# EMERGENCY MEDICINE END OF ROTATION (EOR) PRACTICE EXAM (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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# 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.

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# 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!

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# Questions

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**1. What is the standard treatment for Trichomonas infection?**

A. Clotrimazole

B. Nystatin

C. Metronidazole

D. Miconazole

**2. What physical position alleviates pain in patients with pericarditis?**

A. Lying flat

B. Sitting and leaning forward

C. Standing erect

D. Lying on the left side

**3. What is a serious complication of STIs that may lead to infertility?**

A. Pelvic inflammatory disease (PID)

B. Endometriosis

C. Chlamydia

D. Gonorrhea

**4. What does the PERC score help to assess?**

A. Risk of bleeding

B. Need for further imaging

C. Cardiac output

D. Severity of heart failure

**5. Which treatment is indicated for infants under 1 year old experiencing foreign body aspiration?**

A. Heimlich maneuver

B. Back blows

C. Throat sweeps

D. Chest compressions

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**6. Which condition is characterized by a deficiency of or resistance to vasopressin/anti-diuretic hormone?**

A. Diabetes Mellitus

B. Diabetes Insipidus

C. Hypernatremia

D. Hypotonic Hyponatremia

**7. Which condition is characterized by a pansystolic, blowing sound that radiates to the left axilla?**

A. Mitral regurgitation

B. Mitral valve prolapse

C. Tricuspid regurgitation

D. Pulmonic stenosis

**8. What does the Hep B antibody to core antigen indicate?**

A. Chronic infection

B. Acute infection

C. Vaccination

D. None of the above

**9. What does the Frank-Starling principle describe?**

A. The relation between heart rate and arterial pressure

B. The effect of preload on the heart's ejection fraction

C. The decrease in cardiac output with increased demand

D. The effect of heart rate on diastolic filling

**10. Which spinal injuries are considered unstable or potentially unstable?**

A. Teardrop fracture

B. Simple fracture

C. Compression fracture

D. Fracture with no displacement

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# Answers

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

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# Explanations

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## 1. What is the standard treatment for Trichomonas infection?

A. Clotrimazole

B. Nystatin

C. Metronidazole

D. Miconazole

*The standard treatment for Trichomonas infection is Metronidazole. This medication is an antibiotic that belongs to the class of nitroimidazoles, which effectively targets the Trichomonas vaginalis parasite responsible for the infection. Metronidazole works by disrupting the DNA synthesis of the microorganism, leading to its death. It is typically administered orally or intra-vaginally and is usually highly effective. Treatment with Metronidazole not only alleviates symptoms but also reduces the risk of transmission to sexual partners. In some cases, tinidazole may also be used as an alternative treatment, but Metronidazole remains the most commonly prescribed option. Other options like Clotrimazole, Nystatin, and Miconazole do not have efficacy against Trichomonas. These medications are primarily antifungals used for treating yeast infections and are not effective against parasitic infections like Trichomonas. Understanding the specific nature of the pathogen and its appropriate treatment is crucial for effective management of the infection.*

## 2. What physical position alleviates pain in patients with pericarditis?

A. Lying flat

B. Sitting and leaning forward

C. Standing erect

D. Lying on the left side

*In patients with pericarditis, sitting and leaning forward typically helps alleviate pain due to the mechanics of chest wall dynamics and the effects on the pericardial space. When a person leans forward, there is reduced pressure on the pericardium, which can diminish the inflammation and associated pain from the pericardial tissues. This posture allows for greater chest wall expansion and helps prevent the heart and surrounding tissues from rubbing against each other, which can exacerbate discomfort. Other positions, such as lying flat or on the left side, tend to increase pressure on the pericardium, thus intensifying the pain. Standing erect might provide some relief, but it doesn't offer the same significant alleviation as leaning forward does. Understanding these positional changes can be vital in managing symptoms of pericarditis effectively, particularly in emergency and clinical settings.*

## 3. What is a serious complication of STIs that may lead to infertility?

A. Pelvic inflammatory disease (PID)

B. Endometriosis

C. Chlamydia

D. Gonorrhea

*Pelvic inflammatory disease (PID) is a serious complication of sexually transmitted infections (STIs) that can significantly impact a person's reproductive health and may lead to infertility. PID occurs when bacteria, often from STIs such as chlamydia or gonorrhea, ascend from the lower genital tract into the uterus, fallopian tubes, and pelvic cavity. This infection can result in scarring and damage to these structures, which can disrupt normal function and lead to difficulties in conception. Infertility can arise as a direct consequence of the damage caused by PID, such as blocked fallopian tubes or other structural changes, which prevent egg fertilization or implantation. In some cases, PID can lead to chronic pelvic pain and ectopic pregnancies as well. While chlamydia and gonorrhea are specific STIs that can lead to PID, their presence alone does not directly indicate infertility. Endometriosis, while it can impact fertility, is a separate condition related to the presence of endometrial tissue outside the uterus and is not a complication of STIs. Thus, PID stands out as the primary condition directly linked to the infertility risk associated with untreated STIs.*

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## 4. What does the PERC score help to assess?

A. Risk of bleeding

B. Need for further imaging

C. Cardiac output

D. Severity of heart failure

*The PERC score, or Pulmonary Embolism Rule-out Criteria, is specifically designed to help determine the need for further imaging in patients who may have a pulmonary embolism (PE). It comprises a set of eight clinical criteria that, when all are negative, suggest a low probability of PE and can safely eliminate the need for additional diagnostic imaging such as a CT angiogram or V/Q scan. The criteria assess factors including age, history of DVT or PE, heart rate, blood oxygen saturation, and others. When PERC criteria are met, the recommendation is often to forgo further imaging, streamlining the evaluation process and minimizing unnecessary radiation exposure and costs for patients. The other options relate to different clinical assessments. Assessing the risk of bleeding typically involves different scoring systems, such as the HAS-BLED score for patients on anticoagulation therapy. Cardiac output is evaluated through hemodynamic measurements and does not directly correlate with the PERC score's purpose. Severity of heart failure is often graded using specific classifications like the New York Heart Association (NYHA) functional classification, which is entirely separate from the PERC assessment. Thus, the PERC score is specifically effective for ruling out the necessity of imaging in suspected cases of pulmonary embol*

## 5. Which treatment is indicated for infants under 1 year old experiencing foreign body aspiration?

A. Heimlich maneuver

B. Back blows

C. Throat sweeps

D. Chest compressions

*For infants under 1 year old experiencing foreign body aspiration, back blows are indicated as a primary treatment method. This approach is effective because it uses gravitational force and controlled impact to help expel an obstructing object from the airway. When performing back blows, the infant is placed face down on the rescuer's forearm, and the rescuer delivers firm blows between the infant's shoulder blades with the heel of their hand. This method is designed to create sufficient airflow pressure to dislodge the foreign body. In contrast, the Heimlich maneuver is not recommended for infants due to their anatomical differences and developmental stage. It can cause injury to their internal organs. Throat sweeps and chest compressions are also inappropriate for infants in this situation. Throat sweeps are not recommended as they can push the object further down the airway, and chest compressions are not the primary method for addressing airway obstruction in this age group. Thus, back blows remain the safest and most effective approach for managing foreign body aspiration in infants.*

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## 6. Which condition is characterized by a deficiency of or resistance to vasopressin/anti-diuretic hormone?

A. Diabetes Mellitus

B. Diabetes Insipidus

C. Hypernatremia

D. Hypotonic Hyponatremia

*Diabetes Insipidus is characterized by a deficiency of or resistance to vasopressin, also known as antidiuretic hormone (ADH). This hormone plays a crucial role in regulating the body's retention of water by acting on the kidneys to promote water reabsorption. In the case of central diabetes insipidus, the body fails to produce adequate amounts of vasopressin due to damage to the pituitary gland. In nephrogenic diabetes insipidus, the kidneys are unable to respond effectively to the vasopressin that is produced. As a result of either condition, patients experience excessive thirst and urination leading to large volumes of dilute urine, and they may become dehydrated if fluid intake does not keep pace with urine output. Other conditions listed, such as Diabetes Mellitus, primarily involve abnormalities in blood glucose regulation rather than fluid balance. Hypernatremia refers to elevated sodium levels, often resulting from dehydration or excessive sodium intake, but it is not directly a deficiency of vasopressin. Hypotonic Hyponatremia, conversely, signifies diluted sodium levels usually due to excess water in the body, often influenced by the actions of vasopressin, but does not indicate a deficiency or resistance*

## 7. Which condition is characterized by a pansystolic, blowing sound that radiates to the left axilla?

A. Mitral regurgitation

B. Mitral valve prolapse

C. Tricuspid regurgitation

D. Pulmonic stenosis

*The condition characterized by a pansystolic, blowing sound that radiates to the left axilla is mitral regurgitation. This condition occurs when the mitral valve does not close properly during systole, allowing blood to flow backward from the left ventricle into the left atrium. The sound produced is typically described as a high-pitched, blowing murmur that starts at the first heart sound and continues through to the second heart sound, hence the term "pansystolic." The characteristic radiation of this murmur to the left axilla is significant because it helps to distinguish mitral regurgitation from other heart murmurs. The murmur is best heard at the apex of the heart, which is located at the left lateral aspect of the thorax, and the radiation towards the axilla is due to the direction of blood flow and the positioning of the heart in the chest cavity. In comparison, other conditions like mitral valve prolapse would often produce a different type of murmur that might not have as distinct a radiation pattern and may include a mid-systolic click. Tricuspid regurgitation typically presents with a holosystolic murmur as well, but it is best heard along the left sternal*

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## 8. What does the Hep B antibody to core antigen indicate?

A. Chronic infection

B. Acute infection

C. Vaccination

D. None of the above

*The presence of antibodies to the core antigen of Hepatitis B virus (anti-HBc) indicates exposure to the virus, but it is particularly relevant in distinguishing between acute and chronic hepatitis B infections. When someone presents with symptomatic hepatitis B, particularly in the acute phase of the disease, they will have detectable levels of anti-HBc, as this antibody is produced in response to active viral replication during infection. Specifically, in acute infections, both IgM and IgG variants of anti-HBc can be present, with IgM anti-HBc indicating a recent infection that has occurred within the last six months. This helps healthcare providers determine that the patient is currently experiencing an acute hepatitis B infection, as opposed to having had an earlier or chronic infection. In contrast, individuals who are vaccinated against hepatitis B will generally have antibodies to the surface antigen (anti-HBs) but will not have anti-HBc unless they have encountered the virus. Thus, the presence of anti-HBc alone is not indicative of vaccination or chronic infection without additional context, which confirms that the answer linking anti-HBc to acute infection is accurate.*

## 9. What does the Frank-Starling principle describe?

A. The relation between heart rate and arterial pressure

B. The effect of preload on the heart's ejection fraction

C. The decrease in cardiac output with increased demand

D. The effect of heart rate on diastolic filling

*The Frank-Starling principle describes the relationship between the degree of stretch of the cardiac muscle fibers (preload) and the resulting strength of contraction (ejection fraction) of the heart. Essentially, this principle states that within certain limits, the more the heart is filled with blood (increased preload), the greater the force of contraction during systole. This allows the heart to adjust its pumping efficiency based on the volume of blood returning to it. When preload is increased, the myocardial fibers are stretched more, leading to a more powerful contraction and a higher ejection fraction. This is a critical mechanism that enables the heart to respond dynamically to changes in blood volume and demands in circulation, effectively optimizing cardiac output. Understanding this principle is fundamental in situations like heart failure or fluid overload, where the heart's ability to contract and the effectiveness of its pumping action become critical points of concern.*

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## 10. Which spinal injuries are considered unstable or potentially unstable?

A. Teardrop fracture

B. Simple fracture

C. Compression fracture

D. Fracture with no displacement

*Teardrop fractures are classified as unstable or potentially unstable spinal injuries due to their characteristic involving a fragment of bone that is avulsed from the vertebral body. This type of fracture typically occurs in the context of severe flexion or hyperextension forces, often associated with ligamentous injury and instability in the spinal column. This instability arises because the injury compromises the integrity of the spinal structures essential for maintaining normal stability and alignment, resulting in a higher risk for neurological impairment and deformity. In contrast, simple fractures, compression fractures, and fractures with no displacement typically maintain the structural integrity of the vertebrate column better. A simple fracture generally refers to a break where the bone remains in alignment, and compression fractures often result from axial loading without significant displacement, suggesting that the stability of the spinal column is preserved in these injuries. Fractures with no displacement indicate that the bone pieces remain in their proper anatomical position, further signaling that these injuries are more likely to be stable. Thus, the nature of the teardrop fracture makes it a critical focus for assessment and management in emergency medicine.*

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# 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:

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

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