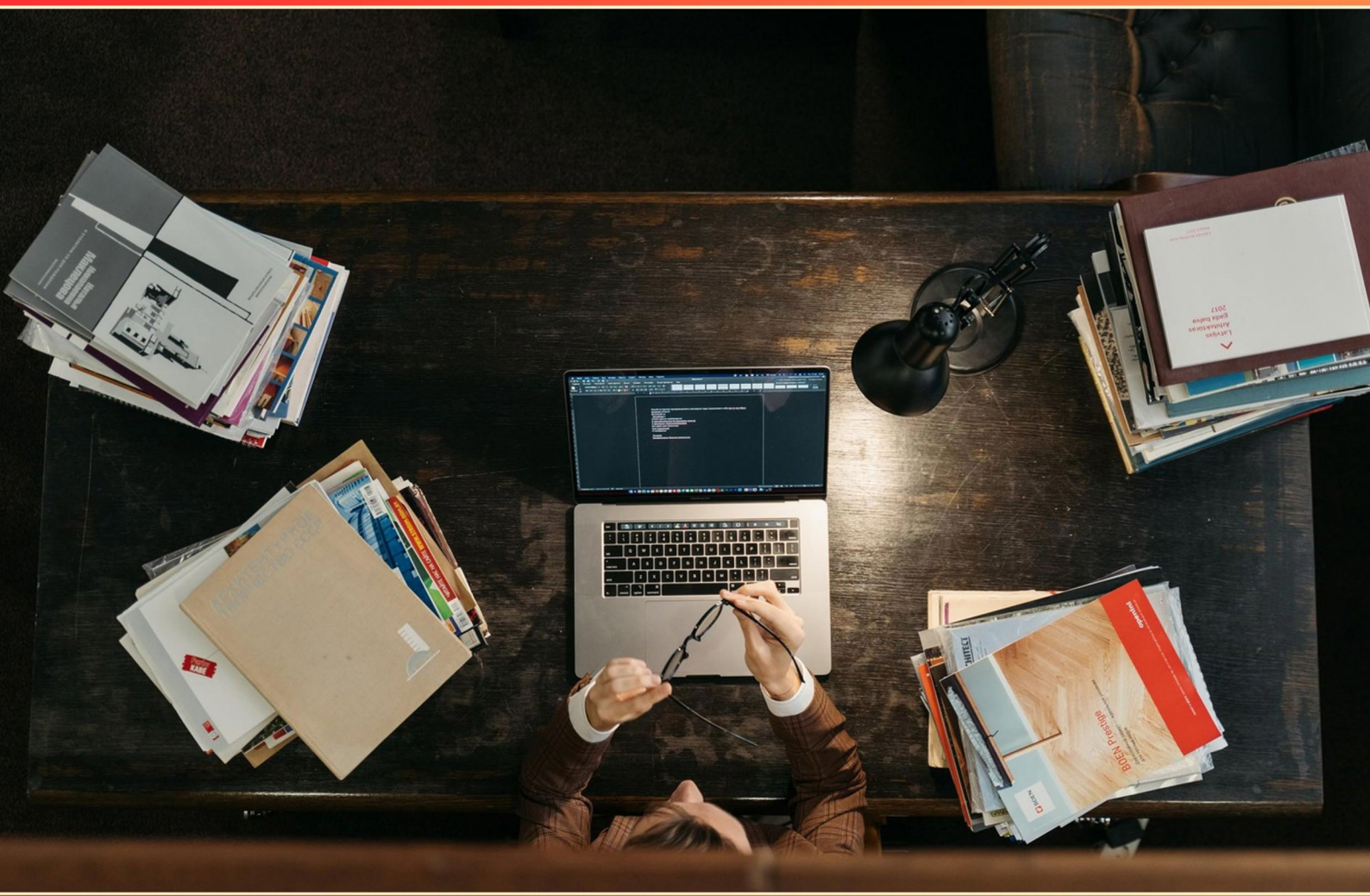
NBME FORM 10 STEP 2 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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https://nbmeform10step2.examzify.com

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. In a hospitalized patient with community-acquired pneumonia, when should IV fluids be given?

A. In all patients

B. If hypotensive

C. Only if dehydration

D. Only if WBC high

2. In the treatment of cellulitis, what is the recommended therapy for mild disease?

A. IV antibiotics

B. Oral antibiotics for mild disease

C. Topical antifungals

D. Observation only

3. Which approach is most appropriate initially to identify the source of a postoperative fever?

A. Evaluate with exam, cultures, and imaging as indicated to determine source

B. Start broad-spectrum IV antibiotics immediately

C. Obtain only a chest radiograph

D. Observe and recheck in 24 hours

4. Paraneoplastic syndrome in squamous cell carcinoma: which substance causes hypercalcemia?

A. PTH

B. PTHrP

C. Calcitonin

D. EPO

5. During sleep apnea, episodic hypoxia and hypercapnia lead to an increase in pulmonary artery pressure via which vascular mechanism?

A. Hypoxic Pulmonary Vasoconstriction

B. Systemic Vasodilation

C. Right Atrial Dilation Without Pulmonary Impact

D. Decreased Venous Return

6. For irregular vaginal bleeding, which patient should undergo endometrial biopsy?

A. Postmenopausal with regular cycles

B. Younger than 40

C. Older than 45 with risk factors (nulliparity, DM, peri/postmenopausal, obesity)

D. Postmenopausal without bleeding

7. What CBC pattern is typically seen in chronic kidney disease-related anemia?

A. Normocytic, normochromic anemia

B. Microcytic anemia

C. Macrocytic anemia

D. Hemolytic anemia

8. A child with transient proteinuria that resolves on repeat testing: what is the next step?

A. No management indicated

B. 24-hour urine collection

C. ACE inhibitors

D. Urine protein electrophoresis

9. Which of the following is a commonly used initial management step for suspected acute pancreatitis?

A. Abdominal ultrasound

B. CT scan without contrast

C. Endoscopy

D. Barium swallow

10. Identify the strongest modifiable risk factor for stroke and the strongest nonmodifiable risk factor.

A. Smoking; age

B. Hyperlipidemia; sex

C. Atrial fibrillation; race

D. Hypertension; age

Answers

1. B
2. B
3. A
4. B
5. A
6. C
7. A
8. A
9. A
10. D

Explanations

1. In a hospitalized patient with community-acquired pneumonia, when should IV fluids be given?

A. In all patients

B. If hypotensive

C. Only if dehydration

D. Only if WBC high

The key idea is that IV fluids are used for resuscitation only when there is impaired perfusion. In a hospitalized patient with community-acquired pneumonia, fluids should be given if there is hypotension because low blood pressure signals inadequate tissue perfusion (shock), and restoring intravascular volume helps improve perfusion and stabilize the patient. If the patient is not hypotensive, fluids aren't automatically required just because of pneumonia; giving fluids without a perfusion deficit risks fluid overload. WBC count doesn't guide fluid therapy, and dehydration alone isn't the universal trigger—though dehydration may be treated with fluids if it contributes to hypotension. So the appropriate trigger for IV fluids here is hypotension.

2. In the treatment of cellulitis, what is the recommended therapy for mild disease?

A. IV antibiotics

B. Oral antibiotics for mild disease

C. Topical antifungals

D. Observation only

Mild cellulitis is treated with oral antibiotics in the outpatient setting. When the infection is superficial and there are no systemic signs (fever, tachycardia, spreading infection, or severe comorbidity), oral therapy effectively covers the common skin bacteria—typically streptococci and Staphylococcus aureus. Agents like cephalexin or dicloxacillin are commonly used because they reach good tissue levels and address the usual pathogens. If there's a higher risk for MRSA (for example, purulent drainage, recent MRSA exposure, or local prevalence), an antibiotic with MRSA activity such as doxycycline or TMP-SMX can be added or chosen instead. Topical antifungals don't treat bacterial cellulitis, and observation alone isn't appropriate because an active bacterial infection is present. Intravenous antibiotics are reserved for more severe disease with systemic illness or if the patient cannot take oral meds.

3. Which approach is most appropriate initially to identify the source of a postoperative fever?

A. Evaluate with exam, cultures, and imaging as indicated to determine source

B. Start broad-spectrum IV antibiotics immediately

C. Obtain only a chest radiograph

D. Observe and recheck in 24 hours

When a patient develops a fever after surgery, the priority is to locate the source with a systematic assessment rather than jumping straight to treatment. The best initial approach is a careful physical examination complemented by obtaining cultures and imaging as indicated. This allows you to identify potential sources such as a wound infection, urinary tract infection, pneumonia, line or catheter infection, intra-abdominal abscess, or an anastomotic leak, and to tailor therapy accordingly. If the patient is unstable or showing signs of sepsis, you would initiate broad-spectrum antibiotics after obtaining cultures, but in a stable patient the first step is to search for the source with exam, cultures, and targeted imaging rather than starting antibiotics or limiting evaluation to one organ system. Limiting assessment to a single test, like a chest radiograph, or delaying evaluation by watching for 24 hours, risks missing the source and delaying appropriate management.

4. Paraneoplastic syndrome in squamous cell carcinoma: which substance causes hypercalcemia?

A. PTH

B. PTHrP

C. Calcitonin

D. EPO

Paraneoplastic hypercalcemia in squamous cell carcinoma is caused by secretion of PTH-related peptide. PTHrP acts on the same receptors as parathyroid hormone, stimulating osteoclast-mediated bone resorption and increasing renal calcium reabsorption, which raises serum calcium. Because calcium is high, endogenous PTH is suppressed, differentiating this from true PTH-mediated hypercalcemia. Calcitonin would lower calcium, and while true PTH could raise calcium, tumors like squamous cell carcinoma typically produce PTHrP rather than PTH. EPO is unrelated to calcium homeostasis.

5. During sleep apnea, episodic hypoxia and hypercapnia lead to an increase in pulmonary artery pressure via which vascular mechanism?

A. Hypoxic Pulmonary Vasoconstriction

B. Systemic Vasodilation

C. Right Atrial Dilation Without Pulmonary Impact

D. Decreased Venous Return

Intermittent low oxygen in sleep apnea triggers hypoxic pulmonary vasoconstriction, a response where small pulmonary arteries constrict in reaction to alveolar hypoxia. This increases pulmonary vascular resistance, raising the pressure in the pulmonary artery. Mechanistically, hypoxia causes depolarization of pulmonary artery smooth muscle cells, opening voltage-gated calcium channels, increasing intracellular calcium, and leading to contraction. Endothelin production can rise and nitric oxide may fall, amplifying the constriction. This pulmonary-specific response elevates mean pulmonary artery pressure, especially with repeated nocturnal hypoxemia. The other options don't fit because systemic vasodilation would lower systemic, not pulmonary, pressures; right atrial dilation alone doesn't explain a rise in pulmonary artery pressure; and decreased venous return isn't the primary driver of increased pulmonary vascular pressure.

6. For irregular vaginal bleeding, which patient should undergo endometrial biopsy?

A. Postmenopausal with regular cycles

B. Younger than 40

C. Older than 45 with risk factors (nulliparity, DM, peri/postmenopausal, obesity)

D. Postmenopausal without bleeding

When evaluating irregular vaginal bleeding, the concern is to rule out endometrial hyperplasia or cancer, especially in women at higher risk. Endometrial biopsy provides tissue for definitive diagnosis and is most warranted in someone older than 45 who also has risk factors such as nulliparity, obesity, diabetes, or peri/postmenopausal status. These factors increase estrogen exposure or carcinogenic risk to the endometrium, so obtaining a sample helps detect pathology early and guide treatment. In younger patients under 40, irregular bleeding is more often due to anovulatory cycles from hormonal imbalance, so the initial workup focuses on less invasive tests and observation unless risk factors or persistent bleeding prompt biopsy. A postmenopausal patient with regular cycles isn't a typical presentation for endometrial pathology, and a postmenopausal patient without bleeding isn't suggested for endometrial sampling. Therefore, the scenario that best warrants an endometrial biopsy is age over 45 with risk factors.

7. What CBC pattern is typically seen in chronic kidney disease-related anemia?

A. Normocytic, normochromic anemia

B. Microcytic anemia

C. Macrocytic anemia

D. Hemolytic anemia

In chronic kidney disease–related anemia, the main problem is reduced erythropoietin production by the damaged kidneys. Erythropoietin normally stimulates the bone marrow to make red blood cells, so when its supply falls, the body makes fewer RBCs but the ones that are produced remain normal in size and hemoglobin content. That yields a normocytic, normochromic pattern on the CBC — meaning the MCV is normal and the red cells aren't unusually pale or dark per cell. This differs from other patterns: microcytic anemia (low MCV) suggests iron deficiency or thalassemia, macrocytic anemia (high MCV) points to B12 or folate deficiency or other causes of enlarged RBCs, and hemolytic anemia often shows signs of increased RBC destruction with reticulocytosis and abnormal smear findings. In CKD, the hallmark CBC pattern is normal-sized, normal-colored red cells with overall low RBC count due to underproduction from low EPO.

8. A child with transient proteinuria that resolves on repeat testing: what is the next step?

A. No management indicated

B. 24-hour urine collection

C. ACE inhibitors

D. Urine protein electrophoresis

Transient proteinuria in a child is often benign and can be due to non-kidney causes such as recent illness, fever, dehydration, or orthostatic proteinuria. When repeat testing shows that proteinuria has resolved, there is no ongoing disease process requiring treatment or further workup. The appropriate approach is reassurance and routine follow-up to confirm it remains absent. If proteinuria had persisted on repeat testing, the next steps would involve quantifying protein excretion (for example, a urine protein-to-creatinine ratio or a 24-hour collection) to assess the degree of proteinuria and evaluate for possible nephrotoic or glomerular disease. Treatments like ACE inhibitors are reserved for persistent proteinuria associated with hypertension or nephrotic-range proteinuria, and urine protein electrophoresis is not indicated in a simple transient pediatric proteinuria unless there are additional red flags suggesting a monoclonal process.

9. Which of the following is a commonly used initial management step for suspected acute pancreatitis?

A. Abdominal ultrasound

B. CT scan without contrast

C. Endoscopy

D. Barium swallow

In suspected acute pancreatitis, the first priority is supportive care, but when it comes to imaging used early to guide management, an abdominal ultrasound is the best initial choice. It's quick, noninvasive, and can reliably detect gallstones or biliary obstruction, which are common causes of pancreatitis and can change treatment (for example, prompting urgent management of biliary disease). A CT scan without contrast isn't the first step; it's typically reserved if the diagnosis is uncertain after initial evaluation or to assess complications in severe or worsening cases, because early CT may miss mild pancreatitis and contrast carries risks. Endoscopy and a barium swallow aren't indicated for evaluating or managing pancreatitis.

10. Identify the strongest modifiable risk factor for stroke and the strongest nonmodifiable risk factor.

A. Smoking; age

B. Hyperlipidemia; sex

C. Atrial fibrillation; race

D. Hypertension; age

Hypertension is the strongest modifiable risk factor for stroke because high blood pressure damages cerebral vessels over time, promotes both large-vessel atherosclerosis and small-vessel disease, and raises the risk of both ischemic and hemorrhagic strokes. Importantly, lowering blood pressure repeatedly lowers stroke incidence, which is why controlling hypertension is the most powerful preventive strategy. Age is the strongest nonmodifiable risk factor because stroke risk increases with aging due to cumulative vascular changes and longer exposure to other risk factors; you can't change your age, but it profoundly influences overall risk. Other factors like smoking or high cholesterol contribute to risk, and atrial fibrillation is a major stroke risk when present, but hypertension remains the dominant modifiable factor, while age remains the dominant nonmodifiable factor.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://nbmeform10step2.examzify.com

We wish you the very best on your exam journey. You've got this!