CANADIAN HEALTH INFORMATION MANAGEMENT ASSOCIATION (CHIMA) NCE PRACTICE EXAM (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.

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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!

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Questions

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1. Can variability in a system be defined as defects?

A. Yes.

B. No.

C. Only if it's intentional.

D. Depends on the context.

2. Which of the following best describes ethical principles?

A. Guidelines for emotional decision making

B. Standards of human behavior guiding decisions

C. Rigid rules set by society

D. Commonly accepted social customs

3. Which of the following is included in the foundational roles of HIM professionals?

A. Content Management.

B. Information Governance.

C. Patient Care Coordination.

D. All of the above.

4. A manager using a force-coercion strategy will rely on the power of _____ to bring about change.

A. authority

B. expertise

C. information

D. reference

5. In which situation is individual consent for the release of personal health information required?

A. For a reportable disease.

B. For aggregate research.

C. For insurance claims.

D. For subpoena duces tecum.

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6. Which barrier for Computer-Assisted Coding (CAC) is not typically identified?

A. Cost of CAC hardware and software.

B. Lack of industry standards.

C. Technological support.

D. User's resistance to change.

7. In the context of cancer mortality, what does total population at risk refer to?

A. Everyone in the healthcare system

B. Individuals who have been diagnosed with cancer

C. All individuals in the population during a specified time period

D. Only those over the age of 65

8. What is the primary purpose of an audit in health information management?

A. To improve staff performance

B. To evaluate system efficiency

C. To analyze patient outcomes

D. To review data collection methods

9. How should "non-healing" burns be documented for coding purposes?

A. As sequelae of a burn

B. As a current burn

C. As an infection of a burn

D. As a complication of a burn

10. Which statement is true about an EPR?

A. An EPR is narrative text only

B. An EPR requires a single platform integrated system

C. Most facilities in Canada have an EPR

D. The content of an EPR is decided by the organization that creates it

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Answers

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

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Explanations

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1. Can variability in a system be defined as defects?

A. Yes.

B. No.

C. Only if it's intentional.

D. Depends on the context.

Defining variability in a system as defects can hold merit, particularly in contexts such as quality management or healthcare processes. Variability inherently refers to the fluctuations and inconsistencies in data, processes, or outcomes within a system. When these variations fall outside established norms or expectations, they can lead to flaws or defects in a product or service. In healthcare, for instance, variability might manifest as inconsistent patient outcomes, varying levels of care provided, or unpredictable wait times. These instances of variability, when not managed effectively, can indeed result in defects that compromise the quality of care or service delivery. Thus, if variability leads to a failure to meet quality standards or expected outcomes, it can be justifiably considered a defect. It's crucial to understand how variability is managed and measured within any system, as not all variations are detrimental. However, the answer aligns with the idea that when variability results in poor outcomes that deviate from the desired goals or standards, it can rightly be categorized as defects.

2. Which of the following best describes ethical principles?

A. Guidelines for emotional decision making

B. Standards of human behavior guiding decisions

C. Rigid rules set by society

D. Commonly accepted social customs

The description that best fits ethical principles is the guidance they provide as standards of human behavior that inform and influence decision-making. Ethical principles serve as foundational norms that help individuals and organizations evaluate what constitutes right and wrong, promoting integrity and accountability in actions. These principles are not merely emotional guidelines, which emphasizes feelings over rational evaluation in decision-making. Instead, they offer a more structured approach to navigating choices. Similarly, while societal rules and customs might influence behavior, ethical principles are broader and more philosophical in nature, focusing on values such as honesty, fairness, and respect for others, rather than rigid rules that may not account for individual circumstances. Thus, understanding ethical principles as standards of human behavior helps establish a framework for making moral and just decisions in various contexts, including healthcare and social interactions.

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3. Which of the following is included in the foundational roles of HIM professionals?

A. Content Management.

B. Information Governance.

C. Patient Care Coordination.

D. All of the above.

The foundational roles of Health Information Management (HIM) professionals encompass a broad range of responsibilities that are critical to managing and safeguarding health data. One of these foundational roles is content management, which involves the systematic organization, storage, and retrieval of health information. Content management ensures that clinical information is accurate, accessible, and maintained in compliance with regulatory standards. This is essential for effective patient care, research, and decision-making. While information governance and patient care coordination are also critical components of the healthcare landscape, they represent different scopes of practice. Information governance focuses more on overall policies and processes for managing information within organizations, while patient care coordination emphasizes the integration of services and resources to improve patient outcomes. These roles are indeed important but are seen as parts of a broader operational framework. Understanding the centrality of content management in HIM practices helps to clarify its foundational nature. As HIM professionals prioritize effective information management systems, they ensure better health outcomes and compliance, making it a vital aspect of their role.

4. A manager using a force-coercion strategy will rely on the power of _____ to bring about change.

A. authority

B. expertise

C. information

D. reference

The correct answer is authority. A force-coercion strategy for managing change involves utilizing formal power or authority to direct and enforce compliance among employees. This approach often involves making changes through mandates or directives, where the manager expects adherence from staff due to their positional power within the organization. In this strategy, the manager may apply pressure and utilize their recognized role to facilitate immediate change, thus relying predominantly on the hierarchical structures that enable them to enforce their decisions. While expertise, information, and reference can also play roles in organizational change, they are more aligned with approaches that engage staff through knowledge, persuasion, or personal relationships rather than through authoritative command. Therefore, in a force-coercion strategy, authority is the primary tool utilized to instigate change.

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5. In which situation is individual consent for the release of personal health information required?

A. For a reportable disease.

B. For aggregate research.

C. For insurance claims.

D. For subpoena duces tecum.

Individual consent for the release of personal health information is essential in situations where the information pertains to specific identifiable patients, such as in the case of insurance claims. When individuals submit claims to insurance companies, personal health information is often required to determine benefits or coverage eligibility. This information directly relates to an individual's medical care and must be shared with consent to protect the individual's privacy and comply with legal standards governing personal health information. In contrast, reportable diseases often fall under mandatory reporting laws aimed at protecting public health, meaning consent is not necessary for that specific data to be shared with health authorities. Aggregate research typically uses anonymized data that does not identify individuals, eliminating the need for consent. Subpoena duces tecum, which compels the presentation of evidence, can enforce the release of information without individual consent in legal contexts.

6. Which barrier for Computer-Assisted Coding (CAC) is not typically identified?

A. Cost of CAC hardware and software.

B. Lack of industry standards.

C. Technological support.

D. User's resistance to change.

The choice identified as the correct answer pertains to the concept of technological support. While technological support is generally an important element for the successful implementation and utilization of any technology, it is not typically cited as a barrier in the context of Computer-Assisted Coding (CAC). In the realm of CAC, common barriers often revolve around factors such as cost, which involves not only the initial investment in software and hardware but also ongoing maintenance expenses. Lack of industry standards can hamper interoperability and consistency in the application of CAC systems, leading to additional complexities in adoption and use. User resistance to change is a frequently recognized barrier, as healthcare professionals may be apprehensive about altering their workflows or incorporating new technologies into their routines. Contrastingly, technological support tends to be seen as a facilitating factor rather than a barrier. Organizations may actually provide training and resources to ensure that technologies like CAC are implemented effectively. Therefore, this aspect is generally acknowledged as aiding the transition rather than hindering it, framing it as less of a barrier in discussions around CAC.

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7. In the context of cancer mortality, what does total population at risk refer to?

A. Everyone in the healthcare system

B. Individuals who have been diagnosed with cancer

C. All individuals in the population during a specified time period

D. Only those over the age of 65

The total population at risk in the context of cancer mortality encompasses all individuals in the population during a specified time period. This metric is crucial as it provides a broader picture of cancer's impact on society. By considering the entire population, researchers and healthcare professionals can better understand the incidence of cancer, the effectiveness of public health interventions, and the resources needed for healthcare planning. Focusing solely on individuals diagnosed with cancer, which would pertain to a more narrow scope of persons affected, does not fully represent the risk factor landscape of the entire population. Similarly, limiting the consideration to specific demographic groups, such as those over the age of 65, ignores the potential risk factors and mortality impacts on younger populations. The total population at risk approach enables better modeling, analysis, and prevention strategies related to cancer mortality across diverse demographics.

8. What is the primary purpose of an audit in health information management?

A. To improve staff performance

B. To evaluate system efficiency

C. To analyze patient outcomes

D. To review data collection methods

The primary purpose of an audit in health information management is to evaluate system efficiency. Audits provide a systematic examination of health information practices, assessing whether the systems in place are functioning effectively and meeting the required standards and objectives. By evaluating system efficiency, audits help identify areas where processes may be improved, ensuring that health information systems support quality patient care and adhere to regulatory requirements. This focus on evaluating systems means that the audit process is less about directly measuring staff performance, analyzing individual patient outcomes, or simply reviewing data collection methods, though these aspects may be components of broader assessments within the context of an audit. The overall goal remains centered on ensuring that the systems used in health information management operate efficiently and effectively to support healthcare delivery.

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9. How should "non-healing" burns be documented for coding purposes?

A. As sequelae of a burn

B. As a current burn

C. As an infection of a burn

D. As a complication of a burn

Documenting "non-healing" burns for coding purposes requires an understanding of the nature and current status of the injury. Non-healing burns represent a continuation of the injury and should be recorded as a current burn. This is crucial as it accurately reflects the ongoing condition and the need for potential medical intervention or treatment. Coding it as a current burn allows healthcare providers to convey the severity and urgency of the situation. It highlights that the burn has not healed and may necessitate further medical management, thus ensuring that appropriate care can be administered. Additionally, in the coding process, capturing the current status of the burn influences proper treatment guidelines and reimbursement considerations. In contrast, the other options do not accurately fit the status of a non-healing burn. Categorizing it as sequelae, an infection, or a complication misrepresents the current condition of the injury and may lead to inappropriate coding practices. Thus, the accurate choice should focus on the burn's current status rather than potential future implications or related complications.

10. Which statement is true about an EPR?

A. An EPR is narrative text only

B. An EPR requires a single platform integrated system

C. Most facilities in Canada have an EPR

D. The content of an EPR is decided by the organization that creates it

The correct answer is that the content of an Electronic Patient Record (EPR) is decided by the organization that creates it. This reflects the flexible and customizable nature of EPR systems. Each healthcare facility or organization can tailor an EPR to meet its specific needs, regulations, and workflows. This allows for adaptability in capturing relevant patient information and ensuring that important clinical information is documented in a way that aligns with the organization's objectives and standards. Organizations can define what data is essential, how it should be recorded, and the structure of the record itself. As healthcare practices evolve and as different facilities may have varying requirements, this adaptability is crucial for optimizing patient care and supporting clinical decision-making. The other statements do not accurately represent the characteristics of an EPR. For example, while EPRs may contain narrative text, they are not limited to it; they also include structured data such as lab results and medication lists. Furthermore, an EPR does not inherently require a single platform integrated system, as EPRs can exist within modular systems or alongside other health information technologies. Lastly, while EPRs are widely used in Canada, it is not the case that most facilities have implemented them uniformly, as the adoption rates can vary significantly across different regions and types

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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://chimance.examzify.com

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

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