

Medical Council of Canada MCCQE완벽한덤프 & MCCQE최신버전시험덤프

Medical Council of Canada

MCCQE PART 1

The MCCQE1 is a challenging exam. The Medical Council of Canada offers two key resources to help in preparation for this demanding test: the MCC objectives list and the MCCQE1 blueprints.

Despite the challenging nature of the MCCQE1 exam, it is entirely possible for candidates to successfully pass the MCCQE Part 1 with the right question bank and dedicated preparation.

*The only board exam
with clear direction*



그리고 KoreaDumps MCCQE 시험 문제집의 전체 버전을 클라우드 저장소에서 다운로드할 수 있습니다:
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>> Medical Council of Canada MCCQE완벽한 덤프 <<

MCCQE최신버전 시험덤프 - MCCQE최신 인증시험 대비자료

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최신 MCCQE Part 1 MCCQE 무료샘플문제 (Q18-Q23):

질문 # 18

A 71-year-old man with stable chronic low back pain on hydromorphone (8 mg twice daily) presents upset, requesting an early refill. He reports his granddaughter has been stealing his medication and pressuring him for refills. Which one of the following is the best next step?

- A. Begin tapering the hydromorphone.
- B. Call the police and report the patient's granddaughter.
- C. Arrange for daily dispensing of hydromorphone.
- D. Provide an early refill of hydromorphone.
- E. Increase the dispensed quantity of the patient's hydromorphone.

정답: C

설명:

This case suggests diversion of prescription opioids, a serious safety and regulatory concern. The physician must balance maintaining patient care with minimizing risk. Daily dispensing via a monitored pharmacy is the safest and most practical solution to prevent misuse or theft, while avoiding immediate discontinuation of the patient's needed medication.

Toronto Notes 2023 - Chronic Pain & Substance Use:

"In cases of concern for opioid diversion, consider witnessed daily dispensing, prescription monitoring, and involving caregivers when appropriate." MCCQE1 Objectives (Internal Medicine > Pain Management > 56-2):

"The candidate must demonstrate understanding of strategies for safe prescribing and monitoring of controlled substances, including mitigation of diversion." Calling the police (A) is not the physician's immediate duty. Providing an early refill (B) worsens risk. Tapering (C) may be appropriate later, but first the medication must be safeguarded. Increasing quantity (D) is inappropriate.

질문 # 19

A 70-year-old woman consults you for progressive vision problems. She describes seeing haloes at night around street lights and having double vision. Her near vision has improved. Which one of the following is an ophthalmologic examination most likely to uncover?

- A. Retinal exudates.
- B. Increased intra-ocular pressure.
- C. Kayser-Fleischer ring.
- D. Arcus senilis.
- E. Altered red reflex.

정답: E

설명:

The symptoms described - haloes at night, monocular diplopia, and improved near vision (second sight) - are classic signs of nuclear sclerosis-type cataracts. On exam, the most consistent finding would be an altered red reflex due to lens opacification.

Toronto Notes 2023 - Ophthalmology, Cataracts:

"Cataracts can cause glare, monocular diplopia, and improved near vision. A diminished or irregular red reflex is commonly seen on direct ophthalmoscopy." MCCQE1 Objectives - Internal Medicine > Ophthalmologic Disorders:

"The candidate must recognize symptoms and physical findings of cataracts, including changes in red reflex and visual acuity."

Options A and B are associated with lipid deposition and Wilson's disease, respectively. Retinal exudates (D) suggest diabetic or hypertensive retinopathy. Increased intraocular pressure (E) suggests glaucoma but is not supported by this clinical picture.

질문 # 20

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

정답: D

설명:

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.

질문 # 21

A 70-year-old man presents with severe, postprandial, mid-abdominal pain which has become more severe over the past 6 to 9

months. It is associated with nausea but has not caused him to vomit or changed his bowel habits. He has lost 14 kg over the last 6 months. Abdominal and rectal examination is normal. Upper gastrointestinal series is unremarkable. Which one of the following is the most likely diagnosis?

- A. Carcinoma of colon
- B. Cholelithiasis
- C. Mesenteric ischemia
- D. Peptic ulcer disease
- E. Mesenteric adenitis

정답: C

설명:

Chronic mesenteric ischemia (also known as "intestinal angina") presents as postprandial abdominal pain, leading to food avoidance and significant weight loss. GI exams may be normal. Imaging (e.g., angiography or CT angio) confirms the diagnosis.

Toronto Notes 2023 - Gastroenterology, "Chronic Mesenteric Ischemia":

"Classic triad: postprandial abdominal pain, weight loss, and food aversion. Physical exam and GI series may be normal." MCCQE1 Objectives (Gastroenterology > 47-1: Abdominal Pain):

"Candidates must suspect mesenteric ischemia in older adults with risk factors and postprandial pain leading to weight loss." PUD (A) usually causes epigastric pain relieved by food. Cholelithiasis (B) causes RUQ pain. Colon cancer (D) presents with altered bowel habits or bleeding. Mesenteric adenitis (C) occurs in younger patients, often with infection.

질문 # 22

A 72-year-old man presents to your clinic with worsening lower leg edema. He has hypertension, type 2 diabetes, and a history of heavy drinking. On examination, he is pale and has a BMI of 35. Vital signs are as follows:

Blood pressure: 110/60 mm Hg

Heart rate: 102/min

Temperature: Afebrile

His jugular venous pressure is 4 cm above the sternal angle. Cardiac auscultation is normal, and his lungs are clear. His liver is not palpable; he has abdominal distension, bulging flanks, and pitting edema below the knees. While awaiting test results, which one of the following is the best next step?

- A. Sodium restriction
- B. Nadolol
- C. Lactulose
- D. Ramipril
- E. Compression stockings

정답: A

설명:

This patient has signs suggestive of decompensated liver cirrhosis (ascites, peripheral edema, low-normal BP, alcohol use, abdominal distension). Sodium restriction is the cornerstone of first-line management to prevent fluid retention in cirrhotic ascites.

Toronto Notes 2023 - Gastroenterology, "Cirrhosis and Ascites" Section:

"Sodium restriction (<2 g/day) is the most important non-pharmacologic management for ascites. Fluid restriction is added only in cases of severe hyponatremia." MCCQE1 Objectives (Internal Medicine > 76-5: Liver Disease):

"Candidates must manage ascites conservatively using sodium restriction, with diuretics added as needed." Lactulose (E) is used for hepatic encephalopathy, not ascites. Ramipril (B) may worsen renal function in cirrhosis. Nadolol (C) is used for variceal bleeding prophylaxis. Compression stockings (D) are not helpful in ascites-related edema.

질문 # 23

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