AMERICAN BOARD OF SURGERY QUALIFYING EXAM (ABS QE) 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.

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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!

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Questions

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1. What is a common condition resulting from decreased selenium levels?

A. Diabetes

B. Cardiomyopathy

C. Anemia

D. Neuropathy

2. What is the correct test for non-parametric, paired quantitative data?

A. McNemar

B. Wilcoxon rank sum

C. Mann-Whitney

D. Unpaired t test

3. What is the common clinical presentation of virilization in adrenal disorders?

A. Increased stress response

B. Delayed puberty

C. Precocious puberty

D. Decreased muscle mass

4. Which rib fractures are typically associated with a risk of aortic transection?

A. 1st or 2nd rib fractures

B. 5th or 6th rib fractures

C. 3rd or 4th rib fractures

D. 7th or 8th rib fractures

5. Megaloblastic anemia can be caused by the deficiency of which vitamin?

A. Thiamine

B. Cobalamin

C. Pyridoxine

D. Ascorbic acid

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6. What structure is derived from the 4th pharyngeal pouch?

A. Superior parathyroid gland
B. Inferior parathyroid gland
C. Thymus
D. Pituitary gland

7. Which question best represents the focus of a Phase 2 Clinical Trial?

A. Is it safe?
B. Does it provide better outcomes than existing options?
C. Is it effective?
D. What is its market potential?

8. What urologic change is often seen in elderly individuals?

A. Increased elasticity of the bladder
B. Decreased collagen content in bladder tissue
C. Development of benign prostatic hyperplasia (BPH)
D. Improved estrogen levels leading to less incontinence

9. BIRADS 2 results suggest what type of finding in a mammogram?

A. Benign finding; recommend mammogram in 1 year
B. Negative; follow-up in 6 months
C. Highly suggestive of malignancy
D. Suspicious abnormality; biopsy recommended

10. What term describes the error of failing to reject a false null hypothesis?

A. Type 1 error
B. Type 2 error
C. Type 3 error
D. Type 4 error

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Answers

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

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Explanations

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1. What is a common condition resulting from decreased selenium levels?

A. Diabetes

B. Cardiomyopathy

C. Anemia

D. Neuropathy

Decreased selenium levels are closely associated with the development of cardiomyopathy, particularly a type known as Keshan disease. Selenium is an essential trace element that plays a critical role in various physiological processes, including antioxidant defense and the proper functioning of the immune system. It is integral to the enzyme glutathione peroxidase, which helps protect cells from oxidative stress. When selenium levels are insufficient, the heart muscle can become damaged due to increased oxidative stress and inflammation, leading to dilated cardiomyopathy. This condition is characterized by the enlargement of the heart, reduced ability to pump blood, and symptoms of heart failure. Epidemiological studies in regions with low selenium soil content have confirmed a higher prevalence of this condition, further establishing the link between low selenium and cardiomyopathy. While other conditions like diabetes, anemia, and neuropathy can have complex etiologies and may relate to various nutrient deficiencies, selenium deficiency is predominantly recognized for its detrimental effects on heart health manifesting as cardiomyopathy.

2. What is the correct test for non-parametric, paired quantitative data?

A. McNemar

B. Wilcoxon rank sum

C. Mann-Whitney

D. Unpaired t test

The McNemar test is designed specifically for analyzing paired nominal data, particularly in situations where you are interested in changes in responses or outcomes across two related groups. It is widely used in before-and-after studies or matched case-control studies, where the same subjects are evaluated under two different conditions or at two different times. For non-parametric tests, when you are dealing with paired quantitative data, the appropriate choice would actually be the Wilcoxon signed-rank test, which assesses differences between two related samples or repeated measurements on a single sample. This test is particularly useful when the data do not meet the parametric assumptions required for a t-test. The other options you provided do not suit non-parametric paired quantitative data. The Wilcoxon rank sum test and Mann-Whitney U test are useful for comparing two independent groups, rather than paired or matched data. An unpaired t-test, on the other hand, is specifically designed for normally distributed data with two independent groups, which is not applicable in this context of paired data. Therefore, while the McNemar test may seem to be an answer for non-parametric data, it is primarily suited for categorical data, not paired quantitative data. The correct test for non-parametric, paired quantitative

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3. What is the common clinical presentation of virilization in adrenal disorders?

A. Increased stress response

B. Delayed puberty

C. Precocious puberty

D. Decreased muscle mass

Virilization in adrenal disorders is characterized by the development of male secondary sexual characteristics in individuals, which can occur in both sexes as a result of excessive androgen production. This can manifest as premature development of features typically associated with male maturity, such as increased body hair, deepening of the voice, and other traits related to testosterone effects. Precocious puberty refers specifically to the early onset of secondary sex characteristics before the typical age, which is particularly relevant in the context of adrenal disorders where high levels of androgens can accelerate sexual maturation. Typically, in girls, this can include breast development, menstruation, and features of virilization. The other options — increased stress response, delayed puberty, and decreased muscle mass — do not reflect the effects of virilization. Increased stress response may be observed in conditions like adrenal insufficiency rather than virilization. Delayed puberty is characterized by the absence of secondary sex characteristics at the expected age and is not consistent with excessive androgen levels seen in adrenal virilization. Decreased muscle mass is often associated with low levels of androgens rather than the increased levels that drive virilization. Thus, the common clinical presentation of virilization aligns with precocious puberty due to increased androgen production in

4. Which rib fractures are typically associated with a risk of aortic transection?

A. 1st or 2nd rib fractures

B. 5th or 6th rib fractures

C. 3rd or 4th rib fractures

D. 7th or 8th rib fractures

The first and second rib fractures are associated with a higher risk of aortic transection due to their anatomical location and proximity to major vascular structures. The aorta runs along the posterior thorax, and fractures of the upper ribs can indicate significant blunt force trauma, which can result in injury to the aorta or other vital structures in the thoracic cavity. Upper rib fractures occur in severe trauma scenarios, such as high-energy impacts or falls from heights, and the mechanisms that cause these fractures can also damage the aorta, particularly at the aortic isthmus, where the vessel is more vulnerable. The concern with these fractures is increased due to the stiff nature of the rib cage, which, when fractured, may transmit forces that can lead to serious vascular injuries. In contrast, fractures of the lower ribs are less commonly associated with these critical vascular injuries, as they are located further from the aorta and often indicate trauma of a less severe nature.

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5. Megaloblastic anemia can be caused by the deficiency of which vitamin?

A. Thiamine

B. Cobalamin

C. Pyridoxine

D. Ascorbic acid

Megaloblastic anemia is characterized by the presence of large, immature, and dysfunctional red blood cells in the bone marrow and peripheral blood. This condition is primarily caused by deficiencies in certain vitamins that are crucial for DNA synthesis and cell division. Cobalamin, also known as vitamin B12, plays a vital role in the formation of red blood cells and in the synthesis of DNA. It is especially important for proper cellular maturation and division. A deficiency in cobalamin leads to impaired DNA synthesis, resulting in the production of megaloblastic red blood cells. Patients with cobalamin deficiency often present with symptoms of anemia, fatigue, and neurological manifestations due to its involvement in the production of myelin, which insulates nerve fibers. In contrast, thiamine, pyridoxine, and ascorbic acid are essential vitamins that serve different biochemical functions, primarily related to energy metabolism and antioxidant activity, but they do not play a direct role in DNA synthesis and red blood cell maturation. Their deficiencies can lead to other disorders but not specifically to megaloblastic anemia. Thus, the correct association with megaloblastic anemia is indeed with a deficiency of cobalamin.

6. What structure is derived from the 4th pharyngeal pouch?

A. Superior parathyroid gland

B. Inferior parathyroid gland

C. Thymus

D. Pituitary gland

The structure derived from the 4th pharyngeal pouch is the superior parathyroid gland. During embryonic development, the pharyngeal pouches give rise to various organs and structures in the neck region. Specifically, the 4th pharyngeal pouch is responsible for the formation of the superior parathyroid glands, which play a critical role in regulating calcium levels in the body through the production of parathyroid hormone. The thymus, which is important for immune function, actually develops from the 3rd pharyngeal pouch along with the inferior parathyroid glands. The inferior parathyroid glands, in turn, also arise from the 3rd pharyngeal pouch, leading to their lower position relative to the superior parathyroids. The pituitary gland, meanwhile, is not derived from the pharyngeal pouches but is instead formed from the ectoderm in the region of the developing brain. Understanding the origins of these structures is crucial in the study of embryology and their implications in surgical practice, as knowing the anatomical relationships can assist in surgical planning and management of conditions involving these glands.

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7. Which question best represents the focus of a Phase 2 Clinical Trial?

A. Is it safe?

B. Does it provide better outcomes than existing options?

C. Is it effective?

D. What is its market potential?

A Phase 2 Clinical Trial primarily focuses on assessing the effectiveness of a treatment or intervention. This phase follows the initial safety assessments conducted during Phase 1 trials, where the primary concern is usually whether the drug or treatment is safe for human use. In Phase 2, the objective shifts to determining how well the treatment works. Researchers aim to gather preliminary data on effectiveness, often using measurable outcomes relevant to the disease or condition being studied. They are looking for an indication that the treatment produces the desired therapeutic effect, thus establishing a foundation for further investigation in Phase 3 trials, where larger populations are involved. While assessing safety is crucial, that aspect is typically a focus of earlier phases. Market potential is generally evaluated in later stages of development, once efficacy and safety have been established, and comparison with existing treatment options is usually more pertinent in Phase 3 trials when direct comparisons can be made.

8. What urologic change is often seen in elderly individuals?

A. Increased elasticity of the bladder

B. Decreased collagen content in bladder tissue

C. Development of benign prostatic hyperplasia (BPH)

D. Improved estrogen levels leading to less incontinence

In elderly individuals, the development of benign prostatic hyperplasia (BPH) is a common urologic change. BPH is characterized by the enlargement of the prostate gland, which can lead to urinary symptoms such as difficulty urinating, increased frequency of urination, and urgency. This condition results from hormonal changes, specifically the effects of dihydrotestosterone (DHT) on prostate tissue, which become more pronounced with age. As men age, the prostate may begin to enlarge, leading to obstruction of the urinary flow. This condition is prevalent among older men and is a significant factor in urologic health as it impacts their quality of life. Recognizing BPH as a common issue is essential for healthcare providers when managing urinary symptoms in elderly patients. In contrast, increased elasticity of the bladder, decreased collagen content in bladder tissue, and improved estrogen levels leading to less incontinence are not typical changes associated with aging in the urologic system. The bladder tends to lose elasticity, collagen changes can aggravate issues, and estrogen levels do not necessarily improve conditions like incontinence. Thus, the understanding of urologic health in the elderly highlights BPH as a critical concern.

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9. BIRADS 2 results suggest what type of finding in a mammogram?

A. Benign finding; recommend mammogram in 1 year

B. Negative; follow-up in 6 months

C. Highly suggestive of malignancy

D. Suspicious abnormality; biopsy recommended

BIRADS (Breast Imaging Reporting and Data System) is a standardized system used to categorize mammography findings. A BIRADS 2 result indicates a benign finding, which means that the abnormality found in the mammogram is non-cancerous. This classification is reassuring because it suggests that the findings are not likely to represent any malignancy or significant risk of cancer. Therefore, the recommended follow-up for a BIRADS 2 result is typically a routine mammogram in one year. This schedule allows for continued monitoring without immediate concern, as the abnormality is considered low-risk. This proactive approach ensures that any changes over time can be assessed without unnecessary intervention. In contrast, the other options propose follow-up measures that correspond to more serious findings. They suggest that the imaging results indicate a potential for malignancy or suspicious abnormalities which require either more frequent monitoring or invasive procedures like biopsy, which would not be appropriate for a BIRADS 2 classification.

10. What term describes the error of failing to reject a false null hypothesis?

A. Type 1 error

B. Type 2 error

C. Type 3 error

D. Type 4 error

The term that describes the error of failing to reject a false null hypothesis is a Type 2 error. In statistical hypothesis testing, the null hypothesis often asserts that there is no effect or no difference between groups. When researchers conduct a test, they may conclude that there is not enough evidence to reject the null hypothesis even when it is, in reality, false. This situation results in a Type 2 error, also known as a false negative. Understanding the implications of a Type 2 error is crucial in research, especially in clinical trials where failing to detect an actual effect can have significant consequences for patient care and treatment decisions. It emphasizes the importance of having adequate power in a study, which helps minimize the risk of such errors. In contrast, the other options describe different types of errors: a Type 1 error occurs when a true null hypothesis is incorrectly rejected, while Type 3 and Type 4 errors are less commonly defined in standard statistical terminology and do not refer specifically to the relationship of accepting false hypotheses.

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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://americanboardofsurgery.examzify.com

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

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