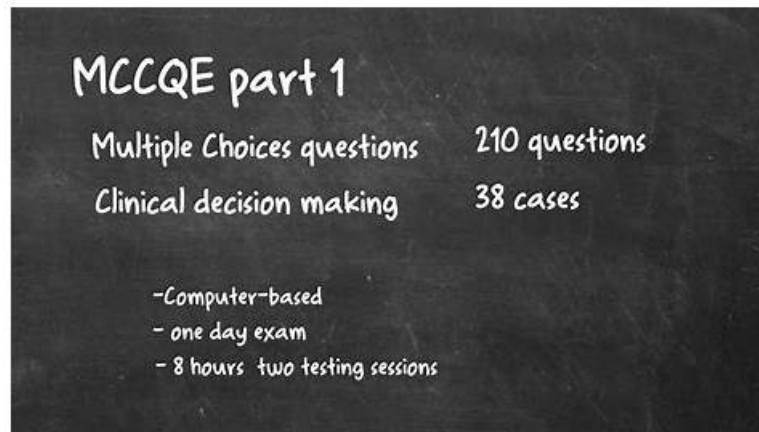


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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q180-Q185):

NEW QUESTION # 180

An 84-year-old woman is brought by ambulance to the emergency department after she was found by a neighbour. She had fallen, sustained a hip fracture, and was unable to move for the past 2 days. After starting rehydration, she reports hip pain and numbness and tingling in both her legs. Physical examination reveals faint pulses in both legs and severely swollen lower legs that are painful to palpation. The urine in the Foley catheter bag seems to be darker than normal. Which one of the following is the best next step?

- A. Compartment pressure measurements of the lower legs.
- B. Bilateral Doppler ultrasonography of the legs.
- C. Bilateral angiography of the lower legs.
- D. Myoglobin urine test.
- E. Surgical fixation of the patient's hip fracture.

Answer: A

Explanation:

This patient presents with signs of acute compartment syndrome (pain out of proportion, paresthesia, pallor, swelling, decreased

pulses, and dark urine indicating rhabdomyolysis). Measuring compartment pressures is the diagnostic test of choice to confirm the diagnosis and guide urgent surgical fasciotomy.

Toronto Notes 2023 - Orthopedics:

"Acute compartment syndrome should be suspected in any patient with severe extremity pain, swelling, sensory deficits, and tense compartments. Confirm with compartment pressure measurements. Fasciotomy is indicated if pressure is >30 mmHg or within 30 mmHg of diastolic pressure." MCCQE1 Objectives (Surgery > 51-2: Limb Trauma):

"Candidates must diagnose acute compartment syndrome and initiate appropriate surgical referral after confirming with pressure measurements." Angiography and Doppler studies assess vascular compromise but are not the first step in suspected compartment syndrome. Fixing the hip (C) and testing myoglobin (E) are not diagnostic steps.

NEW QUESTION # 181

A 19-year-old woman presents to the office. She is a new mother. She shares that she does not intend to vaccinate her son. Which one of the following is the best next step?

- A. Tell the patient you cannot follow her in your practice but will refer her to a colleague.
- B. Contact child protection services.
- C. Ask to speak with the patient's parents.
- D. Provide education on the risks and benefits of vaccination.
- E. Explore with the patient her rationale for not vaccinating her child.

Answer: E

Explanation:

When encountering vaccine hesitancy, the first and most effective step is to open a non-judgmental conversation and explore the patient's reasons. This helps build trust and tailor subsequent education and counseling.

Toronto Notes 2023 - Public Health and Preventive Medicine, Immunization:

"Addressing vaccine hesitancy requires understanding parental concerns. Begin with open-ended questions to identify underlying beliefs and information gaps." MCCQE1 Objectives - Preventive Medicine > Immunization:

"Candidates must demonstrate effective communication with vaccine-hesitant parents, beginning with eliciting their rationale before providing evidence-based recommendations." Jumping to education (B) or punitive measures (C, D) may close communication. The patient is an adult; speaking with her parents (E) violates her autonomy.

NEW QUESTION # 182

A 24-year-old woman with chronic anorexia nervosa presents to the Emergency Department with diarrhea, chest pain and palpitations. She is noted to have a BMI of 13, a heart rate of 48/min, significant orthostatic hypotension and a temperature of 35.9 °C. Her electrocardiogram shows frequent premature ventricular contractions. Her blood work indicates elevated liver transaminases and evidence of acute kidney injury from dehydration. She agrees to admission for medical stabilization only if she does not receive fluids either orally or intravenously, as they will cause her to gain weight and to feel bloated. Which one of the following is the best next step?

- A. Start intravenous fluids and physically restrain if necessary
- B. Refuse to admit her unless she agrees to full treatment
- C. Ask her if she has a substitute decision-maker
- D. Obtain a psychiatric consultation
- E. Assess her capacity to consent for medical treatment

Answer: E

Explanation:

Comprehensive and Detailed Explanation:

The most appropriate next step is to assess the patient's capacity to consent to or refuse treatment. Patients with severe anorexia nervosa may lack decision-making capacity due to distorted thinking and perception, particularly if refusal of treatment is life-threatening. If she is found incapable, treatment can proceed in her best interests.

Toronto Notes 2023 - Psychiatry / Ethics:

"If a patient with anorexia nervosa refuses treatment but is medically unstable, assess capacity. If incapable, substitute decision-making may be initiated." MCCQE1 Objectives (ELOM > 90-4: Informed Consent and Capacity):

"Candidates must assess decision-making capacity when a patient refuses essential care, especially in life-threatening psychiatric or medical conditions." Psychiatric consult (B) may follow, but the immediate action is capacity assessment. D is premature without determining capacity. A and E are also premature or inappropriate.

NEW QUESTION # 183

A 53-year-old man with a history of bipolar I disorder is brought to the office by his family. Recently, he has been sleeping for 4 to 5 hours per night, has been fidgety, and is increasingly preoccupied with his granddaughter's safety. Five days ago, he consulted with your physician colleague and was instructed to exercise and meditate. Last night, he was found running in the street and attempted to hit a relative who was trying to calm him down. His son is dissatisfied with your physician colleague's management. Which one of the following is the most appropriate response?

- A. Acknowledge your physician colleague's mistake and apologize.
- B. Share that you would have prescribed a medication after the first assessment.
- C. Point out that exercise and meditation have been proven useful in managing bipolar I disorder.
- D. Encourage the son to file a complaint.
- E. Explain that you will now assess the father and that your goal is to treat him.

Answer: E

Explanation:

The most appropriate and professional response is to focus on the current clinical situation and reassure the family that you will take responsibility for assessment and treatment. Criticizing a colleague (A, B, E) or deflecting to generalities (D) is unprofessional and unhelpful in crisis management.

Toronto Notes 2023 - Psychiatry, Physician-Patient-Family Communication:

"In emotionally charged or crisis situations, the physician must remain focused, empathetic, and professional.

Avoid blaming colleagues; instead, offer a concrete plan of care."

MCCQE1 Objectives - Psychiatry > Ethics and Professionalism:

"Candidates must demonstrate professionalism in managing conflicts, focusing on patient care while maintaining collegial respect."

NEW QUESTION # 184

A 69-year-old man presents with a 4-day history of a painful right knee. On history, he denies any trauma or similar previous episodes. Examination reveals effusion of the right knee that is warm to the touch. Which one of the following is the best next step?

- A. Joint aspiration
- B. Right knee radiography
- C. Serum uric acid level
- D. Nonsteroidal anti-inflammatory drugs
- E. Intravenous antibiotics

Answer: A

Explanation:

The first step in evaluating a new, hot, swollen joint is arthrocentesis to rule out septic arthritis and crystal arthropathy. Joint aspiration provides fluid for microscopy, culture, and crystal analysis, which guides definitive diagnosis and treatment.

Toronto Notes 2023 - Rheumatology, Monoarthritis:

"Joint aspiration is the most important first step in evaluating monoarthritis. Septic arthritis must be ruled out before initiating any therapy." MCCQE1 Objectives - Internal Medicine > Rheumatology:

"Candidates should perform joint aspiration in the presence of acute monoarthritis to differentiate between septic arthritis, gout, and other causes." Radiography (A) and serum uric acid (B) do not establish cause acutely. Empiric antibiotics (D) and NSAIDs (E) should only be started after ruling out septic arthritis.

NEW QUESTION # 185

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