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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q54-Q59):

NEW QUESTION # 54

Following a potluck supper organized by the residency director of your training program, many of your fellow residents and other guests fall ill with gastroenteritis. Which one of the following is the best way to identify the source of this food-borne outbreak?

- A. Culture leftover food samples
- B. Culture the stool of guests
- C. Perform a cohort study
- **D. Calculate food-specific attack rates**
- E. Perform a hazard analysis of critical control points

Answer: D

Explanation:

Calculating food-specific attack rates (i.e., number of people who became ill after eating a particular food divided by the total number who ate that food) is the most effective method to identify the probable source of infection in a known cohort outbreak.

Toronto Notes 2023 - Public Health, Outbreak Investigations:

"Foodborne outbreaks are best analyzed using food-specific attack rates to determine associations between individual foods and illness." MCCQE1 Objectives - Preventive Medicine > Epidemiologic Principles:

"Candidates must use epidemiologic tools, such as attack rates, to identify probable sources during outbreak investigations." Cohort study (C) is also acceptable but more time-intensive. Stool and food cultures (B, D) confirm the pathogen but not the source. HACCP (E) is a preventive method, not a tool for outbreak investigation.

NEW QUESTION # 55

A 26-year-old woman, gravida 3, para 2, presents for her 1st antenatal visit. She states she is at 26 weeks' gestation and is healthy. On abdominal examination, her fundus is palpated at the umbilicus. Which one of the following is the most likely explanation for this finding?

- A. Partial hydatidiform mole
- B. Bicornuate uterus
- **C. Dating error**
- D. Intrauterine growth restriction
- E. Oligohydramnios

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

At 20 weeks' gestation, the uterine fundus typically reaches the umbilicus. If the fundal height is lower than expected at a stated gestational age of 26 weeks, the most likely explanation-especially with no prior care- is a dating error.

Toronto Notes 2023 - Obstetrics:

"Fundal height at the umbilicus corresponds to ~20 weeks. In women lacking early prenatal care, dating errors are common causes of fundal height discrepancy." MCCQE1 Objectives (Obstetrics > 80-3: Routine Antenatal Care):

"Candidates must interpret fundal height and reconcile discrepancies with gestational age." IUGR and oligohydramnios are possible but require imaging confirmation. Bicornuate uterus may cause fundal shape anomalies but not significant dating discrepancy. A mole (D) would increase, not decrease, size.

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NEW QUESTION # 56

Three months ago, a physician colleague approached you in the hospital corridor for advice regarding one of his patients. You are now being named by this patient in a malpractice action. Which one of the following is the most likely reason why you may be found liable?

- **A. You gave advice on how to treat the patient**
- B. You did not see the patient
- C. You were given confidential patient health information
- D. You advised the physician to consult one of your colleagues
- E. You were given the patient's name

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

Providing clinical advice (particularly treatment advice) without formally seeing or evaluating the patient creates a physician-patient relationship, potentially establishing a duty of care. If the advice leads to harm, you could be found liable, even if you never saw the patient directly.

Toronto Notes 2023 - Legal Medicine:

"Giving specific medical advice about diagnosis or treatment may imply a physician-patient relationship and establish duty of care." MCCQE1 Objectives (ELOM > 90-2: Legal Risk Management):

"Candidates must understand that liability can arise from informal consultations where medical advice is given." Providing advice (D)

is riskier than simply hearing about a case or patient (A, C). Recommending consultation (B) does not establish duty of care. Not seeing the patient (E) does not automatically shield from liability if treatment advice was given.

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NEW QUESTION # 57

A mother brings her 10-year-old son for his well-child check-up. She mentions that her 38-year-old husband has just had a heart attack due to high cholesterol levels and wants information regarding prevention of cardiovascular disease for her son. Which one of the following is the best approach to managing this problem?

- A. Send the son for a lipid profile test
- B. Reassure the mother as children do not have elevated lipid levels
- C. Prescribe a low-fat diet for the son
- D. Request a serum homocysteine and hemoglobin A1c
- E. Prescribe a weight-lifting exercise program for her son

Answer: A

Explanation:

Children with a first-degree relative who has premature coronary artery disease or hypercholesterolemia should undergo fasting lipid screening between ages 2-10. Since the child is 10, screening is indicated.

Toronto Notes 2023 - Pediatrics, "Preventive Care in Children":

"Lipid screening is recommended for children ≥ 2 years old with a family history of early cardiovascular disease or hypercholesterolemia." MCCQE1 Objectives (Pediatrics > 78-1: Preventive Medicine):

"Candidates must screen children at high risk of cardiovascular disease appropriately, including lipid profile for familial hyperlipidemia." Diet and exercise counseling may follow screening, but testing is the first step. Reassurance alone (C) is inappropriate. Homocysteine (E) and HbA1c are not first-line tests in this setting.

NEW QUESTION # 58

A 39-year-old woman comes to the office for a periodic health examination. She reports that her father had a recent diagnosis of breast cancer (at age 62 years) and that a paternal aunt had ovarian cancer in her early 40s.

The results of mammography are normal. Which one of the following is the most appropriate recommendation for this patient?

- A. Prophylactic tamoxifen therapy.
- B. Annual mammography starting at age 50 years.
- C. Random fine-needle sampling of the breasts.
- D. Bilateral mastectomy.
- E. Genetic screening.

Answer: E

Explanation:

This patient has a family history of both male breast cancer (father) and early-onset ovarian cancer (aunt), which are red flags for BRCA1/2 mutations. Genetic counseling and BRCA testing are the appropriate next steps to stratify cancer risk and guide screening and prevention.

Toronto Notes 2023 - Oncology, "Breast Cancer Risk" Section:

"BRCA testing is recommended for individuals with a strong family history of breast or ovarian cancer, particularly if involving male relatives or early-onset cases." MCCQE1 Objectives (Population Health > 97-5: Screening and Prevention):

"Candidates must identify high-risk individuals who require genetic counseling and screening beyond population guidelines."

Tamoxifen (A) and prophylactic mastectomy (E) are only considered after confirming mutation status. Annual screening starting at 50 (D) is for average-risk women. Fine-needle sampling (C) is not a screening tool.

NEW QUESTION # 59

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