Clinical Decision-Making (CDM) Cases Part I Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

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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.

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!

Questions

1. In adolescents who are immunocompromised or older than 15, how many HPV vaccine doses are recommended?

A. 2 doses.

B. 4 doses.

C. 1 dose.

D. 3 doses.

2. In pregnancy, pyelonephritis is best managed with which approach?

A. Outpatient oral antibiotics

B. Inpatient hospital admission with IV antibiotics

C. CT scan

D. IV fluids only

3. After an ischemic stroke, what tests help identify the embolic source?

A. MRI

B. Echocardiography

C. Carotid ultrasound

D. All of the above

4. Which Fahrenheit value exactly corresponds to the fever threshold in Celsius?

A. 98.6 F

B. 99.5 F

C. 100.4 F

D. 101.3 F

5. Which statement best differentiates osteoarthritis from rheumatoid arthritis?

A. Symmetric Joint Involvement

B. Morning Stiffness Lasting More Than 30 Minutes

C. Obesity

D. Morning Stiffness Lasting Less Than 30 Minutes

6. Oxygen therapy in NSTEMI should be given only under what condition?

A. Always

B. If chest pain

C. Patient request

D. Oxygen only if SpO2 < 90%

7. A patient with dermatitis herpetiformis associated with celiac disease requires therapy; which two treatments are standard initial management?

A. Dapsone

B. Gluten-free diet

C. Dapsone and gluten-free diet

D. Prednisone

8. A 36-year-old woman with shortness of breath and chest pain on oral contraceptives presents; which test is most appropriate to evaluate suspected pulmonary embolism given the context?

A. D-dimer

B. CT pulmonary angiography

C. Echocardiography

D. V/Q scan

9. Which test helps rule out a pericardial effusion in suspected pericarditis?

A. ECHOCARDIOGRAPHY

B. TROPN TREND

C. ECG

D. CHEST X-RAY

10. After total knee arthroplasty, which prophylaxis is commonly used to reduce the risk of DVT?

A. LMWH

B. Warfarin

C. Aspirin

D. None

Answers

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

Explanations

1. In adolescents who are immunocompromised or older than 15, how many HPV vaccine doses are recommended?

A. 2 doses.

B. 4 doses.

C. 1 dose.

D. 3 doses.

Dosing hinges on age at the start and immune status. For those who begin vaccination at age 15 or older, or who are immunocompromised, the immune response is not as robust as in younger, healthy individuals, so a three-dose series is recommended to ensure adequate and durable protection. The three doses are given over about six months (0, 1–2 months, and 6 months). This makes three doses the best choice for achieving sufficient immunity in this group.

2. In pregnancy, pyelonephritis is best managed with which approach?

A. Outpatient oral antibiotics

B. Inpatient hospital admission with IV antibiotics

C. CT scan

D. IV fluids only

Pyelonephritis in pregnancy is a potentially serious systemic infection that can worsen quickly, so it requires reliable drug delivery and close monitoring. The safest and most effective approach is inpatient care with IV antibiotics. Hospital admission ensures rapid administration of parenteral therapy, allows monitoring of both mother and fetus, and makes it easier to manage any complications such as dehydration or sepsis. Once the patient stabilizes and is afebrile for 24–48 hours, many regimens can switch to oral antibiotics to complete the course. Outpatient oral antibiotics are not ideal for this scenario because oral therapy may not achieve the prompt, adequate drug levels needed to control a febrile UTI in pregnancy, and it provides less immediate access to monitoring and supportive care. A CT scan is not part of the initial management of acute pyelonephritis in pregnancy due to radiation exposure and the fact that the diagnosis is clinical and laboratory-based; imaging, if needed later to evaluate obstruction or complications, is typically ultrasound. IV fluids are supportive but insufficient on their own to treat the infection. In short, the best approach is hospital admission with IV antibiotics, with transition to oral therapy as the patient improves.

3. After an ischemic stroke, what tests help identify the embolic source?

A. MRI

B. Echocardiography

C. Carotid ultrasound

D. All of the above

After an ischemic stroke, finding where the embolus originated is essential for preventing a future event. This requires evaluating both potential arterial sources and cardiac sources, while brain imaging confirms the stroke and can hint at an embolic pattern. Brain MRI plays a dual role. It confirms the ischemic injury and, with specific imaging sequences, can reveal patterns that suggest an embolic mechanism—such as multiple lesions in different vascular territories. Advanced MRI techniques (like MR angiography) can also help visualize the vessels themselves, identifying occlusions or stenoses that point to an embolic source. Echocardiography, whether transthoracic or transesophageal, looks for cardiac origins of emboli. It can detect atrial fibrillation with atrial thrombus, left ventricular thrombus after a myocardial infarction, valvular disease that can harbor clots, vegetations from endocarditis, or a patent foramen ovale that allows a paradoxical embolus. Carotid ultrasound assesses the carotid arteries for significant stenosis or unstable atherosclerotic plaques, which can be a direct source of emboli to the brain. Because emboli can arise from multiple sites and each test screens a different potential source, using MRI, echocardiography, and carotid ultrasound together provides the most complete identification of the embolic source. This is why all of these tests are useful in the workup.

4. Which Fahrenheit value exactly corresponds to the fever threshold in Celsius?

A. 98.6 F

B. 99.5 F

C. 100.4 F

D. 101.3 F

The main idea is converting between Celsius and Fahrenheit to find the exact Fahrenheit equivalent of a given Celsius fever threshold. If the fever threshold is 38.0°C, convert using F = C × 9/5 + 32. That gives F = 38 × 9/5 + 32 = 68.4 + 32 = 100.4°F. So the exact Fahrenheit value is 100.4°F. The other values do not match 38.0°C: 98.6°F is about 37.0°C, 99.5°F is about 37.5°C, and 101.3°F is about 38.5°C.

5. Which statement best differentiates osteoarthritis from rheumatoid arthritis?

A. Symmetric Joint Involvement

B. Morning Stiffness Lasting More Than 30 Minutes

C. Obesity

D. Morning Stiffness Lasting Less Than 30 Minutes

Morning stiffness duration is the key idea here. Osteoarthritis tends to cause brief, mechanical stiffness that resolves quickly, usually under 30 minutes. In contrast, rheumatoid arthritis is an inflammatory condition, and stiffness in RA typically lasts longer than 30 minutes, often for hours. So a statement describing morning stiffness lasting less than 30 minutes aligns with osteoarthritis and serves as the best distinction from rheumatoid arthritis. Other options are less reliable: symmetric joint involvement can occur in RA but isn't exclusive and OA can be symmetric in some cases; obesity can be a risk factor for OA but isn't a clear differentiator; morning stiffness lasting more than 30 minutes would point toward RA rather than OA, not differentiate OA from RA.

6. Oxygen therapy in NSTEMI should be given only under what condition?

A. Always

B. If chest pain

C. Patient request

D. Oxygen only if SpO2 < 90%

Oxygen therapy in NSTEMI is used only when there is true hypoxemia, not as a routine measure for every patient. The best approach is to administer supplemental oxygen only if the blood oxygen saturation is below 90% (SpO2 < 90%) or if the patient shows clear signs of respiratory distress or hypoxemia. When oxygenation is already adequate, giving oxygen does not improve outcomes and can potentially cause harm from hyperoxia, so it's avoided. So, the option indicating oxygen should be given only if SpO2 is less than 90% aligns with the evidence-based practice. Administering oxygen just because of chest pain or at patient request, or giving it to all NSTEMI patients, do not reflect the targeted, beneficial use of oxygen and are not supported when there is no hypoxemia.

7. A patient with dermatitis herpetiformis associated with celiac disease requires therapy; which two treatments are standard initial management?

A. Dapsone

B. Gluten-free diet

C. Dapsone and gluten-free diet

D. Prednisone

The key idea is that management combines rapid skin symptom relief with long-term control of the underlying gluten-sensitive disease. Dermatitis herpetiformis is a skin manifestation of celiac disease caused by IgA immune deposits at the dermal papillae; treating it effectively requires addressing both the rash and the intestinal trigger. Dapsone provides quick relief from itching and lesions by reducing neutrophil-driven inflammation in the skin. It acts fast, improving symptoms within days, but it doesn't treat the underlying gluten sensitivity, so the rash can recur if gluten is ingested. A strict gluten-free diet tackles the root cause by removing the trigger that drives the immune response in celiac disease. Over time, this leads to healing of the intestinal mucosa and a reduction in new skin lesions. Therefore, starting both therapies together is the standard initial approach: dapsone for immediate cutaneous relief and a gluten-free diet for long-term control. Be mindful that dapsone can have side effects like hemolysis or methemoglobinemia, especially in G6PD deficiency, so monitoring is important.

8. A 36-year-old woman with shortness of breath and chest pain on oral contraceptives presents; which test is most appropriate to evaluate suspected pulmonary embolism given the context?

A. D-dimer

B. CT pulmonary angiography

C. Echocardiography

D. V/Q scan

Pulmonary embolism is best evaluated with CT pulmonary angiography in a hemodynamically stable patient because it directly visualizes clots within the pulmonary arteries with high sensitivity and specificity. It also allows rapid, definitive diagnosis and can reveal other thoracic abnormalities that could explain the symptoms. D-dimer is a useful screening tool only when the pretest probability is low; in a patient with risk factors for clotting (such as estrogen-containing oral contraceptives) and compatible symptoms, a positive or even negative D-dimer would not reliably rule in or rule out PE, so it isn't the best first test here. Echocardiography isn't diagnostic for PE—it helps assess potential right-heart strain in massive cases but doesn't establish the presence of emboli. A V/Q scan is a reasonable alternative when CT is contraindicated (e.g., iodinated contrast allergy or pregnancy) or if chest X-ray findings would impair CT interpretation, but CT pulmonary angiography is faster, more widely available, and more definitive in most nonpregnant patients.

9. Which test helps rule out a pericardial effusion in suspected pericarditis?

A. ECHOCARDIOGRAPHY

B. TROPN TREND

C. ECG

D. CHEST X-RAY

Detecting a pericardial effusion requires imaging that directly visualizes the pericardial space and can assess its hemodynamic impact. Echocardiography uses ultrasound to rapidly show whether fluid surrounds the heart, estimate the effusion's size, and identify signs of tamponade such as chamber compression or abnormal variation in filling. Because it can detect even small amounts of fluid at the bedside and evaluate its effect on heart function, it's the most reliable test to rule out an effusion in suspected pericarditis. Troponin trend helps distinguish myocardial injury but doesn't visualize fluid around the heart. ECG changes are common in pericarditis but don't reliably indicate whether an effusion is present. Chest X-ray may miss small effusions and only suggests large ones, so it cannot safely rule out an effusion.

10. After total knee arthroplasty, which prophylaxis is commonly used to reduce the risk of DVT?

A. LMWH

B. Warfarin

C. Aspirin

D. None

After total knee arthroplasty, the risk of blood clots is high because of immobility, surgical vessel injury, and a postoperative hypercoagulable state. To lower this risk, pharmacologic prophylaxis is routinely used alongside mechanical methods. Low-molecular-weight heparin is commonly chosen because its anticoagulant effects are predictable when given subcutaneously, it usually doesn't require regular blood monitoring, and it has strong evidence from orthopedic surgery trials showing a meaningful reduction in deep vein thrombosis and pulmonary embolism after knee replacement. Warfarin, while effective, requires careful monitoring of the INR and has more interactions and variability in onset, making perioperative management more complex. Aspirin is used in some protocols, but it generally provides less robust protection against DVT compared with LMWH, and its effectiveness can be variable depending on the patient and protocol. Doing nothing would leave the risk untreated. So the most commonly used prophylaxis in this context is low-molecular-weight heparin.

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://cdmcasespart1.examzify.com

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