

Rosh Women's Health 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 urinary symptoms often accompany vaginal symptoms in genitourinary syndrome of menopause?**
 - A. Urinary hesitancy and nocturia**
 - B. Urinary frequency, dysuria, and recurrent infections**
 - C. Urinary urgency and increased nocturnal frequency**
 - D. Urinary retention and straining**
- 2. What is the major complication associated with polycystic ovary syndrome (PCOS)?**
 - A. Ovarian torsion**
 - B. Infertility**
 - C. Endometriosis**
 - D. Ectopic pregnancy**
- 3. In which setting are atypical glandular cells most commonly found in cervical cytology?**
 - A. In patients under age 30**
 - B. In patients aged 30 to 35**
 - C. In patients aged 35 to 40**
 - D. In patients over age 40**
- 4. What is the preferred initial treatment for polycystic ovary syndrome (PCOS)?**
 - A. Hormonal contraceptives**
 - B. Lifestyle modification**
 - C. Metformin**
 - D. Surgery**
- 5. What is the most common benign tumor of the uterus?**
 - A. Uterine fibroids**
 - B. Ovarian cysts**
 - C. Uterine leiomyoma**
 - D. Endometrial polyps**

6. What is the most likely diagnosis for a patient with constant pelvic pressure, low back pain, and a firm, mobile, enlarged uterus?

- A. Endometrial carcinoma**
- B. Uterine adenomyosis**
- C. Uterine leiomyomas**
- D. Endometrial polyp**

7. Most commonly, what is seen in patients with polycystic ovary syndrome?

- A. Irregular menstruation**
- B. Regular ovulation**
- C. Increased hCG levels**
- D. Cervical incompetence**

8. What should be added to treatment if a patient with postpartum endometritis is GBS colonized?

- A. Azithromycin**
- B. Piperacillin**
- C. Ampicillin**
- D. Ceftriaxone**

9. What is the common pathogen associated with endometritis?

- A. Streptococcus pneumoniae**
- B. Escherichia coli**
- C. HIV**
- D. Clostridium perfringens**

10. What is the mechanism of action of glyburide in patients with diabetes?

- A. Increases glucose absorption in the intestines**
- B. Stimulates insulin secretion from pancreatic beta cells**
- C. Decreases glucagon secretion**
- D. Increases peripheral tissue resistance to insulin**

Answers

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

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Explanations

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1. What urinary symptoms often accompany vaginal symptoms in genitourinary syndrome of menopause?

- A. Urinary hesitancy and nocturia**
- B. Urinary frequency, dysuria, and recurrent infections**
- C. Urinary urgency and increased nocturnal frequency**
- D. Urinary retention and straining**

In the context of genitourinary syndrome of menopause, urinary frequency, dysuria, and recurrent infections are common symptoms that can accompany vaginal symptoms. This syndrome occurs due to the effects of declining estrogen levels, which lead to atrophy of the vaginal and urinary tract epithelium. As estrogen levels decrease, women may experience thinning and dryness of vaginal tissues, leading to discomfort, pain during intercourse, and other vaginal symptoms. The changes in the urinary tract can also result in altered urinary function, where increased urinary frequency is noted as the bladder becomes more sensitive. Dysuria, or painful urination, can occur due to irritation of tissues and potentially recurrent urinary tract infections, arising from the changes to the normal flora and the protective mechanisms of the urinary tract being compromised. Therefore, the association of urinary frequency, dysuria, and the increased risk of recurrent urinary infections with vaginal symptoms highlights the interconnected nature of the pelvic floor and urinary tract health in menopausal women. This understanding is crucial for recognizing and managing the symptoms that arise from genitourinary syndrome of menopause effectively.

2. What is the major complication associated with polycystic ovary syndrome (PCOS)?

- A. Ovarian torsion**
- B. Infertility**
- C. Endometriosis**
- D. Ectopic pregnancy**

Polycystic ovary syndrome (PCOS) is primarily characterized by hormonal imbalances that can lead to a variety of complications, but infertility is considered the major complication associated with this condition. Women with PCOS often experience irregular menstrual cycles and anovulation due to a lack of ovulation, which is a common barrier to conception. The hormonal irregularities also affect the quality of the oocytes produced, further contributing to difficulties in achieving pregnancy. While ovarian torsion, endometriosis, and ectopic pregnancy are also significant health issues that can occur in women of reproductive age, they are not directly linked to the pathophysiology of PCOS. Ovarian torsion typically results from anatomical abnormalities or cyst formation rather than PCOS itself, endometriosis is a separate condition characterized by endometrial-like tissue outside the uterus, and ectopic pregnancy is usually related to past pelvic infections or scarring rather than PCOS. Thus, infertility stands out as the primary and most concerning complication associated with PCOS, making it imperative for healthcare providers to address this issue early in management of the syndrome.

3. In which setting are atypical glandular cells most commonly found in cervical cytology?

- A. In patients under age 30**
- B. In patients aged 30 to 35**
- C. In patients aged 35 to 40**
- D. In patients over age 40**

Atypical glandular cells in cervical cytology are most commonly identified in patients over age 40. This observation is significant because the prevalence of abnormal cervical cytological findings, including atypical glandular cells, generally increases with age. In younger patients, particularly those under 30, atypical cervical cytology findings are often more related to transient changes that are frequently associated with human papillomavirus (HPV) infections, which are common in younger sexually active populations. As individuals age, the risk of persistent HPV infection and the associated risk for cervical dysplasia and malignancies increase. The age group of 30 to 35, although in the higher risk category compared to those younger, does not present the same frequency of atypical glandular cell findings as the over 40 age group, where the incidence of significant histological findings, including atypical glandular changes, rises due to a longer exposure to cumulative risk factors. Patients aged 35 to 40 also have an increased incidence, but it is still significantly lower than in those over age 40. Therefore, identifying atypical glandular cells in cervical cytology is a concern primarily in women of older age groups, prompting the need for further evaluation and possible follow-up procedures to rule

4. What is the preferred initial treatment for polycystic ovary syndrome (PCOS)?

- A. Hormonal contraceptives**
- B. Lifestyle modification**
- C. Metformin**
- D. Surgery**

The preferred initial treatment for polycystic ovary syndrome (PCOS) is lifestyle modification. This approach emphasizes the importance of weight management, dietary changes, and increased physical activity, particularly for individuals who are overweight or obese. Lifestyle modifications can help improve insulin sensitivity, regulate menstrual cycles, and alleviate symptoms associated with PCOS, such as hirsutism and acne. In many cases, these changes can lead to significant improvements in metabolic health and reproductive function. The evidence supporting lifestyle modifications is strong, as it addresses the underlying risk factors associated with the condition, such as obesity and insulin resistance, rather than just the symptoms. While hormonal contraceptives, metformin, and surgery are also valid treatment options for managing specific symptoms or complications of PCOS, they are generally considered after lifestyle changes have been implemented, particularly if lifestyle modifications alone are insufficient to control symptoms. Hormonal contraceptives are effective for menstrual regulation and managing acne and hirsutism, and metformin can help with insulin resistance, but they do not address the foundational issues as directly as lifestyle changes do. Surgery is rarely a first-line treatment option for PCOS and is usually reserved for specific cases, such as in the management of ovarian hyperstimulation or if there are

5. What is the most common benign tumor of the uterus?

- A. Uterine fibroids
- B. Ovarian cysts
- C. Uterine leiomyoma**
- D. Endometrial polyps

Uterine leiomyomas, commonly known as uterine fibroids, represent the most prevalent benign tumors found in the female reproductive system. These tumors arise from the smooth muscle layer of the uterus (myometrium) and can vary in size, number, and location. They can range from small, undetectable lesions to large masses that can cause significant symptoms, including heavy menstrual bleeding, pelvic pain, and pressure effects. Most women will experience fibroids at some point in their lives, making them a common clinical finding, especially in women of reproductive age. While other options mention conditions such as ovarian cysts and endometrial polyps, these are not classified in the same category as uterine leiomyomas. Ovarian cysts are fluid-filled sacs that develop on the ovaries and are often transient, while endometrial polyps are localized growths in the lining of the uterus. Neither has the same ubiquity or benign fibromatous characteristics as leiomyomas, which directly relate to their histological origin and clinical significance. Therefore, the recognition of uterine leiomyomas as the foremost benign tumor is grounded in their prevalence, symptomatology, and gynecological relevance.

6. What is the most likely diagnosis for a patient with constant pelvic pressure, low back pain, and a firm, mobile, enlarged uterus?

- A. Endometrial carcinoma
- B. Uterine adenomyosis
- C. Uterine leiomyomas**
- D. Endometrial polyp

The presentation of constant pelvic pressure, low back pain, and a firm, mobile, enlarged uterus aligns well with the diagnosis of uterine leiomyomas, commonly known as fibroids. These benign smooth muscle tumors of the uterus can often cause symptoms such as pelvic pressure, discomfort, and changes in menstrual patterns due to their size and location. Uterine leiomyomas can vary significantly in size and may be located in different regions of the uterus (subserosal, intramural, or submucosal), which contributes to the symptomatology. The firm, mobile nature of the uterus on examination suggests the presence of fibroids rather than other conditions. In the context of the other options, endometrial carcinoma typically presents with abnormal bleeding rather than constant pelvic pressure and would not generally manifest as a firm and mobile enlarged uterus. Uterine adenomyosis may present with similar pain and a bulky uterus but often leads to a softer consistency of the uterine tissue upon palpation. Endometrial polyps, while they can cause abnormal bleeding, do not typically cause pelvic pressure or an enlarged uterus noticeable on examination. Thus, the clinical signs presented strongly support the diagnosis of uterine leiomyomas, making this the most likely diagnosis

7. Most commonly, what is seen in patients with polycystic ovary syndrome?

- A. Irregular menstruation**
- B. Regular ovulation**
- C. Increased hCG levels**
- D. Cervical incompetence**

In patients with polycystic ovary syndrome (PCOS), irregular menstruation is the most commonly observed symptom. This condition is characterized by hormonal imbalances that can disrupt the normal menstrual cycle, leading to anovulation and, consequently, irregular or missed periods. The presence of multiple cysts on the ovaries, along with symptoms such as hirsutism, acne, and weight gain, further contributes to the irregularity of menstrual cycles. Regular ovulation is not typically associated with PCOS, as many individuals with the condition experience difficulties in ovulating regularly. Increased hCG levels are not characteristic of PCOS; elevated hCG is more commonly associated with pregnancy or certain tumors. Cervical incompetence is a condition related to the inability of the cervix to maintain a pregnancy and is not inherently linked to PCOS. All these aspects highlight why irregular menstruation is the hallmark symptom of PCOS, making it the most relevant choice in this context.

8. What should be added to treatment if a patient with postpartum endometritis is GBS colonized?

- A. Azithromycin**
- B. Piperacillin**
- C. Ampicillin**
- D. Ceftriaxone**

In the treatment of postpartum endometritis, the addition of Ampicillin is particularly important if the patient is known to be colonized with Group B Streptococcus (GBS). Postpartum endometritis is an infection of the endometrium and is commonly treated with broad-spectrum antibiotics due to the polymicrobial nature of the infection. Ampicillin is effective against GBS, making it an appropriate choice for patients who are colonized with this organism. In cases of postpartum infections with GBS colonization, the addition of Ampicillin ensures adequate coverage for this specific pathogen, which can otherwise complicate the infection and lead to more severe clinical outcomes. The other options, while they may have certain antimicrobial properties, do not provide the targeted coverage needed against GBS in this specific context. For example, Azithromycin doesn't cover GBS, and Piperacillin, while used for broader spectrum coverage, may not be specified for GBS as well as Ampicillin does. Ceftriaxone, although a broad-spectrum cephalosporin, may not have the same efficacy against GBS compared to Ampicillin, particularly in a postpartum setting where specific targeting can be crucial for patient recovery. Thus, Ampicillin stands out as the preferred choice in this

9. What is the common pathogen associated with endometritis?

- A. Streptococcus pneumoniae**
- B. Escherichia coli**
- C. HIV**
- D. Clostridium perfringens**

Endometritis is an infection of the endometrial lining of the uterus, often occurring after childbirth, miscarriage, or any invasive procedure involving the uterus. The most common pathogen associated with endometritis is *Escherichia coli*, a type of bacteria that is normally found in the intestines. *E. coli* can gain access to the endometrial cavity in certain clinical situations, such as following delivery or surgical interventions, leading to infection. *E. coli* can act as an opportunistic pathogen when the normal barriers of the reproductive tract are compromised, which is why it is frequently implicated in cases of endometritis. Other organisms can also be involved, particularly in polymicrobial infections, but *E. coli* remains the predominant pathogen in many cases due to its prevalence and virulence factors that promote infection. In contrast, *Streptococcus pneumoniae* is primarily associated with respiratory infections and does not typically cause endometritis. HIV, which is a virus, is related to immune system compromise rather than direct infection of the endometrium. *Clostridium perfringens* is associated with gas gangrene and certain types of food poisoning but is less commonly linked to endometritis compared to *E. coli*. Thus, the identification of *E. coli* as the

10. What is the mechanism of action of glyburide in patients with diabetes?

- A. Increases glucose absorption in the intestines**
- B. Stimulates insulin secretion from pancreatic beta cells**
- C. Decreases glucagon secretion**
- D. Increases peripheral tissue resistance to insulin**

Glyburide is an oral hypoglycemic agent belonging to the class of medications known as sulfonylureas. Its primary mechanism of action is to stimulate insulin secretion from the pancreatic beta cells. When blood glucose levels rise, glyburide binds to specific receptors on the beta cells, leading to the closure of potassium channels. This causes depolarization of the cell membrane, which triggers an influx of calcium ions. The increased intracellular calcium concentration stimulates the release of insulin into the bloodstream. By enhancing insulin secretion, glyburide helps lower blood glucose levels effectively, making it a valuable option in managing type 2 diabetes. Unlike other mechanisms, glyburide does not increase glucose absorption from the intestines, alter glucagon secretion directly, or increase insulin resistance. Its action is focused on promoting natural insulin release as a response to elevated blood glucose levels.

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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