DUNPHY PRIMARY CARE EXAM 2 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.

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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. **Patients in which stage of heart failure experience refractory symptoms of heart failure at rest despite medical therapy?**

   A. Stage A

   B. Stage B

   C. Stage C

   D. Stage D

2. **What is a bulla?**

   A. A vesicle larger than 1 cm in diameter.

   B. An elevated solid mass with a hard texture.

   C. A superficial elevated lesion filled with purulent fluid.

   D. Thinning of the skin that appears white or translucent.

3. **In which situation should patients with acute otitis media be referred to a specialist?**

   A. Concurrent vertigo or ataxia

   B. Failed closure of a ruptured tympanic membrane

   C. If symptoms worsen after 3 or 4 days of treatment

   D. All of the above

4. **What are the clinical features of chronic obstructive pulmonary disease (COPD)?**

   A. Persistent fever, rash, and joint pain

   B. Headaches, dizziness, and nausea

   C. Persistent cough, shortness of breath, and sputum production

   D. Acute pain, swelling, and heat around the joints

5. **What does the term "dual diagnosis" in mental health care refer to?**

   A. Single mental health disorder.

   B. Co-occurring physical and mental health conditions.

   C. Co-occurring mental health and substance use disorders.

   D. One disorder with secondary symptoms.

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6. Which substance rapidly rises in the bloodstream in the presence of heart failure and is a good diagnostic test?

A. B-type natriuretic peptide (BNP)

B. C-reactive protein (CRP)

C. Serum albumin

D. Erythrocyte sedimentation rate (ESR)

7. Which subtype of cataracts is associated with significant nearsightedness and a slow indolent progression?

A. Nuclear cataracts

B. Cortical cataracts

C. Posterior cataracts

D. Immature cataracts

8. What does "acute exacerbation" refer to in chronic conditions?

A. A gradual improvement in symptoms over time

B. A stable state of a chronic condition without symptoms

C. A sudden increase in the severity of symptoms requiring immediate attention

D. A balanced management plan showing no significant changes

9. Which medication for glaucoma works by constricting the pupils to aid fluid escape?

A. Brinzolamide

B. Pilocarpine

C. Timolol

D. Acetazolamide

10. For a patient in her second trimester of pregnancy with a yeast infection, which treatment is usually prescribed for nonpregnant patients but is a Pregnancy category C?

A. Cleocin vaginal cream

B. Monistat combination pack

C. Terazol 3 vaginal cream

D. Diflucan 150 mg

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Answers

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

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Explanations

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1. Patients in which stage of heart failure experience refractory symptoms of heart failure at rest despite medical therapy?

A. Stage A

B. Stage B

C. Stage C

D. Stage D

In the context of heart failure, patients experiencing refractory symptoms at rest despite medical therapy are classified as being in Stage D. This stage is characterized by advanced heart failure where individuals have persistent symptoms that significantly affect their quality of life even while receiving optimal medical treatment. The symptoms can include severe shortness of breath, fatigue, and other debilitating effects related to heart failure, indicating that the condition is resistant to conventional therapeutic approaches. The classification of heart failure stages is based on the severity of the disease and the extent of its impact on daily functioning. Patients in earlier stages (A, B, and C) may have heart disease or structural heart changes, but they either are asymptomatic or experience mild to moderate symptoms. However, those in Stage D have advanced disease that does not improve with standard therapies, necessitating more intensive treatments, which may include interventions like advanced heart failure therapies or even consideration for heart transplantation.

2. What is a bulla?

A. A vesicle larger than 1 cm in diameter.

B. An elevated solid mass with a hard texture.

C. A superficial elevated lesion filled with purulent fluid.

D. Thinning of the skin that appears white or translucent.

A bulla is defined as a fluid-filled lesion that is larger than 1 cm in diameter. Bullae are distinct from smaller vesicles, which are also fluid-filled but are less than 1 cm. This definition is crucial in dermatological contexts, as it helps in identifying various skin conditions and their progression. Bullae can occur due to various dermatological issues, including burns, infections, or autoimmune disorders, and their size often indicates the severity or nature of the underlying condition. The other options describe different types of skin lesions or conditions: an elevated solid mass refers more to nodules or tumors, a superficial elevated lesion filled with purulent fluid can represent pustules (not bullae), and thinning of the skin that appears white or translucent describes atrophy. Understanding these terms aids in accurately diagnosing skin-related issues.

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3. In which situation should patients with acute otitis media be referred to a specialist?

A. Concurrent vertigo or ataxia

B. Failed closure of a ruptured tympanic membrane

C. If symptoms worsen after 3 or 4 days of treatment

D. All of the above

Patients with acute otitis media should be referred to a specialist in any of the situations described, making the comprehensive choice that includes all these scenarios the best one. When patients experience concurrent vertigo or ataxia, it suggests that the infection may be affecting other structures in the ear, potentially indicating a more serious condition that requires evaluation by an otolaryngologist. This could mean involvement of the vestibular system or other complications that should be addressed immediately. A failed closure of a ruptured tympanic membrane is another critical reason for referral. If the tympanic membrane does not heal properly, there is a risk of persistent middle ear problems, which can lead to chronic otitis media or even hearing loss, necessitating further intervention. Lastly, if symptoms worsen after 3 or 4 days of treatment, particularly when there is a diagnosed bacterial infection, this could indicate resistance to treatment, the presence of complications, or an alternative diagnosis. In such cases, a specialist can provide more specialized care and consider options such as additional imaging or surgical interventions if necessary. Each of these situations highlights the need for a specialist's expertise to prevent complications and ensure effective management of the patient's condition. Thus, referral is warranted in all the described cases.

4. What are the clinical features of chronic obstructive pulmonary disease (COPD)?

A. Persistent fever, rash, and joint pain

B. Headaches, dizziness, and nausea

C. Persistent cough, shortness of breath, and sputum production

D. Acute pain, swelling, and heat around the joints

Chronic obstructive pulmonary disease (COPD) is characterized by a group of respiratory symptoms that progress over time due to airflow limitation, primarily caused by long-term exposure to irritants such as cigarette smoke or environmental pollutants. The defining clinical features of COPD include a persistent cough, which is often productive of sputum, and progressive shortness of breath, particularly with exertion. These symptoms typically worsen as the disease advances, making it challenging for patients to engage in physical activities. The persistent cough is often a result of inflammation and mucus production in the airways, leading to the production of sputum. Shortness of breath, or dyspnea, is a hallmark symptom, reflecting the disease's impact on lung function. Patients may also experience wheezing and chest tightness but the combination of the aforementioned symptoms is what primarily indicates COPD. In contrast, the other choices list symptoms that are not characteristic of COPD. Symptoms like fever, rash, joint pain, headaches, dizziness, or acute pain around the joints are more associated with other conditions such as infections, autoimmune disorders, or acute injuries, rather than the chronic respiratory conditions seen in COPD. Thus, the combination of persistent cough, shortness of breath, and sputum production captures the essence of the

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5. What does the term "dual diagnosis" in mental health care refer to?

A. Single mental health disorder.

B. Co-occurring physical and mental health conditions.

C. Co-occurring mental health and substance use disorders.

D. One disorder with secondary symptoms.

The term "dual diagnosis" refers specifically to the presence of co-occurring mental health disorders and substance use disorders. This concept acknowledges that individuals may suffer from both a mental health condition, such as depression or anxiety, as well as substance use issues, such as alcohol or drug abuse. Recognizing dual diagnosis is essential for effective treatment, as these conditions can influence each other and complicate the overall clinical picture. Effective management of dual diagnosis typically requires an integrated approach that addresses both aspects simultaneously, acknowledging the challenge of treating each disorder independently. The other options do not accurately encapsulate what dual diagnosis means. While a single mental health disorder may exist independently, this does not encompass the complexity of both mental health and substance use disorders occurring together. Co-occurring physical and mental health conditions highlight a different relationship that lacks the focus on substance use, while one disorder with secondary symptoms does not convey the interplay between mental health and substance abuse as framed by the dual diagnosis concept.

6. Which substance rapidly rises in the bloodstream in the presence of heart failure and is a good diagnostic test?

A. B-type natriuretic peptide (BNP)

B. C-reactive protein (CRP)

C. Serum albumin

D. Erythrocyte sedimentation rate (ESR)

B-type natriuretic peptide (BNP) is a hormone produced primarily by the ventricles of the heart in response to ventricular volume expansion and pressure overload, conditions commonly seen in heart failure. When the heart is unable to pump effectively, as in heart failure, BNP levels rise significantly in the bloodstream. This makes it an important biomarker for diagnosing and assessing the severity of heart failure. BNP testing helps distinguish between cardiac and non-cardiac causes of dyspnea since elevated levels indicate that heart failure is likely contributing to the patient's symptoms. Moreover, BNP levels can be used to monitor the response to treatment in heart failure patients, making it a valuable tool in clinical practice. Other substances listed, such as C-reactive protein (CRP), serum albumin, and erythrocyte sedimentation rate (ESR), are more general markers of inflammation or other systemic conditions rather than specific indicators of heart failure. Their roles are not focused on cardiac function, thus making them less effective for diagnosing heart failure compared to BNP.

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7. Which subtype of cataracts is associated with significant nearsightedness and a slow indolent progression?

A. Nuclear cataracts

B. Cortical cataracts

C. Posterior cataracts

D. Immature cataracts

Nuclear cataracts are characterized by a gradual yellowing and hardening of the center of the lens, which can lead to significant nearsightedness, or myopia, as the lens becomes less able to appropriately refract light. This subtype of cataract tends to develop slowly over time, which is referred to as "indolent progression." Patients may initially notice a change in their vision, such as increased difficulty focusing on distant objects, and as the cataract progresses, they may also experience changes in color perception and increased glare. In contrast, cortical cataracts typically affect the outer edges of the lens and might cause vision problems such as scattered light and glare rather than significant nearsightedness. Posterior cataracts affect the back of the lens and can lead to more rapid vision changes and are often associated with specific conditions or eye surgeries rather than the gradual myopia found with nuclear cataracts. Immature cataracts refer to a stage of cataract development and are not a subtype; this term is used to describe cataracts that have not yet fully developed and thus do not specifically relate to nearsightedness or progression characteristics. Overall, the association of nuclear cataracts with both significant nearsightedness and a slow, indolent

8. What does "acute exacerbation" refer to in chronic conditions?

A. A gradual improvement in symptoms over time

B. A stable state of a chronic condition without symptoms

C. A sudden increase in the severity of symptoms requiring immediate attention

D. A balanced management plan showing no significant changes

"Acute exacerbation" in chronic conditions refers to a sudden increase in the severity of symptoms that may require immediate medical attention. This phenomenon indicates a flare-up or worsening of the condition beyond its typical baseline status, which can significantly impact a patient's health and quality of life. For instance, in chronic illnesses like asthma or COPD, an acute exacerbation may present as increased shortness of breath, wheezing, or other critical symptoms that necessitate prompt evaluation and intervention. Recognizing this escalation is crucial for managing chronic diseases effectively, as it often indicates that the patient's current treatment regimen may need adjustment or that additional care is required to stabilize their condition. The other options describe states that do not align with the definition of an acute exacerbation, emphasizing stability or improvement rather than a sudden decline in health status.

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9. Which medication for glaucoma works by constricting the pupils to aid fluid escape?

A. Brinzolamide

B. Pilocarpine

C. Timolol

D. Acetazolamide

Pilocarpine is the medication that works by constricting the pupils, a process known as miosis. This action helps to facilitate the outflow of aqueous humor from the eye, thereby reducing intraocular pressure, which is particularly beneficial in managing glaucoma. When the pupils are constricted, the angle between the iris and the cornea is widened, allowing for better drainage of fluid and alleviating pressure within the eye. Brinzolamide, on the other hand, is a carbonic anhydrase inhibitor that reduces the production of aqueous humor, while Timolol is a non-selective beta-blocker that similarly lowers aqueous humor production. Acetazolamide, also a carbonic anhydrase inhibitor, reduces fluid production as well but does not affect pupil size. Thus, Pilocarpine stands out for its unique mechanism of action that involves changing pupil size to enhance fluid escape from the eye.

10. For a patient in her second trimester of pregnancy with a yeast infection, which treatment is usually prescribed for nonpregnant patients but is a Pregnancy category C?

A. Cleocin vaginal cream

B. Monistat combination pack

C. Terazol 3 vaginal cream

D. Diflucan 150 mg

The treatment that is typically prescribed for yeast infections in nonpregnant patients but is classified as a Pregnancy Category C drug is Diflucan (fluconazole) 150 mg. This classification indicates that animal reproduction studies have shown an adverse effect on the fetus, and there are no adequate and well-controlled studies in humans. Therefore, while it may be used in some cases of complicated or severe fungal infections in pregnant patients, its use is approached with caution. In clinical practice, monotherapy with a topical antifungal like Monistat (miconazole) or Terazol 3 (terconazole) is preferred in pregnant patients because these medications have established safety profiles and are indicated for use during pregnancy. Cleocin vaginal cream (clindamycin) is used for bacterial infections rather than yeast infections and also has special considerations regarding its use in pregnancy. Thus, while they might be effective in treating yeast infections, Diflucan is not the first-line recommendation during pregnancy due to its classification, making it essential to balance the treatment's efficacy with potential risks to the developing fetus.

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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:

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

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