

# Pass Guaranteed Efficient MCCQE - Test MCCQE Part 1 Exam Questions

## 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 (Q15-Q20):

### NEW QUESTION # 15

A 45-year-old man with a developmental delay and a history of disruptive behavior presents to the clinic looking for his family doctor. He is well known to the clinic. He appears drunk and has accidentally broken 2 large beer bottles in the waiting room but remains calm. The office staff requests your help to deal with this situation. Which one of the following is the most appropriate initial step?

- **A. Assess the patient promptly.**
- B. Instruct the office staff to ignore him and let him calm down.
- C. Call the police, given the patient's presentation.
- D. Tell the patient that his behavior is unacceptable and ask him to leave.
- E. Call the social work crisis intervention team.

**Answer: A**

Explanation:

This is a known patient with intellectual disability and behavioral concerns. The presentation of alcohol intoxication in a calm patient who inadvertently broke bottles warrants prompt, nonjudgmental clinical assessment before escalating. De-escalation and safety assessment come first.

Toronto Notes 2023 - Psychiatry, "Psychiatric Emergencies and Crisis Management".

"In agitated or intoxicated individuals with developmental disability, a calm approach and prompt physician assessment are essential to prevent escalation and assess for medical or psychiatric needs." MCCQE1 Objectives (Psychiatry > Crisis and Acute Presentations > 72-2):

"Candidates must assess potentially disruptive patients with dignity and caution before involving law enforcement or security.

Physician engagement is often calming." Police intervention (A) is premature and may escalate matters. Ignoring (B) risks safety.

Asking him to leave (C) without assessment is inappropriate. Social work (E) may help, but after medical triage.

### NEW QUESTION # 16

A 58-year-old woman presents to your office with heavy vaginal bleeding. She has a history of type 2 diabetes and hypertension. Some active bleeding is visible on speculum examination. Ultrasound reveals an endometrial thickness of 12 mm. Endometrial biopsy shows complex hyperplasia with atypia. Which one of the following is the best next step?

- **A. Refer for hysterectomy and bilateral salpingo-oophorectomy**
- B. Obtain consent for dilatation and curettage
- C. Prescribe topical progesterone
- D. Arrange endometrial ablation
- E. Organize hysteroscopy

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation:

Complex endometrial hyperplasia with atypia carries a high risk of progression to or concurrent endometrial carcinoma. Definitive management in postmenopausal women is total hysterectomy with bilateral salpingo-oophorectomy.

Toronto Notes 2023 - Gynecology, Abnormal Uterine Bleeding:

"Endometrial hyperplasia with atypia in postmenopausal women is best managed surgically due to the risk of malignancy." MCCQE1 Objectives - Gynecology > Postmenopausal Bleeding:

"Candidates should identify endometrial hyperplasia with atypia as an indication for hysterectomy in appropriate patients." Ablation (A) is contraindicated. Progesterone (B) is used for non-atypical hyperplasia. D&C (C) and hysteroscopy (D) are diagnostic but not definitive.

### NEW QUESTION # 17

A 26-year-old woman, gravida 3, para 2, presents for her 1st antenatal visit. She states she is at 26 weeks' gestation and is healthy. On abdominal examination, her fundus is palpated at the umbilicus. Which one of the following is the most likely explanation for this finding?

- A. Partial hydatidiform mole
- B. Intrauterine growth restriction
- C. Bicornuate uterus
- D. Oligohydramnios
- **E. Dating error**

**Answer: E**

Explanation:

Comprehensive and Detailed Explanation:

At 20 weeks' gestation, the uterine fundus typically reaches the umbilicus. If the fundal height is lower than expected at a stated gestational age of 26 weeks, the most likely explanation-especially with no prior care- is a dating error.

Toronto Notes 2023 - Obstetrics:

"Fundal height at the umbilicus corresponds to ~20 weeks. In women lacking early prenatal care, dating errors are common causes of fundal height discrepancy." MCCQE1 Objectives (Obstetrics > 80-3: Routine Antenatal Care):

"Candidates must interpret fundal height and reconcile discrepancies with gestational age." IUGR and oligohydramnios are possible but require imaging confirmation. Bicornuate uterus may cause fundal shape anomalies but not significant dating discrepancy. A mole (D) would increase, not decrease, size.

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### NEW QUESTION # 18

A 3-week-old boy is brought by his parents to your clinic for a well-child visit. The newborn was born at term after an uncomplicated pregnancy. He is exclusively breastfed and is thriving. Physical examination findings are normal except for jaundice. Total bilirubin is 172  $\mu\text{mol/L}$  (#100), and conjugated bilirubin is 4  $\mu\text{mol/L}$  (#5). Results of a complete blood count and reticulocyte count are within the normal range. The results of a direct antiglobulin (Coombs) test were negative. Which one of the following, if any, is the most appropriate investigation?

- A. Liver enzymes and serum albumin.
- **B. No investigation required.**
- C. Hepatobiliary ultrasonography.
- D. Urine culture.
- E. Test for galactosemia.

**Answer: B**

### NEW QUESTION # 19

A 3-year-old boy is brought to your office because his daycare teachers are concerned about his language development. His parents speak both English and French at home, and he can say around 15 words combined in both languages. His history reveals that he has minimal interest in playing with other children. Which one of the following is most appropriate?

- A. Recommend use of one language at home.
- **B. Screen for autism spectrum disorder.**
- C. Reassure that no intervention is needed.
- D. Evaluate for attention deficit hyperactivity disorder.
- E. Refer to a pediatric neurologist.

**Answer: B**

Explanation:

A limited vocabulary (fewer than 50 words by age 2-3 years) and reduced social interaction (limited interest in peers) raise concern for autism spectrum disorder (ASD). Screening for ASD is the most appropriate next step.

Toronto Notes 2023 - Pediatrics, Development and Behaviour:

"Red flags for autism include delayed language, limited social reciprocity, and poor peer interaction.

Screening should be initiated early when clinical signs are present."

"Candidates must identify key signs of ASD and initiate appropriate screening and early intervention." Multilingual households do not typically cause such delays (E is incorrect). ADHD (B) presents with attention /hyperactivity issues, not language/social delay. Reassurance (A) is inappropriate. Neurology referral (C) may follow but is not first-line.

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