

Medical Council of Canada MCCQE인증시험인기덤프자료, MCCQE시험패스가능한공부하기

Medical Council of Canada Qualifying Examination (MCCQE) List of suggested reference materials

<https://mcc.ca/examinations/list-of-suggested-reference-materials/>

Subject matter for examination questions is guided by the MCC Examination Objectives, published by the Medical Council of Canada (MCC). The MCC does not require candidates to purchase or use any particular reference. The following textbooks may be used by MCC test committees to validate examination questions.

CLINICAL MEDICINE

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Association.
- Alberta Virtual Care Working Group. (2021). *Optimizing virtual care in Alberta: Recommendations from the Alberta Virtual Care Working Group*.
- Benjamin, I. J., Griggs, R. C., & Wing, E. J. (2016). *Andreoli and Carpenter's Cecil Essentials of Medicine* (9th ed.). Philadelphia, PA: Elsevier Saunders.
- Bickley, L. S., Szilagyi, P. G., Hoffman, R. M., & Soriano R.P. (2020). *Bates' Guide to Physical Examination and History Taking* (13th ed.). Philadelphia, PA: Wolters Kluwer.
- Black, D. W., & Andreasen, N. C. (2020). *Introductory Textbook of Psychiatry* (7th ed.). Washington, DC: American Psychiatric Association Publishing.
- Bruneau, J., Ahamad, K., Goyer, M. É., Poulin, G., Selby, P., Fischer, B., Wild, T. C., Wood, E., & CIHR Canadian Research Initiative in Substance Misuse (2018). *Management of opioid use disorders: a national clinical practice guideline*. *Canadian Medical Association journal*, 190(9), E247-E257.
- Brunicaudi, F. C., Andersen, D. K., Billiar, T. R., Dunn, D. L., Hunter, J. G., Kao, L. S., Matthews, J. B., & Pollock, R. E. (2019). *Schwartz's Principles of Surgery* (11th ed.). Philadelphia, PA: McGraw-Hill Education.
- DeCherney, A. H., Nathan, L., Laufer, N., & Roman, A. S. (2019). *Current Diagnosis & Treatment, Obstetrics & Gynecology* (12th ed.). New York, NY: McGraw-Hill Education.
- Government of Canada. (2021, June). *Enhancing equitable access to virtual care in Canada: Principle-based recommendations for equity: Report of the Task Team on Equitable Access to Virtual Care*.
- Government of Canada. (2021, June). *Pan-Canadian Health Data Strategy: Expert advisory group report 1: Charting a path toward ambition*.
- Government of Canada. (2021, November). *Pan-Canadian Health Data Strategy: Building Canada's Health Data Foundation. Expert advisory group – report 2*.
- Kliegman, R. M., St Geme III, J. W., Blum, N. J., Shah, S. S., Tasker, R. C., Wilson, K. M., & Behrman, R. E. (2019). *Nelson Textbook of Pediatrics* (21st ed.). Philadelphia, PA: Elsevier.
- Hacker, N. F., Gambone, J. C., & Hobel, C. J. (2016). *Hacker and Moore's essentials of obstetrics & gynecology* (6th ed.). Philadelphia, PA: Elsevier.

Non-Business Use

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https://drive.google.com/open?id=12_zDoaeGFzv_pDYGfaEC2Ua4-gHN1Vy

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한 요소들 중의 하나가 될 것이라는 것을 잘 알고 있음으로 더욱 믿음직스러운 덤프로 거듭나기 위해 최선을 다해 드리겠습니다.

최신 MCCQE Part 1 MCCQE 무료 샘플문제 (Q12-Q17):

질문 # 12

A 67-year-old man underwent his first endoscopy. He has long-term reflux and heartburn, treated intermittently with antacids. Biopsies of the distal esophagus reveal Barrett epithelium. Which one of the following is most important in determining the frequency of surveillance endoscopy?

- A. Depth of intestinal metaplasia
- **B. Grade of dysplasia**
- C. Stricture formation
- D. Length of Barrett segment
- E. Family history of gastrointestinal malignancy

정답: B

설명:

The most important factor in determining the surveillance interval in Barrett esophagus is the presence and grade of dysplasia (e.g., none, low-grade, high-grade). High-grade dysplasia requires more frequent monitoring or intervention due to the risk of progression to esophageal adenocarcinoma.

Toronto Notes 2023 - Gastroenterology, Barrett Esophagus:

"Surveillance intervals depend on histologic findings. No dysplasia: q3-5 years; low-grade: q6-12 months; high-grade: consider endoscopic resection or ablation." MCCQE1 Objectives - Internal Medicine > Gastroenterology:

"Candidates must identify the risk of progression in Barrett esophagus and apply appropriate surveillance strategies based on dysplasia." Length of the segment (A) may influence risk but not surveillance frequency alone. Other options (B, C, E) are less determinative.

질문 # 13

A 14-year-old girl is brought to the Emergency Department with a 20-minute history of difficulty breathing that started during a school assembly. She has had similar symptoms 3 times in the last 2 weeks. These episodes develop rapidly and resolve gradually over several minutes. She reports tingling in her fingers and toes. On examination, her vital signs are as follows:

Blood pressure

120/80 mm Hg

Heart rate

100/min

Respiratory rate

22/min

Oxygen saturation on room air

95%

Temperature

36.9 °C, orally

Apart from mildly dilated pupils, her examination is otherwise normal. Which one of the following is the most likely diagnosis?

- A. Paroxysmal supraventricular tachycardia
- B. Cocaine use
- C. Pericarditis
- **D. Panic attack**
- E. Asthma

정답: D

설명:

This teenager presents with acute-onset dyspnea, paresthesias, and normal physical findings, consistent with a panic attack. Panic attacks often mimic cardiopulmonary pathology but are marked by symptoms like hyperventilation, tingling in the extremities, palpitations, and subjective air hunger with normal vitals and oxygenation.

Toronto Notes 2023 - Psychiatry:

"Panic attacks are characterized by sudden onset of intense fear or discomfort, accompanied by somatic symptoms such as dyspnea, paresthesias, tachycardia, and fear of losing control." MCCQE1 Objectives (Psychiatry > 71-3: Anxiety Disorders):

"Candidates must recognize panic attacks based on clinical features and differentiate them from cardiopulmonary conditions."
Normal O2 saturation and physical exam rule out asthma or pericarditis. Cocaine use would present with more systemic toxicity.
PSVT would cause consistent tachycardia.

질문 # 14

A 3-week-old boy is brought by his parents to your clinic for a well-child visit. The newborn was born at term after an uncomplicated pregnancy. He is exclusively breastfed and is thriving. Physical examination findings are normal except for jaundice. Total bilirubin is 172 $\mu\text{mol/L}$ (#100), and conjugated bilirubin is 4 $\mu\text{mol/L}$ (#5). Results of a complete blood count and reticulocyte count are within the normal range. The results of a direct antiglobulin (Coombs) test were negative. Which one of the following, if any, is the most appropriate investigation?

- A. Hepatobiliary ultrasonography.
- B. Urine culture.
- C. Liver enzymes and serum albumin.
- D. Test for galactosemia.
- E. No investigation required.

정답: E

질문 # 15

A 3-year-old boy is brought to your office because his daycare teachers are concerned about his language development. His parents speak both English and French at home, and he can say around 15 words combined in both languages. His history reveals that he has minimal interest in playing with other children. Which one of the following is most appropriate?

- A. Recommend use of one language at home.
- B. Screen for autism spectrum disorder.
- C. Reassure that no intervention is needed.
- D. Refer to a pediatric neurologist.
- E. Evaluate for attention deficit hyperactivity disorder.

정답: B

설명:

A limited vocabulary (fewer than 50 words by age 2-3 years) and reduced social interaction (limited interest in peers) raise concern for autism spectrum disorder (ASD). Screening for ASD is the most appropriate next step.

Toronto Notes 2023 - Pediatrics, Development and Behaviour:

"Red flags for autism include delayed language, limited social reciprocity, and poor peer interaction.

Screening should be initiated early when clinical signs are present."

MCCQE1 Objectives - Pediatrics > Developmental Disorders:

"Candidates must identify key signs of ASD and initiate appropriate screening and early intervention." Multilingual households do not typically cause such delays (E is incorrect). ADHD (B) presents with attention

/hyperactivity issues, not language/social delay. Reassurance (A) is inappropriate. Neurology referral (C) may follow but is not first-line.

질문 # 16

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

정답: C

설명:

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.

질문 # 17

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