HEALTHCARE ACADEMY 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 finding is typically associated with pulmonary consolidation on palpation and auscultation?

A. Increased tactile fremitus

B. Hyperresonant percussion

C. Normal breath sounds

D. Absence of crackles

2. Interpreting a standard electrolyte panel showing hyponatremia requires what assessment?

A. Low sodium; assess dehydration, SIADH, or excess free water; treat underlying cause; monitor patient status

B. High potassium and treat with insulin

C. Hyponatremia indicates dehydration only

D. Sodium level is irrelevant to hydration status

3. An oxygen saturation of 92% on room air is most consistent with which level of oxygenation?

A. Normal oxygenation

B. Mild hypoxemia

C. Hyperoxia

D. Severe hypoxemia

4. Which scenario requires using PPE?

A. When sweeping the hallway

B. When interacting with a patient with suspected infectious disease

C. When patient isn't ill

D. When entering an empty room

5. Name three components routinely included in a medical history intake.

A. Chief complaint, past medical history, current medications.

B. Immunization status, family history, allergies.

C. Occupation, housing, income.

D. Height, weight, eye color.

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6. What is the frequency range used in the ultrasound concepts discussed?

A. 0-20 MHz

B. 2-15 MHz

C. 1-10 MHz

D. 5-20 MHz

7. What is the primary difference between an HMO and a PPO in managed care?

A. HMO requires in-network providers and referrals; PPO offers more provider choice often with out-of-network coverage and fewer referrals.

B. PPO requires in-network only and referrals; HMO offers more provider choice.

C. HMO and PPO are the same with only branding differences.

D. PPO offers out-of-network coverage; HMO does not.

8. What was the bailout stent rate in the OAS arm of the Compliance 360 trial?

A. 8%

B. 84%

C. 72%

D. 56%

9. Who presented the OAS Small Feasibility Trial at TCT 2005?

A. Dr. X

B. Dr. Robert Safian

C. Dr. Patlola

D. Dr. Thomas Zeller

10. Which of the following are types of transmission-based precautions?

A. Contact precautions

B. Droplet precautions

C. Airborne precautions

D. All of the above

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Answers

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

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Explanations

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1. Which finding is typically associated with pulmonary consolidation on palpation and auscultation?

A. Increased tactile fremitus

B. Hyperresonant percussion

C. Normal breath sounds

D. Absence of crackles

When a region of the lung is consolidated, the airspaces are filled with fluid, cells, or other material, making that part of the lung denser. That increased density transmits sound and vibrations more effectively to the chest wall, so palpation shows heightened tactile fremitus over the affected area. On auscultation, you would typically hear louder, more distinct breath sounds (often bronchial) and there may be crackles due to fluid or inflammatory exudate, along with signs of increased vocal resonance. Hyperresonant percussion would not fit consolidation because the dense tissue produces a dull, not resonant, note. Normal breath sounds and absence of crackles would also be inconsistent with a consolidated lung.

2. Interpreting a standard electrolyte panel showing hyponatremia requires what assessment?

A. Low sodium; assess dehydration, SIADH, or excess free water; treat underlying cause; monitor patient status

B. High potassium and treat with insulin

C. Hyponatremia indicates dehydration only

D. Sodium level is irrelevant to hydration status

Interpreting hyponatremia hinges on evaluating water balance and the underlying cause, not just noting a low sodium value. A standard electrolyte panel showing hyponatremia prompts you to assess the patient's volume status and what type of imbalance is driving the low sodium. Hyponatremia can reflect lost salt with water retention (hypovolemia), dilution from excess free water (euvolemic or hypervolemic states), or specific conditions like SIADH, hypothyroidism, or adrenal insufficiency. To distinguish these, clinicians look at volume status (are they dehydrated, euvolemic, or fluid-overloaded) and use tests such as urine osmolality and urine sodium, along with serum osmolality, to identify the cause. Management then targets the underlying issue and the appropriate water balance, with careful monitoring of sodium correction to avoid complications. So the best approach is to assess dehydration, SIADH, or excess free water and tailor treatment to the root cause while monitoring the patient.

3. An oxygen saturation of 92% on room air is most consistent with which level of oxygenation?

A. Normal oxygenation

B. Mild hypoxemia

C. Hyperoxia

D. Severe hypoxemia

SpO2 is how much hemoglobin is carrying oxygen, measured on room air. In healthy individuals, oxygen saturation on room air typically runs about 95–100%. A reading of 92% on room air indicates reduced oxygenation, which fits with mild hypoxemia. It's not normal oxygenation, and it isn't severe hypoxemia (that is usually well below 90%, often in the 80s or lower). Hyperoxia means excess oxygen levels and is not diagnosed from a 92% saturation on room air; hyperoxia would generally be seen with very high oxygen exposure or readings closer to 100% under supplemental oxygen, not at 92% on room air. Roughly, 92% on room air often corresponds to a PaO2 around 60 mmHg, indicating impaired oxygen transfer but not an immediately life-threatening level.

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4. Which scenario requires using PPE?

A. When sweeping the hallway

B. When interacting with a patient with suspected infectious disease

C. When patient isn't ill

D. When entering an empty room

The important idea here is that PPE is used to protect you from exposure to infectious agents during interactions that could involve bodily fluids, respiratory secretions, or contact with contaminated surfaces. When you're with a patient who has a suspected infectious disease, you don the appropriate PPE because you don't yet know the exact pathogen and need a precautionary barrier to reduce transmission risk. This typically means gloves and a gown for contact precautions, plus eye protection and a mask or respirator depending on how the disease is thought to spread. Sweeping the hallway isn't inherently an infection-risk interaction unless there's a known contamination or hazardous material involved, so routine PPE isn't automatically required. An empty room presents no exposure risk, and a patient who isn't ill isn't a source of infectious transmission, so PPE isn't needed there either. The scenario with a patient who has suspected infectious disease specifically calls for PPE to safeguard you and others.

5. Name three components routinely included in a medical history intake.

A. Chief complaint, past medical history, current medications.

B. Immunization status, family history, allergies.

C. Occupation, housing, income.

D. Height, weight, eye color.

When gathering a medical history, the essential trio centers on what brings the patient in, what past medical problems and surgeries they have had, and what medications they are currently taking. The chief complaint records the reason for the visit and guides the initial assessment and plan. The past medical history provides important context about chronic conditions, prior surgeries, and previous hospitalizations that can affect diagnosis and management. The current medications list is crucial to spotting potential drug interactions, contraindications, and to interpret symptoms accurately. Immunization status, family history, and allergies are important pieces of information, but they're typically collected as part of the broader history rather than as the primary trio. Likewise, occupation, housing, and income relate to social history, while height, weight, and eye color are less central to the initial medical history.

6. What is the frequency range used in the ultrasound concepts discussed?

A. 0-20 MHz

B. 2-15 MHz

C. 1-10 MHz

D. 5-20 MHz

In diagnostic ultrasound, frequency is picked to balance how deep the sound can travel with how clearly it can image details. Higher frequencies give sharper images but don't penetrate as far; lower frequencies go deeper but lose resolution. A practical, widely used range for general ultrasound imaging is about 2 to 15 MHz. This span lets you image deeper structures like the abdomen while still providing good detail for superficial tissues and organs. The other options either start too low or end too high to cover the typical range used across common ultrasound applications, or they include impractical ends. That's why 2–15 MHz best fits the discussion.

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7. What is the primary difference between an HMO and a PPO in managed care?

A. HMO requires in-network providers and referrals; PPO offers more provider choice often with out-of-network coverage and fewer referrals.

B. PPO requires in-network only and referrals; HMO offers more provider choice.

C. HMO and PPO are the same with only branding differences.

D. PPO offers out-of-network coverage; HMO does not.

The key difference is how each plan controls access to care and who you can see. In a managed care plan that functions as an HMO, you typically choose a primary care physician who manages and coordinates your care. You must stay within a defined network to get coverage, and you usually need referrals from your PCP to see specialists. Out-of-network care is generally not covered, except in emergencies. In a PPO, you have more freedom to choose providers, including many out-of-network options, and you usually don't need a referral to see a specialist. Out-of-network care is covered too, but at a higher cost to you. So the statement that describes the primary difference—HMO focusing on in-network care with referrals, and PPO offering broader provider options with some out-of-network coverage and fewer referral requirements—best captures how these plans differ. The other options misstate who must stay in-network or who needs referrals, or claim the plans are the same.

8. What was the bailout stent rate in the OAS arm of the Compliance 360 trial?

A. 8%

B. 84%

C. 72%

D. 56%

The main idea is understanding what bailout stent rate means: it's the share of procedures where an unplanned stent was needed because the initial strategy didn't achieve the desired result. In the Compliance 360 trial, the OAS arm had a bailout stent rate of 8%, so only a small minority of procedures required switching to a stent as a rescue measure. This low rate suggests the OAS approach was able to complete most interventions without needing to place a bailout stent. The other numbers would indicate much higher reliance on unplanned stenting, which is less consistent with how the OAS arm performed in this trial.

9. Who presented the OAS Small Feasibility Trial at TCT 2005?

A. Dr. X

B. Dr. Robert Safian

C. Dr. Patlola

D. Dr. Thomas Zeller

When a trial is highlighted at a major conference, the presenter is the lead investigator responsible for the study and its early results. The OAS Small Feasibility Trial at TCT 2005 was presented by Dr. Thomas Zeller, reflecting his role in early-stage interventional research during that period. Feasibility trials are small, initial studies designed to assess safety and practicality of a new device or approach before moving to larger trials. This context explains why Dr. Zeller is the best match for the presenter in that specific conference session, even though the other names are prominent figures in the field.

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10. Which of the following are types of transmission-based precautions?

A. Contact precautions

B. Droplet precautions

C. Airborne precautions

D. All of the above

Transmission-based precautions come in three main forms, each targeting a different path your patient's infection might take. These are contact precautions, droplet precautions, and airborne precautions. Because infections can spread by direct or indirect contact, by larger respiratory droplets, or by smaller airborne particles, you apply the specific precaution that matches the transmission route. If a pathogen spreads by contact, you use contact precautions (gloves and gown). If it spreads by droplets, you use droplet precautions (mask within close range, plus eye protection as needed). If it spreads by airborne particles, you use airborne precautions (N95 respirator or higher, and a negative-pressure room). Since all three categories exist, the correct choice is all of the above.

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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://healthcareacademy.examzify.com

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

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