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Quiz 2025 Accurate Medical Council of Canada MCCQE: Valid Exam MCCQE Part 1 Exam Practice

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q178-Q183):

NEW QUESTION # 178

A 25-year-old woman presents to the Emergency Department with a 2-hour history of pelvic pain associated with no other symptoms. The first day of her last menstrual period was 14 days ago. On examination, her vital signs are as follows:

Blood pressure

108/72 mm Hg

Heart rate

110/min

Temperature

37 °C

Abdominal examination reveals rebound tenderness and guarding. Pelvic examination reveals exquisite left adnexal tenderness. Which one of the following is the most likely diagnosis?

- A. Adenomyosis
- **B. Hemorrhagic ovarian cyst**
- C. Appendicitis
- D. Endometriosis
- E. Diverticulitis

Answer: B

Explanation:

Comprehensive and Detailed Explanation:

Mid-cycle acute onset pelvic pain with localized adnexal tenderness in a reproductive-age woman suggests a hemorrhagic ovarian cyst, particularly a ruptured one. The hemodynamic parameters are stable, but elevated HR supports acute pain and possible blood loss.

Toronto Notes 2023 - Gynecology / Acute Pelvic Pain:

"Hemorrhagic ovarian cysts present with sudden unilateral pelvic pain, mid-cycle, with guarding and rebound tenderness. Ultrasound is key." MCCQE1 Objectives (Gynecology > 82-4: Acute Pelvic Pain):

"Candidates must recognize common causes of acute pelvic pain, including ovarian cysts." Diverticulitis (A) is rare in young women and usually LLQ. Appendicitis (B) is more likely RLQ.

Adenomyosis (C) and endometriosis (D) cause chronic cyclical pain, not acute tenderness.

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NEW QUESTION # 179

You are travelling on a transatlantic flight. Halfway through the flight, an older passenger (# 65 years) begins to have chest pain and shortness of breath. An announcement is made over the intercom asking for help from any physicians or medical personnel. Which one of the following is the best next step?

- A. Remain silent to avoid any liability that may be incurred by offering help.
- **B. Offer assistance and document the encounter in your own records afterwards.**
- C. Offer assistance only after the patient and the airline agree to release you from any liability.
- D. Give advice to the flight attendants on how to proceed but do not offer any direct assistance.

Answer: B

Explanation:

In Canada and in most jurisdictions internationally, physicians have a professional and in some cases legal obligation to provide emergency assistance. Documentation should be done in your own records afterward.

Aviation laws and Good Samaritan protections offer liability coverage for health professionals acting in good faith.

Toronto Notes 2023 - ELOM, "Physician Obligations and Medical-Legal Responsibility":

"Physicians should respond to in-flight or public emergencies when capable. Documentation should be completed after the event, and liability is protected under Good Samaritan laws." MCCQE1 Objectives (ELOM > Professionalism > 90-1):

"Candidates must demonstrate appropriate professional behavior, including willingness to assist in emergencies and understanding of legal protections." Avoiding assistance (A), or placing conditional barriers (D), is unethical and inappropriate.

NEW QUESTION # 180

A 77-year-old woman is brought to the Emergency Department by ambulance because she has severe heel ulcers and dehydration. Her husband reports that she has been sick for the past 6 to 8 weeks with a cough and congestion. He shares that he has tried to bring her to medical attention on several occasions, but she refused.

The paramedics reported that her bed at home was soiled and that they could hardly reach her room due to clutter. On questioning, her answers seem reasonable. Which one of the following is the most critical next step?

- **A. Assess the patient's decision-making ability**
- B. Assess the risk of financial abuse by her husband
- C. Obtain pictures to confirm the state of their house
- D. Find out whether the husband has a criminal record
- E. Determine whether the patient has alcohol or substance use disorder

Answer: A

Explanation:

When elder neglect is suspected-especially in cases of self-neglect or unclear caregiver dynamics-the most important immediate step is to assess the patient's decision-making capacity. If she lacks capacity, protective intervention is warranted.

Toronto Notes 2023 - Geriatrics, "Elder Abuse and Capacity Assessment":

"Decision-making capacity must be assessed when a patient is refusing care despite evidence of harm or risk." MCCQE1

Objectives (ELOM > 90-1: Capacity and Consent):

"Candidates must assess capacity in elderly patients before attributing decisions to autonomy, particularly in complex care situations."

Evaluating criminal records (B) or clutter (C) may be relevant later but do not take precedence over capacity assessment.

Alcohol/substance use (D) and financial abuse (E) are differential concerns, not the critical first step.

NEW QUESTION # 181

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. Establish the reason for the virtual care visit.
- C. Confirm the name of the patient's primary care provider.

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 # 182

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

Answer: A

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 # 183

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