

Medical Council of Canada MCCQE Exam Questions Are Out: Download And Prepare [2026]

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 (Q125-Q130):

NEW QUESTION # 125

A 54-year-old woman presents to your office to discuss breast cancer screening. She is asymptomatic with no history of breast cancer. She had a fibroadenoma removed when she was 24 years old. The patient is not on any medications. Her family history is significant for a great-aunt with breast cancer. The patient has not had genetic testing but had normal breast screening 2 years ago. Which one of the following is the best next step?

- A. Monthly self-breast examination.
- B. Reassurance.
- C. Positron emission tomography scan.
- **D. Mammography.**
- E. Breast magnetic resonance imaging.

Answer: D

Explanation:

According to Canadian guidelines, women aged 50 to 74 at average risk for breast cancer should undergo routine screening mammography every 2 to 3 years. A great-aunt with breast cancer does not raise this patient's risk to high. Mammography is appropriate as she is now due for the next screen.

Toronto Notes 2023 - Population Health, "Screening Guidelines" Section:

"Routine mammography is recommended every 2 years for average-risk women aged 50 to 74. Family history in second-degree or more distant relatives (e.g., great-aunt) does not qualify for high-risk screening or MRI." MCCQE1 Objectives (Population Health > 97-5: Screening and Prevention):

"Candidates should apply Canadian screening recommendations including mammography for average-risk women #50 years old." Self-breast exams (C) are not recommended for screening. PET scan (D) and MRI (E) are reserved for high-risk populations or diagnostic clarification.

NEW QUESTION # 126

A 60-year-old man is admitted to hospital, and lung cancer is diagnosed. When his family physician reviews the discharge summary, she reviews the patient's chart and finds a chest radiograph report from 1 year ago that mentions a suspicious nodule and recommends a computed tomography scan. The family physician recalls seeing this report and did not order the scan. Which one of the following is the family physician's best next step?

- A. Call the radiologist who issued the report and determine why the patient was not contacted directly.
- B. Discipline the office staff for not bringing the report to her attention.
- C. Forward the report to the oncology team that will be treating him.
- **D. Communicate with the patient and arrange to disclose this information to him.**
- E. Do not disclose at this time.

Answer: D

Explanation:

The correct next step is to communicate with the patient and disclose the error . MCCQE objectives emphasize physicians' ethical and professional obligations regarding disclosure of adverse events and medical errors . When a clinically significant abnormal result was identified and appropriate follow-up was not arranged, this represents a potential error in care. Physicians have a duty to disclose errors that may have contributed to harm, provide an explanation, express regret, and outline next steps in management. Withholding disclosure violates principles of honesty, transparency, and respect for patient autonomy.

Blaming office staff or the radiologist deflects responsibility and does not address the ethical obligation to the patient. Forwarding the report to oncology does not fulfill the duty of disclosure. The physician should arrange a timely, compassionate conversation with the patient, explain the missed follow-up, discuss implications, and outline ongoing management. Documentation of the discussion and engagement in quality improvement processes are also appropriate subsequent steps.

NEW QUESTION # 127

A 22-year-old woman presents to the office for episodic mood changes that her boyfriend has noticed. During such episodes, she cries suddenly, is irritable and sad, and withdraws from socializing. Which one of the following would be most useful in establishing a diagnosis?

- A. Urine drug screen.
- B. Personality testing.
- C. Trial of lorazepam.
- D. Interviewing the boyfriend alone.
- E. Mood journal.

Answer: E

Explanation:

A mood journal is a structured tool that allows the patient to record mood fluctuations, triggers, and timing. It is particularly helpful in identifying mood disorders such as premenstrual dysphoric disorder, bipolar disorder, or cyclothymia.

Toronto Notes 2023 - Psychiatry, Mood Disorders:

"Mood diaries are useful in identifying temporal patterns, such as menstrual cycle-linked mood changes, and in distinguishing between affective disorders." MCCQE1 Objectives - Psychiatry > Diagnostic Evaluation:

"Candidates should use clinical tools such as symptom diaries to assist in establishing the pattern and nature of psychiatric symptoms." Personality testing (A) is not first-line. Urine drug screen (B) is only indicated with suspicion of substance use.

Lorazepam (D) treats symptoms, not diagnosis. Interviewing the boyfriend (E) may help, but only as a supplement to direct observation and self-report.

NEW QUESTION # 128

You performed a surgical procedure on a 32-year-old woman for a herniated disk that was causing neurologic impairment. At the 8-month follow-up visit, she has healed well; however, she requests a prescription renewal of her narcotic analgesics (hydromorphone). Her pharmacy confirms that the patient adheres to the dosage you prescribed, that she has not consulted other physicians, and that her behavior has always been respectful.

You think that she no longer requires narcotic analgesics. Which one of the following approaches is most helpful to the patient?

- A. Replace short-acting hydromorphone with transdermal fentanyl.
- B. Decline the renewal of further hydromorphone and discharge the patient.
- C. Counsel the patient regarding substance use disorder and arrange follow-up with her family physician.
- D. Advise the provincial or territorial agency responsible for following patients who have potential substance use disorders.
- E. Change the patient's prescription from short-acting hydromorphone to once-daily methadone.

Answer: C

Explanation:

The patient's pain is no longer medically justified for opioids, but there is no evidence of misuse. The most appropriate and supportive action is to explain concerns, provide education about opioid tapering or dependency, and transition care to her family physician for ongoing management.

Toronto Notes 2023 - ELOM, "Safe Prescribing and Opioid Stewardship" Section:

"When opioids are no longer indicated, engage the patient in a conversation about tapering and arrange appropriate follow-up.

Coordinate care with primary providers when long-term management is needed." MCCQE1 Objectives (ELOM > 99-1:

Professionalism and Substance Use):

"Candidates must address the risk of dependency, counsel the patient, and ensure a safe transition to appropriate care without abrupt termination." Methadone (E) and fentanyl (A) are for opioid use disorder or chronic pain, not for tapering in low-risk patients.

Discharging the patient (B) or reporting (C) is punitive and unnecessary.

NEW QUESTION # 129

A 24-year-old man is brought to the Emergency Department by ambulance with a severe pelvic fracture from a motor vehicle collision. After resuscitation and stabilization, he is noted to have a bloody penile discharge.

Which one of the following is the best next step?

- A. Sonography of penis.

- B. Transrectal ultrasound.
- C. Voiding cystography.
- D. Foley catheter and continuous bladder irrigation.
- E. Retrograde urethrography.

Answer: E

Explanation:

In a patient with a pelvic fracture and blood at the urethral meatus, urethral injury must be strongly suspected.

Other signs may include perineal hematoma, high-riding prostate, or inability to void. The key principle is do not insert a Foley catheter until urethral integrity is confirmed, as blind catheterization may worsen a partial tear into a complete disruption. The appropriate next diagnostic step is retrograde urethrography (RUG), which evaluates the urethra for extravasation of contrast and identifies the site and extent of injury.

Voiding cystography evaluates bladder injury and is performed after urethral integrity is confirmed or via suprapubic access.

Transrectal ultrasound and penile sonography are not appropriate in acute trauma assessment of suspected urethral disruption.

Continuous bladder irrigation is contraindicated until urethral injury is excluded.

MCCQE objectives emphasize recognition of urethral injury in pelvic trauma and adherence to trauma principles: stabilize first, suspect urethral injury when blood is present at the meatus, and perform retrograde urethrography prior to catheterization.

NEW QUESTION # 130

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