

ROSH INTERNAL MEDICINE BOOST END OF ROTATION (EOR) PRACTICE EXAM (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 the classic triad of symptoms for classic migraine headaches?**
 - A. Bilateral headache, nausea, and photophobia
 - B. Unilateral headache, nausea, and photophobia
 - C. Unilateral headache, vomiting, and light sensitivity
 - D. Severe headache, aura, and dizziness

- 2. What symptom is likely to result from an embolic event in the left anterior cerebral artery?**
 - A. Broca aphasia
 - B. Incontinence
 - C. Left-sided upper extremity weakness
 - D. Macular-sparing homonymous hemianopsia

- 3. Which electrolytes should be monitored in a patient taking ACE inhibitors?**
 - A. Sodium and calcium
 - B. Chloride and phosphate
 - C. Potassium and creatinine
 - D. Magnesium and bicarbonate

- 4. What is the underlying physiological benefit of increasing citrate intake to prevent kidney stones?**
 - A. Reduction of calcium absorption
 - B. Inhibition of stone crystallization
 - C. Enhancement of urine pH
 - D. Decreased uric acid levels

- 5. During the physical examination, what was the respiratory rate of the patient?**
 - A. 18 breaths per minute
 - B. 20 breaths per minute
 - C. 22 breaths per minute
 - D. 24 breaths per minute

- 6. What is the primary treatment goal for patients with COPD?**
- A. Increase physical activity
 - B. Improve lung function and decrease symptoms
 - C. Manage weight and diet
 - D. Reduce stress levels
- 7. Which blood test is used to assess liver function and damage?**
- A. Complete blood count (CBC)
 - B. Renal function tests
 - C. Liver function tests (LFTs)
 - D. Coagulation profile
- 8. What condition is characterized by a patient having hyperresponsive deep tendon reflexes alongside low calcium levels?**
- A. Hypothyroidism
 - B. Hyperparathyroidism
 - C. Hypoparathyroidism
 - D. Hypocalcemia
- 9. Following a syncopal episode, what finding is most consistent with a diagnosis of pulmonary hypertension?**
- A. Dyspnea on exertion
 - B. Clubbing of the fingers
 - C. Palpable P2
 - D. Tricuspid insufficiency
- 10. A 45-year-old man with a persistent cough is taking multiple medications. Which medication is most likely causing his symptoms?**
- A. Amlodipine
 - B. Aspirin
 - C. Clonidine
 - D. Lisinopril

Answers

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

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Explanations

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1. What is the classic triad of symptoms for classic migraine headaches?

- A. Bilateral headache, nausea, and photophobia
- B. Unilateral headache, nausea, and photophobia**
- C. Unilateral headache, vomiting, and light sensitivity
- D. Severe headache, aura, and dizziness

The classic triad of symptoms for migraine headaches typically includes unilateral headache, nausea, and photophobia. This triad reflects the hallmark characteristics of migraine attacks. The unilateral nature of the headache differentiates migraines from other types of headaches, such as tension-type headaches, which tend to be bilateral. Nausea often accompanies migraines, potentially due to the activation of the gastrointestinal system that can occur during these attacks. Photophobia, or sensitivity to light, is also common during migraine episodes, leading sufferers to seek out dark, quiet rooms. While other options may mention symptoms associated with migraines, they do not encapsulate the classic triad accurately. Understanding this triad assists healthcare providers in diagnosing and managing migraine headaches effectively.

2. What symptom is likely to result from an embolic event in the left anterior cerebral artery?

- A. Broca aphasia
- B. Incontinence**
- C. Left-sided upper extremity weakness
- D. Macular-sparing homonymous hemianopsia

An embolic event in the left anterior cerebral artery primarily affects the areas of the brain responsible for motor and sensory functions related to the contralateral side of the body, particularly the lower extremities. The anterior cerebral artery supplies parts of the frontal and parietal lobes, and its occlusion can lead to specific clinical symptoms. Incontinence can occur due to the disruption of areas involved in bladder control and autonomic regulation, which may involve the frontal lobe regions. This is particularly relevant because the anterior cerebral artery supplies the medial portion of the frontal cortex, including regions that can influence the control of micturition. As a result, incontinence can manifest following an embolic event here. The other symptoms listed are either less directly associated with an embolic event in this specific artery or do not correctly reflect the neuroanatomy involved with its territory. For instance, Broca's aphasia typically results from lesions in the left inferior frontal gyrus, which is primarily served by the middle cerebral artery, not the anterior cerebral artery. Left-sided upper extremity weakness would more typically result from middle cerebral artery involvement as well, because that artery supplies the lateral aspects of the motor cortex that control the upper extremities and face. Macular

3. Which electrolytes should be monitored in a patient taking ACE inhibitors?

- A. Sodium and calcium
- B. Chloride and phosphate
- C. Potassium and creatinine**
- D. Magnesium and bicarbonate

Monitoring potassium and creatinine in patients taking ACE inhibitors is particularly important due to the medications' effects on kidney function and potassium homeostasis. ACE inhibitors work by inhibiting the angiotensin-converting enzyme, which leads to decreased production of angiotensin II. This results in vasodilation and reduced blood pressure, but it also affects the renal handling of potassium. ACE inhibitors can lead to hyperkalemia, especially in patients with compromised renal function or those taking other medications that increase potassium levels, such as potassium-sparing diuretics. Therefore, regular monitoring of potassium levels is essential to prevent serious complications like cardiac arrhythmias. Additionally, creatinine is monitored to assess kidney function. ACE inhibitors can cause a transient increase in creatinine levels when initiated, particularly in patients with underlying renal impairment. Monitoring creatinine helps in identifying any significant decline in renal function, allowing for timely intervention if necessary. The importance of monitoring other electrolytes, such as sodium, calcium, chloride, phosphate, magnesium, and bicarbonate, is less critical in the context of ACE inhibitors compared to potassium and creatinine. While some of these electrolytes may have their own monitoring requirements depending on individual clinical scenarios, potassium and creatinine are the primary concerns directly related to ACE

4. What is the underlying physiological benefit of increasing citrate intake to prevent kidney stones?

- A. Reduction of calcium absorption
- B. Inhibition of stone crystallization**
- C. Enhancement of urine pH
- D. Decreased uric acid levels

Increasing citrate intake is beneficial for preventing kidney stones primarily because it inhibits stone crystallization. Citrate plays a critical role in the urinary system by binding to calcium and inhibiting the formation of calcium-based stones, which are the most common type of kidney stones. When citrate is present in the urine, it helps to keep calcium dissolved in the urine, reducing the likelihood of it precipitating and forming stones. Additionally, citrate can help maintain a supersaturated state of urine, where the dissolved substances do not exceed solubility limits, further preventing crystallization. Enhancing urine pH, while it can be a factor in stone formation, is not the primary benefit associated with citrate consumption in this context. Citrate can indeed raise urine pH slightly, creating a more alkaline environment that is less favorable for the formation of certain types of stones, particularly uric acid stones, but the direct mechanism by which citrate prevents stones is its role in inhibiting crystallization processes.

5. During the physical examination, what was the respiratory rate of the patient?

- A. 18 breaths per minute
- B. 20 breaths per minute
- C. 22 breaths per minute
- D. 24 breaths per minute**

The respiratory rate of a patient is an important vital sign that reflects their respiratory function and can help identify potential health issues. A respiratory rate of 24 breaths per minute is considered elevated and indicates tachypnea, which can be associated with various conditions such as anxiety, fever, respiratory distress, or metabolic issues. In clinical practice, tachypnea often warrants further investigation to determine the underlying cause. The normal respiratory rate for an adult at rest typically ranges from 12 to 20 breaths per minute. Therefore, a reading of 24 indicates that the patient is breathing more rapidly than normal, highlighting a potential need for assessment of their respiratory status, oxygen saturation, and overall clinical picture. This understanding of respiratory rates and their clinical significance is essential for diagnosis and management, particularly in settings where patients may present with acute or chronic respiratory issues.

6. What is the primary treatment goal for patients with COPD?

- A. Increase physical activity
- B. Improve lung function and decrease symptoms**
- C. Manage weight and diet
- D. Reduce stress levels

The primary treatment goal for patients with Chronic Obstructive Pulmonary Disease (COPD) is to improve lung function and decrease symptoms. This objective is essential because COPD is a progressive respiratory disease characterized by airflow limitation and persistent respiratory symptoms such as dyspnea (shortness of breath), chronic cough, and sputum production. By focusing on improving lung function, healthcare providers aim to enhance the patient's ability to breathe effectively, which directly impacts their quality of life. Additionally, alleviating symptoms is critical for managing COPD, as this helps to reduce the burden of the disease on a patient's daily activities and overall well-being. Management strategies may include pharmacological interventions like bronchodilators and corticosteroids, which improve airflow and relieve symptoms, as well as non-pharmacological approaches such as pulmonary rehabilitation and smoking cessation. While increasing physical activity can be beneficial for overall health and well-being in patients with COPD, it is not the primary treatment goal. Likewise, managing weight and diet, as well as reducing stress levels, may contribute to the overall care of a patient with COPD but are secondary to the necessity of improving lung function and minimizing symptoms. Therefore, the focus remains on the respiratory aspects of the disease to ensure the best outcomes for patients living with COPD.

7. Which blood test is used to assess liver function and damage?

- A. Complete blood count (CBC)
- B. Renal function tests
- C. Liver function tests (LFTs)**
- D. Coagulation profile

The use of liver function tests (LFTs) is critical in assessing both the functionality and integrity of the liver. LFTs typically include a panel of tests that measure levels of various enzymes, proteins, and substances that indicate how well the liver is performing its duties and whether there is any damage present. Key components of LFTs include measurements of alanine aminotransferase (ALT) and aspartate aminotransferase (AST), which are enzymes that can rise when liver cells are damaged. Elevations in these enzymes suggest liver inflammation or injury. Additionally, tests for alkaline phosphatase (ALP) and bilirubin help evaluate the liver's ability to excrete substances and its overall health. The presence of low levels of albumin and prolonged prothrombin time may indicate chronic liver disease and dysfunction. In contrast, the other tests listed do not specifically evaluate liver function or damage. A complete blood count (CBC) primarily assesses overall health status and can detect conditions such as anemia or infection, but it does not provide direct information about liver function. Renal function tests focus on assessing kidney health, measuring creatinine and blood urea nitrogen (BUN) to evaluate kidney efficiency rather than liver function. A coagulation

8. What condition is characterized by a patient having hyperresponsive deep tendon reflexes alongside low calcium levels?

- A. Hypothyroidism
- B. Hyperparathyroidism
- C. Hypoparathyroidism**
- D. Hypocalcemia

The condition characterized by hyperresponsive deep tendon reflexes in the context of low calcium levels is hypoparathyroidism. In this condition, the parathyroid glands produce insufficient amounts of parathyroid hormone (PTH), which is crucial for maintaining calcium homeostasis in the body. Inadequate PTH levels lead to decreased serum calcium levels, known as hypocalcemia. When calcium levels in the blood are low, it results in increased neuromuscular excitability, which is reflected in the clinical finding of hyperreflexia or hyperresponsive deep tendon reflexes. This is due to the fact that calcium plays a key role in stabilizing neural membranes; low levels cause increased neuronal excitability. In contrast, other conditions such as hypothyroidism and hyperparathyroidism do not directly lead to the combination of hyperresponsive reflexes and low calcium in the same manner. Hypocalcemia, while it describes low calcium levels, does not specifically highlight the underlying cause or the mechanistic link to deep tendon reflexes as hypoparathyroidism does.

9. Following a syncopal episode, what finding is most consistent with a diagnosis of pulmonary hypertension?

- A. Dyspnea on exertion
- B. Clubbing of the fingers
- C. Palpable P2**
- D. Tricuspid insufficiency

In the context of pulmonary hypertension, the finding that is most consistent after a syncopal episode is the presence of a palpable P2, which refers to the second heart sound. In patients with pulmonary hypertension, the right ventricle has to work harder to pump blood through the elevated pressures in the pulmonary arteries. This increased workload can lead to a phenomenon known as right ventricular hypertrophy and can also cause an accentuated or widely split P2 due to delayed emptying of the right ventricle. When clinicians perform a physical examination, they may palpate the P2 sound more forcefully due to the increased pressure in the pulmonary circuit. A palpable P2 indicates elevated right-sided pressures that are typical in pulmonary hypertension and is a critical finding during the examination of patients presenting with symptoms like syncope, which can occur when there is temporary insufficient blood flow to the brain due to various cardiovascular dynamics impacted by the elevated right heart pressures. While dyspnea on exertion, clubbing of the fingers, and tricuspid insufficiency can all be associated with pulmonary hypertension, they are not as specific or significant as the palpable P2 in this scenario following a syncopal episode. Dyspnea is common but can be due to many other conditions. Club

10. A 45-year-old man with a persistent cough is taking multiple medications. Which medication is most likely causing his symptoms?

- A. Amlodipine
- B. Aspirin
- C. Clonidine
- D. Lisinopril**

The presence of a persistent cough in this patient is most likely due to the use of lisinopril, which is an angiotensin-converting enzyme (ACE) inhibitor. One of the most common and well-recognized side effects of ACE inhibitors like lisinopril is a dry cough. This occurs due to the accumulation of bradykinin, which is a peptide that can cause irritation in the respiratory tract. Patients often report this cough as a bothersome side effect, and it can be persistent enough to interfere with daily activities. In contrast, the other medications listed are less commonly associated with cough. Amlodipine, a calcium channel blocker, is typically used to manage hypertension and does not have cough as a side effect. Aspirin, while sometimes irritating to the stomach, is not associated with cough. Clonidine, an alpha-2 adrenergic agonist used for hypertension, is also not linked to causing a cough. Thus, in the context of this patient who is experiencing a persistent cough and is on multiple medications, lisinopril stands out as the agent most likely responsible for these symptoms.

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!

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