

Multi-Specialty Recruitment Assessment (MSRA) 2025 Practice Test (Sample)

Study Guide



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SAMPLE

Questions

SAMPLE

- 1. What is a common feature of anankastic personality disorder?**
 - A. Heightened creativity with minimal anxiety**
 - B. Doubt and consciousness with stubbornness**
 - C. Strong emotional connectivity with others**
 - D. Flexible behavior adapting to new situations**
- 2. Histrionic personality disorder often involves which of the following characteristics?**
 - A. Feelings of isolation and withdrawal**
 - B. Shallow and labile personality**
 - C. Rigid adherence to rules and standards**
 - D. Impulsivity and emotional instability**
- 3. For a 32-year-old obese woman with large intramural fibroids causing severe menorrhagia, what is the most appropriate management option?**
 - A. Myomectomy**
 - B. Hysteroscopic resection**
 - C. Endometrial ablation**
 - D. Observation and monitoring**
- 4. What is the main reproductive investigation for a male whose partner has normal fertility and they have been trying to conceive for two years?**
 - A. Sperm motility test**
 - B. Hormonal profile**
 - C. Chlamydia test**
 - D. Semen volume analysis**
- 5. What is one of the primary methods of transmission for Hepatitis E?**
 - A. Blood transfusion**
 - B. Faecal oral and vertical transmission**
 - C. Sharing needles**
 - D. Mother to child during breastfeeding**

- 6. What is a common presentation in patients with interstitial nephritis?**
- A. Hyperkalemia**
 - B. Eosinophilia**
 - C. Proteinuria**
 - D. Hematuria**
- 7. What is the initial management for a patient on warfarin with an INR greater than 8 and minor bleeding?**
- A. Immediate surgery to reverse anticoagulation**
 - B. Stop warfarin, give 1-3 mg of Vitamin K IV**
 - C. Administer fresh frozen plasma**
 - D. Increase the warfarin dose to stabilize INR**
- 8. What age group is most commonly associated with type 2 autoimmune hepatitis?**
- A. Infants**
 - B. Children aged 2-12**
 - C. Adults over 40**
 - D. Teenagers**
- 9. What is the recommended treatment for B cell lymphoma?**
- A. Hormonal Therapy**
 - B. Combination chemotherapy with biologics**
 - C. Radiation Therapy alone**
 - D. Only supportive care**
- 10. How does a sliding hiatus hernia typically present?**
- A. Constant severe pain**
 - B. Nausea and heartburn after meals**
 - C. Frequent bouts of diarrhea**
 - D. Severe abdominal cramping**

Answers

SAMPLE

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

SAMPLE

Explanations

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1. What is a common feature of anankastic personality disorder?

- A. Heightened creativity with minimal anxiety**
- B. Doubt and consciousness with stubbornness**
- C. Strong emotional connectivity with others**
- D. Flexible behavior adapting to new situations**

Anankastic personality disorder, also known as obsessive-compulsive personality disorder (OCPD), is characterized by a pervasive pattern of preoccupation with orderliness, perfectionism, and control. A prominent feature of this disorder is the individual's tendency to experience significant doubt and excessive conscientiousness, which manifests as a stubborn adherence to rules, schedules, and routines. This preoccupation often leads to difficulty in adapting to new situations or accepting changes, as the person may prioritize the need for control and predictability in their environment. Individuals with this disorder typically display a rigid approach to life, exhibiting an entrenched sense of stubbornness that can hinder flexibility and spontaneity. This feature is often accompanied by a critical self-assessment, where the person may feel that no matter how much they do, it is never enough, resulting in chronic dissatisfaction. The other options highlight features that do not align with the core characteristics of anankastic personality disorder. For example, heightened creativity is generally seen in other personality styles, while strong emotional connectivity is not a hallmark of OCPD; instead, individuals may struggle with emotional introspection and interpersonal relationships due to their focus on tasks and rules. Additionally, flexibility is not a feature of this disorder, as individuals with anank

2. Histrionic personality disorder often involves which of the following characteristics?

- A. Feelings of isolation and withdrawal**
- B. Shallow and labile personality**
- C. Rigid adherence to rules and standards**
- D. Impulsivity and emotional instability**

Histrionic personality disorder is characterized by excessive emotionality and attention-seeking behaviors. Individuals with this disorder typically display shallow and labile personalities, which means their emotions can change quickly and may lack depth. They often seek to be the center of attention and can be easily influenced by others. The characteristic of being shallow indicates that their feelings might not be deeply held, leading to a display of emotions that may seem exaggerated or theatrical. This aligns perfectly with the traits associated with histrionic personality disorder, making it the most appropriate choice in understanding the nature of the disorder. Other characteristics like feelings of isolation and withdrawal do not align with histrionic personality disorder, as individuals with this condition are often very sociable and seek out interaction. Rigid adherence to rules and standards is more indicative of obsessive-compulsive personality traits rather than the emotional and attention-seeking behavior seen in histrionic personality disorder. Impulsivity and emotional instability can be more closely associated with borderline personality disorder, which displays quite different behavioral patterns compared to the characteristics of histrionic personality disorder.

3. For a 32-year-old obese woman with large intramural fibroids causing severe menorrhagia, what is the most appropriate management option?

A. Myomectomy

B. Hysteroscopic resection

C. Endometrial ablation

D. Observation and monitoring

In the case of a 32-year-old obese woman with large intramural fibroids leading to severe menorrhagia, myomectomy is considered the most appropriate management option. Myomectomy is a surgical procedure specifically designed to remove fibroids while preserving the uterus, making it an ideal choice for women who wish to maintain their fertility or have a strong desire to avoid hysterectomy. Large intramural fibroids can significantly contribute to heavy menstrual bleeding, as they can distort the uterine cavity and disrupt normal uterine function. By opting for myomectomy, the surgeon can directly target and remove these causative fibroids, which often leads to substantial improvement in menstrual flow and reduction of symptoms related to menorrhagia. Hysteroscopic resection, while useful for submucosal fibroids, is not appropriate here because the fibroids in this scenario are described as intramural, which may not be effectively treated through this minimally invasive technique. Endometrial ablation, on the other hand, is considered when the goal is to reduce menstrual bleeding and is typically suited for cases without large fibroids, particularly those smaller in size. Finally, while observation and monitoring could be an option in cases of mild symptoms or

4. What is the main reproductive investigation for a male whose partner has normal fertility and they have been trying to conceive for two years?

A. Sperm motility test

B. Hormonal profile

C. Chlamydia test

D. Semen volume analysis

The primary reproductive investigation for a male in the context of infertility, especially when the female partner has normal fertility and the couple has been trying to conceive for two years, is typically a semen analysis. This test assesses various important parameters of semen, including sperm concentration, motility, morphology, and semen volume. Examining these factors helps to identify potential male infertility issues. While hormonal profiles can be useful in evaluating conditions like hypogonadism, which can affect fertility, they are not the first-line investigation in the scenario where infertility is present. A chlamydia test, while important for identifying sexually transmitted infections that may impact fertility, is not a direct measure of male reproductive capability. Sperm motility analysis is a component of the overall semen analysis rather than a standalone test. In this case, focusing on semen volume and other parameters will provide the most comprehensive understanding of male fertility status. Thus, choosing a semen analysis as the main investigation is crucial for determining if there are underlying issues contributing to the couple's difficulties in conceiving.

5. What is one of the primary methods of transmission for Hepatitis E?

- A. Blood transfusion**
- B. Faecal oral and vertical transmission**
- C. Sharing needles**
- D. Mother to child during breastfeeding**

Hepatitis E primarily spreads through the faecal-oral route. This transmission occurs when a person ingests food or water contaminated with the feces of an infected individual. This route is particularly significant in areas with inadequate sanitation and hygiene practices. Vertical transmission, which can also occur, refers to the transmission of the virus from a mother to her child during pregnancy or at birth, although this is less common and not the primary route of infection. The faecal-oral transmission is especially crucial in understanding the epidemiology of Hepatitis E, as outbreaks often happen in times of natural disasters or in regions with poor water quality. This knowledge is vital for public health measures aimed at preventing outbreaks, especially in vulnerable communities where clean water supply may be compromised. Other transmission methods, such as blood transfusions and sharing needles, are not typical ways that Hepatitis E is spread. The virus is generally not transmitted through sexual contact or breast milk either. Therefore, identifying faecal-oral transmission as a primary route highlights both the nature of the virus and the necessary strategies for prevention, such as improving sanitation and health education.

6. What is a common presentation in patients with interstitial nephritis?

- A. Hyperkalemia**
- B. Eosinophilia**
- C. Proteinuria**
- D. Hematuria**

In patients with interstitial nephritis, eosinophilia is commonly observed as part of the inflammatory response affecting the renal interstitium. Interstitial nephritis can be caused by various factors, including medications, infections, and autoimmune processes, which often trigger an immune response leading to the accumulation of eosinophils. These white blood cells are often involved in hypersensitivity reactions, making their presence a hallmark of allergic or immune-mediated interstitial nephritis. The presence of eosinophilia in a patient with interstitial nephritis can be indicative of an allergic reaction to a medication or an infectious cause, helping to guide further diagnostic and therapeutic actions. This finding, particularly when used in conjunction with other clinical symptoms and laboratory results, assists in the overall assessment of the patient's nephrological condition.

7. What is the initial management for a patient on warfarin with an INR greater than 8 and minor bleeding?

- A. Immediate surgery to reverse anticoagulation**
- B. Stop warfarin, give 1-3 mg of Vitamin K IV**
- C. Administer fresh frozen plasma**
- D. Increase the warfarin dose to stabilize INR**

When managing a patient on warfarin with an INR greater than 8 and minor bleeding, the recommended approach is to stop warfarin therapy and administer vitamin K. Administering 1-3 mg of intravenous vitamin K is appropriate in this scenario as it can help reverse the effects of warfarin without being overly aggressive, which would be the case with more invasive interventions. Vitamin K facilitates the synthesis of clotting factors that are inhibited by warfarin, thereby allowing the coagulation system to stabilize and potentially resolve the bleeding. This is particularly essential when the bleeding is classified as minor, as it indicates that while there is a bleeding risk, it does not require more drastic measures such as fresh frozen plasma or immediate surgical intervention. Using fresh frozen plasma can be a consideration in cases of major bleeding or when rapid reversal is necessary, but in cases of minor bleeding with an INR of this level, vitamin K suffices. Conversely, increasing the dose of warfarin would exacerbate the anticoagulation and heighten the risk of further bleeding, making it an inappropriate choice. Immediate surgical reversal typically is only warranted in life-threatening situations, which does not apply here given the minor nature of the bleeding. Thus, the administration of IV vitamin

8. What age group is most commonly associated with type 2 autoimmune hepatitis?

- A. Infants**
- B. Children aged 2-12**
- C. Adults over 40**
- D. Teenagers**

Type 2 autoimmune hepatitis is most commonly associated with children aged 2-12. This condition can manifest in this age group with symptoms such as jaundice, fatigue, and abdominal pain. The immune system in these younger patients can mistakenly attack liver cells, leading to inflammation and hepatic dysfunction. This age range is particularly significant because autoimmune hepatitis type 2 is one of the few liver conditions that commonly appears in early childhood when compared to other liver diseases that might have a later onset. Understanding the specific age group affected helps in both diagnosis and treatment strategies for this condition, as it can present differently in children than in adults. In contrast, conditions such as type 1 autoimmune hepatitis are more prevalent in adults, particularly women in their late teens to early adulthood. Therefore, recognizing the vital association of type 2 autoimmune hepatitis with the 2-12 age group is essential in differentiating it from other types of liver disease that occur at different ages.

9. What is the recommended treatment for B cell lymphoma?

- A. Hormonal Therapy
- B. Combination chemotherapy with biologics**
- C. Radiation Therapy alone
- D. Only supportive care

The recommended treatment for B cell lymphoma is combination chemotherapy with biologics. This approach leverages both traditional chemotherapy agents and targeted biological therapies that specifically attack cancer cells, enhancing treatment efficacy while often minimizing damage to surrounding healthy tissues. Biologic therapies, such as monoclonal antibodies, can directly target specific antigens on B cell lymphomas, leading to improved outcomes. The combination of these therapies allows for a more comprehensive attack on the lymphoma, addressing different pathways of tumor growth and survival. Other treatment options like hormonal therapy are not effective for B cell lymphoma, as this type of cancer does not respond to hormones. Radiation therapy can be part of the treatment plan, particularly for localized disease or as a palliative measure, but it is not the primary recommendation for most cases involving B cell lymphoma. Supportive care, while crucial for patient comfort and management of symptoms during treatment, does not address the underlying malignancy and is not considered a standalone treatment for this condition.

10. How does a sliding hiatus hernia typically present?

- A. Constant severe pain
- B. Nausea and heartburn after meals**
- C. Frequent bouts of diarrhea
- D. Severe abdominal cramping

A sliding hiatus hernia often presents with symptoms related to gastroesophageal reflux disease (GERD). This type of hernia occurs when part of the stomach pushes through the diaphragm into the chest cavity, which can lead to issues with the normal movement of stomach acid and content back into the esophagus. Patients frequently report heartburn and regurgitation, particularly after meals, due to the increased pressure on the lower esophageal sphincter. Nausea may accompany these symptoms but is generally less common and more variable. The key symptom of heartburn primarily stems from acid reflux, which is aggravated by eating, particularly when consuming large meals or lying down soon after eating. The other options do not align with the typical presentation of a sliding hiatus hernia. Constant severe pain is more characteristic of acute conditions rather than the chronic symptoms associated with this type of hernia. Frequent bouts of diarrhea and severe abdominal cramping are not typical presentations and are more indicative of gastrointestinal issues such as infections or inflammatory conditions rather than a sliding hiatus hernia.