

CRITICAL INQUIRY EXAM 1 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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

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- 1. In critical appraisal, which statement best describes validity threats?**
 - A. Statistical tests used.
 - B. Factors that could bias the study results and threaten conclusions.
 - C. Publication date.
 - D. Authors' credentials.
- 2. Identify the three Belmont Report principles and their application.**
 - A. Autonomy, confidentiality, fairness
 - B. Respect for persons, beneficence, justice
 - C. Nonmaleficence, beneficence, justice
 - D. Privacy, consent, vulnerability
- 3. Which statement best describes the role of clinical expertise in EBP as defined by Straus?**
 - A. Serve as the sole basis for care.
 - B. It is optional.
 - C. Help interpret and apply research within the patient's values and circumstances.
 - D. It is replaced by patient values.
- 4. What term describes the integration of the best available evidence with clinical expertise and patient values?**
 - A. Evidence-Based Practice
 - B. Randomized trial
 - C. Publication bias
 - D. Barriers
- 5. Which statement describes the relationship between power and Type II error?**
 - A. Increasing power increases the chance of a Type I error
 - B. Increasing power has no effect on Type II error
 - C. Increasing power reduces the probability of a Type I error
 - D. Increasing power reduces the probability of a Type II error

6. What is Step 1 in the EBP process?

- A. Identify the need for information and develop a searchable clinical question.
- B. Conduct a search.
- C. Critically appraise the evidence.
- D. Integrate with patient values.

7. What is typically the first step in thematic analysis?

- A. Familiarization
- B. Theme development
- C. Revision
- D. Reporting

8. Why is temporality essential in establishing causation, and how might cross-sectional studies fall short?

- A. Exposure must precede outcome; cross-sectional designs can establish temporality
- B. Temporality is irrelevant in etiologic inference
- C. Exposure must precede outcome; cross-sectional designs cannot establish temporality
- D. Temporal data are unnecessary for causal conclusions

9. Grounded Theory emphasizes theory development through iterative data collection and analysis. Which data collection method is typical?

- A. Large-scale surveys
- B. Iterative interviews
- C. Cross-sectional polls
- D. Secondary document analysis

10. Which data type has a true zero and allows multiplicative comparisons?

- A. Nominal
- B. Ordinal
- C. Interval
- D. Ratio

Answers

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

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Explanations

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1. In critical appraisal, which statement best describes validity threats?

- A. Statistical tests used.
- B. Factors that could bias the study results and threaten conclusions.**
- C. Publication date.
- D. Authors' credentials.

Understanding validity threats means focusing on biases and errors that could distort study results and the conclusions drawn. These threats come from how participants are selected, how outcomes are measured, how data are analyzed, or how missing data are handled—any factor that could bias results and lead you away from the truth. That makes the statement describing factors that could bias the results and threaten conclusions the best description of validity threats. Other aspects describe different concerns: statistical tests are about the methods used to analyze data, not threats to validity themselves; publication date affects relevance, not the study's bias; and authors' credentials relate to credibility, not the actual susceptibility of findings to bias.

2. Identify the three Belmont Report principles and their application.

- A. Autonomy, confidentiality, fairness
- B. Respect for persons, beneficence, justice**
- C. Nonmaleficence, beneficence, justice
- D. Privacy, consent, vulnerability

The idea being tested is recognizing the Belmont Report's three guiding principles and how they shape ethical research. The three guiding principles are respect for persons, beneficence, and justice. Respect for persons centers on treating individuals as autonomous agents and providing extra protection to those with diminished autonomy. In practice this shows up in the informed consent process, ensuring people understand what they are agreeing to, and safeguarding privacy and confidentiality. Beneficence calls for maximizing potential benefits while minimizing possible harms. Researchers weigh risks and benefits, design studies to reduce risk, monitor safety, and ensure that the anticipated benefits justify any burdens placed on participants. Justice focuses on fair distribution of research burdens and benefits. This means choosing subjects in a way that is equitable, avoiding exploitation of vulnerable groups, and ensuring that the benefits of research are accessible to those who contribute to it. In practice, these principles guide ethics review, the content and process of informed consent, risk–benefit analysis, and decisions about who is recruited. If anything else is mentioned, privacy and consent relate to the first principle, and nonmaleficence is a related idea in bioethics but is not one of the Belmont Report's three principles.

3. Which statement best describes the role of clinical expertise in EBP as defined by Straus?

- A. Serve as the sole basis for care.
- B. It is optional.
- C. Help interpret and apply research within the patient's values and circumstances.**
- D. It is replaced by patient values.

In evidence-based practice, clinical expertise serves as the bridge between research findings and the individual patient's situation. It involves using professional judgment to interpret what the research means for a specific patient, considering factors like comorbidities, feasibility, risks, and practicality, and then applying that evidence in a way that fits the patient's values and circumstances. This is why the statement that best describes its role is that it helps interpret and apply research within the patient's values and circumstances. This isn't the sole basis for care, nor is it optional, and it isn't meant to be replaced by patient values alone. Patient values are the other essential component, but clinical expertise is what lets you translate the general evidence into a personalized, workable plan.

4. What term describes the integration of the best available evidence with clinical expertise and patient values?

A. Evidence-Based Practice

- B. Randomized trial
- C. Publication bias
- D. Barriers

The concept being tested is Evidence-Based Practice. It describes using the best available evidence from research together with the clinician's own expertise and the patient's values and preferences to guide clinical decisions. In practice, this means asking a focused question, finding high-quality evidence, critically appraising it, and then applying it within the context of what the patient values and what the clinician knows from experience, followed by evaluating outcomes. This integrative approach distinguishes Evidence-Based Practice from simply relying on a single study design or on what patients or clinicians prefer without evidence. The other options don't capture this integrative decision-making process: a randomized trial is a study method, publication bias refers to selective reporting, and barriers are obstacles to implementing evidence.

5. Which statement describes the relationship between power and Type II error?

- A. Increasing power increases the chance of a Type I error
- B. Increasing power has no effect on Type II error
- C. Increasing power reduces the probability of a Type I error
- D. Increasing power reduces the probability of a Type II error**

The main idea is how confident we are in detecting a real effect. Power is the probability of correctly rejecting a false null hypothesis, while Type II error is the probability of failing to reject a false null. They are connected by $\text{power} = 1 - \text{beta}$, where beta is the Type II error rate. So when you increase power, beta decreases, meaning the chance of missing a true effect goes down. Methods to raise power include larger sample size, a larger true effect, or a design that improves sensitivity, all of which help detect real differences without necessarily inflating false positives. If you adjust alpha upward, you might increase Type I error, but the direct relationship between power and Type II error is inverse: higher power means lower Type II error. Therefore increasing power reduces the probability of a Type II error.

6. What is Step 1 in the EBP process?

- A. Identify the need for information and develop a searchable clinical question.**
- B. Conduct a search.
- C. Critically appraise the evidence.
- D. Integrate with patient values.

The step being tested is recognizing a clinical information need and turning it into a focused, searchable question. In evidence-based practice, you start by identifying what you want to know in the patient care context and articulating that need as a clear question, often using a framework like PICO to specify the patient or condition, the intervention, any comparison, and the desired outcome. This framing makes searching efficient and helps you pull the most relevant evidence without getting lost in extraneous results. That's why this option is the best choice: it foregrounds formulating the question before digging for evidence. After the question is defined, you would then search for information, critically appraise what you find, and finally integrate the evidence with patient values and preferences to inform care. If you jump straight to searching without a well-defined question, you risk gathering overwhelming or irrelevant results. Similarly, critical appraisal and integration come after you've collected and evaluated the pertinent evidence.

7. What is typically the first step in thematic analysis?

- A. Familiarization
- B. Theme development
- C. Revision
- D. Reporting

In thematic analysis, the first step is to become familiar with the data by immersing yourself in it—reading transcripts, listening to recordings if available, and noting your initial ideas. This deep familiarization helps you understand the breadth and nuances of what participants are saying before you start labeling parts of the data with codes. Once you really know the material, you move on to coding, where you label meaningful segments. The other steps—developing themes, revising them, and then reporting—come after coding and refinement, so familiarization is the essential starting point.

8. Why is temporality essential in establishing causation, and how might cross-sectional studies fall short?

- A. Exposure must precede outcome; cross-sectional designs can establish temporality
- B. Temporality is irrelevant in etiologic inference
- C. Exposure must precede outcome; cross-sectional designs cannot establish temporality
- D. Temporal data are unnecessary for causal conclusions

Temporality is the requirement that the cause occur before the effect. Without knowing the order, you can't rule out reverse causation or a shared third factor, so you can't confidently claim a causal link. Cross-sectional studies measure exposure and outcome at roughly the same moment. That snapshot tells you whether they're associated, but it doesn't reveal which came first. Because the temporal sequence is unknown, these designs can't establish causality even though they might show a correlation. They can still be informative about prevalence and associations, but not about whether the exposure actually leads to the outcome. In contrast, designs that follow people over time—like cohort studies—start with the exposure status and then observe subsequent outcomes, which makes temporality clear and supports causal inferences.

9. Grounded Theory emphasizes theory development through iterative data collection and analysis. Which data collection method is typical?

- A. Large-scale surveys
- B. Iterative interviews
- C. Cross-sectional polls
- D. Secondary document analysis

Iterative data collection and analysis drive Grounded Theory, and the data collection method that fits this approach best is in-depth interviews conducted in multiple waves. Researchers begin with open-ended interviews, code what they hear, and then use the emerging ideas to shape subsequent questions and pursue new or disconfirming evidence. This cycle—collect data, analyze, refine concepts, collect more data focused on developing those concepts—continues until the theory is well developed and saturated. Iterative interviews enable researchers to probe evolving categories, compare incidents, and expand or modify the theory as insights emerge. While surveys or document analysis can contribute, they don't support the same ongoing, theory-building cycle as closely as iterative interviews.

10. Which data type has a true zero and allows multiplicative comparisons?

- A. Nominal
- B. Ordinal
- C. Interval
- D. Ratio**

Multiplicity and a true zero point are what allow ratio data to be compared by multiplication. Ratio data have a meaningful zero that means "none of the quantity," so you can form ratios like twice as much, half as big, etc. Examples include height, weight, distances, or Kelvin temperature. Because the zero represents the absence of quantity, a value of 0 indicates no amount, and ratios are interpretable. The other data types don't support these multiplicative comparisons. Nominal data are just categories with no order or magnitude. Ordinal data have order but not equal intervals, so you can't determine meaningful ratios. Interval data have equal intervals, but their zero is arbitrary (like Celsius), so you can add or subtract meaningfully but not form true ratios.

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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://criticalinquiry1.examzify.com>

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

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