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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q27-Q32):

NEW QUESTION # 27

A 70-year-old woman had a total abdominal hysterectomy with bilateral salpingo-oophorectomy 2 days ago. On examination today, her vital signs are as follows: She has been immobile since her operation. She is fatigued but is tolerating a full diet. Which one of the following is the most likely cause of this patient's fever?

- A. Septic pelvic thrombophlebitis.
- B. Bowel trauma during the operation.
- C. Wound infection.
- D. Atelectasis**
- E. Pulmonary embolism.

Answer: D

Explanation:

Postoperative fever on day 1-2 is commonly caused by atelectasis, particularly in patients who are immobile.

It is considered a self-limited cause of early fever after surgery and often resolves with mobilization and pulmonary exercises.

Toronto Notes 2023 - Surgery, Postoperative Complications:

'The '5 W's' of postoperative fever: Wind (atelectasis), Water (UTI), Wound (infection), Walking (DVT), and Wonder drugs.

Atelectasis typically occurs in the first 48 hours and is due to hypoventilation or pain- limited breathing." MCCQE1 Objectives - Surgery > Postoperative Management:

"Candidates must recognize timing-specific causes of postoperative fever. Atelectasis is the most likely cause within the first 48 hours." PE (B) can cause fever but is less likely without respiratory compromise. Wound infection (C) and bowel trauma (D) typically present later or with more specific symptoms. Septic pelvic thrombophlebitis (A) usually presents later and with more systemic signs.

NEW QUESTION # 28

You are taking over a practice from a retiring family physician. The practice has paper records of patients dating back many years, including records of former patients. Which one of the following organizations is the most appropriate to contact regarding medical record retention requirements?

- A. The College of Family Physicians of Canada.
- B. The Medical Council of Canada.
- C. The provincial/territorial regulatory authority.
- D. Health Canada.
- E. The Canadian Medical Association.

Answer: C

Explanation:

Medical record retention is governed by laws and policies established by the provincial or territorial medical regulatory authorities (e.g., College of Physicians and Surgeons of Ontario). These bodies set requirements for how long patient records must be maintained and how to handle former patients' data.

Toronto Notes 2023 - Ethics and Health Systems:

"Retention of medical records is regulated by provincial/territorial colleges, which outline minimum retention periods and storage responsibilities." MCCQE1 Objectives (ELOM > Legal Requirements > Professional Responsibilities):

"The candidate must be able to identify the legal responsibilities of physicians regarding record-keeping, as guided by regulatory authorities." National organizations such as Health Canada, CFPC, CMA, and MCC do not set these rules for individual practice management.

NEW QUESTION # 29

A 6-year-old boy is brought to the Emergency Department with a 2-day history of a limp. On examination, he looks well, has a temperature of 38 °C and is able to weight-bear. His hip examination reveals mild decreased range of motion. Radiographs of his hip and pelvis show no abnormality. His C-reactive protein level is 8 mg /L (< 6). Which one of the following is the most likely diagnosis?

- A. Transient synovitis
- B. Septic arthritis
- C. Osteomyelitis
- D. Trochanteric bursitis
- E. Juvenile rheumatoid arthritis

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

Transient synovitis is the most common cause of hip pain and limp in children aged 3-10 years. It is often preceded by a viral infection. Patients appear well, can often bear weight, and have only mild to moderate elevation in inflammatory markers.

Radiographs are normal.

Toronto Notes 2023 - Pediatrics, "Limping Child":

"Transient synovitis is benign and self-limiting. Presentation includes mild limp, low-grade fever, normal or slightly elevated CRP/ESR, and ability to bear weight." MCCQE1 Objectives (Pediatrics > 78-2: Musculoskeletal Disorders):

"Candidates must distinguish between transient synovitis and more serious causes of limping, such as septic arthritis." Septic arthritis (A) usually causes inability to bear weight and more significant fever and CRP elevation.

Osteomyelitis (B) typically presents with localized tenderness and systemic signs. Bursitis (D) is rare in young children. JIA (E) is chronic.

NEW QUESTION # 30

You are called to the Emergency Department to see a 6-month-old boy with a 3-day history of fever. Physical examination reveals an irritable infant with a temperature of 38.1°C. His vital signs are:

Blood pressure: 87/50 mm Hg

Respiratory rate: 80/min

Heart rate: 140/min

Oxygen saturation: 92% on room air

The infant has no skin findings. On chest examination, you hear coarse crackles on the right side of the chest.

Which one of the following is the best next step in the management of this child?

- A. Reassurance.
- B. Oral antibiotics.
- C. Oral steroids.
- D. **Intravenous antibiotics.**
- E. Intravenous fluids.

Answer: D

Explanation:

This 6-month-old presents with signs of systemic illness, tachypnea, hypoxia, and focal lung findings. In this age group, pneumonia can rapidly progress, and given the severity of symptoms, oral treatment is insufficient.

Intravenous antibiotics are urgently indicated.

Toronto Notes 2023 - Pediatrics, Respiratory Infections in Infants:

"Infants under 6 months with signs of systemic illness, hypoxia ($\text{SpO}_2 < 94\%$), and respiratory distress should receive IV antibiotics.

Delayed treatment may result in rapid clinical deterioration." MCCQE1 Objectives - Pediatrics > Respiratory Conditions:

"Candidates must recognize signs of serious lower respiratory tract infection in infants and initiate prompt IV antibiotic therapy when criteria for hospitalization are met." Oral antibiotics (C) are appropriate for mild outpatient pneumonia. Reassurance (B) and oral steroids (A) are inappropriate. IV fluids (D) may be supportive but do not address the infectious cause.

NEW QUESTION # 31

A 60-year-old man has a strong family history of aortic aneurysms. Screening abdominal ultrasonography reveals an incidental <1 cm mass in his left kidney. Computed tomography confirms that the mass is consistent with renal adenocarcinoma. Which one of the following is the most appropriate step in management?

- A. Arrange magnetic resonance imaging of the abdomen
- B. **Plan partial nephrectomy**
- C. Refer to radiation oncology
- D. Organize angiographic ablation of the renal mass
- E. Repeat computed tomography in 6 months

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

For small renal masses (<4 cm), partial nephrectomy (nephron-sparing surgery) is the standard of care in patients who are surgical candidates. It preserves renal function and provides oncologic control.

Toronto Notes 2023 - Urology / Oncology:

"Small renal tumors <4 cm should be treated with partial nephrectomy. Active surveillance or ablation may be alternatives in poor surgical candidates." MCCQE1 Objectives (Urology > 59-2: Renal Masses):

"Candidates must manage small renal tumors with nephron-sparing surgery when feasible." MRI (A) is unnecessary after CT confirmation. Radiation (B) is not first-line. Surveillance (D) may be appropriate for elderly or frail patients, not this one. Ablation (E) is for high-risk surgical patients.

NEW QUESTION # 32

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