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2019 Written Exam Practice Questions
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PLEASE MARK YOUR TEST FROM ONE CORRECT ANSWER

- When should the rescuer initially ensure that the scene is safe?
 - When the rescuer first sees a potential victim
 - After the rescuer activates the emergency response system
 - An emergency medical services arrives on the scene
 - After an AED that is attached to the victim delivers a shock
- As soon as an AED becomes available, which of the following is the first step the rescuer should perform to operate the AED?
 - Place the AED pads on the chest
 - Deliver 2 rescue breaths before using the AED
 - Turn on the AED
 - Complete 2 cycles of chest compressions
- After the AED delivers a shock, the rescuer should
 - Wait for the AED to reanalyze the rhythm
 - Immediately restart CPR, beginning with three compressions
 - Provide 2 ventilations to the victim
 - Immediately check the carotid pulse for no more than 10 seconds
- The 2019 AHA Guidelines for CPR and ECC recommend that to identify cardiac arrest in an unresponsive victim with no breathing (or no normal breathing), a healthcare provider should check a pulse for no more than
 - 25 seconds
 - 10 seconds
 - 15 seconds
 - 30 seconds
- After you identify an unresponsive victim with no breathing (or no normal breathing) and no pulse, chest compressions should be initiated within
 - 25 seconds
 - 10 seconds
 - 30 seconds
 - 40 seconds
- Which of the following victims need CPR?
 - A victim with a pulse and who is having audible breathing
 - A victim with chest pain and indigestion
 - A victim who is unresponsive, no normal breathing and absent/ineffective pulse
 - A victim who is unresponsive but is breathing adequately
- Where should the hands be placed to perform chest compressions on an adult?
 - On the lower half of the breastbone
 - In the center of the breastbone
 - On the upper portion of the abdomen
 - On the upper half of the breastbone
- The depth of compressions for an adult victim should be at least
 - 1.5 inches
 - 2 inches
 - 2.4 inches
 - 3 inches



Phlebotomy Order of Draw

Below is the correct order of draw per the CLSI venipuncture standard (GP41)*

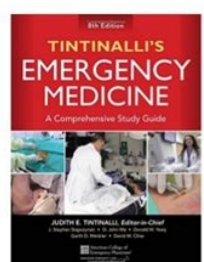
DRAW ORDER	TUBE TOP/STOPPER COLOR	TUBE TYPE
1		Blood cultures
2	Light Blue	Citrate
3	Red	Serum
4	Green	Heparin
5	Lavender	EDTA
6	Gray	Oxalate

Here is a mnemonic device to help you remember:

- Blood cultures → **Be**
- Light Blue → **Loving**
- Red → **Respectful**
- Green → **Gracious**
- Lavender → **Lighthearted and**
- Gray → **Gentle**

*Note: Always follow facility policy first.

download_ip4.0 Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8th edition "Read online"



CPR TEST

NAME: _____ TODAY'S DATE: _____
 CLASS #: _____ CLASS # DATE: _____

- The head tilt chin lift maneuver is the preferred method for opening an unresponsive person's airway.
 True False
- Infants usually stop breathing due to heart attack.
 True False
- The rate of compressions to ventilations for a child is 30 to 2.
 True False
- The best way to deliver a portable oxygen distribution for an adult is to have another cough.
 True False
- Most people who die from a heart attack have simple warning before having a heart attack.
 True False
- There are measures that can be taken to lessen the possibility of a heart attack.
 True False
- An unresponsive adult who is breathing should be placed in the recovery position.
 True False
- If upon being to ventilate a patient the rescuer is unable to do so, he/she must attempt to ventilate again.
 True False
- The depth of compressions for an infant is 1/3 to 1/2 the depth of the chest.
 True False

CHAPTER ANSWER KEYS

Chapter 1: The Emergency Medical Responder

REVIEW OF CONCEPTS AND TERMS

Matching
1. F, 2. H, 3. A, 4. B, 5. C, 6. G, 7. A, 8. D, 9. E, 10. J

Short Answer

- The five types are fire-based, third-party services, hospital-based, public systems and private systems.
- State emergency medical services (EMS) agencies are responsible for the overall planning, coordination and regulation of the EMS system within the state as well as licensing or certifying EMS providers. Their responsibilities may include leading statewide training systems, developing and enforcing statewide protocols for EMS personnel in addition to the national requirements, administering or coordinating regional EMS programs, operating or coordinating statewide communication systems, coordinating and distributing federal and state grants and planning and coordinating disaster and mass casualty responses, as well as handling specialty medical initiatives.
- The purpose of the National EMS Education and Practice Blueprint is to establish nationally recognized levels of EMS providers and scopes of practice. It provides a framework for future curriculum development projects and a standardized way for states to handle legal recognition and reciprocity.
- The four nationally recognized levels of training are: emergency medical responder (EMR), emergency

CASE STUDY

- Scenario A**
- Primary responsibilities include ensuring the safety of yourself and the bystanders, gaining access to the patient, determining any threats to the patient's life, summoning more advanced medical personnel as needed, providing medical care for patients and ensuring more advanced medical personnel.
 - Medical medical control involves the use of standing orders, which allows EMS personnel to provide certain types of care or treatment without speaking to the physician.
 - Secondary responsibilities would include summoning additional help and directing bystanders or asking them to help; taking additional steps if necessary to protect bystanders from danger involving what you see, hear or smell at the scene; and reexamining the patient's family and friends.

Scenario B

- The EMT takes over the care from EMRs and works on stabilizing and preparing the patient for

[Google Scholar]Articles from MedEdPORTAL : the Journal of Teaching and Learning Resources are provided here courtesy of Association of American Medical Colleges In the future, we will track completion of the prequiz, study guide, and postquiz in order to ensure completion in the correct order and monitor the time frame. [Google Scholar]3. Or perhaps you are on a toxicology rotation and looking for more resources. In this study, the SVI Self-Study Guide was assessed via pre- and postquizzes, but we did not investigate the impact of the SVI Self-Study Guide on students' actual SVI scores. This tool can be distributed via email, it only requires access to Microsoft PowerPoint, and learners have the choice to utilize it at their leisure. To ensure you are adequately trained for all that may present to the emergency department, start with these resources: Have you mastered the basics? These were suggested but not required to complete the activity. Via email, we invited 11 rising fourth-year medical students applying to emergency medicine residency training at the University of Miami Miller School of Medicine to use the SVI Self-Study Guide and complete a pre- and postquiz (Appendices B & C) on a voluntary basis. Here are a number of resources to help strengthen your ECG skills. Pediatrics Children are not little adults. Learn the basics first, then pick and choose what will help you continue to learn in the lists that follow. Question Banks These books can be helpful with preparation for inservice exams and the written boards. Weekly or Monthly Updates Looking for your weekly fix of emergency medicine? AEM Educ Train. Therefore, the results may be limited by recall bias. Some of these resources are great for education and learning, while others are helpful directly on a shift. Here are some helpful ones: Emergency Medicine Oral Board Review Illustrated [Amazon link] Bouncebacks! Emergency Department Cases: ED Returns [Amazon link] The Wills Eye Manual: Office and Emergency Room Diagnosis and Treatment of Eye Disease [Amazon link] Ultrasound Below are some ultrasound podcasts that are helpful. *Note that some of the best ultrasound resources are mobile apps, which we have included in the mobile applications lists just below this section. Mobile Applications A number of mobile applications are useful for our practice. doi: 10.1016/j.annemergmed.2014.05.029 1 Resident, Department of Emergency Medicine, Maricopa Medical Center Find articles by Ilana Mayer-Hirshfeld 2 Associate Regional Dean for Medical Curriculum, University of Miami Miller School of Medicine Find articles by Gauri G. Using Excel software, we analyzed and compared the pre- and postquiz results. With the start of the year, we welcomed a new group of faces into our respective residency programs. It is a useful and expansive as online education has become, you must first critically evaluate the blogs and podcasts out there. Due to the SVI's novelty, there are not many study tools available to prepare for it, outside of the resources provided by the AAMC. The SVI Self-Study Guide is a PowerPoint document that learners can use to prepare for the SVI independently. Here is a place to start. Trauma There are a number of trauma resources that are geared more for surgical residents. For additional information on any particular application, the iMedical Apps website can be useful. 10 Second EMiOS (\$4.99), Android (\$2.99) ERresIOS (\$9.99), Android (\$9.99) WikEMiOS (free), Android (free) Basics of EMiOS (\$2.99), Android (free) MedscapeiOS (free), Android (free) EpocratesiOS (free), Android (free) PEPiDiOS (free), Android (free) EMRA PressorDexiOS (\$16.99), Android: not available EMRA Antibiotic GuideiOS (\$16.99), Android (\$16.99) PediStatIOS (\$2.99), Android (\$7.87) Radiology 2.0 - One Night in the EDiOS (free), Android: not available Eye Emergency ManualiOS (free), Android (free) Eye MDiOS (free), Android: not available Emergency Toxicology iOS (free), Android: not available ACEP Toxicology Section Antidote AppiOS (free), Android (free) Clinical Medical CalculatoriOS (free), Android (free) MD CalcIOS (free), Android: not available Ultrasound Apps SonoSupportiOS (\$9.99), Android: not available Pocket Atlas of Emergency UltrasoundiOS (\$69.99), Android (\$69.99) Emergency Medicine UltrasoundiOS (free), Android: not available Emergency HandbookiOS (free), Android: not available One Minute UltrasoundiOS (free), Android (free) FATE CardIOS (free), Android (free) Where To Go From Here! The lists above are not meant to be all-encompassing and there is no doubt that new websites and applications are being produced all the time. Residency Interview Guide. Washington, DC: Association of American Medical Colleges: 2017. We did not track students' adherence to these instructions or the time frame in which the quizzes and study guide were completed. Both quizzes consisted of five questions evaluating students' perceived preparedness to take the SVI, followed by four questions evaluating knowledge based on the content in the SVI study tool. Coming up with your own system and favorites will ensure you build on a great foundation. Reference 1. Thoma B, Joshi N, Trueger NS, Chan TM, Lin M. It is intended for fourth-year medical students who are applying to emergency medicine residencies and therefore planning to take the SVI. The questions on perceived readiness were designed to measure confidence in regard to the tested content (professionalism and interpersonal and communication skills) and testing format, based on the AAMC's published information. 2-4 The knowledge-based questions were designed to test retention of information covered in the study guide. Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the MD Degree. What follows can be overwhelming for some. We also compared students' overall percentage scores on knowledge-based questions on the pre- and postquiz using a two-tailed t test (Table 3). Learners' Perceived Preparedness to Take the Standardized Video Interview Test-Taking Component Prequiz (N = 10) Postquiz (N = 8) p Knowledge of professional behaviors 6.8007.625.693 Knowledge of interpersonal and communication skills 6.8007.875.173 Ability to deliver a complete answer within 3 minutes 4.5007.250

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