

Quiz 2026 MCCQE: Fantastic Study MCCQE Part 1 Exam Tool

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 (Q36-Q41):

NEW QUESTION # 36

A 62-year-old woman is taken to the operating room for an elective laparoscopic cholecystectomy. Induction of anesthesia triggers a severe hypertensive crisis that ultimately resolves after administration of a 5 mg bolus of phentolamine.

Which one of the following is most consistent with this presentation?

- A. Increased thyrotropin (thyroid-stimulating hormone) level
- **B. Elevated plasma catecholamines**
- C. Low urinary metanephrines
- D. Low renal vein renin
- E. High plasma cortisol

Answer: B

Explanation:

This presentation is classic for an undiagnosed pheochromocytoma, which causes episodic or crisis-level hypertension due to excess catecholamines. Anesthesia or surgical manipulation can trigger massive catecholamine release, leading to hypertensive crisis.

Phentolamine, an alpha-blocker, is the appropriate treatment.

Toronto Notes 2023 - Endocrinology, Pheochromocytoma:

"Pheochromocytomas may precipitate hypertensive crises during surgery. Elevated plasma catecholamines and urinary metanephrines confirm diagnosis." MCCQE1 Objectives - Internal Medicine > Endocrinology:

"Candidates should suspect pheochromocytoma in perioperative hypertensive crises and confirm with plasma or urine catecholamines/metanephrines." Low metanephrines (E) would argue against pheochromocytoma. TSH (A), cortisol (D), and renin (C) are unrelated to acute intraoperative hypertensive episodes of this nature.

NEW QUESTION # 37

A 22-year-old woman presents to the office for episodic mood changes that her boyfriend has noticed. During such episodes, she cries suddenly, is irritable and sad, and withdraws from socializing. Which one of the following would be most useful in establishing a diagnosis?

- A. Interviewing the boyfriend alone.
- B. Urine drug screen.
- C. Trial of lorazepam.
- **D. Mood journal.**
- E. Personality testing.

Answer: D

Explanation:

A mood journal is a structured tool that allows the patient to record mood fluctuations, triggers, and timing. It is particularly helpful in identifying mood disorders such as premenstrual dysphoric disorder, bipolar disorder, or cyclothymia.

Toronto Notes 2023 - Psychiatry, Mood Disorders:

"Mood diaries are useful in identifying temporal patterns, such as menstrual cycle-linked mood changes, and in distinguishing between affective disorders." MCCQE1 Objectives - Psychiatry > Diagnostic Evaluation:

"Candidates should use clinical tools such as symptom diaries to assist in establishing the pattern and nature of psychiatric symptoms." Personality testing (A) is not first-line. Urine drug screen (B) is only indicated with suspicion of substance use. Lorazepam (D) treats symptoms, not diagnosis. Interviewing the boyfriend (E) may help, but only as a supplement to direct observation and self-report.

NEW QUESTION # 38

A 72-year-old woman is brought to the Emergency Department by her daughter because of significant functional decline and progressive shortness of breath. She has widespread metastatic breast cancer and recently stopped chemotherapy due to

progression and intolerance. She has been bedridden for 4 weeks. On examination:

* BP: 100/70 mm Hg with pulsus paradoxus of 20 mm Hg

* HR: 99/min

* Temp: 36.5°C

* SpO₂: 94% room air

* JVP: elevated

* Heart sounds: muffled

* Chest X-ray: large globular heart

Labs:

* Hemoglobin: 90 g/L

* Sodium: 118 mmol/L

* Creatinine: 94 μmol/L

Which one of the following is the best next step?

- A. Pericardiocentesis
- **B. Discussion on goals of care**
- C. Consult with the Intensive Care Unit
- D. Blood transfusion
- E. Normal saline infusion

Answer: B

Explanation:

This patient has classic signs of cardiac tamponade (Beck's triad: hypotension, muffled heart sounds, elevated JVP, plus pulsus paradoxus). However, she also has advanced metastatic cancer, functional decline, and has stopped active treatment. In this context, a goals-of-care discussion is the most appropriate next step to determine her wishes regarding interventions like pericardiocentesis.

Toronto Notes 2023 - Palliative Care:

"End-of-life care should prioritize quality of life and patient preferences. In patients with terminal illness and life-threatening conditions (e.g., tamponade), initiate a conversation about goals before aggressive intervention." MCCQE1 Objectives - Internal Medicine > Palliative and End-of-Life Care:

"Candidates must assess prognosis, patient values, and initiate appropriate end-of-life discussions before invasive treatment."

Although pericardiocentesis (A) may relieve symptoms, it should follow consent based on the patient's goals.

ICU (E), fluids (B), or transfusion (D) are not appropriate without this discussion.

NEW QUESTION # 39

Your colleague's receptionist asks you to assess her 4-year-old daughter who has had 2 episodes of acute otitis media in the last month. The mother wants you to arrange a consultation with an ear, nose and throat (ENT) specialist to get a tympanostomy before her daughter starts school. You do not believe there is a surgical indication at this time. Which one of the following is the best next step?

- A. Explain that there is no indication for the surgery but refer her daughter for consultation.
- **B. Decline to send her daughter for consultation and explain your decision.**
- C. Call the ENT consultant on call to discuss your dilemma.
- D. Suggest that the next time they go to the Emergency Department for quicker access to the ENT consultant.
- E. Ask another family physician to see the daughter due to a conflict of interest.

Answer: B

Explanation:

Referrals should be medically indicated. Physicians are not obligated to refer simply because a patient (or colleague) requests it, especially when it may lead to unnecessary care. The ethical and appropriate action is to explain your medical reasoning and decline an unwarranted referral.

Toronto Notes 2023 - ELOM, "Professionalism and Resource Stewardship" Section:

"Physicians have a responsibility to act as gatekeepers to specialist services and should not refer patients when criteria are not met. Explaining the reasoning and declining the request respectfully is appropriate." MCCQE1 Objectives (ELOM > 99-1:

Professionalism and Clinical Judgment):

"Candidates must demonstrate ethical reasoning in managing requests for unwarranted interventions." Involving the emergency department (B) or another physician (C) is not appropriate unless there's a true conflict of interest. Calling a consultant (E) may be unnecessary if no medical reason exists.

NEW QUESTION # 40

A 37-year-old woman presents to your clinic with frequent palpitations. She has no other symptoms and is quite active. Physical examination and resting electrocardiogram findings are normal. Which one of the following is the best next step?

- A. Holter monitoring
- B. β -Blocker
- C. Echocardiogram
- D. Treadmill exercise test

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

The most appropriate next step for a patient with intermittent palpitations and a normal ECG is Holter monitoring (or event monitoring). This can capture and correlate symptoms with cardiac rhythm.

Toronto Notes 2023 - Cardiology, "Palpitations":

"Holter or event monitoring is indicated when the initial ECG is normal but the patient has episodic symptoms such as palpitations."

MCCQE1 Objectives (Cardiology > 34-2: Arrhythmia):

"Candidates must use ambulatory ECG monitoring to investigate intermittent palpitations when resting ECG is unremarkable."

Echocardiogram (A) assesses structural issues but not rhythm. β -blockers (B) should not be started without diagnosis. Stress testing (D) is for ischemia.

NEW QUESTION # 41

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