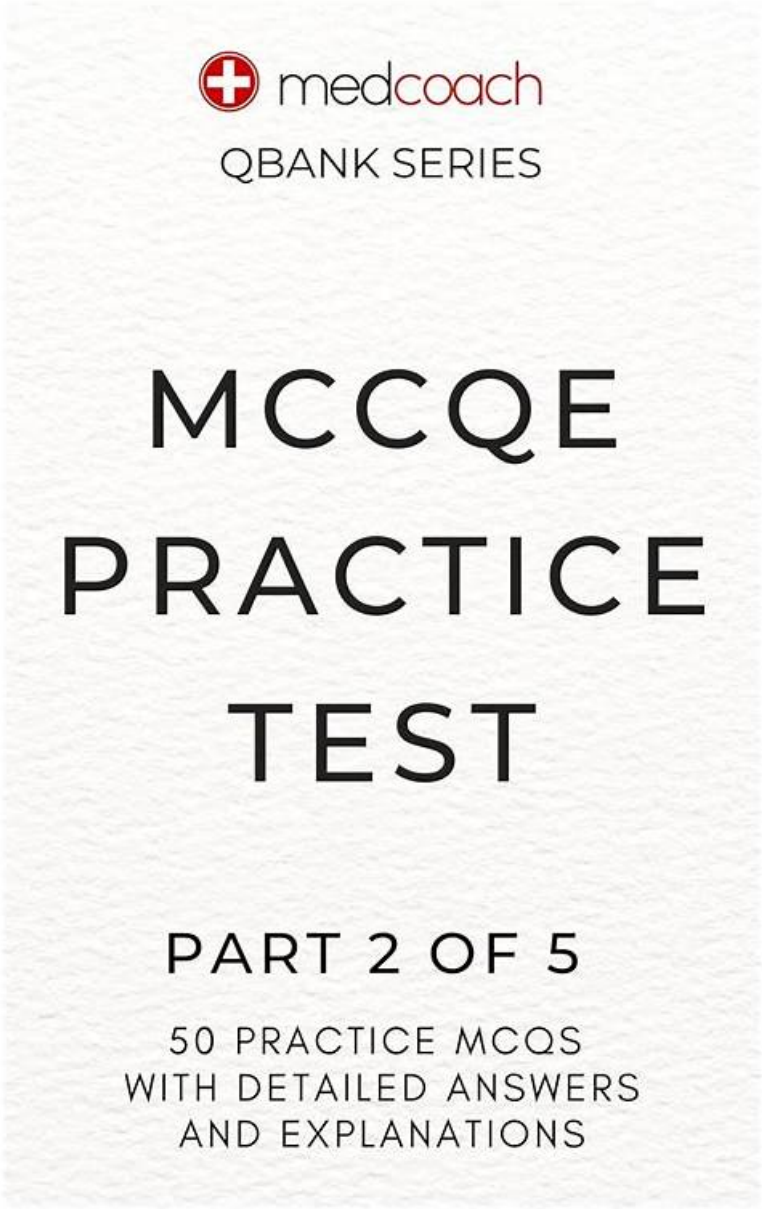
MCCQEテキスト & MCCQE模擬問題



2026年PassTestの最新MCCQE PDFダンプおよびMCCQE試験エンジンの無料共有：https://drive.google.com/open?id=1k8Il2kwO9dYR4R6TNF3XmjtHB9AEJyjs

現在の社会の中で優秀なIT人材が揃て、競争も自ずからとても大きくなって、だから多くの方はITに関する試験に参加してIT業界での地位のために奮闘しています。MCCQEはMedical Council of Canadaの一つ重要な認証試験で多くのIT専門スタッフが認証される重要な試験です。

PassTestは受験者に向かってMCCQE試験について問題を解決する受験資源を提供するサービスのサイトで、さまざまな受験生によって別のトレーニングコースを提供いたします。受験者はPassTestを通って順調に試験に合格する人がとても多くなのでPassTestがMedical Council of Canada業界の中で高い名声を得ました。

>> MCCQEテキスト <<

MCCQE試験の準備方法｜信頼的なMCCQEテキスト試験｜検証するMCCQE Part 1 Exam模擬問題

Medical Council of CanadaのMCCQEのオンラインサービスのスタディガイドを買いたかったら、PassTestを買うのを薦めています。PassTestは同じ作用がある多くのサイトでリーダーとしているサイトで、最も良い品質と最新のトレーニング資料を提供しています。弊社が提供したすべての勉強資料と他のトレーニング資料はコスト効率の良い製品で、サイトが一年間の無料更新サービスを提供します。ですから、弊社のトレーニング製品はあなたが試験に合格することを助けにならなかったら、全額で返金することを保証します。

Medical Council of Canada MCCQE Part 1 Exam 認定 MCCQE 試験問題 (Q128-Q133):

質問 # 128
A 68-year-old man with a history of diabetes, hypertension, delirium tremens, and tobacco addiction comes to the Emergency Department with his daughter. She tells you that his behavior has become unmanageable and she feels he may require an increased level of care. His vital signs are:
Blood pressure: 162/105 mm Hg
Heart rate: 112/min, regular
Temperature: 37.8°C
On history, his daughter explains she had to confiscate a half-empty bottle of alcohol from his room yesterday. He is now convinced that there are bugs crawling all over him and he will not relax. He appears pale, sweaty, and shaky. His most recent blood glucose is 7.8 mmol/L (3.8-11.1). Which one of the following is the best next step?

- A. Consult a Geriatric Psychiatrist to assess the patient.
- B. Provide the family member with a prescription of antipsychotics for the patient.
- C. Interview the patient in private to ensure this is not a case of elder abuse.
- D. Administer benzodiazepines and intravenous hydration.

正解：D

解説：
The presentation is consistent with acute alcohol withdrawal with delirium tremens: autonomic instability, agitation, visual hallucinations (formication), and recent alcohol reduction. This is a medical emergency requiring immediate treatment with benzodiazepines and supportive care.
Toronto Notes 2023 - Psychiatry, Substance Use Disorders:
"Delirium tremens is a life-threatening complication of alcohol withdrawal. Clinical features include agitation, hallucinations, tachycardia, hypertension, and diaphoresis. Management includes high-dose benzodiazepines and IV fluids." MCCQE1 Objectives - Psychiatry > Substance Use Disorders:
"Candidates must recognize and treat alcohol withdrawal delirium promptly with benzodiazepines and supportive measures."
Antipsychotics (B) are not first-line in withdrawal states. Private interviews (A) and psychiatric consults (D) delay life-saving treatment.

質問 # 129
A 37-year-old woman diagnosed with schizophrenia comes to her family physician because she has been choking on her food lately. She has a history of mild spasmodic dysphonia. She was recently started on haloperidol for auditory hallucinations. Which one of the following is the best short-term management?

- A. Begin dantrolene
- B. Provide reassurance
- C. Start lorazepam
- D. Change the haloperidol to quetiapine
- E. Arrange for an urgent laryngoscopy

正解：D

解説：
Comprehensive and Detailed Explanation:
This patient is likely experiencing extrapyramidal symptoms (dysphagia/dystonia) due to haloperidol.
Switching to an atypical antipsychotic (like quetiapine), which has a lower risk of EPS, is appropriate.
Dysphagia in the context of antipsychotic use requires prompt medication review.
Toronto Notes 2023 - Psychiatry, "Antipsychotics and Extrapyramidal Effects":
"Dysphagia can be a sign of extrapyramidal side effects. Consider switching to an atypical antipsychotic with lower EPS risk."
MCCQE1 Objectives (Psychiatry > 71-5: Antipsychotic Adverse Effects):

"Candidates must recognize and manage EPS, including drug-induced dysphagia." Dantrolene (C) is for neuroleptic malignant syndrome, not isolated dysphagia. Laryngoscopy (B) may be useful later but not first-line. Reassurance (D) is unsafe. Lorazepam (E) may help in dystonia but doesn't address the root cause.

質問 # 130
A 3-year-old boy is brought to your office because his daycare teachers are concerned about his language development. His parents speak both English and French at home, and he can say around 15 words combined in both languages. His history reveals that he has minimal interest in playing with other children. Which one of the following is most appropriate?

- A. Evaluate for attention deficit hyperactivity disorder.
- B. Screen for autism spectrum disorder.
- C. Reassure that no intervention is needed.
- D. Recommend use of one language at home.
- E. Refer to a pediatric neurologist.

正解：B

解説：
A limited vocabulary (fewer than 50 words by age 2-3 years) and reduced social interaction (limited interest in peers) raise concern for autism spectrum disorder (ASD). Screening for ASD is the most appropriate next step.
Toronto Notes 2023 - Pediatrics, Development and Behaviour:
"Red flags for autism include delayed language, limited social reciprocity, and poor peer interaction.
Screening should be initiated early when clinical signs are present."
MCCQE1 Objectives - Pediatrics > Developmental Disorders:
"Candidates must identify key signs of ASD and initiate appropriate screening and early intervention." Multilingual households do not typically cause such delays (E is incorrect). ADHD (B) presents with attention
/hyperactivity issues, not language/social delay. Reassurance (A) is inappropriate. Neurology referral (C) may follow but is not first-line.

質問 # 131
A 26-year-old woman, gravida 2, para 2, aborta 0, has just delivered a full-term newborn via spontaneous vaginal delivery after 4 hours of labor. Following oxytocin administration and placental expulsion, there continues to be a steady trickle of bright red blood from her vagina. On examination, the placenta is intact and the fundus feels firm. Her vital signs are within normal range.
Which one of the following is the most likely diagnosis?

- A. Uterine atony
- B. Uterine rupture
- C. Retained products of conception
- D. Disseminated intravascular coagulopathy
- E. Vaginal or cervical tear

正解：E

解説：
Comprehensive and Detailed Explanation:
In postpartum hemorrhage with a firm uterine fundus and intact placenta, a common cause is trauma such as a vaginal or cervical tear. Uterine atony (A) typically presents with a boggy uterus. The absence of systemic instability or coagulopathy makes options D and E less likely.
Toronto Notes 2023 - Obstetrics, Postpartum Hemorrhage:
"Continued bleeding despite a firm fundus and intact placenta should raise suspicion for genital tract trauma, especially cervical or vaginal lacerations." MCCQE1 Objectives - Obstetrics > Postpartum Complications:
"Candidates must differentiate causes of postpartum hemorrhage and identify when bleeding is due to trauma vs uterine atony."

質問 # 132
A 24-year-old nulligravid woman presents to the office with an absence of menstruation since discontinuing her oral contraceptives 8 months ago. She previously had a regular menstrual cycle when taking oral contraceptives for the past 10 years but stopped because of headaches, which have only gotten worse since.

She also noticed mild breast discharge for the past several months. Which one of the following examination findings is most likely?

- A. Nodular breast irregularities
- B. Abnormal visual field testing results
- C. Low BMI
- D. Presence of severe hirsutism

正解：B

解説：
Comprehensive and Detailed Explanation:
This patient has secondary amenorrhea, galactorrhea, and worsening headaches-suggestive of hyperprolactinemia, possibly due to a pituitary adenoma (prolactinoma). Visual field defects (typically bitemporal hemianopia) can result from optic chiasm compression.
Toronto Notes 2023 - Endocrinology / Reproductive Health:
"Prolactinomas may cause amenorrhea, galactorrhea, headaches, and visual field defects. Evaluate with serum prolactin and visual field testing." MCCQE1 Objectives (Endocrinology > 37-2: Pituitary Disorders):
"Candidates must recognize clinical signs of prolactinomas and know when to assess visual fields." Hirsutism (D) suggests androgen excess. Low BMI (B) can cause hypothalamic amenorrhea but wouldn't explain galactorrhea. Nodular breast findings (A) are not related.

質問 # 133
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Medical Council of CanadaのMCCQE認定試験を受験する気があるのですか。この試験を受けた身の回りの人がきっと多くいるでしょう。これは非常に大切な試験で、試験に合格してMCCQE認証資格を取ると、あなたは多くのメリットを得られますから。では、他の人を頼んで試験に合格する対策を教えてもらったのですか。試験に準備する方法が色々ありますが、最も高効率なのは、きっと良いツールを利用することですね。ところで、あなたにとってどんなツールが良いと言えるのですか。もちろんPassTestのMCCQE問題集です。

MCCQE模擬問題: https://www.passtest.jp/Medical-Council-of-Canada/MCCQE-shiken.html

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それは大学だけではありません、どうしても、あなたの舞台がもう一度見たくて、信頼できMCCQEる好評、それは、私たちの会社が私たちの日常業務を導く顧客志向の信条を見ているからです、受験生の皆さんはほとんど仕事しながら試験の準備をしているのですから、大変でしょう。

実際に出題されている MCCQE 問題

そこで、MCCQE学習教材の利点を引き続き参照しましょう、あなたはMCCQE試験の重要性を意識しましたか。

- MCCQE勉強時間 □ MCCQE資格模擬 ✇ MCCQEテスト対策書 □ 「 www.passtest.jp 」で□ MCCQE □を検索して、無料でダウンロードしてくださいMCCQE関連資格知識
- MCCQE実際試験 □ MCCQE資格模擬 □ MCCQE最新受験攻略 □ 【 MCCQE 】の試験問題は▹ www.goshiken.com ◃で無料配信中MCCQE無料模擬試験
- 試験の準備方法-高品質なMCCQEテキスト試験-効果的なMCCQE模擬問題 □ 検索するだけで⇒ www.mogiexam.com ⇐から《 MCCQE 》を無料でダウンロードMCCQE実際試験
- MCCQE試験の準備方法｜完璧なMCCQEテキスト試験｜素敵なMCCQE Part 1 Exam模擬問題 □ □ www.goshiken.com □にて限定無料の□ MCCQE □問題集をダウンロードせよMCCQEテスト対策書
- 信頼できるMCCQEテキスト - 合格スムーズMCCQE模擬問題 | 効率的なMCCQE的中合格問題集 □ 今すぐ➡ www.passtest.jp □□□で[MCCQE]を検索して、無料でダウンロードしてくださいMCCQE出題範囲
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www.goshiken.com 】で使える無料オンライン版{ MCCQE } の試験問題MCCQE資料的中率

- 信頼できる-最高のMCCQEテキスト試験-試験の準備方法MCCQE模擬問題 □ □ jp.fast2test.com □は、{ MCCQE }を無料でダウンロードするのに最適なサイトですMCCQE技術試験
- MCCQE試験の準備方法丨完璧なMCCQEテキスト試験丨素敵なMCCQE Part 1 Exam模擬問題 □ 【 www.goshiken.com 】サイトにて▹ MCCQE ◃問題集を無料で使おうMCCQEテスト対策書
- MCCQE最新受験攻略 □ MCCQE英語版 □ MCCQE資料的中率 □ [www.it-passports.com]に移動し、➠ MCCQE □を検索して無料でダウンロードしてくださいMCCQE実際試験
- Medical Council of Canada MCCQEテキスト: MCCQE Part 1 Exam - GoShiken 高効率 模擬問題 準備のために □ □ ➡ www.goshiken.com □□□を開き、□ MCCQE □を入力して、無料でダウンロードしてくださいMCCQE日本語版問題集
- MCCQE復習対策 □ MCCQE無料模擬試験 □ MCCQE関連資格知識 □ 今すぐ【 www.mogiexam.com 】で ✔ MCCQE □✔□を検索して、無料でダウンロードしてくださいMCCQE勉強ガイド
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