

NBME FORM 7 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. An 11-year-old presents with body odor and a 3-month history of argumentative behavior and secrecy. Exam shows Tanner stage 2 and mild facial acne. The next step is to:**
 - A. Educate about puberty to parents and child
 - B. Order hormonal testing
 - C. Refer to psychiatry
 - D. Initiate puberty-blocking therapy

- 2. Radiation therapy is most appropriate in which scenario?**
 - A. Localized primary tumor without metastasis to the spine
 - B. Primary spinal tumor with no systemic disease
 - C. Cancers that have metastasized to the spine with neurologic symptoms
 - D. Spinal osteomyelitis without tumor

- 3. A firm rubbery supraclavicular lymph node is most suggestive of which diagnosis?**
 - A. Reactive lymphadenitis
 - B. Lymphoma
 - C. Metastatic cancer
 - D. TB lymphadenitis

- 4. A 40-year-old woman has a few drops of yellow discharge from the left nipple. Fluid can be expressed when the nipple is squeezed; there is no spontaneous discharge and no breast mass on exam. Mammography is negative. What is the most likely diagnosis?**
 - A. Eczema of the nipple
 - B. Mammary duct ectasia
 - C. Physiologic discharge
 - D. Mammary abscess

- 5. A 23-year-old man presents with acute onset auditory hallucinations and confusion one week after his wife was killed in a motor-vehicle collision. What is the most likely diagnosis?**
 - A. Brief psychotic disorder
 - B. Schizoaffective disorder
 - C. Delirium
 - D. Mania

- 6. In salicylate (aspirin) poisoning, which acid-base disturbance pattern is most characteristic?**
- A. Initial respiratory alkalosis followed by metabolic acidosis
 - B. Isolated metabolic acidosis
 - C. Respiratory acidosis with metabolic alkalosis
 - D. Isolated metabolic alkalosis
- 7. If the diagnostic cutoff for a test is decreased, what happens to sensitivity and specificity?**
- A. Specificity decreases; Sensitivity increases
 - B. Sensitivity increases; Specificity decreases
 - C. Both increase
 - D. Both decrease
- 8. Venous ulcers are classically associated with which findings?**
- A. Hyperpigmentation and unilateral edema
 - B. Cold feet and diminished pulses
 - C. Hyperhidrosis and nail dystrophy
 - D. Painless erythematous rash
- 9. A 42-year-old man with alcohol-induced pancreatitis presents four days after a binge with hypotension (90/50) and cool, clammy skin. ECG shows sinus tachycardia. What is the most likely cause of these abnormal vital signs?**
- A. Sepsis
 - B. Hypovolemia
 - C. Anaphylaxis
 - D. Cardiac arrhythmia
- 10. A 15-year-old boy presents with several months of depressed mood, insomnia, a 10-pound weight loss, deteriorating academic performance, and a flat affect. What is the most likely diagnosis?**
- A. Major depressive disorder
 - B. Bipolar disorder
 - C. Dysthymic disorder
 - D. Adjustment disorder

Answers

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

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Explanations

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1. An 11-year-old presents with body odor and a 3-month history of argumentative behavior and secrecy. Exam shows Tanner stage 2 and mild facial acne. The next step is to:

- A. Educate about puberty to parents and child**
- B. Order hormonal testing
- C. Refer to psychiatry
- D. Initiate puberty-blocking therapy

Pubertal development is beginning in a typical way for an 11-year-old at Tanner stage II, with body odor and acne reflecting hormonal changes and behavioral shifts common during this time. The best next step is to provide anticipatory guidance and education to both the child and the parents about what to expect as puberty continues, including hygiene, acne management, emotional changes, and the timeline of physical development. This approach supports normal development, reduces anxiety, and helps the family navigate questions and privacy needs. Hormonal testing isn't indicated here because the presentation fits normal pubertal progression. Referring to psychiatry isn't warranted unless there are ongoing, impairing mental-health concerns. Puberty-blocking therapy is reserved for cases of central precocious puberty or other specific indications after thorough evaluation, not for a routine, normal onset of puberty.

2. Radiation therapy is most appropriate in which scenario?

- A. Localized primary tumor without metastasis to the spine
- B. Primary spinal tumor with no systemic disease
- C. Cancers that have metastasized to the spine with neurologic symptoms**
- D. Spinal osteomyelitis without tumor

When cancer has spread to the spine and produces neurologic symptoms, the priority is rapid relief of spinal cord or nerve compression. Radiation therapy can quickly shrink tumor tissue and reduce surrounding edema, often easing neurologic deficits such as weakness or numbness. This rapid decompression and palliation make radiotherapy the most appropriate option in this scenario, especially when surgery is not feasible or carries high risk, or when systemic disease limits invasive approaches. If the disease were a primary spinal tumor without metastasis, management would more likely focus on surgical resection with or without adjuvant therapy, depending on tumor type and stability. Spinal osteomyelitis without tumor requires antibiotics and possible drainage, not radiation as the primary treatment. Cancers metastasizing to the spine without neurologic symptoms may be managed with systemic therapy or palliative measures, but the presence of neurologic signs makes radiation to the spine particularly indicated for rapid symptom relief.

3. A firm rubbery supraclavicular lymph node is most suggestive of which diagnosis?

- A. Reactive lymphadenitis
- B. Lymphoma**
- C. Metastatic cancer
- D. TB lymphadenitis

When a clinician feels a lymph node, consistency matters as much as size. A firm but rubbery, mobile node in the supraclavicular area fits the pattern often seen with lymphoma, where lymphoid tissue expands in a way that makes the node feel firm and pliable rather than hard and fixed. Reactive nodes tend to be soft and tender; TB lymphadenitis usually produces firm, matted nodes that may become fluctuant or show caseation; metastatic cancer nodes are typically hard, craggy, and fixed to surrounding structures. The supraclavicular location further raises concern for malignancy, and the described rubbery firmness is most classically associated with lymphoma.

4. A 40-year-old woman has a few drops of yellow discharge from the left nipple. Fluid can be expressed when the nipple is squeezed; there is no spontaneous discharge and no breast mass on exam. Mammography is negative. What is the most likely diagnosis?

- A. Eczema of the nipple
- B. Mammary duct ectasia
- C. Physiologic discharge**
- D. Mammary abscess

Nipple discharge that is small in amount, can be expressed by squeezing, is yellow in color, and occurs without spontaneous leakage or a detectable mass with a negative imaging study is most consistent with benign physiologic discharge. In this scenario, there is no mass or infection signs, and the discharge can be elicited with manipulation rather than occurring on its own, which argues against a pathologic ductal lesion, abscess, or inflammatory process. Mammography being negative further supports a non-neoplastic, physiologic cause. Mammary duct ectasia, for example, often presents with thicker periareolar tissue and sometimes a palpable mass or tender thickened ducts and often produces a sticky or greenish discharge, which isn't described here. Eczema would cause skin changes rather than a fluid discharge. So the presentation best fits physiologic nipple discharge.

5. A 23-year-old man presents with acute onset auditory hallucinations and confusion one week after his wife was killed in a motor-vehicle collision. What is the most likely diagnosis?

- A. Brief psychotic disorder**
- B. Schizoaffective disorder
- C. Delirium
- D. Mania

A sudden, short-lived psychotic episode triggered by a major stressor fits a brief psychotic disorder. In this setting, the person develops psychotic symptoms—here, auditory hallucinations and confusion—soon after a severe life event (the death of his wife). The key features are abrupt onset and a duration of less than one month with a full return to baseline functioning after the episode. Delirium would require a disturbance of attention and global cognitive impairment with fluctuating consciousness, usually tied to an identifiable medical illness or substance; that pattern isn't described here. Mania would present with elevated mood, increased energy, decreased need for sleep, or grandiosity, which aren't noted. Schizoaffective disorder requires a mood episode concurrent with psychotic symptoms plus a substantial period of psychosis without mood symptoms, which isn't indicated in this scenario. So the presentation most consistent with a brief psychotic disorder is the acute onset of psychotic symptoms after a stressor with short duration and expected full recovery.

6. In salicylate (aspirin) poisoning, which acid-base disturbance pattern is most characteristic?

- A. Initial respiratory alkalosis followed by metabolic acidosis
- B. Isolated metabolic acidosis
- C. Respiratory acidosis with metabolic alkalosis
- D. Isolated metabolic alkalosis

Salicylate poisoning produces a distinctive two-phase acid-base disturbance. Early in poisoning, the medullary respiratory center is stimulated, causing tachypnea and blowing off CO₂. This leads to a primary respiratory alkalosis, which may occur with near-normal or even elevated pH initially. As toxicity progresses, salicylates disrupt energy metabolism and promote production of organic acids (like lactate and ketoacids) and bicarbonate loss, resulting in a high anion gap metabolic acidosis. In many patients you'll see a mixed picture, with both respiratory alkalosis and metabolic acidosis present, but the characteristic sequence described is an early respiratory alkalosis followed by metabolic acidosis.

7. If the diagnostic cutoff for a test is decreased, what happens to sensitivity and specificity?

- A. Specificity decreases; Sensitivity increases
- B. Sensitivity increases; Specificity decreases
- C. Both increase
- D. Both decrease

Lowering the diagnostic cutoff makes the test more permissive in labeling someone as positive. As a result, more true disease cases are detected, so sensitivity goes up. At the same time, more people without the disease are also labeled positive, which increases false positives and lowers specificity. In short, sensitivity and specificity move in opposite directions with the cutoff: decrease the threshold to catch more cases (higher sensitivity) but tolerate more false alarms (lower specificity).

8. Venous ulcers are classically associated with which findings?

- A. Hyperpigmentation and unilateral edema
- B. Cold feet and diminished pulses
- C. Hyperhidrosis and nail dystrophy
- D. Painless erythematous rash

Chronic venous insufficiency causes high venous pressure in the legs, leading to fluid buildup (edema) and skin changes from red blood cell breakdown. The leakage and inflammation give rise to brownish hyperpigmentation (hemosiderin deposition) and dermatitis around the ankles, which together create the typical appearance of venous ulcers. Pulses are usually preserved because the arterial supply isn't affected, so findings like cold feet with diminished pulses point to arterial disease rather than venous ulcers. Hyperhidrosis or nail dystrophy aren't characteristic of venous ulcers, and a painless erythematous rash would suggest other conditions such as dermatitis or cellulitis rather than the venous-stasis pattern.

9. A 42-year-old man with alcohol-induced pancreatitis presents four days after a binge with hypotension (90/50) and cool, clammy skin. ECG shows sinus tachycardia. What is the most likely cause of these abnormal vital signs?

- A. Sepsis
- B. Hypovolemia**
- C. Anaphylaxis
- D. Cardiac arrhythmia

Hypovolemia from fluid loss due to pancreatitis and dehydration is causing the low blood pressure. Inflammation from pancreatitis increases vascular permeability, leading to third-spacing of fluid into the abdominal/retroperitoneal spaces and reduced intravascular volume. The body responds with sympathetic activation to maintain perfusion, so the heart rate rises (sinus tachycardia) and the skin becomes cool and clammy from peripheral vasoconstriction. This pattern fits hypovolemic shock. Sepsis would more often present with warm, flushed skin in early stages from vasodilation (though it can become cool later), and anaphylaxis would typically include rapid airway symptoms and a history of exposure to an allergen. A cardiac arrhythmia would show an abnormal rhythm on ECG; here the rhythm is sinus tachycardia, a normal rhythm with a fast rate as a compensatory response to low preload.

10. A 15-year-old boy presents with several months of depressed mood, insomnia, a 10-pound weight loss, deteriorating academic performance, and a flat affect. What is the most likely diagnosis?

- A. Major depressive disorder**
- B. Bipolar disorder
- C. Dysthymic disorder
- D. Adjustment disorder

Depression in adolescence is diagnosed when there is a persistent period of depressed mood with impairment in functioning and accompanying symptoms such as sleep disturbance and appetite/weight changes. The boy has several months of depressed mood, insomnia, weight loss, deteriorating academic performance, and a flat affect, all signaling a significant depressive episode with functional decline. The lack of manic or hypomanic symptoms argues against bipolar disorder. Dysthymic disorder would require at least a year of depressive symptoms in youths, which is longer than this duration. Adjustment disorder centers on a mood disturbance in response to a identifiable stressor, typically with symptoms that remit after the stressor ends, rather than a chronic depressive pattern. Therefore, major depressive disorder is the most likely diagnosis.

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:

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

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