

Short-Answer Format

The item format is intended to provide an alternative to traditional multiple-choice questions (MCQs) by requiring you to manually fill in the answer to a specific question. With this item format, patient information is presented much like it is in a traditional MCQ. Here are the key differences:

- Instead of being given a list of options from which to choose an answer, the patient information will be followed by a question such as “What is the most likely diagnosis?”
- Your answer must be typed into a response field.

Your answer should be brief and should:

- respond directly to the question and only to the question (i.e., do not provide a rationale)
- be as specific as possible
- consist of no more than a few words (i.e., antibiotic therapy).

Scoring considerations:

- Only one answer will be counted as a response, and responses will be scored as either correct or incorrect.
- It is acceptable to use the most common medical abbreviations, but please avoid shorthand.
- Spelling is not taken into consideration.
- Keep in mind that when you respond to the question “What is the most appropriate next step?”, the answer could be diagnostic or therapeutic; it may also be appropriate to indicate that no further steps are needed.
- **NOTE: There is a 60-character limit applied to the response field.**

Sample item

A 30-year-old woman comes to the physician because of an itchy, scaly rash for 1 year; the rash is most severe over her elbows and knees. The rash occurs only in the winter months and is moderately relieved by emollients. Examination shows discrete oval plaques 4-6 cm in diameter over the knees and elbows; they have an erythematous base and the overlying scale is silvery. What is the most likely diagnosis?

Please note that the Highlight and Notes features are not available for the short-answer item type.

Sample Short-Answer Questions

1. A 19-year-old female college student comes to the student health center because of a 7-day history of low-grade fever, sore throat, fatigue, and general malaise. Four weeks ago, she had a painless vulvar ulcer that resolved spontaneously; she has been otherwise healthy. Her last menstrual period was 2 weeks ago. She is sexually active and has had five partners since age 15 years; she uses a copper-containing IUD for contraception. Temperature is 39.0°C (102.2°F), pulse is 104/min, and blood pressure is 120/75 mm Hg. Physical examination shows a macular rash over the palms and soles and mild anterior cervical lymphadenopathy. Pelvic examination confirms that the IUD is in place. The remainder of the physical examination shows no abnormalities. What is the most appropriate pharmacotherapy?

2. A 28-year-old woman comes to the office because of a 12-day history of abdominal cramps and bloating, diarrhea, and flatulence. She says that she started a new exercise program 4 weeks ago and has been consuming a high quantity of yogurt bars, peanut butter, and protein- and calorie-enriched milkshakes to “recover.” She has no history of serious illness and takes no medications. Temperature is 36.9°C (98.4°F). The abdomen is protuberant, nontender, and slightly tympanitic to percussion. Bowel sounds are hyperactive. The remainder of the physical examination shows no abnormalities. What is the most likely underlying cause of this patient’s symptoms?

3. A 21-year-old homeless man with type 1 diabetes mellitus comes to the office for an initial visit to establish care. He has not seen a physician during the past 5 years. His only medication is insulin, which he obtains from a free clinic. Pulse is 72/min, respirations are 12/min, and blood pressure is 138/88 mm Hg. Ophthalmologic examination shows microaneurysms and hemorrhages. Sensation to vibration and light touch is decreased over the lower extremities. Serum creatinine concentration is 1.6 mg/dL. Results of a 24-hour urine collection show 550 mg of protein. Hemoglobin A_{1c} is 11.4%. Treatment with what medication would most likely slow the progression of this patient’s renal disease?

4. A previously healthy 26-year-old man is brought to the emergency department because of a tingling sensation in his fingers and toes for 3 days and progressive weakness of his legs. He had an upper respiratory tract infection 2 weeks ago. He has not traveled recently. He was unable to get up from bed this morning and called the ambulance. Temperature is 37.3°C (99.1°F), pulse is 110/min, respirations are 22/min, and blood pressure is 128/82 mm Hg. Pulse oximetry on room air shows an oxygen saturation of 99%. Physical examination shows weakness of all four extremities in flexion and extension; this weakness is increased in the distal compared with the proximal muscle groups. Deep tendon reflexes are absent throughout. Sensation is mildly decreased over both feet. What is the most likely diagnosis?

Answer Key

NOTE: Please keep in mind that this does not represent an exhaustive list of possible correct answers but rather a sampling.

1. **Sample of correct answers:** penicillin, ceftriaxone, doxycycline, benzathine penicillin, procaine penicillin
2. **Sample of correct answers:** lactase deficiency, lactose intolerant, lactose intolerance, lactose malabsorption
3. **Sample of correct answers:** benazepril, captopril, enalapril, fosinopril, lisinopril, quinapril, ramipril, candesartan cilexetil, irbesartan, losartan potassium, valsartan
4. **Sample of correct answers:** Guillain-Barré syndrome, acute immune-mediated polyneuropathy