ROSH EMERGENCY MEDICINE 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. What is the purpose of ordering a colonoscopy for a patient with diverticula and positive stool occult blood?

A. Colorectal cancer screening

B. Diverticular abscess

C. Gastrointestinal bleeding

D. Ulcerative colitis

2. How long must symptoms persist to meet the criteria for a manic episode according to DSM-V?

A. One day

B. One week

C. Three days

D. Two weeks

3. What is the likely pathophysiology for a young man presenting with severe testicular pain and no elevation of the testes upon stimulation?

A. Compression of the testis against pubic bones

B. Defect of the abdominal wall in the groin area

C. Inadequate fixation of the lower pole of the testis

D. Infection with Neisseria gonorrhoeae

4. In which condition would you expect to find a "whistle" sound (wheeze) during expiration?

A. Atelectasis

B. Asthma

C. Pneumonia

D. Chronic bronchitis

5. What is the most appropriate intervention for a patient exhibiting symptoms of severe diverticulitis?

A. IV antibiotics

B. Immediate surgical intervention

C. Initial observation

D. Oral hydration

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6. Which is the most common cause of acute pancreatitis in a patient presenting with upper abdominal pain, nausea, and elevated lipase?

A. Cholelithiasis

B. Chronic alcohol use

C. Endoscopic retrograde cholangiopancreatography

D. Hypertriglyceridemia

7. Which of the following symptoms is characteristic of a patient experiencing respiratory paralysis?

A. Increased respiratory rate

B. Flaccid muscle tone of extremities

C. Severe headache

D. Priapism

8. What is a primary symptom of a myocardial infarction?

A. Sudden headache

B. Chest pressure or discomfort

C. Severe abdominal pain

D. Shortness of breath

9. In a patient presenting with a crescendo-decrescendo systolic murmur, what is the most common initial presenting symptom of the underlying condition?

A. Chest pain

B. Dizziness

C. Dyspnea

D. Syncope

10. Which laboratory finding is essential to obtain before initiating insulin in a patient with suspected diabetic ketoacidosis?

A. Bicarbonate

B. Glucose

C. Potassium

D. Sodium

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Answers

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

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Explanations

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1. What is the purpose of ordering a colonoscopy for a patient with diverticula and positive stool occult blood?

A. Colorectal cancer screening

B. Diverticular abscess

C. Gastrointestinal bleeding

D. Ulcerative colitis

The primary purpose of ordering a colonoscopy for a patient with diverticula and positive stool occult blood is to conduct screening for colorectal cancer. The presence of diverticula can sometimes complicate the clinical picture in patients who present with gastrointestinal symptoms, including the finding of occult blood in the stool. This is particularly significant in patients over 50 years of age or those with risk factors for colorectal cancer. A colonoscopy allows visualization of the colon and potential identification of lesions, polyps, or other abnormalities that may indicate malignancy. Colonoscopy can also aid in determining the cause of bleeding, especially in the context of occult blood, which could be due to polyps or tumors. Routine screening is essential, as early detection of colorectal cancer can lead to more effective treatment outcomes. In this scenario, while the other options refer to specific conditions that could be relevant to a patient with diverticulosis, they do not address the fundamental purpose of the colonoscopy in this context, which is primarily to screen for colorectal cancer in light of the positive stool occult blood finding.

2. How long must symptoms persist to meet the criteria for a manic episode according to DSM-V?

A. One day

B. One week

C. Three days

D. Two weeks

To meet the criteria for a manic episode according to the DSM-V, symptoms must persist for a duration of at least one week. This period of one week is essential for clinicians to differentiate a manic episode from a hypomanic episode, which requires a minimum duration of four consecutive days. The requirement for at least one week of symptoms ensures that the episode represents a significant deviation from the individual's usual functioning. During this time, the individual may exhibit abnormally elevated mood, increased activity or energy, and other associated symptoms such as grandiosity, decreased need for sleep, and distractibility. This clear demarcation of time is crucial in clinical settings to guide appropriate diagnosis and treatment. A duration shorter than one week would not fulfill the criteria for a manic episode, supporting the need for careful assessment in psychiatric evaluations.

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3. What is the likely pathophysiology for a young man presenting with severe testicular pain and no elevation of the testes upon stimulation?

A. Compression of the testis against pubic bones

B. Defect of the abdominal wall in the groin area

C. Inadequate fixation of the lower pole of the testis

D. Infection with Neisseria gonorrhoeae

The scenario describes a young man experiencing severe testicular pain, accompanied by the observation of no elevation of the testes upon stimulation. This symptom is a classic indication of testicular torsion, a condition where the spermatic cord becomes twisted, cutting off the blood supply to the affected testis. The selected answer points to inadequate fixation of the lower pole of the testis, which directly relates to the condition known as an "inadequate fixation," or lack of normal structural support of the testis within the scrotum. Typically, the testis is anchored to the scrotal wall and the surrounding structures, but in cases of inadequate fixation, the testis is more mobile and susceptible to rotation, leading to torsion. This loose attachment allows the testis to become rotated freely around the spermatic cord, resulting in severe pain and the inability to elevate the affected testis during physical examination. In comparing with the other possible explanations, compression of the testis against the pubic bones may occur in various conditions but would not specifically account for the torsion or the lack of elevation observed. A defect of the abdominal wall in the groin area suggests an inguinal hernia, which typically presents differently and is not associated directly with test

4. In which condition would you expect to find a "whistle" sound (wheeze) during expiration?

A. Atelectasis

B. Asthma

C. Pneumonia

D. Chronic bronchitis

A "whistle" sound, often described as wheezing, is most commonly associated with asthma. This condition is characterized by reversible airway obstruction that leads to bronchoconstriction, inflammation, and increased mucus production. During expiration, the narrowed airways produce a high-pitched whistling sound as air is forced through these constricted passages. In asthma, wheezing is particularly prominent during expiration due to the physiological changes that occur in the airways. These changes include bronchial smooth muscle contraction and airway edema, which narrow the airways and create turbulence in the airflow. While other conditions listed may also produce abnormal lung sounds, they typically do not present with wheezing in the same way or to the same extent as asthma. For instance, atelectasis involves collapse of lung tissue and may produce dullness rather than wheezes, pneumonia often presents with crackles or rales due to fluid in the alveoli, and chronic bronchitis may also present with wheezing but typically encompasses both inspiratory and expiratory sounds rather than a prominent expiratory wheeze. In summary, the wheezing sound during expiration is most characteristic of asthma due to its specific airway obstruction mechanisms.

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5. What is the most appropriate intervention for a patient exhibiting symptoms of severe diverticulitis?

A. IV antibiotics

B. Immediate surgical intervention

C. Initial observation

D. Oral hydration

In cases of severe diverticulitis, the most appropriate intervention involves the administration of intravenous antibiotics. This approach is critical because it addresses the underlying infection and inflammation associated with diverticulitis. Patients often present with symptoms such as abdominal pain, fever, and possible inflammation or abscess formation. IV antibiotics can help control the infection, which is essential for preventing potential complications, including perforation or abscess formation. The importance of using IV antibiotics is particularly relevant for patients who are significantly symptomatic or may have comorbidities that place them at higher risk of complications. This intervention allows for more immediate and effective management compared to oral antibiotics, particularly in a hospital setting where the patient's condition may warrant closer monitoring and immediate care. While other interventions—like surgical options or observation—are relevant in different contexts, they are not the first-line approach in the management of severe diverticulitis. Immediate surgical intervention may be considered in cases where there are complications, such as a perforation or abscess that does not respond to conservative treatment. Initial observation may be appropriate for less severe cases, and oral hydration can be part of overall supportive care, especially in milder cases. However, for a patient presenting with severe symptoms, IV antibiotics are the most appropriate and effective initial

6. Which is the most common cause of acute pancreatitis in a patient presenting with upper abdominal pain, nausea, and elevated lipase?

A. Cholelithiasis

B. Chronic alcohol use

C. Endoscopic retrograde cholangiopancreatography

D. Hypertriglyceridemia

The most common cause of acute pancreatitis, particularly in clinical practice, is cholelithiasis, or gallstones. This condition occurs when gallstones block the cystic or common bile duct, leading to an inflammatory response in the pancreas. The presence of upper abdominal pain, nausea, and elevated lipase levels in a patient suggests pancreatic inflammation, commonly resulting from these obstructive processes. Cholelithiasis is more prevalent in the general population compared to the other causes listed. For instance, while chronic alcohol use is indeed a significant risk factor for developing pancreatitis, it is less frequently the primary cause compared to gallstones, especially in patients who do not have a substantial history of alcohol consumption. Similarly, endoscopic retrograde cholangiopancreatography (ERCP) can trigger pancreatitis as a complication, but it is not a common presenting cause. Hypertriglyceridemia can lead to acute pancreatitis as well, though it tends to be less common and is often seen in specific patient populations with pre-existing lipid metabolism issues. Understanding the epidemiology and pathophysiology behind these causes is crucial for accurately diagnosing and managing acute pancreatitis in clinical settings.

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7. Which of the following symptoms is characteristic of a patient experiencing respiratory paralysis?

A. Increased respiratory rate

B. Flaccid muscle tone of extremities

C. Severe headache

D. Priapism

Respiratory paralysis is characterized by the inability of the muscles that control breathing to function effectively. This leads to a loss of muscle tone, particularly in the respiratory muscles, but it can also cause flaccidity in other muscle groups, including the extremities. When a patient experiences respiratory paralysis, you may observe weakness and a lack of movement, which results in a flaccid appearance. This lack of muscle tone is a direct consequence of the inability of the nervous system to activate those muscles. Increased respiratory rate is not typical in respiratory paralysis; rather, patients may display a decreased or absent respiratory effort. Similarly, severe headaches are often associated with other conditions, such as increased intracranial pressure or migraine, but not specifically with respiratory paralysis. Priapism, an involuntary and prolonged erection, is unrelated to the respiratory system and would also not be characteristic of respiratory paralysis.

8. What is a primary symptom of a myocardial infarction?

A. Sudden headache

B. Chest pressure or discomfort

C. Severe abdominal pain

D. Shortness of breath

A primary symptom of a myocardial infarction, commonly known as a heart attack, is chest pressure or discomfort. This symptom typically manifests as a feeling of tightness, squeezing, or heaviness in the chest area. Patients often describe it as an uncomfortable sensation that may radiate to the arms, neck, jaw, or back. This symptom arises due to reduced blood flow to the heart muscle, leading to ischemia and possibly necrosis of myocardial tissue. While other symptoms such as shortness of breath may occur and can be significant components of the presentation, chest discomfort is the hallmark sign that differentiates myocardial infarction from other conditions. Understanding this is crucial as it aids in the timely recognition and treatment of a heart attack, potentially saving a patient's life.

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9. In a patient presenting with a crescendo-decrescendo systolic murmur, what is the most common initial presenting symptom of the underlying condition?

A. Chest pain

B. Dizziness

C. Dyspnea

D. Syncope

A crescendo-decrescendo systolic murmur is often associated with conditions such as aortic stenosis or hypertrophic obstructive cardiomyopathy. The most common initial presenting symptom of these underlying conditions is typically dyspnea, especially on exertion. As the heart's ability to maintain adequate blood flow is compromised, patients may begin to experience shortness of breath during physical activity due to the reduced ability to increase cardiac output. This symptom is particularly prominent in older patients with aortic stenosis, as the condition gradually progresses, leading to increased exercise intolerance. While other symptoms such as chest pain, dizziness, and syncope can occur, they are generally less common as initial presentations in these conditions. Chest pain may arise due to myocardial ischemia secondary to reduced perfusion, dizziness might relate to decreased cerebral perfusion, and syncope could occur with severe hemodynamic compromise. However, dyspnea is more consistently observed as the first warning sign of significant cardiac issues related to the detected murmur.

10. Which laboratory finding is essential to obtain before initiating insulin in a patient with suspected diabetic ketoacidosis?

A. Bicarbonate

B. Glucose

C. Potassium

D. Sodium

In managing a patient with suspected diabetic ketoacidosis (DKA), obtaining a potassium level before initiating insulin therapy is crucial. Insulin drives potassium back into cells, which can lead to a significant decrease in serum potassium levels, particularly in patients with DKA who may already have underlying electrolyte imbalances. Many patients with DKA present with a degree of hyperkalemia due to acidosis and cell breakdown, but upon administration of insulin, their potassium levels can rapidly drop, potentially leading to life-threatening hypokalemia. Therefore, it is essential to check potassium levels to guide treatment. If the potassium level is low (below 3.3 mEq/L), insulin administration should be delayed until potassium is corrected to avoid cardiac complications. While glucose, bicarbonate, and sodium levels are all important markers in the management of DKA, potassium is the critical laboratory finding needed to ensure safe administration of insulin and to prevent adverse effects associated with potassium shifts.

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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://rosh-emergencymedicine.examzify.com

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

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