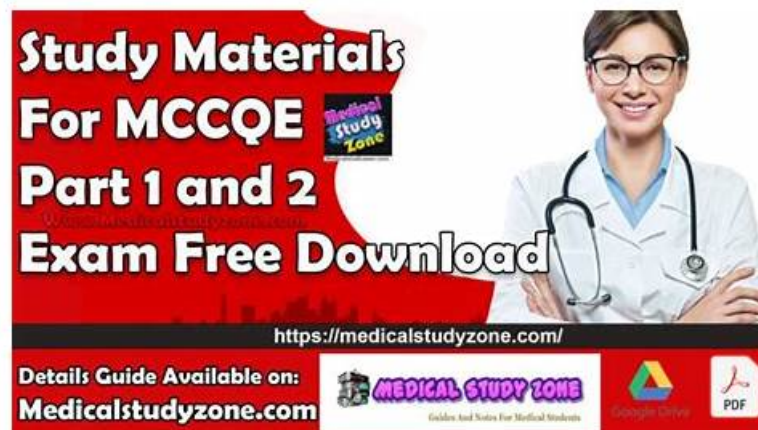


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q121-Q126):

NEW QUESTION # 121

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

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 # 122

A 32-year-old man presents to the clinic for assessment of a dog bite sustained 3 days ago while traveling in another country. He recalls having seen the dog eat where he was staying, and the animal did not appear well.

On examination, the patient has 2 distinct deep puncture wounds on his left leg. There is an erythematous border but no exudate. He is unsure of his immunization status. Which one of the following is the most appropriate management?

- A. Order serum creatine kinase
- B. Arrange for wound debridement
- C. Give rabies immunoglobulin and vaccine
- D. Irrigate the wounds with hydrogen peroxide
- E. Start antibiotic treatment with ciprofloxacin

Answer: C

Explanation:

Dog bites from animals of unknown rabies status, especially from endemic regions and in patients with uncertain immunization status, require immediate post-exposure prophylaxis (PEP) including both rabies immunoglobulin and vaccine. The decision is urgent given the fatal nature of rabies.

Toronto Notes 2023 - Infectious Diseases, "Rabies Exposure":

"Rabies PEP is indicated for bites from animals with unknown vaccination status or those showing abnormal behavior, particularly in endemic regions. PEP includes both vaccine and immunoglobulin." MCCQE1 Objectives (Public Health > 64-1: Rabies and Animal Bites):

"Candidates must recognize indications for rabies post-exposure prophylaxis." Ciprofloxacin (C) is not the antibiotic of choice (amoxicillin-clavulanate is preferred). Hydrogen peroxide (E) can be cytotoxic. Debridement (B) and CK (D) are not immediate priorities here.

NEW QUESTION # 123

A 30-year-old woman presents to the office with her partner and reports that they are planning for her to conceive soon. They visited Mexico recently and are concerned about exposure to the Zika virus. Which one of the following is the best next step?

- A. Refer the couple to an infectious disease specialist
- B. Explain that condoms are ineffective in preventing sexual transmission of Zika virus
- C. Prescribe a prophylactic antiviral medication
- D. Recommend ceasing conception until 3 months after the couple's return to Canada
- E. Request serologic testing

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

The Zika virus can be sexually transmitted and poses a serious risk of congenital Zika syndrome if infection occurs during pregnancy. The CDC and WHO recommend that couples delay conception for at least 3 months after potential male exposure due to the virus's persistence in semen.

Toronto Notes 2023 - Infectious Diseases / Travel Medicine:

"Zika virus may persist in semen for weeks. Couples should delay conception for 3 months after male exposure, even if asymptomatic." MCCQE1 Objectives (Public Health > 65-3: Travel Medicine and Reproductive Health):

"Candidates must counsel appropriately regarding risks of Zika in conception and apply current public health recommendations."

Testing (B) is not reliable for asymptomatic individuals. Antivirals (E) are ineffective. Condoms (D) do reduce risk. Specialist referral (A) is not needed in most cases with no complications.

-

NEW QUESTION # 124

A 25-year-old woman who is at 8 weeks' gestation plans to travel to rural Cambodia to care for her ill mother. Which one of the following treatments should be provided to her before the trip?

- A. Tetanus and diphtheria booster if last received more than 5 years ago
- B. Ciprofloxacin for travellers' diarrhea
- C. Antimalarial chemoprophylaxis
- D. Hepatitis B immunoglobulin

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

Travel to rural Cambodia poses a high risk of malaria, which can be life-threatening in pregnancy.

Antimalarial prophylaxis is strongly recommended for pregnant women traveling to endemic regions.

Chloroquine or mefloquine (depending on resistance patterns) may be used in pregnancy under specialist guidance.

Toronto Notes 2023 - Infectious Disease / Travel Medicine:

"Malaria prophylaxis is indicated in pregnant women traveling to endemic regions. The risk of severe malaria and poor fetal outcomes is high." MCCQE1 Objectives (Public Health > 65-3: Travel Medicine and Pregnancy):

"Candidates must provide preventive care to pregnant travelers including vaccination and malaria prophylaxis." Tetanus boosters (D) are given every 10 years. Hep B Ig (B) is for acute post-exposure prophylaxis.

Ciprofloxacin (C) is contraindicated in pregnancy.

NEW QUESTION # 125

A 43-year-old man is referred to you for an incidental finding of elevated hemoglobin. Laboratory results are as follows:

Hemoglobin

185 g/L (130-170)

Mean corpuscular volume

92 fL (60-100)

White blood cells

7.8×10^3 / L (4-10)

Platelets

250×10^3 / L (130-400)

His BMI is 23. He has type 2 diabetes for which he takes gliclazide MR 60 mg daily. Which one of the following features on history could explain his laboratory abnormality?

- A. Cirrhosis
- B. Alcohol abuse
- C. Central sleep apnea
- D. Hypertension
- E. Hypothyroidism

Answer: C

Explanation:

Elevated hemoglobin in the absence of polycythemia vera can be due to secondary causes such as chronic hypoxia. Central sleep apnea, often associated with diabetes or neurologic conditions, leads to intermittent hypoxia and compensatory erythrocytosis.

Toronto Notes 2023 - Hematology and Respiratory Medicine, "Polycythemia" Section:

"Secondary erythrocytosis may result from hypoxic conditions including sleep apnea, COPD, or high altitude.

Assess for sleep-disordered breathing in patients with elevated hemoglobin and no myeloproliferative features." MCCQE1 Objectives (Internal Medicine > 76-7: Hematologic Abnormalities):

"Candidates must investigate secondary causes of elevated hemoglobin, including hypoxia-related conditions." Hypertension (A), hypothyroidism (C), and cirrhosis (D) do not cause polycythemia. Alcohol (B) typically causes macrocytosis and anemia.

NEW QUESTION # 126

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