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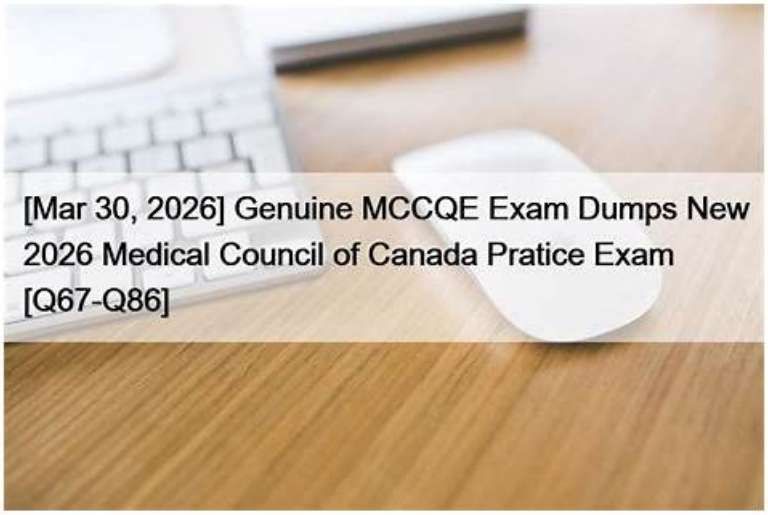

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Medical Council of Canada MCCQE Exam Syllabus Topics:

Section	Weight	Objectives
Dimensions of Care	50%	- Acute Care - Assessment and Diagnosis - Health Promotion and Illness Prevention - Chronic Care
Physician Activities	50%	- Professional Behaviours - Psychosocial Aspects - Management - Communication

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q326-Q331):

NEW QUESTION # 326
A 4-year-old girl is brought to the family practice by her father. The child has a 2-week history of low-grade fever, fatigue, and sore

throat. She has also developed several small, round, mildly tender lumps bilaterally in her neck. She was previously well. Which one of the following is most likely to be found on abdominal examination?

- A. Palpable spleen
- B. Generalized tenderness
- C. Shifting dullness
- D. Renal mass
- E. Abdominal bruit

Answer: A

Explanation:
This child likely has infectious mononucleosis caused by Epstein-Barr virus (EBV), characterized by fever, sore throat, cervical lymphadenopathy, fatigue, and splenomegaly. A palpable spleen is a hallmark of EBV in children.
Toronto Notes 2023 - Pediatrics, "Infectious Mononucleosis":
"Key features include fever, pharyngitis, lymphadenopathy, and splenomegaly. Children may have milder symptoms but often exhibit palpable spleen." MCCQE1 Objectives (Pediatrics > 75-2: Infectious Disease):
"Candidates should recognize common viral syndromes such as EBV and identify complications including splenomegaly." Other options (renal mass, ascites, etc.) are inconsistent with this viral presentation.

NEW QUESTION # 327
A mother brings her 1-month-old infant for routine health examination. The infant was born at term with no complications. He is exclusively breastfed every 3-4 hours and growth parameters are normal. His mother tells you that feedings are difficult (the baby cries any time she tries to put him down) and that she is exhausted. Her husband has been on a military mission since the infant was 2-weeks-old. Which one of the following is the most appropriate next step in management?

- A. Refer to a lactation consultant.
- B. Reassure that this is a normal phase.
- C. Suggest a switch to hypoallergenic infant formula.
- D. Increase the frequency of the feeds.
- E. Inquire about symptoms of depression.

Answer: E

Explanation:
The most appropriate next step is to screen for postpartum depression . MCCQE objectives emphasize the importance of assessing maternal mental health at routine infant visits, particularly in the first months postpartum. This mother reports exhaustion, difficulty coping, and limited social support (husband deployed), all of which are risk factors for postpartum depression. Although infant growth is normal and frequent crying at 1 month can be physiologic (e.g., colic/normal infant behavior), the key clinical issue is maternal distress and functional impairment.
Postpartum depression can present with fatigue, irritability, sleep disturbance beyond expected newborn care, feelings of being overwhelmed, and impaired bonding. Early identification through targeted questioning or validated screening tools (e.g., Edinburgh Postnatal Depression Scale) allows timely intervention, which benefits both mother and infant.
Simply reassuring her may miss significant depressive symptoms. Increasing feeds or switching formula is not indicated with normal growth and no allergy signs. Lactation referral may help feeding mechanics but does not address maternal psychological well-being. Therefore, screening for depression is the priority.

NEW QUESTION # 328
A 79-year-old woman presents to the Emergency Department with sudden-onset severe chest and back pain that started 1 hour ago. She has a history of hypertension and looks unwell. Her vital signs are as follows:
blood pressure 168/108 mm Hg, heart rate 110/min, respiratory rate 22/min, temperature 36.7°C. Findings of a physical examination of the chest and abdomen are normal. An urgent computed tomography (CT) scan of the chest and abdomen shows an aortic dissection extending from the descending thoracic aorta to the upper abdominal aorta. The branches of the abdominal aorta are patent. Following initial resuscitation, which one of the following is the best next step?

- A. Begin intravenous beta-blocker therapy.
- B. Immediate surgical repair.
- C. Start thrombolytic therapy.
- D. Insert an intra-aortic balloon pump.

- E. Begin anticoagulation with heparin.

Answer: A

Explanation:
This patient has a Stanford type B aortic dissection (involving the descending thoracic aorta distal to the left subclavian artery). MCCQE objectives emphasize distinguishing type A (ascending aorta) from type B dissections because management differs. Type A requires urgent surgical repair , whereas uncomplicated type B dissections are managed medically .
The immediate priority after diagnosis is aggressive blood pressure and heart rate control to reduce shear stress on the aortic wall. Intravenous beta-blockers (e.g., labetalol or esmolol) are first-line to lower heart rate (target ~60 bpm) and systolic blood pressure (typically 100-120 mm Hg), thereby reducing dP/dt and limiting propagation of the dissection. Vasodilators may be added after beta-blockade if needed.
Thrombolytics and anticoagulation are contraindicated because they increase risk of catastrophic bleeding. An intra-aortic balloon pump is also contraindicated. Surgical or endovascular intervention is reserved for complications (rupture, malperfusion, refractory pain, uncontrolled hypertension). This case describes an uncomplicated type B dissection; therefore, IV beta-blockade is the best next step.

NEW QUESTION # 329
A 45-year-old man with confusion is brought to the Emergency Department by ambulance. He has end-stage renal disease and has missed his last 3 dialysis appointments. He also has a past medical history of antisocial personality disorder and hepatitis C. On examination, he is in respiratory distress. His blood pressure is 170
/90 mm Hg, and his oxygen saturation is 84% on room air. His jugular venous pressure is 8 cm above the sternal angle, and he has crackles in his lungs bilaterally. A venous blood gas shows a bicarbonate of 11 mmol
/L (24-30) and potassium of 7.1 mmol/L (3.5-5.0). Which one of the following is the best next step?

- A. Attempt to contact his family for consent to start dialysis.
- B. Call psychiatry to evaluate his capacity to consent.
- C. Prescribe morphine and furosemide.
- D. Discuss with his nephrologist the reasons why he missed his dialysis appointments.
- E. Start urgent dialysis.

Answer: E

Explanation:
This patient has life-threatening complications of missed dialysis , including severe hyperkalemia (K# 7.1 mmol/L), metabolic acidosis (HCO## 11 mmol/L), volume overload with pulmonary edema (hypoxia, crackles, elevated JVP), and altered mental status. MCCQE objectives emphasize immediate recognition and treatment of emergent indications for dialysis (AEIOU: Acidosis, Electrolyte abnormalities, Intoxication, Overload, Uremia) . This patient meets multiple criteria-particularly refractory hyperkalemia and pulmonary edema-requiring urgent hemodialysis .
In emergencies where delay would risk death or serious harm, treatment proceeds under implied consent , even if the patient is confused and capacity is uncertain. Contacting family or psychiatry would dangerously delay life-saving care. While temporizing measures (e.g., IV calcium, insulin/glucose) may be given, definitive management is emergent dialysis. Morphine and furosemide alone are inadequate in severe renal failure with life-threatening hyperkalemia. Therefore, immediate initiation of urgent dialysis is the correct next step.

NEW QUESTION # 330
A 3-year-old boy is brought to the office because he is not using his right arm after a fall from a swing.
Radiographs reveal a new fracture and old healing fractures. The parents deny any previous injuries. In addition to providing care for the fracture, which one of the following is the best next step?

- A. Investigate the patient to rule out metabolic or endocrine disorders.
- B. Monitor the patient for future injuries.
- C. Advise the parents to better supervise the patient.
- D. Notify child protection services.
- E. Refer the family to the social work department.

Answer: D

Explanation:

The clinical presentation ofmultiple fractures at different stages of healingin a young child raisesstrong suspicion of physical abuse(non-accidental trauma). In such situations,mandatory reporting to child protection services is legally and ethically required, even in the absence of parental admission or clear history.
Toronto Notes 2023 - Pediatrics, Child Maltreatment Section:
"Red flags include inconsistent history, delay in seeking care, multiple injuries in various stages of healing, and injuries not consistent with developmental level. Health care professionals arelegally obligatedto report suspected child abuse or neglect to child protection authorities without delay." MCCQE1 Objectives (Medical Expert > Pediatrics > 77-2):
"The candidate must be able to recognize when the findings are consistent with child abuse... When child abuse is suspected,the physician has a legal obligation to report to the appropriate child protection agency immediately." Options B, C, D, and E do not address the immediate child safety risk and legal duty. Social work involvement (E) is supportive but must follow or accompany notification to child protection, not replace it.

NEW QUESTION # 331
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