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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q47-Q52):

NEW QUESTION # 47

You are conducting a virtual appointment by voice-only call with a 68-year-old man regarding back pain. When he answers, you ask for him by name and identify yourself and the clinic from which you are calling. Which one of the following is the best next step?

- A. Confirm the name of the patient's primary care provider.
- **B. Ask for additional confirmation of the patient's identity.**
- C. Establish the reason for the virtual care visit.

Answer: B

Explanation:

Before proceeding with any virtual consultation, particularly by voice-only, it is essential to confirm the patient's identity beyond name alone - for example, by verifying date of birth or health card number. This protects privacy and ensures medical confidentiality.

Toronto Notes 2023 - ELOM, Virtual Care Section:

"Virtual care must begin by verifying patient identity using at least two identifiers (e.g., full name and date of birth) to prevent

disclosure of personal health information to unintended individuals." MCCQE1 Objectives - Ethical, Legal, and Professionalism > Virtual Care:

"The candidate must confirm patient identity and consent before initiating any virtual medical encounter, especially when video is not available." Option A (reason for visit) should follow identity confirmation. Option B (confirming primary care provider) is irrelevant to identity verification.

NEW QUESTION # 48

A 25-year-old woman presents to the Emergency Department with a 2-hour history of pelvic pain associated with no other symptoms. The first day of her last menstrual period was 14 days ago. On examination, her vital signs are as follows:

Blood pressure

108/72 mm Hg

Heart rate

110/min

Temperature

37 °C

Abdominal examination reveals rebound tenderness and guarding. Pelvic examination reveals exquisite left adnexal tenderness.

Which one of the following is the most likely diagnosis?

- A. Adenomyosis
- **B. Hemorrhagic ovarian cyst**
- C. Endometriosis
- D. Appendicitis
- E. Diverticulitis

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

Mid-cycle acute onset pelvic pain with localized adnexal tenderness in a reproductive-age woman suggests a hemorrhagic ovarian cyst, particularly a ruptured one. The hemodynamic parameters are stable, but elevated HR supports acute pain and possible blood loss.

Toronto Notes 2023 - Gynecology / Acute Pelvic Pain:

"Hemorrhagic ovarian cysts present with sudden unilateral pelvic pain, mid-cycle, with guarding and rebound tenderness. Ultrasound is key." MCCQE1 Objectives (Gynecology > 82-4: Acute Pelvic Pain):

"Candidates must recognize common causes of acute pelvic pain, including ovarian cysts." Diverticulitis (A) is rare in young women and usually LLQ. Appendicitis (B) is more likely RLQ.

Adenomyosis (C) and endometriosis (D) cause chronic cyclical pain, not acute tenderness.

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NEW QUESTION # 49

A 33-year-old man with severe bacterial meningitis is intubated and unresponsive in the Intensive Care Unit.

If he receives immediate treatment, his prognosis is excellent. If he does not, he will likely die. Three years ago, the patient had Huntington disease diagnosed, but he has been asymptomatic since then. His advance directive, which was made before this hospitalization, states that he should be allowed to die if he contracts a life-threatening illness. His parents demand that he be treated for the meningitis. Which one of the following is the best next step?

- **A. Do not provide any treatment other than comfort measures**
- B. Order an electroencephalography
- C. Consult a second physician for an opinion on emergent treatment
- D. Initiate treatment, using the parents as substitute decision-makers
- E. Ask for a current mental capacity assessment

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

An advance directive is a legally binding document that outlines a competent person's preferences regarding future medical care. If the patient clearly stated a refusal of treatment in the event of a life-threatening condition, this directive must be followed, even if the patient is currently incapacitated and family disagrees.

Toronto Notes 2023 - Ethics and Law:

"Advance directives must be respected when valid, clear, and applicable. Substitute decision-makers cannot override them."

MCCQE1 Objectives (ELOM > 90-4: Informed Consent and Advance Directives):

"Candidates must apply valid advance directives to guide care for incapacitated patients." B (parents as SDMs) is incorrect if an advance directive exists. A and D are irrelevant-capacity has already been documented. C is unnecessary when an advance directive is clear.

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NEW QUESTION # 50

An intoxicated 28-year-old man is brought to the Emergency Department after being found in the snow. His vital signs are as follows:

Temperature: 33°C

Respiratory rate: 22/min

Heart rate: 123/min

The patient is shivering and displays some dysarthria and ataxia. After his wet clothing is removed, he is provided with a warm blanket. The results of the subsequent physical examination are unremarkable, except for frostbite of the ears and fingers. Which one of the following is the best next step?

- A. Perform a peritoneal lavage.
- B. Continuous warm bladder irrigation.
- C. Start continuous arteriovenous rewarming.
- D. Apply heating pads to extremities.
- E. Set the room temperature to 28°C.

Answer: E

Explanation:

This patient is experiencing mild hypothermia (32-35°C), evidenced by shivering, ataxia, and tachycardia.

First-line management includes passive external rewarming - removing wet clothing, providing warm blankets, and ensuring a warm environment (ambient temperature ~28°C).

Toronto Notes 2023 - Emergency Medicine, Environmental Injuries:

"Mild hypothermia (32-35°C): Treatment includes passive rewarming (warm blankets, warm environment).

Avoid active rewarming methods to extremities due to risk of afterdrop." MCCQE1 Objectives - Internal Medicine > Environmental Exposure:

"Candidates must recognize appropriate levels of hypothermia and select evidence-based rewarming strategies based on severity."

Options A, C, and D are used in moderate to severe hypothermia (<32°C or unconscious patients). Heating pads (B) may cause tissue damage, especially with frostbite.

NEW QUESTION # 51

A 2-year-old boy is brought by his parents to your clinic because of sudden onset of high fever, refusal to drink, and drooling. Examination reveals cervical lymphadenopathy as well as multiple ulcers on the inner lips, tongue, and gums. Which one of the following is the most likely diagnosis?

- A. Herpetic gingivostomatitis
- B. Hand-foot and mouth disease
- C. Acute epiglottitis
- D. Infectious mononucleosis
- E. Kawasaki disease

Answer: A

Explanation:

Primary herpetic gingivostomatitis caused by HSV-1 is common in toddlers. It presents with high fever, irritability, drooling, refusal to eat, and painful oral ulcers on the lips, gums, and tongue. Cervical lymphadenopathy is common.

Toronto Notes 2023 - Pediatrics, "Infectious Conditions in Children":

"Primary HSV-1 infection in children presents with high fever, cervical lymphadenopathy, and painful oral ulcers (gingivostomatitis)."

MCCQE1 Objectives (Pediatrics > 75-2: Infectious Diseases):

"Candidates must recognize viral exanthems and enanthems, including herpetic gingivostomatitis, based on clinical findings."

Kawasaki (A) includes conjunctivitis, strawberry tongue, and extremity changes. Epiglottitis (B) presents with drooling but without

oral ulcers. Mono (C) lacks the ulcerative pattern. Hand-foot-mouth (D) affects palms and soles, not inner lips and gums predominantly.

NEW QUESTION # 52

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