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MCCQE Part 1 Exam Questions with 100% Verified Answers

SPIKES - Answer- Setting up interview, assessing patient Perception, obtaining patient's invitation to disclose information, giving Knowledge and information to patient, addressing patient's Emotions, Strategy and Summary

Canada Health Act - Answer- Accessibility, Comprehensiveness, Portability, Public administration, Universality

HTN - Answer- 135/85 on 3 separate occasions, $\geq 180/110$ on dedicated office visit, or diabetes $\geq 130/80$

ACR for DM and CKD - Answer- ACR > 30 mg/mmol is abnormal

When to start management of HTN - Answer- BP $> 160/100$ or $> 140/90$ when pt has other RF like diabetes and smoking

Pharmacological for HTN - Answer- HTN alone = thiazide, HTN + atherosclerosis = ACEI, HTN + postMI = beta blockers, HTN + DM = ACEI

Preeclampsia-eclampsia - Answer- HTN with proteinuria AFTER 20 weeks of gestation

Sx of preeclampsia - Answer- Visual disturbance, new onset h/a, epigastric or RUQ pain, rapidly progressing peripheral edema, rapid weight gain

Px of preeclampsia - Answer- Positive roll over test (≥ 15 dB increase), vasospasm/retinal edema, clonus (severe preeclampsia), RUQ tenderness

Protein in urine preeclampsia - Answer- ≥ 300 mg/d of protein

Treatment of preeclampsia - Answer- Delivery, betamethasone (< 34 weeks gestation), mg sulphate

Malignant HTN - Answer- HTN emergency: BP $> 180/120$ with retinal hemorrhages, exudates or papilledema. May also have malignant nephrosclerosis

Hypertensive encephalopathy - Answer- HTN emergency: BP $> 180/120$ with cerebral edema

Mx of malignant HTN - Answer- Reduce dBP to 100-105 over 2-6 hours (initial fall in BP should not exceed 25% of current BP)

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q49-Q54):

NEW QUESTION # 49

A 30-year-old woman presents to your office for a follow-up assessment of a sports-related musculoskeletal injury to her right leg. She requests a letter for her employer regarding her return to work. You feel she should be able to manage some aspects of her factory work. Which one of the following is most appropriate to include in your medical note to this patient's employer?

- A. Treatment options
- B. Medical imaging results
- C. Required workplace accommodations
- D. Physiotherapist's evaluation
- E. Diagnosis

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

In a workplace medical note, physicians are responsible for commenting on the patient's functional capacity and any required accommodations-not providing detailed medical diagnoses or test results unless consented to. The goal is to support a safe return to work with appropriate modifications.

Toronto Notes 2023 - ELOM, "Documentation and Work Notes":

"Physicians should focus on functional abilities and restrictions, rather than detailed diagnoses or treatments, in employer communications." MCCQE1 Objectives (ELOM > 90-2: Confidentiality and Occupational Fitness):

"Candidates must maintain patient confidentiality and document work-related limitations and accommodations in employer letters."

Diagnosis (B), imaging (E), and treatment plans (A) are confidential medical details. C (physiotherapist's evaluation) is not the physician's documentation.

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NEW QUESTION # 50

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

Answer: E

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 # 51

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

Answer: A

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 # 52

A 32-year-old primigravid woman is receiving magnesium sulfate for tocolysis. Her pregnancy is at 26 weeks' gestation. You suspect magnesium sulfate toxicity. Which one of the following is the first sign of magnesium sulfate toxicity?

- A. Absent patellar reflexes
- B. Tachypnea
- C. Oliguria
- D. Tachycardia
- E. Hypotension

Answer: A

Explanation:

Magnesium sulfate toxicity is dose-dependent. The earliest and most sensitive clinical sign is the loss of deep tendon reflexes (especially patellar), which occurs before respiratory depression or cardiac changes.

Toronto Notes 2023 - Obstetrics Chapter:

"Toxicity from magnesium sulfate is progressive and typically presents first with loss of deep tendon reflexes.

Respiratory depression and cardiac arrest occur at higher serum levels. Regular monitoring of reflexes, respiratory rate, and urine output is essential." MCCQE1 Objectives (Obstetrics > 83-3: Preterm Labour and Tocolysis):

"The candidate must recognize early signs of magnesium sulfate toxicity including areflexia and respiratory depression." Tachycardia (B), hypotension (C), and tachypnea (D) are not typical early signs. Oliguria (E) may be a risk factor for accumulation but is not the first sign of toxicity.

NEW QUESTION # 53

A 43-year-old man is referred to you for an incidental finding of elevated hemoglobin. Laboratory results are as follows:

Hemoglobin

185 g/L (130-170)

Mean corpuscular volume

92 fL (60-100)

White blood cells

7.8×10^3 / L (4-10)

Platelets

250×10^3 / L (130-400)

His BMI is 23. He has type 2 diabetes for which he takes gliclazide MR 60 mg daily. Which one of the following features on history could explain his laboratory abnormality?

- A. Hypothyroidism
- **B. Central sleep apnea**
- C. Cirrhosis
- D. Alcohol abuse
- E. Hypertension

Answer: B

Explanation:

Elevated hemoglobin in the absence of polycythemia vera can be due to secondary causes such as chronic hypoxia. Central sleep apnea, often associated with diabetes or neurologic conditions, leads to intermittent hypoxia and compensatory erythropoiesis.

Toronto Notes 2023 - Hematology and Respiratory Medicine, "Polycythemia" Section:

"Secondary erythrocytosis may result from hypoxic conditions including sleep apnea, COPD, or high altitude.

Assess for sleep-disordered breathing in patients with elevated hemoglobin and no myeloproliferative features." MCCQE1 Objectives (Internal Medicine > 76-7: Hematologic Abnormalities):

"Candidates must investigate secondary causes of elevated hemoglobin, including hypoxia-related conditions." Hypertension (A), hypothyroidism (C), and cirrhosis (D) do not cause polycythemia. Alcohol (B) typically causes macrocytosis and anemia.

NEW QUESTION # 54

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