

NBME FORM 15 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. What type of cancer is a 50-year-old female with nulliparity and obesity at an increased risk of developing?**
 - A. Ovarian cancer
 - B. Cervical cancer
 - C. Endometrial cancer
 - D. Breast cancer

- 2. In a hospital patient with myasthenia gravis, how is respiratory status best measured?**
 - A. Forced vital capacity (FVC)
 - B. Peak expiratory flow rate (PEFR)
 - C. Arterial blood gases (ABG)
 - D. Inspiratory capacity (IC)

- 3. Which test is used for diagnosing tracheoesophageal fistula (TEF)?**
 - A. Barium swallow
 - B. Chest X-ray
 - C. Esophagoscopy
 - D. CT scan of the chest

- 4. In cases of cell-mediated immune deficiency, which infection is most likely to occur?**
 - A. Candida
 - B. Strep throat
 - C. Herpes simplex
 - D. Influenza

- 5. What increased risk does a patient with peripheral artery disease (PAD) face after surgery?**
 - A. Stroke
 - B. Deep vein thrombosis
 - C. Myocardial infarction
 - D. Pulmonary embolism

- 6. What should be checked before prescribing hydroxychloroquine?**
- A. Liver function tests
 - B. Kidney function tests
 - C. Eye exam
 - D. Complete blood count
- 7. What combination of treatments can help decrease cancer risk in menopausal women?**
- A. Tamoxifen Alone
 - B. Estrogen Alone
 - C. Estrogen and Progesterone Together
 - D. Progesterone Alone
- 8. In the acute treatment of a panic attack, which medication is most appropriate?**
- A. SSRI
 - B. Buspirone
 - C. Benzodiazepine (lorazepam)
 - D. Beta-blocker
- 9. What is the first-line treatment for an asthma exacerbation?**
- A. Nebulized albuterol
 - B. Systemic corticosteroids
 - C. Oral bronchodilators
 - D. Intravenous magnesium sulfate
- 10. What is a significant risk factor for pregnant women who have diabetes?**
- A. Preterm Delivery
 - B. Gestational Hypertension
 - C. Fetal Macrosomia
 - D. Intrauterine Growth Restriction

Answers

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

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Explanations

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1. What type of cancer is a 50-year-old female with nulliparity and obesity at an increased risk of developing?

- A. Ovarian cancer
- B. Cervical cancer
- C. Endometrial cancer**
- D. Breast cancer

A 50-year-old female who is nulliparous (having never given birth) and obese is at an increased risk of developing endometrial cancer. This association is primarily linked to the hormonal changes that accompany obesity, particularly the higher levels of estrogen produced by fat tissue. In premenopausal women, the ovaries primarily produce estrogen, but once they reach menopause, estrogen levels decrease significantly. In obese individuals, adipose tissue can convert androgens into estrogens, leading to increased circulating estrogen levels. This hormonal environment contributes to the risk for endometrial hyperplasia, a precancerous condition that can progress to endometrial carcinoma. Nulliparity also plays a significant role because pregnancy and childbirth are protective factors against endometrial cancer. This is believed to be due to hormonal changes during pregnancy that reduce the cumulative exposure of the endometrium to estrogen. Thus, for a woman who is both nulliparous and obese, these factors synergistically increase her risk of developing endometrial cancer compared to other types of cancers.

2. In a hospital patient with myasthenia gravis, how is respiratory status best measured?

- A. Forced vital capacity (FVC)**
- B. Peak expiratory flow rate (PEFR)
- C. Arterial blood gases (ABG)
- D. Inspiratory capacity (IC)

In a patient with myasthenia gravis, monitoring respiratory status is crucial because the condition can lead to muscular weakness, including the muscles used for breathing. Forced vital capacity (FVC) is a key measurement in this scenario as it assesses the maximum amount of air that can be forcefully exhaled after a deep inhalation. This measurement directly reflects the strength and endurance of respiratory muscles, which can be affected in myasthenia gravis. FVC provides a comprehensive view of the patient's respiratory function and helps clinicians recognize ventilatory compromise early, enabling timely interventions. In myasthenia gravis, a reduction in FVC can indicate worsening muscle strength, which can lead to respiratory failure if not appropriately managed. Other methods such as peak expiratory flow rate (PEFR) are more commonly used for conditions like asthma, as they mainly assess the function of larger airways rather than overall respiratory muscle strength. Inspiratory capacity (IC) evaluates the volume of air that can be inhaled after a normal exhalation, but it does not provide as thorough an assessment of respiratory function under the influence of myasthenia gravis. Arterial blood gases (ABG) give information about gas exchange and acid-base status

3. Which test is used for diagnosing tracheoesophageal fistula (TEF)?

- A. Barium swallow
- B. Chest X-ray
- C. Esophagoscopy
- D. CT scan of the chest

Barium swallow studies are commonly utilized to diagnose tracheoesophageal fistula (TEF) due to their ability to visualize the passage of barium through the esophagus and any potential abnormal communications with the trachea. In the case of TEF, the barium can leak into the trachea, highlighting the presence of a fistula. This test allows for both functional and structural assessment of the esophagus, making it an effective initial diagnostic tool. While chest X-rays can be useful for identifying complications associated with TEF, such as aspiration pneumonia, they do not specifically diagnose the fistula itself. Esophagoscopy offers direct visualization of the esophagus and can be useful in cases of TEF, but it is often reserved for cases when further intervention is needed. A CT scan of the chest can help define the anatomy and any associated issues but is not typically the first-line diagnostic test for TEF. Therefore, the barium swallow is the most appropriate choice for the initial diagnosis of tracheoesophageal fistula among the provided options.

4. In cases of cell-mediated immune deficiency, which infection is most likely to occur?

- A. Candida
- B. Strep throat
- C. Herpes simplex
- D. Influenza

In cases of cell-mediated immune deficiency, the most likely infection to occur is due to opportunistic pathogens that thrive when the immune system is compromised, particularly the T-cell response. Candida, a type of yeast, is an opportunistic pathogen that typically causes infection in individuals with weakened cell-mediated immunity. Cell-mediated immunity primarily involves T-cells, which are crucial for controlling fungal infections like those caused by Candida, as well as for responding to certain viral infections and intracellular bacteria. When this arm of the immune system is deficient, the body becomes less capable of controlling fungal proliferation, leading to an increased risk of infections, such as oral thrush or systemic Candida infections. While the other options listed can also be associated with infections, they primarily involve different immune mechanisms. For example, streptococcal infections may activate humoral immunity without as significant a need for T-cell function, herpes simplex virus typically reactivates more readily in individuals with both humoral and cellular immunity issues, and influenza primarily evokes an antibody response via B-cells and does not specifically rely on cell-mediated immunity. Hence, Candida infections are particularly characteristic of cell-mediated immune deficiencies.

5. What increased risk does a patient with peripheral artery disease (PAD) face after surgery?

- A. Stroke
- B. Deep vein thrombosis
- C. Myocardial infarction**
- D. Pulmonary embolism

A patient with peripheral artery disease (PAD) faces an increased risk of myocardial infarction after surgery primarily due to the systemic atherosclerosis that characterizes this condition. PAD is associated with narrowing and hardening of the peripheral arteries, which is reflective of a generalized pattern of arterial disease. This means that patients with PAD often have significant coronary artery disease as well, which contributes to their risk of myocardial infarction post-operatively. When a patient with PAD undergoes surgery, particularly procedures that involve anesthesia and may lead to periods of hemodynamic instability, the heart can be subjected to stress. This stress, along with existing cardiovascular conditions linked to PAD, can precipitate a myocardial infarction. Additionally, the surgical stress response can augment myocardial oxygen demand, and if the coronary arteries are compromised, this can lead to ischemia and subsequent infarction. While other risks like stroke and pulmonary embolism are relevant concerns, the specific relationship between PAD and increased incidence of myocardial infarction is more pronounced due to the shared pathophysiological mechanisms of atherosclerosis affecting both peripheral and coronary circulation.

6. What should be checked before prescribing hydroxychloroquine?

- A. Liver function tests
- B. Kidney function tests
- C. Eye exam**
- D. Complete blood count

Before prescribing hydroxychloroquine, it is essential to conduct an eye exam due to the potential risk of retinal toxicity associated with the medication. Hydroxychloroquine can cause ocular side effects, including damage to the retina, which can lead to vision changes or loss if not monitored. Baseline eye exams help to establish a reference point for any changes that may occur during treatment. Regular follow-up eye exams are also recommended throughout the course of therapy to detect any early signs of toxicity, allowing for timely intervention if necessary. While monitoring liver function, kidney function, and complete blood counts are important in the overall management of patients on hydroxychloroquine, the eye exam is uniquely critical due to the specific risk of retinal damage associated with this medication.

7. What combination of treatments can help decrease cancer risk in menopausal women?

- A. Tamoxifen Alone
- B. Estrogen Alone
- C. Estrogen and Progesterone Together**
- D. Progesterone Alone

The combination of estrogen and progesterone together is beneficial in decreasing cancer risk in menopausal women, particularly in the context of endometrial cancer. When estrogen is used alone, it can stimulate the endometrium (the lining of the uterus), increasing the risk of endometrial hyperplasia and subsequent cancer. Progesterone counteracts the effects of estrogen on the endometrium, helping to protect against the development of endometrial cancer. In hormone replacement therapy (HRT) for menopausal symptoms, when estrogen is administered, adding progesterone is important for women who have not had a hysterectomy. This combination helps maintain hormonal balance and reduces the risk associated with unopposed estrogen therapy. Other treatment options discussed, such as tamoxifen alone, estrogen alone, and progesterone alone, do not provide the same protective benefits against cancer in this specific context. Tamoxifen, for instance, is typically used for breast cancer treatment and risk reduction, not primarily for menopausal symptom relief or endometrial protection. Therefore, the use of estrogen and progesterone together represents a balanced approach to managing menopausal symptoms while minimizing cancer risks.

8. In the acute treatment of a panic attack, which medication is most appropriate?

- A. SSRI
- B. Buspirone
- C. Benzodiazepine (lorazepam)**
- D. Beta-blocker

In the acute treatment of a panic attack, the most appropriate medication is a benzodiazepine, such as lorazepam. Benzodiazepines are fast-acting anxiolytics that provide quick relief from the intense anxiety and physiological symptoms associated with panic attacks. They work by enhancing the effect of the neurotransmitter gamma-aminobutyric acid (GABA) at the GABA-A receptor, leading to a rapid calming effect. This makes them particularly suitable for immediate intervention during an acute panic episode. While selective serotonin reuptake inhibitors (SSRIs) are effective for long-term management of anxiety disorders, they typically take weeks to exert their therapeutic effects and are not intended for acute relief. Buspirone, while useful for generalized anxiety disorder, does not provide the immediate relief required during a panic attack as it also takes time to work. Beta-blockers can help with some symptoms like tremors and palpitations but do not address the underlying anxiety or panic directly and are not the standard choice for acute episodes. Therefore, lorazepam and other benzodiazepines are preferred for their rapid action and efficacy in reducing acute panic symptoms.

9. What is the first-line treatment for an asthma exacerbation?

- A. Nebulized albuterol**
- B. Systemic corticosteroids
- C. Oral bronchodilators
- D. Intravenous magnesium sulfate

The first-line treatment for an asthma exacerbation is nebulized albuterol, which is a short-acting beta-agonist (SABA). Albuterol works by relaxing bronchial smooth muscle and dilating the airways, providing rapid relief of bronchospasm. During an asthma exacerbation, patients experience airway inflammation and constriction, leading to difficulty breathing, wheezing, and decreased airflow. Nebulized albuterol delivers medication directly to the lungs, making it effective for quickly relieving symptoms. While systemic corticosteroids are important for reducing inflammation in more severe exacerbations or in patients who do not respond adequately to bronchodilators, they are not the first-line treatment due to their slower onset of action. Oral bronchodilators may provide some relief but are not typically used as the first choice during acute attacks due to their delayed effect compared to nebulized formulations. Intravenous magnesium sulfate may be indicated in severe exacerbations unresponsive to standard treatment but is not a first-line therapeutic agent and is usually reserved for instances of critical exacerbation. Thus, nebulized albuterol is the preferred immediate intervention to rapidly relieve bronchospasm during an asthma exacerbation.

10. What is a significant risk factor for pregnant women who have diabetes?

- A. Preterm Delivery**
- B. Gestational Hypertension
- C. Fetal Macrosomia
- D. Intrauterine Growth Restriction

Fetal macrosomia is a notable complication associated with diabetes during pregnancy, as the condition often leads to excessive fetal growth due to higher levels of glucose in the maternal bloodstream. This excessive glucose supply can stimulate insulin production in the fetus, resulting in increased fat deposition and overall growth. In women with diabetes, especially those who have poorly controlled blood sugar levels, the risk of macrosomia is significantly heightened. This condition can complicate the delivery process, often leading to a higher likelihood of the need for cesarean section and increasing the risk of birth injuries. Additionally, newborns who experience macrosomia can face challenges including neonatal hypoglycemia and increased risks for metabolic issues later in life. Recognizing fetal macrosomia as a risk factor emphasizes the importance of monitoring and managing blood glucose levels in pregnant women with diabetes to optimize both maternal and fetal outcomes.

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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