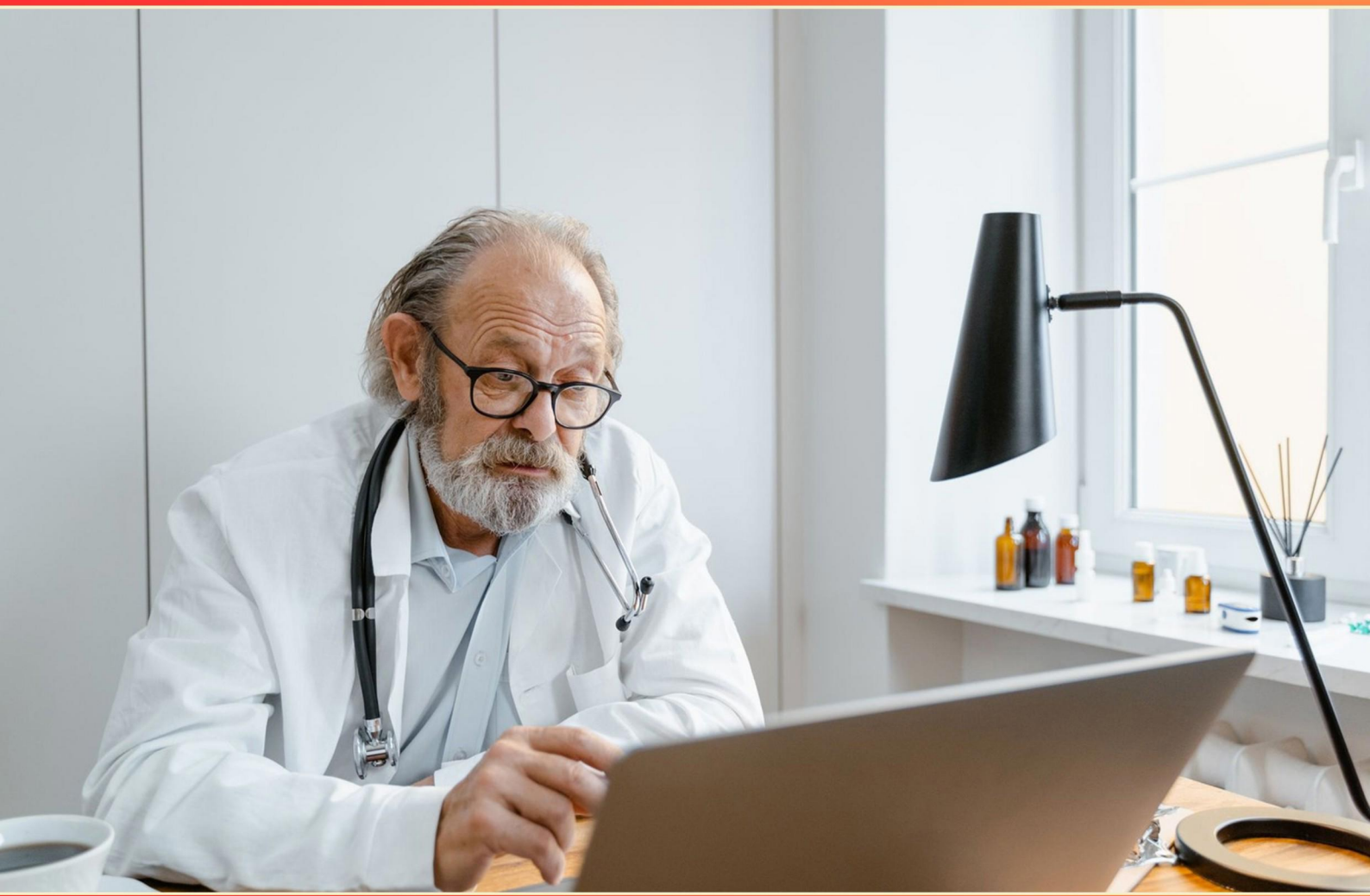
INTERNAL MEDICINE END OF ROTATION (EOR) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

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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. In the management of pleural effusion, what is crucial for complicated effusions?

A. Immediate surgical intervention

B. Correction of the underlying disorder

C. Dietary modifications

D. Maintaining hydration

2. What type of tumor is characterized as a low-grade malignant neoplasm that is slow-growing and rarely metastasizes?

A. Carcinoma

B. Lymphoma

C. Carcinoid tumor

D. Adenoma

3. Asthma is characterized by which of the following conditions?

A. Chronic inflammation of the alveoli

B. Episodic respiratory symptoms and airflow obstruction

C. Progressive lung fibrosis

D. Fixed airflow limitation

4. What percussion note replaces resonance when fluid replaces air-containing lung tissue?

A. Dullness

B. Hyperresonance

C. Flatness

D. Timpanic sound

5. Which medications have been shown to decrease mortality in chronic heart failure with systolic dysfunction?

A. ACE inhibitors, cardioselective beta blockers, and aldosterone antagonists

B. Digoxin, loop diuretics, and digoxin

C. Hydralazine, nitrates, and inotropic agents

D. Beta blockers, calcium channel blockers, and thiazide diuretics

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6. In lung cancer, a Pancoast tumor is typically found in which location?

A. Lower lobes

B. Upper lobes

C. Centrally in the chest

D. Extending into the abdomen

7. Which compound can cause impairment of renal autoregulation?

A. Calcium channel blockers

B. ACE inhibitors

C. Beta blockers

D. Diuretics

8. What does a left bundle branch block on an EKG suggest?

A. Normal heart function

B. Right heart strain

C. Underlying heart disease

D. Electrolyte imbalance

9. Which factor is NOT included in the TIMI score for assessing risk in UA or NSTEMI?

A. Age > 65

B. Previous myocardial infarction

C. At least 3 risk factors

D. ST segment changes

10. What type of wheezing is commonly associated with pleural effusion?

A. Dry wheezing

B. Expiratory wheezing

C. Inspiratory wheezing

D. Monophonic wheezing

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Answers

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

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Explanations

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1. In the management of pleural effusion, what is crucial for complicated effusions?

A. Immediate surgical intervention

B. Correction of the underlying disorder

C. Dietary modifications

D. Maintaining hydration

In managing complicated pleural effusions, correcting the underlying disorder is crucial because these effusions often result from specific etiological conditions such as infection, malignancy, or systemic diseases. When dealing with a complicated effusion, addressing the root cause can help resolve the effusion and prevent recurrent episodes. For instance, if the effusion is secondary to an infection like pneumonia, treating the infection with antibiotics is necessary to allow the effusion to resolve on its own. Similarly, if the effusion is related to malignancy, appropriate oncological intervention can aid in managing both the cancer and its associated effusive processes. Other options, while they may play a role in management, are secondary to this priority. For example, immediate surgical intervention could be warranted in specific scenarios, particularly if there are concerns about empyema or significant respiratory compromise, but it is not universally required for all complicated effusions. Dietary modifications and maintaining hydration are typically more relevant to general health and supportive care rather than being central to the treatment of the effusion itself. Thus, addressing the underlying disorder remains the most pivotal aspect in the management of complicated pleural effusions.

2. What type of tumor is characterized as a low-grade malignant neoplasm that is slow-growing and rarely metastasizes?

A. Carcinoma

B. Lymphoma

C. Carcinoid tumor

D. Adenoma

The correct answer describes a carcinoid tumor, which is indeed characterized as a low-grade malignant neoplasm. Carcinoid tumors typically arise from enterochromaffin cells and are often found in the gastrointestinal tract, particularly the appendix and small intestine, but can also originate in other areas such as the lungs. One of the defining features of carcinoid tumors is their slow growth and the fact that they metastasize very infrequently, particularly in their early stages. These tumors can sometimes be functional, leading to a secretion of hormones such as serotonin, which may cause specific clinical syndromes like the carcinoid syndrome if the tumor is metastatic. Despite their malignant classification, the indolent nature and rarity of metastasis is a hallmark characteristic that distinguishes them from more aggressive neoplasms. In contrast, other types of tumors such as carcinomas are generally more aggressive and demonstrate a higher likelihood of metastasis. Lymphomas are hematologic malignancies that typically exhibit a more aggressive course. Adenomas are benign tumors; while they can be precursors to malignancy, they do not have the malignant characteristics of carcinoid tumors. Understanding carcinoid tumors and their unique characteristics helps in differentiating them from other malignancies, which

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3. Asthma is characterized by which of the following conditions?

A. Chronic inflammation of the alveoli

B. Episodic respiratory symptoms and airflow obstruction

C. Progressive lung fibrosis

D. Fixed airflow limitation

Asthma is primarily characterized by episodic respiratory symptoms and airflow obstruction. This chronic inflammatory disorder of the airways leads to hyperresponsiveness and narrowing of the airways, resulting in symptoms such as wheezing, coughing, shortness of breath, and chest tightness. These symptoms tend to occur intermittently, often in response to various triggers like allergens, exercise, or respiratory infections. The episodic nature of asthma distinguishes it from other respiratory conditions. For instance, chronic obstructive pulmonary disease (COPD) usually presents with fixed airflow limitation and progressive deterioration in lung function, which is not characteristic of asthma. In asthma, airflow obstruction is often reversible with bronchodilator medications, demonstrating the transient nature of the airway narrowing during asthma exacerbations. Understanding that asthma is fundamentally about both episodic symptoms and reversible airflow obstruction is crucial for diagnosis and treatment strategies, influencing the use of rescue inhalers and maintenance therapies.

4. What percussion note replaces resonance when fluid replaces air-containing lung tissue?

A. Dullness

B. Hyperresonance

C. Flatness

D. Timpanic sound

When fluid replaces air in lung tissue, the percussion note changes from the resonance typically found in normal, air-filled lungs to dullness. This occurs because fluid does not transmit sound in the same way that air does, leading to a more muted sound when percussing over the affected area. Dullness indicates the presence of denser material—like fluid or solid mass—whereas resonance is associated with air. In contrast, hyperresonance would be heard with an increase of air, such as in conditions like pneumothorax, and flatness is typically characterized by very dense structures like muscle or bone, which produce a completely different sound, much duller than that of fluid-filled spaces. Tympanic sounds are commonly associated with air-filled structures such as the stomach or intestines, which is also not applicable to fluid-filled lung tissue. Thus, recognizing the sound of dullness is crucial for assessing conditions such as pleural effusion or pneumonia where fluid accumulation occurs in the lungs.

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5. Which medications have been shown to decrease mortality in chronic heart failure with systolic dysfunction?

A. ACE inhibitors, cardioselective beta blockers, and aldosterone antagonists

B. Digoxin, loop diuretics, and digoxin

C. Hydralazine, nitrates, and inotropic agents

D. Beta blockers, calcium channel blockers, and thiazide diuretics

The choice of medications that decrease mortality in chronic heart failure with systolic dysfunction includes ACE inhibitors, cardioselective beta blockers, and aldosterone antagonists. ACE inhibitors are pivotal in managing heart failure as they reduce afterload and preload, improve cardiac output, and have been shown in multiple studies to decrease mortality risk. They also help mitigate the detrimental neurohormonal activation that occurs in heart failure. Cardioselective beta blockers, such as metoprolol succinate and carvedilol, have been shown in clinical trials to improve survival rates. They provide protective effects on the heart by reducing heart rate, improving left ventricular function, and decreasing the progression of heart failure. Aldosterone antagonists like spironolactone or eplerenone are important as they contribute to mortality reduction by counteracting the harmful effects of aldosterone and preventing fibrosis and remodeling of cardiac tissue. Studies demonstrate that these agents significantly lower mortality in patients with advanced systolic heart failure. Other choices listed involve medications that play roles in symptomatic relief, like loop diuretics (which manage fluid overload) and inotropic agents (which can temporarily improve heart function), but they do not demonstrate a mortality benefit. Calcium channel blockers and thiazide diuretics

6. In lung cancer, a Pancoast tumor is typically found in which location?

A. Lower lobes

B. Upper lobes

C. Centrally in the chest

D. Extending into the abdomen

A Pancoast tumor is a specific type of lung cancer that occurs at the apex of the lung, usually affecting the upper lobe. This location is significant because Pancoast tumors can invade surrounding structures, including the chest wall, brachial plexus, and sympathetic nerves. As a result, patients may present with a unique set of symptoms such as shoulder pain, Horner's syndrome (ptosis, miosis, and anhidrosis on the affected side), and atrophy of hand muscles due to nerve involvement. The association with the upper lobes is crucial, as this distinguishes Pancoast tumors from more centrally located lung cancers or tumors that predominantly affect the lower lobes or extend into the abdomen. Understanding this anatomical and clinical context helps in recognizing and diagnosing Pancoast tumors within the broader spectrum of lung cancer types.

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7. Which compound can cause impairment of renal autoregulation?

A. Calcium channel blockers

B. ACE inhibitors

C. Beta blockers

D. Diuretics

ACE inhibitors can impair renal autoregulation primarily through their action on the renin-angiotensin-aldosterone system. In normal physiology, the kidneys maintain a relatively constant blood flow and glomerular filtration rate (GFR) despite fluctuations in systemic blood pressure, a function known as renal autoregulation. This autoregulation is largely mediated by the ability of the afferent arterioles to dilate in response to decreased perfusion pressure, and the efferent arterioles can constrict under certain conditions to maintain GFR. ACE inhibitors inhibit the conversion of angiotensin I to angiotensin II, a potent vasoconstrictor that plays a significant role in maintaining efferent arteriolar tone. When the action of angiotensin II is blunted, especially in cases of renal artery stenosis or post-surgical scenarios, there may be insufficient constriction of the efferent arteriole. This can lead to a reduction in GFR, particularly when systemic blood pressure drops. Therefore, while ACE inhibitors are beneficial for treating conditions such as hypertension and heart failure, they can compromise renal blood flow and autoregulation in certain populations, making renal function more sensitive to changes in systemic perfusion. In

8. What does a left bundle branch block on an EKG suggest?

A. Normal heart function

B. Right heart strain

C. Underlying heart disease

D. Electrolyte imbalance

A left bundle branch block (LBBB) on an EKG indicates a delay or blockage in the electrical conduction system of the heart, specifically in the left bundle branch. This alteration in conduction can suggest the presence of underlying heart disease. Patients with LBBB may have a range of conditions including coronary artery disease, hypertension, cardiomyopathy, or valvular heart disease. The presence of LBBB often indicates that the heart is attempting to compensate for structural or functional abnormalities, which can lead to more severe cardiovascular issues over time. Therefore, identifying an LBBB is crucial, as it can serve as a marker for significant cardiac pathology that requires further evaluation or management.

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9. Which factor is NOT included in the TIMI score for assessing risk in UA or NSTEMI?

A. Age > 65

B. Previous myocardial infarction

C. At least 3 risk factors

D. ST segment changes

The TIMI score (Thrombolysis In Myocardial Infarction score) is a clinical tool designed to assess the risk of adverse outcomes in patients presenting with unstable angina (UA) or non-ST-elevation myocardial infarction (NSTEMI). Each factor in the TIMI score helps to stratify patients based on their risk levels, guiding management decisions. The presence of at least one previous myocardial infarction is indeed a significant risk factor in cardiovascular events; however, it is not included in the TIMI score. The factors that are included in the TIMI score are: - Age over 65: Older age is associated with increased risk for adverse cardiac events. - At least three risk factors for coronary artery disease: This includes factors such as hypertension, diabetes, smoking, and hyperlipidemia. More risk factors increase the likelihood of significant cardiac events. - ST segment changes: These changes on an ECG suggest ongoing ischemia, increasing the risk of worse outcomes. By understanding that previous myocardial infarction is critical for assessing overall cardiovascular risk, it's important to note that it is not part of the TIMI scoring criteria used specifically for UA or NSTEMI assessments. Therefore, it stands out as the correct answer to identify

10. What type of wheezing is commonly associated with pleural effusion?

A. Dry wheezing

B. Expiratory wheezing

C. Inspiratory wheezing

D. Monophonic wheezing

Inspiratory wheezing is associated with pleural effusion because the presence of fluid in the pleural space can compress the lung tissue and limit its expansion during inhalation. As the affected lung tries to expand, the partially collapsed or fluid-occupied portions can produce a characteristic inspiratory wheeze, which is a high-pitched sound that occurs as air passes through narrowed or obstructed airways during inhalation. In cases of pleural effusion, the cushioning effect of the fluid can lead to a range of respiratory sounds, but inspiratory wheezing is particularly notable as it indicates that there is interference during inhalation, likely due to restriction from the effusion. This sound is different from other types of wheezing, which may not be directly relevant in this context. Dry wheezing typically indicates inflamed or irritated airways but does not specifically highlight the impact of pleural effusion. Expiratory wheezing is often associated with conditions like asthma or chronic obstructive pulmonary disease (COPD), where there is obstruction during the exhalation phase, and monophonic wheezing may describe a single, continuous sound often linked to a specific airway obstruction but is less representative of the effects of pleural effusion on breathing mechanics. Therefore,

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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:

https://internalmedicineeor.examzify.com

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

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