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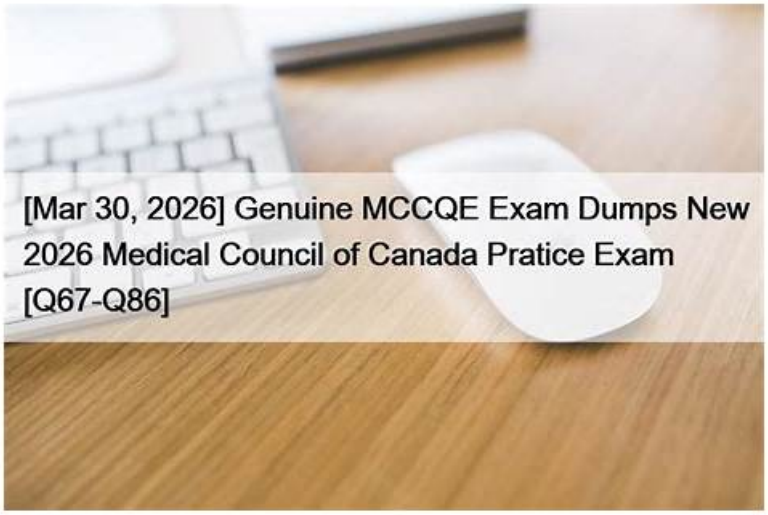

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Medical Council of Canada MCCQE Exam Syllabus Topics:

Section	Objectives
Dimensions of Care	- 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 - Acute Care • 1. Emergency and critical care • 2. Acute presentations and stabilization • 3. Management of acute medical conditions - Psychosocial Aspects • 1. Mental health and behavioral sciences • 2. Patient communication • 3. Psychosocial determinants of health - Chronic Care • 1. Rehabilitation • 2. Long-term care • 3. Chronic disease management

Physician Activities	- Management • 1. Pharmacological and non-pharmacological treatment • 2. Follow-up planning • 3. Therapeutic interventions - Professionalism • 1. Ethics and legal duties • 2. Physician health for sustainable practice • 3. Lifelong learning • 4. Leadership and scholarly habits • 5. Self-awareness and reflection - Assessment • 1. Physical examination • 2. History taking • 3. Investigations and diagnostic reasoning - Communication • 1. Team communication • 2. Breaking bad news • 3. Physician-patient communication • 4. Informed consent

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q345-Q350):

NEW QUESTION # 345
A 73-year-old woman is seen in the office 2 weeks after a coronary bypass surgical procedure. The site of saphenous vein removal in the left thigh shows an area of tenderness and a 3 × 5 cm palpable mass. The skin is intact. Her temperature is 37.7 °C, hemoglobin is 110 g/L (125-167), and white blood cell count is 8 × 10#
/L (4-10). Which one of the following is the most likely diagnosis?

- A. Acute venous bleeding
- B. Femoral artery aneurysm
- C. Wound hematoma
- D. Wound abscess
- E. Thrombophlebitis

Answer: C

Explanation:
Comprehensive and Detailed Explanation:
A localized mass with tenderness at a recent surgical site, intact skin, low-grade temperature, and normal white count is most consistent with a wound hematoma. This is a common complication at saphenous vein graft harvest sites post-CABG.
Toronto Notes 2023 - Surgery / Cardiac:
"Wound hematoma presents as localized swelling and tenderness near recent surgical sites. Abscess is suggested by erythema,

warmth, and systemic signs." MCCQE1 Objectives (Surgery > 50-2: Postoperative Complications):
"Candidates must identify and differentiate wound complications, including hematoma, seroma, and abscess." Abscess (E) would show redness, fluctuance, and fever. Aneurysm (B) is rare and pulsatile. Bleeding (A) would not form a stable mass 2 weeks post-op. Thrombophlebitis (C) usually involves superficial veins and erythema.
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NEW QUESTION # 346
A 4-year-old girl is brought to the family practice by her father. The child has a 2-week history of low-grade fever, fatigue, and sore throat. She has also developed several small, round, mildly tender lumps bilaterally in her neck. She was previously well. Which one of the following is most likely to be found on abdominal examination?

- A. Palpable spleen
- B. Generalized tenderness
- C. Shifting dullness
- D. Renal mass
- E. Abdominal bruit

Answer: A

Explanation:
This child likely has infectious mononucleosis caused by Epstein-Barr virus (EBV), characterized by fever, sore throat, cervical lymphadenopathy, fatigue, and splenomegaly. A palpable spleen is a hallmark of EBV in children.
Toronto Notes 2023 - Pediatrics, "Infectious Mononucleosis":
"Key features include fever, pharyngitis, lymphadenopathy, and splenomegaly. Children may have milder symptoms but often exhibit palpable spleen." MCCQE1 Objectives (Pediatrics > 75-2: Infectious Disease):
"Candidates should recognize common viral syndromes such as EBV and identify complications including splenomegaly." Other options (renal mass, ascites, etc.) are inconsistent with this viral presentation.

NEW QUESTION # 347
A 46-year-old woman with a palpable breast lump underwent diagnostic mammography that revealed a suspicious mass in her right breast. The radiologist recommended a breast biopsy. The referring physician did not see the mammogram report or the recommendation for biopsy. One year later, invasive breast cancer is diagnosed in the patient. Which one of the following is most likely to prevent this issue from happening again?

- A. Having a tracking system for all investigative reports.
- B. Requiring radiologists to phone the referring physician with every result.
- C. Notifying patients only if there is an abnormal finding.
- D. Asking patients to call laboratories and imaging centres for their test results.
- E. Booking return appointments with the referring physician to follow up every result.

Answer: A

Explanation:
This case represents a failure of follow-up of a critical test result , a common systems error in ambulatory care. MCCQE ELOM objectives emphasize physician responsibility for ensuring that ordered investigations are reviewed, communicated, and acted upon appropriately. The most effective prevention strategy is implementing a system-level tracking process for all investigative reports, ensuring that results are received, reviewed, documented, and followed up-especially abnormal findings requiring urgent action.
Relying on ad hoc communication (e.g., radiologists phoning every result) is impractical and not sustainable.
Booking routine return appointments does not guarantee abnormal results are addressed in a timely manner.
Informing patients only if abnormal findings exist is insufficient, as missed reports may still go unnoticed.
Asking patients to retrieve their own results shifts professional responsibility inappropriately.
A structured tracking system (e.g., electronic alerts, mandatory acknowledgment of results, reconciliation logs) reduces missed diagnoses and enhances patient safety. This systems-based approach aligns with quality improvement principles and shared accountability in healthcare delivery.

NEW QUESTION # 348
A 69-year-old man presents with a 4-day history of a painful right knee. On history, he denies any trauma or similar previous

episodes. Examination reveals effusion of the right knee that is warm to the touch. Which one of the following is the best next step?

- A. Intravenous antibiotics
- B. Joint aspiration
- C. Right knee radiography
- D. Nonsteroidal anti-inflammatory drugs
- E. Serum uric acid level

Answer: B

Explanation:
The first step in evaluating a new, hot, swollen joint is arthrocentesis to rule out septic arthritis and crystal arthropathy. Joint aspiration provides fluid for microscopy, culture, and crystal analysis, which guides definitive diagnosis and treatment.
Toronto Notes 2023 - Rheumatology, Monoarthritis:
"Joint aspiration is the most important first step in evaluating monoarthritis. Septic arthritis must be ruled out before initiating any therapy." MCCQE1 Objectives - Internal Medicine > Rheumatology:
"Candidates should perform joint aspiration in the presence of acute monoarthritis to differentiate between septic arthritis, gout, and other causes." Radiography (A) and serum uric acid (B) do not establish cause acutely. Empiric antibiotics (D) and NSAIDs (E) should only be started after ruling out septic arthritis.

NEW QUESTION # 349
A 20-year-old woman, gravida 0, para 0, presents with increased facial hair. Her periods are regular and moderate. Her BMI is 24, and her blood pressure is 110/70 mm Hg. Which one of the following is the most likely diagnosis?

- A. Hilar cell tumour.
- B. Adrenal hyperplasia.
- C. Idiopathic hirsutism.
- D. Polycystic ovary disease.
- E. Sertoli-Leydig cell tumour.

Answer: C

Explanation:
Idiopathic hirsutism is the most likely diagnosis because this patient has isolated hirsutism with normal vital signs, normal BMI, and regular menstrual cycles , suggesting preserved ovulation and no clinically significant endocrine disturbance. MCCQE objectives emphasize that the most common causes of hirsutism are PCOS and idiopathic hirsutism; PCOS typically includes menstrual irregularity/oligo-ovulation and often metabolic features (overweight, insulin resistance), none of which are present here. Androgen-secreting ovarian tumors (hilar cell or Sertoli-Leydig cell tumors) usually cause rapid onset, severe hyperandrogenism and virilization (deepening voice, clitoromegaly, marked acne) and often disrupt menses-features not described. Nonclassic congenital adrenal hyperplasia can present with hirsutism, but it more commonly associates with acne, infertility, or menstrual abnormalities and requires biochemical suspicion rather than being the "most likely" with normal cycles. Therefore, idiopathic hirsutism-often due to increased peripheral androgen sensitivity or local 5-alpha reductase activity-is the best fit.

NEW QUESTION # 350
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