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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q154-Q159):

NEW QUESTION # 154

A system administrator needs to install a GPU/DPU in a server. The server has a free PCI-e slot, there are enough free PCI-e lanes, and there is enough room for the card. Which procedure should be followed?

- A. Ensure the server has enough power. Make sure the server is up and running with attached cables. Wear an ESD bracelet.
- B. Ensure the server has enough power. Verify compatibility of cables with server 's platform. Make sure the server is down to remove cables safely. Do not wear an ESD bracelet.
- C. Ensure the server has enough power. Verify compatibility of cables with server 's platform. Make sure the server is down to remove cables safely. Wear an ESD bracelet.
- D. Ensure the server has enough power. Make sure the server is down to remove cables safely. Wear an ESD bracelet.

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

The physical installation of high-performance NVIDIA components, such as H100 PCIe GPUs or BlueField DPUs, requires strict adherence to data center safety and hardware preservation standards. Option D is the only "100% verified" procedure because it covers three critical pillars: Power, Compatibility, and Safety.

First, high-end GPUs can draw up to 300W-450W individually; verifying the server's PDU and internal PSU capacity is essential to prevent over-current shutdowns. Second, verifying cable compatibility (such as 12VHPWR or specific PCIe power 8-pin layouts) is vital to avoid electrical damage. Third, "Cold Service" (ensuring the server is powered down and cables are removed) is the standard for non-hot-plug PCIe components to prevent short circuits. Finally, wearing an ESD (Electrostatic Discharge) bracelet is non-negotiable when handling NVIDIA hardware, as static charges can destroy the sensitive HBM (High Bandwidth Memory) or the GPU die itself. Skipping ESD protection (as suggested in Option A) or performing the install while the system is "up and running" (as suggested in Option C) are leading causes of hardware infant mortality in AI infrastructure.

NEW QUESTION # 155

A 33-year-old woman presents to a walk-in clinic with a severe right-sided facial paralysis that started suddenly this morning. She denies any numbness or limb weakness. She has no headache or fever. Which one of the following findings on history/physical examination would suggest a more concerning diagnosis?

- A. Loss of corneal reflex on affected side.
- B. Hyperacusis on affected side.
- C. Recent viral illness.
- D. Inability to close the eye on affected side.
- E. Ability to wrinkle forehead on affected side.

Answer: E

Explanation:

This patient presents with acute unilateral facial paralysis, most consistent with Bell palsy, a peripheral (lower motor neuron) facial nerve palsy. MCCQE objectives emphasize distinguishing peripheral facial palsy from central (upper motor neuron) causes, such as stroke.

In a peripheral lesion (e.g., Bell palsy), the entire ipsilateral face is affected, including the forehead, because the facial nucleus receives ipsilateral input. Therefore, patients cannot wrinkle their forehead, close their eye, or smile on the affected side. Associated findings may include hyperacusis and loss of corneal reflex. A recent viral illness supports Bell palsy and is not concerning.

In contrast, a central lesion (e.g., stroke) spares the forehead due to bilateral cortical innervation of the upper facial muscles. Thus, ability to wrinkle the forehead on the affected side suggests a central cause, which is more concerning and requires urgent evaluation for cerebrovascular disease. Recognizing forehead sparing is critical in differentiating stroke from Bell palsy in acute facial paralysis.

NEW QUESTION # 156

You are on duty in the Emergency Department when 5 patients are brought in by ambulance after a high-speed motor vehicle collision. Which one of the following patients requires the most urgent medical care?

- A. A 13-month-old child who is screaming constantly and for whom the triage nurse finds no obvious explanation
- B. A 23-year-old woman who lost consciousness for about 5 minutes and has a headache despite a normal neurological screening examination
- C. A 32-year-old man with a swollen and angulated thigh, a blood pressure of 112/96 mm Hg, and a pulse of 122/min
- D. A 72-year-old man with a history of myocardial infarction, with a blood pressure of 163/94 mm Hg, a heart rate of 92/min, and a capillary saturation of 95%
- E. A 4-year-old girl with a visibly displaced ankle fracture, in great pain, with normal distal pulses and normal vital signs

Answer: C

Explanation:

The patient with the angulated thigh, hypotension relative to baseline, and tachycardia likely has a femoral shaft fracture with concealed hemorrhage. This poses an immediate risk of hypovolemic shock and requires urgent assessment and stabilization. Toronto Notes 2023 - Emergency Medicine, "Trauma Triage and Prioritization":

"Patients with long bone fractures, especially femoral fractures, are at high risk for hemorrhage and should be prioritized for

stabilization and hemorrhage control." MCCQE1 Objectives (Surgery > 51-1: Trauma):

"Candidates must prioritize trauma patients based on signs of instability or risk of deterioration, such as tachycardia and occult bleeding."

NEW QUESTION # 157

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

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 # 158

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. Offer to prescribe cannabis.
- **C. Obtain a urine toxicology screen.**
- D. Provide a naloxone kit.

Answer: C

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 # 159

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