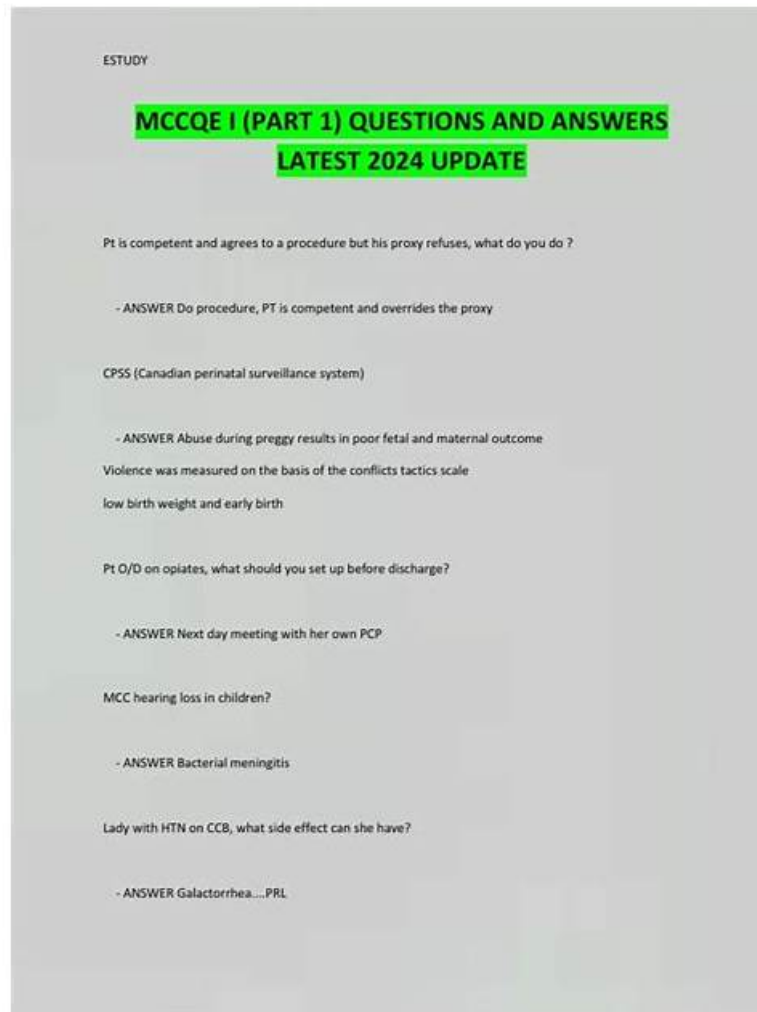


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q27-Q32):

NEW QUESTION # 27

A 34-year-old woman, gravida 3, para 2, comes to your office for prenatal care. Past medical history includes 2 precipitous uncomplicated term deliveries of infants greater than 4200 g. Which one of the following is she most at risk of developing?

- A. Postpartum hemorrhage.
- B. Deep vein thrombosis.
- C. Gestational hypertension.
- D. Pre-term delivery.
- E. No identifiable risks.

Answer: A

Explanation:

This patient's obstetric history suggests recurrent fetal macrosomia (birthweight > 4000-4500 g) and rapid (precipitous) labours. MCCQE objectives emphasize identifying maternal risk factors for postpartum hemorrhage (PPH), particularly those associated with uterine atony, the most common cause of PPH.

Delivery of a macrosomic infant increases uterine overdistension, which reduces effective postpartum uterine contraction and predisposes to atony and hemorrhage. In addition, precipitous labour can be associated with genital tract trauma, which can also contribute to postpartum bleeding, but the strongest and most consistent risk factor in the options provided is PPH from atony related to prior large infants.

The other choices are less supported by the stem: prior macrosomic term deliveries do not inherently increase risk of preterm delivery, gestational hypertension, or DVT. Therefore, the most likely risk to anticipate and plan for is postpartum hemorrhage, prompting proactive intrapartum planning (active management of the third stage, readiness with uterotonics, and risk-based monitoring).

NEW QUESTION # 28

A 42-year-old woman is admitted to the Intensive Care Unit with a massive pulmonary embolism. Her condition is stabilized with intubation, hydration, inotropic support, and intravenous administration of heparin. Her partner provides you with a list of her medications. A combination oral contraceptive pill was recently prescribed. She smokes tobacco cigarettes, and her BMI is 36. Which one of the following is the best next step?

- A. Inform the patient's partner that the oral contraceptive pill may have caused her condition
- B. Report the prescribing physician to the provincial or territorial medical regulatory authority
- C. Discuss the case with the hospital ethics committee
- D. Tell her partner that the physician should not have prescribed the oral contraceptive pill
- E. Advise the patient's partner to seek legal advice

Answer: A

Explanation:

Oral contraceptives increase the risk of thromboembolic events, particularly in patients with risk factors such as smoking and obesity. However, informing the patient's partner of potential contributing factors in a factual, non-judgmental manner is appropriate and does not imply fault.

Toronto Notes 2023 - ELOM, "Informed Consent and Risk Communication":

"Patients and families should be informed of all relevant information, including potential drug-related adverse events. Blame must not be assigned without full investigation." MCCQE1 Objectives (ELOM > 90-2: Physician-Patient Communication):

"Candidates must be able to communicate adverse outcomes factually, while respecting confidentiality and without prematurely assigning fault." Discussing the case with the ethics committee or reporting the prescribing doctor without context is premature and inappropriate (A, D). Telling the partner the physician was at fault (C) is speculative and unethical.

NEW QUESTION # 29

A 44-year-old woman presents to the office to discuss contraception. During the gynecologic examination, you notice an anterior cystocele to the hymenal ring. The woman denies any bulge symptoms but does report dribbling of urine, especially when she coughs or jogs.

Which one of the following is the best next step?

- A. Vaginal hysterectomy
- **B. Pelvic-floor physiotherapy**
- C. No impact sports
- D. Urology consultation
- E. Topical estrogen

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

This patient has stress urinary incontinence and an incidental cystocele. First-line management of mild pelvic organ prolapse and stress incontinence includes pelvic floor physiotherapy (e.g., Kegel exercises). Surgical options are reserved for severe or refractory cases.

Toronto Notes 2023 - Gynecology, Pelvic Floor Disorders:

"For asymptomatic prolapse or mild stress incontinence, recommend pelvic floor strengthening. Conservative management is preferred before surgical referral." MCCQE1 Objectives - Gynecology > Urogynecology:

"Candidates should initiate pelvic floor therapy in women with mild prolapse or urinary leakage prior to specialist referral." Topical estrogen (B) helps with atrophic vaginitis, not stress incontinence. Hysterectomy (A) and specialist referral (C) are premature.

Avoiding impact sports (E) is not a treatment.

NEW QUESTION # 30

A 12-year-old girl presents to your office in late November with an exacerbation of asthma which has been well controlled since her diagnosis at age 5. The family has had cats for 3 years. Last June, they moved to a basement apartment. Which one of the following is the most likely cause of her asthma exacerbation?

- A. Cold intolerance
- B. Cat allergy
- **C. Mold allergy**
- D. Pollen allergy
- E. Fungal infection

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

Basement apartments are often damp environments, increasing the risk of mold exposure. Mold is a well-known asthma trigger.

Given the timing (autumn/winter) and environment change, mold allergy is the most likely cause.

Toronto Notes 2023 - Respiriology / Allergy:

"Mold is a common indoor allergen, especially in damp environments. It frequently exacerbates asthma, particularly in fall/winter."

MCCQE1 Objectives (Pediatrics > 75-2: Asthma Triggers):

"Candidates must identify common environmental triggers for asthma, including mold exposure in humid or poorly ventilated housing." Cat allergy (B) would have triggered earlier. Pollen (D) is less relevant in winter. Cold intolerance (E) is not a major asthma trigger without exercise. Fungal infection (A) is unlikely without systemic symptoms.

-

NEW QUESTION # 31

A 27-year-old man with a bowel obstruction secondary to a terminal ileum stricture has been on various medications since he was diagnosed with Crohn disease 8 years ago. You recommend a bowel resection, but he refuses this option because he is fearful of short bowel syndrome. He states that the only surgical procedure he will undergo is a bypass of the diseased segment so that the affected bowel will heal. You know that this is the wrong operation. Which one of the following is the best next step?

- A. Obtain a formal competency assessment.
- B. Get consent for exploratory laparotomy and do a resection.
- C. Transfer care to a colleague that you know is receptive to the patient's request.
- **D. Decline to do the bypass but carefully explain why.**
- E. Administer a high dose of intravenous steroids for trial.

Answer: D

Explanation:

This case addresses informed consent and professional integrity. MCCQE ELOM objectives emphasize that competent patients have the right to refuse recommended treatment, but they cannot demand a treatment that is medically inappropriate or contrary to the standard of care. If a proposed intervention (e.g., bypass of a strictured Crohn segment expected not to heal) is not clinically indicated and may cause harm, the physician is not ethically obligated to provide it.

The appropriate response is to decline to perform the inappropriate procedure while clearly explaining the rationale, including risks, benefits, alternatives, and likely outcomes. Shared decision-making and addressing the patient's fears (e.g., risk of short bowel syndrome) are essential. If disagreement persists, offering a second opinion is reasonable-but transferring care solely to find someone willing to perform an inappropriate surgery is unethical.

A formal competency assessment is unnecessary unless there is evidence of impaired decision-making capacity. Performing a different surgery than agreed upon would violate consent. The physician must balance respect for autonomy with nonmaleficence and adherence to evidence-based practice.

NEW QUESTION # 32

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