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Everything needs a right way. The good method can bring the result with half the effort, the same different exam also needs the good test method. Our MCCQE study materials in every year are summarized based on the test purpose, every answer is a template, there are subjective and objective exams of two parts, we have in the corresponding modules for different topic of deliberate practice. To this end, our MCCQE Study Materials in the qualification exam summarize some problem-solving skills, and induce some generic templates.

Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q187-Q192):

NEW QUESTION # 187

A 12-year-old girl presents to your office in late November with an exacerbation of asthma which has been well controlled since her diagnosis at age 5. The family has had cats for 3 years. Last June, they moved to a basement apartment. Which one of the following is the most likely cause of her asthma exacerbation?

- A. Fungal infection
- B. Cold intolerance
- C. Pollen allergy
- D. Cat allergy
- E. Mold allergy

Answer: E

Explanation:

Comprehensive and Detailed Explanation:

Basement apartments are often damp environments, increasing the risk of mold exposure. Mold is a well-known asthma trigger. Given the timing (autumn/winter) and environment change, mold allergy is the most likely cause.

Toronto Notes 2023 - Respiriology / Allergy:

"Mold is a common indoor allergen, especially in damp environments. It frequently exacerbates asthma, particularly in fall/winter."

MCCQE1 Objectives (Pediatrics > 75-2: Asthma Triggers):

"Candidates must identify common environmental triggers for asthma, including mold exposure in humid or poorly ventilated housing." Cat allergy (B) would have triggered earlier. Pollen (D) is less relevant in winter. Cold intolerance (E) is not a major asthma trigger without exercise. Fungal infection (A) is unlikely without systemic symptoms.

NEW QUESTION # 188

You perform a literature search of journal articles on the effectiveness of a new antihypertensive for first-line treatment of people aged 35 to 50. You find reports of 4 good quality studies. Three of them show that statistically, the new drug is significantly more effective than the standard treatment, and one shows no difference. Before you conclude that the new antihypertensive is more effective in this group of patients, which one of the following concepts must be given consideration?

- A. Random error
- B. Information bias
- C. Systematic error
- D. The power of the studies
- E. Publication bias

Answer: E

Explanation:

Comprehensive and Detailed Explanation:

Publication bias refers to the tendency for positive results to be published more often than negative or inconclusive ones. In your review, 3 of 4 studies show positive findings. However, studies showing no effect may not have been published, skewing your impression.

Toronto Notes 2023 - Public Health, Critical Appraisal:

"Publication bias can lead to overestimation of treatment efficacy. Systematic reviews must account for unpublished or negative findings." MCCQE1 Objectives - Preventive Medicine > Critical Appraisal:

"Candidates must recognize and account for biases such as publication bias in interpreting literature." Random error (A) and power (D) affect individual studies. Systematic and information biases (B, E) affect data quality, not publication trends.

NEW QUESTION # 189

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

Answer: D

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 # 190

A 4-year-old girl is brought to the family practice by her father. The child has a 2-week history of low-grade fever, fatigue, and sore throat. She has also developed several small, round, mildly tender lumps bilaterally in her neck. She was previously well. Which one of the following is most likely to be found on abdominal examination?

- A. Generalized tenderness
- B. Renal mass
- C. Abdominal bruit
- D. Shifting dullness
- E. **Palpable spleen**

Answer: E

Explanation:

This child likely has infectious mononucleosis caused by Epstein-Barr virus (EBV), characterized by fever, sore throat, cervical lymphadenopathy, fatigue, and splenomegaly. A palpable spleen is a hallmark of EBV in children.

Toronto Notes 2023 - Pediatrics, "Infectious Mononucleosis":

"Key features include fever, pharyngitis, lymphadenopathy, and splenomegaly. Children may have milder symptoms but often exhibit palpable spleen." MCCQE1 Objectives (Pediatrics > 75-2: Infectious Disease):

"Candidates should recognize common viral syndromes such as EBV and identify complications including splenomegaly." Other options (renal mass, ascites, etc.) are inconsistent with this viral presentation.

NEW QUESTION # 191

A 31-year-old man presents to the office with concerns about his heart. Three months ago, his father died of a myocardial infarction at age 58 years. He states that since the death of his father, he has experienced episodes in which his heart will start racing, causing him to feel short of breath, dizzy, and nauseous. He is afraid that he will die during these episodes. Findings from a physical examination, electrocardiogram, Holter monitoring, echocardiogram, and complete blood count are normal. Serum electrolyte level, troponin level, and thyroid function studies are all within normal limits. Which one of the following options is the most appropriate?

- A. Lorazepam at bedtime
- B. Metoprolol
- C. **Grief therapy**
- D. Cardiac stress test

Answer: C

Explanation:

This patient presents with panic-like somatic symptoms triggered by bereavement. Normal investigations rule out cardiac pathology. Grief therapy is appropriate as the underlying stressor is unresolved grief and anxiety.

Toronto Notes 2023 - Psychiatry, Grief and Anxiety Disorders:

"Bereavement-related anxiety and somatization are common. Grief counseling can help reduce somatic and psychological symptoms when medical causes are ruled out." MCCQE1 Objectives - Psychiatry > Anxiety and Bereavement:

"Candidates should recognize psychological sequelae of grief, including panic and health anxiety, and provide appropriate psychological support." Metoprolol (C) is not indicated without confirmed cardiac cause. Lorazepam (B) may offer short-term relief but does not address the underlying grief. Stress testing (A) is unnecessary with repeated normal investigations.

NEW QUESTION # 192

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