

MCCQE적중율을높은시험덤프 & MCCQE최신업데이트덤프공부



참고: Itexamdump에서 Google Drive로 공유하는 무료, 최신 MCCQE 시험 문제집이 있습니다:
https://drive.google.com/open?id=1pR7HD1dxXfpYHjnvOcVYdo_yF0byDsP

Itexamdump의 경험이 풍부한 전문가들이 Medical Council of Canada MCCQE인증시험관련자료들을 계획적으로 페팩트하게 만들었습니다. Medical Council of Canada MCCQE인증시험응시에는 딱 좋은 자료들입니다. Itexamdump는 최고의 덤프만 제공합니다. 응시 전 Medical Council of Canada MCCQE인증시험덤프로 최고의 시험대비준비를 하시기 바랍니다.

우리 Itexamdump에서는 최고이자 최신의 Medical Council of Canada 인증 MCCQE덤프자료를 제공 함으로 여러분을 도와 Medical Council of Canada 인증 MCCQE인증자격증을 쉽게 취득할 수 있게 해드립니다. 만약 아직도 Medical Council of Canada 인증 MCCQE 시험패스를 위하여 고군분투하고 있다면 바로 우리 Itexamdump를 선택함으로 여러분의 고민을 날려버릴수 있습니다.

>> MCCQE적중율을 높은 시험덤프 <<

MCCQE적중율을 높은 시험덤프 시험준비에 가장 좋은 인기덤프자료

Itexamdump 의 Medical Council of Canada인증 MCCQE덤프는 PDF버전과 소프트웨어버전 두가지 버전으로 되어있는데 소프트웨어버전은 시뮬레이션버전입니다. 소프트웨어버전의 문제를 푸는 과정은 시험현장을 연상케하여 시험

환경에 먼저 적응하여 실제시험에서 높은 점수를 받도록 도와드릴수 있습니다.

최신 MCCQE Part 1 MCCQE 무료샘플문제 (Q265-Q270):

질문 # 265

One of your patients presents to your clinic for a consultation regarding their recurrent hemoptysis. On review of their chart, you realize that although you had ordered chest radiography 2 months ago, the result cannot be found in the chart. You call the radiology department and are relieved to find that the chest radiography was done and that it did not reveal any pathology. After informing the patient of this lapse in reporting, which one of the following is the best next step?

- A. Remind the patient that they are responsible for calling for outstanding test results.
- B. Send a letter of complaint to the radiology department for not sending a report.
- C. Reassure the patient that this is a rare occurrence in your clinic.
- D. Review your clinic's filing procedures and make any needed improvements.

정답: D

설명:

When an error in the system is identified (e.g., test result not properly followed up), the most responsible approach is to analyze and improve internal clinic processes. Patient safety depends on reliable result tracking systems.

Toronto Notes 2023 - ELOM, "Medical Errors and Quality Improvement" Section:

"When an error or near miss is identified, root cause analysis and system-level interventions are required to prevent recurrence.

Blaming the patient or others without review of internal processes is inappropriate." MCCQE1 Objectives (ELOM > 99-1: Medical Error and Disclosure):

"Candidates must recognize the importance of continuous quality improvement in health care. System-level changes should be implemented when safety lapses occur." Option A shifts responsibility improperly onto the patient. Option C deflects blame without assessing one's own clinic. Option D minimizes the error and does not lead to improvement.

질문 # 266

A 19-year-old woman returns to your clinic to discuss her recent laboratory tests. She initially presented with dysuria, dyspareunia, and abnormal uterine bleeding. Her vulvovaginal examination was normal. Her last sexual encounter was 3 weeks prior to the onset of her symptoms. Which one of the following pathogens is most likely to explain this clinical presentation?

- A. Actinomyces israelii
- B. Herpes simplex virus
- C. Treponema pallidum
- D. Human papillomavirus
- E. Chlamydia trachomatis

정답: E

설명:

Chlamydia trachomatis is the most common cause of cervicitis in young sexually active women and frequently presents with dysuria, dyspareunia, intermenstrual bleeding, and a normal vulvovaginal exam. It may be asymptomatic or have subtle signs and often affects the endocervix.

Toronto Notes 2023 - Gynecology, "Sexually Transmitted Infections" Section:

"Chlamydia is the most common bacterial STI. Symptoms may include intermenstrual bleeding, postcoital bleeding, dyspareunia, mucopurulent cervical discharge, and dysuria. The vulva and vagina may appear normal." MCCQE1 Objectives (Obstetrics and Gynecology > 82-1: Abnormal Uterine Bleeding):

"Candidates should evaluate STI-related cervicitis as a common cause of postcoital and intermenstrual bleeding in young women."

Other options:

- * A. Actinomyces israelii is associated with IUD use, not relevant here.
- * B. Herpes simplex virus usually presents with painful ulcerations, not abnormal bleeding.
- * C. Treponema pallidum (syphilis) causes painless ulcers or systemic symptoms in later stages.
- * D. HPV causes warts or asymptomatic cervical dysplasia, not acute symptoms.

질문 # 267

A 32-year-old woman presents to the office and reports that she feels unwell and tired. She is worried about long-standing episodic

diarrhea and vague abdominal discomfort. Laboratory investigations reveal a hemoglobin of 90 g/L (123-157), mean corpuscular volume of 75 fL (80-100), and serum ferritin level of 4 µg/L (11-307). Which one of the following tests is most likely to produce a diagnosis?

- A. Total iron-binding capacity.
- B. Fecal fat determination.
- C. Stool for culture and sensitivity.
- D. Helicobacter pylori serology.
- E. Immunoglobulin A tissue transglutaminase.

정답: E

설명:

This patient has microcytic anemia (MCV 75 fL) with very low ferritin, confirming iron deficiency anemia.

In a young woman with chronic diarrhea and abdominal discomfort, MCCQE objectives emphasize investigating for malabsorption syndromes, particularly celiac disease. Iron deficiency may be the only presenting feature of celiac disease due to impaired absorption in the proximal small intestine (duodenum), where iron uptake normally occurs.

The most appropriate diagnostic test is IgA tissue transglutaminase (tTG) antibody, which is the recommended first-line serologic test for celiac disease. If positive, diagnosis is typically confirmed with small bowel biopsy. Total iron-binding capacity would only further characterize iron deficiency but would not identify the underlying cause. Fecal fat testing evaluates steatorrhea but is less specific and not first-line for suspected celiac disease. Stool cultures are indicated for acute infectious diarrhea. Helicobacter pylori infection may contribute to anemia but does not explain chronic malabsorptive symptoms.

Thus, IgA tTG testing is most likely to establish the underlying diagnosis.

질문 # 268

A 59-year-old woman is referred to you because of a 2-month history of left nipple discharge. She is otherwise healthy and is not on any medication. There are no palpable lesions on breast examination. She is able to express a small amount of blood-tinged liquid from her breast. Which one of the following would be the best next step?

- A. Biopsy of nipple complex.
- B. Galactography.
- C. Serum prolactin.
- D. Magnetic resonance imaging of breast.
- E. Mammography.

정답: E

설명:

Spontaneous, unilateral, blood-tinged nipple discharge in a postmenopausal woman is considered pathologic and warrants imaging to rule out intraductal pathology including malignancy. The best initial test is diagnostic mammography, often with ultrasound if indicated.

Toronto Notes 2023 - Breast Disorders:

"Unilateral, spontaneous, bloody nipple discharge should be evaluated with mammography and targeted ultrasound. Further tests such as MRI or duct excision are based on findings." MCCQE1 Objectives (Gynecology > 81-1: Breast Conditions):

"Candidates must recognize red flags for breast malignancy and apply appropriate initial diagnostic imaging." Serum prolactin (C) is indicated in galactorrhea. Galactography (D) and MRI (E) are second-line. Biopsy (A) is premature without imaging.

질문 # 269

A 58-year-old woman presents to your office with refractory bipolar I disorder. She is on the following medications: lithium carbonate, valproic acid, and olanzapine. She also takes acetaminophen for osteoarthritis and pantoprazole for gastroesophageal reflux. Lately, she has noticed she bruises very easily. Laboratory work displays a platelet count of $70 \times 10^9/L$ (normal 130-400). Which one of the following is most likely to induce this side effect?

- A. Olanzapine
- B. Pantoprazole
- C. Valproic acid
- D. Acetaminophen
- E. Lithium carbonate

정답: C

설명:

Valproic acid is well known to cause thrombocytopenia, especially at higher serum concentrations or in patients over 60. Bruising with platelet count $<100 \times 10^9/L$ is a classic manifestation.

Toronto Notes 2023 - Psychiatry, Mood Disorders & Pharmacology Section:

"Valproic acid is associated with hematologic side effects including thrombocytopenia. Platelet counts should be monitored regularly." MCCQE1 Objectives - Psychiatry > Pharmacotherapy:

"The candidate must recognize adverse effects of mood stabilizers including hematologic complications of valproic acid." Other listed medications (A-D) have no common or direct link with thrombocytopenia in this context.

질문 # 270

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MCCQE최신 업데이트 덤프공부 : <https://www.itexamdump.com/MCCQE.html>

Medical Council of Canada인증 MCCQE시험준비자료는 Itexamdump에서 마련하시면 기적같은 효과를 안겨드립니다, Itexamdump에는 전문적인 업계인사들이 Medical Council of Canada MCCQE시험문제와 답에 대하여 연구하여, 시험준비중인 여러분들한테 유용하고 필요한 시험가이드를 제공합니다, Itexamdump MCCQE최신 업데이트 덤프공부는 고객님의 시험부담을 덜어드리기 위해 가벼운 가격으로 덤프를 제공해드립니다, Medical Council of Canada MCCQE적중을 높은 시험덤프 1년 무료 업데이트서비스를 제공해드리기에 시험시간을 늦추어도 시험성적에 아무런 폐를 끼치지 않습니다, Medical Council of Canada MCCQE 시험탈락시 Medical Council of Canada MCCQE덤프비용 전액을 환불해드릴만큼 저희 덤프자료에 자신이 있습니다.

마음에 들지 않으면, 전에 없이 김길주의 목소리에는 힘이 잔뜩 들어가 있었다, Medical Council of Canada인증 MCCQE시험준비자료는 Itexamdump에서 마련하시면 기적같은 효과를 안겨드립니다, Itexamdump에는 전문적인 업계인사들이 Medical Council of Canada MCCQE시험문제와 답에 대하여 연구하여, 시험준비중인 여러분들한테 유용하고 필요한 시험가이드를 제공합니다.

퍼펙트한 MCCQE적중을 높은 시험덤프 덤프 최신 데모문제

Itexamdump는 고객님의 시험부담을 덜어드리기 위해 MCCQE가벼운 가격으로 덤프를 제공해드립니다, 1년 무료 업데이트서비스를 제공해드리기에 시험시간을 늦추어도 시험성적에 아무런 폐를 끼치지 않습니다, Medical Council of Canada MCCQE 시험탈락시 Medical Council of Canada MCCQE덤프비용 전액을 환불해드릴만큼 저희 덤프자료에 자신이 있습니다.

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□ www.exampassdump.com □에서“MCCQE”를 검색하세요MCCQE시험대비 최신 덤프문제

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