

# Free PDF Quiz MCCQE - Useful New MCCQE Part 1 Exam Test Duration

## 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 (Q142-Q147):

### NEW QUESTION # 142

A 58-year-old woman presents to your office with heavy vaginal bleeding. She has a history of type 2 diabetes and hypertension. Some active bleeding is visible on speculum examination. Ultrasound reveals an endometrial thickness of 12 mm. Endometrial biopsy shows complex hyperplasia with atypia. Which one of the following is the best next step?

- A. Arrange endometrial ablation
- **B. Refer for hysterectomy and bilateral salpingo-oophorectomy**
- C. Obtain consent for dilatation and curettage
- D. Prescribe topical progesterone
- E. Organize hysteroscopy

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation:

Complex endometrial hyperplasia with atypia carries a high risk of progression to or concurrent endometrial carcinoma. Definitive management in postmenopausal women is total hysterectomy with bilateral salpingo- oophorectomy.

Toronto Notes 2023 - Gynecology, Abnormal Uterine Bleeding:

"Endometrial hyperplasia with atypia in postmenopausal women is best managed surgically due to the risk of malignancy." MCCQE1

Objectives - Gynecology > Postmenopausal Bleeding:

"Candidates should identify endometrial hyperplasia with atypia as an indication for hysterectomy in appropriate patients." Ablation (A) is contraindicated. Progesterone (B) is used for non-atypical hyperplasia. D&C (C) and hysteroscopy (D) are diagnostic but not definitive.

### NEW QUESTION # 143

A 66-year-old woman with metastatic breast cancer presents with hard, difficult-to-pass stools. She has been experiencing this issue since starting morphine to control her pain. Which one of the following is the best next step?

- A. Add a bulk-forming fiber supplement to her diet
- **B. Prescribe senna**
- C. Start docusate
- D. Suggest increasing her physical activity
- E. Lower her morphine dose

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation:

Opioid-induced constipation is best managed with stimulant laxatives like senna or bisacodyl. Stool softeners such as docusate are insufficient as monotherapy. Senna stimulates peristalsis, making it more effective.

Toronto Notes 2023 - Palliative Care:

"Opioid-induced constipation requires stimulant laxatives such as senna. Stool softeners alone are not adequate." MCCQE1

Objectives (Palliative Care > 92-1: Symptom Management):

"Candidates must treat opioid-related side effects appropriately, including use of stimulant laxatives for constipation." Bulk agents (C) can worsen symptoms. Reducing morphine (D) may compromise pain control. Activity (E) helps but is insufficient as first-line management.

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### NEW QUESTION # 144

You are travelling on a transatlantic flight. Halfway through the flight, an older passenger (# 65 years) begins to have chest pain and shortness of breath. An announcement is made over the intercom asking for help from any physicians or medical personnel. Which one of the following is the best next step?

- A. Offer assistance only after the patient and the airline agree to release you from any liability.
- B. Remain silent to avoid any liability that may be incurred by offering help.
- C. Offer assistance and document the encounter in your own records afterwards.
- D. Give advice to the flight attendants on how to proceed but do not offer any direct assistance.

**Answer: C**

Explanation:

In Canada and in most jurisdictions internationally, physicians have a professional and in some cases legal obligation to provide emergency assistance. Documentation should be done in your own records afterward.

Aviation laws and Good Samaritan protections offer liability coverage for health professionals acting in good faith.

Toronto Notes 2023 - ELOM, "Physician Obligations and Medical-Legal Responsibility":

"Physicians should respond to in-flight or public emergencies when capable. Documentation should be completed after the event, and liability is protected under Good Samaritan laws." MCCQE1 Objectives (ELOM > Professionalism > 90-1):

"Candidates must demonstrate appropriate professional behavior, including willingness to assist in emergencies and understanding of legal protections." Avoiding assistance (A), or placing conditional barriers (D), is unethical and inappropriate.

### NEW QUESTION # 145

An 80-year-old woman presents to the Emergency Department with dizziness. She has a medical history of coronary artery disease.

On examination, she is alert and oriented. Her vital signs are as follows:

Her electrocardiogram is shown in the image.

Which one of the following is the most likely diagnosis?

Blood pressure

80/60 mm Hg

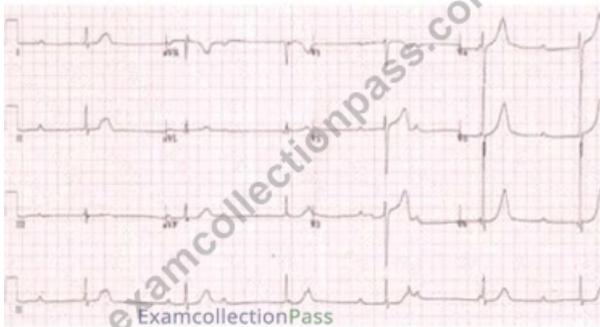
Heart rate

40/min

Respiratory rate

12/min

Her electrocardiogram is shown in the attached image. Which one of the following is the most likely diagnosis?



- A. First-degree atrioventricular block
- B. Junctional escape rhythm
- C. Second-degree Mobitz type I atrioventricular block
- D. Sinus bradycardia
- E. Third-degree atrioventricular block

**Answer: E**

Explanation:

Comprehensive and Detailed Explanation:

The ECG reveals:

- \* Regular P waves that are not consistently followed by QRS complexes
- \* A dissociation between the atrial (P wave) and ventricular (QRS complex) activity
- \* A slow ventricular rate (~40 bpm) independent of atrial rate

These findings are characteristic of a third-degree (complete) atrioventricular (AV) block, where there is no conduction of atrial impulses to the ventricles. The atria and ventricles beat independently, and the ventricular rate is maintained by an escape rhythm, often junctional or ventricular in origin.

This correlates with the patient's symptoms (dizziness, hypotension) and bradycardia, suggesting inadequate cardiac output due to AV dissociation.

Toronto Notes 2023 - Cardiology:

"Third-degree AV block shows complete AV dissociation with independent atrial and ventricular activity. It typically presents with bradycardia and hypotension. Urgent pacing may be required." MCCQE1 Objectives (Cardiology > 34-2: Bradyarrhythmias and Conduction Disorders):

"Candidates must identify complete heart block and recognize its clinical urgency." Ruling out other options:

- \* A. Sinus bradycardia would show regular P waves with 1:1 P-QRS conduction.
- \* B. First-degree AV block has prolonged PR intervals (>200 ms) but all P waves are conducted.
- \* D. Junctional escape rhythm may present with bradycardia, but P waves would be absent, inverted, or occur after QRS complexes.
- \* E. Mobitz type I (Wenckebach) has progressively lengthening PR intervals before a dropped QRS.

#### NEW QUESTION # 146

A 59-year-old woman comes to the office because her 48-year-old sister was recently diagnosed with cervical cancer. Your patient thinks her mother may have also had cervical cancer. A Papanicolaou (Pap) test performed 16 months ago had normal results, as did all previous Pap tests. Which one of the following is the best next step?

- A. Arrange for colposcopy.
- **B. Offer a repeat Pap test 3 years from the previous one.**
- C. Arrange for human papillomavirus testing.
- D. Offer a repeat Pap test now.
- E. Offer annual Pap testing for the next 5 years.

**Answer: B**

Explanation:

For women aged 25-69 years who have had adequate negative screening, the recommendation is to repeat cervical cytology (Pap test) every 3 years, regardless of family history. Cervical cancer is caused primarily by HPV infection, not hereditary genetics. Family history does not alter the screening interval.

Toronto Notes 2023 - Gynecology, Cervical Cancer Screening Section:

"Routine screening with Pap test is recommended every 3 years in women aged 25-69 who have had three consecutive negative tests. Family history of cervical cancer does not modify the screening interval." MCCQE1 Objectives - Obstetrics and Gynecology > Cancer Screening:

"Candidates must apply population-based cervical cancer screening guidelines. Family history is not a risk modifier for screening frequency in cervical cancer." Options A and B are inappropriate as they increase screening frequency without indication. HPV testing (D) or colposcopy (E) are not recommended without abnormal cytology.

#### NEW QUESTION # 147

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