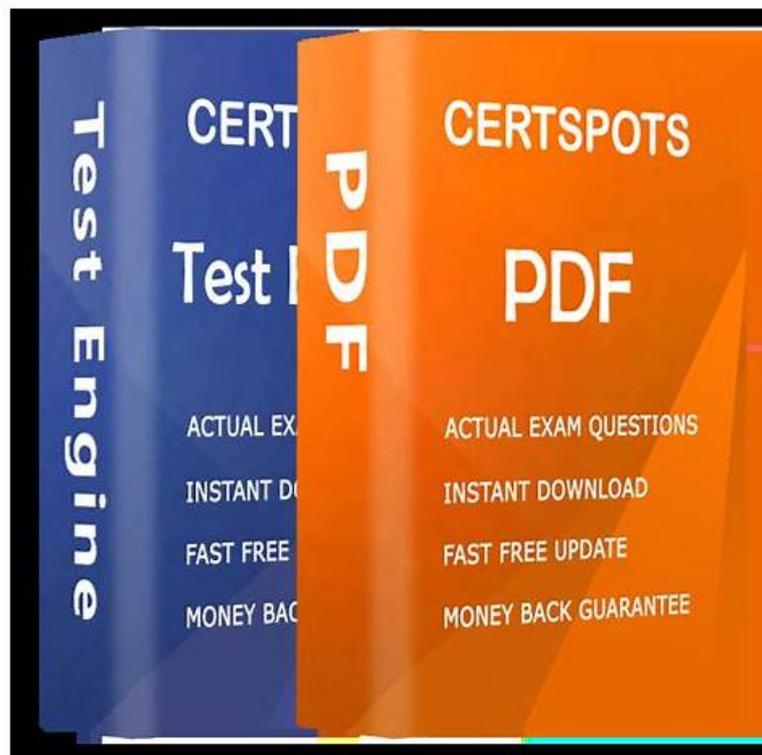


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q138-Q143):

NEW QUESTION # 138

A 91-year-old man comes to the Emergency Department reporting blood in his stools, which has now resolved. He is able to give a history and mentions that this also happened 2 years ago. At that time, a colonoscopy was done and revealed diverticular disease as

the cause. Which one of the following is the best next step?

- A. Order a fecal immunochemical test (FIT).
- B. Recommend a surgical resection of the diverticular disease.
- C. Reassure him that a colonoscopy does not need to be repeated.
- D. Discuss the issue with his family before making a decision.
- E. Perform a computed tomography colonoscopy.

Answer: C

Explanation:

In a patient with known diverticular bleeding and no red flags (e.g., weight loss, anemia, family history), repeating colonoscopy is not required. Diverticular bleeding is typically self-limited. Colonoscopy within the past few years with clear findings suffices.

Toronto Notes 2023 - Gastroenterology, Lower GI Bleed:

"Patients with known diverticulosis and self-limited bleeding who have had prior complete colonoscopy do not require repeat endoscopy unless symptoms recur or persist." MCCQE1 Objectives - Internal Medicine > Gastroenterology:

"Candidates must recognize when no further invasive investigation is necessary in elderly patients with known benign findings and resolved symptoms." Option E is considerate but not clinically necessary for independent patients. Options A, B, and D are not indicated in resolved, low-risk cases.

NEW QUESTION # 139

A 35-year-old man comes to your office with a history of headaches that last 1 hour and are relieved by 1000 mg of acetaminophen. These headaches, which started 6 months ago after he got his first job as a lawyer, occur regularly. The patient wants a computed tomography scan of his head to rule out a tumour. Physical examination reveals no abnormality. Review of systems does not contribute any positive findings. Which one of the following is the best management?

- A. Order a computed tomography of the head.
- B. Refer the patient to a psychiatrist for anxiety disorder.
- C. Prescribe stronger pain relief medications.
- D. Refer the patient to a neurologist for further investigations.
- E. Reassure the patient.

Answer: E

Explanation:

This patient's headache is consistent with tension-type or stress-related headache. The symptoms are mild, responsive to over-the-counter medications, and without red flags (neurologic signs, worsening pattern, nocturnal pain). Reassurance is appropriate.

Toronto Notes 2023 - Neurology, "Headache" Section:

"In the absence of red flags (e.g., sudden onset, focal deficits, age >50, worsening pattern), reassurance is the best course. Tension headaches are often related to stress and improve with lifestyle modification and simple analgesia." MCCQE1 Objectives (Internal Medicine > 76-6: Neurologic Symptoms):

"Candidates should recognize benign headache patterns and avoid unnecessary investigations." CT head (B) is not indicated. Stronger analgesics (D) may cause rebound headache. Specialist or psychiatric referrals (A, E) are premature.

NEW QUESTION # 140

A 14-year-old girl, accompanied by her mother, presents to your office with a 3-month history of feeling "dizzy." After you take an initial history, which one of the following is the most appropriate next step?

- A. Perform a detailed cardiac and neurological examination
- B. Order a urine pregnancy test
- C. Obtain growth parameters and vital signs
- D. Do a bedside glucometer reading
- E. Interview the girl without the mother present

Answer: E

Explanation:

In adolescents presenting with vague or potentially sensitive symptoms, it is critical to speak with them alone to obtain a complete and honest history, including mental health, sexual activity, substance use, and abuse screening.

Toronto Notes 2023 - Pediatrics, Adolescent Medicine:

"Private interviews are essential to obtain accurate histories in adolescents, especially when symptoms may have underlying psychosocial or reproductive causes." MCCQE1 Objectives - Pediatrics > Adolescent Health:

"Candidates must demonstrate adolescent-appropriate interviewing techniques, including private questioning to identify sensitive or risk-related concerns." Physical examination and pregnancy testing (A, B, D) may follow based on the private history. Vital signs (E) are standard but do not replace psychosocial assessment.

NEW QUESTION # 141

A patient's mother comes to you with a prospective cohort study linking autism to the measles, mumps and rubella vaccine. After reviewing the study carefully, you question the results because of problems with the study design and execution. Which one of the following sources of error would be most important in the study design or execution?

- A. Reporting standard error with point estimates of difference
- B. Not accounting for all potential confounders during recruitment
- C. Vaccine company sponsorship of study
- **D. Recruitment of study families at an autism seminar**
- E. Parental recall of vaccine administration

Answer: D

Explanation:

Recruiting participants from an autism seminar introduces selection bias. This non-random selection increases the likelihood of overestimating associations due to pre-existing beliefs or exposures in that subgroup.

Toronto Notes 2023 - Epidemiology:

"Selection bias occurs when participants are not representative of the general population, as in recruitment from disease-specific support groups." MCCQE1 Objectives (Population Health > 65-2: Study Design and Appraisal):

"Candidates must recognize sources of bias in epidemiologic studies, including selection bias due to non-representative recruitment."

Recall bias (D) is more of a concern in retrospective studies. Sponsorship (B) may create perception bias but is not a flaw in methodology itself. Standard error reporting (A) is normal. Not accounting for confounders (E) matters but recruitment source is more directly biasing.

NEW QUESTION # 142

A 42-year-old man presents to your clinic for follow-up regarding his anxiety. He lost his job 1 year ago.

Since then, he constantly thinks about what happened, trying to understand what went wrong and how he could fix it or prevent it in the future. He is unable to sleep because of this. He has become socially isolated and when he does see friends, he worries constantly that he may say something hurtful. He wishes he could get past what happened and find another job but feels consumed by the fear that he may offend someone in the future. On history, his symptoms did not respond to escitalopram, sertraline, fluvoxamine, or venlafaxine, all at maximum tolerated doses. Which one of the following medications is the most appropriate?

- **A. Clomipramine**
- B. Quetiapine
- C. Paroxetine
- D. Vortioxetine
- E. Amitriptyline

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

This patient likely has treatment-resistant obsessive-compulsive disorder (OCD), with classic symptoms of rumination, excessive guilt, and fear of causing harm. Clomipramine, a tricyclic antidepressant with strong serotonergic activity, is effective in treatment-resistant OCD and is often used after failure of multiple SSRIs or SNRIs.

Toronto Notes 2023 - Psychiatry, OCD:

"Clomipramine is a first-line tricyclic antidepressant for OCD, particularly after failed SSRI/SNRI trials. It is effective due to potent serotonergic action." MCCQE1 Objectives - Psychiatry > OCD and Anxiety Disorders:

"Candidates must identify treatment strategies for resistant OCD, including the role of clomipramine and augmentation therapy."

Quetiapine (C) may be used as augmentation. Paroxetine (E) is another SSRI. Vortioxetine (A) and amitriptyline (D) are not first-line or preferred for OCD.

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