

# Real Medical Council of Canada MCCQE PDF Questions - Great Tips

## MCCQE Part 1 Practice Questions

### Question 1

A 65-year-old man presents with worsening dyspnea and paroxysmal nocturnal dyspnea. On examination, there are bibasilar crackles and an S3 heart sound. What is the most likely diagnosis?

- A) Chronic obstructive pulmonary disease (COPD)
- B) Pneumonia
- C) Congestive heart failure (CHF)
- D) Pulmonary embolism

### Question 2

A 45-year-old woman presents with fatigue, weight loss, and hyperpigmentation. Lab results reveal hyponatremia and hyperkalemia. What is the most likely diagnosis?

- A) Hypothyroidism
- B) Addison's disease
- C) Cushing's syndrome
- D) Hyperaldosteronism

### Question 3

A 30-year-old man is involved in a motor vehicle accident and presents with hypotension, muffled heart sounds, and distended neck veins. What is the most likely diagnosis?

- A) Myocardial infarction
- B) Cardiac tamponade
- C) Pulmonary embolism
- D) Aortic dissection

### Question 4

A 25-year-old woman presents with palpitations, sweating, and episodic headaches. Her blood pressure is persistently elevated. What is the most likely diagnosis?

- A) Hyperthyroidism
- B) Pheochromocytoma
- C) Panic disorder

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## Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q76-Q81):

### NEW QUESTION # 76

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 # 77

A 60-year-old man presents because of a 6-month history of involuntary lip smacking and tongue movements. His medical history is significant for schizophrenia, which has been very stable with haloperidol for the past 20 years. When educating the patient about these particular symptoms, which one of the following statements is accurate?

- **A. His condition is potentially irreversible**
- B. These movements occur in the majority of patients who are taking antipsychotics
- C. Anticholinergics are effective treatments for this condition
- D. The symptoms will gradually decrease in intensity as he gets older

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation:

This patient has tardive dyskinesia, a late-onset, often irreversible movement disorder caused by chronic dopamine receptor blockade (e.g., haloperidol). It is especially common in older adults and may not resolve after stopping the drug.

Toronto Notes 2023 - Psychiatry, "Extrapyramidal Symptoms":

"Tardive dyskinesia is often irreversible and typically occurs after prolonged antipsychotic use. Elderly patients are at greater risk."

MCCQE1 Objectives (Psychiatry > 71-5: Side Effects of Psychotropics):

"Candidates must recognize tardive dyskinesia and understand that it can persist or worsen even after discontinuation of antipsychotics." Anticholinergics may worsen it (D). The condition does not reliably improve with age (C). It does not affect a majority of patients (A).

### NEW QUESTION # 78

A 94-year-old woman with severe dementia is referred for vaginal bleeding and a persistent foul odour from the vagina. She lives in a long-term care facility. She has been using a ring pessary for the past 15 years. Her current pessary has not been replaced in 2 years. On examination, there is moderate vaginal atrophy. After removing the pessary, which one of the following is the best next

step?

- A. Prescribe vaginal metronidazole gel.
- B. Arrange for a hysteroscopy and endometrial biopsy.
- C. Perform a vaginal biopsy.
- **D. Start vaginal estrogen.**
- E. Wash the pessary and recommend a daily saline douche.

**Answer: D**

Explanation:

In elderly women with long-term pessary use and signs of vaginal atrophy (thin epithelium, bleeding, odor), local estrogen is the most appropriate initial treatment to restore the vaginal epithelium and reduce inflammation and discharge. Vaginal estrogen improves mucosal integrity and reduces complications like ulceration, infection, and bleeding.

Toronto Notes 2023 - Gynecology, "Pelvic Organ Prolapse and Pessary Care" Section:

"Local vaginal estrogen therapy is recommended for postmenopausal women with vaginal atrophy who are using pessaries. It reduces the risk of erosions, bleeding, and infection, especially when pessary follow-up has been suboptimal." MCCQE1 Objectives (Obstetrics and Gynecology > 82-9: Vaginal Bleeding in Postmenopausal Women):

"Candidates should recognize vaginal atrophy as a common and treatable cause of bleeding in elderly women using pessaries." A biopsy (E) may be needed if symptoms persist after atrophy is treated. Hysteroscopy (A) is invasive and not first-line in this setting. Metronidazole (B) is not indicated without evidence of bacterial vaginosis. Daily saline douching (D) is not recommended and may irritate atrophic mucosa.

#### NEW QUESTION # 79

A 45-year-old man with a developmental delay and a history of disruptive behavior presents to the clinic looking for his family doctor. He is well known to the clinic. He appears drunk and has accidentally broken 2 large beer bottles in the waiting room but remains calm. The office staff requests your help to deal with this situation. Which one of the following is the most appropriate initial step?

- A. Instruct the office staff to ignore him and let him calm down.
- B. Call the police, given the patient's presentation.
- **C. Assess the patient promptly.**
- D. Tell the patient that his behavior is unacceptable and ask him to leave.
- E. Call the social work crisis intervention team.

**Answer: C**

Explanation:

This is a known patient with intellectual disability and behavioral concerns. The presentation of alcohol intoxication in a calm patient who inadvertently broke bottles warrants prompt, nonjudgmental clinical assessment before escalating. De-escalation and safety assessment come first.

Toronto Notes 2023 - Psychiatry, "Psychiatric Emergencies and Crisis Management":

"In agitated or intoxicated individuals with developmental disability, a calm approach and prompt physician assessment are essential to prevent escalation and assess for medical or psychiatric needs." MCCQE1 Objectives (Psychiatry > Crisis and Acute Presentations > 72-2):

"Candidates must assess potentially disruptive patients with dignity and caution before involving law enforcement or security. Physician engagement is often calming." Police intervention (A) is premature and may escalate matters. Ignoring (B) risks safety. Asking him to leave (C) without assessment is inappropriate. Social work (E) may help, but after medical triage.

#### NEW QUESTION # 80

A 56-year-old woman presents to your office with a 9-month history of intolerable sweating, palpitations, and periodic anxiety. Her last period was 12 months ago. She continues to have regular Papanicolaou testing with no worrisome pathology. She is otherwise healthy. Which one of the following is the most effective treatment for these symptoms?

- A. Low-dose clonidine
- **B. Estrogen in combination with progesterone**
- C. Regular exercise, weight loss and smoking cessation
- D. Antidepressant agent
- E. Evening primrose oil

**Answer: B**

Explanation:

In postmenopausal women with severe vasomotor symptoms, hormone therapy (estrogen with progesterone in women with an intact uterus) is the most effective treatment. It improves hot flashes, sleep, and mood symptoms.

Toronto Notes 2023 - Gynecology, Menopause Management:

"Combination hormone therapy is first-line for moderate to severe menopausal symptoms. Non-hormonal agents may be considered if contraindications exist." MCCQE1 Objectives - Gynecology > Menopause:

"Candidates must recognize the indication and benefits of hormone therapy for vasomotor symptoms in appropriate patients."

Lifestyle changes (A) are supportive but insufficient. Primrose oil (C) lacks robust evidence. SSRIs (D) and clonidine (E) are second-line.

## NEW QUESTION # 81

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