



USMLE-STEP-2^{Q&As}

United States Medical Licensing Step 2

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**QUESTION 1**

Identify the defense mechanisms of a person accusing another of being angry and jealous when the feelings belong to oneself

- A. acting out
- B. altruism
- C. displacement
- D. intellectualization
- E. passive-aggressive behavior
- F. projection
- G. rationalization
- H. reaction formation
- I. sublimation
- J. suppression

Correct Answer: F

Defense mechanisms provide a means for dealing with anxiety and affect. The mechanisms chosen range from the very narcissistic and immature to mature. In suppression, a person makes a conscious decision to put the conflict aside until it can be dealt with more appropriately. On the other hand, in acting out, there is little or no attempt to contain the affect, and it is directly expressed, as in name calling. Sublimation provides a channel for the indirect expression of a need or affect. Its use is positive and socially acceptable. In reaction formation, the person acts as if the strong need or affect did not exist and acts out the opposing feeling. In projection, unacceptable feelings and thoughts are denied as part of the self and instead are "put on" the other person.

QUESTION 2

During the course of psychotherapy with a woman who has a severe phobia of cars, it is discovered that her first sexual experience, which was a humiliating one for her, took place in an automobile. What is the defense mechanism illustrated by this phobia called?

- A. acting out
- B. reaction formation
- C. displacement
- D. sublimation
- E. repression

Correct Answer: C



In the defense mechanism of displacement, an emotion is severed from its original connection with a person or event and attached to a substitute person or object. With its origin thus disguised, the emotion may be more safely expressed. In the example described in the question, anxiety associated with sexual feelings is displaced on to the setting in which they occurred, with resulting phobic anxiety.

QUESTION 3

A 4-year-old child was brought in for evaluation of sleep problems. He cried and screamed within an hour of falling asleep. He seemed disoriented and confused; he did not seem aware of his parents' presence. They were unable to arouse him to comfort him. This resolved spontaneously, and he had no recollection of the event the next morning. You informed the parents that he was most likely experiencing which of the following?

- A. nightmares
- B. night terrors
- C. somnambulism
- D. somniloquy
- E. narcolepsy

Correct Answer: B

Parasomnias or disorders of arousal include nightmares, night terrors, sleepwalking (somnambulism), and sleep talking (somniloquy). This pattern suggests night terrors and is most common between ages 2 and 6 years. Nightmares occur at any age but peak between ages 3 and 5 years; they occur later in the night during rapid eye movement (REM) sleep. The child usually remembers the dream vividly, is upset on waking, but can be comforted by the parent. Sleepwalking occurs, as do night terrors, during non-REM sleep. It is most common between ages 4 and 8 years; safety of the child is the main concern. Sleep talking is not specific to any stage of sleep and may occur in association with nightmares and night terrors. Narcolepsy is a rare disorder characterized by excessive daytime sleepiness. Confirmation requires referral to a sleep laboratory

QUESTION 4

A 44-year-old secretary presents with a fever of 103°F, headache, and stiff neck. You entertain a diagnosis of bacterial meningitis and begin antibiotics immediately. With bacterial meningitis, which of the following is a likely finding in the cerebrospinal fluid (CSF)?

- A. leukocytes between 100 and 500/mm
- B. CSF pressure between 100 and 120 mmH₂O
- C. negative Gram stain
- D. glucose >120 mg/dL
- E. protein levels >45 mg/dL

Correct Answer: E



The Gram stain is positive in three-fourths of bacterial meningitis cases. Leukocyte counts average between 5000 and 20,000; CSF pressure is consistently elevated usually above 180 mmH₂O; glucose levels are usually lower than 40 mg/dL, or less than 40% of blood glucose; and protein levels are higher than 45 mg/dL in 90% of cases

QUESTION 5

Food-borne illness has been a recurrent problem in your community over the past year. As a result of this, you ask that the health department's registered sanitarian pay particular attention to which of the following during his inspection of restaurants?

- A. unhygienic food-handling methods
- B. improper storage of rodenticides
- C. inadequate cooking
- D. the use of unlabeled products
- E. use of old utensils

Correct Answer: A

The major hazards associated with foodborne illnesses are of biological origin. Although all of the phases of the food preparation process may present opportunities for contamination, the major problem is related to food handling rather than to the quality of the food itself. Poor personal hygiene and improper holding temperatures are the leading factors resulting in contamination with bacterial and viral pathogens. Commonly reported pathogens include Salmonella, S. aureus, Shigella, C. perfringens, E. coli, hepatitis A, and Norovirus (previously described as Norwalk-like virus).

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