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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q15-Q20):

NEW QUESTION #15

A 14-year-old girl, accompanied by her mother, presents to your office with a 3-month history of feeling "dizzy." After you take an initial history, which one of the following is the most appropriate next step?

- A. Interview the girl without the mother present
- B. Obtain growth parameters and vital signs
- C. Order a urine pregnancy test

- D. Perform a detailed cardiac and neurological examination
- E. Do a bedside glucometer reading

Answer: A

Explanation:

In adolescents presenting with vague or potentially sensitive symptoms, it is critical to speak with them alone to obtain a complete and honest history, including mental health, sexual activity, substance use, and abuse screening.

Toronto Notes 2023 - Pediatrics, Adolescent Medicine:

"Private interviews are essential to obtain accurate histories in adolescents, especially when symptoms may have underlying psychosocial or reproductive causes." MCCQE1 Objectives - Pediatrics > Adolescent Health:

"Candidates must demonstrate adolescent-appropriate interviewing techniques, including private questioning to identify sensitive or risk-related concerns." Physical examination and pregnancy testing (A, B, D) may follow based on the private history. Vital signs (E) are standard but do not replace psychosocial assessment.

NEW QUESTION #16

A 24-year-old woman has had several episodes of left lower lobe pneumonia. She has a chronic productive cough with occasional blood-streaked sputum. Physical examination is normal except for rales at the left base.

Chest radiograph shows a linear infiltrate in this area. Which one of the following is the most likely diagnosis?

- A. Chronic bronchitis
- B. Bronchiectasis
- C. Pulmonary infarction
- D. Pulmonary tuberculosis
- E. Mitral stenosis

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

Bronchiectasis is characterized by recurrent localized pneumonia, chronic productive cough, and hemoptysis.

A linear infiltrate that persists in the same area suggests localized airway damage-typical of bronchiectasis.

Toronto Notes 2023 - Respirology:

"Bronchiectasis presents with recurrent infections in the same location, productive cough, and hemoptysis.

Chest X-ray may show linear opacities; high-resolution CT is diagnostic." MCCQE1 Objectives (Respiratory > 45-1: Chronic Respiratory Symptoms):

"Candidates must investigate recurrent pneumonias and consider bronchiectasis, especially if localized." Chronic bronchitis (A) presents bilaterally. Mitral stenosis (B) may cause hemoptysis but not localized infiltrates. TB (E) usually affects upper lobes. Infarction (C) is acute and not recurrent.

NEW QUESTION #17

A 43-year-old man is referred to you for an incidental finding of elevated hemoglobin. Laboratory results are as follows:

Hemoglobin

185 g/L (130-170)

Mean corpuscular volume

92 fL (60-100)

White blood cells

7.8×1037.8×103 / L (4-10)

Platelets

250×103250×103 / L (130-400)

His BMI is 23. He has type 2 diabetes for which he takes gliclazide MR 60 mg daily. Which one of the following features on history could explain his laboratory abnormality?

- A. Central sleep apnea
- B. Cirrhosis
- C. Hypothyroidism
- D. Alcohol abuse
- E. Hypertension

Answer: A

Explanation:

Elevated hemoglobin in the absence of polycythemia vera can be due to secondary causes such as chronic hypoxia. Central sleep apnea, often associated with diabetes or neurologic conditions, leads to intermittent hypoxia and compensatory erythropoiesis. Toronto Notes 2023 - Hematology and Respiratory Medicine, "Polycythemia" Section:

"Secondary erythrocytosis may result from hypoxic conditions including sleep apnea, COPD, or high altitude.

Assess for sleep-disordered breathing in patients with elevated hemoglobin and no myeloproliferative features." MCCQE1 Objectives (Internal Medicine > 76-7: Hematologic Abnormalities):

"Candidates must investigate secondary causes of elevated hemoglobin, including hypoxia-related conditions." Hypertension (A), hypothyroidism (C), and cirrhosis (D) do not cause polycythemia. Alcohol (B) typically causes macrocytosis and anemia.

NEW QUESTION #18

A 34-year-old woman, gravida 2, para 1, aborta 0, presents to the labor and delivery ward at 32 weeks' gestation with a 24-hour history of worsening frontal headache, photophobia, and neck stiffness. Vitals:

- * BP: 121/78 mm Hg
- * HR: 90 bpm
- * Temp: 38°C

Neuro exam reveals a 2-beat ankle clonus. Tone and power are otherwise normal. No localizing signs or papilledema. Abdomen is soft, fetus is cephalic.

Which one of the following is the best next investigation?

- A. Computed tomography of the head
- B. Amniocentesis with culture
- C. Fetal ultrasonography
- D. Lumbar puncture
- E. Urine protein to creatinine ratio

Answer: E

Explanation:

Comprehensive and Detailed Explanation:

This patient is pregnant and febrile with a new headache, photophobia, and clonus - all features concerning for preeclampsia with neurologic involvement. Clonus is a key finding suggestive of central nervous system irritability. Urine protein/creatinine ratio helps confirm the diagnosis of preeclampsia.

Toronto Notes 2023 - Obstetrics, Hypertensive Disorders in Pregnancy:

"Headache, clonus, and visual disturbances are concerning for severe preeclampsia. A urine protein/creatinine ratio or 24-hour urine collection confirms diagnosis." MCCQE1 Objectives - Obstetrics > Hypertension in Pregnancy:

"Candidates must recognize signs of preeclampsia and assess with appropriate biochemical testing." CT (A) or LP (B) are not indicated unless focal neurologic signs or seizures are present. Fetal imaging and amniocentesis (C, D) do not address maternal symptoms.

NEW QUESTION #19

One of your patients presents to your clinic for a consultation regarding their recurrent hemoptysis. On review of their chart, you realize that although you had ordered chest radiography 2 months ago, the result cannot be found in the chart. You call the radiology department and are relieved to find that the chest radiography was done and that it did not reveal any pathology. After informing the patient of this lapse in reporting, which one of the following is the best next step?

- A. Review your clinic's filing procedures and make any needed improvements.
- B. Remind the patient that they are responsible for calling for outstanding test results.
- C. Reassure the patient that this is a rare occurrence in your clinic.
- D. Send a letter of complaint to the radiology department for not sending a report.

Answer: A

Explanation:

When an error in the system is identified (e.g., test result not properly followed up), the most responsible approach is to analyze and improve internal clinic processes. Patient safety depends on reliable result tracking systems.

Toronto Notes 2023 - ELOM, "Medical Errors and Quality Improvement" Section:

"When an error or near miss is identified, root cause analysis and system-level interventions are required to prevent recurrence. Blaming the patient or others without review of internal processes is inappropriate." MCCQE1 Objectives (ELOM > 99-1: Medical Error and Disclosure):

"Candidates must recognize the importance of continuous quality improvement in health care. System-level changes should be implemented when safety lapses occur." Option A shifts responsibility improperly onto the patient. Option C deflects blame without assessing one's own clinic. Option D minimizes the error and does not lead to improvement.

NEW QUESTION #20

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