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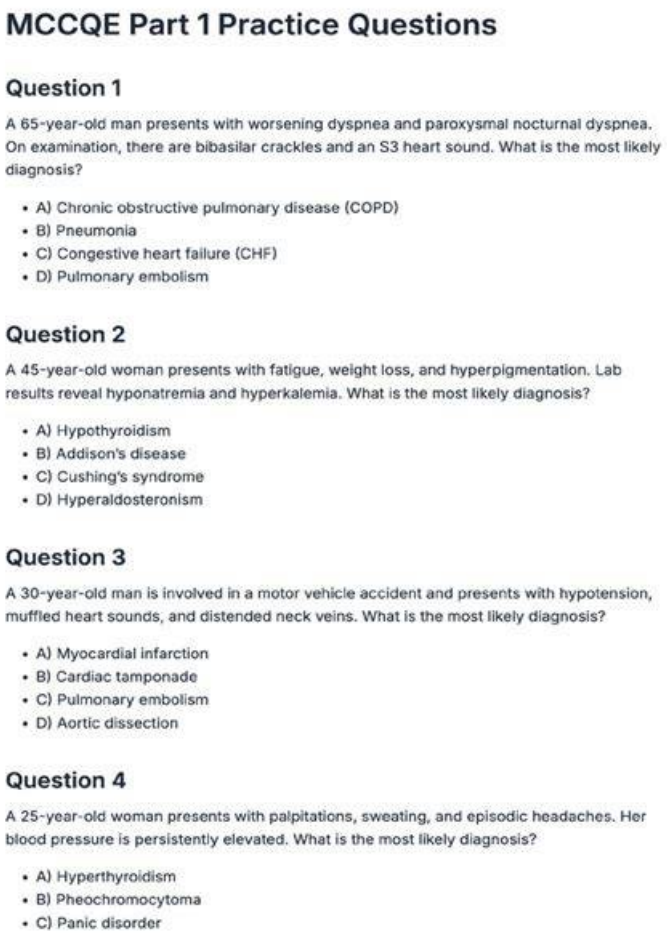

MCCQE Part 1 Practice Questions

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 Exam Syllabus Topics:

Section	Objectives

Topic 1: Physician Activities	- Professionalism • 1. Physician health for sustainable practice • 2. Self-awareness and reflection • 3. Leadership and scholarly habits • 4. Ethics and legal duties • 5. Lifelong learning - Management • 1. Pharmacological and non-pharmacological treatment • 2. Therapeutic interventions • 3. Follow-up planning - Communication • 1. Breaking bad news • 2. Physician-patient communication • 3. Informed consent • 4. Team communication - Assessment • 1. Physical examination • 2. Investigations and diagnostic reasoning • 3. History taking
Topic 2: Dimensions of Care	- Health Promotion and Illness Prevention • 1. Disease prevention measures • 2. Screening and periodic health exams • 3. Health maintenance • 4. Patient education • 5. Risk factor reduction - Chronic Care • 1. Chronic disease management • 2. Long-term care • 3. Rehabilitation - Acute Care • 1. Acute presentations and stabilization • 2. Management of acute medical conditions • 3. Emergency and critical care - Psychosocial Aspects • 1. Patient communication • 2. Psychosocial determinants of health • 3. Mental health and behavioral sciences

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q70-Q75):

NEW QUESTION # 70
A 45-year-old man with confusion is brought to the Emergency Department by ambulance. He has end-stage renal disease and has missed his last 3 dialysis appointments. He also has a past medical history of antisocial personality disorder and hepatitis C. On examination, he is in respiratory distress. His blood pressure is 170
/90 mm Hg, and his oxygen saturation is 84% on room air. His jugular venous pressure is 8 cm above the sternal angle, and he has crackles in his lungs bilaterally. A venous blood gas shows a bicarbonate of 11 mmol
/L (24-30) and potassium of 7.1 mmol/L (3.5-5.0). Which one of the following is the best next step?

- A. Prescribe morphine and furosemide.
- B. Start urgent dialysis.
- C. Discuss with his nephrologist the reasons why he missed his dialysis appointments.
- D. Attempt to contact his family for consent to start dialysis.
- E. Call psychiatry to evaluate his capacity to consent.

Answer: B

Explanation:
This patient has life-threatening complications of missed dialysis , including severe hyperkalemia (K# 7.1 mmol/L), metabolic acidosis (HCO## 11 mmol/L), volume overload with pulmonary edema (hypoxia, crackles, elevated JVP), and altered mental status. MCCQE objectives emphasize immediate recognition and treatment of emergent indications for dialysis (AEIOU: Acidosis, Electrolyte abnormalities, Intoxication, Overload, Uremia) . This patient meets multiple criteria-particularly refractory hyperkalemia and pulmonary edema-requiring urgent hemodialysis .
In emergencies where delay would risk death or serious harm, treatment proceeds under implied consent , even if the patient is confused and capacity is uncertain. Contacting family or psychiatry would dangerously delay life-saving care. While temporizing measures (e.g., IV calcium, insulin/glucose) may be given, definitive management is emergent dialysis. Morphine and furosemide alone are inadequate in severe renal failure with life-threatening hyperkalemia. Therefore, immediate initiation of urgent dialysis is the correct next step.

NEW QUESTION # 71
A 25-year-old nulligravida woman presents after trying to conceive for 2 years without success. She is healthy, with regular menstrual periods. She denies any unusual hair growth, weight changes, or breast discharge. She gets occasional outbreaks of acne. Blood work done with her next menstrual period produces the following results:
Follicle-stimulating hormone, follicular phase: 6.2 U/L (5.0-20.0) on day 3 of menstrual cycle Luteinizing hormone, follicular phase: 6 U/L (5-22) on day 3 of menstrual cycle Estradiol: 163 pmol/L (50-200) on day 15 of menstrual cycle Thyrotropin (thyroid-stimulating hormone): 2.5 mU/L (0.4-5.0) Prolactin: 40 µg/L (4-30) Given the results of her blood work, which one of the following is the best next step?

- A. Order magnetic resonance imaging of her brain.
- B. Refer her for in vitro fertilization.
- C. Send her for a mammography.
- D. Give her a prescription for bromocriptine.

Answer: D

Explanation:
This patient meets the definition of infertility (no conception after 12 months; here 2 years). Her day-3 FSH
/LH and mid-cycle estradiol are within expected ranges, and TSH is normal, making thyroid disease unlikely.
The key abnormality is elevated prolactin (40 µg/L) . MCCQE objectives emphasize identifying reversible endocrine causes of infertility: hyperprolactinemia can impair fertility by disrupting hypothalamic GnRH pulsatility and ovulatory function, and treatment improves pregnancy rates. The appropriate next management is a dopamine agonist (e.g., bromocriptine) to lower prolactin and restore normal reproductive axis function.
Pituitary MRI is generally reserved for marked or persistent elevations suggestive of prolactinoma (often much higher levels) or when there are neurologic symptoms (e.g., headaches, visual field defects). IVF is not first-line when a treatable endocrine abnormality is present. Mammography is unrelated to mild hyperprolactinemia without breast findings. Treating the elevated prolactin addresses a likely contributor before proceeding to more invasive fertility interventions.

NEW QUESTION # 72
A 79-year-old woman is brought by a long-term care (LTC) facility staff member to your clinic with concerning behaviours. On history, she was admitted to an LTC facility 6 months ago with vascular dementia.
Three days ago, she became very aggressive towards her caregivers. There is no clear pattern to her aggression. Some staff members report that she is quieter than usual, whereas others report that she is agitated, talks to herself, and picks at her clothes. On examination, she appears very confused. She does not finish her answers and seems to "drift off" during conversation. Which one of the following is the most likely diagnosis?

- A. Worsening of the patient's vascular dementia.
- B. Late-onset delusional disorder.
- C. Delirium.
- D. Lewy body dementia.
- E. Major depressive disorder.

Answer: C

Explanation:
Delirium is the most likely diagnosis because the change is acute (3 days) with fluctuating level of activity (quiet at times, agitated at others) and prominent inattention (does not finish answers, "drifts off" during conversation). MCCQE objectives emphasize distinguishing delirium from dementia: dementia is typically chronic and progressive , whereas delirium is a sudden, reversible syndrome characterized by disturbed attention and awareness, often with altered sleep-wake cycle, perceptual disturbances, and psychomotor changes (hyperactive, hypoactive, or mixed). This patient's new aggression, confusion, and variable behavior strongly suggest delirium superimposed on existing vascular dementia-a common and high-risk scenario in LTC residents. Major depressive disorder can cause apathy and reduced concentration but does not typically cause a fluctuating course with acute confusion. Lewy body dementia is associated with chronic cognitive fluctuations and visual hallucinations/parkinsonism, not a sudden 3-day deterioration. Late-onset delusional disorder would feature fixed delusions with otherwise clearer consciousness. The next clinical priority is to search for and treat underlying causes (infection, medications, metabolic disturbance, pain, dehydration) while ensuring safety and supportive care.

NEW QUESTION # 73
You are called to attend an 18-year-old woman, gravida 2, para 1, aborta 0, who is in precipitous labour. She did not realize she was pregnant and has not had any prenatal care. After the delivery, you examine the newborn boy; he is vigorous, and it appears that he was born at full term. Physical examination findings of the newborn are normal. Review of the prenatal record from the mother's last pregnancy shows the following:
* HIV: Negative
* Hepatitis B surface antibody: Positive
* Hepatitis C: Negative
* Syphilis serology: Negative
The mother's previous child was placed in foster care. The mother is withdrawn and uncommunicative after delivery. Which one of the following is the best next step?

- A. Administer hepatitis B vaccine to the newborn
- B. Collect urine from the newborn for a drug screen
- C. Recommend immediate skin-to-skin care
- D. Initiate feeding with donor breast milk

Answer: B

Explanation:
Given the lack of prenatal care, the mother's withdrawal, and prior involvement of child protection services, a newborn drug screen is warranted to assess for possible in utero exposure. This is part of the safety assessment.
Toronto Notes 2023 - Pediatrics, Newborn Assessment:
"Infants born to mothers with no prenatal care or prior social concerns should undergo a full newborn screening, including toxicology if indicated." MCCQE1 Objectives - Pediatrics > Newborn Care and Social Issues:
"Candidates must identify social risk factors and initiate appropriate newborn evaluations, including toxicology screens when substance use is suspected." The mother was previously immune to hepatitis B, so (A) is not immediately required. Skin-to-skin care (D) is beneficial but secondary to screening in this context. Donor milk (B) is not indicated unless breastfeeding is contraindicated.

NEW QUESTION # 74

A 52-year-old man presents to the Emergency Department with a history of back, neck, and shoulder pain sustained from a workplace incident 4 years ago. He is under observation by a multidisciplinary pain clinic, and his next appointment is not for another 4 weeks. He does not report any recent change in his symptoms.
His medications are as follows:
Acetaminophen
1000 mg orally 4 times daily
Naproxen
500 mg orally twice daily
Amitriptyline
25 mg orally at bedtime
* Acetaminophen 1000 mg orally four times daily
* Naproxen 500 mg orally twice daily
* Amitriptyline 25 mg orally at bedtime
The patient has not taken his medications for several weeks because he thinks they are not working. He requests a prescription for oxycodone because he tried some that a friend sold him, and it worked very well.
After completing an assessment and providing counseling, which one of the following is the best next step?

- A. Prescribe a short course of tramadol.
- B. Obtain a urine toxicology screen.
- C. Provide a naloxone kit.
- D. Offer to prescribe cannabis.

Answer: B

Explanation:
Given the request for opioids and history of non-prescribed opioid use (oxycodone obtained from a friend), the next appropriate step is to conduct a urine drug screen. This helps assess current substance use and guides safe prescribing decisions.
Toronto Notes 2023 - Pain Management and Addiction Medicine:
"Urine drug screening is recommended before initiating opioid therapy or when there is suspicion of substance misuse. A history of using non-prescribed opioids mandates assessment for opioid use disorder and further risk stratification." MCCQE1 Objectives - Internal Medicine > Chronic Pain:
"Candidates must assess for opioid misuse and dependence before initiating opioid therapy. Urine drug testing is a standard tool in this assessment." Providing naloxone (A) may be appropriate later if opioids are prescribed, but the priority is evaluation.
Cannabis (B) is not first-line and lacks controlled evidence in chronic pain. Tramadol (D) is an opioid-like agent and not appropriate until misuse risk is evaluated.

NEW QUESTION # 75
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