MULTI-SPECIALTY RECRUITMENT ASSESSMENT (MSRA) 2026 PRACTICE TEST (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. Initial management of acute pancreatitis typically includes?

A. ERCP and analgesia

B. IV fluids and analgesia

C. Surgical intervention

D. Oral medications

2. What is the normal heart rate for infants younger than 1 year old?

A. 70-100 bpm

B. 90-130 bpm

C. 110-160 bpm

D. 120-170 bpm

3. What is the recommended monitoring for patients taking amiodarone?

A. FBC and TFTs

B. LFTs and TFTs every 6 months

C. Electrolytes every month

D. Complete metabolic panel every 3 months

4. What is the management approach for symptomatic primary hyperparathyroidism?

A. Only watchful waiting without intervention

B. Parathyroidectomy in all cases

C. Fluid intake and possible surgery depending on symptoms

D. Aggressive chemotherapy

5. What is a common presentation of a tetanus infection?

A. High fever and chills

B. Muscle spasms around the wound

C. Skin rash and itching

D. Nausea and vomiting

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6. What is the initial investigation recommended for a patient presenting with Crohn's disease?

A. Colonoscopy

B. CT abdomen

C. Upper GI series

D. Ultrasound of the abdomen

7. What type of abnormal cells is generally observed in chronic lymphocytic leukemia (CLL)?

A. Target cells

B. Smear cells

C. Heinz bodies

D. Auer rods

8. A 50-year-old farmer presents with fever and flu-like symptoms after a tick bite. What is the most likely diagnosis?

A. Lyme disease

B. Rocky Mountain spotted fever

C. Q fever

D. Anaplasmosis

9. A 40-year-old man presents with thyroid swelling and lung opacities. What is the most probable diagnosis?

A. Papillary carcinoma

B. Anaplastic carcinoma

C. Follicular carcinoma

D. Thyroiditis

10. What symptom is NOT typically associated with a lesion in the conus medullaris?

A. Urinary retention

B. Flaccid paralysis in lower limbs

C. Severe back pain

D. Visual disturbances

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Answers

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

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Explanations

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1. Initial management of acute pancreatitis typically includes?

A. ERCP and analgesia

B. IV fluids and analgesia

C. Surgical intervention

D. Oral medications

In the initial management of acute pancreatitis, the primary focus is on supportive care, which includes administering intravenous fluids and providing analgesia. The condition often arises from factors such as gallstones, alcohol consumption, or other underlying causes, and the immediate goal is to resuscitate the patient and manage symptoms. Administering IV fluids is crucial because it helps to maintain hydration, correct electrolyte imbalances, and support organ perfusion, which can be impaired in this condition. The administration of analgesia is essential as pain can be severe in acute pancreatitis, and managing this symptom significantly improves the patient's comfort and recovery experience. While other treatments, such as ERCP, surgical interventions, or oral medications, may play a role in the management of specific cases of pancreatitis, they are not part of the initial management for most patients presenting with this condition. ERCP is typically indicated when there is a need to address obstruction caused by gallstones, surgical intervention is reserved for complications or severe cases, and oral medications are not appropriate until the patient has stabilized and is ready to resume normal feeding.

2. What is the normal heart rate for infants younger than 1 year old?

A. 70-100 bpm

B. 90-130 bpm

C. 110-160 bpm

D. 120-170 bpm

The normal heart rate for infants younger than 1 year old typically ranges from 110 to 160 beats per minute (bpm). This elevated heart rate is a normal physiological response in infants, as their smaller bodies require a faster heart rate to adequately circulate blood to support their rapid growth and metabolic demands. When considering the other ranges provided, they fall outside the normal parameters for infants. For example, a range of 70-100 bpm is more reflective of adult heart rates, while 90-130 bpm may be applicable to older children. The range of 120-170 bpm exceeds the normal upper limit for infants. Understanding these normal ranges is essential for assessing cardiac health and ensuring appropriate responses to abnormal findings in pediatric patients.

3. What is the recommended monitoring for patients taking amiodarone?

A. FBC and TFTs

B. LFTs and TFTs every 6 months

C. Electrolytes every month

D. Complete metabolic panel every 3 months

For patients taking amiodarone, the recommended monitoring primarily includes liver function tests (LFTs) and thyroid function tests (TFTs) every 6 months. This is critical due to the potential side effects of amiodarone on the liver and thyroid gland. Amiodarone can cause hepatotoxicity, so monitoring LFTs helps detect any liver damage early. Additionally, since amiodarone contains iodine, it can significantly affect thyroid function, leading to either hyperthyroidism or hypothyroidism; hence, regular TFTs are essential to manage these risks effectively. This specific monitoring schedule allows for the timely identification of any adverse effects, allowing for interventions before complications arise. The six-month interval is a balance between being proactive and avoiding unnecessary tests that could lead to patient fatigue with frequent blood draws. The emphasis on LFTs and TFTs over other types of monitoring ensures that the most pertinent risks associated with amiodarone therapy are adequately addressed.

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4. What is the management approach for symptomatic primary hyperparathyroidism?

A. Only watchful waiting without intervention

B. Parathyroidectomy in all cases

C. Fluid intake and possible surgery depending on symptoms

D. Aggressive chemotherapy

The management approach for symptomatic primary hyperparathyroidism focuses on addressing the symptoms and underlying causes while considering the patient's overall health. In cases where patients experience symptoms—such as kidney stones, bone pain, or gastrointestinal issues—the preferred strategy generally involves surgical intervention, specifically parathyroidectomy. This surgery aims to remove the overactive parathyroid tissue, thereby alleviating symptoms and reducing the risk of long-term complications associated with hyperparathyroidism. The mention of fluid intake in the correct response highlights a supportive management aspect, as adequate hydration can help manage certain symptoms, such as nephrolithiasis (kidney stones). This approach ensures that patients receive immediate relief from their symptomatic distress while considering the permanent solution of surgery. Light management strategies like watchful waiting are usually reserved for asymptomatic patients or those with a less severe presentation, which would not apply in this scenario where symptoms are present. Therefore, the choice of monitoring without action would not adequately address the patient's needs. Surgical intervention is not recommended universally for all cases, particularly in asymptomatic patients, or in situations where comorbidities may complicate surgery, hence the option suggesting parathyroidectomy in all cases is broadly inappropriate. Moreover, aggressive chemotherapy has no relevance in treatment for hyper

5. What is a common presentation of a tetanus infection?

A. High fever and chills

B. Muscle spasms around the wound

C. Skin rash and itching

D. Nausea and vomiting

In a tetanus infection, a hallmark feature is the occurrence of muscle spasms, particularly around the site of injury or wound. These spasms can be quite severe and lead to generalized rigidity. This presentation is due to the effects of the neurotoxin produced by the Clostridium tetani bacterium, which disrupts normal muscle contraction and relaxation pathways. Often, these spasms initially manifest locally, which is why muscle spasms around the wound site are noteworthy. The condition can progress, resulting in characteristic stiffness or spasms in other parts of the body, including the jaw (known as trismus or lockjaw) and neck. Tetanus can also lead to full-body spasms that are painful and distressing. While high fever and chills, skin rash and itching, and nausea and vomiting can be signs of various infections or illnesses, they are not typical presentations associated with tetanus. Tetanus specifically does not usually present with these symptoms, making muscle spasms a critical and distinguishing feature of the infection.

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6. What is the initial investigation recommended for a patient presenting with Crohn's disease?

A. Colonoscopy

B. CT abdomen

C. Upper GI series

D. Ultrasound of the abdomen

For a patient presenting with Crohn's disease, the recommended initial investigation is a CT abdomen. This imaging modality is particularly useful because it provides a detailed view of the intestines and can help identify not only the presence of Crohn's disease but also the complications that may arise, such as strictures, fistulas, or abscesses. The non-invasive nature of CT imaging, along with its ability to capture cross-sectional views, allows for a comprehensive understanding of the disease extent and any associated abnormalities. Colonoscopy is often used for direct visualization of the colon and may be used in further evaluations, but it is typically not the first-line assessment when presenting symptoms suggestive of Crohn's disease. Similarly, an upper GI series can be helpful in assessing the upper gastrointestinal tract but does not provide as complete a picture of the bowel as a CT. An abdominal ultrasound can be useful in certain scenarios, particularly in pediatrics or to assess complications, but it does not have the same level of sensitivity in diagnosing Crohn's disease compared to a CT scan. Therefore, a CT abdomen is favored as the initial investigation for its broader diagnostic capability in this context.

7. What type of abnormal cells is generally observed in chronic lymphocytic leukemia (CLL)?

A. Target cells

B. Smear cells

C. Heinz bodies

D. Auer rods

Chronic lymphocytic leukemia (CLL) is characterized by the accumulation of small, mature lymphocytes in the peripheral blood, bone marrow, and lymphoid tissues. One specific type of abnormal cell that is commonly observed in blood smears of patients with CLL is known as "smear cells." These cells appear fragile and distorted, often resulting from the way they are handled during the preparation of the blood sample. As the blood is smeared on a slide, these lymphocytes may rupture or become deformed, leading to the appearance of "smear cells." The unique characteristics of smear cells—where these lymphocytes seem to have a "smudged" or blurred appearance—play a significant role in the diagnosis of CLL and distinguish it from other blood disorders. Recognizing these cells during a microscopic examination is vital for healthcare professionals in confirming a CLL diagnosis. On the other hand, target cells, Heinz bodies, and Auer rods are associated with different hematological conditions. Target cells are related to disorders such as liver disease, hemoglobinopathies, or postsplenectomy states. Heinz bodies are formed due to oxidative damage to hemoglobin and are typically seen in conditions like G6PD deficiency or after exposure to oxidizing agents

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8. A 50-year-old farmer presents with fever and flu-like symptoms after a tick bite. What is the most likely diagnosis?

A. Lyme disease

B. Rocky Mountain spotted fever

C. Q fever

D. Anaplasmosis

The scenario presented describes a patient who has developed fever and flu-like symptoms following a tick bite, which prompts consideration of various tick-borne illnesses. In this context, Q fever is caused by the bacterium Coxiella burnetii, which can be transmitted through contact with infected animals or their products rather than solely through tick bites. While it is a notable zoonotic disease that can exhibit flu-like symptoms, it is not primarily characterized by a recent tick exposure, which shifts the focus toward other possible infections caused by ticks. Lyme disease and Rocky Mountain spotted fever are commonly associated with direct tick exposure and would be more likely diagnoses considering the key symptom of a tick bite prior to symptom onset. Anaplasmosis is also a tick-borne disease, caused by Anaplasma phagocytophilum, and typically presents with sudden onset fever, chills, and muscle aches after a tick exposure, resembling flu-like symptoms. In this case, given the clear indication that the patient has recently been bitten by a tick and is exhibiting symptoms aligned with tick-borne illnesses, it is more fitting to assign the diagnosis to an illness directly related to tick exposure, rather than Q fever. Therefore, considering the details and common presentations of tick-related conditions

9. A 40-year-old man presents with thyroid swelling and lung opacities. What is the most probable diagnosis?

A. Papillary carcinoma

B. Anaplastic carcinoma

C. Follicular carcinoma

D. Thyroiditis

In the context of a 40-year-old man presenting with thyroid swelling and lung opacities, the most probable diagnosis is follicular carcinoma. This form of thyroid cancer can present with local symptoms such as a palpable thyroid mass, and the potential for distant metastasis, particularly to the lungs, is a characteristic feature. Follicular carcinoma is known for its tendency to invade blood vessels and spread hematogenously, often resulting in lung nodules or opacities. This capacity for vascular invasion distinguishes it from other types of thyroid pathology. While papillary carcinoma is more common and typically presents with lymphatic spread rather than distant metastases, lung opacities would be less characteristic of this type. Anaplastic carcinoma, while aggressive and associated with swelling, typically presents in an older demographic and is not often characterized by distant lung opacities at the onset. Thyroiditis, on the other hand, usually presents with inflammation and is not typically associated with malignant features such as lung metastases. Thus, the presence of thyroid swelling coupled with lung opacities aligns more closely with the metastatic spread associated with follicular carcinoma, making it the most likely diagnosis in this scenario.

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10. What symptom is NOT typically associated with a lesion in the conus medullaris?

A. Urinary retention

B. Flaccid paralysis in lower limbs

C. Severe back pain

D. Visual disturbances

A lesion in the conus medullaris affects the lower spinal cord, which is critical for motor and sensory functions in the lower limbs and pelvic organs. When considering the symptoms associated with a conus medullaris lesion, urinary retention is common due to loss of bladder control, and flaccid paralysis in the lower limbs can occur because of disrupted nerve signals. Severe back pain may also be a symptom, particularly if the lesion is secondary to a compressive process like a tumor or disc herniation. In contrast, visual disturbances are not typically linked to conus medullaris lesions. Visual symptoms are more associated with lesions affecting the optic pathways or brain regions responsible for vision. Therefore, the presence of visual disturbances does not align with the expected clinical picture of conus medullaris involvement, which primarily affects lower body and pelvic organ function.

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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://msra2025.examzify.com

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

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