



## NIHS RESIDENCY TRAINING PROGRAM

### Internal Medicine

### Final Written Examination

#### Examination Format:

The 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.

Most questions are case-based and assess multiple competencies across different domains, including but not limited to:

1. Medical knowledge: disease diagnostic criteria, treatment guidelines, risk factors, and prognosis.
2. Clinical reasoning and decision making: Application of knowledge to diagnose, manage, and treat patients.
3. Diagnostic interpretation: interpreting laboratory results, imaging studies, ECGs, and other diagnostic tests.
4. Pharmacology and therapeutics: pharmacotherapy, drug interactions, and adverse effect management.
5. Patient safety and quality improvement: safe clinical practices, medical errors, and healthcare system improvement.
6. Ethical decision-making.
7. Health systems and evidence-based medicine: cost-conscious care and research interpretation.

Information presented may include photographs, radiographs, electrocardiograms, records of heart or lung sounds, and other media to illustrate relevant patient findings.

#### 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 Principles and Practice of Medicine
2. Davidson's self-assessment questions
3. Harrison's Textbook of Medicine
4. Harrison's self-assessment questions
5. Medical Knowledge Self-Assessment and Practice (MKSAP)
6. Current Textbook of Medicine
7. Med Studies Reviews
8. Massachusetts Internal Medicine Practice
9. UpToDate

**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.





## Purpose of the exam

The exam is designed to assess the knowledge, clinical reasoning, and decision-making skills required for independent practice in internal medicine. The part 2 written examination evaluates the candidate's ability to diagnose, manage, and treat a wide range of acute and chronic medical conditions across diverse patient populations across inpatient and ambulatory outpatient settings.

## Exam content

The blueprint is developed by the NIHS and is reviewed annually and updated as needed. The medical content categories are shown below, with the percentage assigned to each section for a typical exam.

## Blueprint Outline

No.	Section	Percentage
1	Allergy and Immunology	1%
2	Cardiovascular Disease	12%
3	Critical Care	5%
4	Dermatology	2%
5	Endocrinology, Diabetes and Metabolism	12%
6	Gastroenterology	10%
7	Hematology	8%
8	Infectious Disease	9%
9	Nephrology	12%
10	Neurology	8%
11	Medical oncology	5%
12	Pulmonology	8%
13	Rheumatology	5%
14	Geriatrics	2%
15	Miscellaneous	1%
<b>Total</b>		<b>100%</b>

The primary sections can be expanded for additional detail to show topics that may be covered in the exam. Below is each major section with their subsection topics that may be covered in the examination. Ambulatory medicine topics are incorporated within the various sections and subsections.





<b>Section</b>	<b>Subsection</b>
Allergy and Immunology	Anaphylaxis Food and drug allergy Urticaria and angioedema Primary immunodeficiency disorders Allergic complications of transfusions Autoimmune systemic disorders
Cardiovascular disease	Hypertension Pericardial disease Ischemic heart disease Dysrhythmias and conduction defects Congenital heart disease in adults Valvular heart disease Myocardial disease Endocarditis and other cardiovascular infections Vascular disease Syncope Pre-operative consultation
Critical care	Respiratory failure Acute respiratory distress syndrome Mechanical ventilation Non-invasive ventilation Bacteremia and sepsis syndromes Sedation and delirium Toxicology Post cardiac arrest care
Dermatology	Dermatitis Vascular dermatoses Vesiculobullous dermatoses Pigment disorders Photosensitivity dermatoses Nodules and tumors of the skin Cutaneous manifestations of nutritional deficiencies Cutaneous manifestations linked with connective tissue diseases Dermatologic emergencies
Endocrinology, Diabetes and Metabolism	Adrenal disorders Thyroid disorders Endocrine causes of secondary hypertension Lipid disorders Ovarian disorders





	<p>Male hypogonadism          Diabetes mellitus          Disorders of calcium metabolism and bone          Hypothalamic disorders          Anterior pituitary disorders          Posterior pituitary and water homeostasis          Endocrine tumors and endocrine manifestations of tumors</p>
Gastroenterology	<p>Esophageal disease          Stomach and duodenal disease          Small intestinal disease          Colonic and anorectal disease          Pancreatic disease          Biliary tract disease          Liver disease          Gastrointestinal hemorrhage</p>
Hematology	<p>Hypoproliferative anemia          Hemolytic anemia          Hemoglobinopathies and thalassemia          Leukocyte disorders          Platelet disorders          Coagulation factor and thrombotic disorders          Porphyria          Myeloproliferative disorders          Myelodysplastic syndromes          Hematologic malignancies          Principles and complications of transfusion medicine          Complications of bone marrow transplantation</p>
Infectious Disease	<p>Skin and soft tissue infection          Central nervous system infections          Upper and lower respiratory tract infections          Eye infections          Endocarditis and other cardiovascular infections          Hepatic infections          Enteric infections          Acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) infection          Sexually transmitted infections and infections of reproductive organs          Urinary tract infections          Infectious arthritis          Osteomyelitis          Bacteremia and sepsis syndrome</p>





	<p>Nosocomial infections  Travel-related illness  Infectious disease outbreaks  Fever of unknown origin  Prevention of infectious disease – immunization and prophylaxis</p>
Nephrology	<p>Acute kidney injury  Chronic kidney disease  Tubulointerstitial disease  Glomerular disorders  Nephrolithiasis  Water and electrolyte balance  Hematuria  Renal replacement therapy</p>
Neurology	<p>Seizures  Cerebrovascular disease  Headache  Nerve root syndromes and spine lesions  Peripheral neuropathy  Cranial neuropathy  Disorders of cerebral function  Movement disorders  Central nervous system infections  Central nervous system tumors  Diseases of muscle and neuromuscular junction  Multiple sclerosis and other demyelinating diseases  Other neurological disorders:  Head injury  Idiopathic intracranial hypertension, cerebellar ataxia, motor neuron disease, neuroleptic malignant syndrome, vertigo, gait and balance disorders</p>
Medical oncology	<p>Lung cancer  Breast cancer  Neoplasms of the head and neck  Gastrointestinal and hepatic cancer  Urologic cancer  Gynecologic cancer  Bone tumors  Central nervous system tumors  Skin cancer  Soft tissue cancer  Oncologic complications of HIV infection</p>





	<p>Cancer of unknown primary</p> <p>Cancer prevention</p> <p>Cancer screening</p> <p>Oncologic emergencies</p> <p>Complications of cancer and its treatment</p> <p>Cancer survivorship</p> <p>Palliative care</p>
Pulmonary Disease	<p>Obstructive airway disease</p> <p>Occupational and environmental lung disease</p> <p>Restrictive lung disease</p> <p>Interstitial lung disease</p> <p>Pulmonary vascular disease</p> <p>Pleural disease</p> <p>Congenital lung disease</p> <p>Sleep medicine</p> <p>Evaluation of common pulmonary symptoms: cough, dyspnea, hemoptysis</p> <p>Solitary pulmonary nodule</p>
Rheumatology	<p>Crystal-induced arthropathy</p> <p>Spondyloarthropathies</p> <p>Rheumatoid arthritis</p> <p>Systemic lupus erythematosus</p> <p>Systemic sclerosis</p> <p>Vasculitis</p> <p>Other primary rheumatic disorders</p> <p>Infectious arthritis</p> <p>Osteoarthritis</p>
Geriatrics	<p>Pressure injuries</p> <p>Venous ulcers and chronic wounds</p> <p>End-of-life care</p> <p>Constipation in the elderly</p> <p>Disorders of swallowing</p> <p>Incontinence</p> <p>Dementia and delirium</p> <p>Dizziness and vertigo</p> <p>Nutrition</p> <p>Mood, sleep and behavioral and psychological disorders</p> <p>Falls and osteoporosis</p> <p>Clinical pharmacology and aging</p> <p>Frailty</p>
Miscellaneous	<p>Epidemiology</p> <p>Ethics</p>





	Patient safety and quality improvement
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**Note:**

- The percentages described are approximate, and the exact exam content may vary. Blueprint distributions of the examination may differ up to +/-2% 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, 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, a gastric mass causing agastric outlet obstruction was discovered, and she was started on TPN for nutritional support. Three 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 $\mu$ 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

