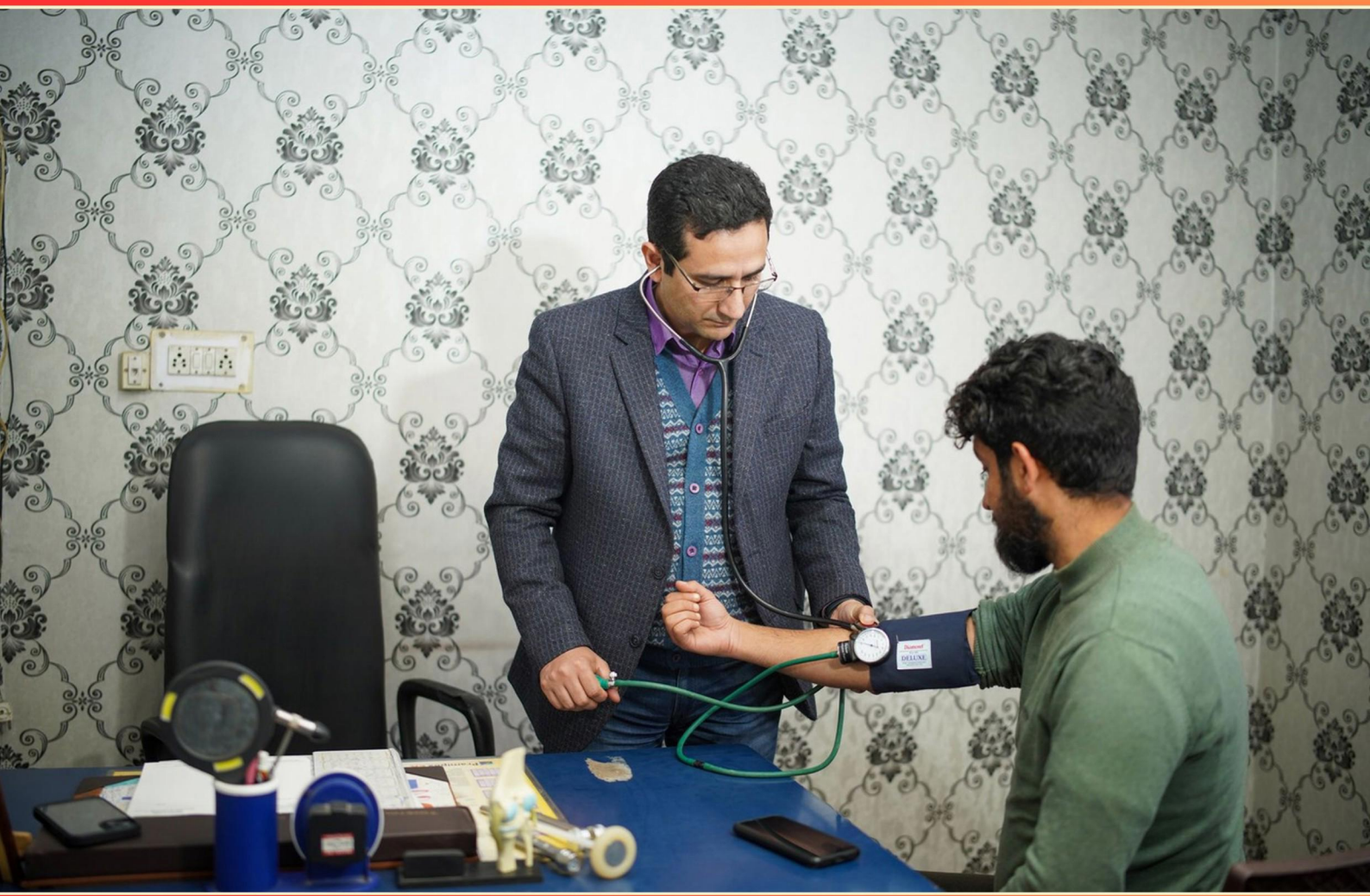
NBME FORM 9 PRACTICE TEST (SAMPLE)

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. Steroids are useful in Stevens-Johnson syndrome.

A. True

B. False

C. Only if TEN

D. Only if in mucosal involvement

2. When there is suspected focal segmental glomerulosclerosis (FSGS), what is the next step?

A. Renal biopsy

B. Urinalysis

C. Renal ultrasound

D. Blood pressure measurement

3. A patient with bicarbonate of 25, high CO2, and low pH is likely to have _____ respiratory failure.

A. Acute

B. Chronic

C. Acute on chronic

D. Metabolic acidosis

4. Neonate that improved with positive pressure ventilation (PPV) can be taken off PPV immediately after improvement.

A. True

B. False

C. Only after arterial blood gas normalization

D. Only after 5 minutes of PPV

5. In a 57-year-old patient with postmenopausal bleeding and a 2.5 cm subserosal fibroid, what is the most likely diagnosis and the appropriate next step?

A. Endometrial carcinoma; endometrial sampling

B. Endometrial polyp; hysteroscopy

C. Ovarian cancer; CA-125

D. Cervical cancer; Pap smear

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6. A hyperkeratotic, erythematous crusted plaque with areas of ulceration in a solid organ transplant patient is most likely which diagnosis?

A. Basal cell carcinoma

B. Squamous cell carcinoma

C. Melanoma

D. Actinic keratosis

7. 24-hour urine free cortisol testing is used to diagnose which condition?

A. Cushing disease

B. Addison disease

C. Pheochromocytoma

D. Acromegaly

8. Nonsteroidal anti-inflammatory drugs (NSAIDs) affect renal function by:

A. Decreasing risk

B. No effect

C. Increasing risk of renal impairment

D. Improving renal perfusion

9. The proportion with the lowest false negative rate will have the highest which measure?

A. Specificity

B. NPV

C. PPV

D. Sensitivity

10. Stevens-Johnson syndrome or toxic epidermal necrolysis should be managed with:

A. Supportive care and wound management + ICU burn unit admission

B. Systemic steroids

C. Antibiotics only

D. Observation at home

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Answers

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

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Explanations

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1. Steroids are useful in Stevens-Johnson syndrome.

A. True

B. False

C. Only if TEN

D. Only if in mucosal involvement

Steroids are not proven to help in Stevens-Johnson syndrome. The main approach is to stop the offending drug and provide supportive care (fluid management, wound care, pain control, and eye/oral mucosa protection). Systemic corticosteroids have been studied, but they do not consistently improve outcomes and may raise the risk of infection and delayed healing, so they are not routinely used. The lack of clear benefit applies to both SJS and its more extensive form, TEN, and treatment decisions aren't based on whether mucosal involvement is present.

2. When there is suspected focal segmental glomerulosclerosis (FSGS), what is the next step?

A. Renal biopsy

B. Urinalysis

C. Renal ultrasound

D. Blood pressure measurement

Definitive identification of this glomerular disease relies on tissue diagnosis. When FSGS is suspected, obtaining a renal biopsy provides the histologic confirmation needed to distinguish it from other nephrotic-range diseases and to guide treatment. A biopsy reveals the hallmark: focal and segmental sclerosis with hyalinosis on light microscopy, and it shows podocyte foot-process effacement on electron microscopy. This precise pattern is what sets FSGS apart from conditions like minimal change disease or membranous nephropathy, which have different treatments and prognoses. Because management choices—such as steroid therapy or other immunosuppressants—depend on the exact pathology, the biopsy is the critical next step. Urinalysis and blood pressure measurements help characterize the clinical picture and monitor disease, but they don't confirm the diagnosis. Imaging like renal ultrasound can assess structure or guide biopsy, but it's not the diagnostic step itself.

3. A patient with bicarbonate of 25, high CO2, and low pH is likely to have _____ respiratory failure.

A. Acute

B. Chronic

C. Acute on chronic

D. Metabolic acidosis

High CO2 with a low pH indicates respiratory acidosis. The bicarbonate is normal, which means there hasn't been time for renal compensation to raise bicarbonate. In acute respiratory failure, CO2 rises quickly and pH falls before the body can adjust bicarbonate levels. If it were chronic, bicarbonate would be elevated due to metabolic compensation; if it were metabolic acidosis, bicarbonate would be low and the CO2 pattern would reflect respiratory compensation rather than primary hypercapnia. So this presentation fits acute respiratory failure.

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4. Neonate that improved with positive pressure ventilation (PPV) can be taken off PPV immediately after improvement.

A. True

B. False

C. Only after arterial blood gas normalization

D. Only after 5 minutes of PPV

PPV is used to establish adequate ventilation, and once the newborn shows clear stabilization, you can discontinue PPV promptly. The key sign of improvement is a heart rate that rises to at least 100 beats per minute with spontaneous breathing efforts underway. At that point, stopping PPV and observing the infant is appropriate rather than waiting for lab results or a fixed duration. You should continue to monitor closely, keep the baby warm, and be ready to resume support if breathing or heart rate deteriorates.

5. In a 57-year-old patient with postmenopausal bleeding and a 2.5 cm subserosal fibroid, what is the most likely diagnosis and the appropriate next step?

A. Endometrial carcinoma; endometrial sampling

B. Endometrial polyp; hysteroscopy

C. Ovarian cancer; CA-125

D. Cervical cancer; Pap smear

Postmenopausal bleeding always raises concern for endometrial pathology. In a 57-year-old, endometrial carcinoma is the most likely cause of bleeding, even if a subserosal fibroid is present elsewhere in the uterus. The appropriate next step is to obtain endometrial tissue for histology, typically via an endometrial biopsy or dilation and curettage, to confirm cancer or rule it out. A Pap smear screens for cervical changes but does not evaluate the endometrium and is not the best initial test for PMB. While a cervical cancer cause is possible, it is not the most likely explanation in this context, and the key to management is directly assessing the endometrium.

6. A hyperkeratotic, erythematous crusted plaque with areas of ulceration in a solid organ transplant patient is most likely which diagnosis?

A. Basal cell carcinoma

B. Squamous cell carcinoma

C. Melanoma

D. Actinic keratosis

In solid organ transplant patients on lifelong immunosuppression, keratinocyte cancers—especially squamous cell carcinoma—are much more common and tend to be more aggressive. A lesion described as hyperkeratotic, erythematous, crusted, and with ulceration fits invasive squamous cell carcinoma well. The thick hyperkeratosis reflects abnormal squamous cell proliferation producing excess keratin, while ulceration indicates invasion through the epidermis into the dermis and tissue breakdown. Immunosuppression blunts immune surveillance, allowing these lesions to develop and progress more readily. Basal cell carcinoma usually appears as a pearly, translucent papule with telangiectasias and rolled borders, and ulceration, if present, is not the defining feature. Melanoma typically shows a pigmented lesion with asymmetry, irregular borders, and color variation rather than a predominantly crusted, hyperkeratotic plaque. Actinic keratosis is a rough, scaly patch on sun-exposed skin and is considered a precursor lesion rather than an invasive cancer, though it can progress to squamous cell carcinoma. Thus, the description most strongly points to squamous cell carcinoma.

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7. 24-hour urine free cortisol testing is used to diagnose which condition?

A. Cushing disease

B. Addison disease

C. Pheochromocytoma

D. Acromegaly

Measuring 24-hour urinary free cortisol looks for cortisol that's produced over an entire day, capturing hypercortisolism that a single test might miss. When this urinary cortisol is elevated, it points to Cushing syndrome as the cause of excess cortisol. Addison disease would show low cortisol rather than high; pheochromocytoma involves catecholamines, not cortisol; acromegaly stems from excess growth hormone. So this test is used to identify Cushing syndrome, with Cushing disease (the pituitary-related form) being the specific context in many cases. If the result is high, further tests are done to pinpoint the exact source, such as ACTH measurement and follow-up suppression or stimulation tests to distinguish pituitary from adrenal or ectopic causes.

8. Nonsteroidal anti-inflammatory drugs (NSAIDs) affect renal function by:

A. Decreasing risk

B. No effect

C. Increasing risk of renal impairment

D. Improving renal perfusion

NSAIDs impair renal function by blocking cyclooxygenase enzymes and reducing prostaglandin production in the kidney. Prostaglandins such as PGE2 and PGI2 normally dilate the afferent arteriole and help maintain glomerular filtration when kidney perfusion is compromised (for example, during dehydration, volume depletion, heart failure, or chronic kidney disease). By inhibiting these prostaglandins, NSAIDs cause constriction of the afferent arteriole, lowering renal blood flow and the glomerular filtration rate, which raises the risk of renal impairment or acute kidney injury. This risk is especially notable in patients who are volume-depleted or on other nephrotoxic or hemodynamically active drugs (like diuretics or certain antihypertensives).

9. The proportion with the lowest false negative rate will have the highest which measure?

A. Specificity

B. NPV

C. PPV

D. Sensitivity

Lower false negative rate means the test misses fewer people who actually have the disease. Sensitivity captures exactly that idea: it is the proportion of true diseased individuals correctly identified, calculated as TP ÷ (TP + FN). The false negative rate is the complement of sensitivity, FN ÷ (TP + FN) = 1 − sensitivity. So when the false negative rate is lowest, sensitivity is highest. Other metrics don't track this directly—specificity relates to non-diseased, and predictive values depend on disease prevalence. Therefore the highest measure in this scenario is sensitivity.

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10. Stevens-Johnson syndrome or toxic epidermal necrolysis should be managed with:

A. Supportive care and wound management + ICU burn unit admission

B. Systemic steroids

C. Antibiotics only

D. Observation at home

The main concept is that extensive skin loss from Stevens-Johnson syndrome or toxic epidermal necrolysis behaves like a burn injury, so the best management is aggressive supportive care in a setting equipped to handle burn patients. This means admission to an ICU or burn unit where fluid and electrolyte balance can be tightly monitored, temperature and nutrition maintained, and wound care and infection prevention can be specialized. Wound management with sterile dressings and careful handling reduces pain and infection risk, while multidisciplinary support addresses respiratory, renal, and other potential organ concerns as the condition evolves. Systemic steroids are not routinely used as the primary treatment because they have not consistently shown clear benefit and can raise the risk of infection and delay healing. Antibiotics alone don't treat the underlying mucocutaneous disease; they're only relevant if an infection actually develops. Observing at home is inappropriate due to the high risk of rapid progression, dehydration, sepsis, and multi-organ failure.

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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://nbmeform9.examzify.com

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

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