NBME FORM 11 PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. **Which constellation of symptoms is typical of malaria in someone with recent endemic exposure?**

   A. Fever, fatigue, chills and anemia

   B. Cough and chest pain

   C. Rash and joint pain

   D. Jaundice and hepatomegaly

2. **Which red blood cell morphology is typical of iron deficiency anemia?**

   A. Macrocytic

   B. Microcytic hypochromic

   C. Normocytic normochromic

   D. Spherocytic

3. **In a patient with suspected deep venous thrombosis, which initial test has high sensitivity to rule out DVT?**

   A. D-dimer

   B. Venous duplex ultrasound

   C. CT venography

   D. MRI

4. **A cystocele is best described as which of the following?**

   A. Protrusion of the bladder through the anterior vaginal wall causing urinary incontinence.

   B. Protrusion of the uterus into the vagina.

   C. Rectal prolapse.

   D. Prolapse of the small intestine into vaginal canal.

5. **In epidemiology, the measure of a test's ability to correctly identify those without disease is called what?**

   A. Specificity

   B. Sensitivity

   C. Predictive value

   D. Prevalence

6. In primary hyperaldosteronism, which hormonal pattern is typically observed?

A. Increased renin with increased aldosterone.

B. Decreased aldosterone with increased renin.

C. Increased aldosterone with decreased renin.

D. Normal aldosterone with normal renin.

7. For patients with severe bee venom allergy, what therapy reduces sensitivity to future bee stings?

A. Antihistamines

B. Epinephrine

C. Antibiotics

D. Venom immunotherapy

8. Which therapy is indicated to reduce sensitivity to future bee stings in allergic individuals?

A. Antibiotics

B. Venom immunotherapy

C. Epinephrine injections

D. Antihistamines

9. Which statement best describes thalassemia intermedia?

A. More mild anemia with no transfusion need

B. Ineffective erythropoiesis, more severe anemia, often require frequent transfusions, at risk of iron overload

C. Acute hemolysis with reticulocytosis

D. Normal hematologic indices

10. Which tumors are commonly associated with von Hippel-Lindau syndrome?

A. Meningiomas, pituitary adenoma, glioblastoma

B. Hemangioblastomas, clear cell renal carcinoma, pheochromocytoma

C. Hemangiomas in the liver, renal cysts, pheochromocytoma

D. Retinoblastoma, osteosarcoma, pancreatic cancer

Answers

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

Explanations

1. Which constellation of symptoms is typical of malaria in someone with recent endemic exposure?

A. Fever, fatigue, chills and anemia

B. Cough and chest pain

C. Rash and joint pain

D. Jaundice and hepatomegaly

Malaria characteristically causes febrile paroxysms with systemic symptoms in someone recently exposed in an endemic area. The intertwined fever and chills come from cyclical merozoite release from synchronized infected red blood cells, while fatigue reflects the body's response to ongoing hemolysis. Anemia arises because parasite destruction of red blood cells, along with splenic clearance of affected and even some healthy cells, reduces oxygen-carrying capacity and causes weakness. While jaundice and hepatomegaly can occur with malaria, the most typical and distinguishing cluster is fever with chills plus anemia, especially after endemic exposure. The other symptom patterns align more with respiratory infection, viral arthritis, or isolated liver involvement and are less characteristic of malaria.

2. Which red blood cell morphology is typical of iron deficiency anemia?

A. Macrocytic

B. Microcytic hypochromic

C. Normocytic normochromic

D. Spherocytic

Iron deficiency anemia causes less hemoglobin to be produced in each red blood cell, so the cells become smaller and carry less hemoglobin. This yields microcytic (small) and hypochromic (pale) red blood cells, a classic pattern seen on a blood smear. In other words, the hallmark morphology is microcytosis with reduced hemoglobin content. Early on, you might see normocytic normochromic RBCs, but as iron deficiency progresses, microcytic hypochromic becomes typical. For contrast, macrocytic cells appear with B12 or folate deficiency, and spherocytes arise from membrane disorders or autoimmune hemolysis, not iron deficiency.

3. In a patient with suspected deep venous thrombosis, which initial test has high sensitivity to rule out DVT?

A. D-dimer

B. Venous duplex ultrasound

C. CT venography

D. MRI

D-dimer is used as a rule-out test because it has high sensitivity for deep venous thrombosis. It measures a fibrin degradation product released when clots are formed and broken down. A negative D-dimer makes DVT unlikely in patients with low to intermediate pretest probability, so it can safely exclude DVT without imaging. A positive result isn't specific for DVT—many conditions can raise D-dimer—so it must be followed by imaging, typically compression duplex ultrasound, to confirm whether a clot is present. Imaging studies like duplex ultrasound are more definitive but are used after D-dimer when the pretest probability isn't clearly low. In short, the D-dimer's high sensitivity makes it the best initial test to help rule out DVT.

4. A cystocele is best described as which of the following?

A. Protrusion of the bladder through the anterior vaginal wall causing urinary incontinence.

B. Protrusion of the uterus into the vagina.

C. Rectal prolapse.

D. Prolapse of the small intestine into vaginal canal.

A cystocele occurs when the bladder herniates into the anterior vaginal wall, usually due to weakening of the pelvic floor. This can manifest as a vaginal bulge and often leads to urinary symptoms such as leakage with increased abdominal pressure (stress incontinence). This is different from a uterine prolapse, where the uterus itself protrudes into the vaginal canal; a rectal prolapse involves prolapse of the rectum through the vaginal opening or anal canal; and an enterocele refers to prolapse of the small intestine into the vaginal canal, typically into the posterior vaginal wall. Therefore, the description matching a cystocele is the bladder protruding through the anterior vaginal wall with possible urinary incontinence.

5. In epidemiology, the measure of a test's ability to correctly identify those without disease is called what?

A. Specificity

B. Sensitivity

C. Predictive value

D. Prevalence

Specificity is the measure of a test's ability to correctly identify those without disease. It equals true negatives divided by the sum of true negatives and false positives (TN / [TN + FP]). A high specificity means few false positives, so a positive result strongly indicates disease being present. Sensitivity focuses on detecting those who have the disease (true positives among all with disease), predictive value deals with the probability of disease given a test result, and prevalence is how common the disease is in the population. Therefore, the described measure is specificity.

6. In primary hyperaldosteronism, which hormonal pattern is typically observed?

A. Increased renin with increased aldosterone.

B. Decreased aldosterone with increased renin.

C. Increased aldosterone with decreased renin.

D. Normal aldosterone with normal renin.

Primary hyperaldosteronism is caused by autonomous overproduction of aldosterone from the adrenal cortex. The excess aldosterone drives sodium reabsorption and volume expansion, leading to hypertension and hypokalemia. Because the blood pressure and volume are increased, the kidney senses this and suppresses renin release. So the classic pattern is high aldosterone with low renin (a high aldosterone-to-renin ratio). This helps distinguish it from secondary hyperaldosteronism, where both aldosterone and renin are elevated.

7. For patients with severe bee venom allergy, what therapy reduces sensitivity to future bee stings?

A. Antihistamines

B. Epinephrine

C. Antibiotics

D. Venom immunotherapy

Bee venom immunotherapy lowers future sensitivity by retraining the immune system to tolerate the venom. Through a controlled, gradually increasing exposure, the body shifts its response from IgE-mediated reactions to pathways that produce blocking antibodies (and regulatory tolerance), reducing the risk and severity of systemic reactions if stung again. This disease-modifying approach is specific to venom allergies, unlike antihistamines (which only alleviate symptoms), epinephrine (emergency treatment for anaphylaxis), or antibiotics (not related to venom sensitivity).

8. Which therapy is indicated to reduce sensitivity to future bee stings in allergic individuals?

A. Antibiotics

B. Venom immunotherapy

C. Epinephrine injections

D. Antihistamines

Venom immunotherapy desensitizes the immune system to bee venom, reducing the risk of a systemic reaction to future stings. It works by exposing the person to gradually increasing amounts of bee venom in a controlled setting, which shifts the immune response away from an IgE-driven allergy toward tolerance. Over time this induces IgG4 blocking antibodies and regulatory T cell activity, so when a real sting occurs, mast cells and basophils are less likely to release mediators that cause a severe reaction. This approach is specifically used for individuals with a history of systemic (life-threatening) reactions to bee stings or for those at high risk of frequent exposure who want durable protection. It requires a monitored treatment course with buildup and maintenance phases because reactions can occur during the injections themselves. Antibiotics tackle infections, not allergic sensitivity to venom. Epinephrine injections treat acute anaphylaxis when a sting occurs but do not prevent future reactions. Antihistamines help mild symptoms but do not modify the underlying allergy. Therefore venom immunotherapy is the option that reduces sensitivity to future bee stings.

9. Which statement best describes thalassemia intermedia?

A. More mild anemia with no transfusion need

B. Ineffective erythropoiesis, more severe anemia, often require frequent transfusions, at risk of iron overload

C. Acute hemolysis with reticulocytosis

D. Normal hematologic indices

Thalassemia intermedia is a phenotype where reduced but not absent globin synthesis leads to significant anemia driven by ineffective erythropoiesis. The marrow struggles to produce proper red cells, causing anemia that is more severe than in trait but not as constant as in major. Patients often need transfusions, and iron overload becomes a concern from both repeated transfusions and increased intestinal iron absorption due to the erythropoietic drive. Clinically you'd see a more pronounced microcytic, hypochromic anemia with evidence of ongoing erythropoiesis, and splenomegaly from extramedullary hematopoiesis. This distinguishes it from mild anemia with no transfusion need (thalassemia trait), from conditions with acute hemolysis, and from normal hematologic indices.

10. Which tumors are commonly associated with von Hippel-Lindau syndrome?

A. Meningiomas, pituitary adenoma, glioblastoma

B. Hemangioblastomas, clear cell renal carcinoma, pheochromocytoma

C. Hemangiomas in the liver, renal cysts, pheochromocytoma

D. Retinoblastoma, osteosarcoma, pancreatic cancer

Von Hippel-Lindau syndrome is a hereditary tumor predisposition caused by loss of the VHL tumor suppressor gene, which leads to stabilization of hypoxia-inducible factors and upregulation of angiogenic factors like VEGF. This explains the tendency toward highly vascular tumors. The classic set of tumors seen in this condition includes hemangioblastomas of the central nervous system and retina, clear cell renal cell carcinoma, and pheochromocytoma. Among the options, this combination best reflects the hallmark VHL tumor spectrum. Other choices include tumors or lesions that are not characteristically linked to VHL—such as nonvascular brain tumor types, liver hemangiomas or simple renal cysts without the associated RCC, or retinoblastoma and osteosarcoma which are not typical VHL manifestations.

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://nbmeform11.examzify.com

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