PAEA PEDIATRICS 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 BMI indicates a diagnosis of anorexia nervosa?

A. BMI ≤ 18.5 kg/m2

B. BMI ≤ 20 kg/m2

C. BMI ≤ 17.5 kg/m2

D. BMI ≤ 16 kg/m2

2. What should a 4-month-old infant be able to do when presented with affection?

A. Roll over

B. Smile spontaneously

C. Stack blocks

D. Fear of strangers

3. Which verbal milestone should a 2-year-old achieve?

A. One-word utterances

B. Two to four-word sentences

C. Full conversations

D. Nonspecific babbling

4. What is a significant risk for an infant with bilirubin levels exceeding 20 mg/dL?

A. Karnicterus

B. Encephalopathy

C. Jaundice

D. Hemolytic anemia

5. What is the term for guidance provided to parents on various developmental issues?

A. Parental advisement

B. Community resource support

C. Anticipatory guidance

D. Child development consultation

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6. Which cell type is primarily affected in cases of Hodgkin's lymphoma?

A. B cells

B. T cells

C. Reed-Sternberg cells

D. Natural killer cells

7. What is the primary treatment approach for viral pneumonia in pediatric patients?

A. Antibiotics

B. Supportive care

C. Surgical intervention

D. Antiviral medications

8. What is a common cause of macrocytic anemia in children?

A. B12 deficiency

B. Folic acid deficiency

C. Down syndrome

D. Iron deficiency

9. What immunization is given at birth?

A. Hepatitis B

B. DTaP

C. MMR

D. Varicella

10. Which laboratory findings would you expect in Turner syndrome?

A. High estrogen levels and low FSH

B. Increased FSH and LH, low estrogen

C. Normal FSH and normal estrogen

D. Low FSH and low LH

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Answers

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

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Explanations

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1. What BMI indicates a diagnosis of anorexia nervosa?

A. BMI ≤ 18.5 kg/m2

B. BMI ≤ 20 kg/m2

C. BMI ≤ 17.5 kg/m2

D. BMI ≤ 16 kg/m2

A diagnosis of anorexia nervosa typically includes specific criteria related to weight and body mass index (BMI). A BMI of ≤ 17.5 kg/m² is often referenced as a threshold for underweight status, aligning with the diagnostic criteria set forth by the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition). In the context of anorexia nervosa, individuals usually present with significantly low body weight, which is defined as weighing less than minimally normal for their age, sex, and development. In clinical settings, practitioners use BMI as a quantifiable measure of this low weight status. The threshold of 17.5 kg/m² serves as an important indicator, as individuals with a BMI below this level are more likely to exhibit the severe weight loss and associated health risks characteristic of anorexia nervosa. Higher BMI thresholds do not adequately capture the severity or the clinical implications of the disorder, as individuals with a BMI of 18.5 or 20 kg/m², while considered underweight, may not meet the clinical picture of anorexia nervosa where the emphasis is on more severe malnutrition. Thus, the most appropriate cutoff for diagnosing anorexia nervosa is a BMI of ≤ 17.5 kg/m

2. What should a 4-month-old infant be able to do when presented with affection?

A. Roll over

B. Smile spontaneously

C. Stack blocks

D. Fear of strangers

At 4 months of age, infants typically exhibit social responsiveness, which includes smiling spontaneously, especially in response to affectionate interactions. This behavior reflects their developing social engagement and emotional connections with caregivers and familiar faces. At this age, they are beginning to recognize and respond to social cues, and smiling is one of the first significant social interactions they demonstrate. In contrast, milestones such as rolling over generally commence closer to 4-6 months, while activities like stacking blocks are beyond their developmental capabilities at this stage, typically emerging later in infancy. Additionally, fear of strangers, or stranger anxiety, generally develops around 6-9 months of age, when infants start to differentiate between familiar and unfamiliar faces. Therefore, the ability to smile spontaneously in response to affection is the most appropriate developmental milestone for a 4-month-old infant.

3. Which verbal milestone should a 2-year-old achieve?

A. One-word utterances

B. Two to four-word sentences

C. Full conversations

D. Nonspecific babbling

A 2-year-old typically achieves the milestone of using two to four-word sentences, which indicates a significant advancement in language development. At this age, children begin to combine words to form simple sentences, which allows them to express more complex ideas and needs. This milestone reflects the expected progress in their vocabulary and grammar, as they not only expand their word count but also start to understand the basic rules of sentence structure. In comparison, one-word utterances are expected at around 12 months to 18 months, reflecting an earlier stage of language development where children communicate basic needs or thoughts with single words. Full conversations represent a level of linguistic skill that is typically seen in older children, while nonspecific babbling is characteristic of much younger infants who are just beginning to explore sounds and vocalization.

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4. What is a significant risk for an infant with bilirubin levels exceeding 20 mg/dL?

A. Karnicterus

B. Encephalopathy

C. Jaundice

D. Hemolytic anemia

When bilirubin levels exceed 20 mg/dL in an infant, one of the most serious risks is the development of kernicterus. Kernicterus is a form of brain damage that occurs when excess bilirubin in the blood crosses the blood-brain barrier and accumulates in the central nervous system, leading to neurological damage. This condition can occur when severe hyperbilirubinemia is not promptly treated, and it can result in a variety of long-term problems including developmental delay, hearing loss, and movement disorders. Bilirubin, a product of the breakdown of red blood cells, is typically processed by the liver and excreted from the body. When levels become excessively high, as seen above the threshold of 20 mg/dL, the risk of bilirubin toxicity increases significantly, hence the importance of monitoring and managing bilirubin levels in newborns. Kernicterus represents a severe complication of untreated hyperbilirubinemia, highlighting the need for timely medical intervention in cases of high bilirubin levels.

5. What is the term for guidance provided to parents on various developmental issues?

A. Parental advisement

B. Community resource support

C. Anticipatory guidance

D. Child development consultation

The term "anticipatory guidance" refers to the proactive support and information provided to parents regarding their child's developmental milestones, health, and behavior as they grow. This guidance helps parents anticipate future developmental challenges and provides them with strategies to support their children's growth and development effectively. It covers topics such as nutrition, safety, sleep, and social interactions, enabling parents to make informed decisions and create a nurturing environment for their children. This approach is recognized as a fundamental component of pediatric care, allowing healthcare providers to address common parental concerns, promote health, and facilitate optimal child development. By offering anticipatory guidance, providers empower parents with knowledge, helping them prepare for various stages of their child's life and encouraging positive parenting practices.

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6. Which cell type is primarily affected in cases of Hodgkin's lymphoma?

A. B cells

B. T cells

C. Reed-Sternberg cells

D. Natural killer cells

In Hodgkin's lymphoma, the primary cell type that is affected is the Reed-Sternberg cell. These are large, abnormal cells that are derived from B lymphocytes and are a hallmark of the disease. The presence of Reed-Sternberg cells in lymph nodes is essential for the diagnosis of Hodgkin's lymphoma. They can often be identified through microscopic examination of lymph node biopsies, and their existence is what differentiates Hodgkin's lymphoma from other types of lymphomas. Understanding the role of Reed-Sternberg cells is crucial, as they serve as indicators of the disease mechanism and progression. The presence of these cells also helps healthcare providers determine the appropriate treatment and prognostic implications for the patient. In summary, Reed-Sternberg cells are integral to diagnosing Hodgkin's lymphoma and understanding its pathology, making them the correct answer in this context.

7. What is the primary treatment approach for viral pneumonia in pediatric patients?

A. Antibiotics

B. Supportive care

C. Surgical intervention

D. Antiviral medications

The primary treatment approach for viral pneumonia in pediatric patients is supportive care. This is because viral infections typically do not respond to antibiotics, which are effective only against bacterial pathogens. In cases of viral pneumonia, the body's immune system is generally responsible for clearing the virus, so the focus is on managing symptoms and providing comfort. Supportive care may include hydration, fever management with antipyretics, oxygen therapy if necessary, and monitoring the patient closely for any signs of respiratory distress. By addressing symptoms and ensuring the patient remains stable, supportive care allows the child to recover naturally from the viral infection. While antiviral medications can be useful in specific viral infections such as influenza or respiratory syncytial virus (RSV), they are not the standard therapy for all viral pneumonias and are typically reserved for more severe cases or those at high risk for complications. Surgical intervention is rarely indicated in viral pneumonia, making supportive care the cornerstone of treatment in pediatric patients with this condition.

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8. What is a common cause of macrocytic anemia in children?

A. B12 deficiency

B. Folic acid deficiency

C. Down syndrome

D. Iron deficiency

The common causes of macrocytic anemia in children primarily include vitamin B12 deficiency and folic acid deficiency. Both of these conditions lead to impaired DNA synthesis, resulting in the production of larger red blood cells, which is characteristic of macrocytic anemia. Vitamin B12 deficiency can occur in children due to dietary insufficiency, particularly in strict vegetarians, or due to malabsorption syndromes such as pernicious anemia. Folic acid deficiency is often related to inadequate dietary intake or can occur in conditions that increase the metabolic demand for folate, such as growth spurts or certain chronic illnesses. While iron deficiency anemia is the most prevalent type of anemia in children, it typically presents with microcytic anemia, characterized by smaller than normal red blood cells due to a lack of hemoglobin. Down syndrome is a genetic condition that may be associated with several hematological issues but is not recognized as a common direct cause of macrocytic anemia. The confusion in the answer choice may stem from a misunderstanding of the conditions associated with macrocytic anemia; however, B12 and folic acid deficiencies are the correct associations here.

9. What immunization is given at birth?

A. Hepatitis B

B. DTaP

C. MMR

D. Varicella

Hepatitis B immunization is recommended at birth as part of the standard immunization schedule. Administering the first dose of the hepatitis B vaccine shortly after birth is crucial because it helps to protect the newborn from hepatitis B, a serious liver infection that can lead to chronic disease and liver complications later in life. Timing the vaccine in the early days of life is particularly important, especially for infants born to mothers who are hepatitis B positive, as it significantly reduces the risk of transmission from mother to child. The other vaccines listed—DTaP, MMR, and varicella—are not administered at birth. DTaP (diphtheria, tetanus, and pertussis) is typically given starting at two months of age. MMR (measles, mumps, and rubella) is generally administered at 12-15 months of age, and varicella (chicken pox vaccine) is also given at 12-15 months. Thus, they do not fulfill the criteria for immunization at birth.

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10. Which laboratory findings would you expect in Turner syndrome?

A. High estrogen levels and low FSH

B. Increased FSH and LH, low estrogen

C. Normal FSH and normal estrogen

D. Low FSH and low LH

In Turner syndrome, which is a chromosomal condition affecting females characterized by the absence of all or part of a second sex chromosome, you would expect to find increased levels of FSH (Follicle Stimulating Hormone) and LH (Luteinizing Hormone) alongside low estrogen levels. This laboratory finding is the result of primary ovarian insufficiency due to the underdeveloped or absent ovaries, which fail to produce adequate amounts of estrogen. When the ovaries do not produce sufficient estrogen, the negative feedback on the hypothalamus and pituitary gland is diminished. As a response, the pituitary gland secretes more FSH and LH in an attempt to stimulate the ovaries. Thus, the finding of elevated FSH and LH levels, along with low estrogen, is characteristic of Turner syndrome and indicates a primary gonadal failure where the ovaries are not functioning properly. In contrast, the other options describe scenarios that do not align with the pathophysiology of Turner syndrome. For instance, high estrogen levels along with low FSH would suggest functioning ovaries capable of hormonal responses, which is not the case in this condition. Normal FSH and estrogen levels would indicate normal ovarian function, and low FSH and low LH levels

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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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