



NIHS RESIDENCY TRAINING PROGRAM

Internal Medicine

Final Written Examination

Examination Format:

National Institute for Health Specialties NIHS (Emirate Board) final specialty written examination shall consist of two papers each with 100-125 Single Best Answer MCQs. Up to 10 % unscored items can be added for pretesting purposes.

Passing Score:

The pass mark in the Final Written Examination will be determined according to the scientific standards and based on reliable practices in assessment.





Suggested References:

1. Davidson's self-assessment questions
2. Harrison's Textbook of medicine
3. Harrison's self-assessment questions
4. Medical Knowledge Self-Assessment and Practice (MKSAP)
5. Current Textbook of medicine
6. Med Studies Reviews
7. Massachusetts Internal Medicine Practice
8. UpToDate
9. Professionalism and Ethics, Handbook for Residents, Practical guide, Prof. James Ware, Dr. Abdulaziz Fahad Alkaabba, Dr. Ghaiath MA Hussein, Prof. Omar Hasan Kasule, SCFHS, Latest Edition
10. Essentials of Patient Safety, SCFHS, Latest Edition

Note:

This list is intended for use as a study aid only. NIHS does not intend the list to imply endorsement of these specific references, nor are the exam questions necessarily taken solely from these sources.





Blueprint Outlines:

No.	Sections	Percentage
1	Ambulatory Care	10%
2	Cardiology	10%
3	Critical Care	5%
4	Endocrinology	9%
5	Gastroenterology	9%
6	Hematology	8%
7	Infectious Diseases	9%
8	Nephrology	9%
9	Neurology	7%
10	Oncology	5%
11	Pulmonary Diseases	10%
12	Rheumatology	9%
Total		100%

Note:

- Blueprint distributions of the examination may differ up to +/-5% in each category.
- Percentages and content are subject to change at any time. See the website for the most up-to-date information.
- Research, Ethics, Professionalism and Patient Safety are incorporated within the various domains





Example Questions

EXAMPLE OF K2 QUESTIONS

Question 1

A 75-year-old woman was admitted to the hospital for treatment of dehydration secondary to intractable nausea and vomiting. She reports having nausea and vomiting and early satiety for the past two months. She is started on IV fluids and has a nasogastric tube placed, resulting in significant relief of her symptoms. During her hospitalization, agastric mass causing agastric outlet obstruction was discovered, and she was started on TPN for nutritional support. 3 days later, the patient goes into cardiac arrest (see lab results).

Test	Result	Normal Values
Sodium	135	134-146 mmol/L
Potassium	2.5	3.5-5.1 mmol/L
Chloride	102	97-108 mmol/L
Blood urea nitrogen	7	2.8 to 8.9 mmol/L
Creatinine	60	58-145 μ mol/L
Random Glucose	5.5	3.9-5.5 mmol/L
Calcium	8.4	2.15-2.62 mmol/L
Phosphate	1.0	0.82-1.51 mmol/L
Carbon dioxide	20	20-29 mmol/L
Magnesium	0.4	0.75 - 1.2 mmol/L

Which of the following is the most likely cause?

- A. Intracellular electrolyte shifts
- B. Loss of gastrointestinal fluid via the nasogastric tube
- C. Dilutional effect secondary to volume repletion and TPN
- D. Miscalculation of the concentrations of electrolytes in the TPN solution

EXAMPLE OF K1

Question 2

Which of the following best describes the action of atrial natriuretic peptide?

- A. Increases renin secretion
- B. Increases aldosterone secretion
- C. Reduces glomerular filtration rate
- D. Opposes the action of angiotensin II

