# Free PDF Quiz MCCQE MCCQE Part 1 Exam Latest Exam Collection Pdf

#### 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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Just like the old saying goes, there is no royal road to success, and only those who do not dread the fatiguing climb of gaining its numinous summits. In a similar way, there is no smoothly paved road to the MCCQE certification. You have to work on it and get started from now. If you want to gain the related certification, it is very necessary that you are bound to spend some time on carefully preparing for the MCCQE Exam, including choosing the convenient and practical study materials, sticking to study and keep an optimistic attitude and so on.

# Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q91-O96):

#### **NEW QUESTION #91**

A 37-year-old man presents with chronic back, neck, and shoulder pain following a workplace injury 4 years ago. He has a history of alcohol misuse and PTSD related to the incident. Current medications (acetaminophen, naproxen, amitriptyline, gabapentin) provide inadequate pain relief. He requests oxycodone after self-trialing it with temporary benefit. After history and physical assessment, which one of the following is the best next step?

- A. Prescribing a short course of a short-acting opioid to be used only as needed.
- B. Prescribing cannabis.
- C. Prescribing a low-dose, long-acting opioid and reassessing in 1 week for effectiveness.
- D. Referring the patient to substance use and mental health support services.
- E. Ordering repeat imaging of the spine and shoulder to confirm the diagnosis.

#### Answer: D

#### Explanation:

The patient has chronic non-cancer pain with comorbid PTSD and alcohol misuse - high-risk factors for opioid use disorder. Before any opioid prescribing, a comprehensive interdisciplinary approach including mental health and substance use support is essential. Toronto Notes 2023 - Pain Management and Addiction Medicine:

"In chronic pain patients with substance use or mental health comorbidities, refer to addiction/mental health services before considering opioid therapy." MCCQE1 Objectives (ELOM > 99-4: Safe Prescribing):

"Candidates must assess for substance use risk factors and manage chronic pain using a multidisciplinary approach." Imaging (A) is unlikely to alter management. Opioids (B, C) should not be first-line in this context. Cannabis (E) is not first-line and lacks robust evidence in complex chronic pain.

#### **NEW OUESTION #92**

A couple is diagnosed with primary infertility secondary to azoospermia. They are not interested in in vitro fertilization techniques, so you recommend insemination with a sperm donor. The male partner is hesitant. He thinks he might have difficulty accepting raising a child who is not biologically his. Which one of the following is the best next step?

- A. Recommend that the donor be a person who is known and significant to the couple
- B. Tell the couple adoption is a better option
- C. Arranging a consultation with a psychologist
- D. Propose a trial of ovulation induction with gonadotropins
- E. Suggest transfer of care to another physician

#### Answer: C

#### Explanation:

When couples face infertility-related decisions-particularly involving donor insemination-psychosocial counseling is essential. A mental health consultation helps explore emotional concerns, expectations, and readiness for non-biological parenting. Toronto Notes 2023 - Gynecology, "Infertility and ART":

"Psychological counseling is recommended for couples considering donor gametes to address emotional, ethical, and identity issues before proceeding." MCCQE1 Objectives (ELOM > Reproductive Ethics > 83-1):

"Candidates must understand the ethical and psychosocial considerations of assisted reproductive techniques and provide appropriate referrals." Suggesting adoption or switching care dismisses valid concerns (B, C). Ovulation induction (D) does not address azoospermia.

#### **NEW QUESTION #93**

A 29-year-old woman, gravida 1, para 0, aborta 0, presents to your clinic. Her pregnancy is at 22 weeks' gestation. Her blood pressure is 158/96 mm Hg. Which one of the following antihypertensive medications is contraindicated for this patient?

- A. Nifedipine
- B. Hydralazine
- C. Methyldopa
- D. Labetalol

#### • E. Ramipril

#### Answer: E

#### Explanation:

Ramipril, an ACE inhibitor, is contraindicated in pregnancy due to risks of fetal renal dysgenesis, oligohydramnios, and fetal death, especially in the second and third trimesters.

Toronto Notes 2023 - Obstetrics, Hypertensive Disorders of Pregnancy:

"ACE inhibitors and ARBs are contraindicated in pregnancy due to their teratogenic potential and adverse fetal effects." MCCQE1 Objectives - Obstetrics > Hypertension in Pregnancy:

"Candidates must identify safe antihypertensives during pregnancy and contraindicated medications such as ACE inhibitors and ARBs." Methyldopa, labetalol, nifedipine, and hydralazine are considered safe and are commonly used in pregnancy.

#### **NEW QUESTION #94**

A 2.5-year-old boy is brought to the Emergency Department after he consumed a button-shaped battery. Chest and abdomen radiographies are performed. Which one of the following locations mandates urgent removal of the battery?

- A. Jejunum
- B. Esophagus
- C. Ileum
- D. Duodenum
- E. Stomach

#### Answer: B

#### Explanation:

Button batteries lodged in the esophagus require urgent endoscopic removal due to risk of tissue necrosis, perforation, and tracheoesophageal fistula within hours. Batteries beyond the esophagus may pass spontaneously if the child is asymptomatic. Toronto Notes 2023 - Pediatrics, "Foreign Body Ingestion":

"Button batteries in the esophagus are medical emergencies and must be removed immediately. Batteries in the stomach or intestines may be observed if the child is asymptomatic." MCCQE1 Objectives (Pediatrics > 78-2: Gastrointestinal Emergencies): "Candidates must identify when foreign body ingestion poses immediate risk and requires emergency intervention." Batteries in the stomach or intestines (A-C, E) usually pass without complication, especially if the child is asymptomatic and the battery is <2 cm

#### **NEW QUESTION #95**

A 17-year-old boy is brought by his 2 roommates to the emergency department (ED) after a party where he had been drinking and smoking cannabis. He reportedly was having a good time when he suddenly wanted to jump out of a window. His roommates describe him as "normal prior to a breakup with his girlfriend a week ago." He has since become anxious and unable to sleep. On examination, he is somnolent and appears intoxicated. Which one of the following is the most appropriate initial management?

- A. Arrange for an involuntary admission to psychiatry.
- B. Prescribe chlordiazepoxide and start an intravenous line.
- C. Call the patient's parents to take him home.
- D. Observe the patient in the ED for several hours.

#### Answer: A

#### Explanation:

This adolescent exhibited acute suicidal behavior (attempted to jump out of a window), which is a psychiatric emergency. Regardless of intoxication or cause, such behavior mandates a safety-first approach: involuntary psychiatric assessment and protection from self-harm.

Toronto Notes 2023 - Psychiatry, "Suicide and Crisis Intervention" Section:

"Involuntary psychiatric admission is indicated when a patient poses a danger to themselves or others.

Suicidal ideation or attempts require immediate evaluation and monitoring." MCCQE1 Objectives (Psychiatry > 79-2: Suicide and Risk Management):

"Candidates must identify suicidal behavior and initiate appropriate action, including involuntary admission if necessary for safety." Observation (B) may miss the window for action. Parents (A) should be contacted but are not a substitute for admission. Chlordiazepoxide (C) is not first-line in this scenario.

#### **NEW QUESTION #96**

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