NBME FORM 13 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 class provides renal protection and reduces proteinuria in membranous nephropathy?

A. Beta-blockers

B. ACE inhibitors or ARBs

C. Calcium channel blockers

D. Diuretics

2. A patient has a blood pressure of 160/100 in the right arm and 105/65 in the left arm with a heavy smoking history. What is the most likely diagnosis?

A. Renal Artery Stenosis

B. Subclavian Steal Syndrome Due to Atherosclerosis

C. Aortic Dissection

D. Peripheral Artery Disease

3. Positive Kell antibodies are most likely due to exposure to which of the following?

A. Exposure to previous blood transfusion

B. Exposure to prior pregnancy

C. Exposure due to autoimmune disease

D. Exposure due to vaccination

4. Edema treated with furosemide; which electrolyte abnormality is most likely?

A. Hyponatremia

B. Hyperkalemia

C. Hypokalemia

D. Hypernatremia

5. Macrocytic anemia with neurologic symptoms; which metabolic marker is elevated in vitamin B12 deficiency but not in folate deficiency?

A. Homocysteine

B. Methylmalonic acid

C. Alanine

D. Urate

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6. What diagnostic test would confirm Entamoeba histolytica infection?

A. Blood culture

B. Urine antigen test

C. Stool ova and parasites exam

D. Colonoscopy with biopsy

7. Which quality-improvement cycle is described as Plan-Do-Study-Act?

A. PDCA cycle

B. Plan-Do-Study-Act (PDSA) cycle

C. Six Sigma

D. Root Cause Analysis

8. In peripheral artery disease, which antiplatelet approach is recommended unless contraindicated?

A. None

B. Aspirin only

C. Aspirin or Clopidogrel

D. Clopidogrel only

9. In rheumatic heart disease, what is the typical pattern of valvular involvement over time?

A. Mitral insufficiency acutely and stenosis later

B. Aortic stenosis acutely and regurg later

C. Tricuspid regurgitation

D. Pulmonary valve stenosis

10. Which laxative is commonly used to treat functional constipation in children?

A. Polyethylene glycol

B. Lactulose

C. Bisacodyl

D. Magnesium hydroxide

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Answers

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

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Explanations

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1. Which medication class provides renal protection and reduces proteinuria in membranous nephropathy?

A. Beta-blockers

B. ACE inhibitors or ARBs

C. Calcium channel blockers

D. Diuretics

The key idea is that protecting kidney function in proteinuric nephropathies comes from lowering intraglomerular pressure to reduce protein leakage. Drugs that block the renin-angiotensin system achieve this by dilating the efferent arteriole of the glomerulus, which lowers the pressure inside the glomerular capillaries and markedly decreases proteinuria. ACE inhibitors block the formation of angiotensin II, while ARBs block its receptor. Both actions reduce glomerular capillary pressure and the amount of protein that leaks into the urine, and they also lower systemic blood pressure, providing additional renal protection. Other antihypertensives can lower blood pressure but don't specifically reduce intraglomerular pressure or proteinuria to the same extent, so they're less effective at renoprotection in membranous nephropathy. Diuretics help manage edema and volume status but don't have the same antiproteinuric, nephroprotective effect.

2. A patient has a blood pressure of 160/100 in the right arm and 105/65 in the left arm with a heavy smoking history. What is the most likely diagnosis?

A. Renal Artery Stenosis

B. Subclavian Steal Syndrome Due to Atherosclerosis

C. Aortic Dissection

D. Peripheral Artery Disease

A large difference in blood pressure between the arms points to a blockage in the artery supplying the higher-pressure arm, most commonly a stenosis of the subclavian artery on that side. Here the right arm reads 160/100 while the left is 105/65, and the patient has a heavy smoking history, which strongly suggests atherosclerosis. When the subclavian artery proximal to the vertebral artery origin is narrowed, distal pressure falls in that arm. To compensate, blood can be shunted from the vertebral (posterior circulation) toward the affected arm, creating retrograde flow in the vertebral artery—a phenomenon known as subclavian steal. This not only lowers the left arm pressure but can also cause vertebrobasilar (brainstem/cerebellar) symptoms, especially with arm activity. The other conditions don't fit this pattern. Renal artery stenosis mainly causes systemic hypertension rather than a marked inter-arm pressure difference. Aortic dissection can cause unequal BP between arms but typically presents with sudden, severe chest or back pain and a tearing sensation. Peripheral artery disease involves the limbs, usually the legs, with claudication and diminished distal pulses there rather than a isolated, large arm BP discrepancy.

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3. Positive Kell antibodies are most likely due to exposure to which of the following?

A. Exposure to previous blood transfusion

B. Exposure to prior pregnancy

C. Exposure due to autoimmune disease

D. Exposure due to vaccination

Kell antibodies arise when someone who lacks the Kell antigen is exposed to Kell-positive red blood cells and mounts an immune response against that foreign antigen. The most common source of such exposure is a prior blood transfusion, where donor RBCs carrying the Kell antigen contact the recipient's immune system and stimulate antibody formation. Exposure from a prior pregnancy can also occur, since fetal RBCs can enter maternal circulation and trigger alloimmunization, but this pathway is less frequent for Kell antibodies compared to transfusion. Autoimmune diseases produce autoantibodies against the person's own cells, not alloantibodies to donor antigens, and vaccination is not a typical route to Kell antibody formation. Hence, previous transfusion is the most likely source.

4. Edema treated with furosemide; which electrolyte abnormality is most likely?

A. Hyponatremia

B. Hyperkalemia

C. Hypokalemia

D. Hypernatremia

When a patient with edema is treated with furosemide, a loop diuretic, it blocks the Na-K-2Cl transporter in the thick ascending limb of the loop of Henle. This causes increased loss of sodium, chloride, and water, and delivers more sodium to the distal nephron. The heightened sodium delivery to the collecting duct stimulates potassium secretion, and the aldosterone surge that accompanies volume depletion further drives potassium loss. The net result is hypokalemia, which is the electrolyte abnormality most commonly associated with loop diuretics like furosemide. Hyponatremia or hypernatremia are not as directly expected from this mechanism in the typical setting.

5. Macrocytic anemia with neurologic symptoms; which metabolic marker is elevated in vitamin B12 deficiency but not in folate deficiency?

A. Homocysteine

B. Methylmalonic acid

C. Alanine

D. Urate

When a patient has macrocytic anemia with neurologic symptoms, you can differentiate vitamin B12 deficiency from folate deficiency by looking at specific metabolic byproducts. Methylmalonic acid depends on B12 for its conversion to succinyl-CoA. Without B12, methylmalonyl-CoA accumulates and is shunted to methylmalonic acid, so MMA levels rise. Folate deficiency doesn't affect that conversion, so methylmalonic acid stays normal. Homocysteine, on the other hand, tends to rise in both B12 and folate deficiencies because the remethylation of homocysteine to methionine requires either B12 or 5-methyltetrahydrofolate; a deficiency in either can elevate homocysteine. Alanine and urate aren't helpful markers for distinguishing these two deficiencies. So the metabolic marker elevated specifically in B12 deficiency but not in folate deficiency is methylmalonic acid.

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6. What diagnostic test would confirm Entamoeba histolytica infection?

A. Blood culture

B. Urine antigen test

C. Stool ova and parasites exam

D. Colonoscopy with biopsy

Diagnosing Entamoeba histolytica infection is usually done by directly looking for the parasite in stool. The stool ova and parasites exam involves microscopic examination of a stool sample to detect cysts or trophozoites of the organism. Seeing trophozoites that contain ingested red blood cells is highly suggestive of E. histolytica and helps confirm infection; cysts may also be seen and support the diagnosis. This method is noninvasive and typically the first-line test for suspected intestinal amebiasis. Blood cultures aren't used for this protozoan infection, since it doesn't circulate in blood in a way that those cultures would detect. A urine antigen test isn't a standard test for Entamoeba histolytica. Colonoscopy with biopsy is more invasive and would be reserved for evaluating complications or unsure cases; it's not the initial confirmatory test. In some scenarios, stool antigen tests or PCR can help differentiate E. histolytica from nonpathogenic Entamoeba species, but among the options given, the stool ova and parasites exam best confirms the infection.

7. Which quality-improvement cycle is described as Plan-Do-Study-Act?

A. PDCA cycle

B. Plan-Do-Study-Act (PDSA) cycle

C. Six Sigma

D. Root Cause Analysis

Plan-Do-Study-Act is a quality-improvement cycle that emphasizes testing changes on a small scale, learning from the results, and using that learning to guide next steps. In plan, you set a clear aim, predict what will happen, and outline how you'll implement the change. In do, you carry out the change. In study, you measure and analyze the outcomes to see if the results matched your predictions. In act, you decide whether to adopt the change, modify it, or abandon it, then begin another cycle if needed. This focus on measuring outcomes and using data to inform the next steps is why it's described as Plan-Do-Study-Act.

8. In peripheral artery disease, which antiplatelet approach is recommended unless contraindicated?

A. None

B. Aspirin only

C. Aspirin or Clopidogrel

D. Clopidogrel only

In peripheral artery disease, lowering the risk of heart attack, stroke, and limb-threatening events is achieved with single-agent antiplatelet therapy. Either aspirin or clopidogrel effectively reduces these vascular risks, and guidelines consider either option acceptable as long as there's no contraindication. Using both agents routinely does not provide extra benefit in stable PAD and increases bleeding risk, so it isn't the standard approach. If a patient cannot take one, the other serves as a suitable alternative, keeping the therapy effective while avoiding the specific intolerance.

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9. In rheumatic heart disease, what is the typical pattern of valvular involvement over time?

A. Mitral insufficiency acutely and stenosis later

B. Aortic stenosis acutely and regurg later

C. Tricuspid regurgitation

D. Pulmonary valve stenosis

In rheumatic heart disease the valvular pattern tends to start with inflammation of the mitral valve, causing mitral regurgitation in the acute phase. Over time, repeated inflammatory episodes lead to scarring and fusion of the mitral leaflets and chordae, producing mitral stenosis as the chronic, long-term consequence. So the most typical sequence is mitral insufficiency acutely, with stenosis developing later. The aortic valve can be involved too, but the MR MS progression is the classic pattern. This explains why patients may present initially with a regurgitant murmur and later develop symptoms and findings of mitral stenosis, such as a diastolic rumble and opening snap.

10. Which laxative is commonly used to treat functional constipation in children?

A. Polyethylene glycol

B. Lactulose

C. Bisacodyl

D. Magnesium hydroxide

In functional constipation for children, the goal is to soften the stool and improve regular bowel movements with a laxative that is safe for long-term use. Polyethylene glycol achieves this by acting as an osmotic agent in the gut: it isn't absorbed, so it stays in the intestinal lumen and draws water into the stool. This increases stool softness and frequency with minimal cramping or systemic side effects, making it well suited for ongoing management in kids. This option is favored because clinical studies show polyethylene glycol reliably improves stool frequency and reduces stool withholding, with good tolerability and a favorable safety profile. Other laxatives have downsides in children: lactulose can cause gas and bloating and may be less effective; stimulant laxatives like bisacodyl can cause abdominal cramping and are usually reserved for short-term use or rescue therapy; magnesium hydroxide can risk electrolyte disturbances in some children, especially if dehydration or kidney issues are present. Hence, polyethylene glycol is typically the first-line choice for pediatric functional constipation.

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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://nbmeform13.examzify.com

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

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