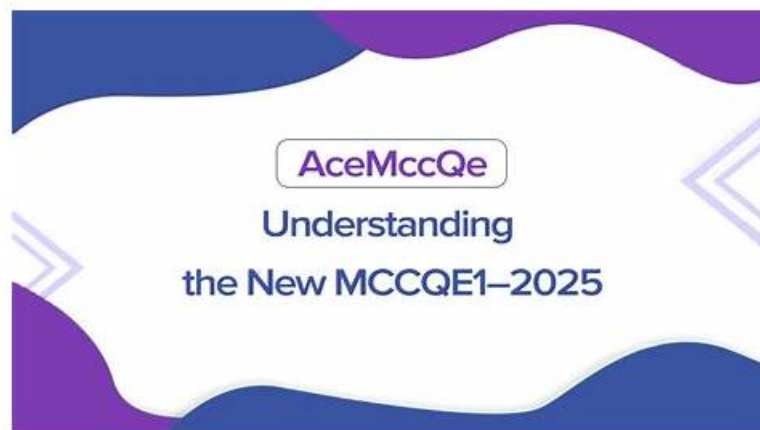


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q276-Q281):

NEW QUESTION # 276

An 88-year-old married man is admitted following a cardiac arrest at home. He was not expected to recover, and after 2 weeks, he remains in a coma. His wife states, "I cannot let him go. That would be murder." As the attending physician looking after her husband, which one of the following is the best next course of action?

- A. Remove him from life support as this would not be murder
- B. Say nothing further and wait until she comes around to accepting his state
- C. Encourage her to imagine what her husband would have wanted
- D. Emphasize that the duration of his stay in the Intensive Care Unit will be limited
- E. Seek advice from the provincial or territorial public guardian

Answer: C

Explanation:

In discussions about end-of-life care, it is critical to shift the focus from the substitute decision-maker's own feelings to what the patient would have wanted. This approach promotes ethically sound and patient-centered decisions. It is respectful, supportive, and maintains trust.

Toronto Notes 2023 - ELOM, "Advance Care Planning and End-of-Life Decisions":

"When a patient cannot express wishes, decisions must be based on known prior wishes or substituted judgment-what the patient would have wanted." MCCQE1 Objectives (ELOM > 90-2: Capacity, Consent, and End-of-Life Care):

"Candidates must guide surrogate decision-makers toward reflecting on the patient's values and previously expressed wishes."

Options A and B are inappropriate-waiting without engagement or unilateral withdrawal is unethical. C does not address the wife's emotional or ethical concerns. E is premature unless the wife is clearly unable or unfit to act as decision-maker.

NEW QUESTION # 277

A 24-year-old man presents to your clinic with a 6-month history of fatigue. On examination, he is pale. His BMI is 16, and his blood pressure is 92/58 mm Hg. Initial laboratory work shows the following:

- * Creatinine: 64 $\mu\text{mol/L}$ (49-93)
- * Potassium: 3.0 mmol/L (3.5-5.1)
- * Sodium: 138 mmol/L (136-146)
- * TSH: 2.40 mIU/L (0.34-5.60)
- * CBC: Normal

Which one of the following is the best next step?

- A. Advise increased caloric intake
- **B. Ask permission to discuss the patient's weight**
- C. Consult gastroenterology
- D. Refer the patient to the emergency department

Answer: B

Explanation:

This patient has clinical signs of an eating disorder - fatigue, low BMI, hypotension, and hypokalemia - likely secondary to nutritional deficiencies or purging. The first step is to sensitively explore the patient's perception of weight and body image. Effective management requires rapport and careful conversation.

Toronto Notes 2023 - Psychiatry, Eating Disorders:

"Approach patients with suspected eating disorders non-judgmentally. Begin with permission to discuss weight or body image.

Screening tools like SCOFF can help guide further assessment." MCCQE1 Objectives - Psychiatry > Eating Disorders:

"Candidates must recognize signs of eating disorders and initiate a respectful and effective patient-centered discussion." Referring to the ED (B) is not urgent without hemodynamic instability. Advising caloric intake (C) bypasses assessment. GI referral (D) is not appropriate at this stage.

NEW QUESTION # 278

A 20-year-old man is brought by a friend to the emergency department with an elevated temperature, generalized muscle rigidity, hypovolemia, a fluctuating level of consciousness, and impaired attention. The patient also may be responding to auditory hallucinations. The friend informs you that the patient overdosed with a prescribed medication. Which one of the following medications is most likely to cause these symptoms?

- A. Lamotrigine
- B. Lithium carbonate
- C. Amitriptyline
- D. Lorazepam
- **E. Risperidone**

Answer: E

Explanation:

This presentation is classic for neuroleptic malignant syndrome (NMS), a rare but life-threatening reaction to antipsychotic drugs (particularly dopamine antagonists like risperidone). Features include hyperthermia, rigidity, altered mental status, and autonomic instability.

Toronto Notes 2023 - Psychiatry, "Neuroleptic Malignant Syndrome":

"NMS is associated with antipsychotic use. Key features: hyperthermia, lead-pipe rigidity, altered consciousness, autonomic

dysfunction. Elevated CK, leukocytosis often present." MCCQE1 Objectives (Psychiatry > 71-5: Adverse Effects of Psychotropics):

"Candidates must recognize and manage neuroleptic malignant syndrome and differentiate it from other drug toxicities." Amitriptyline (B) overdose causes anticholinergic symptoms. Lamotrigine (A) causes rash or seizures in toxicity. Lithium (D) leads to tremor, ataxia, and GI upset. Lorazepam (E) causes CNS depression, not rigidity or fever.

NEW QUESTION # 279

A 62-year-old woman with type 2 diabetes comes in for follow-up. She has noticed that her vision has been getting blurry over the past year and that she now needs a bright light to look at photos of her grandchildren.

Upon fundoscopic examination, you note yellow deposits in the central retina. Which one of the following is the most likely diagnosis?

- A. Cataracts.
- B. Diabetic retinopathy.
- C. Age-related macular degeneration.
- D. Retinal vein occlusion.
- E. Open-angle glaucoma.

Answer: C

Explanation:

Yellow deposits in the central retina (macula) are most consistent with drusen, the hallmark finding of age-related macular degeneration (AMD). MCCQE objectives emphasize correlating key fundoscopic findings with patterns of vision loss. AMD typically causes gradual, progressive central vision blurring (difficulty reading, recognizing faces, and seeing fine detail), while peripheral vision is relatively preserved. The history of needing brighter light for near tasks aligns with impaired macular function and reduced contrast sensitivity seen in AMD.

Diabetic retinopathy more commonly shows microaneurysms, dot-blot hemorrhages, hard exudates scattered in the retina, venous beading, and/or neovascularization rather than discrete drusen in the macula as the defining feature. Retinal vein occlusion usually presents more abruptly with extensive hemorrhages and

"blood and thunder" appearance. Cataracts cause lens opacity with impaired red reflex and generalized haze on fundoscopy rather than macular deposits. Open-angle glaucoma causes optic disc cupping and peripheral field loss, not central drusen. Recognizing AMD prompts appropriate counseling (smoking cessation, risk factor control), vision monitoring, and ophthalmology referral to assess for dry vs wet AMD.

NEW QUESTION # 280

A 30-year-old woman presents to your office for a follow-up assessment of a sports-related musculoskeletal injury to her right leg. She requests a letter for her employer regarding her return to work. You feel she should be able to manage some aspects of her factory work. Which one of the following is most appropriate to include in your medical note to this patient's employer?

- A. Diagnosis
- B. Required workplace accommodations
- C. Physiotherapist's evaluation
- D. Treatment options
- E. Medical imaging results

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

In a workplace medical note, physicians are responsible for commenting on the patient's functional capacity and any required accommodations-not providing detailed medical diagnoses or test results unless consented to. The goal is to support a safe return to work with appropriate modifications.

Toronto Notes 2023 - ELOM, "Documentation and Work Notes":

"Physicians should focus on functional abilities and restrictions, rather than detailed diagnoses or treatments, in employer communications." MCCQE1 Objectives (ELOM > 90-2: Confidentiality and Occupational Fitness):

"Candidates must maintain patient confidentiality and document work-related limitations and accommodations in employer letters." Diagnosis (B), imaging (E), and treatment plans (A) are confidential medical details. C (physiotherapist's evaluation) is not the physician's documentation.

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