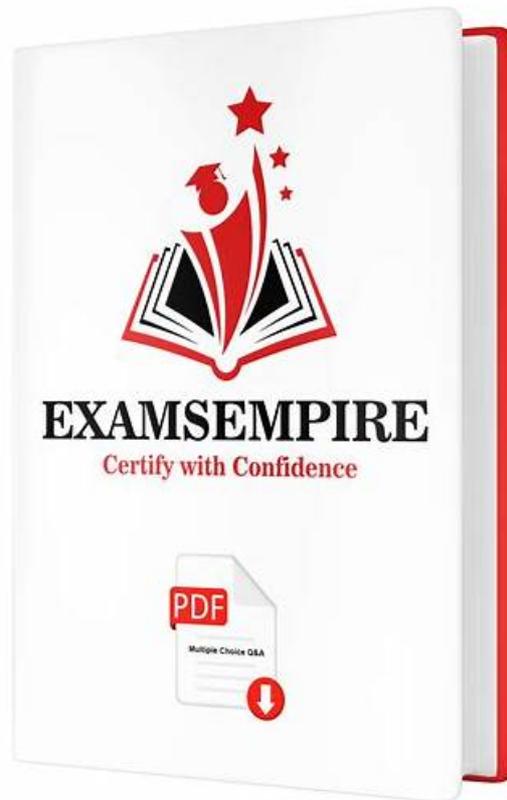


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q21-

Q26):

NEW QUESTION # 21

Which one of the following bodies decides whether a physician is permitted to practise medicine in a province or territory?

- A. The board of the hospital or health region where the physician wants to practise
- B. The provincial or territorial Ministry of Health
- C. The provincial or territorial medical licensing authority
- D. The provincial or territorial medical association
- E. The College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada

Answer: C

NEW QUESTION # 22

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

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 # 23

A 19-year-old woman presents to the office. She is a new mother. She shares that she does not intend to vaccinate her son. Which one of the following is the best next step?

- A. Contact child protection services.
- B. Provide education on the risks and benefits of vaccination.
- C. Ask to speak with the patient's parents.
- D. Explore with the patient her rationale for not vaccinating her child.
- E. Tell the patient you cannot follow her in your practice but will refer her to a colleague.

Answer: D

Explanation:

When encountering vaccine hesitancy, the first and most effective step is to open a non-judgmental conversation and explore the patient's reasons. This helps build trust and tailor subsequent education and counseling.

Toronto Notes 2023 - Public Health and Preventive Medicine, Immunization:

"Addressing vaccine hesitancy requires understanding parental concerns. Begin with open-ended questions to identify underlying beliefs and information gaps." MCCQE1 Objectives - Preventive Medicine > Immunization:

"Candidates must demonstrate effective communication with vaccine-hesitant parents, beginning with eliciting their rationale before providing evidence-based recommendations." Jumping to education (B) or punitive measures (C, D) may close communication. The patient is an adult; speaking with her parents (E) violates her autonomy.

NEW QUESTION # 24

You are asked to see a 34-year-old patient at his long-term care facility for a 2-day history of fever. You diagnose a urinary tract infection. He has multiple sclerosis diagnosed 5 years ago and has lived in this long-term care facility for the past 2 years. He is bedbound and has an indwelling urinary catheter. For the past 3 months, he has been non-communicative. Prior to this, he had made it clear that he did not want any life-prolonging measures. Which one of the following is the best next step?

- A. Start antibiotics while waiting to contact the family.
- **B. Prescribe antipyretics.**
- C. Transfer him to the hospital.
- D. Call his family to consider antibiotics.
- E. Change his urinary catheter.

Answer: B

Explanation:

This patient is currently non-communicative and therefore likely lacks decision-making capacity. MCCQE ethics objectives emphasize that when a patient's prior capable wishes are clearly known, clinicians must follow those expressed values and directives. He previously stated he did not want life-prolonging measures; escalation (hospital transfer) and potentially curative treatment aimed primarily at prolonging life would conflict with that directive. The immediate best step is to provide comfort-focused care, addressing symptoms such as fever and distress with antipyretics and other palliative measures.

Calling family to "consider antibiotics" risks substituting others' preferences for the patient's known wishes; substitute decision makers are meant to apply the patient's prior expressed wishes, not override them. Starting antibiotics while waiting to contact family similarly risks initiating life-prolonging therapy inconsistent with the directive. Catheter change may be clinically useful in catheter-associated infection, but the question frames a clear limit on life-prolonging interventions; symptom relief is the priority. Ongoing care should include reassessment of comfort, clear documentation of goals of care, and communication with family about the patient's previously stated wishes and the plan for palliative management.

NEW QUESTION # 25

You are covering for your colleague who is on vacation this week. You receive the results from an ultrasonography that had been ordered for a 32-year-old woman, gravida 2, para 1, aborta 0. The ultrasonography-estimated fetal weight is below the fifth percentile for 30 weeks' gestation; gestational age was confirmed by an earlier ultrasonogram. The amniotic fluid volume is within normal range. Her first child's birth weight was 2800 g at full term. Which one of the following is the best next step?

- A. Plan a follow-up appointment as soon as your colleague is back from vacation
- **B. Ask the patient to present to the obstetrics ward for further fetal assessment**
- C. Schedule an urgent uterine artery Doppler ultrasonography
- D. Discuss the benefits of acetylsalicylic acid
- E. Reassure the patient that the fetus is probably at the lower range of normal weight

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

An estimated fetal weight below the 5th percentile at 30 weeks is concerning for intrauterine growth restriction (IUGR). This warrants prompt evaluation of fetal well-being via biophysical profile and Doppler assessment. The patient should be referred for further fetal assessment immediately to rule out placental insufficiency or other complications.

Toronto Notes 2023 - Obstetrics, "Fetal Growth Restriction":

"EFW < 10th percentile, especially < 5th, warrants further evaluation including Doppler studies and biophysical profile. Immediate assessment is warranted to determine fetal well-being." MCCQE1 Objectives (Obstetrics > 80-4: Antepartum Surveillance):

"Candidates must initiate urgent assessment in cases of abnormal fetal growth to reduce perinatal morbidity." Delaying care (B) is inappropriate. Reassurance (A) is unsafe. ASA (D) is preventative, not corrective.

Doppler (E) is important but should be coordinated through obstetrical triage.

NEW QUESTION # 26

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