

MCCQE 100% Exam Coverage & Exam MCCQE Objectives

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 dB 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 (Q212-Q217):

NEW QUESTION # 212

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

Answer: E

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 # 213

A 3-year-old boy is brought to the office because he has progressive weight gain and short stature. He has marked truncal obesity, hypertrichosis of the upper lip, and facial swelling. Which one of the following is a physical examination most likely to reveal?

- A. Hypertension
- B. Café-au-lait spots
- C. Acanthosis
- D. Thyroid goiter
- E. Hepatomegaly

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

The child's presentation (weight gain, short stature, truncal obesity, facial swelling, hypertrichosis) is classic for Cushing syndrome.

One of the hallmark findings on physical examination in pediatric Cushing syndrome is hypertension, due to increased cortisol-mediated mineralocorticoid receptor activation.

Toronto Notes 2023 - Pediatrics / Endocrinology:

"Cushing syndrome in children presents with growth failure, weight gain, moon facies, truncal obesity, and hypertension." MCCQE1 Objectives (Pediatrics > 77-2: Endocrine Disorders in Children):

"Candidates must identify clinical signs of hypercortisolism and evaluate for associated findings such as elevated blood pressure."

Café-au-lait spots (A) suggest neurofibromatosis. Goiter (C) is more related to thyroid dysfunction.

Hepatomegaly (D) and acanthosis (E) are more commonly seen in metabolic syndrome or insulin resistance.

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NEW QUESTION # 214

A 26-year-old man presents to your office with fever, chills, and malaise. Aside from an episode of dysuria 8 weeks ago, which spontaneously resolved, he has been healthy. On examination, his left wrist and right ankle are tender. There is a cluster of vesiculopustular lesions on his right hand. Which one of the following is the most likely diagnosis?

- A. Primary HIV infection syndrome
- B. Rheumatoid arthritis
- C. Reactive arthritis
- D. Varicella
- E. Disseminated gonococemia

Answer: E

Explanation:

Disseminated gonococcal infection (DGI) typically presents with the classic triad of polyarthralgia, tenosynovitis, and skin lesions (especially pustules on extremities). A prior urogenital infection and systemic symptoms further support this diagnosis.

Toronto Notes 2023 - Infectious Disease, STIs:

"DGI presents with arthritis-dermatitis syndrome: fever, asymmetric polyarthralgia, tenosynovitis, and vesiculopustular skin lesions. It may follow asymptomatic or unrecognized urogenital infection." MCCQE1 Objectives - Infectious Disease > STIs:

"Candidates must recognize systemic manifestations of gonorrhea including DGI and distinguish it from other forms of arthritis or systemic illness." Reactive arthritis (C) may follow STI but includes conjunctivitis and urethritis. HIV (A) does not typically cause this triad. RA (D) has different distribution and chronicity. Varicella (E) presents with diffuse vesicular rash, not joint pain.

NEW QUESTION # 215

An 88-year-old married man is admitted following a cardiac arrest at home. He was not expected to recover, and after 2 weeks, he remains in a coma. His wife states, "I cannot let him go. That would be murder." As the attending physician looking after her husband, which one of the following is the best next course of action?

- A. Remove him from life support as this would not be murder
- B. Emphasize that the duration of his stay in the Intensive Care Unit will be limited
- C. Encourage her to imagine what her husband would have wanted
- D. Seek advice from the provincial or territorial public guardian
- E. Say nothing further and wait until she comes around to accepting his state

Answer: C

Explanation:

In discussions about end-of-life care, it is critical to shift the focus from the substitute decision-maker's own feelings to what the patient would have wanted. This approach promotes ethically sound and patient-centered decisions. It is respectful, supportive, and maintains trust.

Toronto Notes 2023 - ELOM, "Advance Care Planning and End-of-Life Decisions":

"When a patient cannot express wishes, decisions must be based on known prior wishes or substituted judgment-what the patient would have wanted." MCCQE1 Objectives (ELOM > 90-2: Capacity, Consent, and End-of-Life Care):

"Candidates must guide surrogate decision-makers toward reflecting on the patient's values and previously expressed wishes."

Options A and B are inappropriate-waiting without engagement or unilateral withdrawal is unethical. C does not address the wife's emotional or ethical concerns. E is premature unless the wife is clearly unable or unfit to act as decision-maker.

NEW QUESTION # 216

A surgical clinic would like to respond to the Truth and Reconciliation Commission of Canada: Calls to Action report. The clinic has implemented a mandatory cultural safety course for all employees and ongoing faculty development that includes teachings from Elders and Knowledge Keepers and teaching sessions about harm reduction, trauma-informed care, and antiracism. Which one of the following steps would further the clinic's goal of responding to this report?

- A. Include trauma disclosure on the clinic's intake form.
- B. Evaluate how the staff enjoyed the teaching session.
- C. Display the cultural safety certificate in the waiting room.
- D. Provide clinic information in the languages spoken by the community.

Answer: D

Explanation:

Providing information in the patient's own language is a concrete way to improve access, cultural safety, and communication - key recommendations in the Truth and Reconciliation Commission's Calls to Action. It moves beyond symbolic gestures and supports equitable care.

Toronto Notes 2023 - ELOM, "Indigenous Health and Cultural Safety" Section:

"Cultural safety includes removing language barriers, engaging with Elders, and using patient-centered practices that respect Indigenous values. Communication in the patient's first language improves trust and outcomes." MCCQE1 Objectives (ELOM > 99-2: Cultural Safety and Health Equity):

"Candidates must apply the principles of culturally safe care including removing barriers to access and effective communication, as highlighted in the Truth and Reconciliation Commission's Calls to Action." Evaluating session enjoyment (A) is not impactful. Certificates (C) are symbolic. Intake questions about trauma (D) must be done with appropriate context and safety - not as a formality.

NEW QUESTION # 217

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