

New MCCQE Practice Materials - MCCQE Exam Preparation

5 Tips for MCCQE 1 preparation

- Critical value**
You'll wind up guessing the next step in patient management without knowing clinical thresholds. Review these critical threshold values before the MCCQE 1 exam.
- Clinical image**
You might be given a radiograph and clinical image plus enough supporting information but review common and a radiograph and clinical image before MCCQE 1 exam.
- Summary note**
Your summary when you note down during your study will help you understand and retain information better during the preparation for the MCCQE 1 exam.
- Unknown objectives**
These objectives are flaws that enhance the likelihood of failure; therefore, your first task is to identify and prioritize understanding those objectives.
- Board review book**
For preparation for the MCCQE 1 exam, use a board review book that can be picked up to quickly review or to study a summary of key concepts of the MCC objectives.

P.S. Free 2026 Medical Council of Canada MCCQE dumps are available on Google Drive shared by BraindumpsVCE: <https://drive.google.com/open?id=18BaX1RQnkHYnzwYIwuvvSSlbtw-yNdM5>

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>> New MCCQE Practice Materials <<

New MCCQE Practice Materials - Trustable Medical Council of Canada MCCQE Exam Preparation: MCCQE Part 1 Exam

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(MCCQE) certification exam on the very first try. If the customers can't pass the MCCQE Part 1 Exam (MCCQE) exam on the first try despite all their efforts they can claim a full refund from BraindumpsVCE (terms and conditions apply).

Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q207-Q212):

NEW QUESTION # 207

A 25-year-old man presents to the Emergency Department with diffuse abdominal pain and anorexia. He was tackled in a football game yesterday. He reports a 3-week history of sore throat and fatigue. Vital signs are as follows:

Blood pressure: 95/45 mm Hg

Heart rate: 96/min

Temperature: 37.6°C

Which one of the following is the most likely diagnosis?

- A. Pyelonephritis
- B. Pneumonia
- C. Ruptured spleen
- D. Appendicitis
- E. Ruptured duodenum

Answer: C

Explanation:

This patient presents with hypotension, diffuse abdominal pain, and a history of contact sports injury with preceding symptoms of infectious mononucleosis (sore throat, fatigue). The spleen is commonly enlarged in mononucleosis, making it vulnerable to rupture after even minor trauma.

Toronto Notes 2023 - General Surgery and Infectious Diseases Sections:

"Splenic rupture is a known complication of mononucleosis, particularly after trauma. Symptoms may include diffuse abdominal pain, hypotension, and signs of hemorrhagic shock." MCCQE1 Objectives (Surgery > 84-1: Abdominal Trauma):

"Candidates should identify splenic rupture as a cause of hypotension and abdominal pain following blunt abdominal trauma, especially in patients with splenomegaly." Appendicitis (B) would present with localized right lower quadrant pain. Pneumonia (C) and pyelonephritis (D) would present with respiratory or urinary symptoms. Ruptured duodenum (E) is much less likely without specific trauma to that region or signs of peritonitis.

NEW QUESTION # 208

A 14-month-old boy is brought to see you for a well-baby check-up and is noted to have only one testis.

Ultrasound confirms an undescended testis. Which one of the following is the best next step?

- A. Hormonal therapy with gonadotropins
- B. Hormonal therapy with testosterone
- C. Observation for a year
- D. Surgical orchiopexy
- E. Surgical removal of the undescended testis

Answer: D

Explanation:

Orchiopexy is the treatment of choice for cryptorchidism and should be performed between 6-18 months of age. Early surgery improves fertility outcomes and reduces malignancy risk.

Toronto Notes 2023 - Pediatrics, Urology:

"Undescended testes should be referred for orchiopexy ideally before 18 months of age. Observation beyond 6 months is not recommended."

MCCQE1 Objectives - Pediatrics > Genitourinary Disorders:

"Candidates must recognize and refer for cryptorchidism early to optimize testicular function and reduce cancer risk." Hormonal therapies (C, D) are not recommended due to limited efficacy. Observation (A) is too late beyond

NEW QUESTION # 209

A 45-year-old man with a developmental delay and a history of disruptive behavior presents to the clinic looking for his family

doctor. He is well known to the clinic. He appears drunk and has accidentally broken 2 large beer bottles in the waiting room but remains calm. The office staff requests your help to deal with this situation. Which one of the following is the most appropriate initial step?

- A. Call the social work crisis intervention team.
- **B. Assess the patient promptly.**
- C. Tell the patient that his behavior is unacceptable and ask him to leave.
- D. Call the police, given the patient's presentation.
- E. Instruct the office staff to ignore him and let him calm down.

Answer: B

Explanation:

This is a known patient with intellectual disability and behavioral concerns. The presentation of alcohol intoxication in a calm patient who inadvertently broke bottles warrants prompt, nonjudgmental clinical assessment before escalating. De-escalation and safety assessment come first.

Toronto Notes 2023 - Psychiatry, "Psychiatric Emergencies and Crisis Management":

"In agitated or intoxicated individuals with developmental disability, a calm approach and prompt physician assessment are essential to prevent escalation and assess for medical or psychiatric needs." MCCQE1 Objectives (Psychiatry > Crisis and Acute Presentations > 72-2):

"Candidates must assess potentially disruptive patients with dignity and caution before involving law enforcement or security. Physician engagement is often calming." Police intervention (A) is premature and may escalate matters. Ignoring (B) risks safety. Asking him to leave (C) without assessment is inappropriate. Social work (E) may help, but after medical triage.

NEW QUESTION # 210

A 45-year-old man presents to the office and reports difficulty understanding conversations that happen in a noisy environment. Ear examination findings are normal. You request audiography, from which results show bilateral high-frequency sensorineural hearing loss with a notch at 4000 Hz. Which one of the following is the most likely cause of this patient's hearing loss?

- A. Attending a firing range to practise shooting before each hunting season.
- B. Having type 2 diabetes for 10 years.
- **C. Working in the construction sector for the past 20 years.**
- D. Having had frequent ear infections during childhood.
- E. Having a hereditary condition.

Answer: C

Explanation:

The audiogram pattern of bilateral high-frequency sensorineural hearing loss with a 4000 Hz "notch" is classic for noise-induced hearing loss (NIHL). MCCQE objectives in occupational health emphasize recognizing NIHL as a common, preventable condition caused by chronic exposure to loud sounds, especially in workplaces such as construction, mining, and manufacturing. The 4 kHz notch occurs because this frequency region is particularly vulnerable to cochlear hair-cell damage from acoustic trauma; over time, loss can widen to adjacent frequencies and impair speech discrimination, especially in noisy settings-matching the patient's complaint. Among the options, 20 years of construction work best represents sustained occupational noise exposure and is most likely to produce this characteristic bilateral pattern. Firearm exposure at a range can also cause NIHL, but episodic seasonal practice is generally less consistent than long-term daily occupational exposure for producing this typical presentation. Childhood ear infections mainly cause conductive loss, hereditary causes vary and are not defined by a 4 kHz notch, and diabetes does not produce this specific audiometric signature.

NEW QUESTION # 211

A 3.5-year-old girl has developed a stutter in the last 3 months. She repeats whole words several times before finishing a sentence. Her paternal uncle had a severe stuttering issue as a child. She has reached the developmental milestones for her age. Her new sibling was born 4 months ago. Which one of the following is the best next step?

- A. Cognitive behavior therapy.
- B. Play therapy for adjustment issues.
- C. Audiology assessment.
- D. Speech therapy.
- **E. Reassurance that this issue is common and transient.**

Answer: E

Explanation:

This presentation describes normal developmental dysfluency, which typically occurs between ages 2-5 and often worsens during times of stress or change, such as a new sibling. It is characterized by word repetition and does not require intervention unless it persists >6 months, worsens, or causes distress.

Toronto Notes 2023 - Pediatrics, "Developmental and Behavioral Pediatrics" Section:

"Developmental stuttering is common between 2-5 years and often resolves without intervention.

Reassurance is appropriate unless there are signs of persistent or severe stuttering, secondary behaviors, or parental concern."

MCCQE1 Objectives (Pediatrics > 78-1: Development and Behavior):

"Candidates must recognize typical patterns of developmental speech dysfluency and differentiate them from pathological speech disorders. Observation and reassurance are often the appropriate initial step." Because the child is otherwise developing normally and the onset coincides with a known psychosocial stressor, reassurance is the most appropriate step. Formal speech or behavioral therapy is not indicated at this time.

NEW QUESTION # 212

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







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