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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q319-Q324):

NEW QUESTION # 319

An investigator interested in the etiology of neonatal jaundice conducted a study where he selected 150 children diagnosed with this condition and 150 children born in the same time period and in the same hospital who did not have a diagnosis of neonatal jaundice. He then reviewed the delivery records of their mothers to determine various prenatal and perinatal exposures. This is an example of which one of the following?

- A. Ecological study
- B. Case-control study
- C. Cross-sectional study
- D. Cohort study
- E. Clinical trial

Answer: B

Explanation:

In a case-control study, participants are selected based on outcome (e.g., presence or absence of neonatal jaundice), and then past exposures are evaluated. This is consistent with the described methodology.

Toronto Notes 2023 - Epidemiology, "Study Designs":

"Case-control studies start with the outcome and look backward to assess exposures. They are efficient for studying rare conditions or those with long latency." MCCQE1 Objectives (Population Health > 65-2: Epidemiology and Study Design):

"Candidates must distinguish between common study designs and recognize the correct classification based on study structure."

Cross-sectional studies (A) assess exposure and outcome at the same time. Cohort studies (C) begin with exposure and follow forward. Clinical trials (D) are interventional. Ecological studies (E) analyze population-level data.

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NEW QUESTION # 320

An 18-month-old boy is brought to the office by his guardians for a well-child visit. His guardians are concerned that his eyes do not look the same. On examination, his eyes appear as shown in the referenced photo.

Which one of the following best represents the patient's condition?

□

- A. Ptosis
- B. Pseudostrabismus
- **C. Strabismus**
- D. Cataract

Answer: C

Explanation:

The image shows an asymmetrical light reflex (corneal light reflex not centered in both eyes), which is diagnostic of strabismus. This misalignment of the eyes must be treated early to prevent amblyopia (lazy eye).

Toronto Notes 2023 - Pediatrics, Ophthalmology:

"Strabismus presents with misaligned visual axes. The Hirschberg light reflex is off-center in the affected eye.

Prompt referral is necessary to prevent amblyopia."

MCCQE1 Objectives - Pediatrics > Vision and Developmental Disorders:

"Candidates must recognize strabismus on visual screening and refer early for correction to prevent permanent vision impairment."

Pseudostrabismus (B) can be ruled out here because the light reflex is not symmetric. Ptosis (A) involves drooping of the eyelid, which is not evident. Cataracts (D) would typically present with a leukocoria (white reflex), not misalignment.

NEW QUESTION # 321

A 55-year-old woman presents to the office with a 2-month history of right shoulder pain and limited function that started after she began an upper body weight training program. Examination shows tenderness inferior to the acromion. She has full passive range of motion of the shoulder but significant pain with abduction from 30° to 120° of arc. Which one of the following is the best next step?

- A. Computed tomography.
- B. Arthrography.
- **C. Ultrasonography.**
- D. Arthroscopy.

Answer: C

Explanation:

The presentation is consistent with rotator cuff tendinopathy or subacromial impingement. The painful arc between 30°-120° with preserved passive ROM suggests this. Ultrasound is the preferred initial imaging modality due to its availability, safety, and ability to visualize soft tissues dynamically.

Toronto Notes 2023 - Orthopedics, "Shoulder Pathologies" Section:

"In rotator cuff injuries or impingement syndromes, initial imaging with musculoskeletal ultrasound is appropriate. It can identify tendinopathy, partial tears, or subacromial bursitis." MCCQE1 Objectives (Surgery > 84-7: Musculoskeletal Pain):

"Candidates should initiate workup for rotator cuff or impingement syndromes with ultrasound as the first-line test, reserving more invasive or costly procedures for unresolved or complex cases." CT (A) is used for bony detail, not soft tissues. Arthroscopy (C) is invasive and therapeutic. Arthrography (D) is outdated and largely replaced by MRI or ultrasound.

NEW QUESTION # 322

A 27-year-old woman presents to her family physician's office and states that she is pregnant and would like to be referred for an abortion. She is at approximately 9 weeks' gestation by dates. The family physician has personal conscience-based objections to the procedure. Which one of the following would be the best next step for this physician?

- A. Refer the patient to another physician
- B. Recommend that the patient consider adoption
- C. Ask the patient to return in 2 weeks to give her time to consider her options
- D. Explain their personal views about therapeutic abortion to the patient

Answer: A

Explanation:

Physicians in Canada who have conscientious objections to procedures such as abortion are legally and ethically required to make an effective referral to another provider or service that can offer the treatment. The provider must not delay access to care.

Toronto Notes 2023 - ELOM, "Conscientious Objection":

"A physician who objects to providing a service for reasons of conscience must make an effective referral to another provider or agency." MCCQE1 Objectives (ELOM > Professionalism > 90-1):

"Candidates must recognize the obligation to refer patients for services they themselves will not provide due to personal or religious beliefs." Delaying care (C), imposing personal beliefs (A), or suggesting alternatives like adoption (D) is inappropriate and may violate patient autonomy.

NEW QUESTION # 323

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. Discuss with his nephrologist the reasons why he missed his dialysis appointments.
- B. Attempt to contact his family for consent to start dialysis.
- C. Call psychiatry to evaluate his capacity to consent.
- 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 # 324

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