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>> MCCQE Authentic Exam Questions <<

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q107-Q112):

NEW QUESTION # 107

An 88-year-old man is admitted to hospital with an upper gastrointestinal bleed. He is confused on admission, but his sensorium clears with resuscitation and stabilization. The patient lives in his own home with assistance from his children. Work-up shows metastatic gastric carcinoma for which no curative treatment can be offered. The family insists that the patient not be told the diagnosis because they fear he will have a "mental breakdown." Which one of the following is the best next step?

- A. Consult palliative care.
- B. Ask the patient if he wants to know the diagnosis.
- C. Accept the family's request and do not tell the patient the diagnosis.
- D. Be direct and tell the patient the diagnosis.

Answer: B

Explanation:

Once the patient's confusion has resolved, he should be presumed capable unless an assessment shows otherwise. MCCQE ethics objectives prioritize patient autonomy, informed decision-making, and confidentiality. Families may request "therapeutic privilege" or nondisclosure, but this is not the default and cannot override a capable patient's right to information needed to make decisions. The appropriate first step is to explore the patient's preferences about receiving serious news (some patients prefer limited information or to delegate decisions). Asking the patient whether he wants to know the diagnosis respects autonomy while remaining sensitive to potential distress. Simply telling him immediately (without checking preferences) may conflict with patient-centered disclosure, and automatically complying with the family's request violates the patient's rights and undermines informed consent for goals-of-care planning. A palliative care consult is appropriate, but only after clarifying the patient's understanding and wishes and beginning honest, preference-guided communication. The clinician should also support the family, explain ethical duties, and reassure them that disclosure can be done gradually and compassionately.

NEW QUESTION # 108

A 55-year-old woman presents with a 6-month history of poor memory and impaired concentration. She has bipolar I disorder that has been treated with lithium carbonate for 4 years. She has gained a lot of weight since starting lithium. Physical examination findings are otherwise normal. She is concerned about her memory issues, but there are no other perception, mood, or cognition abnormalities. Which one of the following tests is most likely to have abnormal findings?

- A. Parathyroid hormone
- B. Liver function tests
- C. Creatinine clearance
- **D. Serum thyrotropin (thyroid-stimulating hormone) level**
- E. Serum sodium level

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

Lithium commonly causes hypothyroidism, which can lead to fatigue, cognitive slowing, weight gain, and memory impairment.

Thyroid-stimulating hormone (TSH) levels are often elevated in such cases.

Toronto Notes 2023 - Psychiatry / Endocrinology:

"Lithium is associated with hypothyroidism and renal impairment. Monitor TSH regularly in patients on lithium therapy." MCCQE1 Objectives (Psychiatry > 71-5: Mood Stabilizers):

"Candidates must recognize the endocrine side effects of lithium, including hypothyroidism and the importance of TSH monitoring."

Creatinine clearance (C) may also be affected but is less directly associated with memory issues. Liver function (A), sodium (D), and PTH (E) are not typically the first abnormal values in this presentation.

NEW QUESTION # 109

You are on duty in the Emergency Department when 5 patients are brought in by ambulance after a high-speed motor vehicle collision. Which one of the following patients requires the most urgent medical care?

- A. A 23-year-old woman who lost consciousness for about 5 minutes and has a headache despite a normal neurological screening examination
- B. A 4-year-old girl with a visibly displaced ankle fracture, in great pain, with normal distal pulses and normal vital signs
- C. A 13-month-old child who is screaming constantly and for whom the triage nurse finds no obvious explanation
- D. A 72-year-old man with a history of myocardial infarction, with a blood pressure of 163/94 mm Hg, a heart rate of 92/min, and a capillary saturation of 95%
- **E. A 32-year-old man with a swollen and angulated thigh, a blood pressure of 112/96 mm Hg, and a pulse of 122/min**

Answer: E

Explanation:

The patient with the angulated thigh, hypotension relative to baseline, and tachycardia likely has a femoral shaft fracture with concealed hemorrhage. This poses an immediate risk of hypovolemic shock and requires urgent assessment and stabilization.

Toronto Notes 2023 - Emergency Medicine, "Trauma Triage and Prioritization":

"Patients with long bone fractures, especially femoral fractures, are at high risk for hemorrhage and should be prioritized for stabilization and hemorrhage control." MCCQE1 Objectives (Surgery > 51-1: Trauma):

"Candidates must prioritize trauma patients based on signs of instability or risk of deterioration, such as tachycardia and occult bleeding."

NEW QUESTION # 110

One of your patients presents to your clinic for a consultation regarding their recurrent hemoptysis. On review of their chart, you realize that although you had ordered chest radiography 2 months ago, the result cannot be found in the chart. You call the radiology department and are relieved to find that the chest radiography was done and that it did not reveal any pathology. After informing the patient of this lapse in reporting, which one of the following is the best next step?

- A. Remind the patient that they are responsible for calling for outstanding test results.
- B. Reassure the patient that this is a rare occurrence in your clinic.
- C. Review your clinic's filing procedures and make any needed improvements.
- D. Send a letter of complaint to the radiology department for not sending a report.

Answer: C

Explanation:

When an error in the system is identified (e.g., test result not properly followed up), the most responsible approach is to analyze and improve internal clinic processes. Patient safety depends on reliable result tracking systems.

Toronto Notes 2023 - ELOM, "Medical Errors and Quality Improvement" Section:

"When an error or near miss is identified, root cause analysis and system-level interventions are required to prevent recurrence.

Blaming the patient or others without review of internal processes is inappropriate." MCCQE1 Objectives (ELOM > 99-1: Medical Error and Disclosure):

"Candidates must recognize the importance of continuous quality improvement in health care. System-level changes should be implemented when safety lapses occur." Option A shifts responsibility improperly onto the patient. Option C deflects blame without assessing one's own clinic. Option D minimizes the error and does not lead to improvement.

NEW QUESTION # 111

A 55-year-old man with alcohol use disorder presents with a 2-day history of confusion. On examination, you note a sixth nerve palsy and a horizontal nystagmus. Which one of the following is the most likely diagnosis?

- A. Subdural hematoma
- B. Cerebellar degeneration
- C. Cerebellar hemorrhage
- D. Wernicke encephalopathy
- E. Hepatic encephalopathy

Answer: D

Explanation:

Wernicke encephalopathy is a medical emergency caused by thiamine (vitamin B1) deficiency, most often seen in chronic alcohol use. The classic triad is:

* Confusion

* Oculomotor dysfunction (e.g., nystagmus, cranial nerve palsies)

* Ataxia

Toronto Notes 2023 - Neurology and Psychiatry, "Wernicke Encephalopathy" Section:

"Wernicke encephalopathy is diagnosed clinically. Symptoms include ophthalmoplegia (e.g., CN VI palsy), horizontal nystagmus, ataxia, and confusion. Immediate parenteral thiamine is indicated before glucose administration." MCCQE1 Objectives (Neurology > 75-1: Neurologic Emergencies):

"Candidates must recognize Wernicke encephalopathy in at-risk individuals and initiate urgent thiamine replacement." Other choices like cerebellar degeneration (A) and hepatic encephalopathy (E) are more chronic and lack the characteristic eye findings. Subdural hematoma (B) and hemorrhage (C) may mimic confusion but are less likely with these neurologic signs and history.

NEW QUESTION # 112

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When it comes to MCCQE exam, many candidates are lack of confidence to pass it. But we all know self-confidence is the spiritual

