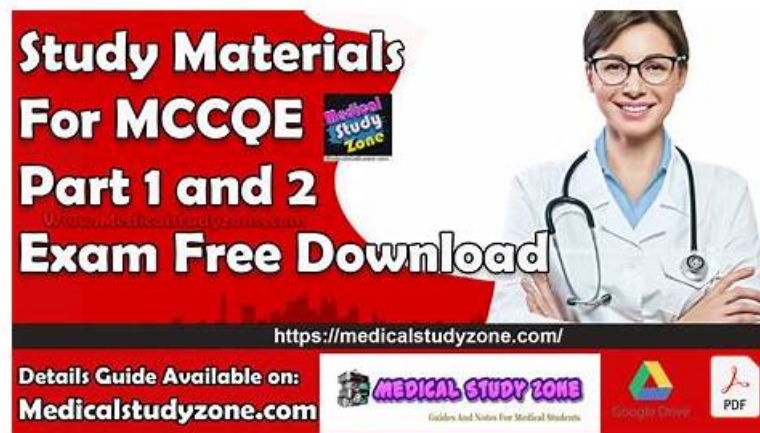


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q32-Q37):

NEW QUESTION # 32

A 42-year-old woman is admitted to the Intensive Care Unit with a massive pulmonary embolism. Her condition is stabilized with intubation, hydration, inotropic support, and intravenous administration of heparin. Her partner provides you with a list of her medications. A combination oral contraceptive pill was recently prescribed. She smokes tobacco cigarettes, and her BMI is 36. Which one of the following is the best next step?

- A. Advise the patient's partner to seek legal advice
- B. Discuss the case with the hospital ethics committee
- C. Report the prescribing physician to the provincial or territorial medical regulatory authority
- D. Tell her partner that the physician should not have prescribed the oral contraceptive pill
- E. Inform the patient's partner that the oral contraceptive pill may have caused her condition

Answer: E

Explanation:

Oral contraceptives increase the risk of thromboembolic events, particularly in patients with risk factors such as smoking and obesity. However, informing the patient's partner of potential contributing factors in a factual, non-judgmental manner is appropriate and does not imply fault.

Toronto Notes 2023 - ELOM, "Informed Consent and Risk Communication":

"Patients and families should be informed of all relevant information, including potential drug-related adverse events. Blame must not be assigned without full investigation." MCCQE1 Objectives (ELOM > 90-2: Physician-Patient Communication):

"Candidates must be able to communicate adverse outcomes factually, while respecting confidentiality and without prematurely assigning fault." Discussing the case with the ethics committee or reporting the prescribing doctor without context is premature and inappropriate (A, D). Telling the partner the physician was at fault (C) is speculative and unethical.

NEW QUESTION # 33

A 59-year-old woman comes to the office because her 48-year-old sister was recently diagnosed with cervical cancer. Your patient thinks her mother may have also had cervical cancer. A Papanicolaou (Pap) test performed 16 months ago had normal results, as did all previous Pap tests. Which one of the following is the best next step?

- A. Offer annual Pap testing for the next 5 years.
- **B. Offer a repeat Pap test 3 years from the previous one.**
- C. Arrange for human papillomavirus testing.
- D. Offer a repeat Pap test now.
- E. Arrange for colposcopy.

Answer: B

Explanation:

For women aged 25-69 years who have had adequate negative screening, the recommendation is to repeat cervical cytology (Pap test) every 3 years, regardless of family history. Cervical cancer is caused primarily by HPV infection, not hereditary genetics. Family history does not alter the screening interval.

Toronto Notes 2023 - Gynecology, Cervical Cancer Screening Section:

"Routine screening with Pap test is recommended every 3 years in women aged 25-69 who have had three consecutive negative tests. Family history of cervical cancer does not modify the screening interval." MCCQE1 Objectives - Obstetrics and Gynecology > Cancer Screening:

"Candidates must apply population-based cervical cancer screening guidelines. Family history is not a risk modifier for screening frequency in cervical cancer." Options A and B are inappropriate as they increase screening frequency without indication. HPV testing (D) or colposcopy (E) are not recommended without abnormal cytology.

NEW QUESTION # 34

You are conducting a virtual appointment by voice-only call with a 68-year-old man regarding back pain. When he answers, you ask for him by name and identify yourself and the clinic from which you are calling. Which one of the following is the best next step?

- **A. Ask for additional confirmation of the patient's identity.**
- B. Confirm the name of the patient's primary care provider.
- C. Establish the reason for the virtual care visit.

Answer: A

Explanation:

Before proceeding with any virtual consultation, particularly by voice-only, it is essential to confirm the patient's identity beyond name alone - for example, by verifying date of birth or health card number. This protects privacy and ensures medical confidentiality.

Toronto Notes 2023 - ELOM, Virtual Care Section:

"Virtual care must begin by verifying patient identity using at least two identifiers (e.g., full name and date of birth) to prevent disclosure of personal health information to unintended individuals." MCCQE1 Objectives - Ethical, Legal, and Professionalism > Virtual Care:

"The candidate must confirm patient identity and consent before initiating any virtual medical encounter, especially when video is not available." Option A (reason for visit) should follow identity confirmation. Option B (confirming primary care provider) is irrelevant to identity verification.

NEW QUESTION # 35

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

Answer: C

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.

-

NEW QUESTION # 36

A 9-year-old girl is brought to the Emergency Department because she has generalized urticaria, abdominal cramping, and postural dizziness 30 minutes after eating at a friend's birthday party. Which one of the following is the most appropriate route of administration for epinephrine?

- A. Intranasal
- B. Inhaled
- **C. Intramuscular**
- D. Subcutaneous
- E. Intravenous

Answer: C

Explanation:

Anaphylaxis requires immediate administration of epinephrine via the intramuscular (IM) route, typically in the lateral thigh. This route provides the fastest and most reliable absorption for emergency treatment.

Toronto Notes 2023 - Pediatrics, Anaphylaxis:

"Epinephrine 0.01 mg/kg IM is the first-line treatment for anaphylaxis. The intramuscular route provides the most rapid and safe absorption in emergencies." MCCQE1 Objectives - Pediatrics > Allergy and Immunology:

"Candidates must know the emergency management of anaphylaxis, including proper dosage and intramuscular administration of epinephrine." IV administration (A) is reserved for critical care settings. Subcutaneous (C) and intranasal/inhaled routes (D, E) are ineffective in anaphylaxis.

NEW QUESTION # 37

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