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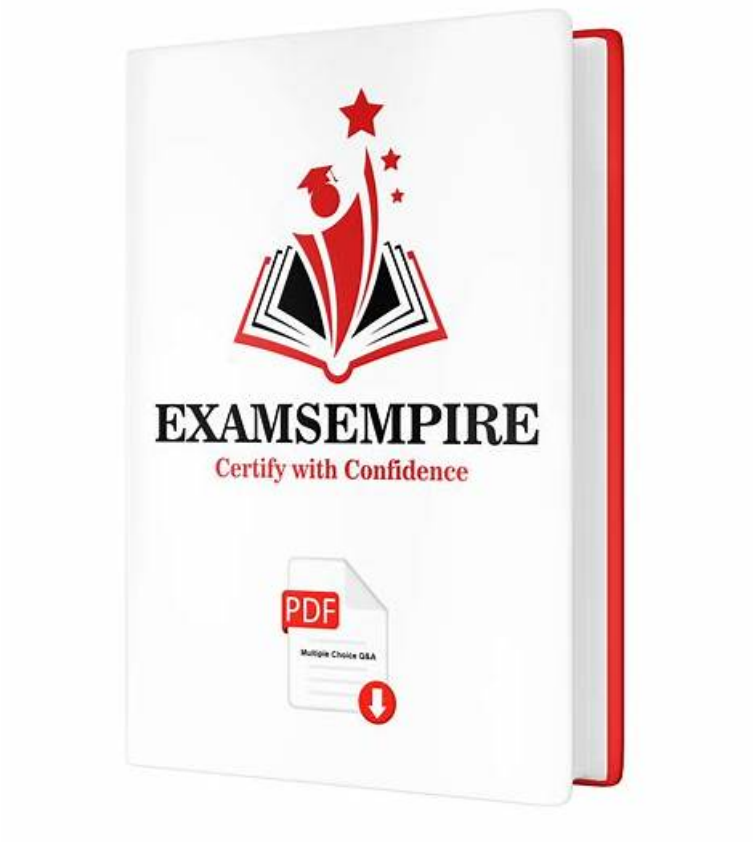

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q47-Q52):

NEW QUESTION # 47
A 45-year-old man presents to your family practice for follow-up because he has had repeated transient ischemic attacks and had been advised not to drive. During the interview, you find out that he is still driving.
He explains that he only drives to the grocery store and his wife, who also has a driver's license, is always a passenger with him. He insists he can drive. You think that he should no longer be driving a car. Which one of the following is the best next step?

- A. Communicate your concerns to the motor vehicle licensing authority.
- B. Discuss this further with him.
- C. Physically take away his license.
- D. Refuse to treat him further unless he stops driving.
- E. Consult a neurologist to assess whether the patient is fit to drive.

Answer: A

Explanation:
In most Canadian provinces and territories, physicians are legally obligated to report patients who pose a danger due to medical conditions affecting driving ability. Given the history of TIAs and continued unsafe driving, reporting is necessary for public safety.
Toronto Notes 2023 - ELOM, "Fitness to Drive" Section:
"Physicians must report to motor vehicle authorities if a patient poses a risk to public safety due to a medical condition. TIAs are considered reportable if they impair ability and the patient does not comply with driving restrictions." MCCQE1 Objectives (ELOM > 99-1: Medical Fitness and Reporting):
"Candidates must recognize situations requiring mandatory reporting of patients unfit to drive due to neurologic or other impairing conditions." You may still discuss with the patient (B), but this does not replace the duty to report. Physically taking the license (C) is illegal. Refusing care (D) is unethical. A neurologist (E) could be helpful but would delay action in a clear case.

NEW QUESTION # 48
You are covering for your colleague who is on vacation this week. You receive the results from an ultrasonography that had been ordered for a 32-year-old woman, gravida 2, para 1, aborta 0. The ultrasonography-estimated fetal weight is below the fifth percentile for 30 weeks' gestation; gestational age was confirmed by an earlier ultrasonogram. The amniotic fluid volume is within normal range. Her first child's birth weight was 2800 g at full term. Which one of the following is the best next step?

- A. Reassure the patient that the fetus is probably at the lower range of normal weight
- B. Plan a follow-up appointment as soon as your colleague is back from vacation
- C. Ask the patient to present to the obstetrics ward for further fetal assessment
- D. Discuss the benefits of acetylsalicylic acid
- E. Schedule an urgent uterine artery Doppler ultrasonography

Answer: C

Explanation:
Comprehensive and Detailed Explanation:
An estimated fetal weight below the 5th percentile at 30 weeks is concerning for intrauterine growth restriction (IUGR). This warrants prompt evaluation of fetal well-being via biophysical profile and Doppler assessment. The patient should be referred for further fetal assessment immediately to rule out placental insufficiency or other complications.
Toronto Notes 2023 - Obstetrics, "Fetal Growth Restriction":
"EFW < 10th percentile, especially < 5th, warrants further evaluation including Doppler studies and biophysical profile. Immediate assessment is warranted to determine fetal well-being." MCCQE1 Objectives (Obstetrics > 80-4: Antepartum Surveillance):
"Candidates must initiate urgent assessment in cases of abnormal fetal growth to reduce perinatal morbidity." Delaying care (B) is inappropriate. Reassurance (A) is unsafe. ASA (D) is preventative, not corrective.
Doppler (E) is important but should be coordinated through obstetrical triage.

NEW QUESTION # 49
A 58-year-old woman presents with a 1-year history of functional decline. She reports seeing rodents and little children invading her bedroom. Her partner tells you she has a slow, unsteady gait and tends to fall. On examination, she cannot sustain her attention during cognitive testing. Which one of the following is most likely to be found on brain imaging?

- A. Cerebellar atrophy
- B. Bilateral frontal atrophy
- C. Medio-temporal atrophy
- D. Subdural hematoma
- E. No structural abnormality

Answer: B

Explanation:
The symptoms - visual hallucinations, attention deficits, gait instability - suggest dementia with Lewy bodies (DLB), which may show bilateral frontal or parietal atrophy on imaging.
Toronto Notes 2023 - Psychiatry, Neurocognitive Disorders:
"DLB presents with fluctuating cognition, visual hallucinations, parkinsonism, and attention deficits. Imaging may show frontal or parietal atrophy but is not always specific." MCCQE1 Objectives - Psychiatry > Neurocognitive Disorders:
"Candidates must recognize the characteristic features of DLB and support diagnosis with imaging when appropriate." Cerebellar atrophy (A) is linked to ataxia but not hallucinations. Subdural hematoma (B) causes abrupt decline. Mediotemporal atrophy (D) is typical of Alzheimer's. Option E is incorrect - imaging can support the diagnosis.

NEW QUESTION # 50
You are on duty in the Emergency Department when 5 patients are brought in by ambulance after a high- speed motor vehicle collision. Which one of the following patients requires the most urgent medical care?

- A. A 72-year-old man with a history of myocardial infarction, with a blood pressure of 163/94 mm Hg, a heart rate of 92/min, and a capillary saturation of 95%
- B. A 13-month-old child who is screaming constantly and for whom the triage nurse finds no obvious explanation
- C. A 23-year-old woman who lost consciousness for about 5 minutes and has a headache despite a normal neurological screening examination
- D. A 4-year-old girl with a visibly displaced ankle fracture, in great pain, with normal distal pulses and normal vital signs
- E. A 32-year-old man with a swollen and angulated thigh, a blood pressure of 112/96 mm Hg, and a pulse of 122/min

Answer: E

Explanation:
The patient with the angulated thigh, hypotension relative to baseline, and tachycardia likely has a femoral shaft fracture with concealed hemorrhage. This poses an immediate risk of hypovolemic shock and requires urgent assessment and stabilization.
Toronto Notes 2023 - Emergency Medicine, "Trauma Triage and Prioritization":
"Patients with long bone fractures, especially femoral fractures, are at high risk for hemorrhage and should be prioritized for stabilization and hemorrhage control." MCCQE1 Objectives (Surgery > 51-1: Trauma):
"Candidates must prioritize trauma patients based on signs of instability or risk of deterioration, such as tachycardia and occult bleeding."

NEW QUESTION # 51
An 84-year-old woman is brought by ambulance to the emergency department after she was found by a neighbour. She had fallen, sustained a hip fracture, and was unable to move for the past 2 days. After starting rehydration, she reports hip pain and numbness and tingling in both her legs. Physical examination reveals faint pulses in both legs and severely swollen lower legs that are painful to palpation. The urine in the Foley catheter bag seems to be darker than normal. Which one of the following is the best next step?

- A. Myoglobin urine test.
- B. Bilateral Doppler ultrasonography of the legs.
- C. Compartment pressure measurements of the lower legs.
- D. Bilateral angiography of the lower legs.
- E. Surgical fixation of the patient's hip fracture.

Answer: C

Explanation:
This patient presents with signs of acute compartment syndrome (pain out of proportion, paresthesia, pallor, swelling, decreased pulses, and dark urine indicating rhabdomyolysis). Measuring compartment pressures is the diagnostic test of choice to confirm the diagnosis and guide urgent surgical fasciotomy.

Toronto Notes 2023 - Orthopedics:
"Acute compartment syndrome should be suspected in any patient with severe extremity pain, swelling, sensory deficits, and tense compartments. Confirm with compartment pressure measurements. Fasciotomy is indicated if pressure is >30 mmHg or within 30 mmHg of diastolic pressure." MCCQE1 Objectives (Surgery > 51-2: Limb Trauma):
"Candidates must diagnose acute compartment syndrome and initiate appropriate surgical referral after confirming with pressure measurements." Angiography and Doppler studies assess vascular compromise but are not the first step in suspected compartment syndrome. Fixing the hip (C) and testing myoglobin (E) are not diagnostic steps.

NEW QUESTION # 52
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