

NBME Form 15 Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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. When should PPD tests in healthcare workers be treated?**
 - A. Any positive result**
 - B. Only if >15mm of induration**
 - C. Only if >10mm of induration**
 - D. Only if symptoms are present**

- 2. What condition is indicated by pleural effusion with low glucose levels?**
 - A. Chronic bronchitis**
 - B. Pneumonia**
 - C. Empyema**
 - D. Heart failure**

- 3. Recent weight loss and pain after meals could indicate what condition?**
 - A. Peptic ulcer disease**
 - B. Mesenteric ischemia**
 - C. Cholecystitis**
 - D. Gastroesophageal reflux disease**

- 4. What is the confirmatory test following initial imaging for pancreatic cancer?**
 - A. MRI**
 - B. Endoscopy guided biopsy**
 - C. Blood biomarkers**
 - D. Transabdominal ultrasound**

- 5. In which condition would you most likely see symptoms of dysphagia due to esophageal sphincter dysfunction?**
 - A. Achalasia**
 - B. Barrett's esophagus**
 - C. Esophageal cancer**
 - D. Gastroesophageal reflux disease**

- 6. What is the potential complication if osteosarcoma is not treated in a 12-year-old with the diagnosis?**
- A. Lung metastasis**
 - B. Amputation**
 - C. Sepsis**
 - D. Chemotherapy resistance**
- 7. What factor is commonly responsible for Staphylococcus aureus infections in neonatal nurseries?**
- A. Direct Contact with Contaminated Surfaces**
 - B. Hospital Staff**
 - C. Visitor Infections**
 - D. Infected Equipment**
- 8. What is the next step in management for a patient with painful, non-healing ulcers on the legs?**
- A. Start antibiotic therapy**
 - B. Perform a punch biopsy**
 - C. Apply topical ointment**
 - D. Conduct venous Doppler study**
- 9. What condition is indicated by a mid-systolic ejection murmur best heard at the left sternal border?**
- A. Hypertrophic obstructive cardiomyopathy**
 - B. Aortic stenosis**
 - C. Mitral regurgitation**
 - D. Pulmonary hypertension**
- 10. What is a commonly recommended treatment for social anxiety, particularly performance anxiety?**
- A. Exposure Therapy**
 - B. Cognitive Behavioral Therapy or SSRI**
 - C. Group therapy**
 - D. Beta-blockers**

Answers

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

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Explanations

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1. When should PPD tests in healthcare workers be treated?

- A. Any positive result
- B. Only if >15mm of induration
- C. Only if >10mm of induration**
- D. Only if symptoms are present

The management of positive PPD tests, also known as the tuberculin skin test, in healthcare workers is primarily guided by the size of the induration measured at 48 to 72 hours after the test is administered. A positive result in individuals who are at increased risk, such as healthcare workers, is defined by an induration of >10mm. This criterion is based on the understanding that healthcare workers may have higher exposure to tuberculosis (TB) and thus a smaller induration measurement can indicate a true positive result, signaling possible recent infection or latent TB infection. The determination to treat based on this threshold is important for prevention, as it helps in identifying individuals who may benefit from preventive therapy to reduce the risk of progression to active TB. In contrast, other criteria for positive results, such as >15mm of induration, are often used for people who are considered to be at low risk or in general populations, which may not apply to healthcare workers specifically. Therefore, treatment based on >10mm of induration is appropriate to ensure that those who may harbor TB are identified and managed effectively.

2. What condition is indicated by pleural effusion with low glucose levels?

- A. Chronic bronchitis
- B. Pneumonia
- C. Empyema**
- D. Heart failure

Pleural effusion with low glucose levels is typically indicative of empyema. This condition arises when there is an accumulation of pus in the pleural space, often due to an underlying infection like pneumonia. In empyema, the inflammatory process consumes glucose as immune cells attempt to combat the infection, leading to decreased levels of glucose in the pleural fluid. Additionally, the presence of low glucose levels in pleural fluid is often associated with the significant inflammatory response seen in empyema. This distinguishes it from other conditions where pleural effusion may occur, such as heart failure or chronic bronchitis, as these usually do not cause a notable decrease in glucose levels. Pneumonia can lead to effusions as well, but the glucose levels remain normal unless it progresses to empyema. In conditions like heart failure, the effusion is typically transudative, characterized by higher glucose levels. Thus, the key relevance of low glucose levels points towards empyema as the underlying cause of the pleural effusion.

3. Recent weight loss and pain after meals could indicate what condition?

- A. Peptic ulcer disease
- B. Mesenteric ischemia**
- C. Cholecystitis
- D. Gastroesophageal reflux disease

Recent weight loss along with pain after meals raises the suspicion of mesenteric ischemia, which occurs due to a decrease in blood flow to the intestines. This condition can result from various factors, such as atherosclerosis affecting the mesenteric arteries, which can significantly impair the blood supply to the bowel during digestion. When blood flow is inadequate, the affected sections of the intestine can become ischemic, leading to pain, especially after meals when the intestines require increased blood flow for digestion. The resultant pain is often described as crampy and may be accompanied by weight loss due to fear of eating or due to malabsorption issues arising from ischemic damage. This distinctive presentation of pain after eating, combined with unintentional weight loss, is typically seen in mesenteric ischemia, differentiating it from other gastrointestinal conditions. While peptic ulcer disease, cholecystitis, and gastroesophageal reflux disease can also cause abdominal pain and discomfort, they do not commonly present with the combination of weight loss and meal-related pain as seen in mesenteric ischemia.

4. What is the confirmatory test following initial imaging for pancreatic cancer?

- A. MRI
- B. Endoscopy guided biopsy**
- C. Blood biomarkers
- D. Transabdominal ultrasound

The confirmatory test for pancreatic cancer following initial imaging is endoscopy-guided biopsy. This procedure allows for direct access to the pancreatic tissue, enabling pathologists to examine the cells for cancerous changes. While initial imaging such as a CT scan or MRI may suggest the presence of a tumor, a biopsy is essential for obtaining a definitive diagnosis. Endoscopy-guided biopsy can be performed using techniques such as endoscopic ultrasound (EUS), which not only assists in the visualization of the pancreas but also helps in retrieving tissue samples from suspicious lesions. The ability to obtain cytological samples directly from the tumor site provides a high level of diagnostic accuracy, which is crucial for confirming pancreatic cancer and determining the appropriate management plan. Other options, while important in the evaluation of pancreatic conditions, do not serve as definitive confirmatory tests. For example, blood biomarkers may support the diagnosis but aren't specific or sensitive enough to confirm pancreatic cancer on their own. Transabdominal ultrasound is useful for initial evaluation but lacks the specificity needed for confirmation. MRI can provide additional imaging details but is not the primary method for obtaining tissue for diagnosis.

5. In which condition would you most likely see symptoms of dysphagia due to esophageal sphincter dysfunction?

- A. Achalasia**
- B. Barrett's esophagus**
- C. Esophageal cancer**
- D. Gastroesophageal reflux disease**

Dysphagia, or difficulty swallowing, is often associated with conditions that affect the motility and function of the esophagus and its sphincters. Achalasia is characterized by the inability of the lower esophageal sphincter (LES) to relax properly, leading to a functional obstruction. In this condition, the normal peristaltic movements of the esophagus are diminished or absent, resulting in food stagnation, regurgitation, and significant difficulty swallowing, especially with solids. In achalasia, the sphincter dysfunction is primarily due to the degeneration of the neurons in the myenteric plexus, which impairs both the relaxation of the LES and the coordinated contractions of the esophagus. As a consequence, patients experience most notable dysphagia, particularly for solids, but can also develop symptoms related to liquids as the condition progresses. Other conditions, such as Barrett's esophagus, esophageal cancer, or gastroesophageal reflux disease (GERD), may also be associated with swallowing difficulties, but they do not primarily result from dysfunction of the esophageal sphincters. Barrett's esophagus is a complication of GERD and does not directly cause dysphagia due to sphincter dysfunction. Esophageal cancer can

6. What is the potential complication if osteosarcoma is not treated in a 12-year-old with the diagnosis?

- A. Lung metastasis**
- B. Amputation**
- C. Sepsis**
- D. Chemotherapy resistance**

Osteosarcoma, which is the most common bone cancer in children and adolescents, has a notable tendency to metastasize, particularly to the lungs. If left untreated, the cancer can grow aggressively and spread through the bloodstream, ultimately leading to lung metastasis. This is a critical concern, as pulmonary metastases significantly worsen the prognosis of osteosarcoma and can lead to serious respiratory complications and decreased survival rates. While amputation can be a treatment option for localized osteosarcoma, it is not a complication arising from non-treatment but rather a therapeutic intervention. Sepsis would be less directly related to the osteosarcoma diagnosis itself, as sepsis generally arises from infections rather than cancer progression. Chemotherapy resistance might develop over time but is more relevant to the treatment course rather than an immediate complication from untreated osteosarcoma. Thus, the primary concern with untreated osteosarcoma in this context is the risk of metastasis, particularly to the lungs.

7. What factor is commonly responsible for Staphylococcus aureus infections in neonatal nurseries?

- A. Direct Contact with Contaminated Surfaces**
- B. Hospital Staff**
- C. Visitor Infections**
- D. Infected Equipment**

Staphylococcus aureus infections in neonatal nurseries are often linked to the transmission of pathogens by hospital staff. Newborns have immature immune systems, making them particularly vulnerable to infections. Healthcare workers can inadvertently carry S. aureus on their skin or hands and transmit it to the infants during routine care or procedures. Hospital staff, including nurses and doctors, may come into contact with multiple patients and surfaces, which can facilitate the spread of the bacteria. As a result, proper hand hygiene and infection control practices among healthcare personnel are crucial in preventing such infections in vulnerable neonates. This transmission factor emphasizes the importance of stringent infection prevention protocols in neonatal intensive care units and nurseries to safeguard the health of newborns.

8. What is the next step in management for a patient with painful, non-healing ulcers on the legs?

- A. Start antibiotic therapy**
- B. Perform a punch biopsy**
- C. Apply topical ointment**
- D. Conduct venous Doppler study**

In the scenario described, a patient presents with painful, non-healing ulcers on the legs. The presence of non-healing ulcers raises concerns about potential underlying causes such as infections, malignancies, or other skin disorders. Performing a punch biopsy is a critical next step because it allows for histopathological examination of the tissue, which can help to diagnose conditions such as squamous cell carcinoma, melanoma, vasculitis, or other dermatological diseases that could be contributing to the ulcer's persistence. A biopsy provides valuable information about the cellular composition of the ulcerated tissue, which is essential in determining the appropriate treatment strategy. By obtaining a tissue sample, the clinician can confirm or rule out serious conditions that may require more aggressive management, such as surgical intervention or targeted therapies. Other options, while they may address certain aspects of ulcer management, do not target the need for definitive diagnosis in this context. Starting antibiotic therapy might be appropriate if there were signs of infection, but it is premature without a clear indication of infectious etiology. Applying a topical ointment might provide symptomatic relief or assist with healing in certain conditions but wouldn't address the underlying causes. Conducting a venous Doppler study could be relevant if venous insufficiency were suspected, but it would

9. What condition is indicated by a mid-systolic ejection murmur best heard at the left sternal border?

- A. Hypertrophic obstructive cardiomyopathy**
- B. Aortic stenosis**
- C. Mitral regurgitation**
- D. Pulmonary hypertension**

A mid-systolic ejection murmur best heard at the left sternal border is indicative of hypertrophic obstructive cardiomyopathy. In this condition, the thickening of the heart muscle (particularly the interventricular septum) can obstruct blood flow out of the left ventricle during systole. This obstruction leads to turbulence in blood flow, which generates the characteristic mid-systolic ejection murmur. The location of the murmur is important; the left sternal border is a typical area where such murmurs are auscultated, as it correlates with the outflow tract. Patients with hypertrophic obstructive cardiomyopathy may also exhibit a dynamic component to the murmur that can change with maneuvers such as standing or performing the Valsalva maneuver, due to alterations in preload and the degree of obstruction. In contrast, conditions like aortic stenosis typically produce a late-peaking systolic ejection murmur that is often best heard at the right second intercostal space, mitral regurgitation generally results in a holosystolic murmur best heard at the apex of the heart and may radiate to the left axilla, while pulmonary hypertension can lead to a systolic murmur

10. What is a commonly recommended treatment for social anxiety, particularly performance anxiety?

- A. Exposure Therapy**
- B. Cognitive Behavioral Therapy or SSRI**
- C. Group therapy**
- D. Beta-blockers**

Cognitive Behavioral Therapy (CBT) and selective serotonin reuptake inhibitors (SSRIs) are considered first-line treatments for social anxiety, particularly performance anxiety. CBT is effective in helping individuals identify and change negative thought patterns and behaviors associated with social situations. Through exposure exercises, individuals gradually face their fears, which can significantly reduce anxiety over time. This form of therapy equips patients with coping strategies and skills to manage their anxiety more effectively. SSRIs, on the other hand, are a class of medications that can help alleviate the symptoms of anxiety by increasing serotonin levels in the brain, which is often associated with mood regulation. For many patients, SSRIs can provide relief from the frequency and intensity of anxiety symptoms, enabling them to engage more comfortably in social situations and performance scenarios. Both CBT and SSRIs have a strong evidence base supporting their efficacy in treating social anxiety disorders, making this combination a commonly recommended treatment approach.

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://nbmeform15.examzify.com>

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

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