PAEA OB-GYN 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 a common side effect of combined oral contraceptives?

A. Weight loss

B. Nausea and breast tenderness

C. Increased energy levels

D. Dry skin

2. Which STI is most commonly associated with a frothy, greenish vaginal discharge?

A. Chlamydia

B. Gonorrhea

C. Trichomonas

D. Syphilis

3. What is the typical clinical presentation of pelvic inflammatory disease (PID)?

A. Abdominal pain and nausea

B. Pelvic pain, fever, and abnormal discharge

C. Back pain and dysuria

D. Vaginal bleeding and itching

4. Following findings of high grade squamous intraepithelial lesions (HSIL) on a Pap smear, what is the most appropriate next step?

A. HPV DNA testing

B. Pelvic ultrasound

C. Repeat Pap smear in 4-6 months

D. Colposcopy with endocervical curettage

5. A 26-year-old female has cyclic pelvic pain with significant dysmenorrhea. She has a palpable adnexal mass and a negative serum pregnancy test. What is the most likely diagnosis?

A. Ovarian cancer

B. Endometriosis

C. Functional ovarian cyst

D. Pelvic inflammatory disease

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6. What common condition may present with dysmenorrhea and is also part of pelvic pain assessment?

A. Adenomyosis

B. Chronic pelvic inflammatory disease

C. Equivocal findings of endometriosis

D. Uterine fibroids

7. A 23-year-old female in active labor shows mild repetitive late decelerations on fetal monitoring. What is the most likely cause of this finding?

A. Fetal hypoxia

B. Head compression

C. Cord compression

D. Uteroplacental insufficiency

8. Which of the following is a common treatment option beyond hormonal therapy for endometriosis?

A. Antidepressants

B. Acupuncture

C. Progestins and GnRH agonists

D. Intrauterine devices

9. What is a common treatment for Chlamydia infection in pregnant women?

A. Azythromycin

B. Metronidazole

C. Ceftriaxone

D. Valacyclovir

10. Which of the following is a first-line treatment for pelvic inflammatory disease (PID)?

A. Metronidazole

B. Ciprofloxacin

C. Goldenseal extract

D. Antibiotic therapy

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Answers

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

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Explanations

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1. What is a common side effect of combined oral contraceptives?

A. Weight loss

B. Nausea and breast tenderness

C. Increased energy levels

D. Dry skin

Nausea and breast tenderness are well-documented side effects associated with the use of combined oral contraceptives (COCs). The hormonal components of COCs (estrogen and progestin) can lead to changes in the body's physiological state, which can manifest as nausea, particularly when starting the medication or adjusting doses. Breast tenderness occurs due to hormonal fluctuations and the effect of estrogen on breast tissue, leading to edema and sensitivity. While other side effects are possible, nausea and breast tenderness are among the most frequently reported by users of combined oral contraceptives, especially during the initial months of use. Monitoring and management of these side effects are important in clinical practice as they can affect adherence to the contraceptive regimen.

2. Which STI is most commonly associated with a frothy, greenish vaginal discharge?

A. Chlamydia

B. Gonorrhea

C. Trichomonas

D. Syphilis

The presence of a frothy, greenish vaginal discharge is most commonly associated with Trichomonas, a sexually transmitted infection (STI) caused by the protozoan parasite Trichomonas vaginalis. This particular discharge is a hallmark symptom of the infection, alongside other potential signs such as itching, irritation of the vulva, and dyspareunia (pain during intercourse). Trichomoniasis is often characterized by a distinctive "frothy" appearance resulting from the inflammation and irritation of the vaginal mucosa caused by the organism. It's essential to note that this STI can be asymptomatic, but when symptoms are present, the frothy discharge is quite noticeable. The differentiation from other infections is based on the discharge's appearance. For instance, Chlamydia and Gonorrhea generally cause a more purulent or mucopurulent discharge, usually yellow or white, without the frothy quality seen in Trichomonas. Syphilis, on the other hand, does not typically present with vaginal discharge as a symptom but rather with other systemic manifestations such as chancres and skin rashes. Recognizing the characteristics of the discharge is critical for diagnosing Trichomonas, allowing for appropriate management and treatment.

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3. What is the typical clinical presentation of pelvic inflammatory disease (PID)?

A. Abdominal pain and nausea

B. Pelvic pain, fever, and abnormal discharge

C. Back pain and dysuria

D. Vaginal bleeding and itching

Pelvic inflammatory disease (PID) typically presents with a combination of pelvic pain, fever, and abnormal vaginal discharge. This condition is characterized by an infection of the female reproductive organs, often caused by sexually transmitted infections, and can lead to significant morbidity if not treated promptly. Pelvic pain is usually a hallmark symptom due to inflammation of the pelvic organs. Fever often accompanies the infection as part of the body's immune response. Additionally, abnormal vaginal discharge may occur, which can vary in color and consistency, reflecting the underlying infection. Understanding this presentation is crucial, as PID can lead to severe complications, such as chronic pelvic pain and infertility, if not recognized and treated early. The combination of these symptoms forms the classic clinical picture that healthcare providers look for when diagnosing PID and differentiating it from other conditions involving the reproductive system.

4. Following findings of high grade squamous intraepithelial lesions (HSIL) on a Pap smear, what is the most appropriate next step?

A. HPV DNA testing

B. Pelvic ultrasound

C. Repeat Pap smear in 4-6 months

D. Colposcopy with endocervical curettage

The most appropriate next step following the finding of high-grade squamous intraepithelial lesions (HSIL) on a Pap smear is to perform a colposcopy with endocervical curettage. HSIL is indicative of a significant risk for cervical cancer, necessitating further evaluation to assess the extent of the lesions and to consider treatment options. Colposcopy allows for a detailed examination of the cervix using a magnifying instrument, which highlights any abnormal areas. During this procedure, endocervical curettage can be performed to collect tissue samples from the endocervical canal, allowing for a more comprehensive assessment of potential precancerous changes. This step is crucial in managing HSIL, as it helps to determine if invasive disease is present and guide subsequent treatment if needed. The other options, such as HPV DNA testing or a repeat Pap smear, are not appropriate next steps at this point due to the strong indication provided by the HSIL diagnosis. Pelvic ultrasound is not relevant in the context of managing cervical abnormalities detected in a Pap smear, as it does not aid in evaluating cervical dysplasia or cancer risk.

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5. A 26-year-old female has cyclic pelvic pain with significant dysmenorrhea. She has a palpable adnexal mass and a negative serum pregnancy test. What is the most likely diagnosis?

A. Ovarian cancer

B. Endometriosis

C. Functional ovarian cyst

D. Pelvic inflammatory disease

The presence of cyclic pelvic pain alongside significant dysmenorrhea, coupled with a palpable adnexal mass and a negative serum pregnancy test, points towards endometriosis as the most likely diagnosis. Endometriosis is characterized by the presence of endometrial-like tissue outside the uterus, causing inflammation and pain that often correlates with the menstrual cycle. The cyclic nature of the pain indicates that it is affected by hormonal changes, which aligns with endometriosis' response to menstrual cycles. The palpable adnexal mass may represent an endometrioma, which is a type of cyst formed when endometrial tissue grows on the ovaries. Other conditions listed may present with pelvic pain and adnexal masses but have differing underlying mechanisms or clinical presentations. For instance, functional ovarian cysts could also present with a palpable mass but are typically not associated with significant dysmenorrhea or the cyclic pattern seen in endometriosis. Ovarian cancer is less likely in this age group, especially given the patient's negative pregnancy test. Pelvic inflammatory disease would generally present with additional symptoms, such as fever or abnormal vaginal discharge, and is more likely to be bilateral without the characteristic cyclicity of pain. Thus, the combination of cyclical symptoms, dys

6. What common condition may present with dysmenorrhea and is also part of pelvic pain assessment?

A. Adenomyosis

B. Chronic pelvic inflammatory disease

C. Equivocal findings of endometriosis

D. Uterine fibroids

Adenomyosis is a condition characterized by the presence of endometrial tissue located within the muscular layer of the uterus (myometrium). It can lead to dysmenorrhea, which is defined as painful menstruation, typically presenting as cramping and pelvic pain that can worsen over time. The hormonal fluctuations associated with the menstrual cycle can cause these endometrial-like tissues within the myometrium to respond similarly to normal endometrial tissue, leading to inflammation, increased uterine size, and painful contractions during menstruation. Adenomyosis frequently presents in women of reproductive age and is often associated with heavy menstrual bleeding (menorrhagia) as well. In the context of pelvic pain assessment, adenomyosis is an important consideration due to its potential to cause significant discomfort alongside dysmenorrhea. The diagnosis can often be confirmed through imaging studies like transvaginal ultrasound or MRI, or definitively through histological examination following a hysterectomy. The other conditions listed in the options relate to pelvic pain but do not showcase the same direct link to dysmenorrhea or may have distinct presentations and causes that differ from adenomyosis. Chronic pelvic inflammatory disease, for instance, is typically associated with a history of infections and

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7. A 23-year-old female in active labor shows mild repetitive late decelerations on fetal monitoring. What is the most likely cause of this finding?

A. Fetal hypoxia

B. Head compression

C. Cord compression

D. Uteroplacental insufficiency

Mild repetitive late decelerations during fetal monitoring are typically indicative of uteroplacental insufficiency. This phenomenon occurs when the placenta is unable to provide sufficient oxygen and nutrients to the fetus, especially during contractions. Late decelerations are characterized by a decrease in the fetal heart rate that starts after the peak of a contraction and returns to the baseline only after the contraction has ended. This indicates that the fetus is experiencing a disruption in blood flow, usually due to inadequate perfusion from the placenta, which corresponds with uteroplacental insufficiency. In this scenario, the repeated pattern of late decelerations suggests that the fetus is not recovering adequately or timely after contractions, pointing toward a compromised placental function. Monitoring of fetal heart rate patterns during labor is crucial, and the presence of late decelerations necessitates further evaluation of the mother's and fetus's condition to identify the underlying causes and management options.

8. Which of the following is a common treatment option beyond hormonal therapy for endometriosis?

A. Antidepressants

B. Acupuncture

C. Progestins and GnRH agonists

D. Intrauterine devices

For women with endometriosis, hormonal therapy is often the first-line treatment, but there are several options that can be used if patients do not respond adequately or have specific needs. Progestins and GnRH (gonadotropin-releasing hormone) agonists are commonly employed in the management of endometriosis as they help to reduce estrogen levels, which can alleviate pain and decrease the size of endometrial lesions. Progestins work by preventing the growth of endometrial tissue and can cause atrophy of existing lesions, while GnRH agonists induce a state of temporary menopause by suppressing ovarian function. This reduces cyclical hormone fluctuations that contribute to endometriosis symptoms. These treatments are effective for many patients and can significantly improve quality of life. Other treatments, while potentially beneficial in some contexts, do not serve as primary interventions for endometriosis. Antidepressants may help manage associated symptoms of depression or anxiety but do not directly address the underlying pathology of endometriosis. Acupuncture is considered a complementary treatment and might provide some symptom relief through pain modulation, but it is not a recognized primary treatment for endometriosis. Intrauterine devices can also be used for contraception and to manage heavy menstrual bleeding, but they are

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9. What is a common treatment for Chlamydia infection in pregnant women?

A. Azythromycin

B. Metronidazole

C. Ceftriaxone

D. Valacyclovir

Azithromycin is a commonly used treatment for Chlamydia infection in pregnant women due to its effectiveness and safety profile. This macrolide antibiotic is preferred because it has good tissue penetration and is well-tolerated. Azithromycin achieves high cure rates and is single-dose therapy, which is particularly advantageous in managing patients who may have difficulty adhering to a multi-day treatment regimen. In pregnant women, it is important to choose treatments that do not pose risks to the developing fetus. Azithromycin has been studied and shown to be safe in pregnancy, making it the ideal choice for treating Chlamydia and preventing potential complications such as preterm birth or transmission to the neonate during delivery. The other options listed do not align with standard guidelines for treating Chlamydia in pregnancy. Metronidazole is primarily used for bacterial vaginosis and trichomoniasis. Ceftriaxone is generally indicated for treating gonorrhea rather than Chlamydia. Valacyclovir is an antiviral medication used for herpes simplex virus infections, which is not applicable in this context.

10. Which of the following is a first-line treatment for pelvic inflammatory disease (PID)?

A. Metronidazole

B. Ciprofloxacin

C. Goldenseal extract

D. Antibiotic therapy

First-line treatment for pelvic inflammatory disease (PID) primarily consists of antibiotic therapy. PID is an infection of the female reproductive organs that can result from sexually transmitted infections or other bacterial infections. The use of antibiotics is essential to effectively eradicate the organisms responsible for the infection and to prevent long-term complications, such as infertility or chronic pelvic pain. Common regimens for treating PID often include a combination of antibiotics that target Neisseria gonorrhoeae and Chlamydia trachomatis, which are frequently implicated in the condition. These regimens can vary based on the severity of the disease and the clinical setting, but the key takeaway is the essential role of antibiotic therapy in treating PID. The other options provided, such as Metronidazole and Ciprofloxacin, while potentially useful in certain scenarios or as part of broader treatment regimens, do not constitute first-line monotherapy specifically for PID. Goldenseal extract is not a recognized treatment for PID and lacks evidence of efficacy for this condition. Therefore, highlighting the importance of antibiotic therapy as a cornerstone in managing PID underscores its critical role in addressing the infection effectively.

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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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