CANADIAN HEALTH INFORMATION MANAGEMENT ASSOCIATION 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. What terminology describes a process where coders review records done by their peers?

A. Intrarater validity.

B. Interrater reliability.

C. Intrarater reliability.

D. Interrater validity.

2. The Blueprint of Aboriginal Health aligns health outcomes of which populations?

A. Aboriginal and European

B. Aboriginal and Canadian

C. Canadian and American

D. European and American

3. What is the correct code for hypertension due to stenosis of the renal artery?

A. Essential hypertension benign.

B. Essential hypertension malignant.

C. Hypertensive renal disease.

D. Secondary hypertension.

4. In a prospective study, which cohort is selected?

A. Persons with the disease

B. Persons without the disease

C. Persons without the factor under investigation

D. Persons with the factor under investigation

5. Continued membership in a group typically requires what?

A. Developing a status system

B. Encouraging cohesiveness in the group

C. Supporting the group leader

D. Conforming to group norms

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6. A number assigned to patients in a cancer registry in the order they are registered is called?

A. Accession number.

B. Follow-up number.

C. Reference number.

D. Tracking number.

7. Which statement about an EPR is true?

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.

8. Which description best fits a normal distribution?

A. Bell-shaped, a variance of 1, the mean=median=mode.

B. Symmetrical about the mean, bell-shaped, single mode.

C. Discrete data, unsymmetrical about the mean.

D. Bell-shaped, symmetrical about the mean, variance of three.

9. Which conference considered public input as an integral piece?

A. National Forum on Health.

B. The Epp Report.

C. The Public Health Program Initiative.

D. Toward a Healthy Future: The First Report on the Health of Canadians.

10. Which standard is recognized for electronic data exchange in healthcare?

A. CCI

B. HL7

C. ICD

D. URL

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Answers

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

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Explanations

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1. What terminology describes a process where coders review records done by their peers?

A. Intrarater validity.

B. Interrater reliability.

C. Intrarater reliability.

D. Interrater validity.

The correct term to describe a process where coders review records done by their peers is interrater reliability. This concept refers to the degree of agreement or consistency between different individuals (raters) assessing the same data or records. In the context of coding, it is essential to ensure that multiple coders yield consistent results when interpreting and coding health records. Interrater reliability is increasingly important in health information management and medical coding, as it helps identify discrepancies in the coding process and ensures standardized practices. When coders review each other's work, it fosters a collaborative environment that enhances the accuracy and reliability of coding outcomes. In contrast, intrarater validity and reliability focus on the consistency of a single rater over time or different instances. While understanding these concepts is crucial, they do not apply in the scenario of peer review being discussed. Thus, interrater reliability is specifically appropriate for describing the process of coders reviewing each other's records.

2. The Blueprint of Aboriginal Health aligns health outcomes of which populations?

A. Aboriginal and European

B. Aboriginal and Canadian

C. Canadian and American

D. European and American

The Blueprint of Aboriginal Health specifically aims to improve health outcomes for Aboriginal populations in Canada. This framework is developed to address the distinct health challenges faced by Indigenous communities and align their health initiatives with broader Canadian health strategies. By focusing on Aboriginal and Canadian populations, the Blueprint recognizes the necessity for tailored approaches that incorporate cultural, historical, and social factors unique to Aboriginal peoples while ensuring they are integrated into the national health system. This focus helps to bridge the gap in health disparities and emphasizes the importance of collaborative efforts in addressing the specific needs of Indigenous communities within the broader context of Canadian health initiatives. The other options do not reflect this direct alignment with Aboriginal populations in Canada, as they either include populations outside Canada or do not establish a specific partnership aimed at enhancing health outcomes related to the needs of Aboriginal peoples.

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3. What is the correct code for hypertension due to stenosis of the renal artery?

A. Essential hypertension benign.

B. Essential hypertension malignant.

C. Hypertensive renal disease.

D. Secondary hypertension.

The classification of hypertension is crucial in understanding its underlying causes, which can influence treatment and management. In this case, hypertension due to renal artery stenosis falls under the category of secondary hypertension. Secondary hypertension is high blood pressure that is a consequence of another condition, often related to specific organ or system dysfunction. Renal artery stenosis causes reduced blood flow to the kidneys, which can lead to increased renin release, thus prompting the body to retain sodium and water, ultimately resulting in elevated blood pressure. Identifying hypertension as secondary is vital for clinicians as it requires a different approach compared to essential hypertension, which does not have a known secondary cause. Correctly coding this condition as secondary hypertension ensures that healthcare providers can track and address the root cause appropriately, leading to more targeted treatments and better patient outcomes.

4. In a prospective study, which cohort is selected?

A. Persons with the disease

B. Persons without the disease

C. Persons without the factor under investigation

D. Persons with the factor under investigation

In a prospective study, the cohort selected is composed of persons without the disease at the outset of the study. The purpose of choosing this healthy group is to observe the development of the disease over time, particularly in relation to various exposures or risk factors that may be under investigation. By starting with individuals who do not have the disease, researchers can determine if and how certain factors contribute to the onset of the disease. This forward-looking approach allows for the assessment of causality and the effects of risk factors over time, which is a fundamental aspect of prospective study design. The selection of individuals without the disease is crucial, as it enables a baseline comparison between those who do develop the disease and those who do not, thereby increasing the validity of the findings regarding the impact of specific factors.

5. Continued membership in a group typically requires what?

A. Developing a status system

B. Encouraging cohesiveness in the group

C. Supporting the group leader

D. Conforming to group norms

Continued membership in a group typically relies on conforming to group norms. This is because group norms are the unwritten rules and expectations that dictate acceptable behavior within the group. When members understand and adhere to these norms, it fosters a sense of belonging and alignment with the group's goals and values. Conforming to these norms helps maintain harmony and effective communication within the group, ensuring that members can work together efficiently. Deviating from established norms may lead to conflict or exclusion from the group, highlighting the importance of alignment with the collective expectations. The other options, while relevant to group dynamics, do not fundamentally address the requirement for continued membership. Developing a status system might enhance group structure but is not a necessity for ongoing participation. Encouraging cohesiveness is important but is often a result of conformity to norms rather than a requirement for membership. Supporting the group leader can be beneficial, but it is not a universal condition for being a part of a group.

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6. A number assigned to patients in a cancer registry in the order they are registered is called?

A. Accession number.

B. Follow-up number.

C. Reference number.

D. Tracking number.

The term that refers to a number assigned to patients in a cancer registry in the order they are registered is the accession number. An accession number is specific to the context of cancer registries and serves as a unique identifier for each individual case, allowing for organized tracking and management of patient records over time. This sequential numbering is crucial for maintaining the integrity of the data, as it helps ensure that each case can be distinctly referenced and retrieved. In contrast, follow-up numbers are generally associated with ongoing patient care and tracking of their treatment progress rather than the initial registration. Reference numbers might imply a broader context and are not exclusive to the order of registry in medical databases. Tracking numbers can be utilized in various systems for monitoring progress but do not specifically pertain to the order of patient registration in cancer registries. Thus, the correct answer highlights the importance of properly identifying and categorizing patient data within the scope of cancer registries.

7. Which statement about an EPR is true?

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 statement indicating that the content of an EPR (Electronic Patient Record) is decided by the organization that creates it is accurate because it reflects the customizable nature of EPR systems. Each healthcare organization may have specific requirements and standards based on their practice, patient population, and regulatory requirements. This allows for flexibility in how information is recorded, stored, and shared, ensuring that the system meets the unique needs of the facility and adheres to applicable laws and best practices. While there are general guidelines and standards that govern how electronic records should be maintained for interoperability and consistency across various platforms, the individual organization ultimately determines the structure and content based on its specific needs and goals. This customization is crucial for ensuring that the EPR serves the healthcare providers effectively and supports optimal patient care.

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8. Which description best fits a normal distribution?

A. Bell-shaped, a variance of 1, the mean=median=mode.

B. Symmetrical about the mean, bell-shaped, single mode.

C. Discrete data, unsymmetrical about the mean.

D. Bell-shaped, symmetrical about the mean, variance of three.

A normal distribution is characterized by its symmetrical bell shape, meaning that the data is evenly distributed around the mean. The mean, median, and mode of a normal distribution are all located at the same central point, which reinforces its symmetry. Additionally, a normal distribution has a single mode, as there is only one peak in the data, contrasting with multimodal distributions that may have multiple peaks. This concept is crucial in various applications, such as statistics and quality control, where researchers often assume a normal distribution when analyzing data. It's important to recognize how each property of a normal distribution contributes to its overall characteristics. The other options present aspects that either deviate from the normal distribution properties or introduce inaccuracies. For instance, a normal distribution does not have discrete data characteristics or an asymmetrical shape, which are key elements of other types of distributions. Understanding these definitions and characteristics can help in identifying the application of statistical concepts in real-world scenarios.

9. Which conference considered public input as an integral piece?

A. National Forum on Health.

B. The Epp Report.

C. The Public Health Program Initiative.

D. Toward a Healthy Future: The First Report on the Health of Canadians.

The National Forum on Health definitely emphasized the need for public input as a crucial component in shaping health policies and strategies in Canada. This forum was designed to foster dialogue among various stakeholders, including the public, healthcare professionals, and policymakers. Its foundational belief was that incorporating diverse perspectives, especially those from the community, would lead to a more effective and responsive healthcare system. As a result, the National Forum on Health actively sought feedback and insights from citizens, recognizing them as vital contributors to discussions on health priorities and the overarching goals of the healthcare system. This collaborative approach aimed not only to gather information but also to empower individuals and communities, making their voices heard in the decision-making process regarding their health. Other options, while significant in the context of Canadian health policy, did not prioritize public input to the same extent. The Epp Report, for instance, focused more on health promotion and preventive measures but lacked a structured mechanism for integrating public voices in the same way as the National Forum. Similarly, the Public Health Program Initiative and the report "Toward a Healthy Future" provided valuable insights into health but did not frame public input as an integral element in the same comprehensive manner as the National Forum on Health did.

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10. Which standard is recognized for electronic data exchange in healthcare?

A. CCI

B. HL7

C. ICD

D. URL

The recognized standard for electronic data exchange in healthcare is HL7, which stands for Health Level Seven International. HL7 provides frameworks and standards for the exchange, integration, sharing, and retrieval of electronic health information. It focuses on the interoperability of healthcare information systems, allowing diverse medical applications to communicate and share data effectively, which is crucial for facilitating patient care and streamlining healthcare operations. HL7 standards encompass various aspects including data formats, interfaces, and messaging protocols, enabling different healthcare entities such as hospitals, laboratories, and clinics to share information smoothly. This is essential in today's healthcare environment where timely access to accurate information can significantly impact patient outcomes. Other options like CCI (Canadian Classification of Interventions) and ICD (International Classification of Diseases) primarily serve as coding standards for classifying diagnoses and procedures rather than focusing on data exchange protocols. URL (Uniform Resource Locator) is a reference to the specific address of a resource on the internet and doesn't pertain specifically to healthcare data exchange standards. Hence, HL7 stands out as the correct answer for electronic data exchange in healthcare.

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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://chima.examzify.com

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

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