

## What to do When You're Stuck Between Two Answers on Med School Exams

When you narrow to two answers, you are no longer guessing—you are using partial knowledge + reasoning. Your goal is to identify the “more correct” answer, not just a plausible one.

### Common Pitfalls

- Picking the answer that is familiar instead of correct
- Choosing based on wording comfort rather than reasoning
- Overthinking simple questions into complex scenarios
- Not recognizing that one answer is only partially true

### Strategies

#### 1. Re-read the question and ask: “Which answer BEST matches the task?”

- MCQs test selection of the best answer, even when multiple are partly correct.
- Incorrect choices are often partly true but do not fully answer the question.
- Ask:
  - Which option fully answers *what is being asked* (diagnosis vs next step vs mechanism)?
  - Which one fits ALL details of the vignette, not just some?

#### 2. Compare differences—not similarities

- When down to two options, the key step is identifying how they differ and which is more accurate.
- MCQs are designed to discriminate using small but critical distinctions.
- Write mentally:
  - “Answer A implies \_\_\_; Answer B implies \_\_\_.”
  - Then ask: Which matches the clinical scenario more precisely?

#### 3. Use the “process of elimination” deliberately

- Elimination improves decision-making by leveraging partial knowledge, even without certainty.
- Reducing options increases probability of correct selection (e.g., 25% → 50%).
- For your final 2:
  - Identify why one is wrong, not just why one might be right
  - If one contains any incorrect element → eliminate it

#### 4. Prefer the answer that is more complete and precise

- Correct answers are typically those that fully and accurately address the scenario, not partially correct ones.
- Distractors (see NBME Test Taking Strategies Tip Sheet) often fail because they are too narrow, too broad, or conditionally true.
- Choose the answer that:
  - Requires the fewest assumptions

- Aligns most cleanly with clinical reasoning

## 5. Watch for classic distractor patterns

Common features of wrong answers include:

- Absolute terms (always, never) → often incorrect
- Partially correct but incomplete answers
- Out-of-scope or irrelevant details
- If one option contains a flaw—even a subtle one—it is likely incorrect.

## 6. Use “opposites” strategically

- When two answers are direct opposites, one is often correct (test-writing pattern).
- If your two remaining answers oppose each other:
- Focus on which is consistent with the key clinical finding

## 7. Use metacognitive confidence judiciously (but don’t rely on anxiety)

- Accuracy improves when decisions are guided by **metacognitive monitoring**, not vague doubt.
- Confidence should reflect **reasoned judgment**, not emotional discomfort.
- Ask: “Do I have a reason?”
- If both seem equal → choose the one supported by **even a small piece of specific evidence**

## 8. If truly stuck, make an educated guess (don’t leave blank)

- In MCQs, guessing based on elimination is preferable because it uses **partial knowledge rather than randomness**.
- After elimination → commit and move on
- Avoid excessive time loss on a single 50/50 item

## Quick Mental Checklist (At 50/50)

Ask yourself:

1. What is the question REALLY asking?
2. How are the two answers different?
3. Which one matches ALL findings?
4. Which one has zero incorrect elements?
5. When stuck between two answers:
  - a. Don’t ask “Which feels right?”
  - b. Ask “Which is LESS WRONG?”
6. If still tied → choose and move on

Need more help? Schedule an appointment with [Dr. Jade J. O'Dell](#)

## References

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