

Free PDF Medical Council of Canada - MCCQE - MCCQE Part 1 Exam—Valid Exam Dumps

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 (Q274-Q279):

NEW QUESTION # 274

A 62-year-old man, who has not seen a physician in 20 years, presents to your clinic with a burning sensation in his feet. The symptoms have been progressing slowly over the last 6 months. There is no associated motor weakness or skin changes. He reports no significant past medical history and takes no medications. His alcohol intake is minimal. On examination, he has reduced pinprick/vibration sensation and proprioception in the ankles with absent ankle reflexes. Which one of the following blood tests would you expect to be abnormal?

- A. Uric acid
- B. Anti-acetylcholine receptor antibodies
- C. Folate
- D. Ferritin
- E. Hemoglobin A1c

Answer: E

Explanation:

This is a classic presentation of diabetic peripheral neuropathy: bilateral distal sensory symptoms with preserved motor function and no other systemic findings. The most useful test to confirm this in a previously undiagnosed patient is HbA1c.

Toronto Notes 2023 - Endocrinology, Diabetes Complications:

"Peripheral neuropathy is a common complication of undiagnosed or poorly controlled diabetes. Confirm with HbA1c if diagnosis is not yet established." MCCQE1 Objectives - Internal Medicine > Endocrinology:

"Candidates should evaluate for diabetes in patients with peripheral neuropathy and screen appropriately with HbA1c." Folate (B) and B12 deficiency may also cause neuropathy but are less likely in the absence of nutritional risk factors. Other choices (A, D, E) are unrelated to this pattern.

NEW QUESTION # 275

A 26-year-old woman, gravida 2, para 2, aborta 0, has just delivered a full-term newborn via spontaneous vaginal delivery after 4 hours of labor. Following oxytocin administration and placental expulsion, there continues to be a steady trickle of bright red blood from her vagina. On examination, the placenta is intact and the fundus feels firm. Her vital signs are within normal range.

Which one of the following is the most likely diagnosis?

- A. Uterine atony
- B. Uterine rupture
- C. Disseminated intravascular coagulopathy
- D. Retained products of conception
- E. Vaginal or cervical tear

Answer: E

Explanation:

Comprehensive and Detailed Explanation:

In postpartum hemorrhage with a firm uterine fundus and intact placenta, a common cause is trauma such as a vaginal or cervical tear. Uterine atony (A) typically presents with a boggy uterus. The absence of systemic instability or coagulopathy makes options D and E less likely.

Toronto Notes 2023 - Obstetrics, Postpartum Hemorrhage:

"Continued bleeding despite a firm fundus and intact placenta should raise suspicion for genital tract trauma, especially cervical or vaginal lacerations." MCCQE1 Objectives - Obstetrics > Postpartum Complications:

"Candidates must differentiate causes of postpartum hemorrhage and identify when bleeding is due to trauma vs uterine atony."

NEW QUESTION # 276

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

Answer: C

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 # 277

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

Answer: E

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 # 278

During an office visit, your 14-year-old patient requests a prescription for oral contraceptives. The province where you are working does not have a statutory age of consent. Which one of the following is the best next step?

- **A. Determine her understanding of the medical issues before prescribing the pills.**
- B. Give her the prescription and book a follow-up appointment.
- C. Notify child protective services because of the possibility of sexual abuse.
- D. Advise her to return with her parents so that legal consent can be obtained.
- E. Refuse to prescribe the pills because she is less than 18 years of age.

Answer: A

Explanation:

In Canada, a minor may consent to medical care if the physician believes they have the capacity to understand the nature, benefits, and risks. This is known as the "mature minor doctrine." Capacity is based on understanding, not age.

Toronto Notes 2023 - ELOM, "Consent and Capacity" Section:

"A minor may consent to treatment if they demonstrate sufficient maturity and understanding. It is the physician's responsibility to assess capacity prior to prescribing." MCCQE1 Objectives (ELOM > 99-3: Consent and Confidentiality):

"Candidates must assess the patient's ability to understand and make informed decisions, regardless of age." Prescribing without assessment (B) is premature. Reporting to child services (A) is only necessary if there are signs of abuse or coercion. Parental involvement (C) is not mandatory. Refusal based on age (E) contradicts legal and ethical practice.

NEW QUESTION # 279

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