

# MCCQE 높은 통과율 인기 덤프 & MCCQE 퍼펙트 덤프 샘플 다운로드



Pass4Test MCCQE 최신 PDF 버전 시험 문제집을 무료로 Google Drive에서 다운로드하세요:  
[https://drive.google.com/open?id=1nLH6u9ERMj3Z4XM44XzmcEoJm9TzJpb\\_](https://drive.google.com/open?id=1nLH6u9ERMj3Z4XM44XzmcEoJm9TzJpb_)

Pass4Test에서는 시장에서 가장 최신버전이자 적응율이 가장 높은 Medical Council of Canada 인증 MCCQE 덤프를 제공해드립니다. Medical Council of Canada 인증 MCCQE 덤프는 IT업종에 몇십년간 종사한 IT전문가가 실제 시험문제를 연구하여 제작한 고품질 공부자료로서 시험패스율이 장난 아닙니다. 덤프를 구매하여 시험에서 불합격성적표를 받으시면 덤프비용 전액을 환불해드립니다.

Medical Council of Canada MCCQE 인증 덤프가 Pass4Test 전문가들의 끈임 없는 노력 하에 최고의 버전으로 출시되었습니다. 여러분의 꿈을 이루어드리려고 말이죠. IT업계에서 자기만의 자리를 잡고 싶다면 Medical Council of Canada MCCQE 인증 시험이 아주 좋은 자격증입니다. 만약 Medical Council of Canada MCCQE 인증 시험 자격증이 있다면 일에서도 많은 변화가 있을 것입니다, 연봉상승은 물론, 자기자신만의 공간도 넓어집니다.

>> MCCQE 높은 통과율 인기 덤프 <<

## 100% 유효한 MCCQE 높은 통과율 인기 덤프 최신버전 덤프

경쟁율이 치열한 IT업계에서 아무런 목표없이 아무런 희망없이 무미건조한 생활을 하고 계시나요? 다른 사람들이 모두 취득하고 있는 자격증에 관심도 없는 분은 치열한 경쟁속에서 살아남기 어렵습니다. Medical Council of Canada 인증 MCCQE 시험패스가 힘들다 한들 Pass4Test 덤프만 있으면 어려운 시험도 쉬워질수 밖에 없습니다. Medical Council of Canada 인증 MCCQE 덤프에 있는 문제만 잘 이해하고 습득하신다면 Medical Council of Canada 인증 MCCQE 시험을 패스하여 자격증을 취득해 자신의 경쟁율을 업그레이드하여 경쟁시대에서 안전감을 보유할수 있습니다.

## 최신 MCCQE Part 1 MCCQE 무료 샘플문제 (Q61-Q66):

### 질문 # 61

A 3-month-old girl is brought by her parents to the emergency department with a 3-day history of cough, coryza, and low-grade fever; she was previously well. In the last 24 hours, she has been noted to have rapid breathing with audible wheezing. Which one of the following pathogens is the most likely cause of the patient's symptoms?

- A. Human respiratory syncytial virus.
- B. Human metapneumovirus.
- C. Influenzavirus A.
- D. Human parainfluenzavirus 3.
- E. Chlamydia trachomatis.

정답: A

### 설명:

This presentation is most consistent with acute bronchiolitis, which classically affects infants under 2 years (peak 2-6 months) and begins with upper respiratory symptoms (coryza, cough, low-grade fever) followed by increased work of breathing, tachypnea, and wheeze. The most common causative agent is respiratory syncytial virus (RSV), making it the best answer. Parainfluenza virus is more strongly associated with croup (barking cough, inspiratory stridor, hoarseness). Chlamydia trachomatis pneumonia typically occurs in young infants with a staccato cough, afebrile course, and may be associated with conjunctivitis rather than acute wheezing after coryza. Human metapneumovirus can cause bronchiolitis-like illness but is less common than RSV. Influenza A often produces higher fever and systemic symptoms and is not the leading cause of bronchiolitis in this age group. MCCQE objectives emphasize recognizing bronchiolitis clinically and identifying RSV as the predominant pathogen in infants with this classic progression of symptoms.

### 질문 # 62

A 32-year-old woman, gravida 1, para 0, aborta 1, and her partner present to the office for follow-up regarding a spontaneous abortion that occurred 6 weeks ago. On history, the patient smokes tobacco cigarettes occasionally. On examination, she is healthy and has a BMI of 25. Ultrasonography findings reveal an empty uterus with a 2-cm subserosal fibroid. The couple is planning another pregnancy and would like information on how to increase her chances of carrying a pregnancy to full term. Which one of the following is the best advice?

- A. The patient should take 5 mg of folic acid daily.
- B. The patient should defer conception for 6 months.
- C. The patient should stop smoking.
- D. The patient should undergo excision of her fibroid.
- E. The patient and her partner should abstain from sexual intercourse in the first trimester.

정답: C

### 설명:

This patient had a single spontaneous abortion and is planning another pregnancy. MCCQE objectives emphasize modifiable risk factor reduction and evidence-based preconception counseling. Smoking is a well-established risk factor for miscarriage, placental complications, fetal growth restriction, and preterm birth.

Therefore, smoking cessation is the most effective intervention among the options listed to improve the likelihood of a healthy term pregnancy.

A 2-cm subserosal fibroid does not distort the uterine cavity and is unlikely to contribute to miscarriage; surgical removal is not indicated. There is no evidence that abstaining from intercourse in the first trimester prevents miscarriage. After a single early pregnancy loss, there is no need to delay conception for 6 months; couples may attempt pregnancy once emotionally and physically ready.

While folic acid supplementation is recommended preconceptionally, the standard dose for low-risk women is 0.4-1 mg daily, not 5 mg (which is reserved for high-risk patients). Thus, smoking cessation is the most important advice.

### 질문 # 63

Three months ago, a physician colleague approached you in the hospital corridor for advice regarding one of his patients. You are now being named by this patient in a malpractice action. Which one of the following is the most likely reason why you may be found liable?

- A. You were given the patient's name
- B. You were given confidential patient health information
- C. You did not see the patient
- **D. You gave advice on how to treat the patient**
- E. You advised the physician to consult one of your colleagues

**정답: D**

**설명:**

Comprehensive and Detailed Explanation:

Providing clinical advice (particularly treatment advice) without formally seeing or evaluating the patient creates a physician-patient relationship, potentially establishing a duty of care. If the advice leads to harm, you could be found liable, even if you never saw the patient directly.

Toronto Notes 2023 - Legal Medicine:

"Giving specific medical advice about diagnosis or treatment may imply a physician-patient relationship and establish duty of care."

MCCQE1 Objectives (ELOM > 90-2: Legal Risk Management):

"Candidates must understand that liability can arise from informal consultations where medical advice is given." Providing advice (D) is riskier than simply hearing about a case or patient (A, C). Recommending consultation (B) does not establish duty of care. Not seeing the patient (E) does not automatically shield from liability if treatment advice was given.

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**질문 # 64**

A 4-month-old girl is brought by a parent to your clinic with a history of recurrent vomiting since birth. She cries with feeding and has not gained weight in the last 2 weeks. Her hemoglobin level is 95 g/L (100-125).

The patient is currently being fed thickened hypoallergenic formula. Which one of the following is the most appropriate therapy?

- **A. Omeprazole.**
- B. Bismuth sulfate.
- C. Loperamide.
- D. Metoclopramide.
- E. Calcium carbonate.

**정답: A**

**설명:**

This infant has persistent vomiting with feeding-associated distress and poor weight gain, despite appropriate initial nonpharmacologic measures (thickened feeds and hypoallergenic formula). MCCQE pediatrics objectives emphasize distinguishing physiologic reflux ("happy spitter") from gastroesophageal reflux disease (GERD), which is suggested by feeding aversion/crying and failure to thrive. When conservative strategies fail and GERD is causing significant symptoms or complications (e.g., poor growth, suspected esophagitis contributing to irritability and possibly anemia), escalation to acid suppression is appropriate; a proton pump inhibitor such as omeprazole is used to treat acid-related esophageal injury and improve symptoms in selected infants with suspected erosive disease.

Metoclopramide is not preferred due to limited benefit and risk of extrapyramidal adverse effects. Calcium carbonate antacids are not recommended as ongoing therapy in infants due to safety concerns and inferior efficacy for esophagitis. Bismuth sulfate is not indicated. Loperamide is inappropriate and potentially harmful in infants. Continued monitoring of growth and reassessment for alternative diagnoses or alarm features is essential.

**질문 # 65**

A 1-week-old boy born at full term is brought by his parents to the office with a 2-day history of eye swelling and watery discharge. This morning, the discharge became thick and yellow. On physical exam, he is afebrile and fussy with bilateral eyelid edema, purulent discharge, and erythematous conjunctivae. After taking appropriate cultures of the eyes, which one of the following is the best next step?

- A. Reassure the parents and prescribe a topical antibiotic
- **B. Admit the patient and start antibiotic therapy**
- C. Prescribe an oral antibiotic and reassess in 48 hours
- D. Advise warm compresses every 2 to 3 hours until discharge is cleared
- E. Recommend lacrimal sac massage

정답: B

질문 # 66

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MCCQE퍼펙트 덤프샘플 다운로드 : <https://www.pass4test.net/MCCQE.html>

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