ROSH GERIATRICS 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 primary purpose of advance care planning in geriatrics?

A. To reduce healthcare costs

B. To ensure that patients' preferences for medical care are understood and honored

C. To provide all patients with the same medical treatment

D. To facilitate family discussions about end-of-life care

2. What is the primary focus of palliative care in geriatrics?

A. To prolong life at any cost

B. To relieve symptoms and improve quality of life

C. To provide extensive medical treatments

D. To facilitate end-of-life decisions

3. What are the key components of a comprehensive geriatric assessment?

A. Physical health and medication review

B. Mental health and social circumstances

C. Functional ability and medication review

D. Physical health, functional ability, mental health, social circumstances, and medication review

4. A 65-year-old man develops fever, nausea, and a rash post camping trip in Tennessee. What is the most likely diagnosis?

A. Cellulitis

B. Lyme disease

C. Rocky Mountain spotted fever

D. Syphilis

5. Which X-ray finding is suggestive of colorectal cancer?

A. Apple core sign

B. Bird's beak sign

C. Egg-on-a-string sign

D. String sign

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6. What is a potential consequence of untreated hyperkalemia indicated by peaked T waves on an EKG?

A. Muscle spasms

B. Cardiac arrest

C. Respiratory distress

D. Dehydration

7. What is the best initial therapy for a patient with obesity hypoventilation syndrome and obstructive sleep apnea?

A. Nocturnal bilevel positive airway pressure

B. Nocturnal continuous positive airway pressure

C. Oral theophylline dosed every twelve hours

D. Twenty-four hour supplemental oxygen

8. For a patient with cough and green sputum accompanied by low-grade fever, which diagnosis is most likely?

A. Acute bronchitis

B. Acute exacerbation of COPD

C. Pneumonia

D. Upper respiratory infection

9. Which laboratory test is commonly used to diagnose carcinoid syndrome?

A. 24-hour urine protein

B. 24-hour excretion of 5-HIAA

C. Serum PSA

D. CBC with differential

10. Which breast cancer screening guideline is consistent with those of the United States Preventive Services Task Force (USPSTF)?

A. Begin annual screening mammography at age 40

B. Begin annual screening mammography at age 55

C. Continue screening mammography as long as the patient is in good health

D. Discontinue screening mammography at age 75

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Answers

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

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Explanations

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1. What is the primary purpose of advance care planning in geriatrics?

A. To reduce healthcare costs

B. To ensure that patients' preferences for medical care are understood and honored

C. To provide all patients with the same medical treatment

D. To facilitate family discussions about end-of-life care

The primary purpose of advance care planning in geriatrics is to ensure that patients' preferences for medical care are understood and honored. This process allows elderly individuals to communicate their values, goals, and treatment preferences in the context of their overall health and individual circumstances. It plays a crucial role in healthcare decision-making, especially when patients may not be able to communicate their wishes due to serious illness or cognitive decline. Advance care planning involves discussions about potential medical scenarios, which can guide healthcare providers and families in making informed decisions that align with the patient's desires. This personalized approach empowers patients to have a say in their treatment options and fosters a sense of autonomy, thereby enhancing their dignity and quality of life as they age. While discussions around family involvement in end-of-life care, healthcare costs, and uniform treatment approaches may be elements of the healthcare conversation, they do not capture the fundamental goal of advance care planning, which is rooted in respecting individual patient preferences and ensuring that their voices are heard in the context of their healthcare journey.

2. What is the primary focus of palliative care in geriatrics?

A. To prolong life at any cost

B. To relieve symptoms and improve quality of life

C. To provide extensive medical treatments

D. To facilitate end-of-life decisions

Palliative care in geriatrics prioritizes relieving symptoms and improving quality of life for patients, particularly those with serious, chronic, or life-limiting conditions. The fundamental goal is to alleviate suffering, manage pain, and provide support for both the patient and their family, rather than to pursue aggressive treatments or interventions that may not yield a meaningful benefit. This holistic approach emphasizes comfort, emotional well-being, and the personal values of the patient, particularly as they may be navigating complex health issues commonly faced in older populations. Palliative care can be integrated alongside curative treatments, focusing on symptom management and enhancing life's quality throughout the illness trajectory, regardless of the stage of the disease. While end-of-life decisions are an important aspect of palliative care, the primary focus is much broader, encompassing ongoing support and symptom management rather than only addressing the final stages of life. The emphasis on extensive medical treatments conflicts with the core principles of palliative care, which seek to balance medical intervention with quality of life.

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3. What are the key components of a comprehensive geriatric assessment?

A. Physical health and medication review

B. Mental health and social circumstances

C. Functional ability and medication review

D. Physical health, functional ability, mental health, social circumstances, and medication review

A comprehensive geriatric assessment (CGA) is a multidimensional, interdisciplinary diagnostic process specifically designed to assess the medical, functional, psychological, and social capabilities and limitations of older adults. This thorough evaluation aims to develop a coordinated and integrated plan for treatment and long-term follow-up. The correct answer encompasses all critical aspects that contribute to a holistic view of an elderly patient's health and well-being. Physical health assessment ensures that underlying medical conditions are identified and managed appropriately. Evaluating functional ability is vital for understanding the individual's capacity to perform activities of daily living, which directly impacts their independence and quality of life. Mental health assessment is equally crucial, as cognitive impairments and emotional issues can significantly affect an elderly person's overall functioning and social interactions. Social circumstances are taken into account to understand the individual's living situation, support systems, and environmental factors that might affect their health. Lastly, a medication review is essential to prevent polypharmacy and adverse drug reactions, ensuring that all medications are necessary, appropriate, and effectively managed. By combining all these components, the comprehensive geriatric assessment serves to provide a complete picture of an older individual's health, enabling tailored interventions that enhance their overall quality of life.

4. A 65-year-old man develops fever, nausea, and a rash post camping trip in Tennessee. What is the most likely diagnosis?

A. Cellulitis

B. Lyme disease

C. Rocky Mountain spotted fever

D. Syphilis

The presentation of fever, nausea, and rash following a camping trip, particularly in Tennessee, aligns well with Rocky Mountain spotted fever. This illness is caused by the bacterium Rickettsia rickettsii and is transmitted through tick bites, specifically from the American Dog Tick or Rocky Mountain Wood Tick. The characteristic rash often starts at the wrists and ankles and can spread centrally, appearing between 2 to 5 days after the onset of fever, which matches the timing of this patient's symptoms post-exposure. In regions like Tennessee, where the incidence of Rocky Mountain spotted fever is higher due to the presence of the appropriate tick species, this diagnosis is quite plausible given the recent camping activity, which likely increased exposure to ticks. While other conditions such as Lyme disease can present with similar symptoms, they commonly come from different geographical areas and typically have a distinctive rash (erythema migrans) which isn't described here. Cellulitis usually presents with a localized skin infection characterized by swelling, warmth, and pain in a specific area, rather than a systemic rash and fever following a camping trip. Syphilis typically does not present with an acute febrile illness and would involve different symptomatology and a history of sexual exposure. Therefore,

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5. Which X-ray finding is suggestive of colorectal cancer?

A. Apple core sign

B. Bird's beak sign

C. Egg-on-a-string sign

D. String sign

The apple core sign is a radiological finding that is highly suggestive of colorectal cancer, particularly in the context of obstructing lesions typically found in the left colon. This sign is characterized by a constricted appearance of the colon on X-ray or barium studies, where the affected segment of the bowel appears narrowed and has an irregular, 'apple core' shape. This appearance results from an infiltrative mass that causes localized constriction, which is a hallmark of malignant lesions within the bowel. In contrast, other signs listed do not correlate with colorectal cancer. For instance, the bird's beak sign is associated with achalasia, a condition that affects the esophagus, causing it to appear narrowed and elongated at the lower end. The egg-on-a-string sign refers to a particular type of intestinal obstruction seen in conditions such as intussusception in infants rather than colon cancer. Lastly, the string sign can be indicative of Crohn's disease, which causes narrowing of the bowel due to inflammation. Thus, the apple core sign stands out as a key indicator for colorectal malignancy on imaging studies.

6. What is a potential consequence of untreated hyperkalemia indicated by peaked T waves on an EKG?

A. Muscle spasms

B. Cardiac arrest

C. Respiratory distress

D. Dehydration

Peaked T waves on an EKG are a classic indicator of hyperkalemia, which is an elevated level of potassium in the blood. When hyperkalemia is severe and left untreated, it can lead to significant disruptions in the heart's electrical activity, increasing the risk of life-threatening arrhythmias and ultimately cardiac arrest. The heart relies on a delicate balance of electrolytes, including potassium, for proper function; an excess of potassium can alter the depolarization and repolarization phases of cardiac cells, leading to dangerous complications such as ventricular fibrillation or asystole. While muscle spasms, respiratory distress, and dehydration are associated with different medical conditions or electrolyte imbalances, they are not the primary consequences directly connected to the severe cardiac implications of untreated hyperkalemia. Therefore, cardiac arrest is rightly identified as the critical and potentially fatal consequence of hyperkalemia indicated by EKG changes such as peaked T waves.

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7. What is the best initial therapy for a patient with obesity hypoventilation syndrome and obstructive sleep apnea?

A. Nocturnal bilevel positive airway pressure

B. Nocturnal continuous positive airway pressure

C. Oral theophylline dosed every twelve hours

D. Twenty-four hour supplemental oxygen

The best initial therapy for a patient with obesity hypoventilation syndrome and obstructive sleep apnea is nocturnal continuous positive airway pressure (CPAP). This treatment is effective because it provides continuous airway pressure that helps keep the upper airway open during sleep, thereby preventing apneas and improving ventilation. In the context of obesity hypoventilation syndrome, where there is an increased risk of hypoventilation due to excess body weight affecting respiratory function, CPAP not only addresses the obstructive sleep apnea component but also aids in enhancing overall ventilation. This is crucial since patients with this syndrome often experience both obstructive and central sleep apnea, leading to severe oxygen desaturation and hypercapnia. In contrast, while bilevel positive airway pressure (BiPAP) is beneficial for patients with more complex respiratory needs and may be used if CPAP is insufficient, the standardized initial approach is to start with CPAP. The other options, such as oral theophylline and supplemental oxygen, are not first-line treatments for managing the obstructive aspects of apnea and ventilation issues encountered in these patients.

8. For a patient with cough and green sputum accompanied by low-grade fever, which diagnosis is most likely?

A. Acute bronchitis

B. Acute exacerbation of COPD

C. Pneumonia

D. Upper respiratory infection

In the case of a patient presenting with a cough, green sputum, and low-grade fever, acute bronchitis is a strong candidate for diagnosis due to the constellation of symptoms. Acute bronchitis typically follows a viral upper respiratory infection and is characterized by a persistent cough that may produce sputum, which can often be discolored, suggesting a bacterial component or irritation. The presence of low-grade fever can also occur in acute bronchitis as a response to inflammation. While acute exacerbation of COPD, pneumonia, and upper respiratory infections are also considerations, the clinical picture aligns closely with acute bronchitis. Acute exacerbation of COPD generally presents with increased respiratory symptoms, increased sputum production, and typically a history of underlying chronic pulmonary disease. Pneumonia often involves more severe symptoms, including high fever, pleuritic chest pain, and respiratory distress, and would more likely present with abnormal findings on physical exam such as crackles or decreased breath sounds. Upper respiratory infections might cause cough and sputum; however, they usually do not produce the degree of sputum discoloration or low-grade fever that suggests a more localized inflammation, as seen in acute bronchitis.

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9. Which laboratory test is commonly used to diagnose carcinoid syndrome?

A. 24-hour urine protein

B. 24-hour excretion of 5-HIAA

C. Serum PSA

D. CBC with differential

The most commonly used laboratory test to diagnose carcinoid syndrome is the assessment of 24-hour urine excretion of 5-hydroxyindoleacetic acid (5-HIAA). Carcinoid syndrome is associated with neuroendocrine tumors, particularly those that originate from serotonin-producing cells. When these tumors release serotonin into the bloodstream, the liver metabolizes it into 5-HIAA, which is then excreted in urine. Elevated levels of 5-HIAA in a 24-hour urine sample are indicative of the presence of a carcinoid tumor, particularly in the case of carcinoid syndrome. In contrast, while the other laboratory tests listed may be useful in different contexts, they do not specifically diagnose carcinoid syndrome. For example, 24-hour urine protein is used to evaluate conditions like nephrotic syndrome or proteinuria. Serum PSA is primarily used for prostate cancer screening, and a complete blood count (CBC) with differential provides general information about blood components but is not specific to neuroendocrine tumors or carcinoid syndrome. Thus, the targeted analysis of 5-HIAA excretion is key in confirming the diagnosis of carcinoid syndrome.

10. Which breast cancer screening guideline is consistent with those of the United States Preventive Services Task Force (USPSTF)?

A. Begin annual screening mammography at age 40

B. Begin annual screening mammography at age 55

C. Continue screening mammography as long as the patient is in good health

D. Discontinue screening mammography at age 75

The United States Preventive Services Task Force (USPSTF) guidelines recommend that women begin screening mammography at age 50, with screenings continuing biennially until the age of 74. While the guidelines encourage continued screening for women aged 75 and older, this is contingent upon the patient being in good health and having a life expectancy of 10 years or more. The recommendation doesn't explicitly state to discontinue screening at age 75; rather, it emphasizes individual assessment based on health status. The correct choice reflects an understanding of these nuanced guidelines, prioritizing the patient's health in determining whether to continue screening beyond a certain age rather than a strict cutoff. This perspective aligns with a patient-centered approach to care that is increasingly emphasized in geriatric practice. In contrast, the other options either suggest an earlier initiation of screening or a blanket discontinuation, which does not align with the USPSTF's recommendations regarding ongoing assessment of health status in older adults.

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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-geriatrics.examzify.com

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

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