to act as gatekeepers to specialist services and should not refer patients when criteria are not met. Explaining the reasoning and declining the request respectfully is appropriate." MCCQE1 Objectives (ELOM > 99-1:

Professionalism and Clinical Judgment):

"Candidates must demonstrate ethical reasoning in managing requests for unwarranted interventions." Involving the emergency department (B) or another physician (C) is not appropriate unless there's a true conflict of interest. Calling a consultant (E) may be unnecessary if no medical reason exists.

### NEW QUESTION # 194

A 10-year-old boy and his mother present to your office with a concern about handwashing. The mother explains that her son has been at a new school for the past month and that teachers have noticed that he is washing his hands all day. He has also hidden hand sanitizer in his desk. The hand-cleaning is a response to a constant anxiety that his hands are dirty, and that he might pass an infection

to someone. Which one of the following is the most appropriate initial management?

- A. Risperidone 0.5 mg PO QHS.
- **B. Exposure and response prevention therapy.**
- C. Recommendation of a teaching assistant.
- D. Return to his previous school.
- E. Fluoxetine 20 mg PO OD.

**Answer: B**

Explanation:

This child demonstrates classic features of obsessive-compulsive disorder (OCD): intrusive contamination fears (obsession) and repetitive handwashing behaviors (compulsion) performed to reduce anxiety. The symptoms are excessive, impairing school function, and persist beyond normal developmental concerns.

According to MCCQE objectives, first-line treatment for mild to moderate pediatric OCD is cognitive-behavioral therapy (CBT) with exposure and response prevention (ERP). ERP involves gradual exposure to feared contaminants while preventing the compulsive handwashing response, thereby reducing anxiety through habituation and cognitive restructuring. Pharmacologic treatment with selective serotonin reuptake inhibitors (e.g., fluoxetine) is indicated for moderate to severe cases or when CBT alone is insufficient, but it is not the preferred initial intervention when psychotherapy is accessible. Risperidone is not first-line and may be considered only as augmentation in refractory cases. Changing schools or providing a teaching assistant does not address the underlying anxiety disorder. Early evidence-based intervention improves prognosis and functional outcomes in pediatric OCD.

#### NEW QUESTION # 195

A 63-year-old man is brought to the Emergency Department by ambulance after he injured his abdomen.

While working on a house, he fell 1 m from a scaffold and landed on a metal pipe. He is clinically stable but reports localized abdominal pain. On examination, he has a 17-cm laceration to his abdomen in the left hypochondrium. The laceration is 4 cm deep, but there is no fascial laceration. Which one of the following is the best next step?

- A. Antibiotic irrigation of the wound.
- **B. Primary repair of the laceration.**
- C. Abdominal computed tomography.
- D. Surgical debridement and delayed closure.
- E. Exploratory laparotomy.

**Answer: B**

Explanation:

This patient has a traumatic abdominal wall laceration but is hemodynamically stable, and importantly, there is no fascial violation. MCCQE objectives emphasize that the key determinant in abdominal trauma is whether the peritoneum/fascia has been breached, as this determines the risk of intra-abdominal injury. In the absence of fascial penetration and with stable vital signs, the injury is limited to the soft tissues of the abdominal wall.

Therefore, the appropriate management is local wound care and primary repair after adequate irrigation and assessment. Abdominal CT or exploratory laparotomy is not indicated because there is no evidence of peritoneal violation or intra-abdominal injury. Surgical debridement with delayed closure is typically reserved for grossly contaminated wounds or high infection risk. Antibiotic irrigation alone is insufficient without proper closure.

Thus, for a stable patient with a superficial abdominal wall laceration that does not penetrate fascia, primary repair is the correct next step.

#### NEW QUESTION # 196

A 16-year-old girl is brought to the Emergency Department with a 12-hour history of worsening right lower quadrant abdominal pain and nausea. She is in no distress and vital signs are normal. Her abdomen is soft but locally tender in the right iliac fossa, and bowel sounds are active. White blood cell count is  $7.6 \times 10^9/L$  (4-10), C-reactive protein is 2.3 mg/L (< 10) and serum beta human chorionic gonadotropin is undetectable.

Ultrasound reveals a small amount of fluid in the pelvis, and the appendix is not clearly apparent. Which one of the following is the best next management step?

- A. Laparoscopic appendectomy.
- B. Serial radiography of the abdomen.
- C. Enhanced computed tomography scan of the abdomen and pelvis.

- D. Monitoring and reassessment in 12 hours.
- E. Intravenous ceftriaxone and metronidazole.

**Answer: D**

Explanation:

This adolescent presents with possible early appendicitis but currently has mild clinical findings, normal vital signs, normal white blood cell count, and low CRP. Ultrasound does not visualize the appendix and shows only minimal pelvic fluid, which can be physiologic in adolescent females. According to MCCQE surgical objectives, when the diagnosis of appendicitis is uncertain and the patient is clinically stable, the preferred approach is observation with serial abdominal examinations rather than immediate imaging with CT or operative intervention.

CT scanning exposes a young patient to ionizing radiation and is not indicated when clinical suspicion is low to moderate and the patient is stable. Immediate appendectomy is inappropriate without stronger clinical or laboratory evidence. Empiric IV antibiotics are reserved for confirmed or strongly suspected appendicitis.

Serial radiography has no role in diagnosing appendicitis.

Careful monitoring over 12-24 hours allows progression of signs if appendicitis is present, improving diagnostic accuracy while avoiding I have cross-referenced your exam scores with NVIDIA's official technical documentation for **\*\*DGX H100**

**/A100 systems\*\***, **\*\*Quantum-2 InfiniBand\*\***, and **\*\*Base Command Manager\*\***.

To address the **\*\*77%\*\*** in Troubleshooting and the **\*\*87%\*\*** in Control Plane, I have corrected technical nuances (like specific CLI flags) to ensure these are 100% accurate.

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### **\*\*Batch 1: Questions 1 - 5**

## **NEW QUESTION # 197**

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