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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q82-Q87):

NEW QUESTION # 82

You are conducting a virtual appointment by voice-only call with a 68-year-old man regarding back pain. When he answers, you ask for him by name and identify yourself and the clinic from which you are calling. Which one of the following is the best next step?

- A. Confirm the name of the patient's primary care provider.
- B. Ask for additional confirmation of the patient's identity.
- C. Establish the reason for the virtual care visit.

Answer: B

Explanation:

Before proceeding with any virtual consultation, particularly by voice-only, it is essential to confirm the patient's identity beyond name alone - for example, by verifying date of birth or health card number. This protects privacy and ensures medical confidentiality.

Toronto Notes 2023 - ELOM, Virtual Care Section:

"Virtual care must begin by verifying patient identity using at least two identifiers (e.g., full name and date of birth) to prevent disclosure of personal health information to unintended individuals." MCCQE1 Objectives - Ethical, Legal, and Professionalism > Virtual Care:

"The candidate must confirm patient identity and consent before initiating any virtual medical encounter, especially when video is not available." Option A (reason for visit) should follow identity confirmation. Option B (confirming primary care provider) is irrelevant to identity verification.

NEW QUESTION # 83

A 62-year-old man (wealthy philanthropist) with emphysema from smoking and a 21-year-old woman (elementary teacher) with cystic fibrosis are both compatible matches for a lung transplant. Which criterion determines organ allocation?

- A. The patient's value and contributions to society.
- **B. The clinical severity of the patient's pulmonary disease.**
- C. Whether the underlying condition is due to self-induced illness.
- D. The patient has family members who rely on them for income.
- E. The date the patient was placed on the waiting list.

Answer: B

NEW QUESTION # 84

An 83-year-old woman presents to your office with a 2-day history of confusion. Her past medical history is significant for lung cancer, and she is being treated with radiation. On physical examination, she is euvolemic. Her blood work reveals a serum sodium of 118 mmol/L (135-140) as compared with 134 mmol/L (8 days ago). Which one of the following will be most helpful in establishing the cause of her laboratory abnormality?

- A. Urinalysis
- B. Creatinine clearance
- **C. Serum osmolality**
- D. Urine sodium
- E. Parathyroid hormone-related peptide

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

Hyponatremia in a patient with lung cancer and euvolemia strongly suggests syndrome of inappropriate antidiuretic hormone secretion (SIADH), especially from small cell carcinoma. Serum osmolality is the best initial test to confirm hypotonic hyponatremia and distinguish true hyponatremia from pseudohyponatremia or other causes.

Toronto Notes 2023 - Endocrinology, "Hyponatremia":

"Serum osmolality helps classify hyponatremia as hypotonic, isotonic, or hypertonic. SIADH typically causes hypotonic hyponatremia in euvolemic patients." MCCQE1 Objectives (Endocrinology > 37-1: Electrolyte Disorders):

"Candidates must evaluate the type and cause of hyponatremia using clinical status and laboratory tests including serum osmolality."

Urine sodium (B) is useful after confirming hypotonicity. PTHrP (E) is associated with hypercalcemia of malignancy, not hyponatremia. Urinalysis (A) and CrCl (D) are less directly informative.

NEW QUESTION # 85

A 39-year-old woman, gravida 2, para 1, aborta 0, presents with concerns that a friend has recently suffered from postpartum psychosis. She wonders if she is likely to suffer this disorder following delivery of her 2nd child. Which one of the following is most likely to increase your patient's risk?

- A. Advanced maternal age
- **B. A family history of bipolar disorder**
- C. Being a multigravida
- D. A history of panic disorder

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

Postpartum psychosis is strongly associated with bipolar disorder and other mood disorders. A personal or family history of bipolar disorder significantly increases the risk. It typically presents within the first 2 weeks postpartum and is a psychiatric emergency.

Toronto Notes 2023 - Psychiatry, "Postpartum Psychiatric Disorders":

"Risk factors for postpartum psychosis include personal or family history of bipolar disorder or postpartum psychosis." MCCQE1 Objectives (Psychiatry > 71-3: Mood Disorders):

"Candidates must recognize risk factors for postpartum psychiatric illness, particularly the association with bipolar spectrum disorders." Advanced maternal age (A), multiparity (B), and panic disorder (D) do not significantly increase the risk of postpartum psychosis.

NEW QUESTION # 86

A mother brings her 13-year-old daughter to the office. The girl has had intermittent lower abdominal pain, constipation, and difficulty voiding for 3 months. She says that she is not sexually active. She looks well. She has reached age-specific developmental milestones, and her vital signs are within normal range. On abdominal examination, she is found to have a palpable suprapubic mass that persists after voiding. The girl says that her older sister started having menstrual periods at this age. The patient is surprised that hers have not started. Which one of the following is the best next step?

- A. Urinalysis.
- B. Abdominal radiography.
- C. Examination of external genitalia.
- D. Pelvic ultrasonography.
- E. Measurement of serum human chorionic gonadotropin.

Answer: C

Explanation:

The clinical picture suggests an obstructive anomaly of the female reproductive tract, such as imperforate hymen or vaginal outflow tract obstruction, leading to hematocolpos. The first essential step is physical examination of the external genitalia.

Toronto Notes 2023 - Pediatrics and Gynecology, "Amenorrhea" Section:

"In girls with primary amenorrhea and cyclic abdominal pain, perform an external genital exam to rule out obstructive anomalies (e.g., imperforate hymen or transverse vaginal septum). Examination should always precede imaging." MCCQE1 Objectives (Pediatrics > 78-3: Puberty and Menstrual Disorders):

"Candidates must evaluate delayed menarche with physical exam, including inspection of the genitalia to rule out anatomic obstruction." Pelvic ultrasound (D) is helpful but should follow physical exam. Radiography (B), hCG (C), and urinalysis (E) are not primary steps in evaluating amenorrhea with a mass.

NEW QUESTION # 87

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