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Medical Council of Canada MCCQE Exam Syllabus Topics:

Section	Objectives
Topic 1: Dimensions of Care	- Chronic Care • 1. Long-term care • 2. Chronic disease management • 3. Rehabilitation - Health Promotion and Illness Prevention • 1. Risk factor reduction • 2. Screening and periodic health exams • 3. Patient education • 4. Disease prevention measures • 5. Health maintenance - Psychosocial Aspects • 1. Patient communication • 2. Psychosocial determinants of health • 3. Mental health and behavioral sciences - Acute Care • 1. Emergency and critical care • 2. Management of acute medical conditions • 3. Acute presentations and stabilization

Topic 2: Physician Activities	- Communication • 1. Physician-patient communication • 2. Informed consent • 3. Team communication • 4. Breaking bad news - Management • 1. Therapeutic interventions • 2. Pharmacological and non-pharmacological treatment • 3. Follow-up planning - Professionalism • 1. Lifelong learning • 2. Physician health for sustainable practice • 3. Ethics and legal duties • 4. Self-awareness and reflection • 5. Leadership and scholarly habits - Assessment • 1. History taking • 2. Physical examination • 3. Investigations and diagnostic reasoning
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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q229-Q234):

NEW QUESTION # 229

A 30-year-old man comes to the office and asks you to write him a note for his employer that recommends a stress leave. He says he feels entitled to a rest. He comes across as irritable and impulsive. He appears to show little regard for the law and admits to recently embezzling \$5,000 from his employer. He justifies his actions and shows no remorse. He has a history of attention-deficit/hyperactivity disorder as a child. Which one of the following is the most likely diagnosis?

- A. Narcissistic personality disorder.
- B. Borderline personality disorder.
- **C. Antisocial personality disorder.**
- D. Bipolar II disorder.
- E. Klinefelter syndrome.

Answer: C

Explanation:

This case features hallmark traits of antisocial personality disorder: disregard for social norms, criminal behavior, lack of remorse, impulsivity, and a history of conduct disorder (suggested by childhood ADHD and likely early behavioral problems).

Toronto Notes 2023 - Psychiatry, Personality Disorders:

"Antisocial personality disorder is characterized by disregard for rights of others, impulsivity, deceitfulness, lack of remorse, and

criminal activity beginning in adolescence." MCCQE1 Objectives - Psychiatry > Personality Disorders:

"Candidates must distinguish antisocial personality disorder by a pattern of behavior that violates the rights of others, with evidence of conduct disorder before age 15." Other options do not explain the full behavioral pattern, especially the criminality and lack of remorse.

NEW QUESTION # 230

A 32-year-old primigravid woman is receiving magnesium sulfate for tocolysis. Her pregnancy is at 26 weeks' gestation. You suspect magnesium sulfate toxicity. Which one of the following is the first sign of magnesium sulfate toxicity?

- A. Absent patellar reflexes
- B. Oliguria
- C. Tachycardia
- D. Hypotension
- E. Tachypnea

Answer: A

Explanation:

Magnesium sulfate toxicity is dose-dependent. The earliest and most sensitive clinical sign is the loss of deep tendon reflexes (especially patellar), which occurs before respiratory depression or cardiac changes.

Toronto Notes 2023 - Obstetrics Chapter:

"Toxicity from magnesium sulfate is progressive and typically presents first with loss of deep tendon reflexes.

Respiratory depression and cardiac arrest occur at higher serum levels. Regular monitoring of reflexes, respiratory rate, and urine output is essential." MCCQE1 Objectives (Obstetrics > 83-3: Preterm Labour and Tocolysis):

"The candidate must recognize early signs of magnesium sulfate toxicity including areflexia and respiratory depression." Tachycardia (B), hypotension (C), and tachypnea (D) are not typical early signs. Oliguria (E) may be a risk factor for accumulation but is not the first sign of toxicity.

NEW QUESTION # 231

A 14-year-old girl, accompanied by her mother, presents to your office with a 3-month history of feeling "dizzy." After you take an initial history, which one of the following is the most appropriate next step?

- A. Interview the girl without the mother present
- B. Order a urine pregnancy test
- C. Perform a detailed cardiac and neurological examination
- D. Obtain growth parameters and vital signs
- E. Do a bedside glucometer reading

Answer: A

Explanation:

In adolescents presenting with vague or potentially sensitive symptoms, it is critical to speak with them alone to obtain a complete and honest history, including mental health, sexual activity, substance use, and abuse screening.

Toronto Notes 2023 - Pediatrics, Adolescent Medicine:

"Private interviews are essential to obtain accurate histories in adolescents, especially when symptoms may have underlying psychosocial or reproductive causes." MCCQE1 Objectives - Pediatrics > Adolescent Health:

"Candidates must demonstrate adolescent-appropriate interviewing techniques, including private questioning to identify sensitive or risk-related concerns." Physical examination and pregnancy testing (A, B, D) may follow based on the private history. Vital signs (E) are standard but do not replace psychosocial assessment.

NEW QUESTION # 232

An investigator interested in the etiology of neonatal jaundice conducted a study where he selected 150 children diagnosed with this condition and 150 children born in the same time period and in the same hospital who did not have a diagnosis of neonatal jaundice. He then reviewed the delivery records of their mothers to determine various prenatal and perinatal exposures. This is an example of which one of the following?

- A. Cohort study

- B. Case-control study
- C. Clinical trial
- D. Cross-sectional study
- E. Ecological study

Answer: B

Explanation:

In a case-control study, participants are selected based on outcome (e.g., presence or absence of neonatal jaundice), and then past exposures are evaluated. This is consistent with the described methodology.

Toronto Notes 2023 - Epidemiology, "Study Designs":

"Case-control studies start with the outcome and look backward to assess exposures. They are efficient for studying rare conditions or those with long latency." MCCQE1 Objectives (Population Health > 65-2: Epidemiology and Study Design):

"Candidates must distinguish between common study designs and recognize the correct classification based on study structure."

Cross-sectional studies (A) assess exposure and outcome at the same time. Cohort studies (C) begin with exposure and follow forward. Clinical trials (D) are interventional. Ecological studies (E) analyze population- level data.

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NEW QUESTION # 233

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

Answer: B

Explanation:

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.

NEW QUESTION # 234

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