

TESTPASSPORT

PRACTICE QUESTIONS



H i g h Q u a l i t y

B e t t e r S e r v i c e

<https://www.testpassport.com>

Free updates for one year

Exam : MCCQE

Title : MCCQE Part 1 Exam

Version : DEMO

1. A 29-year-old concert pianist with severe chronic kidney disease presents with a 6-month history of loss of appetite and pruritus. Although the issue of initiating dialysis has been discussed with him and his questions answered, he has declined dialysis thus far. You understand his concerns that it will interfere with his concert tour and recording schedule.

Which one of the following is the best next step?

- A. Offer to arrange for him to meet patients in the peritoneal dialysis clinic.
- B. Warn him of the consequences of refusing dialysis.
- C. Explain to him you will see him again when he decides to start dialysis.
- D. Provide him access to his medical records and full chart.
- E. Explore employment alternatives that would better accommodate the dialysis schedule.

Answer: A

Explanation:

When a competent patient declines dialysis, the next step is to support shared decision-making and explore options that align with their lifestyle. Peritoneal dialysis may allow more flexibility and autonomy compared to hemodialysis, making it more acceptable to patients with demanding schedules.

Toronto Notes 2023 – Nephrology, Chronic Kidney Disease Section:

“Peritoneal dialysis offers the advantage of home-based treatment and flexible scheduling. Patient education and peer support can improve acceptance and adherence to dialysis initiation.”

MCCQE1 Objectives – Internal Medicine > Nephrology:

“The candidate should explore treatment alternatives collaboratively, emphasizing patient autonomy, while addressing misconceptions and lifestyle concerns related to dialysis.”

Simply warning the patient or withdrawing engagement (Options B and C) may undermine rapport.

Access to medical records (D) is a right, but does not actively address treatment planning. Exploring new employment (E) is inappropriate at this stage.

2. A 28-year-old woman presents to the office in great distress because she has no money for groceries or rent. She is a single mother of a 7-year-old girl. She has a history of gambling disorder. She has felt unable to cope for the last 3 months and has started gambling again. Today, she is crying, and she shares that her boyfriend became violent with her yesterday.

Which one of the following is the highest priority for assessment?

- A. Evaluate for depression.
- B. Screen for recreational drug and alcohol use.
- C. Define the extent of the patient's gambling disorder.
- D. Determine the risk of violence to the patient and her child.
- E. Investigate the patient's need for financial assistance.

Answer: D

Explanation:

The highest priority is the immediate safety of the patient and her child. In the presence of domestic violence, risk assessment for harm or neglect must be conducted urgently, particularly since a child may be at risk. Safety trumps psychiatric or social evaluations in triage.

Toronto Notes 2023 – Psychiatry, “Crisis and Risk Assessment” Section:

“When intimate partner violence (IPV) is disclosed, it is critical to assess immediate safety and consider mandatory reporting, especially when children are involved.”

MCCQE1 Objectives (Psychiatry > 79-6: Violence and Abuse):

“Candidates must assess for and respond to risk of harm in situations of domestic violence, especially when dependents are involved. This includes ensuring immediate safety and following legal obligations for child protection.”

Although the other concerns (e.g., gambling, depression, substance use, financial need) are valid, the presence of violence makes D the first and most urgent priority.

3.A 52-year-old man presents to the Emergency Department with a history of back, neck, and shoulder pain sustained from a workplace incident 4 years ago. He is under observation by a multidisciplinary pain clinic, and his next appointment is not for another 4 weeks. He does not report any recent change in his symptoms.

His medications are as follows:

Acetaminophen

1000 mg orally 4 times daily

Naproxen

500 mg orally twice daily

Amitriptyline

25 mg orally at bedtime

Acetaminophen 1000 mg orally four times daily

Naproxen 500 mg orally twice daily

Amitriptyline 25 mg orally at bedtime

The patient has not taken his medications for several weeks because he thinks they are not working. He requests a prescription for oxycodone because he tried some that a friend sold him, and it worked very well.

After completing an assessment and providing counseling, which one of the following is the best next step?

- A. Provide a naloxone kit.
- B. Offer to prescribe cannabis.
- C. Obtain a urine toxicology screen.
- D. Prescribe a short course of tramadol.

Answer: C

Explanation:

Given the request for opioids and history of non-prescribed opioid use (oxycodone obtained from a friend), the next appropriate step is to conduct a urine drug screen. This helps assess current substance use and guides safe prescribing decisions.

Toronto Notes 2023 – Pain Management and Addiction Medicine:

“Urine drug screening is recommended before initiating opioid therapy or when there is suspicion of substance misuse. A history of using non-prescribed opioids mandates assessment for opioid use disorder and further risk stratification.”

MCCQE1 Objectives – Internal Medicine > Chronic Pain:

“Candidates must assess for opioid misuse and dependence before initiating opioid therapy. Urine drug testing is a standard tool in this assessment.”

Providing naloxone (A) may be appropriate later if opioids are prescribed, but the priority is evaluation.

Cannabis (B) is not first-line and lacks controlled evidence in chronic pain. Tramadol (D) is an opioid-like agent and not appropriate until misuse risk is evaluated.

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

Answer: D

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.

5. A 68-year-old man with a history of diabetes, hypertension, delirium tremens, and tobacco addiction comes to the Emergency Department with his daughter. She tells you that his behavior has become unmanageable and she feels he may require an increased level of care.

His vital signs are:

Blood pressure: 162/105 mm Hg

Heart rate: 112/min, regular

Temperature: 37.8°C

On history, his daughter explains she had to confiscate a half-empty bottle of alcohol from his room yesterday. He is now convinced that there are bugs crawling all over him and he will not relax. He appears pale, sweaty, and shaky. His most recent blood glucose is 7.8 mmol/L (3.8–11.1).

Which one of the following is the best next step?

- A. Interview the patient in private to ensure this is not a case of elder abuse.
- B. Provide the family member with a prescription of antipsychotics for the patient.
- C. Administer benzodiazepines and intravenous hydration.
- D. Consult a Geriatric Psychiatrist to assess the patient.

Answer: C

Explanation:

The presentation is consistent with acute alcohol withdrawal with delirium tremens: autonomic instability, agitation, visual hallucinations (formication), and recent alcohol reduction. This is a medical emergency requiring immediate treatment with benzodiazepines and supportive care.

Toronto Notes 2023 – Psychiatry, Substance Use Disorders:

“Delirium tremens is a life-threatening complication of alcohol withdrawal. Clinical features include agitation, hallucinations, tachycardia, hypertension, and diaphoresis. Management includes high-dose benzodiazepines and IV fluids.”

MCCQE1 Objectives – Psychiatry > Substance Use Disorders:

“Candidates must recognize and treat alcohol withdrawal delirium promptly with benzodiazepines and supportive measures.”

Antipsychotics (B) are not first-line in withdrawal states. Private interviews (A) and psychiatric consults (D) delay life-saving treatment.