WATHIM

GCC exam prep

PRACTICE PACK

DHA | Qatar DHP | Kuwait MOH | Oman OMSB

Internal Medicine Exam Practice

Sample paper

The first 5 questions of Paper 1 with the answer sheet, key and every answer explained, after the guide that opens the full pack.

2026 edition · 859 questions · 3 papers

859	3	60 · 72m	70%
ORIGINAL QUESTIONS	FULL-LENGTH PAPERS	QUESTIONS · MINUTES A PAPER	OUR PRACTICE TARGET, NOT THE EXAM'S PASS RULE

Prepared by Wathim · wathim.com · info@wathim.com

Original practice material. Not the official question bank.

About this pack

Internal Medicine Gulf Specialist Exam Practice Bank: Online Mocks and Printable Papers · read this before you start.

859	3	14	100%
ORIGINAL QUESTIONS	EXAM-LENGTH PAPERS	TOPICS COVERED	ANSWERED AND SOURCED

Every question here comes with its correct answer, the reasoning, and the law, standard or study guide it is drawn from, so you learn the rule and not just the letter. The mix: 168 easier, 490 standard and 201 harder questions, marked on each one.

Infectious diseases 90 · Cardiovascular medicine 85 · Pulmonary and critical care medicine 85 · Gastroenterology and hepatology 80 · Endocrinology and diabetes 74 · Nephrology 70 · Rheumatology 60 · Emergency medicine 57 · Neurology 54 · Haematology 50 · Oncology 45 · Patient safety 40 · Professionalism and ethics 40 · Geriatrics and biostatistics 29

The exam you are sitting

DHA: DHA Specialist Internal Medicine exam (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
DHCC: DHCC Internal Medicine exam (Dubai Healthcare City)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
Qatar DHP: Qatar DHP qualifying exam, Internal Medicine	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Kuwait MOH: Kuwait MOH Internal Medicine exam (Prometric)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Oman OMSB: Omani Examination for Internal Medicine (OEIM)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*

Practice papers, not the real length. Practice papers of 60 questions in 72 minutes, a pace of just over a minute a question. The Gulf specialist internal medicine exams differ in length and scoring: the DHA Specialist Internal Medicine exam (INT5921) has 150 questions in 3 hours with a 60% pass score, the Qatar DHP qualifying exam 150 questions with 65%, the Kuwait MOH exam 150 questions in 170 minutes, and the Oman OEIM 100 questions in 2 hours 30 minutes with 65%. The 70% shown in the app and the printed papers is our own practice target, not any regulator's. The questions are original practice questions, not real or recalled exam questions.

What these questions are. Original practice questions written by Wathim to the exam's published topics and to the laws and standards it tests. They are not real, recalled or leaked exam items, and no official question bank is published for this exam. Practising with honest original questions is the safe and effective way to prepare.

Topic coverage

Topic	Questions in this pack	Share
Infectious diseases	**90**	10%

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Topic	Questions in this pack	Share
Cardiovascular medicine	**85**	10%
Pulmonary and critical care medicine	**85**	10%
Gastroenterology and hepatology	**80**	9%
Endocrinology and diabetes	**74**	9%
Nephrology	**70**	8%
Rheumatology	**60**	7%
Emergency medicine	**57**	7%
Neurology	**54**	6%
Haematology	**50**	6%
Oncology	**45**	5%
Patient safety	**40**	5%
Professionalism and ethics	**40**	5%
Geriatrics and biostatistics	**29**	3%

Mark yourself

Score out of 60	Percentage	What it means
51-60	85-100%	Comfortably over the line. Keep the habit, sit the next paper cold.
42-50	70-83%	A pass, but a few questions either way decide it. Close your weakest topic first.
36-41	60-68%	Close. Read every answer you missed, then re-sit this paper in a week.
0-35	0-58%	A real gap. Work topic by topic before the next full paper.

Not any regulator's pass rule: each Gulf regulator scores its own exam in its own way. The bands mark against our own 70% practice target: 42 of 60.

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How to use it

1. **Sit Paper 1 cold, in one block**
   60 questions in 72 minutes, no notes, on the answer sheet. A paper done in pieces tells you what you know; one done in a block tells you what you would score.

2. **Mark it by topic, not just by total**
   Count your misses against the topic chips beside each question. The total says whether you would pass today; the topics say what to do tomorrow.

3. **Read every answer, including the ones you got right**
   If you cannot say why the other three options are wrong, you guessed well rather than knew.

4. **Spend a week on your two weakest topics**
   Work from the source named under each answer you missed, not a general read-through.

5. **Sit the next paper a week later**
   Compare topic scores, not just totals. A flat total can hide two topics moving in opposite directions.

6. **Keep the revision bank for the last few days**
   679 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

What is in the download

5 PDFs, each with its own cover, named **Wathim - Internal Medicine Exam Practice - *part*.pdf**. Print only the paper you are about to sit.

Start here	This guide: the exam, topic coverage, how to mark yourself and how to use the pack
Paper 1	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 2	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 3	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Revision bank	679 more questions by topic, with the answer under each, and the night-before list of the hardest questions

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Answer sheet

Paper 1 of 3. Shade one letter per question, then mark it against the key at the end of the paper.

Name _____ Date _____ Score / 5

1 (A) (B) (C) (D)	2 (A) (B) (C) (D)	3 (A) (B) (C) (D)	4 (A) (B) (C) (D)	5 (A) (B) (C) (D)

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INTERNAL MEDICINE EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Infectious diseases STANDARD

A 54-year-old man with acute myeloid leukaemia receiving chemotherapy has a temperature of 38.6 C and an absolute neutrophil count of 0.2 x 10^9/L. He has no central line site inflammation, skin infection, cough or haemodynamic instability. What is the most appropriate initial management?

(A) Blood cultures, then oral ciprofloxacin with amoxicillin-clavulanate at home
(B) Blood cultures, then an intravenous antipseudomonal beta-lactam within one hour
(C) Blood cultures, then empirical caspofungin with an antipseudomonal beta-lactam from the outset
(D) Blood cultures, then intravenous vancomycin with an antipseudomonal beta-lactam as standard initial therapy

Q2 Infectious diseases STANDARD

Before starting abacavir as part of an antiretroviral regimen, which test is essential to reduce the risk of a serious hypersensitivity reaction?

(A) HLA-B*1502 genotyping
(B) HLA-B*5701 genotyping
(C) Thiopurine methyltransferase activity
(D) Glucose-6-phosphate dehydrogenase level

Q3 Infectious diseases STANDARD

A patient receiving a first dose of intravenous vancomycin infused over 20 minutes develops flushing and an erythematous rash of the face and upper trunk with itching, but normal blood pressure and no wheeze. What is the most appropriate response?

(A) Stop vancomycin for good, record an IgE-mediated allergy and switch to linezolid
(B) Continue at the same rate and give an antihistamine alone
(C) Pause the infusion, give an antihistamine, and restart at a slower rate
(D) Stop the infusion and restart at the same rate once the rash has settled

Q4 Infectious diseases STANDARD

A 74-year-old woman in a care home is well with no urinary symptoms and no fever. A dipstick done at routine screening shows leucocyte esterase and nitrite, and the urine culture grows more than 10^5 CFU/mL of Escherichia coli. She is not pregnant and is not about to have a urological procedure. What is the best management?

(A) A three-day oral antibiotic chosen by sensitivities, because she is frail
(B) Repeat the culture in 48 hours and treat if the same organism grows again
(C) No antibiotic, and no further testing unless symptoms develop
(D) Treat, because pyuria and nitrite on the dipstick show true infection

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Q5 Infectious diseases STANDARD

A 50-year-old man returns from a trip to South Asia with fever, abdominal cramps and ten bloody stools daily for two days. Stool microscopy shows leucocytes and red cells. A stool PCR panel is positive for Campylobacter jejuni, and the laboratory reports the isolate as resistant to ciprofloxacin. Which antimicrobial is most appropriate?

A Azithromycin for three days

B Ciprofloxacin 500 mg twice daily for three days

C Amoxicillin-clavulanate for seven days

D Co-trimoxazole 960 mg twice daily for five days

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Answer key at a glance

Mark your sheet and count your score first. Then read every answer below, including the ones you got right: a lucky guess looks the same as knowledge on the sheet.

1	**B**	2	**B**	3	**C**	4	**C**	5	**A**

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Paper 1 of 3: answers and reasoning

Why the answer is right, why the others are not, and where the rule comes from.

Q1 Answer: **B Blood cultures, then an intravenous antipseudomonal beta-lactam within one hour**

Fever in a neutropenic patient is an emergency, so cultures are taken and empirical intravenous monotherapy with an antipseudomonal beta-lactam, such as piperacillin-tazobactam, cefepime or a carbapenem, is started within an hour. Oral outpatient regimens are for low-risk patients, not for acute leukaemia with profound neutropenia. Vancomycin is added only for specific indications, such as catheter-site infection, pneumonia, skin infection or instability. Empirical antifungal therapy is considered only after four to seven days of persistent fever.

Source: Infectious Diseases Society of America guidelines

Q2 Answer: **B HLA-B*5701 genotyping**

Abacavir hypersensitivity is strongly associated with the HLA-B*5701 allele, so screening is done before starting, and those who test positive should not receive the drug. HLA-B*1502 is linked to carbamazepine-induced Stevens-Johnson syndrome in some Asian populations. G6PD testing is relevant to primaquine, dapsone and rasburicase. Thiopurine methyltransferase activity guides azathioprine dosing. Starting the drug without screening can cause fever, rash and multi-organ involvement within weeks.

Source: Harrison's Principles of Internal Medicine

Q3 Answer: **C Pause the infusion, give an antihistamine, and restart at a slower rate**

Rapid vancomycin infusion causes non-IgE histamine release, the vancomycin infusion reaction, producing flushing and rash of the face and upper trunk. It is managed by pausing, giving an antihistamine, and restarting at a slower rate, usually over at least 60 to 120 minutes. Continuing at the same rate or restarting at the same rate will cause the reaction to recur. Because it is not true allergy, a permanent allergy label and a change of agent are unnecessary, and the reaction is not anaphylaxis since blood pressure and airway are normal.

Source: Washington Manual of Medical Therapeutics

Q4 Answer: **C No antibiotic, and no further testing unless symptoms develop**

Asymptomatic bacteriuria in non-pregnant adults, including older women in care homes, should be neither screened for nor treated, even when the dipstick shows pyuria or nitrite. Treatment does not reduce symptomatic infection, causes adverse effects and selects resistant organisms and Clostridioides difficile infection. Repeating the culture does not change this, as a persistent organism is still asymptomatic bacteriuria. Frailty is not an indication. Exceptions are pregnancy and before endourological procedures with mucosal trauma. Urine should be tested only when there are symptoms or signs of infection.

Source: Washington Manual of Medical Therapeutics

Q5 Answer: **A Azithromycin for three days**

Febrile bloody diarrhoea after travel to South Asia is usually invasive bacterial enteritis, and Campylobacter jejuni is the commonest cause. Macrolides are the drug of choice, and azithromycin is effective. Fluoroquinolone resistance is high in South Asian isolates and is reported here, so ciprofloxacin is expected to fail. Co-trimoxazole is also unreliable because of widespread resistance. Amoxicillin-clavulanate is not a standard treatment for Campylobacter dysentery. Oral rehydration remains essential, and antimotility drugs are avoided in febrile dysentery.

Source: Mandell, Douglas and Bennett's Principles and Practice of Infectious Diseases

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What the full pack contains

This sample is a slice of Paper 1. The full pack is:

Start here	The guide at the front of this sample, in full
3 full papers	60 questions · 72 minutes each, with answer sheet, key, every answer explained and the score bands
Revision bank	679 more questions by topic with the answer under each, and the night-before list
Total	859 original questions, every one answered and sourced

Get the full pack at **wathim.com/practice/internal-medicine-practice**

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