

MEDICAL COUNCIL OF CANADA QUALIFYING EXAMINATION (MCCQE) I PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://mccqe1.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

SAMPLE

- 1. What is the purpose of documenting advance directives and care preferences in prognosis discussions?**
 - A. They have no real role in prognosis discussions
 - B. They guide future care preferences and decision-making when the patient cannot communicate
 - C. They are only for legal record
 - D. They replace ongoing clinician-patient communication
- 2. Which CNS manifestation is a major Jones criterion?**
 - A. Migratory polyarthrititis
 - B. Sydenham chorea
 - C. Erythema marginatum
 - D. Subcutaneous nodules
- 3. A COPD patient presents with increased dyspnea; what features indicate need for systemic steroids and antibiotics?**
 - A. Worsening dyspnea with increased sputum purulence and volume.
 - B. Improved dyspnea and decreased sputum.
 - C. No change in dyspnea and sputum.
 - D. Only fever without dyspnea.
- 4. Magnesium sulfate used in preterm labor has which of the following adverse effects?**
 - A. Hyperglycemia
 - B. Respiratory depression
 - C. Hyperkalemia
 - D. Hypothermia
- 5. Probenecid requires which renal condition to be effective in increasing uric acid excretion?**
 - A. Adequate creatinine clearance
 - B. Chronic kidney disease
 - C. Renal hypoperfusion
 - D. Low urine flow

- 6. Which bedside tool is commonly used to screen for delirium in hospitalized patients?**
- A. MMSE (Mini-Mental State Examination)
 - B. CAM (Confusion Assessment Method)
 - C. MoCA
 - D. Short Portable Mental Status Questionnaire
- 7. Tamoxifen has what effect on bone?**
- A. Decreases risk of DVT
 - B. Causes osteoporosis
 - C. Reduces endometrial cancer risk
 - D. Osteoprotective
- 8. Which of the following is NOT typically considered a patient-specific factor when selecting initial antihypertensive therapy for adults?**
- A. Age
 - B. Comorbid diabetes or CKD
 - C. Dietary salt intake
 - D. Pregnancy status
- 9. Which statement best describes interventions to reduce fall risk in older adults?**
- A. Vision correction, home safety assessment.
 - B. Medication review and deprescribing, vision correction, home safety assessment, exercise programs to improve balance, manage orthostatic hypotension, and address gait issues.
 - C. Exercise programs only.
 - D. Home safety assessment only.
- 10. In suspected peptic ulcer disease with possible H. pylori involvement, what is an appropriate initial step?**
- A. Endoscopy with biopsy for all
 - B. Empiric PPI without testing
 - C. H. pylori testing and treat if positive
 - D. CT scan

Answers

SAMPLE

1. B
2. B
3. A
4. B
5. A
6. B
7. D
8. C
9. B
10. C

SAMPLE

Explanations

SAMPLE

1. What is the purpose of documenting advance directives and care preferences in prognosis discussions?

- A. They have no real role in prognosis discussions
- B. They guide future care preferences and decision-making when the patient cannot communicate**
- C. They are only for legal record
- D. They replace ongoing clinician-patient communication

Documenting advance directives and care preferences in prognosis discussions serves to guide future care when the patient cannot communicate. These documents capture the patient's goals, acceptable and unacceptable interventions, and designated surrogates, providing a concrete plan that clinicians and families can follow as the illness progresses or in the event of incapacity. They help ensure that decisions during critical moments align with the patient's values, reduce uncertainty for decision-makers, and promote consistency across care settings and teams. They are not merely legal records; they are actionable tools that practically shape treatment choices in line with prognosis and goals. They do not replace ongoing clinician-patient communication, and they should be revisited and updated as the situation evolves and preferences change.

2. Which CNS manifestation is a major Jones criterion?

- A. Migratory polyarthrititis
- B. Sydenham chorea**
- C. Erythema marginatum
- D. Subcutaneous nodules

Sydenham chorea is the CNS manifestation among the Jones criteria. It presents as sudden, involuntary, dance-like movements that can involve the face, tongue, and limbs, often with emotional lability and mild hypotonia. This CNS involvement occurs after a streptococcal infection and is one of the five major criteria used to diagnose acute rheumatic fever. The other major criteria are migratory polyarthrititis (joints), carditis (heart), subcutaneous nodules (skin under the skin), and erythema marginatum (rash). None of these reflect central nervous system involvement, which is why Sydenham chorea uniquely represents the CNS major criterion.

3. A COPD patient presents with increased dyspnea; what features indicate need for systemic steroids and antibiotics?

- A. Worsening dyspnea with increased sputum purulence and volume.**
- B. Improved dyspnea and decreased sputum.
- C. No change in dyspnea and sputum.
- D. Only fever without dyspnea.

In acute COPD exacerbations, clinicians base treatment on a set of hallmark symptoms: increased dyspnea, increased sputum volume, and purulent sputum. Antibiotics are recommended when two of these three features are present, with purulence specifically pointing to a bacterial component driving the flare. Systemic corticosteroids are commonly used in acute exacerbations to speed up recovery, improve lung function, and reduce the likelihood of treatment failure or hospitalization. The scenario describes a patient with worsening dyspnea along with both increased sputum volume and purulence. This satisfies at least two of the three cardinal symptoms, and the presence of purulence signals a bacterial infection, making systemic antibiotics appropriate. The combination of systemic steroids is also supported in an acute exacerbation to hasten improvement. In contrast, improvement in dyspnea and sputum would not indicate the need for antibiotics or steroids, no change in symptoms suggests stability rather than an exacerbation, and fever without dyspnea lacks the key COPD-specific changes that trigger these therapies.

4. Magnesium sulfate used in preterm labor has which of the following adverse effects?

- A. Hyperglycemia
- B. Respiratory depression**
- C. Hyperkalemia
- D. Hypothermia

Magnesium sulfate acts as a calcium antagonist at the neuromuscular junction and as a CNS depressant. As serum levels rise, it blunts neuromuscular transmission and weakens respiratory muscles, leading to respiratory depression. This is the most important and potentially life-threatening adverse effect to monitor for when using magnesium sulfate to manage preterm labor. Clinically, watch for loss of deep tendon reflexes, drowsiness, shallow breathing, or decreased respiratory rate, and be prepared to stop the infusion and administer calcium gluconate if toxicity signs appear. Hyperglycemia, hyperkalemia, and hypothermia are not typical adverse effects of this medication in this context.

5. Probenecid requires which renal condition to be effective in increasing uric acid excretion?

- A. Adequate creatinine clearance**
- B. Chronic kidney disease
- C. Renal hypoperfusion
- D. Low urine flow

Probenecid works by blocking the proximal tubular reabsorption of uric acid, increasing its excretion in the urine. For this effect to translate into more uric acid being eliminated, the kidneys must be able to filter uric acid and produce urine—i.e., there must be adequate creatinine clearance. If renal function is reduced, there is less uric acid filtered and less urine flow, so the drug cannot enhance excretion effectively. In states of chronic kidney disease, renal hypoperfusion, or very low urine flow, probenecid is less effective or contraindicated because the necessary renal excretion pathway is compromised.

6. Which bedside tool is commonly used to screen for delirium in hospitalized patients?

- A. MMSE (Mini-Mental State Examination)
- B. CAM (Confusion Assessment Method)**
- C. MoCA
- D. Short Portable Mental Status Questionnaire

Delirium screening at the bedside is best done with a tool that directly tests the defining features of delirium: acute onset with fluctuations, inattention, and an associated disturbance in cognition that can involve disorganized thinking or altered level of consciousness. The Confusion Assessment Method is designed for this purpose. It quickly guides the clinician through four elements and requires both acute onset with fluctuating course and inattention, plus either disorganized thinking or an altered level of consciousness, to identify delirium. This makes CAM particularly effective in hospitalized patients, where delirium can fluctuate and is easy to miss if you rely on general cognitive screens. Why this tool fits so well is that it focuses on attention and the acute change in mental status, which are central to delirium. It's validated for bedside use by trained staff and can be performed in a short amount of time, which is crucial in busy hospital settings. In contrast, tools like the Mini-Mental State Examination or the Montreal Cognitive Assessment assess baseline cognitive function and chronic impairment (dementia) rather than the abrupt, fluctuating changes that signal delirium. They may miss delirium or confound it with preexisting cognitive deficits. The Short Portable Mental Status Questionnaire serves a similar purpose in broad cognitive screening but does not specifically capture the hallmark features of delirium, particularly the acute onset and fluctuations. For nonverbal or intubated patients, a CAM-ICU variant provides the same focused approach in those settings, maintaining the emphasis on attention and acute change.

7. Tamoxifen has what effect on bone?

- A. Decreases risk of DVT
- B. Causes osteoporosis
- C. Reduces endometrial cancer risk
- D. Osteoprotective**

Tamoxifen is a selective estrogen receptor modulator, so its effects vary by tissue. In bone, it acts like estrogen, helping to inhibit osteoclast activity and reduce bone resorption, which maintains or improves bone mineral density. That is why it is described as osteoprotective. In contrast, it does not lower the risk of DVT and can raise the risk of endometrial-related issues due to its estrogenic action on the uterus, which is why those statements aren't correct for bone.

8. Which of the following is NOT typically considered a patient-specific factor when selecting initial antihypertensive therapy for adults?

- A. Age
- B. Comorbid diabetes or CKD
- C. Dietary salt intake**
- D. Pregnancy status

Choosing initial antihypertensive therapy is guided by factors that change the expected benefits and risks of drugs for a specific patient. Age influences how patients respond to certain medications and what's well tolerated. Comorbid conditions like diabetes or CKD steer drug choice toward agents with favorable renal and metabolic effects—ACE inhibitors or ARBs are often preferred because of kidney protection and metabolic considerations. Pregnancy status drastically alters safety; many antihypertensives are contraindicated in pregnancy, so the regimen must be chosen with pregnancy in mind. Dietary salt intake, while it affects blood pressure and is important to address through lifestyle modification, does not determine which antihypertensive drug should be started. It's a modifiable factor applicable across patients, not a characteristic that changes drug selection. Hence, it's not typically used to choose the initial therapy.

9. Which statement best describes interventions to reduce fall risk in older adults?

- A. Vision correction, home safety assessment.
- B. Medication review and deprescribing, vision correction, home safety assessment, exercise programs to improve balance, manage orthostatic hypotension, and address gait issues.**
- C. Exercise programs only.
- D. Home safety assessment only.

Falls in older adults typically arise from a mix of factors, so the most effective prevention blends multiple strategies that address different modifiable risks at once. Correcting vision helps with depth perception and reduces missteps; a home safety assessment removes hazards and improves lighting and layout to prevent trips and slips; reviewing and deprescribing medications minimizes dizziness, sedation, and blood pressure fluctuations that can lead to instability; exercise programs build strength, balance, and gait control to improve stability; and addressing orthostatic hypotension and gait issues tackles specific causes of dizziness and unsteadiness on movement. Together, these components target sensory, environmental, medication-related, neuromuscular, and autonomic contributors to falls, yielding better protection than any single intervention. The other options are narrower and miss important interacting factors, so they don't comprehensively reduce fall risk.

10. In suspected peptic ulcer disease with possible *H. pylori* involvement, what is an appropriate initial step?

- A. Endoscopy with biopsy for all
- B. Empiric PPI without testing
- C. *H. pylori* testing and treat if positive**
- D. CT scan

*In suspected peptic ulcer disease where *H. pylori* involvement is possible, the first step is to determine whether *H. pylori* infection is present. Identifying and then eradicating the infection directly targets a common cause of ulcers, improves healing, reduces recurrence, and lowers the risk of complications such as bleeding.*

Non-invasive tests—in most settings a urea breath test or a stool antigen test—allow you to confirm infection without immediately resorting to invasive procedures. If the test is positive, start eradication therapy tailored to local antibiotic resistance patterns (typically a PPI plus two antibiotics). If the test is negative, you can pursue alternative causes and reserve endoscopy for situations with alarm features or persistent symptoms.

*Endoscopy for everyone is not needed as an initial step because it is invasive and not necessary in uncomplicated cases. Empiric PPI without testing may miss an *H. pylori* infection and can contribute to ongoing ulcers or recurrence if *H. pylori* is present. CT scanning isn't used to diagnose peptic ulcers. Test-and-treat for *H. pylori*, when positive, is the most direct and effective initial approach.*

SAMPLE

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://mccqe1.examzify.com>

We wish you the very best on your exam journey. You've got this!

SAMPLE