

# PAEA OB-GYN 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**

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- 1. What symptom would typically not indicate a normal pregnancy?**
  - A. Increased heart rate**
  - B. Facial edema**
  - C. Chadwick's sign**
  - D. Increased blood volume**
- 2. Which symptom is associated with trichomoniasis infection in females?**
  - A. Grayish discharge with clue cells**
  - B. Purulent discharge with gram negative diplococci**
  - C. Frothy discharge with irritation**
  - D. Cottage cheese discharge with hyphae**
- 3. What is a common symptom of polycystic ovary syndrome (PCOS)?**
  - A. Decreased insulin sensitivity**
  - B. Regular ovulatory cycles**
  - C. Signs of hyperandrogenism**
  - D. Normal body weight**
- 4. What are the signs of potential placental abruption?**
  - A. Severe headaches and nausea**
  - B. Sudden onset of abdominal pain and vaginal bleeding**
  - C. Prolonged labor**
  - D. Urinary incontinence**
- 5. An 18-year-old female presents with dysuria, vulvovaginal pruritus, and a frothy clear to white discharge. Which of the following results would be expected?**
  - A. Clue cells on normal saline preparation**
  - B. Hyphae and budding yeast on a KOH preparation**
  - C. Intracellular gram negative diplococci on Gram stain**
  - D. Mobile flagellated protozoa on a normal saline preparation**

**6. What is the gold standard for diagnosis of polycystic ovary syndrome?**

- A. Clinical criteria**
- B. Ultrasound**
- C. Hormonal assessment**
- D. Hysteroscopy**

**7. A 13-year-old female has lower mid-abdominal pain that starts within a few hours of menses onset. What is the most likely diagnosis?**

- A. Ovarian cyst**
- B. Endometriosis**
- C. Primary dysmenorrhea**
- D. Premenstrual syndrome**

**8. What is the term for abnormal placenta development that covers the cervix?**

- A. Placenta Abruptio**
- B. Placenta Previa**
- C. Placenta Accreta**
- D. Placenta Increta**

**9. Which breast condition is primarily influenced by estrogen?**

- A. Growth of lobules and alveoli**
- B. Proliferation of mammary ducts**
- C. Increase in glands of Montgomery**
- D. Proliferation of Cooper's ligaments**

**10. What is the main effect of aromatase inhibitors in breast cancer treatment?**

- A. Increasing progesterone levels**
- B. Reducing estrogen production**
- C. Enhancing HER2 receptor activity**
- D. Blocking androgen receptors**

## **Answers**

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

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## **Explanations**

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**1. What symptom would typically not indicate a normal pregnancy?**

- A. Increased heart rate**
- B. Facial edema**
- C. Chadwick's sign**
- D. Increased blood volume**

Facial edema is not considered a typical or normal symptom of pregnancy. While it is common for pregnant individuals to experience some degree of swelling—particularly in the legs and feet due to fluid retention—facial edema can be a sign of underlying issues, such as preeclampsia or other forms of hypertension. These conditions are characterized by elevated blood pressure and can pose serious risks to the health of both the mother and the fetus. Increased heart rate occurs as the body adapts to pregnancy, accommodating the heightened blood volume and metabolic demands. Chadwick's sign, which is the bluish discoloration of the cervix and vaginal walls due to increased blood flow, is a well-established early sign of pregnancy. Similarly, increased blood volume is a normal physiological change during pregnancy, supporting the growing fetus and preparing for delivery. An understanding of these typical physiological changes is crucial for differentiating between normal pregnancy symptoms and potential complications.

**2. Which symptom is associated with trichomoniasis infection in females?**

- A. Grayish discharge with clue cells**
- B. Purulent discharge with gram negative diplococci**
- C. Frothy discharge with irritation**
- D. Cottage cheese discharge with hyphae**

The symptom associated with trichomoniasis infection in females is characterized by a frothy, often malodorous discharge, accompanied by vaginal irritation. This type of discharge is typically yellow-green in color and may lead to significant discomfort, including pruritus and dysuria. Trichomoniasis is caused by the protozoan parasite *Trichomonas vaginalis*, which thrives in the vaginal environment. The frothy aspect of the discharge is a key distinguishing feature of trichomoniasis compared to other vaginal infections. In contrast, grayish discharge with clue cells is indicative of bacterial vaginosis, which involves an imbalance of normal vaginal flora rather than a parasitic infection. Purulent discharge with gram-negative diplococci is suggestive of gonorrhea, an entirely different sexually transmitted infection primarily caused by *Neisseria gonorrhoeae*. Lastly, the cottage cheese discharge with hyphae is associated with candidiasis (yeast infection), which results from an overgrowth of *Candida* species, not trichomoniasis.

### 3. What is a common symptom of polycystic ovary syndrome (PCOS)?

- A. Decreased insulin sensitivity
- B. Regular ovulatory cycles
- C. Signs of hyperandrogenism**
- D. Normal body weight

Polycystic ovary syndrome (PCOS) is characterized by a variety of symptoms, among which signs of hyperandrogenism are quite common. Hyperandrogenism refers to elevated levels of male hormones in the body, which can lead to physical signs such as hirsutism (excessive hair growth in areas typically seen in males), acne, and oily skin. Girls and women with PCOS often have an imbalance in their hormone levels, which contributes to these manifestations. Elevated androgen levels can also affect menstrual regularity, contributing to irregular cycles. The other options do not align with the typical presentation of PCOS. Decreased insulin sensitivity is often observed in individuals with PCOS, leading to insulin resistance rather than the opposite. Regular ovulatory cycles are typically not seen in PCOS; women with this condition frequently experience irregular periods or anovulation. Lastly, while some women with PCOS may have a normal body weight, many are overweight or obese, making it inaccurate to classify normal body weight as a common symptom linked to this syndrome.

### 4. What are the signs of potential placental abruption?

- A. Severe headaches and nausea
- B. Sudden onset of abdominal pain and vaginal bleeding**
- C. Prolonged labor
- D. Urinary incontinence

The signs of potential placental abruption, which is the premature separation of the placenta from the uterus, include the sudden onset of abdominal pain and vaginal bleeding. This condition typically presents with acute and intense abdominal pain, often coupled with uterine contractions and tenderness. Vaginal bleeding can also occur, although the amount may vary, and it may be concealed behind the placenta, which can lead to significant maternal and fetal complications. Recognizing these symptoms is crucial because placental abruption can pose serious risks to both the mother and the fetus, such as hemorrhagic shock and fetal distress or demise. Timely intervention is necessary to manage the condition and minimize risks. The other choices do not align with the typical clinical presentation of placental abruption. Severe headaches and nausea can be associated with various pregnancy-related conditions but are not characteristic of placental abruption. Prolonged labor may occur due to various factors and does not specifically indicate placental abruption. Urinary incontinence is common in pregnancy but is not a sign of placental issues. Thus, recognizing sudden abdominal pain and vaginal bleeding as symptoms of placental abruption is key for effective diagnosis and management.

**5. An 18-year-old female presents with dysuria, vulvovaginal pruritus, and a frothy clear to white discharge. Which of the following results would be expected?**

- A. Clue cells on normal saline preparation**
- B. Hyphae and budding yeast on a KOH preparation**
- C. Intracellular gram negative diplococci on Gram stain**
- D. Mobile flagellated protozoa on a normal saline preparation**

The presentation of the patient is indicative of Trichomoniasis, which is caused by the protozoan parasite *Trichomonas vaginalis*. The symptoms of dysuria, vulvovaginal pruritus, and a frothy clear to white discharge align well with this diagnosis. When examining the vaginal discharge under a microscope using a normal saline preparation, the presence of mobile flagellated protozoa would be characteristic of *Trichomonas vaginalis*. These organisms are motile and can be observed moving, which helps in identifying this infection as the cause of the symptoms. The other options represent findings associated with different conditions. Clue cells are typically seen in bacterial vaginosis, which does not present with the frothy discharge or pruritus. Hyphae and budding yeast on a KOH preparation suggest a yeast infection, such as *Candida*, which usually causes a thick, cottage cheese-like discharge rather than a frothy one. Intracellular gram-negative diplococci are indicative of *Neisseria gonorrhoeae*, which presents with different symptoms such as purulent discharge and often co-occurs with *Chlamydia*, rather than the symptom profile noted in this case. Therefore, the expected result for this patient presenting with

**6. What is the gold standard for diagnosis of polycystic ovary syndrome?**

- A. Clinical criteria**
- B. Ultrasound**
- C. Hormonal assessment**
- D. Hysteroscopy**

The gold standard for diagnosing polycystic ovary syndrome (PCOS) is primarily based on the clinical criteria established by the Rotterdam criteria, which includes the presence of at least two of the following three features: oligomenorrhea or amenorrhea, clinical or biochemical signs of hyperandrogenism, and polycystic ovaries on ultrasound. This approach emphasizes the importance of a comprehensive clinical assessment, incorporating patient history, physical examination, and hormonal symptoms. While ultrasound can be a valuable tool in identifying the presence of polycystic ovaries, it is not solely sufficient for diagnosis unless combined with clinical findings. Hormonal assessments can aid in evaluating levels of androgens and other hormones, but they also do not provide a complete picture without the context of clinical symptoms. Hysteroscopy involves visualizing the interior of the uterus and is not a standard procedure for diagnosing PCOS. Thus, considering the multifaceted nature of PCOS and the reliance on clinical symptoms as outlined in established diagnostic criteria, clinical evaluation remains the cornerstone for diagnosis.

**7. A 13-year-old female has lower mid-abdominal pain that starts within a few hours of menses onset. What is the most likely diagnosis?**

- A. Ovarian cyst**
- B. Endometriosis**
- C. Primary dysmenorrhea**
- D. Premenstrual syndrome**

The scenario describes a 13-year-old female experiencing lower mid-abdominal pain that begins within a few hours of the onset of her menses. The most likely diagnosis is primary dysmenorrhea, which is the most common cause of menstrual-related pelvic pain in adolescents. Primary dysmenorrhea is characterized by cramping pain in the lower abdomen that typically occurs just before or at the onset of menstruation. This condition is linked to increased prostaglandin production, leading to uterine contractions and consequently causing pain. It is important to note that primary dysmenorrhea is not associated with any underlying pelvic pathology, which makes it particularly common in this age group, especially for those who have recently begun menstruating. Understanding the age group and the nature of the pain (starting shortly after the menstrual onset) helps clarify why primary dysmenorrhea fits the case well. Other conditions, such as ovarian cysts or endometriosis, typically present with different patterns of pain or symptoms that may not align as closely with the timely onset following menstruation. In contrast, premenstrual syndrome (PMS) encompasses a range of emotional and physical symptoms that occur before the onset of menstruation and are not strictly characterized by the type of

**8. What is the term for abnormal placenta development that covers the cervix?**

- A. Placenta Abruptio**
- B. Placenta Previa**
- C. Placenta Accreta**
- D. Placenta Increta**

The term for abnormal placenta development that covers the cervix is placenta previa. This condition occurs when the placenta is implanted in the lower segment of the uterus and extends over the internal cervical os. This can lead to complications during pregnancy and delivery, including increased risk of hemorrhage. In cases of placenta previa, vaginal delivery may not be possible, and a cesarean section is often required to ensure the safety of both the mother and the baby. Understanding placenta previa is crucial for managing pregnancies in which this condition is diagnosed, as it requires careful monitoring and planning for delivery. Other related conditions, such as placenta accreta and placenta increta, involve abnormal adhesion of the placenta to the uterine wall but do not specifically pertain to the location of the placenta covering the cervix.

**9. Which breast condition is primarily influenced by estrogen?**

- A. Growth of lobules and alveoli**
- B. Proliferation of mammary ducts**
- C. Increase in glands of Montgomery**
- D. Proliferation of Cooper's ligaments**

The correct answer highlights that the proliferation of mammary ducts is primarily influenced by estrogen. During puberty and throughout the menstrual cycle, estrogen plays a crucial role in the development of the mammary gland tissues, particularly leading to the growth and branching of the mammary ducts. This ductal proliferation is essential for preparing the breast for potential future lactation and is significantly influenced by hormonal fluctuations, especially estrogen. Estrogen stimulates the growth of the ductal system by promoting cell proliferation and differentiation. The hormonal effect leads to increased ductal branching, contributing to the overall structure of the breast and preparing it for future functions. Understanding the specific role of estrogen in this context is key in recognizing how hormonal changes can affect breast development and health. While the growth of lobules and alveoli, an increase in glands of Montgomery, and proliferation of Cooper's ligaments are also influenced by hormonal changes, they are not as directly linked to estrogen as the proliferation of mammary ducts. In particular, lobular development is more closely associated with the effects of both estrogen and progesterone, while changes in Montgomery glands and Cooper's ligaments are not primarily driven by estrogen alone. This specificity helps clarify the distinct impact of estrogen on breast anatomy and physiology.

**10. What is the main effect of aromatase inhibitors in breast cancer treatment?**

- A. Increasing progesterone levels**
- B. Reducing estrogen production**
- C. Enhancing HER2 receptor activity**
- D. Blocking androgen receptors**

Aromatase inhibitors are specifically designed to reduce estrogen production in the body. They achieve this by inhibiting the aromatase enzyme, which is responsible for the conversion of androgens into estrogens, particularly in postmenopausal women. By lowering estrogen levels, these inhibitors help to slow the growth of estrogen-dependent breast cancers, which often thrive on this hormone. The primary goal of using aromatase inhibitors in breast cancer treatment is to minimize estrogen levels to effectively manage and treat hormone receptor-positive breast tumors. This approach is particularly beneficial for patients whose cancers are stimulated by estrogen, thereby impacting the overall tumor growth and progression. Thus, the main effect is a reduction in estrogen production, which contributes significantly to the therapeutic strategy in managing specific breast cancer types.

# 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://paeaobgyneor.examzify.com>**

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

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