Fellowship of the Higher Education Academy (FHEA) Practice Exam (Sample)

Study Guide

BY EXAMZIFY

Everything you need from our exam experts!

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Questions

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1. **What is the first-line therapy to add for a patient with Stage 3 heart failure having preserved left ventricular ejection fraction?**

   A. A statin

   B. An alpha blocker

   C. Digitalis

   D. A diuretic

2. **When prescribing drug therapy for an older adult, which type of drug should be avoided, if possible?**

   A. Low protein-binding drugs

   B. Liquid oral formulations

   C. Drugs with long half-life

   D. Topical application drugs

3. **Which of the following is true concerning acute bacterial prostatitis?**

   A. Gram-positive organisms are the most common cause of infection

   B. Length of antibiotic therapy is usually 1 week

   C. Perineal pain with defecation is a common complaint

   D. Cephalosporins are first-line therapy

4. **What is an appropriate treatment option for community-acquired pneumonia in a 45-year-old woman with no significant comorbidities?**

   A. Ampicillin

   B. Doxycycline (Doryx®)

   C. Cefuroxime (Ceftin®)

   D. Moxifloxacin (Avelox®)

5. **A patient with intention tremor is most likely experiencing which condition based on laboratory results?**

   A. Pernicious anemia

   B. Iron deficiency anemia

   C. Alcohol abuse

   D. Normal findings

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6. What benefit does a student experience when using interdisciplinary teaching methods?

- **A. Limited understanding of course material**
- **B. Enhanced collaborative skills**
- **C. Greater memorization of facts without context**
- **D. Increased focus on exams rather than learning**

7. How can learning contracts enhance the student-educator relationship?

- **A. By fostering increased competition among students**
- **B. By clearly defining mutual responsibilities and expectations**
- **C. By minimizing direct communication between parties**
- **D. By allowing educators to impose strict penalties for failure**

8. What is the most appropriate moderate-intensity statin treatment for a 67-year-old man with hypertension currently on diltiazem and HCTZ?

- **A. Lovastatin**
- **B. Simvastatin**
- **C. Atorvastatin**
- **D. Pravastatin**

9. How does collaboration with colleagues contribute to teaching improvement?

- **A. It allows for shared learning and innovative pedagogical strategies**
- **B. It isolates educators from different approaches**
- **C. It ensures conformity in teaching methods**
- **D. It complicates the teaching process**

10. In early osteoarthritis, radiographic assessment is most likely to show what finding?

- **A. Soft tissue swelling**
- **B. Osteophyte formation**
- **C. Joint space narrowing on X-ray**
- **D. Involvement of the metacarpals**

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Answers

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

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Explanations

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1. What is the first-line therapy to add for a patient with Stage 3 heart failure having preserved left ventricular ejection fraction?

A. A statin

B. An alpha blocker

C. Digitalis

D. A diuretic

In managing a patient with Stage 3 heart failure and preserved left ventricular ejection fraction (HFpEF), the first-line therapy is typically a diuretic. Diuretics are essential in treating heart failure, as they help manage fluid overload, which is a common symptom in these patients. By promoting the excretion of sodium and water, diuretics alleviate symptoms such as edema and dyspnea, improving the patient's quality of life. In this context, the need to control fluid retention and its associated complications is paramount, especially as symptoms can severely impact function and well-being. Diuretics also play a role in improving exercise tolerance and reducing hospitalizations due to heart failure exacerbations. The other options, although useful in different contexts, do not primarily address the immediate symptoms and needs of a patient with heart failure and preserved ejection fraction in the same way that diuretics do. Statins are mainly used for cholesterol management, alpha blockers are not standard in this scenario, and digitalis is typically used in heart failure with reduced ejection fraction or for rate control in atrial fibrillation, not as a first-line agent for HFpEF. Thus, diuretics stand out as the most appropriate and effective initial treatment in this situation

2. When prescribing drug therapy for an older adult, which type of drug should be avoided, if possible?

A. Low protein-binding drugs

B. Liquid oral formulations

C. Drugs with long half-life

D. Topical application drugs

Drugs with a long half-life should be avoided in older adults whenever possible because this population often has altered pharmacokinetics, meaning the way the body absorbs, distributes, metabolizes, and excretes medications can differ significantly from younger adults. Specifically, older adults may have diminished liver and kidney function, which affects the metabolism and clearance of drugs. A long half-life indicates that the drug remains in the body for an extended period before it is eliminated. This can lead to an accumulation of the drug and increase the risk of adverse effects, drug toxicity, and potential interactions with other medications. Given that many older patients are often on multiple prescriptions, the risk of complications rises when dealing with medications that linger in the system. In contrast, low protein-binding drugs, liquid formulations, and topical application drugs can generally be managed more safely within the older population, although they too have their considerations. Low protein-binding drugs may be preferred in some cases despite their potential risks, and liquid formulations can be easier for older adults to ingest, especially if they have swallowing difficulties. Topical medications typically minimize systemic absorption and can be beneficial for localized treatment, thus representing a generally safer option compared to drugs with longer systemic effects.

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3. Which of the following is true concerning acute bacterial prostatitis?

A. Gram-positive organisms are the most common cause of infection

B. Length of antibiotic therapy is usually 1 week

C. Perineal pain with defecation is a common complaint

D. Cephalosporins are first-line therapy

Acute bacterial prostatitis is an inflammation of the prostate gland caused by bacterial infection, often resulting in various symptoms related to both the urinary and reproductive systems. One of the hallmark symptoms of this condition is perineal pain, which can indeed be exacerbated during defecation. This pain results from the inflammation and swelling of the prostate, which is located near the rectum. As such, patients frequently report discomfort while undergoing bowel movements due to the proximity of the inflamed tissue, making the association with perineal pain during defecation a significant and relevant symptom of acute bacterial prostatitis. The other choices do not accurately reflect the typical characteristics or management of acute bacterial prostatitis. For instance, the most common causative organisms are typically Gram-negative bacteria rather than Gram-positive. Additionally, the duration of antibiotic therapy is generally longer, often extending to 4-6 weeks to adequately clear the infection. Lastly, while cephalosporins may be used in the treatment of various infections, the first-line therapy for acute bacterial prostatitis typically includes fluoroquinolones or trimethoprim-sulfamethoxazole.

4. What is an appropriate treatment option for community-acquired pneumonia in a 45-year-old woman with no significant comorbidities?

A. Ampicillin

B. Doxycycline (Doryx®)

C. Cefuroxime (Ceftin®)

D. Moxifloxacin (Avelox®)

Doxycycline is an appropriate treatment option for community-acquired pneumonia (CAP) in patients with no significant comorbidities, especially in adults. This antibiotic is effective against the most common pathogens causing CAP, such as Streptococcus pneumoniae and atypical bacteria like Mycoplasma pneumoniae and Chlamydophila pneumoniae. In cases of CAP without significant comorbidities, guidelines often recommend doxycycline as a first-line treatment due to its favorable side effect profile, oral bioavailability, and ability to cover typical and atypical pathogens effectively. Additionally, it is a cost-effective option for many patients. Other antibiotics listed may not be the first choice for this specific scenario. For instance, while ampicillin could be used, it is often recommended for more severe cases or in hospitalized patients. Cefuroxime provides broader coverage but is typically reserved for more complicated cases or those with specific risk factors. Moxifloxacin, a fluoroquinolone, is also an effective treatment, but it is generally recommended when there is a concern for more resistant organisms or when a patient has a history of poor adherence to treatment regimens. Overall, doxycycline balances effectiveness, safety, and appropriateness for treating uncomplicated community-acquired

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5. A patient with intention tremor is most likely experiencing which condition based on laboratory results?

A. Pernicious anemia

B. Iron deficiency anemia

C. Alcohol abuse

D. Normal findings

Intention tremor is characterized by a shaking that occurs during purposeful movements, particularly as a person is trying to touch a target. It is commonly associated with conditions that affect the cerebellum or its pathways, which play a crucial role in coordinating movement. In the context of alcohol abuse, chronic consumption can lead to cerebellar degeneration, resulting in symptoms such as intention tremor. This is due to the neurotoxic effects of alcohol on the cerebellum, which can impair motor coordination and lead to the characteristic tremors observed during intentional movements. Pernicious anemia and iron deficiency anemia are mainly hematological conditions that affect the production of red blood cells and do not directly cause intention tremors. Normal findings would indicate the absence of any disorders and would not correlate with the presence of intention tremor. Therefore, alcohol abuse is the most appropriate condition associated with intention tremor, as it directly impacts the neural structures responsible for coordinating movement.

6. What benefit does a student experience when using interdisciplinary teaching methods?

A. Limited understanding of course material

B. Enhanced collaborative skills

C. Greater memorization of facts without context

D. Increased focus on exams rather than learning

When students are engaged in interdisciplinary teaching methods, they experience a notable enhancement of their collaborative skills. Interdisciplinary approaches often involve working across different subject areas or disciplines, which encourages students to communicate effectively, share ideas, and learn from each other's perspectives. This collaborative engagement helps develop critical soft skills, such as teamwork, problem-solving, and adaptability. In contrast to approaches that may emphasize rote memorization or theory-focused learning, interdisciplinary teaching promotes a more holistic understanding of concepts. It allows students to apply knowledge in diverse contexts, fostering deeper connections and the ability to collaborate on complex issues that require input from multiple domains. This method not only prepares students for real-world challenges but also enhances their overall educational experience by cultivating a more interactive and enriched learning environment.

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7. How can learning contracts enhance the student-educator relationship?

A. By fostering increased competition among students

B. By clearly defining mutual responsibilities and expectations

C. By minimizing direct communication between parties

D. By allowing educators to impose strict penalties for failure

Learning contracts enhance the student-educator relationship by clearly defining mutual responsibilities and expectations. They establish a structured agreement between the student and educator, outlining what each party is accountable for in the learning process. This clarity helps to foster trust and collaboration, as both parties understand their roles and can engage more effectively. When students know what is expected of them and how they will be supported in their learning journey, it increases their sense of ownership and motivation. Additionally, this clarity creates opportunities for meaningful dialogue, as students and educators can refer to the learning contract during discussions about progress and challenges. By promoting transparency and open communication, learning contracts can strengthen the relationship, leading to a more productive and engaging educational experience.

8. What is the most appropriate moderate-intensity statin treatment for a 67-year-old man with hypertension currently on diltiazem and HCTZ?

A. Lovastatin

B. Simvastatin

C. Atorvastatin

D. Pravastatin

Pravastatin is considered the most appropriate moderate-intensity statin treatment for this scenario due to several factors. First, it has a well-established safety profile, particularly in older adults and those with multiple comorbidities, which is relevant for a 67-year-old man. Pravastatin is also less likely to interact with diltiazem, a calcium channel blocker the patient is currently prescribed, reducing concerns about potential drug interactions that could enhance side effects or diminish therapeutic efficacy. Furthermore, moderate-intensity statins like pravastatin effectively lower LDL cholesterol levels, which is essential for managing cardiovascular risk, especially in patients with hypertension. This aligns with guidelines that recommend statin therapy in older adults, particularly in the presence of hypertension, to prevent cardiovascular events. While lovastatin, simvastatin, and atorvastatin are also effective statins, they may have different interaction profiles with the patient's current medications. For example, both simvastatin and atorvastatin have a higher potential for drug-drug interactions with diltiazem compared to pravastatin. Thus, pravastatin emerges as the optimal choice in this clinical context.

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9. How does collaboration with colleagues contribute to teaching improvement?

A. It allows for shared learning and innovative pedagogical strategies

B. It isolates educators from different approaches

C. It ensures conformity in teaching methods

D. It complicates the teaching process

Collaboration with colleagues is an essential component of professional growth in the educational field, as it fosters an environment where shared experiences and knowledge can lead to teaching improvement. When educators collaborate, they engage in discussions about pedagogical methods, share resources, and exchange insights on student engagement and assessment strategies. This exchange of ideas can stimulate innovative practices that may not have been considered individually. Through collaboration, educators can also identify effective strategies that have worked in their peers' classrooms, adapting and adopting these techniques to enhance their own teaching. This collective effort leads to more dynamic learning environments and can ultimately improve student outcomes, as educators become more reflective and informed practitioners. Moreover, by working together, educators can build a supportive community that encourages experimentation and risk-taking in their teaching approaches, fostering a culture of continuous improvement. This collaborative spirit is crucial for nurturing innovative practices that keep pace with the ever-evolving landscape of higher education.

10. In early osteoarthritis, radiographic assessment is most likely to show what finding?

A. Soft tissue swelling

B. Osteophyte formation

C. Joint space narrowing on X-ray

D. Involvement of the metacarpals

In early osteoarthritis, the most characteristic finding visible on radiographic assessment is joint space narrowing. This occurs as the cartilage that cushions the joint begins to degrade, leading to a reduction in the space between the articulating bones. X-rays are particularly useful for visualizing this narrowing, which reflects the early degenerative changes in the joint. While osteophyte formation can be a later sign of osteoarthritis, it typically develops as the disease progresses. Soft tissue swelling might occur but is often better assessed using other imaging methods such as MRI or ultrasound rather than X-ray. The involvement of the metacarpals is not a defining characteristic for early osteoarthritis, as this condition can affect various joints and does not exclusively involve the metacarpals. Therefore, joint space narrowing is a clear and significant indicator of early osteoarthritis when seen in radiographic images.

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