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MCCQE Part 1 Practice Questions

Question 1

A 65-year-old man presents with worsening dyspnea and paroxysmal nocturnal dyspnea. On examination, there are bibasilar crackles and an S3 heart sound. What is the most likely diagnosis?

- A) Chronic obstructive pulmonary disease (COPD)
- B) Pneumonia
- C) Congestive heart failure (CHF)
- D) Pulmonary embolism

Question 2

A 45-year-old woman presents with fatigue, weight loss, and hyperpigmentation. Lab results reveal hyponatremia and hyperkalemia. What is the most likely diagnosis?

- A) Hypothyroidism
- B) Addison's disease
- C) Cushing's syndrome
- D) Hyperaldosteronism

Question 3

A 30-year-old man is involved in a motor vehicle accident and presents with hypotension, muffled heart sounds, and distended neck veins. What is the most likely diagnosis?

- A) Myocardial infarction
- B) Cardiac tamponade
- C) Pulmonary embolism
- D) Aortic dissection

Question 4

A 25-year-old woman presents with palpitations, sweating, and episodic headaches. Her blood pressure is persistently elevated. What is the most likely diagnosis?

- A) Hyperthyroidism
- B) Pheochromocytoma
- C) Panic disorder

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q105-Q110):

NEW QUESTION # 105

A 61-year-old man presents to the office for follow-up of recent laboratory test results. He has hypertension for which he takes amlodipine daily. His blood pressure is 148/94 mm Hg. His creatinine level is 140 $\mu\text{mol/L}$ (normal 70-120), and his urine protein-to-creatinine ratio is persistently elevated. You would like to prescribe ramipril, but he refuses to take any additional medication. Which one of the following is the best next step?

- A. Provide the patient with free samples of ramipril.
- B. Inform the patient that he eventually may need dialysis if he refuses the medication.
- C. Determine why the patient is refusing to take more medication.
- D. Agree to stop the patient's amlodipine if he takes ramipril.
- E. Explain to the patient the importance of preventing the progression of his chronic kidney disease.

Answer: C

Explanation:

Respecting patient autonomy requires understanding their perspective before offering persuasion or incentives. The best next step is to explore the reason for non-compliance. This builds rapport and informs a shared decision-making process.

Toronto Notes 2023 - ELOM, Patient-Centered Communication:

"When a patient refuses recommended treatment, explore the reason behind the refusal before proceeding.

Shared decision-making is crucial."

MCCQE1 Objectives - ELOM > Communication and Consent:

"Candidates must demonstrate an ability to explore reasons for treatment refusal before counseling or modifying management."

Options B and C may follow later. Options D and E can undermine appropriate pharmacologic care or violate ethics if not consented.

NEW QUESTION # 106

You are examining a newborn in the delivery room. He was born at full term by spontaneous vaginal delivery.

On examination, he is active, and his vital signs are within normal range. His head circumference is at the third percentile, with height and weight at the 10th percentile. Auscultation of his chest is clear with normal cardiovascular examination findings. The abdomen is protuberant with a liver edge palpable at 4 cm below the costal margin and mild splenomegaly. Which one of the following is the most likely diagnosis?

- A. Congenital viral infection
- B. Cephalic molding
- C. Lipid storage disease
- D. Trisomy 21
- E. Cystic fibrosis

Answer: A

Explanation:

Microcephaly, intrauterine growth restriction, hepatosplenomegaly, and normal vital signs in a term newborn strongly suggest congenital viral infection (e.g., CMV, toxoplasmosis, rubella).

Toronto Notes 2023 - Pediatrics, Congenital Infections:

"Signs of congenital TORCH infections include microcephaly, hepatosplenomegaly, and growth restriction.

Early identification is key."

MCCQE1 Objectives - Pediatrics > Infectious Disease:

"Candidates must recognize signs suggestive of congenital infections and distinguish from genetic or structural abnormalities."

Cephalic molding (A) is benign and resolves spontaneously. Lipid storage diseases (B) are not present at birth. Cystic fibrosis (C) does not cause microcephaly or hepatosplenomegaly at birth. Trisomy 21 (D) has distinct dysmorphic features not described here.

NEW QUESTION # 107

An 18-year-old woman comes to the office because of fatigue. She tells you she is struggling in her first year of university. She mentions that she spends much of her time rewriting her notes and filing and organizing her study materials. She is doing all the work in her group assignments because she feels others cannot do the work to a high enough standard. She has abandoned all enjoyable

activities and seems to be constantly working and worrying about her grades. Which one of the following is the most likely diagnosis?

- A. Major depressive disorder.
- B. Generalized anxiety disorder.
- **C. Obsessive-compulsive personality disorder.**
- D. Obsessive-compulsive disorder.

Answer: C

Explanation:

This patient exhibits perfectionism, preoccupation with order and control, and reluctance to delegate - classic features of obsessive-compulsive personality disorder (OCPD). Unlike OCD, there are no intrusive thoughts or compulsions; rather, behaviors are ego-syntonic.

Toronto Notes 2023 - Psychiatry, Personality Disorders:

"OCPD is marked by perfectionism, rigidity, and preoccupation with productivity. It differs from OCD in lacking obsessions or compulsions." MCCQE1 Objectives - Psychiatry > Personality Disorders:

"Candidates must distinguish OCPD by traits of excessive perfectionism, control, and inflexibility, particularly when these interfere with functioning." Major depression (A) is marked by pervasive low mood, which is not reported. OCD (B) involves distressing obsessions and compulsions. GAD (C) is more generalized worry without the perfectionism and rigidity.

NEW QUESTION # 108

A 17-year-old boy is brought by his 2 roommates to the emergency department (ED) after a party where he had been drinking and smoking cannabis. He reportedly was having a good time when he suddenly wanted to jump out of a window. His roommates describe him as "normal prior to a breakup with his girlfriend a week ago." He has since become anxious and unable to sleep. On examination, he is somnolent and appears intoxicated. Which one of the following is the most appropriate initial management?

- A. Call the patient's parents to take him home.
- B. Observe the patient in the ED for several hours.
- C. Prescribe chlordiazepoxide and start an intravenous line.
- **D. Arrange for an involuntary admission to psychiatry.**

Answer: D

Explanation:

This adolescent exhibited acute suicidal behavior (attempted to jump out of a window), which is a psychiatric emergency. Regardless of intoxication or cause, such behavior mandates a safety-first approach: involuntary psychiatric assessment and protection from self-harm.

Toronto Notes 2023 - Psychiatry, "Suicide and Crisis Intervention" Section:

"Involuntary psychiatric admission is indicated when a patient poses a danger to themselves or others.

Suicidal ideation or attempts require immediate evaluation and monitoring." MCCQE1 Objectives (Psychiatry > 79-2: Suicide and Risk Management):

"Candidates must identify suicidal behavior and initiate appropriate action, including involuntary admission if necessary for safety."

Observation (B) may miss the window for action. Parents (A) should be contacted but are not a substitute for admission.

Chlordiazepoxide (C) is not first-line in this scenario.

NEW QUESTION # 109

A 62-year-old man, who has not seen a physician in 20 years, presents to your clinic with a burning sensation in his feet. The symptoms have been progressing slowly over the last 6 months. There is no associated motor weakness or skin changes. He reports no significant past medical history and takes no medications. His alcohol intake is minimal. On examination, he has reduced pinprick/vibration sensation and proprioception in the ankles with absent ankle reflexes. Which one of the following blood tests would you expect to be abnormal?

- A. Folate
- B. Uric acid
- **C. Hemoglobin A1c**
- D. Ferritin
- E. Anti-acetylcholine receptor antibodies

Answer: C

Explanation:

This is a classic presentation of diabetic peripheral neuropathy: bilateral distal sensory symptoms with preserved motor function and no other systemic findings. The most useful test to confirm this in a previously undiagnosed patient is HbA1c.

Toronto Notes 2023 - Endocrinology, Diabetes Complications:

"Peripheral neuropathy is a common complication of undiagnosed or poorly controlled diabetes. Confirm with HbA1c if diagnosis is not yet established." MCCQE1 Objectives - Internal Medicine > Endocrinology:

"Candidates should evaluate for diabetes in patients with peripheral neuropathy and screen appropriately with HbA1c." Folate (B) and B12 deficiency may also cause neuropathy but are less likely in the absence of nutritional risk factors. Other choices (A, D, E) are unrelated to this pattern.

NEW QUESTION # 110

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