

MULTI-SPECIALTY RECRUITMENT ASSESSMENT (MSRA) 2026 PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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. What is an indication for using non-biologic medications to treat psoriasis?**
 - A. Phototherapy is the first-line treatment
 - B. When phototherapy is ineffective
 - C. After 2 months of steroid treatment
 - D. All patients experiencing mild symptoms
- 2. What is the most appropriate investigation for Ulcerative Colitis?**
 - A. Flexible Sigmoidoscopy
 - B. Gastroscopy
 - C. Colonoscopy
 - D. CT Scan
- 3. Which medication combination is usually administered to patients about to undergo PCI?**
 - A. Digoxin + Aspirin
 - B. Prasugrel + Aspirin
 - C. Ticagrelor + Clopidogrel
 - D. Clopidogrel + Warfarin
- 4. At what lithium level can significant complications such as seizures occur?**
 - A. 1.0 mmol/l
 - B. 1.5 mmol/l
 - C. 2.0 mmol/l
 - D. 2.5 mmol/l
- 5. A 25-year-old man has pain in the left side of his mouth with fever and pus present. What is the most likely diagnosis?**
 - A. Acute sinusitis
 - B. Left submandibular gland infection
 - C. Dental abscess
 - D. Throat infection

- 6. What is the standard management regimen for Hodgkin's lymphoma?**
- A. CHOP
 - B. ABVD
 - C. R-CHOP
 - D. BEACOPP
- 7. What complications can arise in a fetus whose mother has chicken pox?**
- A. Respiratory issues and low birth weight
 - B. Microcephaly and eye defects
 - C. Congenital heart disease
 - D. Neural tube defects
- 8. What is a characteristic feature of discrete social phobia?**
- A. Fear of most social situations
 - B. Anxiety regarding public speaking
 - C. Fear of being alone in public places
 - D. Avoidance of close family
- 9. What is the recommended monitoring for patients taking amiodarone?**
- A. FBC and TFTs
 - B. LFTs and TFTs every 6 months
 - C. Electrolytes every month
 - D. Complete metabolic panel every 3 months
- 10. A deficiency in which complement component leads to increased susceptibility to encapsulated organisms like pneumococcus?**
- A. C1
 - B. C2
 - C. C3
 - D. C4

Answers

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

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Explanations

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1. What is an indication for using non-biologic medications to treat psoriasis?

- A. Phototherapy is the first-line treatment
- B. When phototherapy is ineffective**
- C. After 2 months of steroid treatment
- D. All patients experiencing mild symptoms

Using non-biologic medications to treat psoriasis is particularly indicated when phototherapy is ineffective. Non-biologic treatments, which can include topical agents and systemic medications, are often considered when patients do not respond adequately to light therapy, suggesting that an alternative treatment approach is necessary to manage the condition effectively. This approach ensures that patients receive effective relief from their symptoms, especially in cases where phototherapy has not elicited the desired response in managing their psoriasis. It is important to tailor treatments to the individual's specific needs, and switching to non-biologic options can provide a better therapeutic pathway in such situations. Other options highlight various circumstances, such as using phototherapy as a first-line treatment or restrictions based on symptom severity or prior treatments. However, the core indication for moving to non-biologic therapy is rooted in the lack of effectiveness of phototherapy.

2. What is the most appropriate investigation for Ulcerative Colitis?

- A. Flexible Sigmoidoscopy**
- B. Gastroscopy
- C. Colonoscopy
- D. CT Scan

The most appropriate investigation for Ulcerative Colitis is Flexible Sigmoidoscopy. This procedure allows for direct visualization of the rectum and the sigmoid colon, which are the areas primarily affected by Ulcerative Colitis. Flexible Sigmoidoscopy is particularly useful in diagnosing and assessing the extent of inflammation in the lower part of the colon. It enables healthcare providers to take biopsy samples for histological analysis, which is crucial for confirming the diagnosis and ruling out other conditions. While Colonoscopy, another endoscopic procedure, can also evaluate the entire colon and is often used in cases where more extensive assessment is needed, Flexible Sigmoidoscopy is the initial preferred method primarily when Ulcerative Colitis is suspected since it effectively assesses the most commonly involved segments of the colon with fewer risks compared to a complete colonoscopy. Gastroscopy is designed for examining the upper gastrointestinal tract and therefore is not appropriate for diagnosing Ulcerative Colitis. A CT Scan, while useful in some gastrointestinal conditions, cannot replace direct visualization and biopsy capabilities provided by endoscopic procedures in the diagnosis of this specific condition.

3. Which medication combination is usually administered to patients about to undergo PCI?

- A. Digoxin + Aspirin
- B. Prasugrel + Aspirin**
- C. Ticagrelor + Clopidogrel
- D. Clopidogrel + Warfarin

Prasugrel combined with aspirin is a well-established medication regimen for patients undergoing percutaneous coronary intervention (PCI). This combination works effectively to prevent thrombosis in patients who have acute coronary syndrome or are undergoing stenting. Prasugrel is a powerful antiplatelet agent that helps inhibit platelet activation and aggregation, thereby reducing the risk of heart attacks or stent-related complications during and after the procedure. When administered alongside aspirin, which also provides antiplatelet effects, the two drugs create a robust protective effect against cardiac events. This dual antiplatelet therapy is particularly crucial in the setting of PCI since the procedure carries a risk of clot formation at the site of the stent. Using both prasugrel and aspirin enhances the success of the intervention by promoting optimal coronary artery patency and reducing the likelihood of adverse cardiovascular outcomes. Other combinations listed may not provide the same level of efficacy or are not as commonly used in this specific context. For instance, digoxin is primarily used for heart failure and doesn't serve an antiplatelet function, while clopidogrel and warfarin typically address thromboembolic risk in other settings, not specifically for PCI with the same focus on immediate antiplatelet activity. Therefore

4. At what lithium level can significant complications such as seizures occur?

- A. 1.0 mmol/l
- B. 1.5 mmol/l
- C. 2.0 mmol/l**
- D. 2.5 mmol/l

Significant complications, including seizures, can occur at lithium levels around 2.0 mmol/l. At this concentration, lithium toxicity can manifest with various neurological symptoms because lithium's mechanism of action primarily affects the central nervous system and electrolyte balance. Levels approaching or exceeding 2.0 mmol/l indicate severe toxicity, which can lead to additional complications such as altered mental status, tremors, and potentially life-threatening situations. The clear clinical picture at this level necessitates immediate medical intervention to prevent further complications, including seizures, which are a serious manifestation of lithium toxicity. Lower levels, while they may still require monitoring, do not usually result in the severe neurological effects associated with higher lithium concentrations. Thus, understanding the risk associated with elevated lithium levels is crucial for managing patients on lithium therapy effectively.

5. A 25-year-old man has pain in the left side of his mouth with fever and pus present. What is the most likely diagnosis?

- A. Acute sinusitis
- B. Left submandibular gland infection**
- C. Dental abscess
- D. Throat infection

In this scenario, the symptoms presented—a 25-year-old man with pain in the left side of the mouth, accompanied by fever and the presence of pus—strongly indicate a left submandibular gland infection, often referred to as sialadenitis or a submandibular abscess. The pain localized to the left side of the mouth suggests involvement of the structures on that side, which can include the submandibular gland. The presence of fever and pus is a significant indication of an infection, and submandibular gland infections are commonly associated with these symptoms due to bacterial obstruction or ductal issues that can lead to pus formation. Other conditions may present with similar symptoms, but the combination of localized pain, fever, and pus attributes a higher likelihood to an infection in the submandibular region. Acute sinusitis typically manifests with nasal congestion, facial pressure, and possibly dental pain but is less likely to present with pus directly in the mouth and fever targeted in that manner. A dental abscess, while also a valid consideration, would normally present with specific tooth-related pain and swelling localized to the gum or tooth, rather than generalized pain in the mouth. Throat infections usually lead to symptoms like sore throat and

6. What is the standard management regimen for Hodgkin's lymphoma?

- A. CHOP
- B. ABVD**
- C. R-CHOP
- D. BEACOPP

The standard management regimen for Hodgkin's lymphoma is ABVD, which stands for Adriamycin (doxorubicin), Bleomycin, Vinblastine, and Dacarbazine. This chemotherapy combination has been established as a standard treatment due to its effectiveness in achieving high cure rates while maintaining a relatively favorable safety profile compared to other regimens. ABVD is specifically tailored for Hodgkin's lymphoma, targeting the specific characteristics of the lymphoma cells and minimizing toxicity to healthy tissues. This regimen is commonly used for early-stage and advanced-stage disease, making it a versatile option within the treatment protocol for this type of lymphoma. Other options may have specific indications; for example, CHOP is commonly used for non-Hodgkin lymphomas, R-CHOP includes the addition of rituximab and is more relevant for non-Hodgkin lymphoma as well. BEACOPP could be used in specific situations or for more aggressive forms of Hodgkin's lymphoma but is not the standard frontline therapy. Therefore, ABVD remains the cornerstone of treatment for Hodgkin's lymphoma.

7. What complications can arise in a fetus whose mother has chicken pox?

- A. Respiratory issues and low birth weight
- B. Microcephaly and eye defects**
- C. Congenital heart disease
- D. Neural tube defects

When a mother contracts chickenpox during pregnancy, particularly in the first and second trimesters, there is a risk to the developing fetus. The correct answer focuses on specific congenital abnormalities that can occur as a result of maternal chickenpox infection. One of the primary risks associated with maternal chickenpox is the development of congenital varicella syndrome, which includes a range of birth defects. The most notable complications related to this condition include microcephaly, which is characterized by a smaller than normal head size that can result from abnormal brain development. Eye defects are also a significant concern; affected infants may have problems such as cataracts, chorioretinitis, or other ocular abnormalities. These complications stem from the teratogenic effects of the varicella-zoster virus during the critical periods of fetal development. In contrast, while respiratory issues, low birth weight, congenital heart disease, and neural tube defects are serious conditions, they are not typically linked to maternal chickenpox infection in the same way as microcephaly and eye defects are. Therefore, recognizing the specific risks associated with maternal chickenpox helps in understanding the potential outcomes for affected fetuses.

8. What is a characteristic feature of discrete social phobia?

- A. Fear of most social situations
- B. Anxiety regarding public speaking**
- C. Fear of being alone in public places
- D. Avoidance of close family

A characteristic feature of discrete social phobia, also known as social anxiety disorder, is the specific fear or anxiety related to particular social situations, with public speaking being one of the most common triggers. Individuals with this type of phobia typically experience intense fear of being judged, embarrassed, or humiliated in situations where they are expected to perform or speak in front of others. This focus on a specific activity sets this condition apart from generalized social anxiety, where individuals may fear a wider range of social situations. The emphasis on public speaking reflects the anxieties surrounding the potential for negative evaluation and the fear of not meeting perceived social norms, which is central to the experience of social phobia. Other types of anxieties, such as fear of being alone in public places or avoidance of close family, do not align with the specific nature of discrete social phobia, as they pertain more to generalized anxiety or other specific phobias, rather than a narrow focus on social performance situations.

9. What is the recommended monitoring for patients taking amiodarone?

- A. FBC and TFTs
- B. LFTs and TFTs every 6 months**
- C. Electrolytes every month
- D. Complete metabolic panel every 3 months

For patients taking amiodarone, the recommended monitoring primarily includes liver function tests (LFTs) and thyroid function tests (TFTs) every 6 months. This is critical due to the potential side effects of amiodarone on the liver and thyroid gland. Amiodarone can cause hepatotoxicity, so monitoring LFTs helps detect any liver damage early. Additionally, since amiodarone contains iodine, it can significantly affect thyroid function, leading to either hyperthyroidism or hypothyroidism; hence, regular TFTs are essential to manage these risks effectively. This specific monitoring schedule allows for the timely identification of any adverse effects, allowing for interventions before complications arise. The six-month interval is a balance between being proactive and avoiding unnecessary tests that could lead to patient fatigue with frequent blood draws. The emphasis on LFTs and TFTs over other types of monitoring ensures that the most pertinent risks associated with amiodarone therapy are adequately addressed.

10. A deficiency in which complement component leads to increased susceptibility to encapsulated organisms like pneumococcus?

- A. C1
- B. C2
- C. C3**
- D. C4

The complement system is an essential part of the immune response, and different components play unique roles in fighting infections. A deficiency in complement component C3 is particularly significant because C3 is a central component in the complement cascade, crucial for opsonization and the clearance of pathogens. Encapsulated organisms like pneumococcus are known to evade the immune system through their protective polysaccharide capsules. The role of C3 in opsonization means that when C3 is deficient, the ability of the immune system to mark these encapsulated organisms for destruction by phagocytes is impaired. This leads to an increased susceptibility to infections by such organisms, as the immune system lacks the necessary signals to efficiently recognize and eliminate them. While other complement components like C1, C2, and C4 are involved in other aspects of the immune response, such as initiating the classical pathway, they do not have the same level of direct impact on the opsonization process, particularly with encapsulated bacteria. Therefore, a deficiency in C3 notably contributes to an increased risk of infections by encapsulated pathogens like pneumococcus.

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://msra2025.examzify.com>

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

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