EVIDENCE-BASED PRACTICE (EBP) II 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. Which formula correctly defines PPV?

A. TN / (TN + FN)

B. TP / (TP + FP)

C. TP / (TP + FN)

D. FN / (FN + FP)

2. Which statement best describes the purpose of likelihood ratios (LR+ and LR−) in diagnostic testing?

A. They measure the test's overall accuracy.

B. They determine the disease prevalence in the population.

C. They test how much a test shifts probability from pretest to post-test.

D. They replace the need for pretest probability.

3. Which reliability coefficient is commonly used for nominal or ordinal category agreement?

A. Pearson's r

B. Intraclass Correlation Coefficient (ICC)

C. Cohen's Kappa

D. Standard error of measurement (SEM)

4. What is the algebraic formula for the odds ratio in a 2x2 table?

A. ad/bc

B. a/(b+c)

C. (a+b)/(c+d)

D. (a/c)/(b/d)

5. Which step involves extracting key terms and concepts from qualitative data?

A. Assess quality

B. Extract key terms

C. Integrate with other evidence

D. Apply and reflect

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6. Which items are considered secondary analyses?

A. Narrative reviews, systematic reviews, meta-analyses, and clinical practice guidelines

B. Primary randomized trials

C. Case reports

D. In vitro studies

7. In meta-analyses, the term quorum refers to what?

A. Quality of reporting and transparency details

B. The number of included studies

C. The statistical significance threshold

D. The risk of bias in primary studies

8. Which statement describes content validity?

A. Does the test cover the full domain of the construct being measured

B. Does the test correlate with a gold standard

C. Does the test yield identical results on retest

D. Is the test easy to administer

9. In calculating an effect size (ES) as defined here, which formula is used?

A. mean of change scores/standard deviation of change scores

B. mean of change scores/standard deviation of initial scores

C. standard deviation of change scores

D. mean of initial scores/standard deviation of follow-up scores

10. What defines a clinical practice guideline (CPG)?

A. A single clinician's opinion

B. A statement to optimize patient care informed by a systematic review of evidence and assessment of benefits and harms

C. A hospital policy

D. A randomized trial protocol

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Answers

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

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Explanations

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1. Which formula correctly defines PPV?

A. TN / (TN + FN)

B. TP / (TP + FP)

C. TP / (TP + FN)

D. FN / (FN + FP)

Positive Predictive Value tells you, among all the people the test marks as positive, how many truly have the condition. This is captured by comparing true positives to all positives—the test's positives that are correct and those that are incorrect. So the correct formula is true positives divided by the sum of true positives and false positives. Think of it this way: if 100 people test positive, and 80 actually have the disease while 20 do not, PPV is 80/100 = 0.8. The numerator counts only the correct positives, and the denominator counts every positive result the test produced. The other formulas point to different performance measures: using false negatives in the numerator relates to sensitivity (the ability to detect actual positives), and using true negatives with false negatives relates to negative predictive value (the chance that a negative test is truly negative). The leftover option does not reflect PPV.

2. Which statement best describes the purpose of likelihood ratios (LR+ and LR−) in diagnostic testing?

A. They measure the test's overall accuracy.

B. They determine the disease prevalence in the population.

C. They test how much a test shifts probability from pretest to post-test.

D. They replace the need for pretest probability.

Likelihood ratios quantify how much a diagnostic test result shifts the probability of disease. They translate what you already suspect before testing (pretest probability) into a new probability after seeing the test result (post-test probability). The math is often described in terms of odds: post-test odds equal pretest odds multiplied by the LR. A large LR for a positive result (LR+) means a positive result greatly increases the chance of disease, while a small LR for a negative result (LR−, well below 1) means a negative result greatly decreases the chance. This concept helps clinicians update their assessment with each test, rather than relying on a single accuracy figure or on prevalence alone.

3. Which reliability coefficient is commonly used for nominal or ordinal category agreement?

A. Pearson's r

B. Intraclass Correlation Coefficient (ICC)

C. Cohen's Kappa

D. Standard error of measurement (SEM)

Cohen's Kappa measures how much two raters agree on categorical classifications beyond what would be expected by chance. This makes it ideal for nominal data, where categories are distinct labels, and it can be adapted to ordinal data with a weighted version that accounts for the degree of disagreement (closer categories count as less discordance). Pearson's r is about the linear relationship between continuous variables, not agreement on category labels. The intraclass correlation coefficient is typically used for continuous measurements across raters and often involves more than two raters or repeated measurements. The standard error of measurement focuses on the precision of a single observed score, not the level of agreement between different raters. So for assessing how well two raters categorize items into categories, Cohen's Kappa is the most appropriate choice.

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4. What is the algebraic formula for the odds ratio in a 2x2 table?

A. ad/bc

B. a/(b+c)

C. (a+b)/(c+d)

D. (a/c)/(b/d)

The odds ratio expresses how much more (or less) likely the outcome is among those exposed compared with those not exposed. In a 2x2 table where a is exposed with the outcome and b is exposed without, c is unexposed with the outcome, and d is unexposed without, the odds in the exposed group is a/b and the odds in the unexposed group is c/d. Dividing these odds gives (a/b) ÷ (c/d) = (a/b) × (d/c) = ad/bc. This ad/bc form is the standard way to write the odds ratio. Note that (a/c) ÷ (b/d) also equals ad/bc, so it's algebraically the same, but ad/bc is the conventional compact expression.

5. Which step involves extracting key terms and concepts from qualitative data?

A. Assess quality

B. Extract key terms

C. Integrate with other evidence

D. Apply and reflect

Qualitative data analysis centers on turning raw text into organized ideas through coding. The step of extracting key terms and concepts is exactly about reading transcripts or notes and pulling out words, phrases, and ideas that recur or seem meaningful. Those terms are then labeled as codes and grouped to reveal patterns and themes. This data-driven extraction is what lets you move from rich, unstructured data to a structured synthesis you can compare across studies or apply in practice. This is the best fit because it directly describes capturing the essential ideas from the data. In contrast, assessing quality focuses on how trustworthy the studies are, integrating with other evidence refers to bringing findings together across studies, and applying and reflecting involves translating insights into practice and evaluation.

6. Which items are considered secondary analyses?

A. Narrative reviews, systematic reviews, meta-analyses, and clinical practice guidelines

B. Primary randomized trials

C. Case reports

D. In vitro studies

Secondary analyses are sources that synthesize or interpret existing research rather than presenting new data from a single study. Narrative reviews, systematic reviews, meta-analyses, and clinical practice guidelines fit this description because each aggregates, appraises, or translates findings from multiple primary studies to guide practice. Narrative reviews provide a qualitative synthesis of the literature; systematic reviews apply explicit methods to identify and appraise all relevant studies; meta-analyses statistically combine results from included studies; and clinical practice guidelines translate the assembled evidence into actionable recommendations. In contrast, primary randomized trials generate new data by testing interventions in participants; case reports describe observations from individual patients; and in vitro studies are laboratory experiments not involving patients. Therefore, these listed items are secondary analyses.

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7. In meta-analyses, the term quorum refers to what?

A. Quality of reporting and transparency details

B. The number of included studies

C. The statistical significance threshold

D. The risk of bias in primary studies

QUOROM stands for Quality Of Reporting Of Meta-analyses, and what it signals is the quality of reporting and transparency in how a meta-analysis is conducted and described. It focuses on how clearly the authors document the methods, including search strategies, study selection, data extraction, synthesis approach, assessment of limitations, and how findings are presented, so readers can judge validity and reproduce the work. This guideline originated to improve the completeness and transparency of meta-analytic reports and was later updated into PRISMA. It does not refer to how many studies are included, the statistical significance threshold, or the risk of bias in the primary studies—though those aspects may be discussed within a well-reported meta-analysis.

8. Which statement describes content validity?

A. Does the test cover the full domain of the construct being measured

B. Does the test correlate with a gold standard

C. Does the test yield identical results on retest

D. Is the test easy to administer

Content validity asks whether a test's items collectively represent all facets of the construct it intends to measure. The best description is that the test covers the full domain of the construct being measured, ensuring that important aspects are included and unrelated items are kept out. This is typically established through expert judgment and by mapping the test items to a content outline or framework of the construct. It differs from other concepts: correlating with a gold standard speaks to criterion validity, a test yielding identical results on retest relates to reliability (stability over time), and how easy the test is to administer concerns practicality rather than validity.

9. In calculating an effect size (ES) as defined here, which formula is used?

A. mean of change scores/standard deviation of change scores

B. mean of change scores/standard deviation of initial scores

C. standard deviation of change scores

D. mean of initial scores/standard deviation of follow-up scores

When expressing how big a change is in a standardized way, anchor the change to a stable reference point. Here, the average change score (post minus pre) represents how much participants improved on average. To put that improvement on a common scale, divide by the variability that existed before any intervention—the standard deviation of the initial (baseline) scores. This yields an effect size in units of baseline standard deviations, making the magnitude of change comparable across studies that started with different baselines or used different measures. Using the baseline standard deviation as the denominator has a key advantage: it reflects how much people differed at the start, before any treatment effect could influence outcomes. It avoids letting the amount of change be distorted by how dispersed the post-treatment scores ended up or by the amount of change across individuals (which can depend on the correlation between pre and post). In contrast, standardizing by the standard deviation of change scores would tie the effect size to how much individuals varied in their change itself—a quantity that can be unstable and heavily influenced by pre-post correlation—making cross-study comparisons less straightforward. Dividing by follow-up SD or other alternatives would distort the interpretation by focusing on post-treatment dispersion rather than the size of the observed change relative to where participants began.

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10. What defines a clinical practice guideline (CPG)?

A. A single clinician's opinion

B. A statement to optimize patient care informed by a systematic review of evidence and assessment of benefits and harms

C. A hospital policy

D. A randomized trial protocol

Clinical practice guidelines are systematically developed statements that aim to optimize patient care by providing recommendations about appropriate health care decisions. They are based on a careful review of the available evidence, typically a systematic review, and they weigh the benefits and harms of different options to form guidance. This approach distinguishes guidelines from a single clinician's opinion, which lacks structured evidence synthesis, and from hospital policies, which are organizational decisions and may not be grounded in a systematic appraisal of benefits and harms. A randomized trial protocol, on the other hand, describes how a study will be conducted rather than offering evidence-based recommendations for day-to-day practice. Good guidelines also consider patient values and resource implications and clearly indicate the strength and limitations of the recommendations.

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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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