

# Valid MCCQE Exam Review | New MCCQE Mock Test

## 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  $> 30 \text{ mg/mmol}$  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 ( $\geq 15 \text{ dBH}$  increase), vasospasm/retinal edema, clonus (severe preeclampsia), RUQ tenderness

Protein in urine preeclampsia - Answer-  $\geq 300 \text{ mg/d}$  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 (Q72-Q77):

### NEW QUESTION # 72

A 55-year-old man with alcohol use disorder presents with a 2-day history of confusion. On examination, you note a sixth nerve palsy and a horizontal nystagmus. Which one of the following is the most likely diagnosis?

- A. Cerebellar degeneration
- B. **Wernicke encephalopathy**
- C. Hepatic encephalopathy
- D. Subdural hematoma
- E. Cerebellar hemorrhage

### Answer: B

Explanation:

Wernicke encephalopathy is a medical emergency caused by thiamine (vitamin B1) deficiency, most often seen in chronic alcohol use. The classic triad is:

- \* Confusion
- \* Oculomotor dysfunction (e.g., nystagmus, cranial nerve palsies)
- \* Ataxia

Toronto Notes 2023 - Neurology and Psychiatry, "Wernicke Encephalopathy" Section:

"Wernicke encephalopathy is diagnosed clinically. Symptoms include ophthalmoplegia (e.g., CN VI palsy), horizontal nystagmus, ataxia, and confusion. Immediate parenteral thiamine is indicated before glucose administration." MCCQE1 Objectives (Neurology > 75-1: Neurologic Emergencies):

"Candidates must recognize Wernicke encephalopathy in at-risk individuals and initiate urgent thiamine replacement." Other choices like cerebellar degeneration (A) and hepatic encephalopathy (D) are more chronic and lack the characteristic eye findings. Subdural hematoma (B) and hemorrhage (E) may mimic confusion but are less likely with these neurologic signs and history.

### NEW QUESTION # 73

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

### 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 # 74

A same-sex couple asks to join a family physician's practice. The physician tells them that she does not treat same-sex couples and will refer them to a physician with more clinical experience with same-sex couples.

Which one of the following best describes the physician's obligation under the Canadian Charter of Rights and Freedoms?

- A. An obligation to accept this couple, as not doing so constitutes discrimination based on sexual orientation.
- B. No obligation to accept this couple because of her right not to act in a manner contrary to her personal values.
- C. No obligation to accept this couple because of her inexperience caring for same-sex patients.
- D. An obligation to accept this couple as patients because physicians must treat all patients.
- E. No obligation to accept this couple, but does need to refer to a colleague who will.

**Answer: A**

Explanation:

Refusing care based on sexual orientation constitutes discrimination under the Canadian Charter of Rights and Freedoms and violates professional standards. Physicians must not deny care based on personal bias or prejudice.

Toronto Notes 2023 - ELOM, Equity in Care and Professionalism:

"Denying care based on sexual orientation violates both human rights legislation and professional obligations.

Physicians must ensure equitable access for all patients."

MCCQE1 Objectives - ELOM > Professionalism and Patient Rights:

"Candidates must act in accordance with patients' rights to equitable, non-discriminatory access to care regardless of race, gender, or sexual orientation." Referral (Option B) does not excuse discriminatory refusal. Personal discomfort or inexperience (Options D and E) do not justify discrimination.

#### NEW QUESTION # 75

An 18-month-old boy is brought to the office by his guardians for a well-child visit. His guardians are concerned that his eyes do not look the same. On examination, his eyes appear as shown in the referenced photo.

Which one of the following best represents the patient's condition?



- A. Pseudostrabismus
- B. Cataract
- C. Ptosis
- D. Strabismus

**Answer: D**

Explanation:

The image shows an asymmetrical light reflex (corneal light reflex not centered in both eyes), which is diagnostic of strabismus. This misalignment of the eyes must be treated early to prevent amblyopia (lazy eye).

Toronto Notes 2023 - Pediatrics, Ophthalmology:

"Strabismus presents with misaligned visual axes. The Hirschberg light reflex is off-center in the affected eye.

Prompt referral is necessary to prevent amblyopia."

MCCQE1 Objectives - Pediatrics > Vision and Developmental Disorders:

"Candidates must recognize strabismus on visual screening and refer early for correction to prevent permanent vision impairment."

Pseudostrabismus (B) can be ruled out here because the light reflex is not symmetric. Ptosis (A) involves drooping of the eyelid, which is not evident. Cataracts (D) would typically present with a leukocoria (white reflex), not misalignment.

### **NEW QUESTION # 76**

Your colleague's receptionist asks you to assess her 4-year-old daughter who has had 2 episodes of acute otitis media in the last month. The mother wants you to arrange a consultation with an ear, nose and throat (ENT) specialist to get a tympanostomy before her daughter starts school. You do not believe there is a surgical indication at this time. Which one of the following is the best next step?

- A. Suggest that the next time they go to the Emergency Department for quicker access to the ENT consultant.
- B. Ask another family physician to see the daughter due to a conflict of interest.
- C. Explain that there is no indication for the surgery but refer her daughter for consultation.
- **D. Decline to send her daughter for consultation and explain your decision.**
- E. Call the ENT consultant on call to discuss your dilemma.

#### **Answer: D**

Explanation:

Referrals should be medically indicated. Physicians are not obligated to refer simply because a patient (or colleague) requests it, especially when it may lead to unnecessary care. The ethical and appropriate action is to explain your medical reasoning and decline an unwarranted referral.

Toronto Notes 2023 - ELOM, "Professionalism and Resource Stewardship" Section:

"Physicians have a responsibility to act as gatekeepers to specialist services and should not refer patients when criteria are not met. Explaining the reasoning and declining the request respectfully is appropriate." MCCQE1 Objectives (ELOM > 99-1: Professionalism and Clinical Judgment):

"Candidates must demonstrate ethical reasoning in managing requests for unwarranted interventions." Involving the emergency department (B) or another physician (C) is not appropriate unless there's a true conflict of interest. Calling a consultant (E) may be unnecessary if no medical reason exists.

### **NEW QUESTION # 77**

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