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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q28-Q33):

NEW QUESTION # 28

A 30-year-old man comes to the office and asks you to write him a note for his employer that recommends a stress leave. He says he feels entitled to a rest. He comes across as irritable and impulsive. He appears to show little regard for the law and admits to recently embezzling \$5,000 from his employer. He justifies his actions and shows no remorse. He has a history of attention-deficit/hyperactivity disorder as a child. Which one of the following is the most likely diagnosis?

- A. Borderline personality disorder.
- B. Narcissistic personality disorder.
- **C. Antisocial personality disorder.**
- D. Bipolar II disorder.
- E. Klinefelter syndrome.

Answer: C

Explanation:

This case features hallmark traits of antisocial personality disorder: disregard for social norms, criminal behavior, lack of remorse, impulsivity, and a history of conduct disorder (suggested by childhood ADHD and likely early behavioral problems).

Toronto Notes 2023 - Psychiatry, Personality Disorders:

"Antisocial personality disorder is characterized by disregard for rights of others, impulsivity, deceitfulness, lack of remorse, and criminal activity beginning in adolescence." MCCQE1 Objectives - Psychiatry > Personality Disorders:

"Candidates must distinguish antisocial personality disorder by a pattern of behavior that violates the rights of others, with evidence of conduct disorder before age 15." Other options do not explain the full behavioral pattern, especially the criminality and lack of remorse.

NEW QUESTION # 29

A health authority implements the first-ever colon cancer screening program in its territory. Which one of the following colon cancer indices will likely increase?

- A. Positive predictive value of the screening test
- B. Treatment rate
- C. Case fatality rate
- D. Incidence rate
- E. Positive biopsy rate

Answer: D

Explanation:

When a screening program is introduced, the incidence rate appears to rise because more cases (including subclinical ones) are identified earlier. This is known as "lead-time bias" or "ascertainment bias." Toronto Notes 2023 - Public Health, Screening and Epidemiology:

"Screening increases the apparent incidence of disease as more early or latent cases are detected." MCCQE1 Objectives - Preventive Medicine > Screening:

"Candidates should understand how implementation of screening programs affects disease incidence and epidemiologic metrics." Case fatality rate (A) may decrease. PPV (B) depends on prevalence. Positive biopsy rate (C) may remain stable. Treatment rate (E) could increase, but incidence is the most directly and consistently affected.

NEW QUESTION # 30

A 53-year-old man presents to the Emergency Department with a 3-week history of believing his neighbor is poisoning him by pumping gas through his home's air vent. He appears distracted, irritable, and is speaking very quickly. He has a family history of depression. Which one of the following is the most likely diagnosis?

- A. Psychotic disorder secondary to traumatic brain injury
- B. Delirium
- C. Malingering
- D. Brief psychotic disorder
- E. Bipolar I disorder

Answer: E

Explanation:

This man exhibits a classic manic episode with psychotic features: persecutory delusions, distractibility, pressured speech, irritability, and possible grandiosity. The chronicity and mood symptoms are most consistent with Bipolar I disorder.

Toronto Notes 2023 - Psychiatry, "Mood Disorders" Section:

"Bipolar I disorder is characterized by episodes of mania, often with psychotic features. Symptoms include grandiosity, decreased need for sleep, distractibility, and mood-congruent delusions." MCCQE1 Objectives (Psychiatry > 79-1: Mood Disorders):

"Candidates must recognize mania and differentiate from brief psychosis or organic causes." Delirium (A) is acute, fluctuating, and involves impaired attention. Malingering (B) requires external gain.

Brief psychotic disorder (C) resolves within 1 month. Brain injury-related psychosis (E) would require a supporting history or findings.

(Part 2)

NEW QUESTION # 31

A 19-year-old woman presents to the office. She is a new mother. She shares that she does not intend to vaccinate her son. Which one of the following is the best next step?

- A. Tell the patient you cannot follow her in your practice but will refer her to a colleague.
- B. Ask to speak with the patient's parents.
- C. Provide education on the risks and benefits of vaccination.
- D. Contact child protection services.
- E. **Explore with the patient her rationale for not vaccinating her child.**

Answer: E

Explanation:

When encountering vaccine hesitancy, the first and most effective step is to open a non-judgmental conversation and explore the patient's reasons. This helps build trust and tailor subsequent education and counseling.

Toronto Notes 2023 - Public Health and Preventive Medicine, Immunization:

"Addressing vaccine hesitancy requires understanding parental concerns. Begin with open-ended questions to identify underlying beliefs and information gaps." MCCQE1 Objectives - Preventive Medicine > Immunization:

"Candidates must demonstrate effective communication with vaccine-hesitant parents, beginning with eliciting their rationale before providing evidence-based recommendations." Jumping to education (B) or punitive measures (C, D) may close communication. The patient is an adult; speaking with her parents (E) violates her autonomy.

NEW QUESTION # 32

A 3-year-old boy is brought to the office because he has progressive weight gain and short stature. He has marked truncal obesity, hypertrichosis of the upper lip, and facial swelling. Which one of the following is a physical examination most likely to reveal?

- A. Acanthosis
- B. **Hypertension**
- C. Thyroid goiter
- D. Café-au-lait spots
- E. Hepatomegaly

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

The child's presentation (weight gain, short stature, truncal obesity, facial swelling, hypertrichosis) is classic for Cushing syndrome. One of the hallmark findings on physical examination in pediatric Cushing syndrome is hypertension, due to increased cortisol-mediated mineralocorticoid receptor activation.

Toronto Notes 2023 - Pediatrics / Endocrinology:

"Cushing syndrome in children presents with growth failure, weight gain, moon facies, truncal obesity, and hypertension." MCCQE1 Objectives (Pediatrics > 77-2: Endocrine Disorders in Children):

"Candidates must identify clinical signs of hypercortisolism and evaluate for associated findings such as elevated blood pressure."

Café-au-lait spots (A) suggest neurofibromatosis. Goiter (C) is more related to thyroid dysfunction.

Hepatomegaly (D) and acanthosis (E) are more commonly seen in metabolic syndrome or insulin resistance.

NEW QUESTION # 33

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