

Guaranteed MCCQE Questions Answers | Real MCCQE Question

MCCQE Part 1 Exam Questions with 100% Verified Answers

SPIKES - Answer- Setting up interview, assessing patient Perception, obtaining patient's Invitation to disclose information, giving Knowledge and information to patient, addressing patient's Emotions, Strategy and Summary

Canada Health Act - Answer- Accessibility, Comprehensiveness, Portability, Public administration, Universality

HTN - Answer- 135/85 on 3 separate occasions, $\geq 180/110$ on dedicated office visit, or diabetes $\geq 130/80$

ACR for DM and CKD - Answer- ACR > 30 mg/mmol is abnormal

When to start management of HTN - Answer- BP $> 160/100$ or $> 140/90$ when pt has other RF like diabetes and smoking

Pharmacological for HTN - Answer- HTN alone = thiazide, HTN + atherosclerosis = ACEI, HTN + postMI = beta blockers, HTN + DM = ACEI

Preeclampsia-eclampsia - Answer- HTN with proteinuria AFTER 20 weeks of gestation

Sx of preeclampsia - Answer- Visual disturbance, new onset h/a, epigastric or RUQ pain, rapidly progressing peripheral edema, rapid weight gain

Px of preeclampsia - Answer- Positive roll over test (≥ 15 dBP increase), vasospasm/retinal edema, clonus (severe preeclampsia), RUQ tenderness

Protein in urine preeclampsia - Answer- ≥ 300 mg/d of protein

Treatment of preeclampsia - Answer- Delivery, betamethasone (< 34 weeks gestation), mg sulphate

Malignant HTN - Answer- HTN emergency: BP $> 180/120$ with retinal hemorrhages, exudates or papilledema. May also have malignant nephrosclerosis

Hypertensive encephalopathy - Answer- HTN emergency: BP $> 180/120$ with cerebral edema

Mx of malignant HTN - Answer- Reduce dBP to 100-105 over 2-6 hours (initial fall in BP should not exceed 25% of current BP)

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q86-Q91):

NEW QUESTION # 86

A 3.5-year-old girl has developed a stutter in the last 3 months. She repeats whole words several times before finishing a sentence. Her paternal uncle had a severe stuttering issue as a child. She has reached the developmental milestones for her age. Her new sibling was born 4 months ago. Which one of the following is the best next step?

- A. Cognitive behavior therapy.
- **B. Reassurance that this issue is common and transient.**
- C. Audiology assessment.
- D. Speech therapy.
- E. Play therapy for adjustment issues.

Answer: B

Explanation:

This presentation describes normal developmental dysfluency, which typically occurs between ages 2-5 and often worsens during times of stress or change, such as a new sibling. It is characterized by word repetition and does not require intervention unless it persists >6 months, worsens, or causes distress.

Toronto Notes 2023 - Pediatrics, "Developmental and Behavioral Pediatrics" Section:

"Developmental stuttering is common between 2-5 years and often resolves without intervention.

Reassurance is appropriate unless there are signs of persistent or severe stuttering, secondary behaviors, or parental concern."

MCCQE1 Objectives (Pediatrics > 78-1: Development and Behavior):

"Candidates must recognize typical patterns of developmental speech dysfluency and differentiate them from pathological speech disorders. Observation and reassurance are often the appropriate initial step." Because the child is otherwise developing normally and the onset coincides with a known psychosocial stressor, reassurance is the most appropriate step. Formal speech or behavioral therapy is not indicated at this time.

NEW QUESTION # 87

A 27-year-old woman presents to her family physician's office and states that she is pregnant and would like to be referred for an abortion. She is at approximately 9 weeks' gestation by dates. The family physician has personal conscience-based objections to the procedure. Which one of the following would be the best next step for this physician?

- A. Ask the patient to return in 2 weeks to give her time to consider her options
- **B. Refer the patient to another physician**
- C. Explain their personal views about therapeutic abortion to the patient
- D. Recommend that the patient consider adoption

Answer: B

Explanation:

Physicians in Canada who have conscientious objections to procedures such as abortion are legally and ethically required to make an effective referral to another provider or service that can offer the treatment. The provider must not delay access to care.

Toronto Notes 2023 - ELOM, "Conscientious Objection":

"A physician who objects to providing a service for reasons of conscience must make an effective referral to another provider or agency." MCCQE1 Objectives (ELOM > Professionalism > 90-1):

"Candidates must recognize the obligation to refer patients for services they themselves will not provide due to personal or religious beliefs." Delaying care (C), imposing personal beliefs (A), or suggesting alternatives like adoption (D) is inappropriate and may violate patient autonomy.

NEW QUESTION # 88

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

Answer: D

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 # 89

A 14-month-old boy is brought to see you for a well-baby check-up and is noted to have only one testis. Ultrasound confirms an undescended testis. Which one of the following is the best next step?

- A. Hormonal therapy with gonadotropins
- B. Surgical removal of the undescended testis
- **C. Surgical orchiopexy**
- D. Hormonal therapy with testosterone
- E. Observation for a year

Answer: C

Explanation:

Orchiopexy is the treatment of choice for cryptorchidism and should be performed between 6-18 months of age. Early surgery improves fertility outcomes and reduces malignancy risk.

Toronto Notes 2023 - Pediatrics, Urology:

"Undescended testes should be referred for orchiopexy ideally before 18 months of age. Observation beyond 6 months is not recommended."

MCCQE1 Objectives - Pediatrics > Genitourinary Disorders:

"Candidates must recognize and refer for cryptorchidism early to optimize testicular function and reduce cancer risk." Hormonal therapies (C, D) are not recommended due to limited efficacy. Observation (A) is too late beyond

NEW QUESTION # 90

A 9-year-old girl from a remote community is brought to the clinic with a 2-week history of swelling in her neck. She has been afebrile but has had some night sweats. On examination, you note a fixed, unilateral, and nontender supraclavicular lymph node measuring 3 cm. The overlying skin color is unremarkable. In addition, you note a slightly enlarged spleen and liver. Which one of the following is the most likely diagnosis?

- A. Viral reactive lymphadenopathy
- B. Acute bacterial lymphadenitis
- **C. Lymphoma**
- D. Kawasaki disease
- E. Cat-scratch disease

Answer: C

Explanation:

This child presents with "red flag" features for malignancy: a firm, fixed, nontender supraclavicular lymph node >2 cm in size, with associated hepatosplenomegaly and night sweats. These features are most concerning for lymphoma.

Toronto Notes 2023 - Pediatrics, "Lymphadenopathy in Children":

"Malignant lymphadenopathy tends to be firm, fixed, painless, and located in supraclavicular areas. Systemic signs (fever, weight loss, hepatosplenomegaly, night sweats) are concerning for lymphoma." MCCQE1 Objectives (Pediatrics > 78-3:

Hematology/Oncology):

"Candidates should differentiate between benign and malignant lymphadenopathy and recognize features suggestive of lymphoma."

Cat-scratch disease (B) is usually tender and associated with cat exposure. Kawasaki disease (C) presents with fever and mucocutaneous findings. Acute bacterial lymphadenitis (D) is painful, warm, and rapid in onset.

Viral lymphadenopathy (E) is often bilateral, small, and tender.

NEW QUESTION # 91

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