UWORLD INTERNAL MEDICINE PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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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!

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Questions

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1. **What is the likely cause of erectile dysfunction in a patient experiencing stress at work?**

   A. Advancing age

   B. Antidepressant-induced side effect

   C. Psychological distress

   D. Vascular insufficiency

2. **What clinical symptom differentiates primary from secondary syphilis?**

   A. Presence of mucosal patch lesions

   B. Fever and generalized malaise

   C. Epitrochlear lymphadenopathy

   D. Painless genital ulcerations

3. **What is the primary prevention strategy for a patient with a known history of deep venous thrombosis?**

   A. Compression stockings

   B. Anticoagulation therapy

   C. Regular exercise

   D. Monitoring of symptoms

4. **In a patient diagnosed with pneumonia, which is the most common causative organism in adults?**

   A. Staphylococcus aureus

   B. Streptococcus pneumoniae

   C. Mycoplasma pneumoniae

   D. Haemophilus influenzae

5. **What is the importance of the negative serum rapid plasma reagin test in this case?**

   A. It confirms the diagnosis of pityriasis rosea

   B. It rules out a sexually transmitted infection

   C. It indicates that the rash is likely infectious

   D. It provides no relevant information for this condition

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6. What finding on a chest X-ray is consistent with interstitial fibrosis in a patient with dyspnea and clubbing?

A. Emphysema

B. Increased reticular markings

C. Consolidation

D. Cardiomegaly

7. Which medication class is first-line for hyperlipidemia?

A. Fibrates

B. Statins

C. Bile acid sequestrants

D. Niacin

8. In patients with liver cirrhosis, what is the most common cause of ascites?

A. Portal hypertension

B. Peritoneal infections

C. Malnutrition

D. Heart failure

9. In a patient with giant cell arteritis, prompt treatment is essential to reduce the risk of which complication?

A. MI

B. Hepatic necrosis

C. Ischemic optic neuropathy

D. Pulmonary hemorrhage

10. A patient who has completed 9 months of Isoniazid therapy for latent TB should undergo which next management step?

A. Obtain induced sputum samples for mycobacterial culture

B. Perform an interferon-gamma release assay

C. Provide reassurance that no further TB treatment or evaluation is needed

D. Repeat TB skin test

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Answers

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

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Explanations

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1. What is the likely cause of erectile dysfunction in a patient experiencing stress at work?

A. Advancing age

B. Antidepressant-induced side effect

C. Psychological distress

D. Vascular insufficiency

Erectile dysfunction in the context of significant stress at work is most likely attributed to psychological distress. Psychological factors play a critical role in sexual function, and stress is a common contributor to temporary erectile dysfunction. Situational stress can lead to anxiety, reduced desire, and impaired physiological responses that are necessary for achieving and maintaining an erection. In this scenario, work-related stress can create both emotional and cognitive distractions, initiating a cycle where the stress and anxiety about sexual performance can further exacerbate erectile dysfunction. This relationship underscores the importance of mental health in sexual health and functioning. While advancing age, certain medications like antidepressants, or vascular insufficiency could contribute to erectile dysfunction, in the presence of specific situational stress, psychological distress is the most relevant and immediate factor affecting the individual's sexual performance. Understanding that stress and psychological well-being can directly impact erectile function is crucial for both diagnosis and treatment considerations in such cases.

2. What clinical symptom differentiates primary from secondary syphilis?

A. Presence of mucosal patch lesions

B. Fever and generalized malaise

C. Epitrochlear lymphadenopathy

D. Painless genital ulcerations

The key clinical symptom that differentiates primary from secondary syphilis is the presence of painless genital ulcerations, commonly known as chancres, which occurs in primary syphilis. In primary syphilis, the hallmark feature is the development of a single or sometimes multiple firm, round, and painless ulcers at the site of inoculation, often on the genitalia, but can also appear elsewhere on the body. These lesions are usually well-circumscribed and not accompanied by systemic symptoms such as fever or malaise at this stage. Secondary syphilis, on the other hand, typically presents with systemic manifestations, including fever, malaise, and the appearance of diffuse rash and mucous membrane lesions, including mucosal patch lesions and epitrochlear lymphadenopathy. In this stage, the disease becomes systemic, indicating a spread of the infection that is not seen in the primary stage. In summary, the presence of painless genital ulcerations is a definitive finding in primary syphilis, making it a crucial symptom for differentiation between the two stages of syphilis. While fever and generalized malaise can occur in secondary syphilis, they are not symptomatic of primary syphilis, thus making them less specific for this differentiation.

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3. What is the primary prevention strategy for a patient with a known history of deep venous thrombosis?

A. Compression stockings

B. Anticoagulation therapy

C. Regular exercise

D. Monitoring of symptoms

The primary prevention strategy for a patient with a known history of deep venous thrombosis (DVT) is anticoagulation therapy. This approach is crucial because individuals who have previously experienced DVT are at a significantly increased risk of recurrence. Anticoagulation therapy helps prevent the formation of new blood clots by inhibiting various factors in the coagulation cascade. By using anticoagulants, healthcare providers aim to lower the risk of future thromboembolic events, ensuring better outcomes for patients with a predisposition to clotting disorders. Long-term anticoagulation is particularly recommended for patients with unprovoked DVT or those with additional risk factors for clot formation. While compression stockings, regular exercise, and monitoring of symptoms are all important aspects of managing overall vascular health and may play supportive roles in the context of DVT, they do not serve as the primary prevention strategy. Compression stockings can help manage symptoms and reduce swelling but do not prevent clot formation. Regular exercise contributes positively to circulation but is not a direct preventive measure against DVT recurrence. Monitoring of symptoms is essential for managing existing conditions but does not actively prevent future occurrences of thrombosis. Thus, anticoagulation therapy remains the cornerstone of primary prevention in this context.

4. In a patient diagnosed with pneumonia, which is the most common causative organism in adults?

A. Staphylococcus aureus

B. Streptococcus pneumoniae

C. Mycoplasma pneumoniae

D. Haemophilus influenzae

Streptococcus pneumoniae is recognized as the most common causative organism of community-acquired pneumonia in adults. This bacterium is a encapsulated Gram-positive cocci and is responsible for a significant number of pneumonia cases due to its prevalence and virulence. It is often implicated in both typical and severe pneumonia presentations, making it the leading pathogen of interest in clinical settings. In adults, pneumonia can be caused by a variety of pathogens, but Streptococcus pneumoniae consistently ranks at the top because of its ability to colonize the upper respiratory tract and its association with higher morbidity and mortality rates compared to other organisms. It can present with classic symptoms, including cough, fever, and pleuritic chest pain, and is identifiable through various diagnostic methods, including sputum cultures and blood cultures. In contrast, while some other organisms listed can cause pneumonia, they are less common in adults. Staphylococcus aureus typically presents in cases of pneumonia secondary to viral infections or in healthcare-associated situations. Mycoplasma pneumoniae more commonly affects younger populations and often results in atypical pneumonia. Haemophilus influenzae is associated with pneumonia in certain populations, especially in those with pre-existing lung disease or during influenza outbreaks, but it does not match

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5. What is the importance of the negative serum rapid plasma reagin test in this case?

A. It confirms the diagnosis of pityriasis rosea

B. It rules out a sexually transmitted infection

C. It indicates that the rash is likely infectious

D. It provides no relevant information for this condition

The negative serum rapid plasma reagin (RPR) test is significant because it rules out the possibility of a sexually transmitted infection, particularly syphilis. The RPR test is a non-treponemal test used primarily for screening syphilis; a negative result suggests that the individual does not have an active syphilis infection. In a clinical scenario where a patient presents with a rash, determining the presence or absence of syphilis is crucial, especially when the clinical picture may resemble other conditions or when there are risk factors for sexually transmitted infections. By confirming that the RPR is negative, the clinician can focus on alternative diagnoses for the rash, thereby guiding further management and treatment more appropriately. While other options might relate to different aspects of dermatological conditions, the primary purpose of the RPR in this context is to provide assurance regarding the absence of syphilis, which is essential for tailoring patient care effectively.

6. What finding on a chest X-ray is consistent with interstitial fibrosis in a patient with dyspnea and clubbing?

A. Emphysema

B. Increased reticular markings

C. Consolidation

D. Cardiomegaly

The finding consistent with interstitial fibrosis on a chest X-ray is increased reticular markings. Interstitial fibrosis, often seen in conditions like idiopathic pulmonary fibrosis or other interstitial lung diseases, results from thickening and scarring of the lung interstitium. This pathological change leads to a specific pattern of lung opacity on imaging, characterized by a fine reticular (net-like) appearance. As the fibrosis progresses, these reticular markings can become more prominent and may be associated with a honeycombing pattern in advanced stages. The presence of dyspnea and clubbing further supports the diagnosis of a chronic lung process that typically manifests in this way on imaging. In contrast, emphysema would show hyperinflation of the lungs and a decrease in vascular markings. Consolidation would present as localized opacities rather than the diffuse pattern seen in interstitial fibrosis. Cardiomegaly would indicate heart enlargement related to various cardiac conditions but does not directly indicate the presence of lung fibrosis. Thus, increased reticular markings is the key radiographic feature that aligns with interstitial fibrosis in this clinical context.

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7. Which medication class is first-line for hyperlipidemia?

A. Fibrates

B. Statins

C. Bile acid sequestrants

D. Niacin

Statins are considered the first-line medication class for hyperlipidemia primarily due to their effectiveness in reducing low-density lipoprotein (LDL) cholesterol, which is a major contributor to cardiovascular disease. These medications inhibit HMG-CoA reductase, an enzyme involved in cholesterol synthesis in the liver, which leads to a significant decrease in LDL levels. Furthermore, statins also have additional benefits beyond cholesterol lowering; they have been shown to stabilize atherosclerotic plaques and reduce inflammation, contributing to their cardiovascular protective effects. Clinical guidelines recommend statins for a broad range of individuals, particularly those with established cardiovascular disease, diabetes, or a significantly elevated risk of cardiovascular events. Their well-documented impacts on mortality and morbidity from cardiovascular causes solidify their role as the cornerstone of hyperlipidemia treatment. While other options like fibrates, bile acid sequestrants, and niacin can be useful in specific situations, such as in patients with high triglycerides or those intolerant to statins, they do not have the same level of strong evidence for universal use in hyperlipidemia management.

8. In patients with liver cirrhosis, what is the most common cause of ascites?

A. Portal hypertension

B. Peritoneal infections

C. Malnutrition

D. Heart failure

The most common cause of ascites in patients with liver cirrhosis is portal hypertension. This condition arises due to increased pressure in the portal venous system, which can result from the scarring and fibrosis of liver tissue associated with cirrhosis. When the liver becomes damaged, blood flow through the liver is obstructed, leading to increased hydrostatic pressure in the portal vein. As a consequence, this increased pressure causes fluid to leak into the abdominal cavity, resulting in the accumulation of ascitic fluid. Ascites itself is particularly associated with cirrhosis because the condition leads to both functional changes in the liver and alterations in the body's fluid balance. Renal responses to portal hypertension further exacerbate fluid retention and contribute to the development of ascites in these patients. While the other factors mentioned can contribute to ascites, they are not the primary or most common causes in the context of cirrhosis. Peritoneal infections can occur as a complication but are usually a result of existing ascites. Malnutrition and heart failure can lead to fluid accumulation as well, but they are not as prevalent or direct in causing ascites specifically related to liver cirrhosis compared to portal hypertension.

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9. In a patient with giant cell arteritis, prompt treatment is essential to reduce the risk of which complication?

A. MI

B. Hepatic necrosis

C. Ischemic optic neuropathy

D. Pulmonary hemorrhage

In giant cell arteritis, prompt treatment is vital primarily to prevent ischemic optic neuropathy. This condition occurs due to inflammation of the temporal arteries, which can compromise blood flow to the optic nerve, potentially leading to permanent vision loss. The inflammation typically affects large and medium-sized vessels and can lead to severe complications if not treated immediately. Corticosteroids are the first line of treatment and are initiated quickly to reduce inflammation and restore blood flow, thus safeguarding the patient's vision. While myocardial infarction, hepatic necrosis, and pulmonary hemorrhage can occur in other situations, they are not direct complications arising from giant cell arteritis in the same immediate way that ischemic optic neuropathy is. The focus in managing giant cell arteritis is specifically on preventing the vascular complications associated with ocular involvement due to the disease, making the need for rapid intervention critical to protect the patient's eyesight.

10. A patient who has completed 9 months of Isoniazid therapy for latent TB should undergo which next management step?

A. Obtain induced sputum samples for mycobacterial culture

B. Perform an interferon-gamma release assay

C. Provide reassurance that no further TB treatment or evaluation is needed

D. Repeat TB skin test

After completing 9 months of Isoniazid therapy for latent tuberculosis (TB) infection, the patient has effectively undergone the recommended treatment aimed at preventing the development of active TB disease. Latent TB is characterized by the presence of Mycobacterium tuberculosis without clinical signs of active disease, and Isoniazid is the standard treatment for this condition. Upon completion of the treatment, continued management typically involves reassurance, as the patient is considered to have effectively been treated for latent TB. This means that there is no further treatment or invasive evaluation necessary for the patient at this point. The primary goal of therapy for latent TB is to reduce the risk of progression to active TB, and successful completion of treatment generally indicates that this risk has been mitigated. In contrast, obtaining induced sputum samples, performing an interferon-gamma release assay, or repeating a TB skin test are not the logical next steps once the patient has completed therapy, as these actions are more relevant in the diagnosis or monitoring of active TB cases or retesting to check for latent TB rather than post-treatment management. Therefore, providing reassurance is the most appropriate course of action following successful treatment.

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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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