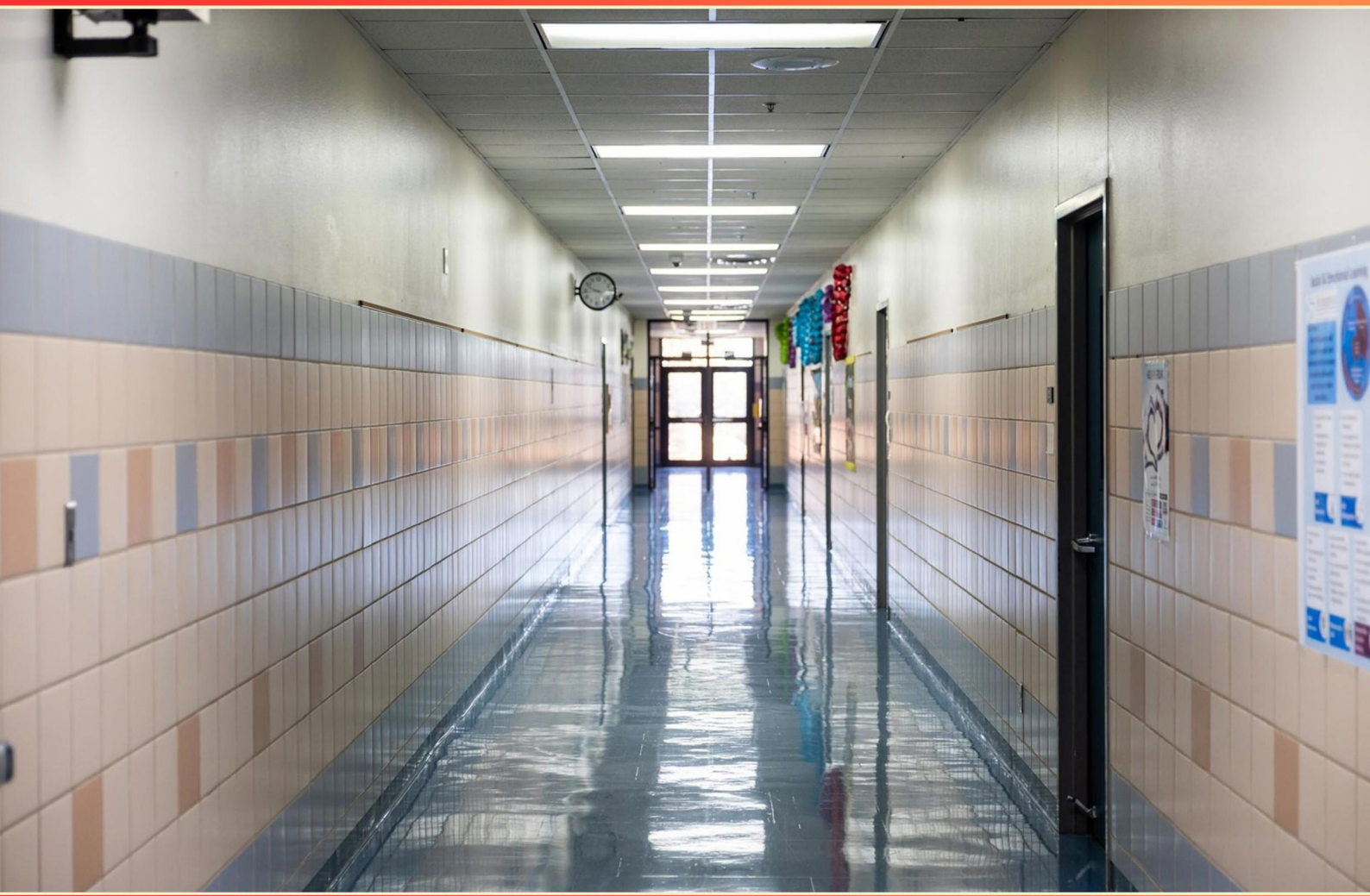
ROSH INTERNAL MEDICINE BOOST END OF ROTATION (EOR) PRACTICE EXAM (SAMPLE)

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 an important clinical feature of hypertrophic cardiomyopathy?

A. Increased left ventricular size

B. Diastolic dysfunction

C. Presence of chest pain during rest

D. Mid-systolic ejection murmur

2. Which of the following symptoms is typical for acute ulcerative colitis?

A. Right flank pain

B. Touch friability of the mucosa

C. Weight gain

D. Painful urinary retention

3. What is a hallmark symptom of hypercalcemia?

A. Severe headache

B. Polyuria and polydipsia

C. Joint pain

D. Abdominal cramping

4. What sign is consistent with the diagnosis of acute cholecystitis in a patient with pericholecystic fluid?

A. Abdominal distention

B. Jaundice

C. Right scapular pain

D. Shaking chills

5. A positive anticitrullinated protein antibody indicates what likely diagnosis in a patient with joint pain in her proximal interphalangeal joints?

A. Gout

B. Polymyalgia rheumatica

C. Rheumatoid arthritis

D. Systemic lupus erythematosus

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6. Which class of medication is best utilized for symptomatic treatment of mild to moderate Sjögren syndrome?

A. Antihistamines

B. Muscarinic agonists

C. Systemic corticosteroids

D. Immunomodulators

7. What is the most likely diagnosis for a patient with joint pain, urinary pain, and conjunctivitis?

A. Reactive arthritis

B. Rheumatoid arthritis

C. Septic arthritis

D. Systemic lupus erythematosus

8. What significant finding might be present in a patient with angle-closure glaucoma?

A. Fixed, dilated pupil

B. Tunnel vision

C. Decreased visual acuity

D. Eye photophobia

9. What is an appropriate initial test for evaluating suspected hypertrophic cardiomyopathy?

A. Stress test

B. Echocardiogram

C. CT scan

D. Electrophysiology study

10. Which of the following is a major manifestation in the modified Jones' criteria for acute rheumatic fever?

A. Arthritis and fever

B. Carditis and arthritis

C. Carditis and prolonged PR interval

D. Erythema marginatum and elevated ESR

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Answers

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

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Explanations

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1. What is an important clinical feature of hypertrophic cardiomyopathy?

A. Increased left ventricular size

B. Diastolic dysfunction

C. Presence of chest pain during rest

D. Mid-systolic ejection murmur

Hypertrophic cardiomyopathy (HCM) is characterized by abnormal thickening of the myocardium, particularly affecting the left ventricle. One of the key clinical features of HCM is diastolic dysfunction. This occurs as the thickened walls of the ventricle impair the heart's ability to fill properly during diastole, leading to an increased left ventricular end-diastolic pressure. Patients often present with symptoms related to this dysfunction, such as exertional dyspnea, but the underlying mechanism is a compromised ability of the ventricle to relax and fill adequately. While other features, such as increased left ventricular size and a mid-systolic ejection murmur, may also be present, they are not as directly indicative of the pathophysiology of HCM as diastolic dysfunction. Increased left ventricular size is typically seen in dilated cardiomyopathy rather than HCM and does not reflect the hallmark effect of myocardial thickening on diastolic filling. The presence of chest pain during rest may occur in some patients, but it is not a consistent or defining feature of HCM and is much less significant than diastolic dysfunction in the context of the disease's overall impact on cardiac function.

2. Which of the following symptoms is typical for acute ulcerative colitis?

A. Right flank pain

B. Touch friability of the mucosa

C. Weight gain

D. Painful urinary retention

In the context of acute ulcerative colitis, touch friability of the mucosa is a hallmark symptom. This phenomenon occurs due to the inflamed and ulcerated nature of the colonic mucosa in this condition. The inflamed tissue becomes soft and highly sensitive, leading to the mucosa being fragile and easily damaged upon palpation or examination, which is what is meant by friability. During a colonoscopy, for instance, ulceration and bleeding may be observed, indicating the severe inflammation associated with the disease. This symptom is significant as it reflects the underlying pathology of ulcerative colitis, where there is continuous inflammation of the colon leading to sores (ulcers) that can bleed and produce mucosal damage. Recognizing this symptom is crucial for diagnosis and understanding the severity of the disease, which can guide treatment options. The other symptoms listed, while potentially relevant to different conditions or situations, do not directly correlate with the typical presentation of acute ulcerative colitis. Hence, the presence of touch friability of the mucosa distinctly aligns with the characteristics of the disease.

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3. What is a hallmark symptom of hypercalcemia?

A. Severe headache

B. Polyuria and polydipsia

C. Joint pain

D. Abdominal cramping

Polyuria and polydipsia are hallmark symptoms of hypercalcemia primarily due to the effects of elevated calcium levels on renal function and overall fluid regulation. When serum calcium levels are high, the kidneys may become less efficient at concentrating urine, leading to increased urine output (polyuria). This results in accompanying thirst (polydipsia) as the body attempts to compensate for the fluid loss and prevent dehydration. In hypercalcemia, the increased calcium influences the distal nephron, leading to the inability to concentrate urine properly. Additionally, high levels of calcium can also stimulate the thirst center in the hypothalamus, contributing to increased fluid intake. This combination of excessive urine production and increased thirst is quite characteristic of the condition, helping clinicians diagnose hypercalcemia during evaluation. While other symptoms can occur with hypercalcemia, such as abdominal cramping due to muscle contractions or even neurological issues, polyuria and polydipsia specifically highlight the renal consequences of elevated calcium levels. This makes them central to diagnosing and understanding the metabolic implications of hypercalcemia.

4. What sign is consistent with the diagnosis of acute cholecystitis in a patient with pericholecystic fluid?

A. Abdominal distention

B. Jaundice

C. Right scapular pain

D. Shaking chills

In the context of acute cholecystitis, the presence of pericholecystic fluid is a key imaging finding, and the specific symptom that aligns well with this diagnosis is right scapular pain. This pain is often referred to as Kehr's sign, which is the result of diaphragmatic irritation from the inflamed gallbladder. The right thoracic nerve roots (T5 to T9) can refer pain to the right shoulder and scapular region due to their shared nerve pathways. Therefore, when a patient experiences right scapular pain alongside imaging findings of pericholecystic fluid, it strongly suggests acute cholecystitis. While other symptoms like abdominal distention, jaundice, and shaking chills can occur in various gastrointestinal conditions, they are not specific indicators of acute cholecystitis. They might suggest other issues, such as obstructive jaundice or systemic infection, but they don't have the same direct linkage to gallbladder inflammation and its complications as right scapular pain does. This makes the symptom of right scapular pain the most consistent sign related to the diagnosis in this scenario.

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5. A positive anticitrullinated protein antibody indicates what likely diagnosis in a patient with joint pain in her proximal interphalangeal joints?

A. Gout

B. Polymyalgia rheumatica

C. Rheumatoid arthritis

D. Systemic lupus erythematosus

A positive anticitrullinated protein antibody (ACPA) test is highly suggestive of rheumatoid arthritis (RA), especially in a patient presenting with joint pain in the proximal interphalangeal joints. The presence of ACPAs is known to be specific to RA and can often be detected even before the clinical symptoms appear. These antibodies are believed to play a role in the pathogenesis of the disease and aid in both diagnosis and prognostication. Joint pain in the proximal interphalangeal joints is characteristic of RA, as the disease typically affects symmetric small joints, particularly in the hands. The early diagnosis and treatment of RA are crucial because they can significantly affect the long-term outcome and prevent joint destruction. In contrast, conditions like gout primarily involve monosodium urate crystal deposition and do not correlate with the presence of ACPAs. Polymyalgia rheumatica involves symptoms like shoulder and hip stiffness and is not associated with ACPAs. Systemic lupus erythematosus, while it can present with joint symptoms, is associated with a different set of antibodies and does not typically present with positive ACPAs. Therefore, the presence of a positive anticitrullinated protein antibody alongside joint pain in these specific joints strongly points towards rheumatoid arthritis as the likely

6. Which class of medication is best utilized for symptomatic treatment of mild to moderate Sjögren syndrome?

A. Antihistamines

B. Muscarinic agonists

C. Systemic corticosteroids

D. Immunomodulators

The best class of medication for symptomatic treatment of mild to moderate Sjögren syndrome is muscarinic agonists. This condition often presents with symptoms related to dryness due to decreased lacrimal (tear) and salivary gland secretion. Muscarinic agonists, such as pilocarpine and cevimeline, work by stimulating the muscarinic receptors in the exocrine glands, thereby enhancing secretion of saliva and tears. This effectively alleviates the symptoms of xerostomia (dry mouth) and keratoconjunctivitis sicca (dry eyes) commonly experienced by patients with Sjögren syndrome. Antihistamines tend to have anticholinergic properties, which can further exacerbate dryness rather than alleviate it. Systemic corticosteroids are typically used for more severe cases of Sjögren syndrome or when systemic complications arise, but they do not specifically target the dryness symptoms associated with this condition. Immunomodulators are generally reserved for severe manifestations or extra-glandular symptoms and are not first-line treatments for symptomatic relief in mild to moderate Sjögren syndrome.

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7. What is the most likely diagnosis for a patient with joint pain, urinary pain, and conjunctivitis?

A. Reactive arthritis

B. Rheumatoid arthritis

C. Septic arthritis

D. Systemic lupus erythematosus

The clinical presentation of joint pain, urinary pain, and conjunctivitis is highly suggestive of reactive arthritis. Reactive arthritis is a type of inflammatory arthritis that occurs in response to an infection in another part of the body, typically involving the urogenital or gastrointestinal tract. The classic triad of symptoms associated with this condition includes arthritis, urethritis (which would explain the urinary pain), and conjunctivitis. Reactive arthritis often develops after a patient has experienced a genitourinary infection; common pathogens associated with this condition include Chlamydia trachomatis, which can lead to urethritis, and other infections such as Salmonella or Shigella, which can cause gastrointestinal symptoms. The conjunctivitis seen in reactive arthritis is often acute and self-limiting. Rheumatoid arthritis, while a well-known inflammatory condition, does not typically present with urinary symptoms or conjunctivitis. Septic arthritis would more likely present with acute joint inflammation due to a bacterial infection directly within the joint without the additional systemic features of conjunctivitis and urinary symptoms. Systemic lupus erythematosus is a systemic autoimmune disease and would have a different set of signs and symptoms, typically involving multi-system involvement and different patterns of joint involvement. Thus, the combination of

8. What significant finding might be present in a patient with angle-closure glaucoma?

A. Fixed, dilated pupil

B. Tunnel vision

C. Decreased visual acuity

D. Eye photophobia

In a patient with angle-closure glaucoma, one of the hallmark signs is a fixed, dilated pupil. This occurs due to the increased intraocular pressure that accompanies the acute angle-closure event. When the angle between the iris and the cornea becomes narrowed or closed, this can lead to a sudden and severe rise in eye pressure, which affects the autonomic control of the pupil, resulting in it being unable to constrict properly in response to light. Thus, the fixed and dilated appearance of the pupil is a direct consequence of this pathophysiological process, making it a significant and distinguishing finding in patients experiencing angle-closure glaucoma. In contrast, while tunnel vision, decreased visual acuity, and eye photophobia can occur in various eye conditions, they are not as specific or as immediately indicative of angle-closure glaucoma as the presence of a fixed, dilated pupil. Tunnel vision, typically related to peripheral field loss, and decreased visual acuity could result from prolonged increased intraocular pressure but do not directly reflect the acute state of the pupil. Photophobia can also occur due to several factors and is not a definitive sign of angle-closure glaucoma specifically.

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9. What is an appropriate initial test for evaluating suspected hypertrophic cardiomyopathy?

A. Stress test

B. Echocardiogram

C. CT scan

D. Electrophysiology study

An echocardiogram is the most appropriate initial test for evaluating suspected hypertrophic cardiomyopathy. This imaging modality provides critical information about the structure and function of the heart, particularly in identifying the hypertrophy of the ventricular walls, which is a hallmark of this condition. The echocardiogram can show abnormalities such as asymmetric septal hypertrophy, which is commonly seen in hypertrophic cardiomyopathy and can help assess the degree of left ventricular outflow obstruction, if present. Additionally, the echocardiogram can provide further evaluation of wall motion, valve function, and overall cardiac function. Given that hypertrophic cardiomyopathy can lead to significant implications for patient management, including risk stratification for arrhythmias and sudden cardiac death, the echocardiogram serves as a fundamental tool in not just confirming the diagnosis but also in guiding further management and follow-up. In contrast, while a stress test can assess functional capacity and potentially reveal exercise-induced symptoms, it is not the first-line diagnostic tool for structural heart conditions like hypertrophic cardiomyopathy. A CT scan is primarily used when additional anatomic detail is needed, and electrophysiology studies are usually reserved for assessing arrhythmias rather than making an initial diagnosis of hypertrophic cardiomyopathy

10. Which of the following is a major manifestation in the modified Jones' criteria for acute rheumatic fever?

A. Arthritis and fever

B. Carditis and arthritis

C. Carditis and prolonged PR interval

D. Erythema marginatum and elevated ESR

The major manifestations in the modified Jones criteria for acute rheumatic fever are comprised of specific clinical features that reflect the effects of rheumatic fever following a streptococcal infection. Among these, carditis and arthritis are recognized as significant manifestations. Carditis refers to the inflammation of the heart, which can involve the pericardium, myocardium, and endocardium, potentially leading to severe complications such as valvular disease. Arthritis typically presents as a migratory polyarthritis, commonly affecting the large joints, such as the knees, ankles, elbows, and wrists. This combination highlights the systemic inflammation associated with rheumatic fever. While options like arthritis and fever, or carditis and prolonged PR interval encompass components related to rheumatic fever, they do not represent the same level of critical manifestation as carditis and arthritis, which are definitive major criteria used to establish the diagnosis. Moreover, erythema marginatum and elevated ESR, although important, align more closely with minor criteria. In summary, the pairing of carditis and arthritis stands out as a core aspect of the modified Jones criteria, effectively capturing the clinical severity and implications of acute rheumatic fever.

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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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