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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q115-Q120):

NEW QUESTION # 115

A 43-year-old car mechanic, with no prior history, comes to the Emergency Department because of a sudden loss of balance at work. He also feels lightheaded, slightly disoriented and nauseous. Physical examination and basic blood work-up are normal. He tells you this is the 3rd time this has happened at work. Which one of the following is the most likely diagnosis?

- A. Cerebellar tumour.
- B. Alcohol intoxication.
- C. Ear infection.
- **D. Organic solvent intoxication.**
- E. Lead intoxication.

Answer: D

Explanation:

The most likely diagnosis is organic solvent intoxication because the episodes are recurrent, acute, and specifically occur at work in a car mechanic. MCCQE objectives in occupational and environmental medicine emphasize recognizing workplace exposures that

cause transient neurologic symptoms. Organic solvents (e.g., toluene, xylene, gasoline vapors, degreasers) can produce acute CNS effects such as dizziness, imbalance /ataxia, nausea, lightheadedness, and mild confusion or disorientation, often with a normal routine exam and basic labs once exposure ceases. The clear temporal relationship to the workplace and repeated similar episodes strongly supports an exposure-related cause. Lead toxicity is typically subacute/chronic, presenting with abdominal pain, constipation, neuropathy (wrist/foot drop), cognitive changes, anemia, and basophilic stippling—rather than brief episodic disequilibrium. A cerebellar tumor would cause progressive, persistent symptoms and focal neurologic findings. Ear infection-related vertigo would not reliably recur only at work and usually has ear symptoms or exam findings. Alcohol intoxication is less consistent with a repeated workplace-only pattern without corroborating signs.

NEW QUESTION # 116

A 31-year-old man presents with nocturnal non-exertional chest pain. During an exercise stress test, he does not experience chest pain, and there are no significant ST segment changes on the electrocardiogram. He achieves 17 metabolic equivalent of task (MET), a blood pressure of 190/96 mm Hg (resting blood pressure of 130/80 mm Hg), and a maximum heart rate of 162/min (85% of age-predicted maximum). Which one of the following is the most appropriate next step?

- A. Offer reassurance
- B. Schedule cardiac catheterization
- C. Advise against vigorous exercise
- **D. Prescribe hydrochlorothiazide**
- E. Prescribe acetylsalicylic acid and metoprolol

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

This patient demonstrates excellent exercise tolerance (17 METs) and no ischemic changes or exertional symptoms, which makes cardiac ischemia unlikely. However, the hypertensive response to exercise (BP >190 systolic) indicates masked or latent hypertension. This should be managed proactively, typically starting with a thiazide.

Toronto Notes 2023 - Cardiology:

"An exaggerated hypertensive response during exercise is predictive of future hypertension. Treatment with antihypertensive agents such as thiazides may be warranted." MCCQE1 Objectives (Internal Medicine > 31-1: Hypertension and Risk Management):

"Candidates must identify abnormal BP responses to exercise and initiate appropriate treatment." Reassurance alone (A) ignores the hypertensive response. Catheterization (C) and beta-blockers (D) are unnecessary without ischemia. Advising against exercise (B) is counterproductive in a young, otherwise healthy patient.

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NEW QUESTION # 117

A 42-year-old man presents to your clinic for follow-up regarding his anxiety. He lost his job 1 year ago. Since then, he constantly thinks about what happened, trying to understand what went wrong and how he could fix it or prevent it in the future. He is unable to sleep because of this. He has become socially isolated and when he does see friends, he worries constantly that he may say something hurtful. He wishes he could get past what happened and find another job but feels consumed by the fear that he may offend someone in the future. On history, his symptoms did not respond to escitalopram, sertraline, fluvoxamine, or venlafaxine, all at maximum tolerated doses. Which one of the following medications is the most appropriate?

- A. Quetiapine
- B. Vortioxetine
- **C. Clomipramine**
- D. Amitriptyline
- E. Paroxetine

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

This patient likely has treatment-resistant obsessive-compulsive disorder (OCD), with classic symptoms of rumination, excessive guilt, and fear of causing harm. Clomipramine, a tricyclic antidepressant with strong serotonergic activity, is effective in treatment-resistant OCD and is often used after failure of multiple SSRIs or SNRIs.

Toronto Notes 2023 - Psychiatry, OCD:

"Clomipramine is a first-line tricyclic antidepressant for OCD, particularly after failed SSRI/SNRI trials. It is effective due to potent serotonergic action." MCCQE1 Objectives - Psychiatry > OCD and Anxiety Disorders:

"Candidates must identify treatment strategies for resistant OCD, including the role of clomipramine and augmentation therapy."

Quetiapine (C) may be used as augmentation. Paroxetine (E) is another SSRI. Vortioxetine (A) and amitriptyline (D) are not first-line or preferred for OCD.

NEW QUESTION # 118

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

Answer: E

Explanation:

This patient has life-threatening complications of missed dialysis, including severe hyperkalemia (K# 7.1 mmol/L), metabolic acidosis (HCO₃⁻ 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 # 119

A 1-week-old boy born at full term is brought by his parents to the office with a 2-day history of eye swelling and watery discharge. This morning, the discharge became thick and yellow. On physical exam, he is afebrile and fussy with bilateral eyelid edema, purulent discharge, and erythematous conjunctivae. After taking appropriate cultures of the eyes, which one of the following is the best next step?

- A. Advise warm compresses every 2 to 3 hours until discharge is cleared
- B. Prescribe an oral antibiotic and reassess in 48 hours
- C. Admit the patient and start antibiotic therapy
- D. Recommend lacrimal sac massage
- E. Reassure the parents and prescribe a topical antibiotic

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

This neonate likely has gonococcal conjunctivitis, which typically presents 2-5 days after birth with bilateral purulent discharge and swelling. This is an emergency due to the risk of corneal perforation. Empiric IV antibiotics and hospital admission are indicated.

Toronto Notes 2023 - Pediatrics, Neonatal Infections:

"Neonatal conjunctivitis within the first 1-2 weeks should raise suspicion for gonococcal or chlamydial infection. Gonorrhea requires urgent IV antibiotics and hospitalization." MCCQE1 Objectives - Pediatrics > Neonatal Infection:

"Candidates must recognize neonatal conjunctivitis and initiate empiric treatment while awaiting culture results." Lacrimal massage (E) and warm compresses (D) are used for nasolacrimal duct obstruction. Oral or topical antibiotics (B, C) are insufficient for suspected gonococcal infection.

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