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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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Test MCCQE Questions Fee, MCCQE Latest Exam Review

Since our childhood, we have always been guided to study hard to clear the Medical Council of Canada MCCQE exams but if you still believe in the same pattern for clearing your MCCQE Part 1 Exam MCCQE certification exam, I must say it's a bad idea. Studying hard is good only when you have enough time and no liability to check. When you are in your professional career, you

don't have enough time to study hard but you have time to study smart. The smart study includes to prepare Itexamguide MCCQE Exam Questions that will help you concentrate on the core study and not follow up on the stories and background.

Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q189-Q194):

NEW QUESTION # 189

A 91-year-old man comes to the Emergency Department reporting blood in his stools, which has now resolved. He is able to give a history and mentions that this also happened 2 years ago. At that time, a colonoscopy was done and revealed diverticular disease as the cause. Which one of the following is the best next step?

- A. Recommend a surgical resection of the diverticular disease.
- B. **Reassure him that a colonoscopy does not need to be repeated.**
- C. Order a fecal immunochemical test (FIT).
- D. Discuss the issue with his family before making a decision.
- E. Perform a computed tomography colonoscopy.

Answer: B

Explanation:

In a patient with known diverticular bleeding and no red flags (e.g., weight loss, anemia, family history), repeating colonoscopy is not required. Diverticular bleeding is typically self-limited. Colonoscopy within the past few years with clear findings suffices.

Toronto Notes 2023 - Gastroenterology, Lower GI Bleed:

"Patients with known diverticulosis and self-limited bleeding who have had prior complete colonoscopy do not require repeat endoscopy unless symptoms recur or persist." MCCQE1 Objectives - Internal Medicine > Gastroenterology:

"Candidates must recognize when no further invasive investigation is necessary in elderly patients with known benign findings and resolved symptoms." Option E is considerate but not clinically necessary for independent patients. Options A, B, and D are not indicated in resolved, low-risk cases.

NEW QUESTION # 190

A 22-year-old woman is brought to the Emergency Department by her boyfriend, who says that she is experiencing a fentanyl overdose. She is unresponsive and cyanotic. She regains consciousness after naloxone is injected intravenously and demonstrates no further respiratory depression during 8 hours of observation.

She states that she is 22 weeks' pregnant and wants to stop using opioids. Which one of the following is the best next step?

- A. **Refer the patient for initiation of methadone**
- B. Admit the patient for medically supervised detoxification
- C. Refer the patient for opioid use disorder counselling
- D. Prescribe medications for symptom control so that the patient can detoxify at home

Answer: A

Explanation:

For pregnant patients with opioid use disorder, opioid agonist therapy with methadone or buprenorphine is the standard of care. Detoxification is not recommended in pregnancy due to increased risk of fetal distress, preterm labor, and relapse. Methadone reduces illicit opioid use and stabilizes both mother and fetus.

Toronto Notes 2023 - Addiction Medicine / Obstetrics:

"Methadone maintenance therapy is the treatment of choice for pregnant patients with opioid use disorder.

Detoxification is not advised during pregnancy due to relapse risk and potential harm to the fetus." MCCQE1 Objectives (Obstetrics > 80-3: Substance Use in Pregnancy):

"Candidates must manage opioid use disorder in pregnancy with evidence-based therapies, including referral for methadone or buprenorphine." Counselling alone (D) is insufficient as first-line therapy. Home detox (C) is unsafe. Inpatient detox (A) is not recommended in pregnancy.

NEW QUESTION # 191

You are following an otherwise healthy 3-month-old girl whose severe bilateral sensorineural deafness was diagnosed after early identification through a universal newborn hearing screening program. She has reached the developmental milestones for her age and has no features of an underlying syndrome. There is no family history of hearing loss. The parents request information on the speech

and language prognosis for their daughter. Which one of the following is the most appropriate response?

- A. Sign language and a school for the hearing impaired will be needed.
- B. Long-term literacy is likely to be limited to a grade 4 level.
- C. The prognosis is unpredictable and not well known.
- **D. Most children with this condition learn to hear and speak fluently with appropriate early intervention.**
- E. Significant limitation in expressive and receptive speech should be expected.

Answer: D

Explanation:

Early identification of sensorineural hearing loss through universal newborn screening enables early intervention (e.g., cochlear implants, speech therapy), which can result in near-normal language development.

Toronto Notes 2023 - Pediatrics, Hearing Loss:

"Children diagnosed early with bilateral hearing loss and provided with appropriate intervention (e.g., amplification or implants) can achieve normal speech and language milestones." MCCQE1 Objectives - Pediatrics > Development & Communication Disorders: "Candidates must understand the importance of early detection and intervention in congenital hearing loss and its impact on speech and literacy outcomes." Other options (A-C, E) are outdated or overly pessimistic. Current evidence supports favorable outcomes with early diagnosis and management.

NEW QUESTION # 192

In a research study, it is found that people who smoke tobacco cigarettes drink more coffee and have higher rates of lung cancer than people who do not smoke. However, the consumption of coffee alone is not associated with lung cancer. Which one of the following best describes the contribution of drinking coffee in the study?

- **A. Confounder**
- B. Predictor
- C. Selection bias
- D. Risk factor

Answer: A

Explanation:

A confounder is a variable associated with both the exposure and the outcome but not in the causal pathway.

In this study, coffee drinking is associated with smoking (the actual risk factor for lung cancer), but not independently associated with lung cancer.

Toronto Notes 2023 - Epidemiology Chapter:

"A confounder is a third variable that distorts the observed association between an exposure and an outcome.

It must be associated with both the exposure and the outcome, but not a result of the exposure." MCCQE1 Objectives (Population Health > 97-3: Study Design and Bias):

"Recognize and control for confounding in the interpretation of observational study data." Coffee is not a risk factor (B) since it's not independently associated with lung cancer, and it's not selection bias (C), which involves how participants are enrolled in a study.

NEW QUESTION # 193

A 66-year-old woman suffering from a progressive neurological disease is admitted to a long-term care centre. Her husband does not wish to participate in discussions about the seriousness of his wife's disease and is convinced that she will soon come back home. During his 2nd visit to the centre, he gives you a cheque for a substantial sum made out to you, the treating physician, for your own research. Which one of the following is the best response to your patient's husband?

- A. Refer the husband to the centre's social worker
- B. Suggest he donate to your medical group
- **C. Decline to accept the cheque**
- D. Accept the money as a contribution to the long-term care centre's fundraising campaign
- E. Inform him you would only be able to accept a smaller amount of money

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

Physicians must avoid conflicts of interest and maintain professional boundaries with patients and their families. Accepting a personal financial gift, regardless of intent, is inappropriate and unethical.

Toronto Notes 2023 - Ethics and Professionalism:

"Personal gifts of significant value from patients or families should be declined to avoid real or perceived conflicts of interest."

MCCQE1 Objectives (ELOM > 90-3: Professionalism and Boundaries):

"Candidates must maintain ethical boundaries and refuse financial incentives that could compromise or appear to compromise clinical judgment." Other options (A, B, E) still involve a conflict. D is helpful, but the ethical obligation is to decline the cheque directly.

NEW QUESTION # 194

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