

MCCQE Questions, MCCQE Valid Brainsdumps

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 (Q62-Q67):

NEW QUESTION # 62

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

Answer: C

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 # 63

You are caring for a 17-year-old girl who has end-stage renal disease. She is receiving dialysis at the hospital 3 times a week. She requests medical assistance in dying (MAID). Which of the following is the best next step?

- A. Suggest a trial of home dialysis.
- B. Explain to the patient that she is not terminally ill.
- C. Refer the patient to a psychiatrist.
- D. Explore the reasons for the patient's request for MAID.
- E. Inform the patient that she will need parental consent to be assessed for MAID.

Answer: D

Explanation:

The first step in any MAID request is to explore the patient's motivations, psychosocial concerns, and mental health status. The request should be taken seriously and approached with compassion. Exploring the reasons is essential to determine eligibility and to distinguish suffering from other potentially treatable issues (e.g., depression, loss of hope).

Toronto Notes 2023 - ELOM, "Medical Assistance in Dying":

"Upon receiving a request for MAID, the physician must first explore the patient's motivations, ensure understanding of their condition, and assess for coercion, depression, or other treatable factors." MCCQE1 Objectives (ELOM > Ethical Dilemmas > End-of-Life Care):

"Candidates must demonstrate understanding of the ethical and legal framework surrounding MAID and respond appropriately to requests by exploring reasons and providing necessary support and referrals." MAID is available to mature minors in some jurisdictions but not uniformly. Assuming the patient is ineligible or redirecting to other treatments without discussion is inappropriate.

NEW QUESTION # 64

A 35-year-old man comes to your office with a history of headaches that last 1 hour and are relieved by 1000 mg of acetaminophen. These headaches, which started 6 months ago after he got his first job as a lawyer, occur regularly. The patient wants a computed tomography scan of his head to rule out a tumour. Physical examination reveals no abnormality. Review of systems does not contribute any positive findings. Which one of the following is the best management?

- A. Refer the patient to a psychiatrist for anxiety disorder.

- B. Refer the patient to a neurologist for further investigations.
- C. Order a computed tomography of the head.
- **D. Reassure the patient.**
- E. Prescribe stronger pain relief medications.

Answer: D

Explanation:

This patient's headache is consistent with tension-type or stress-related headache. The symptoms are mild, responsive to over-the-counter medications, and without red flags (neurologic signs, worsening pattern, nocturnal pain). Reassurance is appropriate.

Toronto Notes 2023 - Neurology, "Headache" Section:

"In the absence of red flags (e.g., sudden onset, focal deficits, age >50, worsening pattern), reassurance is the best course. Tension headaches are often related to stress and improve with lifestyle modification and simple analgesia." MCCQE1 Objectives (Internal Medicine > 76-6: Neurologic Symptoms):

"Candidates should recognize benign headache patterns and avoid unnecessary investigations." CT head (B) is not indicated. Stronger analgesics (D) may cause rebound headache. Specialist or psychiatric referrals (A, E) are premature.

NEW QUESTION # 65

A 30-year-old woman presents to your office with a 6-week history of left lower quadrant pain and dyspareunia. A pelvic ultrasound is normal. Which one of the following is the most important immediate investigation?

- A. Endometrial biopsy
- B. Laparoscopy
- **C. Cervical swabs**
- D. Hysterosalpingography
- E. Magnetic resonance imaging

Answer: C

Explanation:

This clinical presentation is highly suggestive of chronic pelvic inflammatory disease (PID), especially given the left lower quadrant pain and dyspareunia with a normal pelvic ultrasound. PID is often caused by sexually transmitted infections (STIs), such as Chlamydia trachomatis or Neisseria gonorrhoeae, which may not be evident on imaging.

Toronto Notes 2023 - Gynecology:

"Cervical swabs for N. gonorrhoeae and C. trachomatis are essential in the workup of suspected PID or cervicitis, even when imaging is normal. Dyspareunia and chronic pelvic pain with normal imaging should prompt testing for STIs." MCCQE1 Objectives (Obstetrics & Gynecology > 82-6: Pelvic Pain):

"Candidates must consider and investigate for infectious causes of pelvic pain, including PID, which requires cervical swab testing as an essential first-line investigation." Laparoscopy (A) is invasive and reserved for uncertain or refractory cases.

Hysterosalpingography (C) is used in infertility workups, not acute pain. Endometrial biopsy (D) and MRI (E) are not first-line.

NEW QUESTION # 66

A 45-year-old man presents to your family practice for follow-up because he has had repeated transient ischemic attacks and had been advised not to drive. During the interview, you find out that he is still driving.

He explains that he only drives to the grocery store and his wife, who also has a driver's license, is always a passenger with him. He insists he can drive. You think that he should no longer be driving a car. Which one of the following is the best next step?

- **A. Communicate your concerns to the motor vehicle licensing authority.**
- B. Consult a neurologist to assess whether the patient is fit to drive.
- C. Physically take away his license.
- D. Discuss this further with him.
- E. Refuse to treat him further unless he stops driving.

Answer: A

Explanation:

In most Canadian provinces and territories, physicians are legally obligated to report patients who pose a danger due to medical conditions affecting driving ability. Given the history of TIAs and continued unsafe driving, reporting is necessary for public safety.

Toronto Notes 2023 - ELOM, "Fitness to Drive" Section:

"Physicians must report to motor vehicle authorities if a patient poses a risk to public safety due to a medical condition. TIAs are considered reportable if they impair ability and the patient does not comply with driving restrictions." MCCQE1 Objectives (ELOM > 99-1: Medical Fitness and Reporting):

"Candidates must recognize situations requiring mandatory reporting of patients unfit to drive due to neurologic or other impairing conditions." You may still discuss with the patient (B), but this does not replace the duty to report. Physically taking the license (C) is illegal. Refusing care (D) is unethical. A neurologist (E) could be helpful but would delay action in a clear case.

NEW QUESTION # 67

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