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MCCQE Part 1 Exam Questions with 100% Verified Answers

SPIKES - Answer- Setting up interview, assessing patient Perception, obtaining patient's Invitation to disclose information, giving Knowledge and information to patient, addressing patient's Emotions, Strategy and Summary

Canada Health Act - Answer- Accessibility, Comprehensiveness, Portability, Public administration, Universality

HTN - Answer- 135/85 on 3 separate occasions, $\geq 180/110$ on dedicated office visit, or diabetes $\geq 130/80$

ACR for DM and CKD - Answer- ACR > 30 mg/mmol is abnormal

When to start management of HTN - Answer- BP $> 160/100$ or $> 140/90$ when pt has other RF like diabetes and smoking

Pharmacological for HTN - Answer- HTN alone = thiazide, HTN + atherosclerosis = ACEI, HTN + postMI = beta blockers, HTN + DM = ACEI

Preeclampsia-eclampsia - Answer- HTN with proteinuria AFTER 20 weeks of gestation

Sx of preeclampsia - Answer- Visual disturbance, new onset h/a, epigastric or RUQ pain, rapidly progressing peripheral edema, rapid weight gain

Px of preeclampsia - Answer- Positive roll over test (≥ 15 dBp increase), vasospasm/retinal edema, clonus (severe preeclampsia), RUQ tenderness

Protein in urine preeclampsia - Answer- ≥ 300 mg/d of protein

Treatment of preeclampsia - Answer- Delivery, betamethasone (< 34 weeks gestation), mg sulphate

Malignant HTN - Answer- HTN emergency: BP $> 180/120$ with retinal hemorrhages, exudates or papilledema. May also have malignant nephrosclerosis

Hypertensive encephalopathy - Answer- HTN emergency: BP $> 180/120$ with cerebral edema

Mx of malignant HTN - Answer- Reduce dBp to 100-105 over 2-6 hours (initial fall in BP should not exceed 25% of current BP)

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q96-Q101):

NEW QUESTION # 96

A 3.5-year-old girl has developed a stutter in the last 3 months. She repeats whole words several times before finishing a sentence. Her paternal uncle had a severe stuttering issue as a child. She has reached the developmental milestones for her age. Her new sibling was born 4 months ago. Which one of the following is the best next step?

- **A. Reassurance that this issue is common and transient.**
- B. Cognitive behavior therapy.
- C. Audiology assessment.
- D. Speech therapy.
- E. Play therapy for adjustment issues.

Answer: A

Explanation:

This presentation describes normal developmental dysfluency, which typically occurs between ages 2-5 and often worsens during times of stress or change, such as a new sibling. It is characterized by word repetition and does not require intervention unless it persists >6 months, worsens, or causes distress.

Toronto Notes 2023 - Pediatrics, "Developmental and Behavioral Pediatrics" Section:

"Developmental stuttering is common between 2-5 years and often resolves without intervention.

Reassurance is appropriate unless there are signs of persistent or severe stuttering, secondary behaviors, or parental concern."

MCCQE1 Objectives (Pediatrics > 78-1: Development and Behavior):

"Candidates must recognize typical patterns of developmental speech dysfluency and differentiate them from pathological speech disorders. Observation and reassurance are often the appropriate initial step." Because the child is otherwise developing normally and the onset coincides with a known psychosocial stressor, reassurance is the most appropriate step. Formal speech or behavioral therapy is not indicated at this time.

NEW QUESTION # 97

A 72-year-old man presents to your clinic accompanied by his 70-year-old husband. The patient reports that, over the last several months, his libido has been very low. Which one of the following would be the best next step?

- A. Refer for couple's counselling
- B. Order serum testosterone levels
- **C. Assess for depression**
- D. Prescribe testosterone
- E. Interview the couple together

Answer: C

Explanation:

Comprehensive and Detailed Explanation:

Decreased libido in elderly patients can be multifactorial, but depression is a common and important cause that must be ruled out before hormone therapy or other steps. A proper mental health screen should precede further interventions.

Toronto Notes 2023 - Psychiatry / Geriatrics:

"In elderly men, reduced libido may be linked to depression, medical illness, or medications. Depression screening is essential."

MCCQE1 Objectives (Psychiatry > 71-1: Mood Disorders / Sexual Health):

"Candidates must consider depression as a common cause of decreased libido and assess accordingly before initiating hormone therapy." Testosterone testing (D) may follow. Prescribing (C) is premature. Couples counselling (B) may help if interpersonal issues are identified. Interviewing together (A) may inhibit disclosure.

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NEW QUESTION # 98

You are providing medical care to a 78-year-old man and notice a skin lesion which you suspect is malignant melanoma. He has been living in a long-term care facility for 2 years because of incontinence, mobility and vision problems. He is well-liked by facility staff and residents, manages his own affairs and communicates clearly. He has designated his daughter to be his substitute decision-maker and has signed a Do Not Resuscitate (DNR) order. Which one of the following is the best next step in providing care to this patient for his skin lesion?

- A. Ask him whether you can discuss your diagnosis and care with his daughter.
- B. Contact the daughter to inform her of your findings and discuss possible investigations.
- C. Respect his DNR wishes, and do nothing about the skin lesion.
- D. Perform a biopsy to ensure an accurate diagnosis before discussing diagnosis and treatment.
- E. Discuss your tentative diagnosis with him and ask about his preferences regarding investigations.

Answer: E

Explanation:

This patient is competent and capable of making his own health decisions. A DNR order and naming a substitute decision-maker apply only when a patient lacks capacity. The next step is to discuss the suspected diagnosis with the patient and explore his preferences.

Toronto Notes 2023 - ELOM, Consent and Capacity:

"Competent patients retain full decision-making authority. Substitute decision-makers are only engaged when the patient lacks capacity. DNR applies to resuscitation, not other medical decisions." MCCQE1 Objectives - ELOM > Capacity, Consent, Advance Directives:

"Candidates must recognize that capable patients should be directly involved in decisions. Substitute decision-makers are not invoked unless the patient is incapable." Option A implies a breach of confidentiality without permission. Option C is premature. Option D bypasses informed consent. Option E misinterprets the DNR's scope.

NEW QUESTION # 99

A mother brings her previously healthy 4-month-old girl for evaluation due to fussiness for 3 weeks. The infant becomes irritable and cries with occasional body arching 1-2 hours after feeding, frequently spits up after feeds, has developed feeding aversion, and shows slowing weight gain. She has been on cow's milk-based formula since birth. Stools are normal, and physical examination is unremarkable. Which one of the following is the most likely diagnosis?

- A. Celiac disease.
- B. Intermittent intussusception.
- C. Gastroesophageal reflux disease.
- D. Hypertrophic pyloric stenosis.
- E. Peptic ulcer.

Answer: C

NEW QUESTION # 100

Your colleague's receptionist asks you to assess her 4-year-old daughter who has had 2 episodes of acute otitis media in the last month. The mother wants you to arrange a consultation with an ear, nose and throat (ENT) specialist to get a tympanostomy before her daughter starts school. You do not believe there is a surgical indication at this time. Which one of the following is the best next step?

- A. Decline to send her daughter for consultation and explain your decision.
- B. Ask another family physician to see the daughter due to a conflict of interest.
- C. Call the ENT consultant on call to discuss your dilemma.
- D. Suggest that the next time they go to the Emergency Department for quicker access to the ENT consultant.
- E. Explain that there is no indication for the surgery but refer her daughter for consultation.

Answer: A

Explanation:

Referrals should be medically indicated. Physicians are not obligated to refer simply because a patient (or colleague) requests it, especially when it may lead to unnecessary care. The ethical and appropriate action is to explain your medical reasoning and decline an unwarranted referral.

Toronto Notes 2023 - ELOM, "Professionalism and Resource Stewardship" Section:

"Physicians have a responsibility to act as gatekeepers to specialist services and should not refer patients when criteria are not met. Explaining the reasoning and declining the request respectfully is appropriate." MCCQE1 Objectives (ELOM > 99-1: Professionalism and Clinical Judgment):
 "Candidates must demonstrate ethical reasoning in managing requests for unwarranted interventions." Involving the emergency department (B) or another physician (C) is not appropriate unless there's a true conflict of interest. Calling a consultant (E) may be unnecessary if no medical reason exists.

NEW QUESTION # 101

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