Internal Medicine End of Rotation (EOR) Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

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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.

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!

Questions

1. **What type of cells are often seen with liver disease and thalassemia?**

   A. Macrocytes

   B. Target cells

   C. Spherocytes

   D. Schistocytes

2. **What type of casts are commonly seen in cases of interstitial nephritis?**

   A. Red blood cell casts

   B. Muddy brown casts

   C. White cell casts

   D. Broad waxy casts

3. **What is the main focus of treatment for spondyloarthropathies?**

   A. Palliative care

   B. Symptom management

   C. Treatment of underlying disease

   D. Physical therapy

4. **Which percussion finding is associated with hyperinflated lungs in conditions like COPD?**

   A. Dullness

   B. Resonance

   C. Flatness

   D. Hyperresonance

5. **Which condition can be inherited in an autosomal dominant pattern and typically involves tremors without rigidity?**

   A. Essential tremor

   B. Parkinson's disease

   C. Wilson's disease

   D. Huntington's disease

6. What condition occurs when often obese patients fail to breathe rapidly or deeply enough, resulting in low oxygen or high carbon dioxide levels?

A. Obstructive sleep apnea

B. Hypoventilation syndrome

C. Chronic obstructive pulmonary disease

D. Interstitial lung disease

7. What is the most common cause of secondary hypertension related to Cushing's syndrome?

A. Hyperaldosteronism

B. Excess cortisol

C. Chronic kidney disease

D. Aortic coarctation

8. What conditions should be evaluated when assessing for a tachyarrhythmia?

A. Hypoglycemia and dehydration

B. Electrolyte disturbances and digoxin level

C. Hyperlipidemia and renal function

D. Anemia and infection

9. At what white blood cell count is bacterial joint infection highly suspected?

A. Greater than 50,000

B. Greater than 75,000

C. Greater than 100,000

D. Greater than 150,000

10. To diagnose diabetes mellitus type I or II, a fasting glucose should be greater than what value?

A. 100 mg/dL

B. 125 mg/dL

C. 150 mg/dL

D. 200 mg/dL

Answers

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

Explanations

1. What type of cells are often seen with liver disease and thalassemia?

A. Macrocytes

B. Target cells

C. Spherocytes

D. Schistocytes

The presence of target cells in individuals with liver disease and thalassemia can be attributed to changes in the red blood cell membrane and alterations in the lipid content of the cells. Target cells, or codocytes, have a characteristic appearance that resembles a bullseye, which is caused by an increase in membrane surface area relative to the volume of the red blood cells. This phenomenon often occurs in states where there is a reduction in hemoglobin concentration or alterations in the lipid composition of the cell membrane. In liver disease, particularly when there is cholestasis or hepatic dysfunction, the accumulation of certain lipids can lead to the formation of target cells. In thalassemia, where there is ineffective erythropoiesis and varying degrees of anemia, target cells can also become prominent as a result of the imbalanced hemoglobin production and alterations in red blood cell morphology. The other cell types mentioned do have specific associations with hematologic conditions or other comorbidities. Macrocytes are typically seen in megaloblastic anemia, spherocytes are associated with conditions like hereditary spherocytosis and autoimmune hemolytic anemia, and schistocytes are indicative of microangiopathic hemolytic processes. However, target cells are particularly relevant

2. What type of casts are commonly seen in cases of interstitial nephritis?

A. Red blood cell casts

B. Muddy brown casts

C. White cell casts

D. Broad waxy casts

In interstitial nephritis, the primary pathological changes occur in the renal interstitium, which often results from an inflammatory process. This condition can be triggered by various factors, including medications, infections, or autoimmune diseases. As part of the inflammatory response in interstitial nephritis, there is often an infiltration of white blood cells into the renal interstitium. Consequently, the presence of white cell casts in the urine is a significant indicator of interstitial nephritis. These casts are formed when white blood cells aggregate in the renal tubules and take on the shape of the tubules as they are excreted in the urine. The detection of these casts can help differentiate interstitial nephritis from other types of kidney diseases, aiding in the diagnosis and management. Other cast types noted in the question are associated with different renal pathologies. For instance, red blood cell casts are typically indicative of glomerulonephritis, muddy brown casts are commonly seen in acute tubular necrosis, and broad waxy casts are often related to chronic kidney disease. Thus, the presence of white cell casts is distinctly linked to the inflammatory process characteristic of interstitial nephritis.

3. What is the main focus of treatment for spondyloarthropathies?

A. Palliative care

B. Symptom management

C. Treatment of underlying disease

D. Physical therapy

The main focus of treatment for spondyloarthropathies centers on the treatment of the underlying disease process, particularly through the use of biologic medications and disease-modifying antirheumatic drugs (DMARDs). Spondyloarthropathies, such as ankylosing spondylitis and psoriatic arthritis, involve chronic inflammation of the joints, spine, and, in some cases, extra-articular manifestations. The primary aim is to target the underlying inflammation and disease progression, which can lead to significant long-term morbidity if not effectively managed. By addressing the underlying disease, treatment can reduce the frequency and severity of symptoms, minimize structural damage to joints and surrounding tissues, and improve quality of life. Early and aggressive treatment is often advocated to prevent irreversible changes associated with these conditions. In contrast, while symptom management, palliative care, and physical therapy are certainly components of a comprehensive management plan, they do not target the fundamental pathology of spondyloarthropathies. Symptom management focuses on alleviating pain and stiffness, palliative care is concerned with providing relief from the symptoms and stress of the disease without curative intent, and physical therapy plays an important supportive role in maintaining mobility and function but does not address the

4. Which percussion finding is associated with hyperinflated lungs in conditions like COPD?

A. Dullness

B. Resonance

C. Flatness

D. Hyperresonance

Hyperresonance is a percussion finding that indicates excessive air in the lungs, commonly observed in conditions such as chronic obstructive pulmonary disease (COPD) or in pneumothorax. When the lungs become hyperinflated due to trapped air, the sound produced during percussion is more resonant than normal, resulting in a heightened, hollow sound. This is in contrast to other possible findings, such as dullness or flatness, which indicate the presence of fluid, solid lung tissue, or diminished air content, as seen in conditions like pneumonia or pleural effusion. Therefore, in the context of conditions associated with hyperinflated lungs, such as COPD, hyperresonance accurately reflects the pathophysiological changes occurring in the respiratory system.

5. Which condition can be inherited in an autosomal dominant pattern and typically involves tremors without rigidity?

A. Essential tremor

B. Parkinson's disease

C. Wilson's disease

D. Huntington's disease

Essential tremor is the condition that can be inherited in an autosomal dominant pattern and is characterized primarily by tremors that occur during voluntary movements, such as when trying to hold a cup or write. It typically does not include the rigidity and bradykinesia that are hallmark features of Parkinson's disease. Genetic studies have shown that essential tremor often runs in families, suggesting a direct hereditary component, and the inheritance pattern fits the characteristics of autosomal dominance. This implies that only one copy of the mutated gene from an affected parent can cause the disorder in the offspring. In contrast, Parkinson's disease, while it may have some familial cases, primarily presents with symptoms such as rigidity, bradykinesia, and postural instability, which differentiates it clearly from essential tremor. Similarly, Wilson's disease is a genetic disorder caused by copper accumulation and exhibits other systemic symptoms beyond tremor, including liver dysfunction and psychiatric changes, rather than a straightforward tremor alone. Huntington's disease, although also inherited in an autosomal dominant manner, typically presents with chorea and cognitive decline, rather than just tremors. Thus, essential tremor is appropriately identified as the correct answer, as it aligns with the autosomal dominant inheritance pattern

6. What condition occurs when often obese patients fail to breathe rapidly or deeply enough, resulting in low oxygen or high carbon dioxide levels?

A. Obstructive sleep apnea

B. Hypoventilation syndrome

C. Chronic obstructive pulmonary disease

D. Interstitial lung disease

The condition characterized by obesity and inadequate breathing that leads to low oxygen levels or elevated carbon dioxide levels is known as hypoventilation syndrome. This syndrome is often seen in patients with obesity, where increased body mass can impair the ability to take deep or rapid breaths effectively. The mechanical restriction caused by excess weight can result in decreased lung volumes and decreased compliance, making it difficult for the individual to maintain adequate ventilation. As a result, patients may present with symptoms such as daytime sleepiness, fatigue, and sometimes even confusion due to insufficient oxygenation (hypoxemia) and the retention of carbon dioxide (hypercapnia). This is particularly prevalent when these patients sleep, leading to a further decrease in respiratory effort and exacerbation of the hypoventilation. Understanding this condition is crucial for appropriate management, which may involve weight loss strategies, obesity management, or the use of non-invasive ventilation techniques to support breathing during sleep or at rest. It is important to recognize hypoventilation syndrome in the context of obesity, as it has distinct clinical implications compared to other respiratory or pulmonary conditions.

7. What is the most common cause of secondary hypertension related to Cushing's syndrome?

A. Hyperaldosteronism

B. Excess cortisol

C. Chronic kidney disease

D. Aortic coarctation

Excess cortisol is the most common cause of secondary hypertension related to Cushing's syndrome. Cushing's syndrome is characterized by prolonged elevated levels of cortisol, which can lead to hypertension through several mechanisms. Elevated cortisol levels can increase blood pressure by promoting sodium retention, increasing blood volume, and potentially causing vascular changes that enhance the reactivity of blood vessels. Additionally, cortisol can have indirect effects on the cardiovascular system and contribute to insulin resistance, both of which further exacerbate hypertension. In contrast, while hyperaldosteronism can result from excess adrenal hormone production and contribute to secondary hypertension, it is not the primary mechanism in the context of Cushing's syndrome. Chronic kidney disease can also lead to hypertension due to fluid overload and activation of the renin-angiotensin-aldosterone system, but it is not directly linked to cortisol pathways. Aortic coarctation is a distinct structural abnormality that can cause secondary hypertension, but it is not related to cortisol levels or Cushing's syndrome. As such, recognizing the direct effect of excess cortisol in Cushing's syndrome is crucial in understanding its relationship with secondary hypertension.

8. What conditions should be evaluated when assessing for a tachyarrhythmia?

A. Hypoglycemia and dehydration

B. Electrolyte disturbances and digoxin level

C. Hyperlipidemia and renal function

D. Anemia and infection

Evaluating for tachyarrhythmia should focus on conditions that are directly linked to the electrical activity of the heart and its conduction system. One of the main considerations is electrolyte disturbances, particularly imbalances in potassium, magnesium, and calcium levels. These electrolytes play crucial roles in maintaining normal cardiac rhythm; for instance, hyperkalemia can lead to life-threatening arrhythmias. Meanwhile, hypokalemia can cause ectopic beats and other arrhythmic events. Additionally, checking the digoxin level is important for patients who are on this medication. While digoxin can be effective for certain conditions like heart failure and atrial fibrillation, it has a narrow therapeutic index, and both toxicity and subtherapeutic levels can lead to tachyarrhythmias. While hypoglycemia, dehydration, hyperlipidemia, renal function, anemia, and infection might have indirect relationships with overall cardiovascular health, they are not the primary conditions that should be evaluated specifically when assessing for tachyarrhythmias.

9. At what white blood cell count is bacterial joint infection highly suspected?

A. Greater than 50,000

B. Greater than 75,000

C. Greater than 100,000

D. Greater than 150,000

In the context of diagnosing a bacterial joint infection, also known as septic arthritis, the white blood cell count in the synovial fluid is a critical parameter. A white blood cell count greater than 100,000 cells per microliter is typically regarded as highly suggestive of a bacterial etiology. This high count correlates with the inflammatory response elicited by bacteria, which leads to a marked increase in leukocyte infiltration, particularly neutrophils, into the synovial fluid. When the count exceeds 100,000, it becomes likely that the infection is bacterial rather than due to other less common causes such as crystal-induced arthritis or viral infections, which typically present with lower white blood cell counts. Values below this threshold, while they may indicate an ongoing process, do not strongly suggest a bacterial infection specifically, as they can also be seen in conditions like viral arthritis or non-infectious inflammatory arthritis. Therefore, identifying a white blood cell count exceeding 100,000 provides a significant marker for clinicians in conjunction with the patient's clinical presentation and other diagnostic tests to diagnose a bacterial joint infection accurately.

10. To diagnose diabetes mellitus type I or II, a fasting glucose should be greater than what value?

A. 100 mg/dL

B. 125 mg/dL

C. 150 mg/dL

D. 200 mg/dL

To diagnose diabetes mellitus, specific criteria are established that focus on fasting glucose levels. A fasting glucose level of greater than 126 mg/dL is indicative of diabetes. Therefore, the choice that indicates a fasting glucose greater than 125 mg/dL aligns with this diagnostic standard. The rationale behind this threshold is that levels above this point suggest an impaired ability of the body to regulate blood sugar, which is characteristic of diabetes mellitus. This diagnostic criterion is used alongside other testing methods such as the oral glucose tolerance test and the hemoglobin A1c test to establish a comprehensive understanding of an individual's glucose metabolism. The value set at 125 mg/dL serves as a preparatory cut-off, knowing that a definitive diabetes diagnosis is confirmed at 126 mg/dL or higher during a fast. Thus, identifying fasting glucose levels above this value aids in the proper diagnosis and timely management of diabetes mellitus.

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!