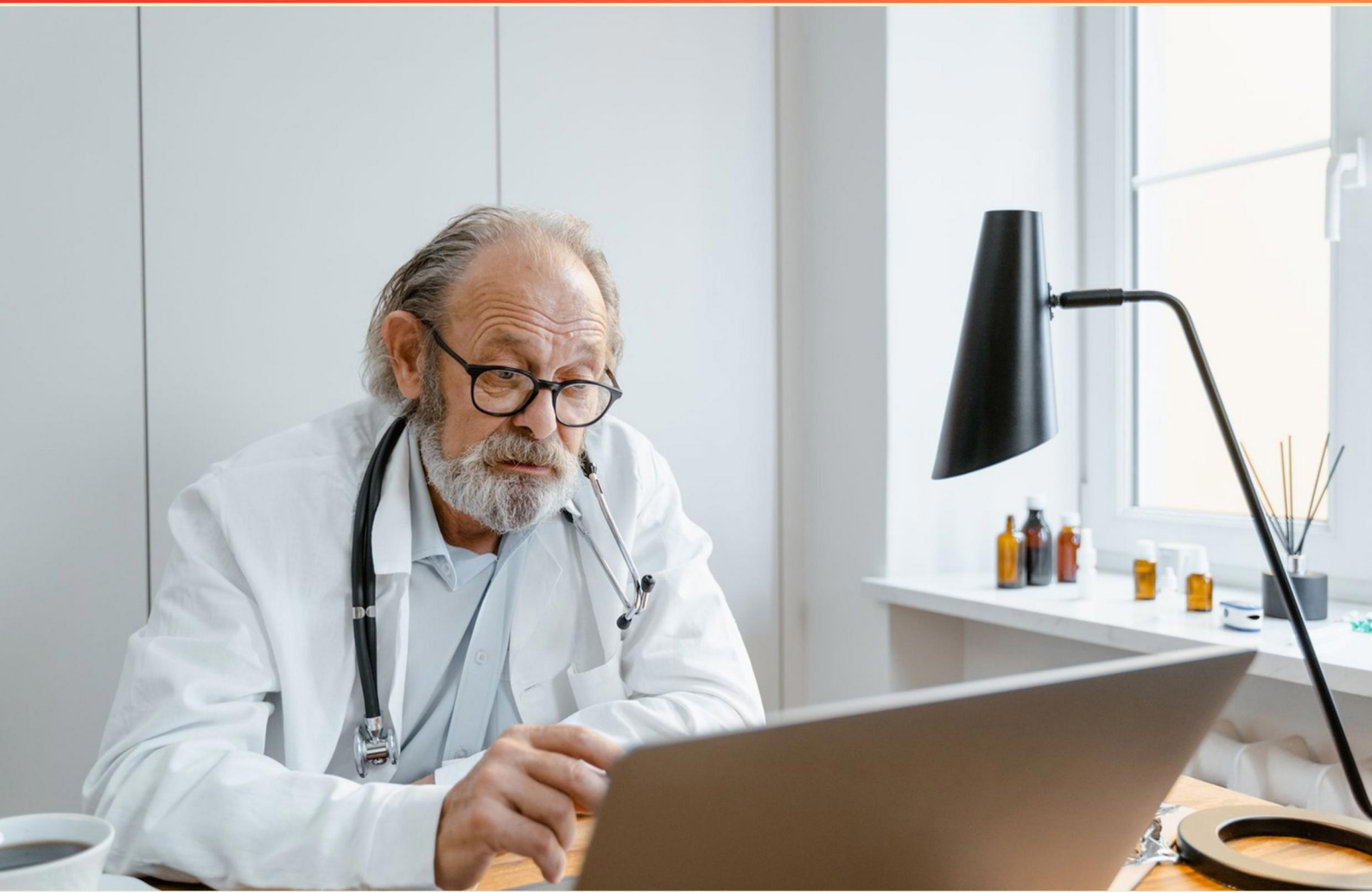


INTERNAL MEDICINE END OF ROTATION (EOR) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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

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- 1. In patients with intestinal malabsorption, which type of stones are commonly formed?**
 - A. Calcium oxalate stones
 - B. Uric acid stones
 - C. Struvite stones
 - D. Cystine stones

- 2. According to the AHA mnemonic for stable angina treatment, what does the first letter 'A' represent?**
 - A. Antidepressants
 - B. Aspirin
 - C. Angioplasty
 - D. Anticoagulants

- 3. How is a fusiform aneurysm typically managed?**
 - A. Observation
 - B. Surgical clipping
 - C. Total occlusion
 - D. Medication

- 4. What is a common treatment regimen for H Pylori infection?**
 - A. Omeprazole and Clarithromycin
 - B. Amoxicillin and Metronidazole
 - C. Amoxicillin, Omeprazole, and Clarithromycin
 - D. Sucralfate and H2 receptor antagonists

- 5. What is a common presentation of pulmonary congestion in heart failure?**
 - A. Peripheral edema
 - B. Orthopnea
 - C. Palpitations
 - D. Syncope

- 6. Which symptom is most likely associated with right heart failure in restrictive cardiomyopathy?**
- A. Pulmonary congestion
 - B. Fluid retention
 - C. Bradycardia
 - D. Palpitation episodes
- 7. What is the expected time frame for the resolution of ST-segment elevation post-STEMI treatment?**
- A. Within 1 hour
 - B. Within 12 hours
 - C. Within a few days
 - D. Within 1 week
- 8. On crystal examination, which type of arthritis shows needle-shaped negative birefringent crystals?**
- A. Pseudogout
 - B. Rheumatoid arthritis
 - C. Gout
 - D. Osteoarthritis
- 9. What is the main focus of treatment for spondyloarthropathies?**
- A. Palliative care
 - B. Symptom management
 - C. Treatment of underlying disease
 - D. Physical therapy
- 10. What class of medication is often used to treat dyspepsia by inhibiting gastric acid?**
- A. Antibiotics
 - B. H2 receptor antagonists
 - C. SSRIs
 - D. Opioids

Answers

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

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Explanations

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1. In patients with intestinal malabsorption, which type of stones are commonly formed?

A. Calcium oxalate stones

B. Uric acid stones

C. Struvite stones

D. Cystine stones

In patients with intestinal malabsorption, the formation of calcium oxalate stones is commonly observed due to the changes in intestinal absorption of dietary components. When there is malabsorption, the body can absorb excess oxalate from the intestines because there is reduced absorption of other nutrients. For instance, in conditions like Crohn's disease or after certain gastric surgeries, dietary fats may not be adequately absorbed, leading to the formation of fatty acids. These fatty acids can bind to calcium, leaving more free oxalate in the intestines to be absorbed into the bloodstream. Increased circulating oxalate can predispose patients to the development of calcium oxalate stones in the kidneys, as the excess oxalate can combine with calcium to form stones. This is particularly pronounced in conditions that cause chronic diarrhea, which also can lead to a loss of calcium and other electrolytes, compounding the risk of stone formation. Understanding the metabolic processes and how they relate to specific types of stones helps clarify why calcium oxalate stones are the most relevant in this context of malabsorption.

2. According to the AHA mnemonic for stable angina treatment, what does the first letter 'A' represent?

A. Antidepressants

B. Aspirin

C. Angioplasty

D. Anticoagulants

The first letter 'A' in the AHA mnemonic for stable angina treatment stands for Aspirin. Aspirin is a cornerstone of therapy for patients with stable angina, as it works to inhibit platelet aggregation, thereby reducing the risk of thrombus formation in patients who may have underlying coronary artery disease. This antiplatelet effect is particularly important in managing stable angina because it helps to decrease the risk of myocardial ischemia and potential heart attacks. Using aspirin is beneficial as part of a broader treatment strategy that may also include lifestyle modifications, beta-blockers, nitrates, and statins, depending on the individual patient's profile and clinical circumstances. The role of aspirin in this context is well-supported by clinical guidelines, emphasizing its preventive benefits in patients with cardiovascular disease.

3. How is a fusiform aneurysm typically managed?

- A. Observation
- B. Surgical clipping
- C. Total occlusion**
- D. Medication

The management of a fusiform aneurysm is primarily determined by several factors including its size, location, the risk of rupture, and the patient's overall health. Generally, fusiform aneurysms are a dilatation of an artery, where the entire circumference of the artery expands, and they can develop in various vessels. Total occlusion is a technique that may be considered for certain types of aneurysms, especially if they pose a significant risk of rupture or if there are associated complications. In some cases, particularly with smaller fusiform aneurysms that are not symptomatic, a conservative approach may be adopted, which includes monitoring the aneurysm through regular imaging studies rather than immediate intervention. However, total occlusion—or intentionally blocking the blood flow through the aneurysm—may be useful in preventing potential complications associated with the aneurysm and is considered in specific scenarios. It's important to note that this management option is more appropriate under circumstances where the risks associated with leaving the aneurysm untreated outweigh the risks of the procedure itself. Surgical clipping and other interventional techniques are more commonly associated with saccular aneurysms, while medication might not adequately address the structural risks presented by an aneurysm. Thus, the correct approach to managing a fusiform aneurysm

4. What is a common treatment regimen for H Pylori infection?

- A. Omeprazole and Clarithromycin
- B. Amoxicillin and Metronidazole
- C. Amoxicillin, Omeprazole, and Clarithromycin**
- D. Sucralfate and H2 receptor antagonists

A common treatment regimen for *Helicobacter pylori* infection includes the combination of amoxicillin, omeprazole, and clarithromycin. This triplet therapy is effective because it addresses both the eradication of the bacterial infection and the reduction of gastric acid, promoting the healing of the gastric mucosa. Amoxicillin serves as an antibiotic to target the *H. pylori* bacteria directly, while clarithromycin is another antibiotic that works synergistically with amoxicillin to enhance bacterial eradication. Omeprazole, a proton pump inhibitor, plays a crucial role by reducing stomach acid production. This is significant because a less acidic environment not only aids in the healing of any associated gastric ulcers but also boosts the efficacy of the antibiotics since lower acidity can enhance their absorption and action. This combination therapy is widely recommended due to its effectiveness and is a standard part of treatment guidelines for *H. pylori* infections. The inclusion of two antibiotics aims to minimize the risk of antibiotic resistance, which is a concern in treating bacterial infections. Other treatment options like sucralfate and H2 receptor antagonists (which are primarily used in managing acid-related disorders) do not effectively target the infection directly and miss the dual approach of combining antibiotic action with acid suppression that

5. What is a common presentation of pulmonary congestion in heart failure?

- A. Peripheral edema
- B. Orthopnea**
- C. Palpitations
- D. Syncope

The presentation of orthopnea in pulmonary congestion associated with heart failure is characterized by shortness of breath that occurs when a person is lying flat. This symptom results from the accumulation of fluid in the lungs when the body is in a supine position, leading to increased venous return and pulmonary venous pressure. As a result, patients often find relief by propping themselves up with pillows or sleeping in a more upright position. While peripheral edema, palpitations, and syncope can also occur in heart failure, they are not directly indicative of pulmonary congestion. Peripheral edema is more related to right-sided heart failure and fluid retention. Palpitations can happen due to various factors, including arrhythmias that are not necessarily linked to pulmonary congestion itself. Syncope may result from insufficient cardiac output but is not a direct symptom of fluid accumulation in the lungs. Therefore, orthopnea stands out as a specific sign of pulmonary congestion in the context of heart failure.

6. Which symptom is most likely associated with right heart failure in restrictive cardiomyopathy?

- A. Pulmonary congestion
- B. Fluid retention**
- C. Bradycardia
- D. Palpitation episodes

In the context of restrictive cardiomyopathy, the most likely symptom associated with right heart failure is fluid retention. This condition is characterized by the inability of the heart to fill properly due to the rigidity of the heart muscle, which leads to diastolic dysfunction. As the right side of the heart struggles to effectively pump blood, it results in elevated pressure in the venous system. Fluid retention occurs because increased venous pressure can cause fluid to leak from the blood vessels into the surrounding tissues, leading to symptoms such as peripheral edema (swelling in the legs and ankles) and potentially contributing to ascites (fluid accumulation in the abdominal cavity). The kidneys may also retain sodium and water in response to decreased cardiac output, further exacerbating fluid retention. Pulmonary congestion typically associates more with left heart failure, where fluid backs up into the lungs due to pressure build-up in the pulmonary circulation. Bradycardia and episodes of palpitations, while they might be experienced by some patients, are not as characteristic of right heart failure and may not directly relate to restrictive cardiomyopathy in the same way that fluid retention does. Therefore, fluid retention is the most prominent symptom associated with right heart failure in this scenario.

7. What is the expected time frame for the resolution of ST-segment elevation post-STEMI treatment?

- A. Within 1 hour
- B. Within 12 hours
- C. Within a few days**
- D. Within 1 week

The resolution of ST-segment elevation following treatment for ST-elevation myocardial infarction (STEMI) typically occurs within a few days. Following successful reperfusion therapy, such as percutaneous coronary intervention (PCI) or thrombolysis, the ST-segment elevation on an electrocardiogram (ECG) may begin to resolve as the myocardial tissue restores blood flow and begins to heal. The process of healing and resolution of the ST-segment changes generally takes longer than a few hours and can be observed over a period of several days as the heart returns to a more stable state. In contrast, significant and immediate changes may be seen in the first hour or so, but complete resolution of the ST-segment elevation does not typically happen that quickly. The heart muscle may need more time to recover, leading to the gradual resolution observed over days rather than hours or even weeks. Thus, the anticipated timeframe aligns with the expected understanding of myocardial healing and the dynamics of ST-segment changes following reperfusion therapy in the STEMI setting.

8. On crystal examination, which type of arthritis shows needle-shaped negative birefringent crystals?

- A. Pseudogout
- B. Rheumatoid arthritis
- C. Gout**
- D. Osteoarthritis

The presence of needle-shaped negative birefringent crystals on crystal examination is characteristic of gout. This condition is caused by the deposition of monosodium urate crystals in the joints due to elevated uric acid levels. During polarized light microscopy, these needle-shaped crystals appear as negatively birefringent, meaning that they change color depending on the orientation of the light. In gout, the clinical presentation is often acute and can involve severe pain, swelling, and erythema in affected joints, commonly the big toe (podagra). The identification of these specific crystals in synovial fluid is crucial for confirming a diagnosis of gout, differentiating it from other types of arthritis such as pseudogout, which features rhomboid-shaped positively birefringent crystals instead. Understanding the distinct morphological characteristics and behavior of the crystals associated with various types of arthritis is essential for accurate diagnosis and appropriate management.

9. 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

10. What class of medication is often used to treat dyspepsia by inhibiting gastric acid?

- A. Antibiotics
- B. H2 receptor antagonists**
- C. SSRIs
- D. Opioids

H2 receptor antagonists are a class of medications commonly used to treat dyspepsia by selectively inhibiting gastric acid secretion. They work by blocking histamine H2 receptors located on the parietal cells of the stomach, which leads to a decrease in the production of gastric acid. This reduction in acid secretion can help alleviate symptoms of dyspepsia, such as heartburn, stomach pain, and indigestion, making H2 receptor antagonists an effective treatment option for managing these conditions. Antibiotics are primarily used to treat bacterial infections and would not directly address the symptoms of dyspepsia related to gastric acid secretion. SSRIs are a class of medications typically used to treat depression and anxiety disorders and do not play a role in the management of gastric acid-related conditions. Opioids are pain-relieving medications that can actually slow gastrointestinal motility and potentially worsen dyspeptic symptoms rather than provide relief. Thus, H2 receptor antagonists are the most appropriate choice for treating dyspepsia through the inhibition of gastric acid secretion.

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://internalmedicineor.examzify.com>

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

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