

Free PDF Medical Council of Canada - MCCQE - Newest MCCQE Part 1 Exam Question Explanations

MCCQE Part 1 Practice Questions

Question 1

A 65-year-old man presents with worsening dyspnea and paroxysmal nocturnal dyspnea. On examination, there are bibasilar crackles and an S3 heart sound. What is the most likely diagnosis?

- A) Chronic obstructive pulmonary disease (COPD)
- B) Pneumonia
- C) Congestive heart failure (CHF)
- D) Pulmonary embolism

Question 2

A 45-year-old woman presents with fatigue, weight loss, and hyperpigmentation. Lab results reveal hyponatremia and hyperkalemia. What is the most likely diagnosis?

- A) Hypothyroidism
- B) Addison's disease
- C) Cushing's syndrome
- D) Hyperaldosteronism

Question 3

A 30-year-old man is involved in a motor vehicle accident and presents with hypotension, muffled heart sounds, and distended neck veins. What is the most likely diagnosis?

- A) Myocardial infarction
- B) Cardiac tamponade
- C) Pulmonary embolism
- D) Aortic dissection

Question 4

A 25-year-old woman presents with palpitations, sweating, and episodic headaches. Her blood pressure is persistently elevated. What is the most likely diagnosis?

- A) Hyperthyroidism
- B) Pheochromocytoma
- C) Panic disorder

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q241-Q246):

NEW QUESTION # 241

A 59-year-old woman is referred to you because of a 2-month history of left nipple discharge. She is otherwise healthy and is not on any medication. There are no palpable lesions on breast examination. She is able to express a small amount of blood-tinged liquid from her breast. Which one of the following would be the best next step?

- A. Serum prolactin.
- B. Biopsy of nipple complex.
- C. Mammography.
- D. Galactography.
- E. Magnetic resonance imaging of breast.

Answer: C

Explanation:

Spontaneous, unilateral, blood-tinged nipple discharge in a postmenopausal woman is considered pathologic and warrants imaging to rule out intraductal pathology including malignancy. The best initial test is diagnostic mammography, often with ultrasound if indicated. Toronto Notes 2023 - Breast Disorders:

"Unilateral, spontaneous, bloody nipple discharge should be evaluated with mammography and targeted ultrasound. Further tests such as MRI or duct excision are based on findings." MCCQE1 Objectives (Gynecology > 81-1: Breast Conditions):

"Candidates must recognize red flags for breast malignancy and apply appropriate initial diagnostic imaging." Serum prolactin (C) is indicated in galactorrhea. Galactography (D) and MRI (E) are second-line. Biopsy (A) is premature without imaging.

NEW QUESTION # 242

A 38-year-old man is brought by his wife to the Emergency Department with fatigue, dizziness, and nausea after completing a hiking tour on a hot, humid day. His wife became worried after he had collapsed. He has been sweating heavily and vomited twice on the drive in. His medical history is unremarkable, and he takes no medications. His vital signs on arrival are as follows:

Blood pressure

85/57 mm Hg

Heart rate

120/min

Respiratory rate

18/min

Temperature

40.1 °C

Oxygen saturation

95%, room air

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On physical examination, the patient's skin is dry, flushed, and warm to the touch. He has a diffuse erythematous papular rash. Findings of a thorough physical examination are otherwise unremarkable. An electrocardiogram shows sinus tachycardia. Which one of the following is the best next step?

- A. Serum creatine kinase test
- B. Serum thyrotropin (thyroid-stimulating hormone)
- C. Serum C-reactive protein test
- D. Blood cultures
- E. Computed tomography of the head

Answer: A

Explanation:

This patient has classic features of exertional heat stroke-hyperthermia, hypotension, CNS symptoms (collapse), and hot, dry skin. A key complication of heat stroke is rhabdomyolysis, which can cause renal failure. Serum creatine kinase (CK) is the best next diagnostic step to confirm muscle breakdown.

Toronto Notes 2023 - Emergency Medicine, "Environmental Exposures":

"In heat stroke, check for rhabdomyolysis (#CK), renal impairment, and coagulopathy. Prompt cooling and hydration are critical." MCCQE1 Objectives (Internal Medicine > 59-3: Environmental and Toxic Exposures):

"Candidates must recognize heat-related illnesses and investigate for complications such as rhabdomyolysis and acute kidney injury." CT head (C) is not indicated unless persistent neurological symptoms. TSH (B), CRP (D), and blood cultures (E) are irrelevant to acute exertional hyperthermia.

NEW QUESTION # 243

You are called to attend an 18-year-old woman, gravida 2, para 1, aborta 0, who is in precipitous labour. She did not realize she was pregnant and has not had any prenatal care. After the delivery, you examine the newborn boy; he is vigorous, and it appears that he was born at full term. Physical examination findings of the newborn are normal. Review of the prenatal record from the mother's last pregnancy shows the following:

- * HIV: Negative
- * Hepatitis B surface antibody: Positive
- * Hepatitis C: Negative
- * Syphilis serology: Negative

The mother's previous child was placed in foster care. The mother is withdrawn and uncommunicative after delivery. Which one of the following is the best next step?

- A. Administer hepatitis B vaccine to the newborn
- B. Recommend immediate skin-to-skin care
- C. Collect urine from the newborn for a drug screen
- D. Initiate feeding with donor breast milk

Answer: C

Explanation:

Given the lack of prenatal care, the mother's withdrawal, and prior involvement of child protection services, a newborn drug screen is warranted to assess for possible in utero exposure. This is part of the safety assessment.

Toronto Notes 2023 - Pediatrics, Newborn Assessment:

"Infants born to mothers with no prenatal care or prior social concerns should undergo a full newborn screening, including toxicology if indicated." MCCQE1 Objectives - Pediatrics > Newborn Care and Social Issues:

"Candidates must identify social risk factors and initiate appropriate newborn evaluations, including toxicology screens when substance use is suspected." The mother was previously immune to hepatitis B, so (A) is not immediately required. Skin-to-skin care (D) is beneficial but secondary to screening in this context. Donor milk (B) is not indicated unless breastfeeding is contraindicated.

NEW QUESTION # 244

A 26-year-old man presents with pain, numbness, and weakness in his right upper extremity. He works as a computer programmer, and his BMI is 32. Symptoms have worsened since he started spending more time on the keyboard. He reports that his right hand feels clumsier while he is typing. Physical examination reveals mild weakness in the intrinsic muscles of that hand, with a positive Tinel sign at the ulnar nerve. Which one of the following is the best next step?

- A. Elbow extension brace for use during sleep.
- B. Physiotherapy.
- C. Wrist splint to test for carpal tunnel.
- D. Magnetic resonance imaging of the cervical spine.
- E. Nerve conduction studies to localize the level of the lesion.

Answer: E

Explanation:

This patient presents with symptoms and signs of ulnar neuropathy-most likely at the elbow (cubital tunnel).

Weakness in the intrinsic hand muscles and positive Tinel sign at the ulnar nerve are suggestive. Nerve conduction studies are the gold standard to confirm and localize the lesion.

Toronto Notes 2023 - Neurology, "Peripheral Nerve Disorders":

"In cases of suspected mononeuropathy such as ulnar nerve compression, nerve conduction studies confirm the diagnosis and localize the lesion." MCCQE1 Objectives (Medicine > Neurology > 35-2):

"Candidates should identify and investigate focal mononeuropathies using nerve conduction studies to confirm the diagnosis and location." Splinting (A, C) may help after diagnosis. Physiotherapy (B) is adjunctive. MRI (D) is not the first-line investigation.

NEW QUESTION # 245

A new patient, a 19-year-old man, presents to your office with low back pain. He has a history of opioid dependence and is now on a methadone maintenance treatment program. He is requesting opiate analgesics.

After examination, you decide not to prescribe opiates for pain control. The patient gets upset and threatens to file a complaint with your licensing authority. Which one of the following is the best next step?

- A. Call the police to have the patient removed from the office.
- B. Send him for a lumbar spinal radiography.
- C. Give a single opiate injection.
- D. Prescribe a small amount of oral opiate.
- E. Direct him to his methadone management program.

Answer: E

Explanation:

MCCQE ELOM objectives stress that physicians must prescribe controlled substances responsibly, use evidence-based pain management, and maintain professional boundaries despite pressure or threats of complaints. A threat to complain does not obligate opioid prescribing, especially in a patient with opioid use disorder where opioids increase risk of relapse, overdose, and diversion. The appropriate response is to remain calm, document the assessment and rationale, and ensure the patient is offered safe alternatives and continuity of care. Directing him to his methadone maintenance program is best because it supports coordinated management within an established addiction-treatment framework (often with structured monitoring, agreements, and access to addiction/pain expertise).

Prescribing "a small amount" or giving an injection undermines safe prescribing practices and reinforces drug-seeking behavior. Calling police is reserved for immediate safety threats, not dissatisfaction. Lumbar radiography is not the next step unless red flags are present; it does not address the ethical issue. Coordinated care with the methadone program and non-opioid strategies is the safest, most appropriate action.

NEW QUESTION # 246

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