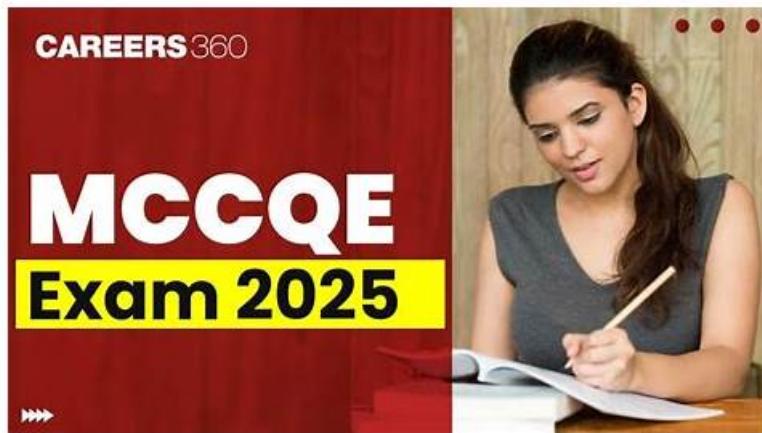


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q134-Q139):

NEW QUESTION # 134

A 60-year-old woman presents with a 7-day history of bloody diarrhea and diffuse mild abdominal tenderness. Stool tests (culture, ova/parasites) are negative. Which one of the following is the best next step?

- A. Order a diagnostic colonoscopy.
- B. Recommend a trial of loperamide.
- C. Prescribe tapered-dose steroids.
- D. Prescribe broad-spectrum antibiotics.
- E. Recommend symptomatic observation.

Answer: A

Explanation:

Persistent bloody diarrhea with negative stool cultures and ova/parasite testing in an older adult suggests inflammatory bowel disease (IBD) or another colitis such as ischemic or microscopic colitis. Colonoscopy is the best next diagnostic step to evaluate for ulcerative colitis, Crohn disease, ischemic colitis, or malignancy.

Toronto Notes 2023 - Gastroenterology, "Inflammatory Bowel Disease":

"Persistent bloody diarrhea with negative infectious work-up should prompt colonoscopic evaluation to rule out IBD or other forms of colitis." MCCQE1 Objectives (Internal Medicine > Gastrointestinal > 47-1):

"Candidates must assess and investigate chronic or persistent diarrhea. In the presence of red flag features such as bleeding, weight loss, or anemia, colonoscopy is indicated." Antibiotics (A) are not indicated with negative stool cultures. Observation (C) and loperamide (D) risk delaying diagnosis. Steroids (E) may be required later but only after confirmation of diagnosis.

NEW QUESTION # 135

An 80-year-old woman presents to your office with weight loss and generalized weakness. Her husband calls you after the appointment and asks that his wife not be told if she is diagnosed with cancer as hearing this will likely "kill her." Investigations subsequently show that she has metastatic lung cancer. Which one of the following is the best next step?

- A. Book an immediate appointment with your patient.
- B. Telephone her to inform her she has a bad pneumonia and prescribe antibiotics.
- C. Tell the patient she requires a computed tomography scan of the chest.
- D. Arrange an urgent consultation with her children to confirm her wishes.
- E. Tell her husband she has metastatic lung cancer.

Answer: A

Explanation:

According to Canadian medical ethics and legal standards, physicians must communicate diagnosis and treatment options directly to the patient, unless the patient has explicitly waived their right to know or delegated decision-making authority. The patient's autonomy is paramount.

Toronto Notes 2023 - Ethical, Legal, and Organizational Medicine, "Truth-Telling" Section:

"Physicians are obligated to disclose relevant health information to patients unless the patient has clearly indicated a desire not to be informed. Family members do not have the authority to request that information be withheld from a competent adult." MCCQE1 Objectives (ELOM > Ethical Issues > Medical Ethics):

"The candidate must be able to apply the principles of patient autonomy... This includes full disclosure of diagnosis, prognosis, and treatment options unless waived by the patient." Booking an immediate appointment (C) allows you to assess her decision-making capacity and proceed with informed discussion. The other options either bypass the patient (A, B, E) or provide misleading/incomplete information (A, D), which violates ethical and legal obligations.

NEW QUESTION # 136

A 42-year-old businessman known to have type 2 diabetes and ischemic heart disease is admitted to hospital with acute coronary syndrome. He admits to drinking 4 beers a day for the last 6 years and to binge drinking twice a year when his school buddies are in town. Your chart review reveals that he had a seizure secondary to alcohol withdrawal during his last admission. Which one of the following elements of his history puts him at highest risk of having another such seizure?

- A. The number of years he has consumed alcohol.
- B. His previous episode of alcohol withdrawal.
- C. His medical comorbidities.
- D. The quantity of alcohol he consumes daily.
- E. His binge drinking.

Answer: B

Explanation:

A history of previous alcohol withdrawal seizures is the single greatest predictor of future withdrawal seizures. This establishes a sensitization response within the central nervous system.

Toronto Notes 2023 - Addiction Medicine:

"A prior history of alcohol withdrawal seizures is the most important risk factor for recurrent seizures during future withdrawal episodes." MCCQE1 Objectives (Internal Medicine > Substance Use > 58-3):

"Candidates must identify individuals at high risk for severe alcohol withdrawal based on past withdrawal history, including seizures and delirium tremens." Although quantity, duration, and comorbidities contribute to risk, a prior withdrawal seizure most strongly predicts recurrence.

NEW QUESTION # 137

A 51-year-old man comes to your clinic for follow-up regarding his type 1 diabetes. His hemoglobin A1c is 12.5% (normal 4-6%). He has never had such high blood sugar results. He drinks 2 beers per night to help with sleep. He is not well rested because he has been sleeping on a friend's couch since losing his job last year. Which one of the following is the best next step?

- A. Send him for thyroid function testing.
- B. Prescribe an antidepressant to improve his energy and motivation.
- C. Ask him to create a food journal and refer him to a dietitian.
- D. Ensure that he has the finances to adequately monitor his diabetes.

Answer: D

Explanation:

This patient is experiencing social instability (homelessness, job loss) likely contributing to poorly controlled diabetes. Before investigating or prescribing further, it is essential to address his ability to afford and manage self-monitoring and insulin.

Toronto Notes 2023 - Endocrinology, Diabetes:

"Social determinants such as housing insecurity and financial barriers significantly affect diabetes self- management. Addressing access to glucose monitoring and insulin is critical." MCCQE1 Objectives - Internal Medicine > Chronic Disease Management: "Candidates must assess barriers to effective disease control, including financial and psychosocial limitations." Antidepressants (B) may be helpful later if depression is suspected. Thyroid testing (C) is not the priority. A dietitian (D) may help long-term, but immediate access and adherence are more urgent.

NEW QUESTION # 138

A 72-year-old man reports that his wife says he has hearing trouble. Examination reveals that air conduction on the right side is less than on the left side and greater than bone conduction bilaterally. He hears a tuning fork placed on the top of his head better with his left ear. Which one of the following is the most appropriate next step in management?

- A. Wax removal from the ears by irrigation.
- B. Computed tomography scan of the head.
- C. **Audiometry.**
- D. Hearing aid.
- E. Magnetic resonance imaging of the posterior fossa.

Answer: C

Explanation:

The patient demonstrates signs of asymmetric sensorineural hearing loss (SNHL). In Weber test, sound localizes to the better ear in SNHL. Air conduction > bone conduction on Rinne test bilaterally supports SNHL. Audiometry is the best next diagnostic step to quantify and characterize the hearing loss.

Toronto Notes 2023 - ENT, "Hearing Loss":

"Audiometry is the first-line investigation to distinguish conductive from sensorineural hearing loss and to assess severity and frequency involvement." MCCQE1 Objectives (Medicine > ENT > 20-1):

"Candidates must know the approach to hearing loss and interpret Weber and Rinne tests to guide investigations such as audiometry." Imaging (A, C) is reserved for red flags such as unilateral persistent SNHL, which may later prompt MRI to rule out acoustic neuroma. Wax removal (D) is for conductive loss. Hearing aids (E) are management, not diagnostic, and come after audiologic evaluation.

NEW QUESTION # 139

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