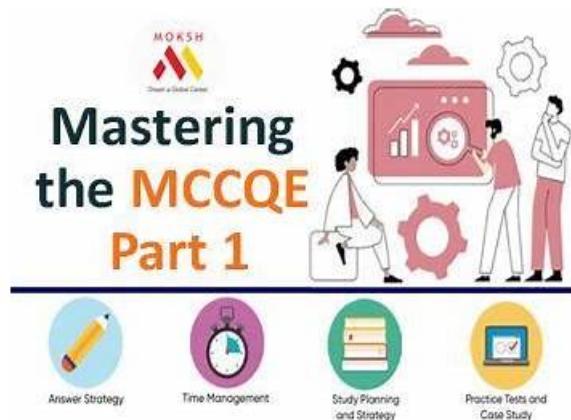


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q65-Q70):

NEW QUESTION # 65

A 30-year-old man (assigned female at birth) presents to your clinic for a periodic health examination. He declines a gynecologic examination because such examinations lead to intense emotional distress for him. He also believes that he does not require a Papanicolaou (Pap) test because he is not in a sexual relationship with a man. After acknowledging the patient's distress and providing education regarding the need for Pap screening, which one of the following would be the best next step?

- A. Ask permission to learn more about his distress in a subsequent appointment.

- B. Advise him to reconsider his decision and to allow the examination to proceed.
- C. Record his directives in the chart.

Answer: A

Explanation:

It is essential to balance medical guidelines with trauma-informed, patient-centered care. This includes offering future discussion while respecting boundaries. Acknowledging distress and offering to explore more in the future (B) preserves trust and autonomy.

Toronto Notes 2023 - ELOM and LGBTQ2S+ Health Section:

"For transgender individuals, screening decisions should be personalized. Trauma-informed care includes validating distress and deferring invasive exams when not urgent." MCCQE1 Objectives (ELOM > 99-2: Cultural Safety):

"Candidates must prioritize patient-centered communication and consent, particularly when distress or marginalization may influence healthcare interactions." Option A is coercive. Option C is documentation only and lacks engagement or exploration.

NEW QUESTION # 66

You are treating a 78-year-old man for recent onset of diarrhea, tenesmus, and minor bleeding when he wipes.

He has a history of prostate cancer that was treated by radiotherapy. Rectal examination findings are normal.

Colonoscopy reveals a pale rectum with ulcerations and areas of mucosal hemorrhage. Which one of the following is the most likely explanation for this clinical presentation?

- **A. Radiation proctitis**
- B. Diverticulosis
- C. Ulcerative colitis
- D. Recurrent prostate cancer
- E. Rectal cancer

Answer: A

Explanation:

Radiation proctitis is a well-known complication of pelvic radiation therapy (e.g., for prostate cancer). It presents months to years after treatment with rectal bleeding, tenesmus, and mucosal ulceration on colonoscopy.

Toronto Notes 2023 - Gastroenterology, "Radiation-Induced GI Injury":

"Radiation proctitis presents with rectal bleeding, tenesmus, urgency. Colonoscopy shows pale, friable mucosa, ulcerations, and telangiectasia." MCCQE1 Objectives (Gastroenterology > 47-2: GI Bleeding and Complications):

"Candidates must recognize radiation proctitis based on history of radiation and characteristic endoscopic findings." Ulcerative colitis (B) usually starts younger and is more diffuse. Diverticulosis (C) affects the left colon and causes painless bleeding. Recurrent prostate cancer (D) and rectal cancer (E) would show mass or infiltration.

NEW QUESTION # 67

A 32-year-old woman, gravida 0, comes to your office for contraception counselling, specifically about insertion of a levonorgestrel-releasing intrauterine device. She has a past history of breast cancer and is presently on tamoxifen. Which one of the following is the best advice for your patient?

- A. This device will increase her risk of future infertility
- B. It may increase her risk of breast cancer recurrence
- C. She will require pre-procedure antibiotics
- D. She has a high risk of irregular bleeding following insertion
- **E. After consultation with her oncologist, she may choose this option**

Answer: E

Explanation:

Comprehensive and Detailed Explanation:

The levonorgestrel-releasing intrauterine device (LNG-IUD) is generally contraindicated in current or recent breast cancer due to the progestin component, but may be considered in select patients on tamoxifen, especially if non-hormonal options are unsuitable.

Consultation with the oncologist is required to evaluate risks and benefits.

Toronto Notes 2023 - Gynecology, "Contraception in Special Populations":

"Levonorgestrel IUDs are generally avoided in patients with a history of hormone-sensitive cancers; however, decisions should be made collaboratively with oncology." MCCQE1 Objectives (Gynecology > 82-2: Contraception):

"Candidates must tailor contraceptive advice to patients with medical comorbidities, including cancer survivors." Irregular bleeding (A) is a common but not contraindicating side effect. No pre-procedure antibiotics (D) are typically needed. The IUD does not cause infertility (E). Risk of recurrence (C) is unconfirmed and must be individualized.

NEW QUESTION # 68

A 28-year-old woman presents to the office in great distress because she has no money for groceries or rent. She is a single mother of a 7-year-old girl. She has a history of gambling disorder. She has felt unable to cope for the last 3 months and has started gambling again. Today, she is crying, and she shares that her boyfriend became violent with her yesterday. Which one of the following is the highest priority for assessment?

- A. Screen for recreational drug and alcohol use.
- B. Investigate the patient's need for financial assistance.
- **C. Determine the risk of violence to the patient and her child.**
- D. Evaluate for depression.
- E. Define the extent of the patient's gambling disorder.

Answer: C

Explanation:

The highest priority is the immediate safety of the patient and her child. In the presence of domestic violence, risk assessment for harm or neglect must be conducted urgently, particularly since a child may be at risk.

Safety trumps psychiatric or social evaluations in triage.

Toronto Notes 2023 - Psychiatry, "Crisis and Risk Assessment" Section:

"When intimate partner violence (IPV) is disclosed, it is critical to assess immediate safety and consider mandatory reporting, especially when children are involved." MCCQE1 Objectives (Psychiatry > 79-6: Violence and Abuse):

"Candidates must assess for and respond to risk of harm in situations of domestic violence, especially when dependents are involved. This includes ensuring immediate safety and following legal obligations for child protection." Although the other concerns (e.g., gambling, depression, substance use, financial need) are valid, the presence of violence makes D the first and most urgent priority.

NEW QUESTION # 69

A 21-year-old man presents to the Emergency Department with a 6-month history of unusual behavior. He believes that he has been specially chosen to found a new religion. He says he has seen visions of angels in his bedroom. He appears disheveled and malodorous. On further inspection, you note that he drinks 2 liters daily.

Which one of the following is the most appropriate initial management?

- **A. Risperidone**
- B. Valproic acid
- C. Carbamazepine
- D. Electroconvulsive therapy
- E. Cognitive behavior therapy

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

The patient presents with classic symptoms of schizophrenia: delusions, hallucinations, social withdrawal, and disorganized appearance. The first-line treatment is antipsychotic medication-risperidone is a well-tolerated option among second-generation antipsychotics.

Toronto Notes 2023 - Psychiatry, "Schizophrenia":

"Schizophrenia is treated with second-generation antipsychotics such as risperidone. These reduce positive symptoms like delusions and hallucinations." MCCQE1 Objectives (Psychiatry > 71-3: Psychotic Disorders):

"Candidates must recognize and manage schizophrenia with antipsychotics and distinguish from other mood or personality disorders." CBT (E) is supportive but not first-line. ECT (A) is used for severe depression or catatonia. Valproic acid (C) and carbamazepine (D) are mood stabilizers, not first-line for schizophrenia.

NEW QUESTION # 70

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