

MCCQE Top Questions - Examcollection MCCQE Questions Answers

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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>> MCCQE Top Questions <<

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q227-Q232):

NEW QUESTION # 227

An investigator interested in the etiology of neonatal jaundice conducted a study where he selected 150 children diagnosed with this condition and 150 children born in the same time period and in the same hospital who did not have a diagnosis of neonatal jaundice. He then reviewed the delivery records of their mothers to determine various prenatal and perinatal exposures. This is an example of which one of the following?

- A. Clinical trial
- **B. Case-control study**
- C. Ecological study
- D. Cohort study
- E. Cross-sectional study

Answer: B

Explanation:

In a case-control study, participants are selected based on outcome (e.g., presence or absence of neonatal jaundice), and then past exposures are evaluated. This is consistent with the described methodology.

Toronto Notes 2023 - Epidemiology, "Study Designs":

"Case-control studies start with the outcome and look backward to assess exposures. They are efficient for studying rare conditions or those with long latency." MCCQE1 Objectives (Population Health > 65-2: Epidemiology and Study Design):

"Candidates must distinguish between common study designs and recognize the correct classification based on study structure."

Cross-sectional studies (A) assess exposure and outcome at the same time. Cohort studies (C) begin with exposure and follow forward. Clinical trials (D) are interventional. Ecological studies (E) analyze population- level data.

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NEW QUESTION # 228

An 18-year-old man presents to your clinic with a history of intermittent, dull, aching pain on the left side of his scrotum, and he has now noted left scrotal enlargement. On examination, you note a swelling in the left scrotum when he is standing that disappears when he is supine. Which one of the following is the most likely diagnosis?

- A. Hydrocele.
- **B. Varicocele.**
- C. Spermatocyte.
- D. Cryptorchidism.
- E. Intermittent testicular torsion.

Answer: B

Explanation:

A varicocele is a dilatation of the pampiniform plexus that presents with a "bag of worms" appearance, worsens with standing, and improves when lying down. It is most common on the left side due to anatomical drainage differences.

Toronto Notes 2023 - Urology, Scrotal Disorders:

"Varicoceles often present with a dull, aching pain and scrotal swelling that worsens when upright and disappears when supine."

MCCQE1 Objectives - Internal Medicine > Urology:

"Candidates must recognize and diagnose varicocele by physical exam findings and typical symptom history." Cryptorchidism (A) refers to undescended testes. Torsion (B) presents acutely with severe pain. Hydrocele (C) transilluminates and is not posture-dependent. "Spermatocyte" (D) is not a clinical diagnosis.

NEW QUESTION # 229

A 62-year-old woman is taken to the operating room for an elective laparoscopic cholecystectomy. Induction of anesthesia triggers a severe hypertensive crisis that ultimately resolves after administration of a 5 mg bolus of phentolamine.

Which one of the following is most consistent with this presentation?

- A. Increased thyrotropin (thyroid-stimulating hormone) level
- B. High plasma cortisol
- C. Low renal vein renin
- D. Low urinary metanephrines
- E. Elevated plasma catecholamines

Answer: E

Explanation:

This presentation is classic for an undiagnosed pheochromocytoma, which causes episodic or crisis-level hypertension due to excess catecholamines. Anesthesia or surgical manipulation can trigger massive catecholamine release, leading to hypertensive crisis. Phentolamine, an alpha-blocker, is the appropriate treatment.

Toronto Notes 2023 - Endocrinology, Pheochromocytoma:

"Pheochromocytomas may precipitate hypertensive crises during surgery. Elevated plasma catecholamines and urinary metanephrines confirm diagnosis." MCCQE1 Objectives - Internal Medicine > Endocrinology:

"Candidates should suspect pheochromocytoma in perioperative hypertensive crises and confirm with plasma or urine catecholamines/metanephrines." Low metanephrines (E) would argue against pheochromocytoma. TSH (A), cortisol (D), and renin (C) are unrelated to acute intraoperative hypertensive episodes of this nature.

NEW QUESTION # 230

You are counselling the wife of a 75-year-old man admitted under your care after a fall. The patient is confused, disoriented, barely sleeps at night and has complex visual hallucinations of animals running through his room. Given his state, which one of the following is the best advice for the wife?

- A. She should tell him that she will not come back to visit him if he remains aggressive
- B. She should confront him with the fact that what he sees and feels is not real
- C. She should not take it personally if he says hurtful things
- D. She should visit him as little as possible since this can lead to heightened agitation
- E. She should avoid giving him information since he is unable to understand

Answer: C

Explanation:

This scenario describes acute delirium, common in hospitalized elderly patients. Patients may say things they don't mean. Reassuring family members not to take hurtful comments personally is an important part of family counseling.

Toronto Notes 2023 - Geriatrics, "Delirium":

"Patients may become agitated, hallucinate, or be aggressive. Families should be counseled not to take the behavior personally and continue to support orientation." MCCQE1 Objectives (Geriatrics > 41-1: Cognitive Disorders):

"Candidates must support caregivers of delirious patients, providing guidance on managing emotional and behavioral symptoms."

Avoiding visits (A), confronting the patient (C), or emotional withdrawal (E) are counterproductive.

Providing gentle information is appropriate (contradicts B).

NEW QUESTION # 231

You are working in a busy family practice. Your colleague's 48-year-old female patient presents with a 6-month history of fatigue and gastrointestinal symptoms. A recent colonoscopy was normal. Her chart indicates multiple investigations for similar symptoms over the past 2 years, all of which have been non-revealing. Your working diagnosis is somatic symptom disorder. Which one of the following is the most appropriate treatment?

- A. Cognitive behavioral therapy
- B. Amitriptyline 10 mg at bedtime
- C. Citalopram 20 mg daily
- D. Exposure and response prevention therapy
- E. Risperidone 0.5 mg daily

Answer: A

Explanation:

Comprehensive and Detailed Explanation:

Cognitive behavioral therapy (CBT) is the most effective first-line treatment for somatic symptom disorder. It helps patients reframe dysfunctional thoughts and improve coping strategies for perceived physical symptoms.

Toronto Notes 2023 - Psychiatry, "Somatic Symptom and Related Disorders":

"CBT is first-line for somatic symptom disorder. Antidepressants may be considered if comorbid depression or anxiety is present."

MCCQE1 Objectives (Psychiatry > 71-2: Somatic Symptom Disorders):

"Candidates must manage somatic symptom disorder with appropriate psychosocial interventions." Citalopram (B) or amitriptyline (E) may be used adjunctively if mood symptoms are prominent. Risperidone (C) and ERP (D) are not indicated.

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NEW QUESTION # 232

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