

INTRODUCTION TO CLINICAL MEDICINE III (ICM3) EXAM 1 PRACTICE (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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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. Granulation tissue is best described as beefy, red/pink, moist, healing tissue.**
 - A. Necrotic Tissue
 - B. Granulation Tissue
 - C. Scar Tissue
 - D. Hyperpigmented Tissue
- 2. Initial management of acute GI bleeding includes which sequence?**
 - A. Airway, breathing, circulation; two IV lines; isotonic fluids; GI consult; PPI; transfuse based on hemodynamics
 - B. Start anticoagulation immediately
 - C. Observe without fluids
 - D. Endoscopy before resuscitation
- 3. Which of the following statements correctly describes the SPIKES framework for breaking bad news?**
 - A. Safety, People, Instructions, Knowledge, Empathy, Summary
 - B. Setting, Perception, Intervention, Knowledge, Empathy, Skills
 - C. Setting up the interview, Perception, Invitation, Knowledge, Empathy, and Strategy/Summary
 - D. Setting, People, Information, Knowledge, Empathy, Summary
- 4. Under EMTALA, what are hospitals required to provide to patients in a medical emergency regardless of ability to pay?**
 - A. An appropriate medical screening exam, stabilizing treatment, and transfer to another facility.
 - B. Only triage.
 - C. Discharge after triage.
 - D. Wait to see if payment is possible.
- 5. Which statement best reflects antibiotic stewardship in acute care?**
 - A. Avoid antibiotics for likely viral infections
 - B. Always start broad-spectrum antibiotics for fever
 - C. Never de-escalate therapy
 - D. Prescribe antibiotics for at least 7 days regardless

- 6. Cervical cancer screening guidelines commonly recommend which approach for women aged 21–29?**
- A. HPV testing alone every year
 - B. Co-testing every 5 years
 - C. Pap test alone every 3 years
 - D. No screening needed until age 50
- 7. Which symptom is most characteristic of coronary artery disease presenting as angina?**
- A. Squeezing chest pain radiating to shoulder/jaw/back
 - B. Shortness of breath with activity
 - C. Diminished peripheral pulses
 - D. S4 gallop possible
- 8. Which term describes white, soggy/wrinkled skin from excess moisture?**
- A. Maceration
 - B. Edema
 - C. Blister
 - D. Scaling
- 9. Which finding is typical of reactive arthritis?**
- A. Positive rheumatoid factor
 - B. HLA-B27 positivity
 - C. Large joint symmetric arthritis
 - D. Urate crystals in synovial fluid
- 10. Corn wound is characterized by which of the following features?**
- A. Numbness with a dull ache in the toes.
 - B. A red, scaly patch on the sole.
 - C. Small, round, raised bumps of skin with a dense central core (nucleus) that can press inward on nerves.
 - D. Melanotic pigmented patches on the ankle.

Answers

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

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Explanations

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1. Granulation tissue is best described as beefy, red/pink, moist, healing tissue.

A. Necrotic Tissue

B. Granulation Tissue

C. Scar Tissue

D. Hyperpigmented Tissue

Granulation tissue is the newly formed, vascularized connective tissue that fills a healing wound. It is beefy red or pink and moist because of its abundant capillaries and inflammatory exudate, reflecting active repair during the proliferative phase of healing. This appearance indicates that fibroblasts are laying down extracellular matrix and new blood vessels are forming to supply the regenerating tissue. Necrotic tissue would be dead and typically dark, dry, or foul-smelling rather than moist and granular. Scar tissue is the later, avascular, pale tissue that forms after the wound has closed, and hyperpigmented tissue refers to pigment changes rather than the fresh, vascularized healing tissue seen in granulation.

2. Initial management of acute GI bleeding includes which sequence?

A. Airway, breathing, circulation; two IV lines; isotonic fluids; GI consult; PPI; transfuse based on hemodynamics

B. Start anticoagulation immediately

C. Observe without fluids

D. Endoscopy before resuscitation

The main idea is stabilizing the patient before definitive therapy. In acute GI bleeding, secure the airway and ensure adequate breathing, then rapidly address circulation. Establish two large-bore IV lines to allow quick administration of fluids and, if needed, blood products. Start isotonic crystalloid resuscitation immediately to maintain tissue perfusion, while obtaining labs and arranging urgent consultation with gastroenterology for endoscopic evaluation. If an upper GI bleed is suspected, administer an IV proton pump inhibitor to promote clot stability and reduce the risk of rebleeding, with definitive endoscopic therapy planned once the patient is stabilized. Transfusion decisions should be guided by the patient's hemodynamic status and ongoing bleeding rather than a fixed hemoglobin value. Beginning anticoagulation or delaying resuscitation in hopes of stabilizing first would worsen outcomes, and performing endoscopy before adequate resuscitation can be dangerous. Endoscopy is important, but after stabilization and initial resuscitation.

3. Which of the following statements correctly describes the SPIKES framework for breaking bad news?

- A. Safety, People, Instructions, Knowledge, Empathy, Summary
- B. Setting, Perception, Intervention, Knowledge, Empathy, Skills
- C. Setting up the interview, Perception, Invitation, Knowledge, Empathy, and Strategy/Summary**
- D. Setting, People, Information, Knowledge, Empathy, Summary

The SPIKES framework is a six-step approach for breaking bad news, guiding the clinician from the setup of the conversation through to planning the next steps. First, set the scene—create a private, respectful environment and consider who should be present. Then assess the patient's perception: what they understand about their situation so far. Next, determine how much the patient wants to know: obtain an invitation to share details and tailor the amount of information. When delivering the knowledge, present information in clear, plain language, in manageable chunks, and give warnings before difficult details. After that, respond with empathy to any emotions the news elicits, acknowledging and labeling feelings and offering support. Finally, discuss a practical plan: outline next steps and summarize what has been decided to ensure understanding and agreement. The option that matches these six components exactly is the one that lists Setting up the interview, Perception, Invitation, Knowledge, Empathy, and Strategy/Summary. This aligns with the standard SPIKES sequence: establish the setting, gauge perception, seek an invitation, deliver knowledge, respond with empathy, and outline strategy and provide a summary. Other options mix terms that aren't part of the SPIKES sequence (for example, using terms like Safety, People, Intervention, Skills, or Information in place of Invitation or Strategy/Summary), so they don't reflect the established six-step framework.

4. Under EMTALA, what are hospitals required to provide to patients in a medical emergency regardless of ability to pay?

- A. An appropriate medical screening exam, stabilizing treatment, and transfer to another facility.**
- B. Only triage.
- C. Discharge after triage.
- D. Wait to see if payment is possible.

Hospitals must provide care to anyone in an emergency regardless of ability to pay. Under EMTALA, the process starts with an appropriate medical screening examination to determine whether an emergency medical condition exists. If such a condition is present, the hospital is required to stabilize the patient, delivering treatment that prevents the condition from worsening. If stabilization at this facility isn't possible or the facility lacks the necessary capability, the hospital must arrange an appropriate transfer to another facility that can provide the needed care, with transfer coordinated after stabilization whenever feasible and with appropriate patient consent and arrangements. This framework ensures that a patient isn't left without care or discharged merely because of financial considerations.

5. Which statement best reflects antibiotic stewardship in acute care?

- A. Avoid antibiotics for likely viral infections**
- B. Always start broad-spectrum antibiotics for fever
- C. Never de-escalate therapy
- D. Prescribe antibiotics for at least 7 days regardless

Antibiotic stewardship in acute care means using antibiotics only when they are truly needed, choosing the right drug, and stopping or narrowing therapy as soon as it's safe. The statement that best reflects this approach is to avoid antibiotics when an infection is most likely viral. Viruses do not respond to antibiotics, so unnecessary antibiotic use exposes patients to side effects, disrupts normal flora, increases costs, and promotes antibiotic resistance, all without benefit. When a bacterial infection is suspected or confirmed, therapy should be targeted and de-escalated as more information becomes available, with the shortest effective duration. Starting broad-spectrum antibiotics for fever without clear evidence of bacterial infection exposes patients to risks and accelerates resistance, which is why it's not the preferred practice. Never de-escalating therapy and prescribing antibiotics for a fixed, prolonged duration regardless of how the illness evolves also run counter to stewardship principles; therapy should be adjusted based on likelihood of bacterial infection, culture data, and the patient's clinical response.

6. Cervical cancer screening guidelines commonly recommend which approach for women aged 21–29?

- A. HPV testing alone every year
- B. Co-testing every 5 years
- C. Pap test alone every 3 years**
- D. No screening needed until age 50

For 21–29-year-olds, the recommended cervical cancer screening approach is a Pap test (cytology) alone every 3 years. This age group commonly has HPV infections that are transient and may resolve without causing grade lesions, so using HPV testing either by itself or in combination leads to more false positives and unnecessary procedures without adding meaningful benefit. By focusing on cytology alone, we maintain effective detection of precancerous changes while minimizing harms from over-testing. Co-testing with HPV or relying on HPV testing alone is guideline-specified for older ages (30 and up), and delaying screening until age 50 is not appropriate. So, Pap testing every 3 years is the best fit for this age group.

7. Which symptom is most characteristic of coronary artery disease presenting as angina?

- A. Squeezing chest pain radiating to shoulder/jaw/back**
- B. Shortness of breath with activity
- C. Diminished peripheral pulses
- D. S4 gallop possible

Angina from coronary artery disease typically presents as chest discomfort that is a squeezing or pressure-like sensation in the chest. This ischemic chest pain often radiates to the left shoulder, jaw, or back and is commonly brought on by exertion or emotional stress, then relieved by rest or nitroglycerin. This description—pressure or squeezing chest pain with possible radiating pain—is the most characteristic feature of angina. Shortness of breath with activity can occur with angina, but it's not as specific to ischemia as the classic chest pressure. Diminished peripheral pulses suggest peripheral vascular disease rather than ischemic heart pain. An S4 gallop indicates a stiff, noncompliant ventricle and is more about diastolic dysfunction or longstanding hypertension or hypertrophy than the chest discomfort of angina.

8. Which term describes white, soggy/wrinkled skin from excess moisture?

A. Maceration

B. Edema

C. Blister

D. Scaling

Maceration is the skin reaction to prolonged moisture, where the epidermis becomes softened and pale, often with a wrinkled, white appearance. This happens when skin stays damp for an extended period, such as in interdigital areas or under occlusive coverings, leading to a soggy feel and wrinkling from water uptake and disruption of skin cell adhesion. Edema involves swelling from fluid buildup in tissues, which isn't characterized by the white, wrinkled softness of macerated skin. A blister is a localized fluid-filled pocket from friction or trauma, not simply skin softened by moisture. Scaling describes dry, flaky skin, not moist, soggy skin. So the description aligns best with maceration.

9. Which finding is typical of reactive arthritis?

A. Positive rheumatoid factor

B. HLA-B27 positivity

C. Large joint symmetric arthritis

D. Urate crystals in synovial fluid

HLA-B27 positivity is a hallmark finding in reactive arthritis. This condition is a seronegative spondyloarthropathy that often follows a GI or genitourinary infection and classically presents with asymmetric oligoarthritis, enthesitis, and sometimes extra-articular features like conjunctivitis or urethritis. The strong association with HLA-B27 means many patients with reactive arthritis test positive for this antigen, though it's not universal. This helps distinguish it from rheumatoid arthritis, which is typically RF-positive, and from gout, where urate crystals would be found in the synovial fluid. So, the presence of HLA-B27 is the best-supported typical finding in reactive arthritis.

10. Corn wound is characterized by which of the following features?

A. Numbness with a dull ache in the toes.

B. A red, scaly patch on the sole.

C. Small, round, raised bumps of skin with a dense central core (nucleus) that can press inward on nerves.

D. Melanotic pigmented patches on the ankle.

Corns form as a thickened, keratinized patch of skin due to repetitive pressure, and the defining feature is a small, round bump with a dense central nucleus that can press into underlying nerves, causing sharp, localized pain when squeezed or pressed. This central core distinguishes a corn from a simple callus, which lacks a distinct central core. The other descriptions don't fit: numbness in the toes points to neuropathy, a red, scaly patch suggests a fungal infection like tinea, and pigmented patches on the ankle imply a melanotic lesion.

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://icm3exam1.examzify.com>

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

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