NBME FORM 11 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. Which medication is commonly used to treat overactive bladder?

A. Oxybutynin

B. Atropine

C. Bethanechol

D. Dicyclomine

2. Serum sickness is an example of which type of hypersensitivity reaction?

A. Type I

B. Type II

C. Type IV

D. Type III

3. Which combination of measures is part of the initial treatment for an ankle sprain?

A. Rest, ice, elevation, brace and physical therapy

B. Immobilization with a cast for 6 weeks

C. Surgical repair

D. Anticoagulation therapy

4. In pregnancies less than 32 weeks gestation, which intervention provides neuroprotection to the fetus?

A. Corticosteroids for fetal lung maturation

B. Antibiotics for GBS

C. Magnesium sulfate for neuroprotection

D. Tocolytics to reduce contractions

5. Which equation gives serum osmolality?

A. Na + BUN/2.8 + glucose/18

B. 2*Na + BUN/2.8 + glucose/18

C. 2*Na + BUN/3 + glucose/18

D. 2*Na + BUN/2.5 + glucose/18

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6. In a patient with celiac disease, what is a common cause of hypocalcemia?

A. Pseudohypoparathyroidism

B. Hyperparathyroidism due to bone resorption

C. Osteomalacia due to decreased Vitamin D absorption with secondary hyperparathyroidism and low phosphorus

D. Vitamin B12 deficiency

7. In type 1 diabetes, autoimmune destruction targets which pancreatic cells?

A. Hepatocytes

B. Pancreatic beta cells

C. Pancreatic alpha cells

D. Adipocytes

8. Night blindness is most commonly associated with deficiency of which vitamin?

A. Vitamin D

B. Vitamin C

C. Vitamin A

D. Vitamin K

9. Which clinical scenario warrants evaluation of the carotid arteries?

A. Uncontrolled hypertension with headaches

B. Abdominal pain with constipation

C. Ischemic stroke, TIA or neurologic symptoms referable to the carotid arteries

D. Diabetes mellitus with microvascular complications

10. Which patients may receive PPSV23 earlier than age 65?

A. Healthy Adults With No Risk Factors

B. Pregnant Women

C. Smokers Only

D. Those With Cardiac, Liver, Diabetes, Pulmonary Disease, Or Alcoholism

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Answers

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

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Explanations

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1. Which medication is commonly used to treat overactive bladder?

A. Oxybutynin

B. Atropine

C. Bethanechol

D. Dicyclomine

Overactive bladder is driven by involuntary detrusor muscle contractions. The main treatment approach is to dampen these contractions by blocking acetylcholine at muscarinic receptors in the bladder, especially the M3 subtype. Oxybutynin is an antimuscarinic medication that does exactly this, reducing detrusor overactivity and lowering urgency, frequency, and urge incontinence. Common side effects come from anticholinergic action—dry mouth, constipation, blurred vision, and potential cognitive effects in older patients. The other drugs listed work differently: bethanechol is a muscarinic agonist that increases bladder contractions to treat urinary retention, atropine is a nonselective antimuscarinic used to reduce secretions or as an antidote, and dicyclomine is an antispasmodic for GI cramps. Thus, oxybutynin best fits the goal of treating overactive bladder.

2. Serum sickness is an example of which type of hypersensitivity reaction?

A. Type I

B. Type II

C. Type IV

D. Type III

Serum sickness is an immune complex–mediated hypersensitivity, a Type III reaction. When a person is exposed to a foreign protein or monoclonal antibody, soluble antigen–antibody complexes form in the circulation and deposit in tissues such as small vessels and the kidneys. This deposition activates complement and recruits inflammatory cells, leading to symptoms like fever, urticarial rash, arthralgias, and sometimes nephritis, usually occurring about 1–2 weeks after exposure. It differs from other hypersensitivity types because it centers on immune complex deposition rather than IgE-mediated mast cell degranulation (Type I), antibody-directed cytotoxicity against cells (Type II), or T-cell–mediated delayed responses (Type IV).

3. Which combination of measures is part of the initial treatment for an ankle sprain?

A. Rest, ice, elevation, brace and physical therapy

B. Immobilization with a cast for 6 weeks

C. Surgical repair

D. Anticoagulation therapy

An ankle sprain is managed first with measures that control swelling and pain while supporting early healing and function. Resting the ankle, applying ice to reduce edema, elevating the limb, and using a brace or supportive wrap provide stability without over- immobilizing the joint. Early physical therapy or rehabilitation helps restore range of motion, strength, and proprioception as pain allows. Immobilizing the ankle in a hard cast for six weeks is generally excessive for a sprain and can lead to stiffness and muscle atrophy; such prolonged immobilization is more typical for certain fractures or very severe injuries. Surgical repair isn't a first-line approach for a simple sprain, and anticoagulation isn't part of initial sprain care.

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4. In pregnancies less than 32 weeks gestation, which intervention provides neuroprotection to the fetus?

A. Corticosteroids for fetal lung maturation

B. Antibiotics for GBS

C. Magnesium sulfate for neuroprotection

D. Tocolytics to reduce contractions

Magnesium sulfate given to the mother when preterm birth is anticipated provides fetal neuroprotection. It lowers the risk of cerebral palsy and severe neurodevelopmental impairment in infants born before 32 weeks. The protective effect is thought to arise from magnesium acting as a CNS stabilizer, antagonizing NMDA receptors and reducing excitotoxic neuronal injury during hypoxic-ischemic stress around birth. While corticosteroids help with fetal lung maturation and antibiotics prevent infection, the specific neuroprotective benefit in this gestational window is achieved with maternal magnesium sulfate. Tocolytics delay birth but do not provide direct neuroprotection.

5. Which equation gives serum osmolality?

A. Na + BUN/2.8 + glucose/18

B. 2*Na + BUN/2.8 + glucose/18

C. 2*Na + BUN/3 + glucose/18

D. 2*Na + BUN/2.5 + glucose/18

Serum osmolality is determined by the concentration of osmotically active particles in the blood. The major driver is sodium, because most serum solutes are sodium salts with accompanying anions. To reflect the contribution of sodium plus its accompanying ions, you multiply sodium by 2. The other important contributors are glucose and urea nitrogen (BUN), each added after converting to the same molar units: glucose in mg/dL is divided by 18 to convert to mmol/L, and BUN in mg/dL is divided by 2.8 to convert to mmol/L. Put together, the estimated serum osmolality is 2 × Na + glucose/18 + BUN/2.8, giving units of mOsm/kg. This formulation is more accurate than using Na alone or using different conversion constants (like 3 or 2.5 for BUN) because it properly accounts for the osmotic contributions and unit conversions.

6. In a patient with celiac disease, what is a common cause of hypocalcemia?

A. Pseudohypoparathyroidism

B. Hyperparathyroidism due to bone resorption

C. Osteomalacia due to decreased Vitamin D absorption with secondary hyperparathyroidism and low phosphorus

D. Vitamin B12 deficiency

In celiac disease, fat-malabsorption reduces the absorption of fat-soluble vitamins, especially vitamin D. Vitamin D is essential for bringing calcium into the gut and for bone mineralization. When vitamin D deficiency develops, calcium absorption falls, leading to hypocalcemia. In response, the parathyroid glands raise PTH, causing secondary hyperparathyroidism. Over time this deficiency also leads to osteomalacia, the defective mineralization of bone, and PTH-driven phosphate wasting results in low phosphorus. This combination—osteomalacia from vitamin D malabsorption with secondary hyperparathyroidism and low phosphorus—best explains common hypocalcemia in this setting. The other options don't fit: pseudohypoparathyroidism involves resistance to PTH, hyperparathyroidism from bone resorption would raise calcium, and vitamin B12 deficiency does not cause hypocalcemia.

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7. In type 1 diabetes, autoimmune destruction targets which pancreatic cells?

A. Hepatocytes

B. Pancreatic beta cells

C. Pancreatic alpha cells

D. Adipocytes

The main idea is that type 1 diabetes is an autoimmune attack targeting insulin-producing cells. Specifically, pancreatic beta cells in the islets of Langerhans are destroyed by autoimmune processes, mainly T-cell–mediated, leading to little or no insulin production. Without insulin, glucose can't enter most cells effectively, causing hyperglycemia and the need for insulin therapy. Other pancreatic cells, like alpha cells that produce glucagon, aren't the primary targets in this condition, and liver or fat cells aren't the focus of the autoimmune destruction in classic type 1 diabetes.

8. Night blindness is most commonly associated with deficiency of which vitamin?

A. Vitamin D

B. Vitamin C

C. Vitamin A

D. Vitamin K

Night vision in low-light situations depends on rod photoreceptors using the visual pigment rhodopsin, which requires retinal, the aldehyde form of vitamin A. Vitamin A is converted in retinal cells to 11-cis-retinal, which combines with opsin to form rhodopsin. In dim light, rhodopsin must be regenerated after each photon; if vitamin A is deficient, there isn't enough retinal to replenish rhodopsin efficiently, so rod responsiveness drops and night vision deteriorates. This makes nyctalopia an early clue to vitamin A deficiency. In severe deficiency, you can also see eye surface changes like dry eyes and Bitot spots, but the critical link to night blindness is the role of vitamin A in visual pigment regeneration. The other vitamins don't participate in this rod phototransduction process, so they don't explain night blindness.

9. Which clinical scenario warrants evaluation of the carotid arteries?

A. Uncontrolled hypertension with headaches

B. Abdominal pain with constipation

C. Ischemic stroke, TIA or neurologic symptoms referable to the carotid arteries

D. Diabetes mellitus with microvascular complications

Evaluation of the carotid arteries is indicated when there are signs of cerebrovascular insufficiency, such as ischemic stroke, a transient ischemic attack, or neurologic symptoms that localize to the carotid/anteriore circulation. The carotids can harbor atherosclerotic plaque that leads to emboli or reduced blood flow to areas controlling language, movement, and vision. Identifying significant carotid stenosis in a symptomatic patient helps guide treatment, because procedures like carotid endarterectomy or stenting, alongside medical therapy, can reduce the risk of recurrent stroke. Scenarios like uncontrolled hypertension with headaches, abdominal pain with constipation, or diabetes with microvascular complications don't directly point to carotid pathology, so carotid imaging isn't the primary concern there.

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10. Which patients may receive PPSV23 earlier than age 65?

A. Healthy Adults With No Risk Factors

B. Pregnant Women

C. Smokers Only

D. Those With Cardiac, Liver, Diabetes, Pulmonary Disease, Or Alcoholism

PPSV23 before age 65 is given to adults who have risk factors that raise the chance of invasive pneumococcal disease. Chronic health problems such as heart or liver disease, diabetes, chronic lung disease, or alcoholism increase vulnerability to serious pneumococcal infections, so vaccinating earlier helps protect these individuals. Healthy adults without risk factors aren't routinely vaccinated early, and pregnancy by itself isn't an indication for earlier PPSV23. Therefore, those with these chronic conditions or alcoholism are the group eligible for earlier vaccination.

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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://nbmeform11.examzify.com

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

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