



ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Internal Medicine

The following are examples of items that you would find in a multiple-choice question (MCQ) exam. Model answers are included for your information.

[Date]

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COLLÈGE DES MÉDECINS
DU QUÉBEC

Instructions

Answer sheets

1. Please ensure that your name and identification number are correctly recorded at the top of your answer sheet.
2. Use only the pencil provided to mark the answer sheet. Do not use ink.
3. To indicate a correct answer, blacken the appropriate oval with your pencil. Please note that the mark you make must be definite and black; if not, the optical scanner may not sense it.

Please note that these answer sheets are marked by optical scanner.

Do NOT cross out an incorrect answer, it must be erased.

Do NOT mark the answer sheet anywhere except in the answer ovals.

All pencil marks on the answer sheet are picked up by the scanner, which rejects sheets with extra or improperly placed markings. Any question having more than one oval blackened is rejected.

NOTE: It is to your advantage to answer every question even if you are not satisfied that you know the correct answer. You are advised not to mark your answers in the examination booklet with the intention of transferring them later to the answer sheet. Only answers recorded on the answer sheet will be scored. You will not be given extra time to record or transfer answers from the examination booklet to the answer sheet. It is also suggested that you start to answer the questions at once rather than try to read through the paper first and then start recording your answers; otherwise you may run out of time.

Example

All questions have a stem and four options, only one of which is considered to be the **CORRECT** answer.

Question

This is a stem.

- 1.
- 2.
- 3.
- 4.

The correct answer is number 3, and should be marked on your answer sheet as follows:



MARK ONLY ONE OVAL FOR EACH QUESTION



Question 1

A 50-year-old woman with chronic obstructive pulmonary disease is referred to your office. She describes shortness of breath when walking less than a block. Her FEV₁ is 35% predicted. Physical examination reveals hyperinflation, decreased breath sounds and the occasional expiratory wheeze. The cardiac examination is normal. There is no peripheral edema. Screening blood work reveals a hemoglobin level of 120 g/L with a normal hematocrit. The ECG is normal. Long-term continuous oxygen therapy would be recommended if her PaO₂ is less than or equal to which of the following?

1. 65 mm Hg
2. 60 mm Hg
3. 55 mm Hg
4. 50 mm Hg

Answer key: 3

Comments: This patient has hypoxemia with severe airflow obstruction. She has no evidence of right-sided heart failure or peripheral edema and no polycythemia. In this setting, the Canadian COPD guidelines recommend home oxygen if PaO₂ is ≤ 55 mm Hg.

Question 2

A 35-year-old multiparous woman presents with marked dyspnea and orthopnea in the ninth month of what is known to be a twin pregnancy. She is in atrial fibrillation, and her blood pressure is 130/95 mm Hg. She has elevated jugular venous pressure, cardiomegaly, and a third heart sound. There is a grade 2/6 pansystolic murmur at the apex. Chest examination reveals bibasilar inspiratory crackles. In addition to digoxin and furosemide, which of the following medications would be MOST appropriate?

1. hydralazine
2. captopril
3. prednisone
4. warfarin

Answer key: 1

Comments: This patient has decompensated heart failure most likely secondary to peripartum cardiomyopathy. She requires afterload reduction (hydralazine). Angiotensin-converting enzyme (ACE) inhibitors are contraindicated in pregnancy, as is warfarin. There is no role for corticosteroids in this setting.

Question 3

A 36-year-old man has had stable ulcerative colitis for 5 years. He is being treated with sulfasalazine 1000 mg three times daily. On routine follow-up, he is found to have an ALT of 250 IU/L, an AST of 225 IU/L, an alkaline phosphatase of 450 IU/L, and a bilirubin of 2 µmol/L. Ultrasound of the abdomen reveals no bile duct dilatation or gallstones. Endoscopic retrograde cholangiopancreatography (ERCP) reveals multifocal strictures and dilatations of both the intrahepatic and extrahepatic bile ducts. What is the MOST likely diagnosis?

1. sclerosing cholangitis
2. common bile duct stone
3. primary biliary cirrhosis
4. drug-induced hepatitis

Answer key: 1

Comments: This patient has elevated liver enzymes with an ERCP characteristic of sclerosing cholangitis. The ERCP rules out biliary stones. Whereas sulfa drugs can cause hepatitis, this would not account for the findings on the ERCP.

Question 4

A 33-year-old woman presents with a cellulitis of the dorsum of the right hand 24 hours following a cat bite. A Gram stain of serosanguinous discharge from a puncture site shows neutrophils and small gram-negative rods. What is the treatment of choice for this patient?

1. cefazolin
2. norfloxacin
3. amoxicillin/clavulanic acid
4. gentamicin

Answer key: 3

Comments: The majority of skin infections resulting from cat bites are polymicrobial. Sixty percent will have mixed aerobic and anaerobic bacteria. *Pasteurella multocida* is a small gram-negative coccobacillus found in the normal oral flora of cats. Antibiotic treatment in this case should include coverage of the skin organisms as well as the flora commonly found in cats' mouths (including anaerobes and *Pasteurella* species). Amoxicillin/clavulanic acid is the drug of choice in this clinical setting.

End

Before you leave the room, please return your examination booklet and your answer sheet SEPARATELY to the invigilator.