Critical Inquiry Exam 1 Practice (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. External validity refers to what aspect of study results?

A. The extent to which results generalize to other populations

B. The correctness of data entry

C. The precision of a measurement

D. The ability to replicate results in the same sample

2. Which statement best describes descriptive statistics?

A. They summarize data.

B. They test hypotheses about populations.

C. They estimate population parameters.

D. They determine causality.

3. Which statement correctly describes the relation of odds ratio to relative risk when the outcome is rare?

A. Odds ratio approximates relative risk when the outcome is rare.

B. Relative risk approximates odds ratio when the outcome is rare.

C. Hazard ratio approximates relative risk when the outcome is rare.

D. Absolute risk reduction approximates relative risk when the outcome is rare.

4. Which statement about accountability in authorship criteria is correct?

A. Being able to identify all aspects of the work and take responsibility for its integrity.

B. Being the most senior author.

C. Having a large grant.

D. Writing the methods section only.

5. True or False: Evidence-based medicine replaces clinical expertise.

A. True

B. False

C. Sometimes True

D. Not Applicable

6. Which are elements of clinical reasoning?

- **A. Only data collection**
- **B. Only statistics**
- **C. Clinical assumptions, concepts, interpretation, information, question at hand, purpose, point of view, implications, and consequences**
- **D. The final diagnosis alone**

7. Which of the following best describes a funnel plot in meta-analysis?

- **A. A plot that shows only the largest studies to highlight effect size.**
- **B. A plot used to detect asymmetry suggesting publication bias.**
- **C. A plot of hazard ratios over time.**
- **D. A plot comparing sample sizes across studies.**

8. Triangulation forms in qualitative research include which two forms?

- **A. Data triangulation and methodological triangulation.**
- **B. Data triangulation and sampling triangulation.**
- **C. Instrument triangulation and theoretical triangulation.**
- **D. Temporal triangulation and cross-sectional triangulation.**

9. One of the nine principles for the physical therapist code of ethics is:

- **A. Confidentiality**
- **B. Empathy**
- **C. Respect**
- **D. Education**

10. What is Step 4 in the EBP process?

- **A. Identify the need for information and develop a searchable clinical question.**
- **B. Conduct a search to find the best possible research evidence to answer your question.**
- **C. Critically appraise the research evidence for applicability and quality.**
- **D. Integrate the evidence with clinical expertise and patient's values and circumstances.**

Answers

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

Explanations

1. External validity refers to what aspect of study results?

A. The extent to which results generalize to other populations

B. The correctness of data entry

C. The precision of a measurement

D. The ability to replicate results in the same sample

External validity is about generalizability: how well the study's findings apply beyond the exact sample and settings used in the research. It answers whether results would hold for people in other populations, in different environments, or at different times. This matters because researchers want to know if the conclusions can inform real-world practice or policy, not just the specific study conditions. This is separate from data-entry accuracy (ensuring data were recorded correctly), measurement precision (how reliably the instrument measures the construct), or reproducing results within the same sample (which speaks to reliability rather than whether findings apply elsewhere).

2. Which statement best describes descriptive statistics?

A. They summarize data.

B. They test hypotheses about populations.

C. They estimate population parameters.

D. They determine causality.

Descriptive statistics are about summarizing what the data show. They take a large set of numbers and reduce it to concise descriptors like the mean, median, mode, range, standard deviation, or simple graphs, all aimed at describing the observed data itself without making broader inferences. This is why the best statement is that descriptive statistics summarize data. The other ideas involve moving beyond the data you have. Hypothesis testing and estimating population parameters are inferential tasks: they use the sample to draw conclusions about a larger population. Determining causality goes further, requiring experimental control or careful design to distinguish cause from correlation. Descriptive statistics stay focused on describing the data you observed, not on inferring or proving relationships beyond that data.

3. Which statement correctly describes the relation of odds ratio to relative risk when the outcome is rare?

A. Odds ratio approximates relative risk when the outcome is rare.

B. Relative risk approximates odds ratio when the outcome is rare.

C. Hazard ratio approximates relative risk when the outcome is rare.

D. Absolute risk reduction approximates relative risk when the outcome is rare.

When the outcome is rare, the probability of the event is small in both groups, so the odds and the actual risk are almost the same. Because risk ratios compare probabilities and odds ratios compare odds, their values become very close in this rare-event scenario. In practice, you can see that the relative risk and the odds ratio approximate each other as the event becomes rarer, so saying that relative risk approximates odds ratio is a natural way to express this relationship. For example, if the risk in the exposed group is 2% and in the unexposed group is 1%, the relative risk is 2.0. The corresponding odds are about 0.0204 in the exposed group and 0.0102 in the unexposed group, giving an odds ratio also around 2.0. As the outcome becomes even rarer, the two measures converge even more.

4. Which statement about accountability in authorship criteria is correct?

A. Being able to identify all aspects of the work and take responsibility for its integrity.

B. Being the most senior author.

C. Having a large grant.

D. Writing the methods section only.

Accountability in authorship criteria means that authors are answerable for the work as a whole and must be able to identify and defend every aspect of the study, from design and data collection to analysis, interpretation, and reporting. This requires taking responsibility for the integrity of the entire manuscript and being willing to address questions, errors, or corrections that arise after publication. The statement about identifying all parts of the work and taking responsibility for its integrity best captures this obligation, because it ties together both comprehensive understanding and active responsibility for accuracy. Being the most senior author does not by itself guarantee accountability for all elements of the project, as leadership position doesn't automatically entail responsibility for every component. Having a large grant or writing only the methods section likewise reflects resources or scope, but not the explicit ethical duty to stand behind the entire work's integrity.

5. True or False: Evidence-based medicine replaces clinical expertise.

A. True

B. False

C. Sometimes True

D. Not Applicable

Evidence-based medicine combines the best available research evidence with clinical expertise and patient values. It informs decisions using high-quality data, but clinical expertise is still essential to interpret that evidence, judge its applicability to a specific patient, and integrate the patient's preferences. Because of that, evidence-based medicine does not replace clinical expertise; it complements it. The idea is to use rigorous evidence as a guide while relying on professional judgment and patient context to tailor decisions. So the statement is false.

6. Which are elements of clinical reasoning?

A. Only data collection

B. Only statistics

C. Clinical assumptions, concepts, interpretation, information, question at hand, purpose, point of view, implications, and consequences

D. The final diagnosis alone

Clinical reasoning is a holistic, stepwise thinking process that blends gathering information with interpretation, hypothesis generation, and planning. It goes beyond simply collecting data to include how we interpret that data, the questions we're trying to answer, and the purpose and perspective guiding our thinking. The elements listed—assumptions, concepts, interpretation, information, the question at hand, purpose, point of view, as well as the implications and consequences of decisions—toster these parts of the process. They reflect how clinicians organize knowledge, frame problems, and anticipate outcomes, linking data to a course of action tailored to the patient. Data collection alone misses how we interpret findings and how we weigh options. Statistics or quantitative results without clinical context don't reveal how a clinician judges relevance or applicability to a patient. Relying on the final diagnosis alone omits how the clinician arrived there, including the questions asked, the assumptions considered, and the potential consequences of different actions.

7. Which of the following best describes a funnel plot in meta-analysis?

A. A plot that shows only the largest studies to highlight effect size.

B. A plot used to detect asymmetry suggesting publication bias.

C. A plot of hazard ratios over time.

D. A plot comparing sample sizes across studies.

A funnel plot in meta-analysis is a visual tool to assess publication bias by looking at how study results spread as study precision changes. The idea is that if there's no bias or major differences between studies, larger, more precise studies will cluster near the true effect, while smaller studies will scatter more widely, creating a roughly symmetric funnel shape around the overall effect estimate. If the plot is asymmetric, especially with missing small studies that report non-significant or unfavorable results, it suggests publication bias or small-study effects. Typically, effect size is on the x-axis and a measure of precision (like the standard error) is on the y-axis, so the pattern of symmetry or lack thereof indicates whether the body of evidence might be biased. This makes it the best description among the options, because it captures both the purpose (detecting asymmetry due to bias) and the way the plot is constructed.

8. Triangulation forms in qualitative research include which two forms?

A. Data triangulation and methodological triangulation.

B. Data triangulation and sampling triangulation.

C. Instrument triangulation and theoretical triangulation.

D. Temporal triangulation and cross-sectional triangulation.

Triangulation in qualitative research strengthens credibility by examining the same issue from multiple angles. The two forms commonly highlighted are data triangulation and methodological triangulation. Data triangulation means collecting information from different sources or at different times or in different places to see whether findings converge. For example, using interviews with participants, observations in the field, and relevant documents to look for consistent patterns. Methodological triangulation means applying more than one qualitative method to study the same topic, such as combining interviews with participant observation or with document analysis, so the interpretation is checked against different kinds of evidence. This cross-method check helps reduce bias that can come from relying on a single method. The other pairings described either mix concepts not typically grouped together as the primary triangulation forms or rely on time or sampling variations rather than distinct triangulation forms.

9. One of the nine principles for the physical therapist code of ethics is:

A. Confidentiality

B. Empathy

C. Respect

D. Education

Respecting the rights and dignity of all individuals is the guiding standard for how physical therapists should interact with patients, families, and colleagues. This principle sits at the heart of ethical practice because it frames consent, autonomy, cultural sensitivity, and professional boundaries in every encounter. By explicitly stating respect for rights and dignity, the code directs therapists to treat people with fairness, consideration, and honesty, which naturally supports safe and effective care. Confidentiality, while essential, is a specific obligation that flows from respecting privacy, not the primary principle itself. Empathy is important for compassionate care but is a personal quality rather than a named principle in the nine-principle framework. Education matters for ongoing professional growth but is not listed as one of the core principles.

10. What is Step 4 in the EBP process?

A. Identify the need for information and develop a searchable clinical question.

B. Conduct a search to find the best possible research evidence to answer your question.

C. Critically appraise the research evidence for applicability and quality.

D. Integrate the evidence with clinical expertise and patient's values and circumstances.

Step 4 is about applying the evidence by blending the best available research with your clinical expertise and the patient's values, preferences, and circumstances. After you've identified the need, crafted a searchable question, located the best evidence, and critically appraised its quality and relevance, the next move is to translate that evidence into real-world care. This means choosing actions that are supported by the evidence while also considering what the patient values, their risks and benefits, comorbidities, resources, and the feasibility of implementing the plan. It's the point where evidence meets practice and patient-centered care, rather than simply locating or judging studies. That integration is why this option is the best match for Step 4.

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://criticalinquiry1.examzify.com

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