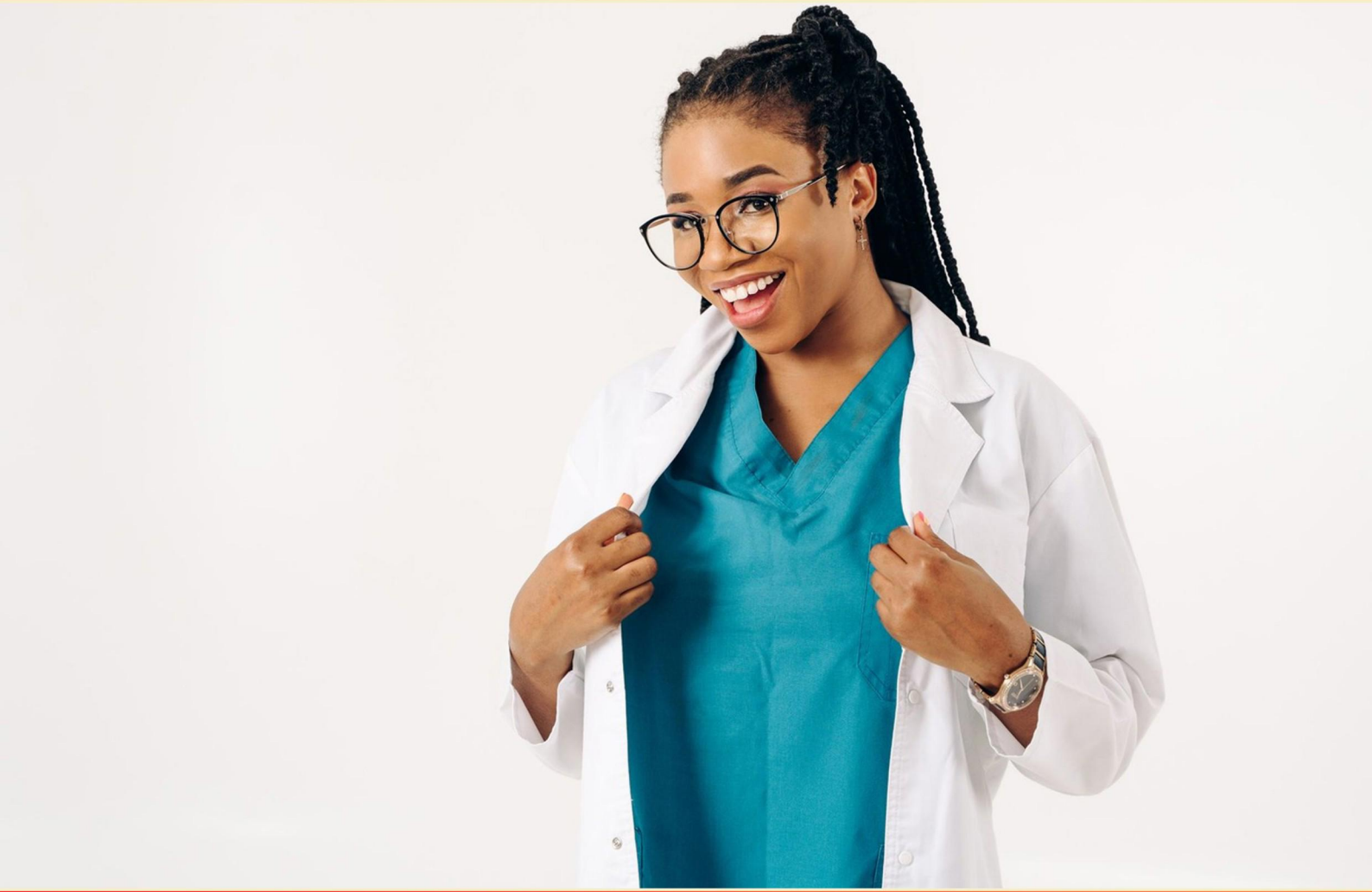
CLINICAL DECISION-MAKING (CDM) CASES PART I PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://cdmcasespart1.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. Histology of invasive ductal carcinoma classically shows?

A. Nests of glandular tissue surrounded by dense desmoplastic stroma

B. Sheets of small round blue cells with scant cytoplasm

C. Keratin pearls within squamous nests

D. Granulomatous inflammation with giant cells

2. Which of the following best summarizes the fever threshold?

A. Fever is defined as 38 C or higher.

B. Fever is defined as 37 C or higher.

C. Fever is defined as 39 C or higher.

D. Fever is defined as 40 C or higher.

3. What outcomes does the evidence quality framework GRADE focus on when formulating clinical recommendations?

A. Certainty of evidence and strength of recommendations.

B. Patient satisfaction alone.

C. Marketing potential of interventions.

D. Legal risk.

4. After obtaining new data, what should you do with probabilities in diagnostic reasoning?

A. Probabilities should be kept fixed regardless of new data

B. After data is gathered, update probabilities to reflect new information

C. Only update probabilities after imaging

D. Discard prior probabilities if the data contradicts them

5. If a suspected drug-induced interstitial nephritis does not improve after removing the offending agent, which test is the gold standard for dx?

A. Renal ultrasound.

B. Renal biopsy.

C. Urine culture.

D. Serum creatinine repeat.

SAMPLE

6. When patient values conflict with evidence-based guidelines, the best approach is to:

A. Rigidly enforce guidelines to protect patient safety.

B. Engage in SDM, discuss trade-offs, explore alternatives, and document rationale and patient-centered plan.

C. Dismiss patient preferences if they contradict guidelines.

D. Delay decision until patient agrees with guideline.

7. Renal replacement therapy decisions emphasize which principle before starting dialysis?

A. Shared decision making.

B. Immediate initiation of dialysis.

C. Exclusive choice of hemodialysis.

D. Avoidance of transplantation.

8. In angina management, which medication is used as a vasodilator to increase blood flow during an episode?

A. Nitroglycerin

B. Beta-blocker

C. Aspirin

D. Smoking cessation

9. In adolescents who are immunocompromised or older than 15, how many HPV vaccine doses are recommended?

A. 2 doses.

B. 4 doses.

C. 1 dose.

D. 3 doses.

10. Which social determinants of health should be considered when selecting tests and planning treatment in clinical decision making?

A. Access to care, social supports, cost, literacy, and health beliefs when selecting tests and planning treatment.

B. Only age and sex.

C. Only laboratory results.

D. Insurance type and employment status only.

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Histology of invasive ductal carcinoma classically shows?

A. Nests of glandular tissue surrounded by dense desmoplastic stroma

B. Sheets of small round blue cells with scant cytoplasm

C. Keratin pearls within squamous nests

D. Granulomatous inflammation with giant cells

Invasive ductal carcinoma characteristically shows malignant ductal cells infiltrating the surrounding breast tissue with a pronounced desmoplastic (dense fibrous) stromal reaction. This means nests or cords of gland-forming tumor cells are embedded in a heavy fibrous stroma created by the surrounding fibroblasts in response to invasion. This desmoplastic background is a classic hallmark of invasive carcinomas in the breast and helps distinguish invasive disease from noninvasive lesions. The other patterns point to different conditions: sheets of small round blue cells suggest other small round blue cell tumors; keratin pearls within squamous nests indicate squamous differentiation; granulomatous inflammation with giant cells fits granulomatous processes like certain infections or sarcoidosis.

2. Which of the following best summarizes the fever threshold?

A. Fever is defined as 38 C or higher.

B. Fever is defined as 37 C or higher.

C. Fever is defined as 39 C or higher.

D. Fever is defined as 40 C or higher.

Fever is defined by a rise above the normal body temperature, and the standard cutoff used in most guidelines is 38°C (100.4°F). Normal body temperature sits around 37°C, with slight fluctuations based on time of day and where you measure it (oral, tympanic, axillary, or rectal). Using 38°C as the threshold provides a practical line between normal variation and fever. Temperatures lower than this may occur with minor illness, but they don't meet the typical fever definition, while higher values describe the fever's intensity, not the threshold itself. So, 38°C or higher best captures the fever threshold.

3. What outcomes does the evidence quality framework GRADE focus on when formulating clinical recommendations?

A. Certainty of evidence and strength of recommendations.

B. Patient satisfaction alone.

C. Marketing potential of interventions.

D. Legal risk.

GRADE centers on two linked outcomes when forming clinical recommendations: how certain we are about the evidence (the certainty or quality of the evidence) and how strong the recommendation should be (strong versus conditional). The certainty of evidence reflects confidence that the effect estimates are close to the true effect, considering study design, consistency, precision, directness, and risk of bias. The strength of the recommendation indicates the degree of confidence that the benefits outweigh harms for patients in typical circumstances, factoring in values and preferences, resource use, and feasibility. Because of this focus, other aspects such as patient satisfaction alone, marketing potential, or legal risk aren't the primary outcomes of the GRADE framework.

SAMPLE

4. After obtaining new data, what should you do with probabilities in diagnostic reasoning?

A. Probabilities should be kept fixed regardless of new data

B. After data is gathered, update probabilities to reflect new information

C. Only update probabilities after imaging

D. Discard prior probabilities if the data contradicts them

When new data arrives, you should revise your diagnostic probabilities to reflect the new information. This is the essence of rational diagnostic reasoning: start with a prior belief about how likely each diagnosis is, then adjust those beliefs in light of what the data says (the likelihood), and renormalize to get updated, or posterior, probabilities. This updating should happen with any new evidence, whether it comes from history, physical exam, labs, imaging, or other tests. If the data challenges your initial probability, you don't discard the prior entirely; you shift toward what the new evidence supports, with the influence of the prior diminishing as more informative data accumulates. Keeping probabilities fixed ignores new information and delays arriving at a more accurate conclusion.

5. If a suspected drug-induced interstitial nephritis does not improve after removing the offending agent, which test is the gold standard for dx?

A. Renal ultrasound.

B. Renal biopsy.

C. Urine culture.

D. Serum creatinine repeat.

The key idea is that confirming drug-induced interstitial nephritis requires tissue evidence. If removing the offending drug doesn't yield improvement, a renal biopsy provides histologic confirmation of interstitial inflammation and edema (often with eosinophils and tubulitis), which distinguishes this condition from other causes of kidney injury such as acute tubular necrosis or glomerulonephritis and guides management. Imaging like renal ultrasound can help rule out obstruction but doesn't diagnose DIIN, urine culture checks for infection, and repeating the serum creatinine only tracks function without establishing the cause.

6. When patient values conflict with evidence-based guidelines, the best approach is to:

A. Rigidly enforce guidelines to protect patient safety.

B. Engage in SDM, discuss trade-offs, explore alternatives, and document rationale and patient-centered plan.

C. Dismiss patient preferences if they contradict guidelines.

D. Delay decision until patient agrees with guideline.

Shared decision making is the approach when patient values collide with guidelines. Guidelines provide the best-available direction, but they don't replace what matters most to a patient. When preferences diverge, the clinician discusses the options, clearly outlines the potential benefits, risks, and uncertainties, and explores reasonable alternatives. The goal is to reach a plan that aligns with the patient's goals and values, even if it means choosing a different path or tailoring the approach. Documenting the rationale and the agreed-upon, patient-centered plan helps ensure clarity and continuity of care. This approach respects autonomy and builds trust; enforcing guidelines rigidly, dismissing preferences, or delaying decisions until agreement arises can undermine patient-centered care and practicality.

SAMPLE

7. Renal replacement therapy decisions emphasize which principle before starting dialysis?

A. Shared decision making.

B. Immediate initiation of dialysis.

C. Exclusive choice of hemodialysis.

D. Avoidance of transplantation.

Before starting dialysis, decisions about renal replacement therapy should be guided by shared decision making. This means clinicians actively partner with the patient (and family when appropriate) to discuss goals of care, explain all available options—dialysis modalities and transplantation—and lay out the risks, benefits, and what daily life looks like with each path. When the plan reflects the patient's values, priorities, and overall prognosis, the timing and method of initiation are more likely to align with what matters most to them, and consent is truly informed. This collaborative approach also helps avoid starting dialysis sooner or later than is appropriate and keeps transplant options on the table where suitable. In contrast, pursuing an immediate start, defaulting to one modality, or avoiding transplantation altogether do not reflect this patient-centered decision-making process.

8. In angina management, which medication is used as a vasodilator to increase blood flow during an episode?

A. Nitroglycerin

B. Beta-blocker

C. Aspirin

D. Smoking cessation

Acute vasodilation to improve blood flow during an angina episode is achieved with nitroglycerin. Nitroglycerin acts by releasing nitric oxide, which relaxes vascular smooth muscle and causes mostly venodilation, lowering preload and myocardial oxygen demand, while also providing some dilation of the coronary vessels to improve perfusion to ischemic areas. Its rapid onset, especially when given sublingually, makes it the preferred agent to abort an angina attack by quickly relieving symptoms. Other options listed do not serve as immediate vasodilators: a beta-blocker reduces heart rate and contractility but doesn't rapidly dilate vessels; aspirin is an antiplatelet that prevents clotting rather than increasing blood flow; smoking cessation is a long-term lifestyle change rather than an acute medication. In practice, nitroglycerin is used for quick relief, with other therapies considered for prevention or chronic management.

9. In adolescents who are immunocompromised or older than 15, how many HPV vaccine doses are recommended?

A. 2 doses.

B. 4 doses.

C. 1 dose.

D. 3 doses.

Dosing hinges on age at the start and immune status. For those who begin vaccination at age 15 or older, or who are immunocompromised, the immune response is not as robust as in younger, healthy individuals, so a three-dose series is recommended to ensure adequate and durable protection. The three doses are given over about six months (0, 1–2 months, and 6 months). This makes three doses the best choice for achieving sufficient immunity in this group.

SAMPLE

10. Which social determinants of health should be considered when selecting tests and planning treatment in clinical decision making?

A. Access to care, social supports, cost, literacy, and health beliefs when selecting tests and planning treatment.

B. Only age and sex.

C. Only laboratory results.

D. Insurance type and employment status only.

When deciding what tests to order and how to plan treatment, you must look beyond clinical data and consider social determinants of health that affect what's feasible and sustainable for the patient. Access to care determines whether a test can be scheduled, completed, and followed up; social supports influence the patient's ability to manage complex regimens and attend follow-up visits; cost and insurance coverage affect whether tests and treatments are affordable; health literacy and beliefs shape understanding of instructions and willingness to follow through. These factors directly impact adherence, follow-up, and outcomes, so a plan that explicitly accounts for access, supports, cost, literacy, and health beliefs leads to a more appropriate, patient-centered approach. Narrowly focusing on age and sex or on laboratory results misses these critical determinants, and while insurance and employment status matter, they're only part of the bigger picture.

SAMPLE

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://cdmcasespart1.examzify.com

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

SAMPLE