Critical Inquiry Exam 2 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. What are several factors that the length of follow-up depends on?

A. Costs

B. Ability to limit study drop-outs

C. Nature of the problem you are studying

D. Feasibility considerations

2. Outline the basic steps of grounded theory coding in order.

A. Open coding, axial coding, memoing, selective coding, and theory development.

B. Open coding, memoing, axial coding, selective coding, theory development.

C. Open coding, axial coding, selective coding, memoing, theory development.

D. Open coding, axial coding, selective coding, theory development, memoing.

3. The higher the +LR is, the more likely it is that the patient has the condition if they have a _____ test.

A. negative

B. inconclusive

C. positive

D. non-diagnostic

4. Which statement about power is true?

A. Power is the probability of finding a difference if none exists

B. Power is the probability of detecting a difference if one exists

C. Power increases with smaller sample size

D. Power is unaffected by variability

5. The impact study in CPR development aims to assess what?

A. Feasibility

B. User satisfaction only

C. The broader impact on clinical practice and decision making

D. Cost data

6. What does a p-value indicate in hypothesis testing?

A. The probability that the null hypothesis is true.

B. The probability of observing data as extreme as or more extreme than observed if the null is true.

C. The probability of making a Type I error.

D. The probability of replicating the study with the same results.

7. Which design is best described as data collected at a single point in time to estimate prevalence?

A. Cross-sectional studies

B. Longitudinal studies

C. Prospective studies

D. Retrospective studies

8. In a 2x2 diagnostic table, if the gold standard is positive and the clinical test is positive, this cell is called:

A. True Positives

B. False Positives

C. True Negatives

D. False Negatives

9. What term describes the probability that a patient has the condition before a test is applied?

A. Pretest probability

B. Posttest probability

C. Likelihood ratio

D. Sensitivity

10. What does meta-analysis do?

A. Collects bibliographic data and writes narrative.

B. Reviews the quality of evidence without numbers.

C. Quantitatively combines effect sizes across studies.

D. Identifies gaps in the literature qualitatively.

Answers

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

Explanations

1. What are several factors that the length of follow-up depends on?

A. Costs

B. Ability to limit study drop-outs

C. Nature of the problem you are studying

D. Feasibility considerations

Follow-up length is determined by when the outcomes of interest actually occur and can be measured. If the condition being studied progresses slowly or outcomes have a long latency, you need a longer follow-up to observe enough events and to see whether the exposure or intervention has an effect. Conversely, for outcomes that happen quickly after exposure, a shorter follow-up may suffice. You also plan the duration to ensure there are enough events to estimate effects with adequate statistical power, considering the natural history and timing of the problem. Practical factors like costs or feasibility influence how long you can realistically follow participants, but the necessary length is driven by how the problem unfolds over time.

2. Outline the basic steps of grounded theory coding in order.

A. Open coding, axial coding, memoing, selective coding, and theory development.

B. Open coding, memoing, axial coding, selective coding, theory development.

C. Open coding, axial coding, selective coding, memoing, theory development.

D. Open coding, axial coding, selective coding, theory development, memoing.

Grounded theory coding moves from breaking the data into meaningful pieces to linking those pieces and then building a cohesive explanation that fits the data. Start by open coding, where you verbatim label small chunks of data to capture their meanings. This creates a broad set of concepts from which patterns can emerge. Then axial coding shifts you to look at how these concepts relate, organizing them around core conditions, contexts, interactions, and consequences to map the structure of the data. After that, selective coding focuses the analysis on the central phenomenon and how other categories cohere around it, producing a more integrated story of what the data reveal. At this point, memoing becomes the tool to capture analytic thoughts, comparisons, and refinements about how the categories fit together and what that implies. These memos guide the final stage, theory development, where you articulate a grounded theory that explains the data and remains grounded in the observed evidence. The sequence allows the insights from coding and categorization to be recorded and refined before attempting to construct the theory, making the final theory more coherent and well-supported.

3. The higher the +LR is, the more likely it is that the patient has the condition if they have a _____ test.

A. negative

B. inconclusive

C. positive

D. non-diagnostic

A high positive likelihood ratio means a positive test result is strong evidence that the patient has the condition. It shows how much more likely a positive result is in someone with disease than in someone without. When the +LR is large, a positive result substantially increases the post-test probability (post-test odds = pre-test odds × +LR), so the patient is much more likely to have the condition if the test is positive. Negative results are interpreted with the negative likelihood ratio, and inconclusive or non-diagnostic results don't provide the same strong confirmation.

4. Which statement about power is true?

A. Power is the probability of finding a difference if none exists

B. Power is the probability of detecting a difference if one exists

C. Power increases with smaller sample size

D. Power is unaffected by variability

Power is the probability of detecting a true difference if one actually exists. It reflects how likely a study is to reject the null hypothesis when the alternative is true, i.e., 1 minus the probability of a Type II error. Power depends on several factors: how big the real difference is (effect size), how many observations you have (sample size), how variable the data are, and the chosen significance level. The statement identified as correct matches this idea: power measures the chance of finding a difference when there is one. The other ideas don't fit because they mix up concepts or ignore key influences. Power is not the probability of finding a difference when no difference exists—that describes the false positive rate (alpha). Power does not increase with smaller sample sizes; in fact, larger samples raise power. And power is affected by variability: more variability makes it harder to detect a true difference, reducing power.

5. The impact study in CPR development aims to assess what?

A. Feasibility

B. User satisfaction only

C. The broader impact on clinical practice and decision making

D. Cost data

The main idea is to understand how implementing a CPR tool or protocol actually changes real-world practice. An impact study looks at whether, in everyday clinical settings, the intervention influences how care is delivered, how clinicians make decisions, and how patient management evolves. It goes beyond just whether the tool can be used (feasibility), whether users like it (satisfaction), or what it costs (cost data) to evaluate its broad effects on practice patterns and decision making. That broader influence on clinical workflows and decisions is what this study aims to capture.

6. What does a p-value indicate in hypothesis testing?

A. The probability that the null hypothesis is true.

B. The probability of observing data as extreme as or more extreme than observed if the null is true.

C. The probability of making a Type I error.

D. The probability of replicating the study with the same results.

A p-value measures how compatible the observed data are with the assumption that there is no effect. It is the probability, assuming the null hypothesis is true, of obtaining data as extreme as or more extreme than what was actually observed. It is not the probability that the null is true, nor the probability of making a Type I error, nor the likelihood of replicating the study. A small p-value indicates the observed pattern would be unlikely if the null were true, so you would reject the null at your chosen significance level. A large p-value suggests the data are reasonably consistent with the null, so you would not reject it. The specific threshold you use (like 0.05) is a decision rule you set in advance. Remember that the p-value doesn't tell you the size of the effect or the probability of reproducing the result in a new study. It's about data under the assumption of the null and is influenced by sample size and variability.

7. Which design is best described as data collected at a single point in time to estimate prevalence?

A. Cross-sectional studies

B. Longitudinal studies

C. Prospective studies

D. Retrospective studies

Data collected at a single point in time to estimate prevalence are best described by a cross-sectional study. This approach gives a one-time snapshot of how common a condition or attribute is in a population, measuring both the presence of the outcome and the exposure status at the same moment. Because everything is captured at once, it's ideal for estimating how widespread something is, rather than how it develops over time. It can also reveal associations between factors, but it doesn't establish which came first, so it can't prove causality. Longitudinal designs follow people over time to observe changes and typically measure incidence rather than prevalence. Prospective studies are a type of longitudinal study where you start with an exposure and then track outcomes going forward. Retrospective studies look back using existing records to identify past exposures and outcomes. Thus, the single-point snapshot that yields prevalence estimates points to a cross-sectional approach.

8. In a 2x2 diagnostic table, if the gold standard is positive and the clinical test is positive, this cell is called:

A. True Positives

B. False Positives

C. True Negatives

D. False Negatives

When evaluating a diagnostic test, the intersection where both the gold standard and the test are positive is a true positive. This means the test correctly identified someone who truly has the condition, as confirmed by the definitive standard. It's the only cell where there is agreement on the presence of disease between the test and the gold standard. In contrast, a false positive would be test positive but the gold standard negative, a true negative would be both negative, and a false negative would be test negative but gold standard positive.

9. What term describes the probability that a patient has the condition before a test is applied?

A. Pretest probability

B. Posttest probability

C. Likelihood ratio

D. Sensitivity

Pretest probability is the probability a patient has the condition before any test is done. It reflects prior information you have from the patient and the setting—things like how common the disease is in the population, the patient's risk factors, and the presenting symptoms. This baseline estimate is what you start with when interpreting test results using Bayesian reasoning. Understanding the other terms helps see why this is the right choice: posttest probability is what you get after the test results are known, updating the pretest probability. The likelihood ratio is the statistic that tells you how much a particular test result shifts your estimate (it combines sensitivity and specificity to update odds). Sensitivity is about the test's ability to detect disease among those who actually have it, not about the initial probability before testing.

10. What does meta-analysis do?

A. Collects bibliographic data and writes narrative.

B. Reviews the quality of evidence without numbers.

C. Quantitatively combines effect sizes across studies.

D. Identifies gaps in the literature qualitatively.

Meta-analysis is a statistical method that integrates results from multiple studies by converting their findings into a common effect size and then pooling these effects to produce a single overall estimate. This quantitative synthesis increases precision and power, helping to determine whether an effect is present across studies and whether it's consistent or varies (heterogeneity). Other approaches describe narrative reviews that summarize findings without numbers, or qualitative assessments like judging study quality or identifying gaps, which do not combine data numerically—the defining feature of meta-analysis.

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://criticalinquiry2.examzify.com

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