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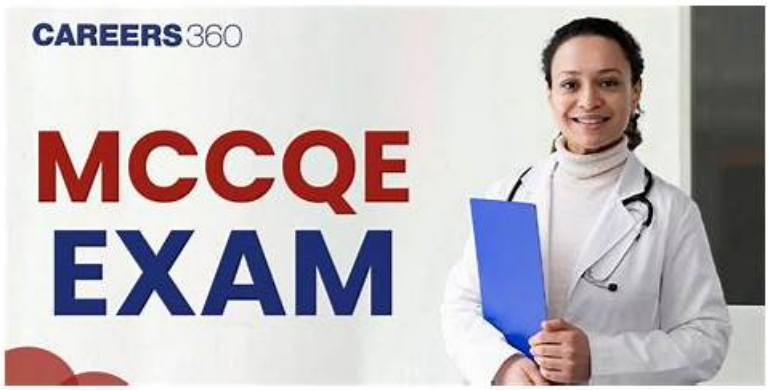

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Medical Council of Canada MCCQE Part 1 Exam Sample Questions (Q193-Q198):

NEW QUESTION # 193
You performed a surgical procedure on a 32-year-old woman for a herniated disk that was causing neurologic impairment. At the 8-month follow-up visit, she has healed well; however, she requests a prescription renewal of her narcotic analgesics (hydromorphone). Her pharmacy confirms that the patient adheres to the dosage you prescribed, that she has not consulted other physicians, and that her behavior has always been respectful.
You think that she no longer requires narcotic analgesics. Which one of the following approaches is most helpful to the patient?

- A. Counsel the patient regarding substance use disorder and arrange follow-up with her family physician.
- B. Advise the provincial or territorial agency responsible for following patients who have potential substance use disorders.
- C. Replace short-acting hydromorphone with transdermal fentanyl.
- D. Decline the renewal of further hydromorphone and discharge the patient.
- E. Change the patient's prescription from short-acting hydromorphone to once-daily methadone.

Answer: A

Explanation:
The patient's pain is no longer medically justified for opioids, but there is no evidence of misuse. The most appropriate and supportive action is to explain concerns, provide education about opioid tapering or dependency, and transition care to her family physician for ongoing management.
Toronto Notes 2023 - ELOM, "Safe Prescribing and Opioid Stewardship" Section:
"When opioids are no longer indicated, engage the patient in a conversation about tapering and arrange appropriate follow-up. Coordinate care with primary providers when long-term management is needed." MCCQE1 Objectives (ELOM > 99-1: Professionalism and Substance Use):
"Candidates must address the risk of dependency, counsel the patient, and ensure a safe transition to appropriate care without abrupt termination." Methadone (E) and fentanyl (A) are for opioid use disorder or chronic pain, not for tapering in low-risk patients. Discharging the patient (B) or reporting (C) is punitive and unnecessary.

NEW QUESTION # 194
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. Pulmonary infarction
- B. Mitral stenosis
- C. Pulmonary tuberculosis
- D. Bronchiectasis
- E. Chronic bronchitis

Answer: D

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 # 195
A 45-year-old man presents to your family practice for follow-up because he has had repeated transient ischemic attacks and had been advised not to drive. During the interview, you find out that he is still driving.
He explains that he only drives to the grocery store and his wife, who also has a driver's license, is always a passenger with him. He insists he can drive. You think that he should no longer be driving a car. Which one of the following is the best next step?

- A. Communicate your concerns to the motor vehicle licensing authority.
- B. Refuse to treat him further unless he stops driving.
- C. Consult a neurologist to assess whether the patient is fit to drive.
- D. Physically take away his license.
- E. Discuss this further with him.

Answer: A

Explanation:
In most Canadian provinces and territories, physicians are legally obligated to report patients who pose a danger due to medical conditions affecting driving ability. Given the history of TIAs and continued unsafe driving, reporting is necessary for public safety.
Toronto Notes 2023 - ELOM, "Fitness to Drive" Section:
"Physicians must report to motor vehicle authorities if a patient poses a risk to public safety due to a medical condition. TIAs are considered reportable if they impair ability and the patient does not comply with driving restrictions." MCCQE1 Objectives (ELOM > 99-1: Medical Fitness and Reporting):
"Candidates must recognize situations requiring mandatory reporting of patients unfit to drive due to neurologic or other impairing

conditions." You may still discuss with the patient (B), but this does not replace the duty to report. Physically taking the license (C) is illegal. Refusing care (D) is unethical. A neurologist (E) could be helpful but would delay action in a clear case.

NEW QUESTION # 196
A 29-year-old woman, gravida 1, para 0, aborta 0, presents to your clinic. Her pregnancy is at 22 weeks' gestation. Her blood pressure is 158/96 mm Hg. Which one of the following antihypertensive medications is contraindicated for this patient?

- A. Labetalol
- B. Hydralazine
- C. Methyldopa
- D. Ramipril
- E. Nifedipine

Answer: D

Explanation:
Ramipril, an ACE inhibitor, is contraindicated in pregnancy due to risks of fetal renal dysgenesis, oligohydramnios, and fetal death, especially in the second and third trimesters.
Toronto Notes 2023 - Obstetrics, Hypertensive Disorders of Pregnancy:
"ACE inhibitors and ARBs are contraindicated in pregnancy due to their teratogenic potential and adverse fetal effects." MCCQE1 Objectives - Obstetrics > Hypertension in Pregnancy:
"Candidates must identify safe antihypertensives during pregnancy and contraindicated medications such as ACE inhibitors and ARBs." Methyldopa, labetalol, nifedipine, and hydralazine are considered safe and are commonly used in pregnancy.

NEW QUESTION # 197
A 29-year-old woman presents with vaginal spotting after 6 weeks of amenorrhea. She is asymptomatic otherwise. Serum #-hCG is 2150 IU/L, and pelvic ultrasound shows an empty uterus. She has been trying to conceive for 7 months. Which one of the following is the best next step?

- A. Arrange exploratory laparoscopy.
- B. Administer intramuscular methotrexate.
- C. Repeat pelvic ultrasonography in 10 days.
- D. Repeat serum #-hCG test in 48 hours.
- E. Perform dilatation and curettage for chorionic villi.

Answer: D

Explanation:
An empty uterus with #-hCG >1500-2000 IU/L raises concern for a pregnancy of unknown location (PUL), including the possibility of ectopic pregnancy. However, the patient is hemodynamically stable and asymptomatic. In such cases, the best initial step is to repeat serum #-hCG in 48 hours to assess the rise or fall of hCG levels.
Toronto Notes 2023 - Obstetrics, "First Trimester Bleeding":
"If #-hCG >1500 IU/L and no intrauterine pregnancy is visualized on ultrasound, repeat #-hCG in 48 hours to determine rise or decline. A suboptimal rise (less than 66%) suggests ectopic pregnancy." MCCQE1 Objectives (Obstetrics > 79-1: Early Pregnancy Complications):
"In a patient with early pregnancy bleeding, the candidate must interpret quantitative #-hCG trends to distinguish ectopic pregnancy, miscarriage, or viable intrauterine pregnancy." Immediate administration of methotrexate or invasive procedures such as D&C or laparoscopy are not appropriate until further diagnostic clarification is obtained.

NEW QUESTION # 198
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