

SCRIBEAMERICA HOSPITALIST 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 does a detection of "fluctuance" in a physical exam usually imply?**
 - A. Presence of air
 - B. Abscess formation
 - C. Bone fracture
 - D. Muscle strain
- 2. What is the full medical term for hypertension?**
 - A. High Blood Pressure
 - B. Coughing Up Blood
 - C. Arrhythmia
 - D. Cardiomegaly
- 3. What is the next diagnostic step if a 35-year-old female taking birth control pills has a positive D-Dimer?**
 - A. CT Angiography (CTA) Chest
 - B. Magnetic Resonance Imaging (MRI)
 - C. Ultrasound of the abdomen
 - D. X-ray of the chest
- 4. What common skin condition can develop in bed-bound patients due to lack of position changes?**
 - A. Psoriasis
 - B. Eczema
 - C. Ulcer
 - D. Dermatitis
- 5. What does the tympanic membrane refer to?**
 - A. Ear drum
 - B. Cornea
 - C. Skin
 - D. Heart valve

- 6. CVA tenderness can indicate which of the following conditions?**
- A. Pneumonia
 - B. Pyelonephritis
 - C. Cirrhosis
 - D. Cholecystitis
- 7. Which element must be included in the review of systems (ROS) for a Level 3 chart?**
- A. At least 5 negative findings
 - B. At least 8 positive findings
 - C. All systems must be negative
 - D. 10 or 2 systems negative
- 8. A patient with slurred speech and left leg weakness likely experienced which type of stroke?**
- A. Hemorrhagic CVA
 - B. Transient ischemic attack
 - C. Ischemic CVA
 - D. Subarachnoid hemorrhage
- 9. True or False: Symptoms listed in the ROS can contradict those discussed in the HPI.**
- A. True
 - B. False
 - C. Not applicable
 - D. Depends on the clinical situation
- 10. Which gastrointestinal symptom might indicate a serious issue?**
- A. Diarrhea
 - B. Blood in stool
 - C. Constipation
 - D. Nausea

Answers

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

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Explanations

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1. What does a detection of "fluctuance" in a physical exam usually imply?

- A. Presence of air
- B. Abscess formation**
- C. Bone fracture
- D. Muscle strain

The detection of "fluctuance" during a physical exam typically indicates the presence of an abscess. Fluctuance is characterized by a soft, boggy feel to a fluid-filled area, reflecting that there is a collection of fluid, most commonly pus, under the skin. This finding suggests that the underlying condition may be an accumulation of pus in a defined space, which is common in abscesses formed due to infection. When examining a lesion or mass, if fluctuation is noted, it implies that the mass is not solid and is likely due to the presence of fluid that can move within the confines of the abscess. In contrast, air collections usually present quite differently and are not associated with the same tactile quality as fluctuant masses. Bone fractures or muscle strains don't typically produce fluctuation; instead, they present with tenderness, swelling, or decreased range of motion without fluid accumulation under the skin. Therefore, the presence of fluctuation during an examination is a reliable indicator of abscess formation.

2. What is the full medical term for hypertension?

- A. High Blood Pressure**
- B. Coughing Up Blood
- C. Arrhythmia
- D. Cardiomegaly

Hypertension is the medical term used to refer to consistently elevated blood pressure levels in the arteries. The term translates to "high blood pressure," which describes the condition in which the force of the blood against the artery walls is too high. This can lead to various health problems, such as heart disease, stroke, and kidney damage over time. It's important to recognize that hypertension is diagnosed based on specific measurements rather than just experiencing an elevated reading occasionally; it reflects a chronic condition requiring management and monitoring. Understanding this terminology is essential for healthcare professionals as it forms the basis for discussions about cardiovascular health and risk assessment in patients.

3. What is the next diagnostic step if a 35-year-old female taking birth control pills has a positive D-Dimer?

- A. CT Angiography (CTA) Chest**
- B. Magnetic Resonance Imaging (MRI)
- C. Ultrasound of the abdomen
- D. X-ray of the chest

In the scenario presented, where a 35-year-old female taking birth control pills has a positive D-Dimer, the most appropriate next diagnostic step is to perform a CT Angiography (CTA) of the chest. A positive D-Dimer test indicates the presence of fibrin degradation products in the bloodstream, which can suggest an abnormal clotting process. In the context of this patient's demographic and her use of birth control pills, there is a concern for potential venous thromboembolism, such as a pulmonary embolism (PE). The CTA of the chest is specifically designed to visualize pulmonary arteries and can effectively identify clots in these vessels, making it the gold-standard test for evaluating suspected PE. Magnetic Resonance Imaging (MRI) is not generally used for the initial evaluation of pulmonary embolism due to its limitations in sensitivity and accessibility compared to CT scans. An ultrasound of the abdomen would not be an appropriate next step, as it does not assess the thoracic vasculature for embolism. Similarly, a chest X-ray might be helpful as an initial evaluation tool but does not have the specificity or sensitivity that CTA provides for diagnosing or ruling out a PE. Thus, the reason for choosing CT Angiography in this case reflects

4. What common skin condition can develop in bed-bound patients due to lack of position changes?

- A. Psoriasis
- B. Eczema
- C. Ulcer**
- D. Dermatitis

The skin condition that commonly develops in bed-bound patients due to a lack of position changes is an ulcer, specifically a pressure ulcer, also known as a bed sore or decubitus ulcer. This condition occurs when sustained pressure on the skin compresses blood flow to the area, leading to skin breakdown and tissue damage. In patients who are unable to move independently, for instance, those confined to a bed, certain pressure points—such as the heels, buttocks, and the back—are particularly vulnerable. Without regular repositioning, these areas can become damaged and eventually result in ulcers. Pressure ulcers are a significant concern in healthcare settings, as they can lead to complications such as infections, increased healthcare costs, and prolonged hospital stays. Preventive measures include regular repositioning to alleviate pressure, maintaining skin hygiene, and using specialized mattresses or cushions that help distribute weight more evenly.

5. What does the tympanic membrane refer to?

- A. Ear drum**
- B. Cornea
- C. Skin
- D. Heart valve

The tympanic membrane is commonly referred to as the ear drum. It is a thin, conical structure that separates the external ear from the middle ear and plays a crucial role in the process of hearing. When sound waves enter the ear canal, they cause the tympanic membrane to vibrate. These vibrations are then transmitted to the ossicles (the tiny bones in the middle ear) and subsequently to the inner ear, where they are converted into nerve signals that the brain interprets as sound. This highlights the tympanic membrane's essential function in the auditory system. The other options pertain to different anatomical structures: the cornea is a part of the eye, the skin is the body's largest organ, and heart valves are structures within the heart that regulate blood flow. None of these are related to the function or anatomy of the tympanic membrane.

6. CVA tenderness can indicate which of the following conditions?

- A. Pneumonia
- B. Pyelonephritis**
- C. Cirrhosis
- D. Cholecystitis

CVA tenderness, or costovertebral angle tenderness, is commonly assessed during a physical examination to evaluate for renal pathology. When a patient exhibits CVA tenderness, it typically suggests inflammation or infection in the upper urinary tract, particularly involving the kidneys. Pyelonephritis, an infection of the kidney often caused by bacteria ascending from the bladder, is the primary condition associated with CVA tenderness. The pain can arise from the inflammatory process and irritation of the surrounding structures, leading to a noticeable response when the area is palpated. Given its direct relationship with kidney inflammation, the presence of CVA tenderness serves as a key clinical sign in diagnosing pyelonephritis. In contrast, pneumonia, cirrhosis, and cholecystitis are not associated with CVA tenderness. While pneumonia may cause pleuritic chest pain or other respiratory symptoms, it does not typically involve the kidneys. Cirrhosis relates to liver pathology, and while it can lead to abdominal pain, it does not pertain to tenderness in the costovertebral angle. Lastly, cholecystitis involves the gallbladder and presents with right upper quadrant pain, not involving the kidney area relevant for CVA tenderness.

7. Which element must be included in the review of systems (ROS) for a Level 3 chart?

- A. At least 5 negative findings
- B. At least 8 positive findings
- C. All systems must be negative
- D. 10 or 2 systems negative**

For a Level 3 chart, a comprehensive review of systems (ROS) is essential to meet the necessary documentation requirements. When considering the elements of ROS, it's crucial to understand that a Level 3 chart mandates a description of either 10 systems, where at least 2 of them can be negative, or at least 8 positive findings across various systems. This standard is in place to ensure that the clinician has fully assessed the patient's health status and has accounted for relevant symptoms that may impact the diagnosis and treatment. Incorporating at least 2 negative findings demonstrates that the provider has considered a broad range of potential issues, helping to identify any conditions that may not be immediately apparent. It reflects thoroughness in the medical evaluation, which is particularly important in clinical settings where subtle symptoms can lead to significant health issues if not addressed. This approach also supports the coding and billing process, linking the level of care documented to the complexity of the services rendered. Understanding this requirement is crucial for accurate medical documentation and appropriate reimbursement processes, showcasing the healthcare provider's diligence in patient care.

8. A patient with slurred speech and left leg weakness likely experienced which type of stroke?

- A. Hemorrhagic CVA
- B. Transient ischemic attack
- C. Ischemic CVA**
- D. Subarachnoid hemorrhage

The scenario describes a patient exhibiting slurred speech and weakness in the left leg, which suggests a neurological deficit affecting motor control and potentially language function. These symptoms are indicative of an ischemic cerebrovascular accident (CVA), also known as an ischemic stroke. An ischemic stroke occurs when the blood supply to a part of the brain is obstructed, often by a clot. This lack of blood flow leads to brain tissue damage and results in symptoms such as slurred speech (suggesting involvement of the language centers, often located in the left hemisphere of the brain) and motor weakness (the left leg weakness indicates that the right side of the brain may be affected, as motor pathways cross over). The clinical presentation of slurred speech combined with specific limb weakness is crucial for identifying the type of stroke. Ischemic strokes are far more common than hemorrhagic strokes and can often present acutely with these types of deficits. Transient ischemic attacks (TIAs) may present with similar symptoms but are characterized by temporary deficits that resolve quickly within 24 hours, often much sooner. The permanence of the symptoms in this case does not align with TIAs. Hemorrhagic strokes involve bleeding in or around the brain and can lead to a

9. True or False: Symptoms listed in the ROS can contradict those discussed in the HPI.

- A. True
- B. False**
- C. Not applicable
- D. Depends on the clinical situation

Symptoms listed in the Review of Systems (ROS) should generally align with those discussed in the History of Present Illness (HPI). The HPI focuses on the specifics of the current complaint or issue that the patient is experiencing, while the ROS provides an overview of other system-related symptoms that might be present but are not the primary concerns of the visit. When contradictions arise between the HPI and ROS, it can indicate inconsistencies in the patient's account or a need for further clarification. For instance, a patient who reports no history of chest pain in the HPI but then lists chest pain in the ROS can create confusion regarding their actual symptoms. Thus, the statement that symptoms in the ROS can contradict those in the HPI is false. In a well-conducted patient assessment, there should be coherence between these two components to ensure accurate diagnoses and treatment plans.

10. Which gastrointestinal symptom might indicate a serious issue?

- A. Diarrhea
- B. Blood in stool**
- C. Constipation
- D. Nausea

Blood in stool is a gastrointestinal symptom that suggests the possibility of a serious underlying condition, such as gastrointestinal bleeding. The presence of blood can be indicative of several serious issues, ranging from conditions such as peptic ulcers, diverticulosis, inflammatory bowel disease, or colorectal cancer. This symptom often requires immediate medical evaluation and intervention to determine the source of the bleeding and to prevent potential complications. In contrast, while diarrhea, constipation, and nausea can also be distressing and may require attention, they are more commonly associated with less serious conditions. Diarrhea can result from infections or dietary indiscretion; constipation may stem from dietary habits or reduced physical activity; and nausea frequently arises from various non-life-threatening causes, such as motion sickness or mild gastrointestinal disturbances. However, blood in the stool unequivocally raises the suspicion for potentially life-threatening gastrointestinal problems, making it critical to assess further.

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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