

## Supermedpros MCCQE1 3-Month Study Plan

**Master the Medical Council of Canada Qualifying Examination Part 1 with confidence and efficiency**

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### Overview

The MCCQE1 assesses a candidate's medical knowledge, clinical decision-making, and patient management skills essential for Canadian medical practice. This 3-month plan integrates evidence-based learning strategies, focused content review, practice, and exam readiness tailored to maximize performance.

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### Month 1 — Foundation Building & Core Knowledge Acquisition

#### Objective

Establish a robust clinical knowledge base across all major disciplines aligned with MCC objectives.

#### Study Focus

- Internal Medicine & Pharmacology
- Pediatrics, Obstetrics & Gynecology
- Surgery, Psychiatry, Preventive Medicine, and Ethics

#### Weekly Breakdown

Week	Focus Area(s)	Key Activities
1–2	Internal Medicine & Pharmacology	Review pathophysiology, diagnostics, pharmacotherapy, and management guidelines. Utilize UWorld and MCC objectives for targeted reading.
3	Pediatrics & Obstetrics/Gynecology	Study pediatric illnesses, pregnancy care, neonatal management, and women's health. Incorporate clinical guidelines and common scenarios.

Week Focus Area(s)		Key Activities
4	Surgery, Psychiatry & Preventive Medicine	Understand surgical indications, psychiatric disorders, preventive strategies, and ethical frameworks in practice.

**Learning Strategies**

- **Active Recall & Spaced Repetition:** Use flashcards (e.g., Anki) daily to reinforce core concepts.
- **SQ3R Reading Technique:** Survey, Question, Read, Recite, Review to maximize retention.
- **Summarization:** Write concise notes or mind maps after each study session to consolidate understanding.
- **Multimodal Learning:** Integrate videos, podcasts, and reading to engage different cognitive pathways.

### Recommended Actions

- Take a **baseline diagnostic test** to identify strengths and gaps.
- Set **SMART weekly goals** to ensure focused progress.
- Join a **peer study group** or professional forum for motivation and clinical discussion.
- Organize study material in a systematic digital or physical folder.

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## Month 2 — Application & Clinical Reasoning

### Objective

Enhance clinical decision-making skills and apply foundational knowledge through intensive practice.

### Study Focus

- Integration of clinical scenarios across specialties
- Question bank practice with detailed review
- Clinical Case Simulations (CCS) practice

## Weekly Breakdown

Week	Focus Area	Key Activities
5–6	UWorld Qbank Intensive	Complete 40–60 MCC-style questions daily. Review explanations thoroughly.
7	Targeted Content Review	Revisit weak areas identified during question practice. Supplement with guidelines and textbooks.
8	Clinical Case Scenarios (CCS) & Short Answer Questions	Practice CCS format; simulate clinical note-taking and decision-making.

## Learning Strategies

- **Question-First Learning:** Attempt questions before reading theory to identify knowledge gaps.
- **Dual Coding:** Use diagrams, flowcharts, and tables to visualize clinical pathways and drug mechanisms.
- **Teaching Method:** Explain difficult concepts aloud or teach peers to deepen comprehension.
- **Timed Practice:** Simulate timed conditions to improve pace and accuracy.

## Recommended Actions

- Maintain an **error log** to track and review mistakes systematically.
- Schedule **regular self-assessment** sessions to monitor progress.
- Use **online CCS simulators** and practice charting notes accurately.
- Engage in **reflective practice** by writing brief summaries of clinical reasoning after each case.

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## Month 3 — Consolidation, Simulation & Exam Readiness

### Objective

Consolidate knowledge, build exam endurance, and develop effective test-taking strategies.

Study Focus

- Full-length practice exams under simulated conditions
- Review and refine clinical reasoning skills
- Address remaining weak areas and reinforce high-yield topics

Weekly Breakdown

Week Focus Area		Key Activities
9	Full-Length MCCQE1 Practice Exams	Complete 2–3 full-length mock exams. Focus on timing and exam strategy.
10	Review Practice Exam Results	Analyze errors, clarify concepts, and redo difficult questions.
11	Targeted Final Review	Intensive revision of persistent weak spots and clinical management algorithms.
12	Light Review & Mental Preparation	Utilize flashcards, short quizzes, and mental rehearsal. Prioritize rest and stress management.

Learning Strategies

- **Simulated Exam Conditions:** Replicate test day environment to build stamina and reduce anxiety.
- **Error Analysis:** Systematic review of incorrect answers to avoid repeating mistakes.
- **Mindfulness & Stress Management:** Incorporate techniques such as deep breathing, meditation, and exercise to optimize focus.
- **Sleep Hygiene:** Prioritize quality sleep to enhance memory consolidation.

Recommended Actions

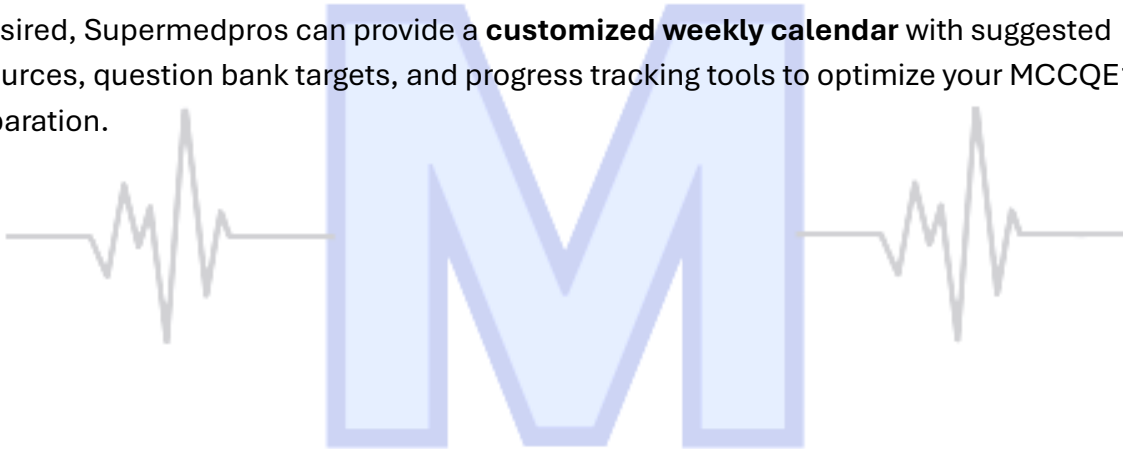
- Confirm all **logistics for exam day**: test center location, ID, allowed materials.
  - Prepare an **exam day checklist** including snacks, water, and necessary documents.
  - Establish a **pre-exam routine** to maintain calm and confidence.
  - Limit new content intake to avoid burnout; focus on review and reinforcement.
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## Additional Professional Recommendations for MCCQE1 Success

- **Goal Setting:** Break study objectives into manageable weekly targets.
- **Time Management:** Use the Pomodoro technique (25 min focus + 5 min break) for sustained productivity.
- **Resource Optimization:** Prioritize high-yield, trusted materials (UWorld, MCC objectives, CanadaQBank).
- **Physical Wellbeing:** Maintain regular exercise and balanced nutrition to support cognitive function.
- **Accountability:** Regular check-ins with a mentor or study group to track progress and stay motivated.

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If desired, Supermedpros can provide a **customized weekly calendar** with suggested resources, question bank targets, and progress tracking tools to optimize your MCCQE1 preparation.



# MCCQE1 MOCK QUESTIONS

**1. A 65-year-old man with a history of hypertension presents with sudden onset right-sided weakness and aphasia. What is the most appropriate immediate next step?**

- A) Administer aspirin
- B) Order a non-contrast CT head
- C) Initiate IV thrombolysis immediately
- D) Start antihypertensive medications

 **Correct Answer:** B) Order a non-contrast CT head

**Explanation:** Stroke evaluation requires immediate CT to differentiate ischemic from hemorrhagic stroke before thrombolysis.

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**2. A 22-year-old woman presents with fever, dysuria, and flank pain. Urinalysis shows pyuria and bacteriuria. What is the best initial treatment?**

- A) Oral ciprofloxacin
- B) IV vancomycin
- C) Oral amoxicillin
- D) IV ceftriaxone


 **Correct Answer:** A) Oral ciprofloxacin

**Explanation:** Uncomplicated pyelonephritis in young women is often treated with oral fluoroquinolones if no contraindications.

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**3. A 40-year-old man presents with chest pain radiating to his left arm and sweating. ECG shows ST elevation in leads II, III, and aVF. Which artery is most likely occluded?**

- A) Left anterior descending artery
- B) Left circumflex artery
- C) Right coronary artery
- D) Posterior descending artery


 **Correct Answer:** C) Right coronary artery

**Explanation:** ST elevation in inferior leads corresponds to occlusion of the right coronary artery.

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**4. Which of the following is the most sensitive screening test for tuberculosis infection?**

- A) Sputum acid-fast bacilli smear
- B) Mantoux tuberculin skin test
- C) Chest X-ray
- D) Interferon-gamma release assay (IGRA)


 **Correct Answer:** D) Interferon-gamma release assay (IGRA)

**Explanation:** IGRA has higher specificity and sensitivity than the tuberculin skin test, especially in BCG-vaccinated individuals.

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**5. A newborn is noted to have cyanosis shortly after birth. Echocardiography shows right ventricular hypertrophy and a ventricular septal defect. What is the most likely diagnosis?**

- A) Transposition of the great arteries
- B) Tetralogy of Fallot
- C) Patent ductus arteriosus
- D) Coarctation of the aorta


 **Correct Answer:** B) Tetralogy of Fallot

**Explanation:** Cyanosis with RV hypertrophy and VSD is characteristic of Tetralogy of Fallot.

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**6. A 30-year-old woman presents with fatigue, pallor, and spoon-shaped nails. Lab results show microcytic hypochromic anemia. What is the most likely diagnosis?**

- A) Iron deficiency anemia
- B) Thalassemia minor
- C) Anemia of chronic disease
- D) Vitamin B12 deficiency

 **Correct Answer:** A) Iron deficiency anemia

**Explanation:** Microcytic hypochromic anemia with spoon nails suggests iron deficiency.

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**7. Which of the following antibiotics is contraindicated in pregnancy?**

- A) Amoxicillin
- B) Ciprofloxacin
- C) Erythromycin
- D) Cephalexin

✓ **Correct Answer:** B) Ciprofloxacin

**Explanation:** Fluoroquinolones are contraindicated due to potential effects on fetal cartilage development.

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**8. A patient with type 2 diabetes presents with sudden vision loss in one eye. Fundoscopy reveals a cherry red spot at the macula. What is the most likely diagnosis?**

- A) Central retinal artery occlusion
- B) Diabetic retinopathy
- C) Retinal detachment
- D) Central retinal vein occlusion

✓ **Correct Answer:** A) Central retinal artery occlusion

**Explanation:** Cherry red spot is classic for central retinal artery occlusion.

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**9. A 50-year-old woman has progressively worsening difficulty swallowing solids and liquids, along with regurgitation of undigested food. What is the most appropriate initial diagnostic test?**

- A) Barium swallow study
- B) Upper endoscopy
- C) Esophageal manometry
- D) Chest X-ray

✓ **Correct Answer:** A) Barium swallow study

**Explanation:** Barium swallow is the first-line to evaluate for motility disorders like achalasia.

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**10. A patient presents with fever, cough, and rusty sputum. Chest X-ray shows lobar consolidation. What is the most likely causative organism?**



- A) Staphylococcus aureus
- B) Streptococcus pneumoniae
- C) Haemophilus influenzae
- D) Mycoplasma pneumoniae

✅ **Correct Answer:** B) Streptococcus pneumoniae

**Explanation:** Lobar pneumonia with rusty sputum is typical for pneumococcal pneumonia.

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**11. A 25-year-old man presents with severe testicular pain and swelling. Ultrasound shows absent blood flow. What is the most likely diagnosis?**

- A) Epididymitis
- B) Testicular torsion
- C) Hydrocele
- D) Varicocele

✅ **Correct Answer:** B) Testicular torsion

**Explanation:** Absent blood flow on Doppler indicates testicular torsion, a surgical emergency.

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**12. Which vaccine is contraindicated in immunocompromised patients?**

- A) Influenza (inactivated)
- B) MMR (measles, mumps, rubella)
- C) Pneumococcal polysaccharide
- D) Hepatitis B

✅ **Correct Answer:** B) MMR (measles, mumps, rubella)

**Explanation:** MMR is a live attenuated vaccine and contraindicated in immunocompromised individuals.

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**13. A patient with asthma presents with worsening symptoms despite inhaled corticosteroids. Which medication should be added next?**

- A) Oral prednisone
- B) Long-acting beta-agonist (LABA)
- C) Theophylline
- D) Montelukast

✓ **Correct Answer:** B) Long-acting beta-agonist (LABA)

**Explanation:** LABA is added to inhaled corticosteroids for better asthma control before oral steroids.

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**14. A 45-year-old man complains of polyuria, polydipsia, and weight loss. Random glucose is 18 mmol/L. What is the most appropriate next step?**

- A) Start insulin therapy
- B) Oral hypoglycemic agents
- C) Order HbA1c
- D) Repeat fasting glucose

✓ **Correct Answer:** A) Start insulin therapy

**Explanation:** Symptoms and very high glucose suggest new-onset diabetes, likely type 1 or severe hyperglycemia requiring insulin.

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**15. A 60-year-old patient with atrial fibrillation is started on warfarin. Which laboratory test is used to monitor therapy?**

- A) Prothrombin time (PT)
- B) Activated partial thromboplastin time (aPTT)
- C) INR (International Normalized Ratio)
- D) Bleeding time

✓ **Correct Answer:** C) INR (International Normalized Ratio)

**Explanation:** INR is standardized to monitor warfarin anticoagulation.

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**16. A 35-year-old woman presents with weight gain, cold intolerance, and constipation. Her TSH is elevated, free T4 is low. What is the most likely diagnosis?**

- A) Graves' disease
- B) Hashimoto thyroiditis
- C) Subacute thyroiditis
- D) Toxic multinodular goiter

✓ **Correct Answer:** B) Hashimoto thyroiditis

**Explanation:** Hypothyroidism with elevated TSH and low free T4 indicates Hashimoto's.

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**17. A patient presents with chest pain and shortness of breath after a long flight. Oxygen saturation is 90%. What is the best initial investigation?**

- A) Chest X-ray
- B) D-dimer assay
- C) ECG
- D) CT pulmonary angiography

 **Correct Answer:** C) ECG

**Explanation:** ECG is rapid to exclude cardiac causes and look for signs of pulmonary embolism.

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**18. Which of the following is a contraindication to thrombolytic therapy in ischemic stroke?**

- A) Symptom onset 3 hours ago
- B) Prior ischemic stroke > 3 months ago
- C) Current anticoagulant use with INR 3.5
- D) Age over 80 years

 **Correct Answer:** C) Current anticoagulant use with INR 3.5

**Explanation:** High INR is a contraindication due to bleeding risk.

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**19. A 70-year-old man with chronic kidney disease develops hyperkalemia. Which medication should be avoided?**

- A) Calcium gluconate
- B) Insulin with glucose
- C) Spironolactone
- D) Sodium polystyrene sulfonate

 **Correct Answer:** C) Spironolactone

**Explanation:** Spironolactone can worsen hyperkalemia.

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**20. A 28-year-old man presents with fever, night sweats, and painless cervical lymphadenopathy. What is the most likely diagnosis?**

- A) Hodgkin lymphoma
- B) Tuberculosis
- C) Infectious mononucleosis
- D) Acute lymphoblastic leukemia

✓ **Correct Answer:** A) Hodgkin lymphoma

**Explanation:** Classic presentation includes painless lymphadenopathy and B symptoms.

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**21. What is the most common cause of community-acquired pneumonia?**

- A) Staphylococcus aureus
- B) Haemophilus influenzae
- C) Streptococcus pneumoniae
- D) Legionella pneumophila

✓ **Correct Answer:** C) Streptococcus pneumoniae

**22. A 50-year-old woman presents with sudden painless vision loss in one eye. Fundoscopy shows a pale retina with a cherry red spot. What is the diagnosis?**

- A) Central retinal artery occlusion
- B) Central retinal vein occlusion
- C) Diabetic retinopathy
- D) Macular degeneration

✓ **Correct Answer:** A) Central retinal artery occlusion

**23. Which electrolyte abnormality is most commonly associated with refeeding syndrome?**

- A) Hyperkalemia
- B) Hypophosphatemia
- C) Hyponatremia
- D) Hypocalcemia

✓ **Correct Answer:** B) Hypophosphatemia

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**24. A patient with atrial fibrillation presents with stroke symptoms. Which imaging modality is most sensitive for early ischemic changes?**

- A) Non-contrast CT head
- B) MRI with diffusion-weighted imaging
- C) CT angiography
- D) Carotid Doppler ultrasound

☒ **Correct Answer:** B) MRI with diffusion-weighted imaging

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**25. What is the first-line treatment for anaphylaxis?**

- A) Epinephrine IM
- B) Corticosteroids IV
- C) Antihistamines PO
- D) Salbutamol nebulization

☒ **Correct Answer:** A) Epinephrine IM

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**26. A 25-year-old presents with acute arthritis, urethritis, and conjunctivitis after a diarrheal illness. What is the likely diagnosis?**

- A) Rheumatoid arthritis
- B) Reactive arthritis
- C) Gout
- D) Septic arthritis

☒ **Correct Answer:** B) Reactive arthritis

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**27. Which vitamin deficiency causes night blindness?**


- A) Vitamin A
- B) Vitamin B12
- C) Vitamin D
- D) Vitamin K

☒ **Correct Answer:** A) Vitamin A

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**28. What is the most appropriate initial management of a patient with acute chest pain and suspected myocardial infarction?**


- A) Aspirin and nitroglycerin
- B) Immediate thrombolysis
- C) Emergent PCI (percutaneous coronary intervention)
- D) Beta blockers

 **Correct Answer:** A) Aspirin and nitroglycerin

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**29. A patient with COPD exacerbation is hypoxic and hypercapnic. What is the safest oxygen therapy strategy?**

- A) High-flow oxygen to maintain saturation > 98%
- B) Low-flow oxygen titrated to saturation 88-92%
- C) Room air only
- D) Immediate intubation

 **Correct Answer:** B) Low-flow oxygen titrated to saturation 88-92%

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**30. A 19-year-old woman presents with sudden severe lower abdominal pain and vaginal bleeding. Ultrasound shows an empty uterus with positive pregnancy test. What is the most likely diagnosis?**

- A) Ectopic pregnancy
- B) Miscarriage
- C) Molar pregnancy
- D) Normal early pregnancy

 **Correct Answer:** A) Ectopic pregnancy