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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q39-Q44):

NEW QUESTION # 39

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

Answer: C

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 # 40

A 58-year-old woman presents to your office with heavy vaginal bleeding. She has a history of type 2 diabetes and hypertension. Some active bleeding is visible on speculum examination. Ultrasound reveals an endometrial thickness of 12 mm. Endometrial biopsy shows complex hyperplasia with atypia. Which one of the following is the best next step?

- A. Refer for hysterectomy and bilateral salpingo-oophorectomy
- B. Obtain consent for dilatation and curettage
- C. Arrange endometrial ablation
- D. Prescribe topical progesterone
- E. Organize hysteroscopy

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

Complex endometrial hyperplasia with atypia carries a high risk of progression to or concurrent endometrial carcinoma. Definitive management in postmenopausal women is total hysterectomy with bilateral salpingo- oophorectomy.

Toronto Notes 2023 - Gynecology, Abnormal Uterine Bleeding:

"Endometrial hyperplasia with atypia in postmenopausal women is best managed surgically due to the risk of malignancy." MCCQE1 Objectives - Gynecology > Postmenopausal Bleeding:

"Candidates should identify endometrial hyperplasia with atypia as an indication for hysterectomy in appropriate patients." Ablation (A) is contraindicated. Progesterone (B) is used for non-atypical hyperplasia. D&C (C) and hysteroscopy (D) are diagnostic but not definitive.

NEW QUESTION # 41

A 22-year-old woman is brought to the Emergency Department by her boyfriend, who says that she is experiencing a fentanyl overdose. She is unresponsive and cyanotic. She regains consciousness after naloxone is injected intravenously and demonstrates no further respiratory depression during 8 hours of observation.

She states that she is 22 weeks' pregnant and wants to stop using opioids. Which one of the following is the best next step?

- A. Prescribe medications for symptom control so that the patient can detoxify at home
- B. Refer the patient for initiation of methadone
- C. Refer the patient for opioid use disorder counselling
- D. Admit the patient for medically supervised detoxification

Answer: B

Explanation:

For pregnant patients with opioid use disorder, opioid agonist therapy with methadone or buprenorphine is the standard of care. Detoxification is not recommended in pregnancy due to increased risk of fetal distress, preterm labor, and relapse. Methadone reduces illicit opioid use and stabilizes both mother and fetus.

Toronto Notes 2023 - Addiction Medicine / Obstetrics:

"Methadone maintenance therapy is the treatment of choice for pregnant patients with opioid use disorder.

Detoxification is not advised during pregnancy due to relapse risk and potential harm to the fetus." MCCQE1 Objectives (Obstetrics > 80-3: Substance Use in Pregnancy):

"Candidates must manage opioid use disorder in pregnancy with evidence-based therapies, including referral for methadone or buprenorphine." Counselling alone (D) is insufficient as first-line therapy. Home detox (C) is unsafe. Inpatient detox (A) is not recommended in pregnancy.

NEW QUESTION # 42

A 28-year-old woman presents because of spotting mid-menstrual cycle. Speculum examination reveals an ulcerated endocervical polyp. Which one of the following is the most appropriate management?

- A. Serial cytology.
- B. Colposcopy.
- **C. Polypectomy.**
- D. Cryotherapy.
- E. Punch biopsy.

Answer: C

Explanation:

Endocervical polyps are common and often benign. An ulcerated polyp may bleed but is not itself suspicious unless it shows atypical features. The appropriate management is to remove the polyp (polypectomy) and send it for histopathology to exclude malignancy.

Toronto Notes 2023 - Gynecology, Cervical Pathology:

"Endocervical polyps are removed by polypectomy and sent for histological analysis. Most are benign.

Atypical or ulcerated appearance may raise concern, but biopsy is unnecessary if the entire lesion is excised." MCCQE1 Objectives - Gynecology > Abnormal Bleeding and Cervical Lesions:

"Candidates should recognize that cervical polyps causing intermenstrual bleeding should be removed and assessed histologically."

Colposcopy (B) is reserved for abnormal cytology or high-risk lesions. Cryotherapy (A) is for cervical dysplasia. Punch biopsy (E) is used for lesions that are not amenable to polypectomy.

NEW QUESTION # 43

A 66-year-old woman suffering from a progressive neurological disease is admitted to a long-term care centre. Her husband does not wish to participate in discussions about the seriousness of his wife's disease and is convinced that she will soon come back home. During his 2nd visit to the centre, he gives you a cheque for a substantial sum made out to you, the treating physician, for your own research. Which one of the following is the best response to your patient's husband?

- A. Suggest he donate to your medical group
- **B. Decline to accept the cheque**
- C. Refer the husband to the centre's social worker
- D. Inform him you would only be able to accept a smaller amount of money
- E. Accept the money as a contribution to the long-term care centre's fundraising campaign

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

Physicians must avoid conflicts of interest and maintain professional boundaries with patients and their families. Accepting a personal financial gift, regardless of intent, is inappropriate and unethical.

Toronto Notes 2023 - Ethics and Professionalism:

"Personal gifts of significant value from patients or families should be declined to avoid real or perceived conflicts of interest."

MCCQE1 Objectives (ELOM > 90-3: Professionalism and Boundaries):

"Candidates must maintain ethical boundaries and refuse financial incentives that could compromise or appear to compromise clinical judgment." Other options (A, B, E) still involve a conflict. D is helpful, but the ethical obligation is to decline the cheque directly.

NEW QUESTION # 44

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