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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q22-Q27):

NEW QUESTION # 22

An 80-year-old man is admitted to hospital with what turns out to be tuberculosis. The attending physician informs all staff at the hospital of the patient's identity and diagnosis. Which one of the following best describes privacy concerns in this situation?

- A. The patient is not owed a right to privacy as he is a risk to others.
- **B. Physicians ought only to reveal minimal patient-related information needed to protect others.**
- C. Physicians cannot be held liable if there is a breach of patient privacy.
- D. Attending physicians may not disclose a patient's private health information to protect others.
- E. The patient must give consent before others are told of his illness.

Answer: B

Explanation:

Tuberculosis is a communicable disease, so there can be a justified "duty to protect" others in the hospital through infection-control measures and public health notification. However, MCCQE ethics objectives emphasize that confidentiality remains the default obligation even when disclosure is permitted or required. In such cases, disclosure must follow the minimum necessary principle: only the information essential to reduce risk should be shared, and only with those who need it to perform their role (e.g., direct care team, infection prevention and control, occupational health, and public health). Informing "all staff at the hospital" and including the patient's identity generally exceeds what is required and constitutes an avoidable breach of privacy.

Consent is not always required when disclosure is mandated by law (reportable diseases) or necessary to prevent serious harm, so option B is too absolute. Option A wrongly implies loss of privacy rights. Option D is incorrect because limited disclosure may be ethically and legally permitted to protect others. Option E is false; clinicians and institutions can be accountable for unjustified or excessive disclosure.

NEW QUESTION # 23

You are being consulted for a 79-year-old man who is about to undergo a total hip arthroplasty. His orthopedic surgeon is aware of the diagnosis of Alzheimer disease and would like your suggestions to help avoid acute postsurgical delirium. To that end, which one of the following is the most effective strategy?

- **A. Avoid medications with anticholinergic potential**
- B. Screen the patient with the Mini-Mental Status Examination prior to surgery
- C. Keep family visits to a minimum to avoid postsurgical overstimulation
- D. Refrain from prescribing opiate analgesics to treat postoperative pain
- E. Treat postsurgical insomnia with benzodiazepines

Answer: A

Explanation:

One of the strongest modifiable risk factors for postoperative delirium in older adults is exposure to anticholinergic medications (e.g., diphenhydramine, certain antidepressants). Avoiding these can reduce delirium risk.

Toronto Notes 2023 - Geriatrics, "Delirium Prevention":

"Avoid high-risk medications including anticholinergics, benzodiazepines, and narcotics if possible. Maintain orientation cues and adequate pain control." MCCQE1 Objectives (Medicine > Geriatrics > 41-1: Cognitive Impairment):

"Candidates must recognize predisposing factors for delirium and apply prevention strategies, including medication review." Opiates (B) should be used judiciously; untreated pain can also cause delirium. Cognitive screening (C) is helpful for baseline but does not prevent delirium. Benzodiazepines (D) increase delirium risk. Family involvement is actually helpful (E).

NEW QUESTION # 24

A 24-year-old man presents to your clinic with a 6-month history of fatigue. On examination, he is pale. His BMI is 16, and his blood pressure is 92/58 mm Hg. Initial laboratory work shows the following:

- * Creatinine: 64 $\mu\text{mol/L}$ (49-93)
- * Potassium: 3.0 mmol/L (3.5-5.1)
- * Sodium: 138 mmol/L (136-146)
- * TSH: 2.40 mIU/L (0.34-5.60)
- * CBC: Normal

Which one of the following is the best next step?

- A. Refer the patient to the emergency department
- **B. Ask permission to discuss the patient's weight**
- C. Consult gastroenterology
- D. Advise increased caloric intake

Answer: B

Explanation:

This patient has clinical signs of an eating disorder - fatigue, low BMI, hypotension, and hypokalemia - likely secondary to nutritional deficiencies or purging. The first step is to sensitively explore the patient's perception of weight and body image. Effective management requires rapport and careful conversation.

Toronto Notes 2023 - Psychiatry, Eating Disorders:

"Approach patients with suspected eating disorders non-judgmentally. Begin with permission to discuss weight or body image.

Screening tools like SCOFF can help guide further assessment." MCCQE1 Objectives - Psychiatry > Eating Disorders:

"Candidates must recognize signs of eating disorders and initiate a respectful and effective patient-centered discussion." Referring to the ED (B) is not urgent without hemodynamic instability. Advising caloric intake (C) bypasses assessment. GI referral (D) is not appropriate at this stage.

NEW QUESTION # 25

A 3-year-old boy is brought to the office because he has progressive weight gain and short stature. He has marked truncal obesity, hypertrichosis of the upper lip, and facial swelling. Which one of the following is a physical examination most likely to reveal?

- A. Acanthosis
- B. Hepatomegaly
- **C. Hypertension**
- D. Café-au-lait spots
- E. Thyroid goiter

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

The child's presentation (weight gain, short stature, truncal obesity, facial swelling, hypertrichosis) is classic for Cushing syndrome. One of the hallmark findings on physical examination in pediatric Cushing syndrome is hypertension, due to increased cortisol-mediated mineralocorticoid receptor activation.

Toronto Notes 2023 - Pediatrics / Endocrinology:

"Cushing syndrome in children presents with growth failure, weight gain, moon facies, truncal obesity, and hypertension." MCCQE1 Objectives (Pediatrics > 77-2: Endocrine Disorders in Children):

"Candidates must identify clinical signs of hypercortisolism and evaluate for associated findings such as elevated blood pressure."

Café-au-lait spots (A) suggest neurofibromatosis. Goiter (C) is more related to thyroid dysfunction.

Hepatomegaly (D) and acanthosis (E) are more commonly seen in metabolic syndrome or insulin resistance.

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NEW QUESTION # 26

A young man and woman who are in a relationship present to the office for prenatal counselling. During the visit, you observe that the man's lips appear as shown in the referenced photo.

[Image shows grouped vesicular lesions on erythematous base affecting the lips-classic for herpes labialis (HSV-1).] Which one of the following is the best advice?

- A. The woman must have a cesarean delivery
- **B. The man should avoid performing oral sex during her pregnancy**
- C. The woman should have viral cultures of her cervix
- D. The woman should take acyclovir throughout her pregnancy
- E. The man needs herpes simplex virus type-specific serology

Answer: B

Explanation:

The patient shows signs of herpes labialis (HSV-1), which can transmit genital herpes via oral sex. This poses a risk to the fetus if maternal infection occurs during pregnancy, especially near delivery. Preventing new genital HSV infection during pregnancy is critical.

Toronto Notes 2023 - Obstetrics:

"HSV-1 can cause genital herpes via oral-genital transmission. Avoid oral sex during outbreaks in pregnancy to prevent primary maternal infection." MCCQE1 Objectives (Obstetrics > 80-3: Infectious Disease in Pregnancy):

"Candidates must understand the importance of preventing new HSV infection during pregnancy and counsel appropriately." Culture (A) is not useful unless symptomatic. Serology (B) is not needed in this context. Cesarean (D) is not indicated unless active genital lesions at delivery. Acyclovir (C) is for infected mothers or near delivery.

NEW QUESTION # 27

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