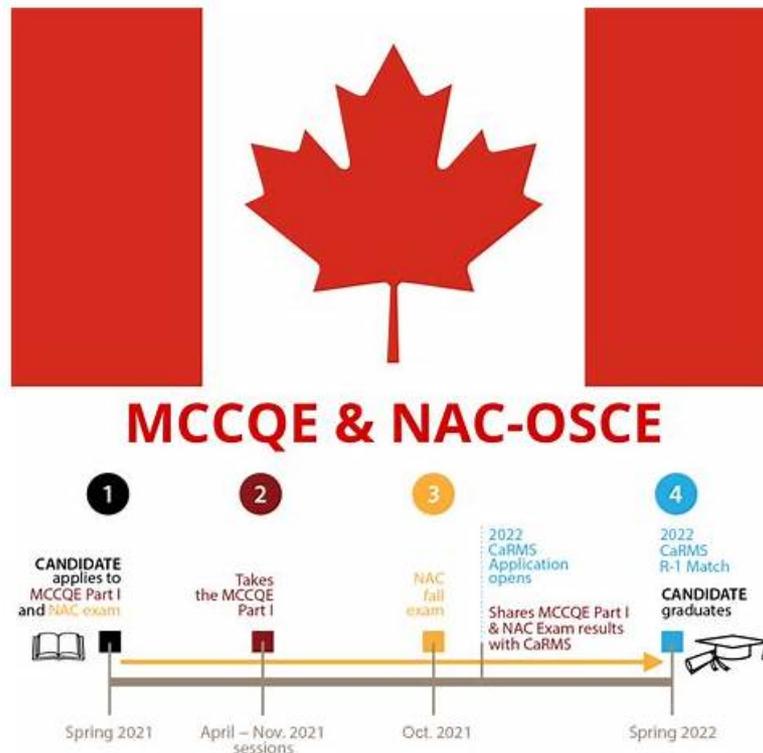


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q183-Q188):

NEW QUESTION # 183

A 19-year-old woman presents to the office. She is a new mother. She shares that she does not intend to vaccinate her son. Which one of the following is the best next step?

- A. Tell the patient you cannot follow her in your practice but will refer her to a colleague.
- B. Ask to speak with the patient's parents.
- C. Contact child protection services.
- **D. Explore with the patient her rationale for not vaccinating her child.**
- E. Provide education on the risks and benefits of vaccination.

Answer: D

Explanation:

When encountering vaccine hesitancy, the first and most effective step is to open a non-judgmental conversation and explore the patient's reasons. This helps build trust and tailor subsequent education and counseling.

Toronto Notes 2023 - Public Health and Preventive Medicine, Immunization:

"Addressing vaccine hesitancy requires understanding parental concerns. Begin with open-ended questions to identify underlying beliefs and information gaps." MCCQE1 Objectives - Preventive Medicine > Immunization:

"Candidates must demonstrate effective communication with vaccine-hesitant parents, beginning with eliciting their rationale before providing evidence-based recommendations." Jumping to education (B) or punitive measures (C, D) may close communication. The patient is an adult; speaking with her parents (E) violates her autonomy.

NEW QUESTION # 184

An otherwise healthy 43-year-old woman presents to your clinic for a left breast mass. Six months ago, she underwent a bilateral breast magnetic resonance imaging (MRI) after watching a television program on breast cancer prevention. An ultrasound-guided biopsy of a 1.5 cm mass confirmed, at the time, that she had fibroadenoma. The follow-up ultrasound now reveals a mass measuring 1.7 cm. Which one of the following is the best next step in the management of this patient?

- A. Administer prophylactic tamoxifen to decrease the risk of cancer.
- B. Order a MRI of both breasts to rule out anything else.
- C. Proceed with needle-localized left lumpectomy.
- **D. Reassure the patient and reassess in 12 months.**
- E. Repeat the biopsy to confirm the diagnosis.

Answer: D

Explanation:

Fibroadenomas can grow slightly or fluctuate in size. A minimal increase (from 1.5 cm to 1.7 cm) over six months is clinically insignificant. No malignant features are reported, and the previous biopsy confirmed benign nature. Annual follow-up is appropriate.

Toronto Notes 2023 - Obstetrics and Gynecology, "Breast Disorders" Section:

"Fibroadenomas are benign breast masses that may slightly enlarge. Routine imaging follow-up at 6 to 12 months is appropriate for lesions with benign imaging and histology." MCCQE1 Objectives (Obstetrics and Gynecology > 82-3: Breast Mass):

"Candidates must distinguish between benign and suspicious masses and determine appropriate intervals for follow-up imaging."

Repeat biopsy (A) or surgery (B) is unwarranted without suspicious change. MRI (C) is not needed in stable, benign lesions.

Tamoxifen (D) is not used for fibroadenomas.

NEW QUESTION # 185

A 69-year-old man presents with a 4-day history of a painful right knee. On history, he denies any trauma or similar previous episodes. Examination reveals effusion of the right knee that is warm to the touch. Which one of the following is the best next step?

- A. Nonsteroidal anti-inflammatory drugs
- B. Serum uric acid level
- **C. Joint aspiration**
- D. Intravenous antibiotics
- E. Right knee radiography

Answer: C

Explanation:

The first step in evaluating a new, hot, swollen joint is arthrocentesis to rule out septic arthritis and crystal arthropathy. Joint

aspiration provides fluid for microscopy, culture, and crystal analysis, which guides definitive diagnosis and treatment.

Toronto Notes 2023 - Rheumatology, Monoarthritis:

"Joint aspiration is the most important first step in evaluating monoarthritis. Septic arthritis must be ruled out before initiating any therapy." MCCQE1 Objectives - Internal Medicine > Rheumatology:

"Candidates should perform joint aspiration in the presence of acute monoarthritis to differentiate between septic arthritis, gout, and other causes." Radiography (A) and serum uric acid (B) do not establish cause acutely. Empiric antibiotics (D) and NSAIDs (E) should only be started after ruling out septic arthritis.

NEW QUESTION # 186

You are following an otherwise healthy 3-month-old girl whose severe bilateral sensorineural deafness was diagnosed after early identification through a universal newborn hearing screening program. She has reached the developmental milestones for her age and has no features of an underlying syndrome. There is no family history of hearing loss. The parents request information on the speech and language prognosis for their daughter. Which one of the following is the most appropriate response?

- A. Sign language and a school for the hearing impaired will be needed.
- B. Long-term literacy is likely to be limited to a grade 4 level.
- C. Most children with this condition learn to hear and speak fluently with appropriate early intervention.
- D. The prognosis is unpredictable and not well known.
- E. Significant limitation in expressive and receptive speech should be expected.

Answer: C

Explanation:

Early identification of sensorineural hearing loss through universal newborn screening enables early intervention (e.g., cochlear implants, speech therapy), which can result in near-normal language development.

Toronto Notes 2023 - Pediatrics, Hearing Loss:

"Children diagnosed early with bilateral hearing loss and provided with appropriate intervention (e.g., amplification or implants) can achieve normal speech and language milestones." MCCQE1 Objectives - Pediatrics > Development & Communication Disorders:

"Candidates must understand the importance of early detection and intervention in congenital hearing loss and its impact on speech and literacy outcomes." Other options (A-C, E) are outdated or overly pessimistic. Current evidence supports favorable outcomes with early diagnosis and management.

NEW QUESTION # 187

An 88-year-old married man is admitted following a cardiac arrest at home. He was not expected to recover, and after 2 weeks, he remains in a coma. His wife states, "I cannot let him go. That would be murder." As the attending physician looking after her husband, which one of the following is the best next course of action?

- A. Seek advice from the provincial or territorial public guardian
- B. Say nothing further and wait until she comes around to accepting his state
- C. Encourage her to imagine what her husband would have wanted
- D. Remove him from life support as this would not be murder
- E. Emphasize that the duration of his stay in the Intensive Care Unit will be limited

Answer: C

Explanation:

In discussions about end-of-life care, it is critical to shift the focus from the substitute decision-maker's own feelings to what the patient would have wanted. This approach promotes ethically sound and patient-centered decisions. It is respectful, supportive, and maintains trust.

Toronto Notes 2023 - ELOM, "Advance Care Planning and End-of-Life Decisions":

"When a patient cannot express wishes, decisions must be based on known prior wishes or substituted judgment-what the patient would have wanted." MCCQE1 Objectives (ELOM > 90-2: Capacity, Consent, and End-of-Life Care):

"Candidates must guide surrogate decision-makers toward reflecting on the patient's values and previously expressed wishes."

Options A and B are inappropriate-waiting without engagement or unilateral withdrawal is unethical. C does not address the wife's emotional or ethical concerns. E is premature unless the wife is clearly unable or unfit to act as decision-maker.

NEW QUESTION # 188

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