

NBME FORM 14 STEP 2 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

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- 1. Which type of diabetes is characterized by complete insulin deficiency?**
 - A. Type 1 diabetes mellitus
 - B. Type 2 diabetes mellitus
 - C. Gestational diabetes
 - D. Prediabetes
- 2. Which is a significant modifiable risk factor for stroke prevention?**
 - A. Age
 - B. Smoking
 - C. Genetic factors
 - D. History of stroke
- 3. What is the most common presenting symptom in thyroid cancer?**
 - A. Weight loss
 - B. Neck mass or nodule
 - C. Hoarseness
 - D. Difficulty swallowing
- 4. Which medication is known to cause oligohydramnios as a teratogenic effect?**
 - A. Lisinopril
 - B. Metformin
 - C. Warfarin
 - D. Amiodarone
- 5. Which imaging test is indicated when structural lesions involving the stomach or small bowel are suspected?**
 - A. Upper gastrointestinal series
 - B. Magnetic resonance imaging
 - C. Ultrasonography
 - D. CT of the abdomen

- 6. What common laboratory findings are associated with factor X deficiency?**
- A. Normal partial thromboplastin time
 - B. Increased prothrombin time
 - C. Increased bleeding time
 - D. B and C are both correct
- 7. Which diagnostic finding is associated with acute glaucoma?**
- A. Increased intraocular pressure
 - B. Decreased cup:disc ratio
 - C. Abnormal color vision
 - D. Corneal abrasion
- 8. What is the preferred treatment for stable patients with likely perforated appendicitis?**
- A. Immediate surgical intervention
 - B. Intravenous antibiotics and percutaneous drainage
 - C. Observation without treatment
 - D. Oral antibiotics and discharge
- 9. What is a characteristic feature of a tension-type headache?**
- A. Pulsating quality
 - B. Unilateral location
 - C. Moderate intensity
 - D. Duration less than 4 hours
- 10. Which test is used to confirm the diagnosis of diabetes mellitus?**
- A. Fasting plasma glucose or HbA1c
 - B. Random plasma glucose
 - C. Oral glucose tolerance test
 - D. Urine glucose test

Answers

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

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Explanations

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1. Which type of diabetes is characterized by complete insulin deficiency?

A. Type 1 diabetes mellitus

B. Type 2 diabetes mellitus

C. Gestational diabetes

D. Prediabetes

Type 1 diabetes mellitus is characterized by complete insulin deficiency due to the autoimmune destruction of the insulin-producing beta cells in the pancreas. This condition usually presents in childhood or adolescence, which is why it is sometimes referred to as juvenile diabetes. In individuals with Type 1 diabetes, the pancreas produces little to no insulin, leading to elevated blood glucose levels and the need for exogenous insulin therapy for survival and management of blood sugar levels. In contrast, Type 2 diabetes is characterized by insulin resistance and a relative deficiency of insulin, rather than a complete absence of it. Gestational diabetes occurs during pregnancy and is often related to hormonal changes, usually resolving after delivery, while prediabetes indicates a state of higher-than-normal blood glucose levels that do not yet meet the criteria for diabetes but is still significantly associated with later development of Type 2 diabetes. Therefore, the distinctive feature of complete insulin deficiency aligns specifically with Type 1 diabetes mellitus.

2. Which is a significant modifiable risk factor for stroke prevention?

A. Age

B. Smoking

C. Genetic factors

D. History of stroke

Smoking is a significant modifiable risk factor for stroke prevention because it can be actively changed or eliminated through lifestyle choices. Tobacco use is known to damage blood vessels, contribute to atherosclerosis, and increase blood pressure, all of which can lead to an increased risk of stroke. By stopping smoking, individuals can greatly reduce their risk of experiencing a stroke, making it a target for intervention in stroke prevention strategies. In contrast, age is a non-modifiable risk factor; as individuals age, their risk of stroke naturally increases regardless of lifestyle changes. Genetic factors also fall into this category, as some people may have inherited traits that predispose them to stroke, which cannot be altered. A history of stroke indicates a previous event and signifies an increased risk for future strokes, but this factor alone cannot be modified. Therefore, addressing smoking through cessation programs and public health interventions plays a crucial role in reducing stroke risk in the population.

3. What is the most common presenting symptom in thyroid cancer?

A. Weight loss

B. Neck mass or nodule

C. Hoarseness

D. Difficulty swallowing

The most common presenting symptom in thyroid cancer is a neck mass or nodule. This typically manifests as a palpable lump in the neck, which may be discovered incidentally during a physical examination or imaging study. The thyroid gland is located in the anterior neck, making any enlargement or abnormality readily noticeable during routine examinations. In many cases, individuals with thyroid cancer may not present with significant symptoms until the tumor has enlarged enough to be felt as a distinct mass. While other symptoms such as hoarseness, difficulty swallowing, and weight loss can occur, they tend to arise in more advanced stages of the disease or in specific contexts. The neck mass serves as a key clinical finding that prompts further evaluation and diagnostic workup for thyroid malignancies. Therefore, when considering the frequency and typical presentation, a neck mass or nodule is the most common and serves as a pivotal indicator for suspected thyroid cancer.

4. Which medication is known to cause oligohydramnios as a teratogenic effect?

- A. Lisinopril**
- B. Metformin
- C. Warfarin
- D. Amiodarone

Lisinopril, an ACE inhibitor, is known to be associated with oligohydramnios as a teratogenic effect during pregnancy. Oligohydramnios refers to a reduced amount of amniotic fluid, which can occur due to fetal renal impairment and decreased urine production. Lisinopril can disrupt the renin-angiotensin system, which is critical for maintaining amniotic fluid levels, especially in the second and third trimesters. This teratogenic effect is particularly concerning during the first trimester when organogenesis occurs and can lead to various complications for both the fetus and the mother. Other medications listed, while they may have their own risks during pregnancy, are not typically associated with causing oligohydramnios. Metformin is primarily used for managing gestational diabetes and generally doesn't have teratogenic effects related to amniotic fluid levels. Warfarin can cause a range of fetal abnormalities but is not specifically linked to oligohydramnios. Amiodarone is known for its association with thyroid dysfunction and pulmonary issues in the fetus, rather than directly causing oligohydramnios. Thus, the relationship between lisinopril and oligohydramnios makes it the correct answer in this

5. Which imaging test is indicated when structural lesions involving the stomach or small bowel are suspected?

- A. Upper gastrointestinal series**
- B. Magnetic resonance imaging
- C. Ultrasonography
- D. CT of the abdomen

When structural lesions involving the stomach or small bowel are suspected, the upper gastrointestinal series is indicated as the preferred imaging test. This test, which involves fluoroscopy and contrast material (usually barium), allows for detailed visualization of the anatomy and any abnormalities in the upper gastrointestinal tract, including the esophagus, stomach, and duodenum. It is particularly useful for identifying structural lesions, such as tumors, strictures, or ulcers, as it can demonstrate the flow of contrast through these structures and highlight areas of concern. The upper gastrointestinal series is especially valuable because it not only provides information on the size and shape of the lumen but also allows assessment of the motility and other functional aspects of the gastrointestinal tract. The ability to visualize dynamic processes in real-time aids significantly in diagnosing conditions like obstructions, malignancies, or developmental anomalies. In contrast, while other imaging modalities like CT of the abdomen can also achieve visualization of the gastrointestinal tract and are indeed used in many abdominal pathologies, they may offer less specificity for evaluating functional changes and structural lesions in the upper GI tract compared to an upper gastrointestinal series. Thus, for direct visualization and diagnosis of lesions in the stomach or small bowel, the upper gastrointestinal series is the more appropriate choice.

6. What common laboratory findings are associated with factor X deficiency?

- A. Normal partial thromboplastin time
- B. Increased prothrombin time
- C. Increased bleeding time
- D. B and C are both correct**

Factor X deficiency is a rare bleeding disorder that affects the body's ability to form blood clots effectively. In individuals with this deficiency, the common pathway of the coagulation cascade is impaired, which results in specific laboratory findings. When evaluating a patient with factor X deficiency, one of the prominent findings is an increased prothrombin time (PT). This is because factor X plays a critical role in the conversion of prothrombin to thrombin, and its deficiency leads to a longer time for blood to clot in the extrinsic pathway, which is reflected in an elevated PT. In addition to the increased PT, individuals with factor X deficiency may also exhibit a normal partial thromboplastin time (PTT). This can sometimes lead to confusion as PTT may remain normal due to the fact that the intrinsic pathway (measured by PTT) is not directly affected in the same manner as the common pathway involving factor X. Bleeding time typically remains normal in factor X deficiency because this measure is primarily affected by platelet function and vascular integrity rather than specific coagulation factors. Therefore, the correct response is that patients with factor X deficiency will show an increased prothrombin time, and since bleeding time does not significantly change in this specific scenario, it

7. Which diagnostic finding is associated with acute glaucoma?

- A. Increased intraocular pressure**
- B. Decreased cup:disc ratio
- C. Abnormal color vision
- D. Corneal abrasion

In acute glaucoma, one of the hallmark diagnostic findings is increased intraocular pressure. This condition occurs when there is a rapid and severe blockage of aqueous humor outflow from the anterior chamber of the eye, leading to a buildup of fluid and subsequent pressure increase within the eye. The elevated pressure can cause a range of symptoms, including severe ocular pain, headache, blurred vision, nausea, and vomiting. In acute glaucoma, the intraocular pressure can rise to very high levels, often exceeding 30 mmHg, which is significantly above the normal range of 10-21 mmHg. This drastic increase in pressure can result in damage to the optic nerve if not treated promptly, leading to potentially permanent vision loss. Therefore, recognizing increased intraocular pressure is crucial for the diagnosis and management of this serious condition. The other options, while associated with different ocular conditions, do not characterize acute glaucoma. For example, a decreased cup-to-disc ratio is typically seen in conditions like glaucoma that lead to optic nerve damage over time, but it is not a defining feature of acute glaucoma. Abnormal color vision and corneal abrasions are also related to different types of ocular pathology and represent different clinical scenarios.

8. What is the preferred treatment for stable patients with likely perforated appendicitis?

- A. Immediate surgical intervention
- B. Intravenous antibiotics and percutaneous drainage**
- C. Observation without treatment
- D. Oral antibiotics and discharge

In cases of likely perforated appendicitis in stable patients, the preferred treatment is the administration of intravenous antibiotics combined with percutaneous drainage. This management approach is particularly suitable for patients who are stable and may present with a localized abscess or a contained perforation. Using intravenous antibiotics helps to manage the infection effectively while percutaneous drainage allows for the removal of any abscess that may have formed, thereby reducing the risk of widespread infection or sepsis. This treatment strategy provides a means to stabilize the patient's condition without the immediate need for invasive surgical intervention, which can carry higher risks, especially when considering the patient's stability. In contrast, immediate surgical intervention may be excessively aggressive for stable patients and can lead to complications. Observation without treatment can lead to the progression of the condition and may increase the risk of serious complications, such as generalized peritonitis. Administering oral antibiotics and discharging the patient would not be adequate for managing a likely perforated appendicitis, as it does not address the potential need for surgical intervention or drainage of any abscess.

9. What is a characteristic feature of a tension-type headache?

- A. Pulsating quality
- B. Unilateral location
- C. Moderate intensity**
- D. Duration less than 4 hours

A characteristic feature of a tension-type headache is its moderate intensity. Unlike migraine headaches, which can often present with severe throbbing or pulsating pain, tension-type headaches typically involve a more constant, pressing quality of mild to moderate intensity. These headaches often feel like a tight band or pressure around the head rather than a sharp or pulsating sensation. Tension-type headaches are also generally bilateral in location, meaning they are felt on both sides of the head, which associated with feeling of tightness rather than a painful pulsating nature. The duration of tension-type headaches can vary, but they often last anywhere from 30 minutes to several days, which makes a duration of less than 4 hours not a distinguishing feature of this headache type. Thus, the hallmark of tension-type headaches lies in their moderate intensity, making this characteristic notable in differentiating them from other headache disorders.

10. Which test is used to confirm the diagnosis of diabetes mellitus?

A. Fasting plasma glucose or HbA1c

B. Random plasma glucose

C. Oral glucose tolerance test

D. Urine glucose test

The appropriate tests to confirm the diagnosis of diabetes mellitus include fasting plasma glucose and HbA1c. Fasting plasma glucose is used to determine the blood sugar level after a period of fasting and can indicate whether a person has diabetes based on specific cutoffs. The HbA1c test reflects average blood glucose levels over the previous two to three months and provides a convenient way to assess long-term glucose control. Both of these tests are widely accepted and reliable for confirming diabetes. They are endorsed by health organizations such as the American Diabetes Association. In contrast, random plasma glucose and oral glucose tolerance tests can also be used for diagnosing diabetes, but they are generally considered supplementary or used in specific situations. Urine glucose tests are not a reliable standalone method for diagnosing diabetes as they can give false positive or negative results depending on various factors. Thus, the combination of fasting plasma glucose and HbA1c stands out as the most definitive method for confirming the diagnosis of diabetes.

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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://nbmeform14step2.examzify.com>

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

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