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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q162-Q167):

NEW QUESTION # 162

A 14-year-old girl is brought to the Emergency Department with a 20-minute history of difficulty breathing that started during a school assembly. She has had similar symptoms 3 times in the last 2 weeks. These episodes develop rapidly and resolve gradually over several minutes. She reports tingling in her fingers and toes. On examination, her vital signs are as follows:

Blood pressure

120/80 mm Hg

Heart rate

100/min

Respiratory rate

22/min

Oxygen saturation on room air

95%

Temperature

36.9 °C, orally

Apart from mildly dilated pupils, her examination is otherwise normal. Which one of the following is the most likely diagnosis?

- A. Pericarditis
- B. Asthma
- C. Cocaine use
- D. Paroxysmal supraventricular tachycardia
- E. Panic attack

Answer: E

Explanation:

This teenager presents with acute-onset dyspnea, paresthesias, and normal physical findings, consistent with a panic attack. Panic attacks often mimic cardiopulmonary pathology but are marked by symptoms like hyperventilation, tingling in the extremities, palpitations, and subjective air hunger with normal vitals and oxygenation.

Toronto Notes 2023 - Psychiatry:

"Panic attacks are characterized by sudden onset of intense fear or discomfort, accompanied by somatic symptoms such as dyspnea, paresthesias, tachycardia, and fear of losing control." MCCQE1 Objectives (Psychiatry > 71-3: Anxiety Disorders):

"Candidates must recognize panic attacks based on clinical features and differentiate them from cardiopulmonary conditions."

Normal O₂ saturation and physical exam rule out asthma or pericarditis. Cocaine use would present with more systemic toxicity. PSVT would cause consistent tachycardia.

NEW QUESTION # 163

A 19-year-old woman returns to your clinic to discuss her recent laboratory tests. She initially presented with dysuria, dyspareunia, and abnormal uterine bleeding. Her vulvovaginal examination was normal. Her last sexual encounter was 3 weeks prior to the onset of her symptoms. Which one of the following pathogens is most likely to explain this clinical presentation?

- A. Human papillomavirus
- B. Actinomyces israelii
- C. Treponema pallidum
- D. Chlamydia trachomatis
- E. Herpes simplex virus

Answer: D

Explanation:

Chlamydia trachomatis is the most common cause of cervicitis in young sexually active women and frequently presents with dysuria, dyspareunia, intermenstrual bleeding, and a normal vulvovaginal exam. It may be asymptomatic or have subtle signs and often affects the endocervix.

Toronto Notes 2023 - Gynecology, "Sexually Transmitted Infections" Section:

"Chlamydia is the most common bacterial STI. Symptoms may include intermenstrual bleeding, postcoital bleeding, dyspareunia, mucopurulent cervical discharge, and dysuria. The vulva and vagina may appear normal." MCCQE1 Objectives (Obstetrics and Gynecology > 82-1: Abnormal Uterine Bleeding):

"Candidates should evaluate STI-related cervicitis as a common cause of postcoital and intermenstrual bleeding in young women."

Other options:

- * A. Actinomyces israelii is associated with IUD use, not relevant here.
- * B. Herpes simplex virus usually presents with painful ulcerations, not abnormal bleeding.
- * C. Treponema pallidum (syphilis) causes painless ulcers or systemic symptoms in later stages.
- * D. HPV causes warts or asymptomatic cervical dysplasia, not acute symptoms.

NEW QUESTION # 164

An 18-year-old woman comes to the office because of fatigue. She tells you she is struggling in her first year of university. She mentions that she spends much of her time rewriting her notes and filing and organizing her study materials. She is doing all the work in her group assignments because she feels others cannot do the work to a high enough standard. She has abandoned all enjoyable activities and seems to be constantly working and worrying about her grades. Which one of the following is the most likely diagnosis?

- A. Obsessive-compulsive disorder.
- B. Generalized anxiety disorder.

- C. Major depressive disorder.
- **D. Obsessive-compulsive personality disorder.**

Answer: D

Explanation:

This patient exhibits perfectionism, preoccupation with order and control, and reluctance to delegate - classic features of obsessive-compulsive personality disorder (OCPD). Unlike OCD, there are no intrusive thoughts or compulsions; rather, behaviors are ego-syntonic.

Toronto Notes 2023 - Psychiatry, Personality Disorders:

"OCPD is marked by perfectionism, rigidity, and preoccupation with productivity. It differs from OCD in lacking obsessions or compulsions." MCCQE1 Objectives - Psychiatry > Personality Disorders:

"Candidates must distinguish OCPD by traits of excessive perfectionism, control, and inflexibility, particularly when these interfere with functioning." Major depression (A) is marked by pervasive low mood, which is not reported. OCD (B) involves distressing obsessions and compulsions. GAD (C) is more generalized worry without the perfectionism and rigidity.

NEW QUESTION # 165

You are providing medical care to a 78-year-old man and notice a skin lesion which you suspect is malignant melanoma. He has been living in a long-term care facility for 2 years because of incontinence, mobility and vision problems. He is well-liked by facility staff and residents, manages his own affairs and communicates clearly. He has designated his daughter to be his substitute decision-maker and has signed a Do Not Resuscitate (DNR) order. Which one of the following is the best next step in providing care to this patient for his skin lesion?

- A. Ask him whether you can discuss your diagnosis and care with his daughter.
- B. Perform a biopsy to ensure an accurate diagnosis before discussing diagnosis and treatment.
- **C. Discuss your tentative diagnosis with him and ask about his preferences regarding investigations.**
- D. Respect his DNR wishes, and do nothing about the skin lesion.
- E. Contact the daughter to inform her of your findings and discuss possible investigations.

Answer: C

Explanation:

This patient is competent and capable of making his own health decisions. A DNR order and naming a substitute decision-maker apply only when a patient lacks capacity. The next step is to discuss the suspected diagnosis with the patient and explore his preferences.

Toronto Notes 2023 - ELOM, Consent and Capacity:

"Competent patients retain full decision-making authority. Substitute decision-makers are only engaged when the patient lacks capacity. DNR applies to resuscitation, not other medical decisions." MCCQE1 Objectives - ELOM > Capacity, Consent, Advance Directives:

"Candidates must recognize that capable patients should be directly involved in decisions. Substitute decision-makers are not invoked unless the patient is incapable." Option A implies a breach of confidentiality without permission. Option C is premature. Option D bypasses informed consent. Option E misinterprets the DNR's scope.

NEW QUESTION # 166

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

Answer: B

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 # 167

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