Sample End of Rotation™ Exam
(Family Medicine)

Assessment Council
Physician Assistant Education Association

2014
1. A 31-year-old woman seeks evaluation for episodic waves of terror and anxiety. She frequently awakens from a sound sleep due to a rush of anxiety accompanied by palpitations, dyspnea, chest pain, and numbness in her fingers and toes. Which of the following is the most appropriate initial therapy for this patient?

A. Fluvoxamine (Luvox)
B. Amitriptyline (Elavil)
C. Phenelzine (Nardil)
D. Fluoxetine (Prozac)
2. A 66-year-old woman with a history of diabetes, hypertension and a 50-pack-year smoking history is evaluated for dyspnea. On examination she has distended neck veins, tachycardia with distant heart sounds, and pulsus paradoxus. Which of the following is the most likely diagnosis?

A. Acute coronary syndrome  
B. Cardiac tamponade  
C. Pericarditis  
D. Infective endocarditis  
E. Hypertrophic cardiomyopathy
3. A 56-year-old man seen for routine evaluation is noted to have a slightly raised lesion involving the bulbar conjunctiva of the left eye which stretches across the cornea. This finding is most consistent with which of the following?

A. Pterygium  
B. Chalazion  
C. Xanthelasma  
D. Dacryocystitis  
E. Entropion
4. A 68-year-old man with a history of well-controlled hypertension comes to clinic with calf pain while walking over the past three weeks. He typically walks one to two miles most days of the week, but now can tolerate less than 0.5 mile before he stops due to bilateral calf pain. This pain resolves after resting one to two minutes, but returns with increasing levels of activity. He denies chest pain, shortness of breath, headache, or dizziness. Which of the following physical examination findings is most likely?

A. Absence of leg hair
B. Bounding posterior tibial pulses
C. 2+ pitting edema of lower extremities
D. Stasis dermatitis of lower extremities
5. A 45-year-old woman is evaluated for a one-year history of itchy and irritated skin along her lower shins and vaginal region. She also has dyspareunia despite lubricant use. Her menses occur monthly. Physical examination reveals hypopigmented plaques with surrounding erythema along the labia majora and anterior portions of the medial malleoli. The vaginal fourchette also has a white reticulate rash present. Which of the following diagnostic studies would confirm the suspected diagnosis in this patient?

A. Punch biopsy
B. Tzanck smear
C. KOH prep
D. Saline wet mount
E. Fungal culture
6. A 75-year-old man is brought to the Emergency Department with left-sided chest pain, nausea and diaphoresis. Electrocardiogram reveals sinus rhythm at 52 bpm and 3-mm ST-segment elevation in leads II, III, and aVF and reciprocal changes. In addition to oxygen, morphine, and nitroglycerine, which of the following medications should be administered?

A. Atropine (AtroPen)
B. Aspirin
C. Enalapril (Vasotec)
D. Clonidine (Catapres)
7. A 12-year-old boy sustained a perforated tympanic membrane after falling while wakeboarding. Which of the following should be included in this patient’s discharge instructions?

A. Cotton tipped swabs should be used to clean debris from the ear.
B. Earplugs should be used while bathing or swimming.
C. Ascetic acid should be instilled in the ear canal.
D. Oral antimicrobial therapy will be necessary until the perforation heals.
8. A 53-year-old man returns to the clinic for follow up one week being
told he had blood in his urine during a health fair. He has a 10-pack-
year smoking history but quit smoking 10 years ago. The patient
denies dysuria or flank pain. He is not taking any current medica-
tions. His dipstick urinalysis at the health fair showed 2+ blood, and
his microscopic exam revealed 2 RBC/HPF. Which of the following
is the most appropriate next step in the evaluation of this patient?

A. Intravenous pyelogram
B. Computed tomography scan of the abdomen
C. Renal ultrasound
D. Urine culture and sensitivity
E. Repeat urinalysis and microscopic exam
9. A 19-year-old woman seeks evaluation for throbbing headaches of increasing frequency, now experienced two or three times a month. She experiences associated photophobia, nausea, and vomiting. She admits to seeing floating spots prior to each headache. The patient has tried ibuprofen (Motrin) without relief. Which of the following is the most appropriate for acute management of the patient's headaches?

A. Propranolol (Inderal)
B. Sumatriptan (Imitrex)
C. Amitriptyline (Elavil)
D. Verapamil (Calan)
E. Sertraline (Zoloft)
10. A 48-year-old man presents to the clinic with bloody diarrhea, abdominal cramping, and lethargy that began approximately 48 hours after returning from a camping trip in northern Mexico. He admits to obtaining water from a nearby stream while camping. He denies fever or chills. Two of his traveling companions have similar symptoms. Which of the following is the most likely causative organism for this patient’s symptoms?

A. Campylobacter jejuni  
B. Escherichia coli  
C. Shigella sonnei  
D. Clostridium perfringens  
E. Staphylococcus aureus
11. A 56-year-old-man reports several months of progressive weakness of his shoulders and upper arms. He denies pain, trauma, or previous episodes of weakness, but notes that a rash appeared on his face two days ago. Physical examination reveals 3/5 strength in the biceps and triceps, bilaterally. Muscle strength is 4/5 in both hip flexor and extensor groups. The rash is violaceous and is associated with edema of both eyelids. Which of the following is the most likely diagnosis?

A. Polyarteritis nodosa  
B. Dermatomyositis  
C. Polymyalgia rheumatica  
D. Systemic lupus erythematosus
12. A 63-year-old man presents with a painful rash on his left chest that started one-day ago and was preceded by a burning sensation in the same location. Physical examination reveals a vesicular rash along the left anterior chest that does not cross midline. Some of the vesicles are weeping. Which of the following is the most appropriate initial treatment in this patient?

A. Doxycycline (Doryx)
B. Acyclovir (Zovirax)
C. Amitriptyline (Elavil)
D. Methylprednisolone (Solu-Medrol)
13. A 26-year-old woman comes to the office for follow up of chronic diarrhea with concerns about weight loss and abdominal distention. IgA endomysial antibodies are positive. Which of the following health maintenance screening measures should be performed in this patient?

A. Colonoscopy
B. Dual energy X-ray absorptiometry scan
C. Fasting glucose level
D. Fasting lipid levels
E. Abdominal ultrasound
14. A 72-year-old woman is evaluated for a worsening cough for three days. The patient states the cough is productive of rust-colored sputum. She has associated fevers, chills, and fatigue. Which of the following is most likely on physical examination of this patient?

A. Wheeze
B. Hyperresonance
C. Egophony
D. Decreased tactile fremitus
15. A pregnant woman at 26-weeks’ gestation reports to the clinic with extremely pruritic skin between her fingers on both hands for the past week. Physical examination reveals linear excoriations along bilateral hand webspaces with surrounding erythema. Which of the following topical therapies is most appropriate for this patient?

A. Permethrin (Elimite)
B. Ivermectin (Stromectol)
C. Mupiricin (Bactroban)
D. Malathion (Ovide)
E. Lindane (Kwell)
16. A 23-year-old woman comes to the office with chest pain for three days. She states that she recently had a cold with symptoms of a cough, runny nose, and sore throat. Over the past three days she has developed sharp chest pains that worsen when she takes a deep breath and are relieved when she leans forward. Which of the following electrocardiogram findings is most likely in this patient?

A. Diffuse ST segment elevation
B. Anterior T wave inversion
C. QT interval prolongation
D. QRS widening
E. Sinus bradycardia
17. A 72-year-old man has experienced worsening urinary frequency, urgency, nocturia and sensation of incomplete voiding for the past year. He has been treated at the urgent care for urinary tract infections twice in the past six months. He denies fevers, weight loss, or bone pain. He has a history of hypertension controlled on atenolol (Tenormin). He has no family history of prostate cancer. On examination, his prostate is diffusely enlarged without nodule or tenderness. Which of the following clinical interventions is most indicated in this patient?

A. Phytotherapy
B. Surgical therapy
C. Transurethral hyperthermia
D. Watchful waiting
18. A 58-year-old man who is a known alcoholic presents to the office with acute onset of epigastric pain. The pain is worse with lying down and improves with sitting up and leaning forward. He has associated nausea and sweating but denies any vomiting. On examination, he is tachycardic and febrile. The abdominal exam reveals epigastric tenderness. Lab studies show leukocytosis. A plain film of the abdomen demonstrates a colon cutoff sign. Which of the following is the most likely diagnosis?

A. Cholecystitis
B. Intestinal obstruction
C. Pancreatitis
D. Renal colic
E. Mallory-Weiss syndrome
19. A 49-year-old man is examined for a painful, swollen, and erythematous right great toe. Symptoms began 24 hours ago and have progressively worsened. Which of the following will definitively establish the suspected diagnosis?

A. Serum uric acid levels
B. Serum calcium levels
C. Joint aspiration analysis
D. Erythrocyte sedimentation rate
E. Rheumatoid factor
20. A 72-year-old woman has experienced progressive tremor of her hands at rest over the past six months. She has noticed some slowing of her motions and has been feeling unstable on her feet. Physical examination shows some rigidity during passive movement and a shuffling gait. Which of the following medication classes is the most appropriate initial therapy to alleviate her symptoms?

A. Dopamine agonist
B. Anticholinergic agent
C. Selective serotonin reuptake inhibitor
D. Steroids
E. GABA reuptake inhibitor
21. A 48-year-old woman presents to the urgent care clinic with a one-week history of an acute productive cough that she describes as “frequent and bothersome,” and that interferes with her sleep. The patient denies fever, chills, or systemic symptoms. She is up-to-date on her recommended immunizations including her annual flu shot. She is a non-smoker. Her medical history is positive for hypertension, treated with a thiazide diuretic. On physical examination, vital signs are within normal limits. She coughs periodically, but is in no acute distress. Lung examination reveals scattered coarse rhonchi, but no persistent rales or wheezes. Which of the following is the most likely diagnosis?

A. Acute bronchitis
B. Influenza
C. Pneumonia
D. Pertussis
22. An 82-year-old woman is evaluated for fatigue, poor appetite, and loose stools for the past three months. Physical examination reveals a BMI of 18 and normal vital signs. Her tongue is smooth and red, and she has decreased proprioception in her lower extremities. Complete blood count shows anemia with a mean corpuscular volume of 109 µm³ (80-100 µm³). Which of the following is the most likely diagnosis?

A. Folate deficiency
B. Iron deficiency
C. Vitamin B12 deficiency
D. Vitamin C deficiency
23. A 56-year-old woman seeks evaluation for muscle cramping and tingling around her mouth. On examination, she has facial twitching when her cheek is tapped. Which of the following is the most likely diagnosis?

A. Hyperthyroidism
B. Hyperparathyroidism
C. Hypothyroidism
D. Hypoparathyroidism
24. A 59-year-old man has increasing problems with late afternoon sleepiness and fatigue. He reports that he almost fell asleep driving in afternoon rush-hour traffic last week. His wife reports that he snores loudly, and she has seen him stop breathing. On physical examination, he is overweight but not obese, and his blood pressure is 138/88 mmHg. Remaining physical examination is normal. Which of the following diagnostic studies is most indicated for the evaluation of his condition?

A. Complete blood count
B. Electrocardiogram
C. Laryngoscopy
D. Overnight polysomnography
E. Pulmonary function tests
25. A 34-year-old man presents to the office for evaluation daily loose stools he describes as “greasy and foul smelling.” He denies blood in the stool. The patient states that his symptoms started three weeks ago following a camping trip. Stool studies are positive for trophozoites. Which of the following is the most appropriate treatment for this patient?

A. Azithromycin (Zithromax)
B. Ciprofloxacin (Cipro)
C. Metronidazole (Flagyl)
D. Paromomycin (Humatin)
Keyword Feedback

1. Psychiatry/Behavioral Medicine: Clinical Therapeutics, Generalized anxiety disorder
2. Cardiology: Diagnosis, Cardiac tamponade
3. ENT/Ophthalmology: History and Physical, Pterygium
4. Cardiology: History and Physical, Peripheral arterial disease
5. Dermatology: Diagnostic Studies, Lichen sclerosis
6. Cardiology: Clinical Therapeutics, Acute myocardial infarction
7. ENT/Ophthalmology: Health Maintenance, Tympanic membrane perforation
8. Genitourinary: Diagnostic Studies, Hematuria
9. Neurology: Clinical Therapeutics, Migraine headache
11. Orthopedics/Rheumatology: Diagnosis, Dermatomyositis
12. Infectious Disease: Clinical Therapeutics, Varicella zoster
13. Gastrointestinal: Health Maintenance, Celiac disease
14. Pulmonology: History and Physical, Pneumonia
15. Dermatology: Clinical Therapeutics, Scabies
16. Cardiology: Diagnostic Studies, Pericarditis
17. Genitourinary: Clinical Intervention, Benign prostatic hyperplasia
18. Gastrointestinal: Diagnosis, Pancreatitis
19. Orthopedics/Rheumatology: Diagnostic Studies, Gout
20. Neurology: Clinical Therapeutics, Parkinson disease
21. Pulmonology: Diagnosis, Acute bronchitis
22. Hematology: Diagnostic Studies, Vitamin B12 deficiency
23. Endocrinology: Diagnosis, Hypoparathyroidism
24. Pulmonology: Diagnostic Studies, Sleep apnea
25. Gastrointestinal: Clinical Therapeutics, Giardiasis