COPR OCRP
Canadian Organization of Paramedic Regulators
Organisation Canadienne des Régulateurs Paramédicaux

Entry to Practice Examination

Study Guide

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Table of Contents

General Information

The Canadian Organization of Paramedic Regulators (COPR) has developed this Entry to Practice Examination Study Guide to provide tips and strategies for examination preparation as well as sample examination questions. Refer to the COPR Entry to Practice Examination Handbook for an outline of the basic structure of the examination, and examination policies and procedures.

Examination Background

The objective of the examination development process is to ensure that the examination achieves its stated purpose; to protect the public by ensuring that those who are certified possess sufficient competencies (e.g. knowledge, abilities, skills, attitudes, and judgment) to perform important occupational activities safely and effectively. A rigorous test development process is implemented that meets or exceeds all professional standards as specified in the most recent edition of American Psychological Association Standards for Educational and Psychological Testing including the requirements of periodic evaluation.

Competency Profile
The COPR Entry to Practice examinations are based upon the National Occupational Competency Profile (NOCP) for paramedics. Use this profile as a guide when you study. Competencies tested will be based on the 2011 NOCP.

The NOCP 2011 can be found on the Paramedic Association of Canada website.

Blueprint Development
An examination blueprint outlining the content to be tested in the examination was developed and is reviewed periodically by COPR. The blueprint includes the competencies - that is, the content domain that forms the basis for test development. It also specifies variables that provide structure for the examination, as well as guidelines and specifications for weighting the competencies to ensure that the examination accurately reflects the domain of entry level paramedics. To view the examination blueprint, visit the COPR website.

Item Development
Examination items (questions) are developed by subject matter experts (SMEs) who are trained in item writing. The examination items measure the specified competencies in accordance with the guidelines identified in the examination blueprint. After an item is developed, it is reviewed by the COPR Examination Maintenance Committee and then further evaluated and refined by the group.

Item Review
Item appraisers, from different regions across Canada, review each new item to ensure that they measure content that is consistent with current Canadian entry to practice standards, as well as regional standards of practice for entry level paramedic practitioners at the Emergency Medical Responder (EMR), Primary Care Paramedic (PCP) or Advanced Care Paramedic (ACP) level of practice. They also ensure that stereotypes are not found in the items so that examinees are not disadvantaged by the examination content.

Professional Editing
All items are reviewed by the COPR testing agency to ensure clarity, consistency and appropriateness of the language used. The items are then entered into the official item bank for future retrieval.

Examination Monitoring & Approval
Each version of the examination is compiled by the COPR testing agency from items in the test bank in accordance with the blueprint specifications. Final approval of the examination is given after the examination approval SMEs have reviewed the entire examination to ensure that each item measures content that is consistent with current standards of practice for entry level practitioners.

Standard Setting
Standard for the examination is established by using the professionally accepted and widely used Modified Angoff method and/or Statistical Equating. For more information on the Modified Angoff see the COPR Entry to Practice Examination Handbook. The passing score represents the performance minimally expected of entry level practitioners. It should be noted that COPR does not normalize scores (no bell curve).

Examination Format

Exam Format
Examinations are computer based. The EMR Examination has 100 questions and is 2 hours in length. The PCP and ACP examination have 200 questions and are 4 hours in duration. They are created with the oversight of psychometricians and SMEs to ensure that blueprint coverage of competency areas and other examination criteria are fulfilled.

Question Types
1. Passages:
    a. Patient Profiles: Key patient information is provided in a table format. There may be three or more multiple choice questions linked to this type of passage.
    b. Case Scenario: Scenario and/or patient information may be described in detail. There can be 3 or more multiple choice questions linked to this type of passage. The patient condition may evolve from question to question.

2. Stand-alone: Questions are multiple choice and are not based on any passage.

Question Cognitive Levels
Candidates may be asked several types of questions in each competency category based on cognitive levels. Cognitive levels refer to the degree of complexity of thinking required to answer a question or solve a specific problem. The types of questions, in increasing order of difficulty, are:

1. *Knowledge* questions measure a candidate's ability to recall or recognize facts, terms concepts or procedures.
2. *Application* questions require candidates to apply their knowledge of facts, terms, concepts, or procedures in a novel context.

3. *Critical Thinking* questions are based on a realistic scenario or case and will require a candidate to infer the significance of the key facts, terms, concepts, and/or procedures presented in the scenario.

Examination Taking Strategies

1. Come prepared. Pre-examination study is the single best tool for success!
2. Read each question carefully and make sure you understand the question before answering it. Read each answer choice completely before selecting an answer.
3. Try answering the question in your mind before looking at the answer options.
4. If you are stuck on a difficult question, eliminate as many answers as possible and then select the answer you think is best from the remaining choices.
5. Scores are based on the number of correctly answered questions; wrong answers to do not count against your score. To maximize your score, it is better to guess at an answer than leave it blank.
6. If you are not sure of an answer, you can flag it. Leave it to the end or take a guess and come back to it later. The examination platform allows you to flag a question to remind you to come back to it.
7. All questions on the examination are of equal value; do not waste excessive time pondering an individual question.
8. Review your answers if you have time at the end, but do not change any answers unless you have a good reason.

Sample Examination Questions

The following are examples of the type, format, and content of questions you will see on the COPR Entry to Practice Examination. Following each question is an explanation of the cognitive level and correct answer. There are three sections, one for each practice category (EMR, PCP, and ACP).

Sample Questions – EMR

1. EMRs are responding to an 88 year old patient who complains of abdominal pain. During the assessment, the patient vomits on one of the EMR's boots and apologizes. What is the EMR's **best** response to this patient?

    A) "No problem."
    B) "Next time try and hit the container next to you."
    C) "I think its best that my partner takes over your care."
    D) "It's okay; you don't need to be sorry. This is what we do, and we're here because we want to be."

This is an application question. Answer D is the correct answer. When a patient accidentally vomits on you and apologizes to you, you want to respond politely and professionally to the patient. The best response would be "it's okay, you don't need to be sorry. This is what we do, and we're here because we want to be."

Reference to the answer is in Limmer et al.'s Emergency Medical Responder: A Skills Approach – 5th Canadian Edition, on page 7, and in Jones and Bartlett's Emergency Medical Responder – Canadian Edition (2021), on page 161. Refer to Competency Area 1 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

2. A 29 year old female, weighing 50 kg, collapses at work after complaining of severe left and right lower quadrant pain. When the EMRs arrive she is conscious, pale, and complaining of severe pain. She denies any bleeding. She has no pertinent medical history. Her last menstrual period was six weeks ago. She has an absent radial pulse, a rapid, weak carotid pulse, rapid shallow respirations, and a BP of 78/50. Which one of the following scenarios would be the **best** way to manage this patient?

    A) Lay the patient prone, provide oxygen, and transport.
    B) Lay the patient supine, provide oxygen, and transport.
    C) Lay the patient semi-prone, provide oxygen, and transport.
    D) Lay the patient supine with legs elevated, provide oxygen, and transport.

This is a knowledge question. Answer D is the correct answer. This patient is going into shock from the medical emergency she is experiencing. To treat this lay the patient supine with her feet elevated. This will help keep the core area of her body perfusing. Then provide oxygen and transport to the hospital for more definitive care.

Reference to the answer is in Red Cross Emergency Care for Professional Responders (2018), on page 221, and in Limmer et al.'s Emergency Medical Responder: A Skills Approach – 5th Canadian Edition, on page 324. Refer to Competency Area 6 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

3. A 10 year old patient has fallen off their bicycle and injured their chest. EMRs suspect a simple rib fracture. Which one of the following treatments is **most appropriate** for this fracture?

    A) Tightly binding the chest.
    B) Raise the legs in supine position.
    C) Apply a board splint and securing it to the chest.
    D) Transport to the hospital for evaluation and treatment.

This is a knowledge question. Answer D is the correct answer. When treating a patient with a fractured rib, ensure that the rib will not shift and cause more damage. Binding the chest can cause more pain and the rib to shift, raising the legs in supine won't help for the fracture and there is no board splint to stabilize the chest. The most appropriate option is to 'transport to the hospital for evaluation and treatment'.

Reference to the answer is in Jones and Bartlett's Emergency Medical Responder – Canadian Edition (2021), on page 496, and in Limmer et al.'s Emergency Medical Responder: A Skills Approach – 5th Canadian Edition, on page 318. Refer to Competency Area 6 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

Questions 4 and 5 refer to the patient profile below:

Age	23 year old
Gender	Not applicable
Chief Complaint	SOB, sudden onset
Past Medical Hx	Severe reactions to some food
Medications	Acetylsalicylic Acid (ASA), Birth Control Pills
1st vital signs	HR 132 and regular, RR 36 and shallow, and BP is 118/72.
Physical Findings	Hives on arms and chest area, audible wheezing, and tachycardia
Other information	Shortness of breath started following lunch. This episode is the worst the patient has ever experienced.

4. Which one of the following conditions is the patient **most likely** suffering from?

A) Anaphylaxis
B) Asthma attack
C) Pulmonary embolism
D) Myocardial infarction

This is a knowledge question. Answer A is the correct answer. This patient is SOB with audible wheezing, hives on arms and chest area following eating lunch. This patient has also had reactions to food before and describes this experience as worse. The patient is suffering from anaphylaxis.

Reference to the answer is in Jones and Bartlett's Emergency Medical Responder –Canadian Edition (2021), on pages 684-687, and in Limmer et al.'s Emergency Medical Responder: A Skills Approach – 5th Canadian Edition, on pages 253-254. Refer to Competency Area 6 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

5. After administering oxygen, which one of the patient's medications should the EMR assist the patient with?

A) Oral Glucose
B) Acetylsalicylic Acid (ASA)
C) Naloxone
D) Epinephrine

This is an application question. Answer D is the correct answer. As identified from the patient profile, this patient is suffering from anaphylaxis, the medication to assist with this patient is Epinephrine. Epinephrine works quickly to improve breathing, stimulate the heart, reverse hives, and reduce swelling.

Reference to the answer is in Jones and Bartlett's Emergency Medical Responder –Canadian Edition (2021), on pages 687-688, and in Limmer et al.'s Emergency Medical Responder: A Skills Approach – 5th Canadian Edition, on pages 295-296. Refer to Competency Area 5 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

Sample Questions – PCP

Questions 1 and 2 refer to the following patient profile:

Age	3 year old
Gender	Not applicable
Chief Complaint	Barking cough
Past Medical Hx	None
Medications	None
1st vital signs	HR 140, RR 26, BP 90/68, SpO_2 94%, Temp 38°C
Physical Findings	Warm to the touch and flushed in color; patient is alert and crying
Other information	Patient has been feeling unwell for 24 hours

1. At which area of the body should the paramedic start their assessment?

A) The feet
B) The head
C) The arms
D) The stomach

This question is a knowledge-based question. The correct answer is A. To gain the confidence of a patient in this age group, the assessment should be conducted in a toe to head order. Answer B, C, and D are incorrect. Note: the child is crying normally. Any abnormal crying would have been indicated in the profile.

Reference to the answer is in Essentials of Paramedic Care – Canadian Edition Volume 2 on page 943. Refer to Competency Area 6 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

2. What is the **most likely** differential diagnosis?

A) Croup
B) Meningitis
C) Epiglottitis
D) Foreign body airway obstruction

This question is an application question. Answer A is the correct answer as the patient presentation (barking cough, low-grade fever) is consistent with croup. Answer B is incorrect as a barking cough is not a common presentation of meningitis. Epiglottitis most often presents with a high fever, drooling and stridor; therefore, C is incorrect. As the patient is alert and crying and has been feeling unwell for 24 hours, a foreign body airway obstruction is not likely therefore D is incorrect.

Reference to the answer is in Essentials of Paramedic Care – Canadian Edition Volume II on page 980. Refer to Competency Area 4 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

Questions 3-5 refer to the following case scenario:

Paramedics arrive to a scene where a 24 year old is complaining of shortness of breath. The patient was at a picnic in a local park with friends and suddenly started having difficulty breathing. On arrival, it is established that the patient is allergic to bees and seems to be having an allergic reaction.

3. Which of the following is most relevant to this patient's condition?

A) Time of last meal
B) Date of last doctor's visit
C) Family history of allergies
D) Previous allergic reactions

This question is an application question. Answers A, B, and C are incorrect as family history is not relevant to his present complaint. Answer D is correct as in the case of allergic reactions, anaphylaxis can occur rapidly, so it is important to gather a pertinent history (severity, speed of onset, etc.) quickly. A history of previous reactions to allergens is the most important piece of information from the above list.

Reference to the answer is in Essentials of Paramedic Care – Canadian Edition Volume II on page 628. Refer to Competency Area 4 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

4. On assessment, the patient has wheezing in all lung fields, is breathing at a rate of 32 and using accessory muscles to breathe. What is the **most appropriate** medication to administer to this patient?

    A) Salbutamol
    B) Epinephrine
    C) Nitroglycerine
    D) Diphenhydramine

This question is a critical thinking question. Answer A is incorrect as salbutamol is used for wheezing and shortness of breath but is not the first drug of choice for this patient's presentation. Answer B is correct. Epinephrine is the drug of choice for patient's experiencing moderate to severe allergic reactions, including anaphylaxis. Answer C is incorrect as nitroglycerine is not used for treatment of allergic reactions. Answer D is incorrect as diphenhydramine is used for mild to moderate allergic reactions and has a slower onset of action.

Reference to the answer is in Essentials of Paramedic Care – Canadian Edition Volume II on page 631-632. Refer to Competency Area 1 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

5. One of the paramedics initiates an IV. How should they dispose of the catheter?

    A) Place the catheter in a puncture resistant container.
    B) Place the catheter in the nearest park garbage can.
    C) Give the catheter to bystander on scene to dispose of it.
    D) Put the catheter in their pocket until it can be disposed of in the ambulance.

This question is a knowledge question. Answer A is the correct answer. Catheters must be disposed of immediately in an appropriate container to avoid safety risks to paramedics, the patient, other health care providers and bystanders. Answer B is incorrect. Placing a contaminated sharp in a waste basket increases the risk of needlestick injuries for the public and garbage collection workers. Answer C is incorrect as it places the bystander at risk of needlestick injury. Answer D is incorrect as a contaminated catheter can puncture clothing and cause a needlestick injury.

Reference to the answer is in Mosby's Paramedic Textbook (Revised Third Edition) on page 400. Refer to Competency Area 3 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

6. While the ambulance is at a red light, the patient's condition deteriorates. The paramedics decide to upgrade their response to the hospital with lights and sirens. Given that the ambulance is parked at a red light and is surrounded by traffic, what is the best way for the driver to proceed?

    A) Immediately turn on the lights and sirens.
    B) Honk for traffic to move then turn on the lights and sirens.
    C) Immediately turn on the lights and sirens, then start honking for traffic to move.
    D) Wait for the traffic light to turn green, the traffic to start moving, and then turn on the lights and sirens.

This question is a critical thinking question. Answers A, B, and C are incorrect. Suddenly activating the emergency systems (light and sirens) while at a red light and surrounded by traffic may cause other drivers to panic and proceed into an unsafe intersection. Answer D is correct as it is the only option that is safe for both the paramedics and other drivers.

Reference to the answer is in Essentials of Paramedic Care – Canadian Edition Volume I on page 129-130. Refer to Competency Area 7 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

7. For a patient with a urinary catheter in place, at what height should the bag be placed relative to the patient?

    A) It does not matter
    B) Lower than the patient
    C) Higher than the patient
    D) At the same height as the patient

This question is an application question. Answer B is correct as it is the only option that allows gravity to help drain the urine from the patient, through the catheter, and into the drainage bag. Answers A, C, and D are incorrect as the urine drainage would have to work against gravity.

Reference to the answer is in Essentials of Paramedic Care – Canadian Edition Volume II on page 1132 and Mosby's Paramedic Textbook on page1205. Refer to Competency Area 5 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

Sample Questions – ACP

1. A paramedic is reading a research article regarding pre-hospital analgesia. The study team wanted to determine which of two analgesics were better to reduce pain. They designed a study within an ambulance service where for a one-year period patients with orthopedic extremity trauma were randomly selected to be given either analgesic A or analgesic B. At the end of the year the study team determined which analgesic was more effective in reducing pain. What type of research does this describe?

    A) Cohort
    B) Descriptive
    C) Prospective
    D) Retrospective

This is an application question. Answer A is incorrect. A cohort study looks at characteristics, or risk factors, for developing a certain illness. Answer B is incorrect. Descriptive research looks at events and outcomes without manipulation or involvement in how events unfold. Answer C is the correct answer. Prospective research occurs when the study question is designed before the data exists. Answer D is incorrect. Retrospective research occurs when the study question is designed after the data already exists.

Reference to the answer is in Mosby's Paramedic Textbook on page 18, Essentials of Paramedic Care – Canadian Edition Volume II in Appendix B and Nancy Caroline's Emergency Care in the Streets on page 1.17. Refer to Competency Area 1 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

2. Which statement is correct regarding placenta previa and abruptio placentae?

A) Abruptio placentae usually presents with pain while placenta previa usually presents without pain
B) Abruptio placentae presents with a soft uterus on palpation while placenta previa presents with a rigid uterus on palpation
C) Abruptio placenta usually presents with vaginal bleeding with the loss of bright red blood while placenta previa presents with dark red blood
D) Placenta previa usually presents near the start of the second trimester while abruptio placentae usually presents near the end of the third trimester

This is a knowledge question. Answer A is the correct answer. Placenta previa most often occurs without pain. Answer B is incorrect. Abruptio placenta presents with a uterus rigid to palpation, on palpation with placenta previa the uterus is soft. Answer C is incorrect. Both abruptio placentae and placenta previa present with vaginal bleeding with the loss of bright red blood. Answer D is incorrect. Both abruptio placentae and placenta previa occur most often in the third trimester.

Reference to the answer is in Mosby's Paramedic Textbook on page 1071, Essentials of Paramedic Care – Canadian Edition Volume II on pages 881-883 and Nancy Caroline's Emergency Care in the Streets (e-book) in Chapter 39 on page 15. Refer to Competency Area 4 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

Questions 3-5 refer to the following passage:

Paramedics respond to a 61 year old complaining of abdominal pain. On arrival, the patient is sitting in a chair and rubbing their upper abdomen. The patient tells paramedics that the pain started 30 minutes ago and rates it as 5/10 on the pain scale. The patient is pale but does not appear to be in any respiratory distress. Pulse is 78 and blood pressure is 156/84. The patient reports some nausea, but has not vomited, and 'feels a bit weak and tired'. The patient has not experienced pain like this before and decided to call the paramedics instead of driving herself to the doctor. The patient states they feel badly that the paramedics had to come out when the weather is so awful.

3. Based on the patient's complaints, what is the **most appropriate** assessment to do next?

A) Obtain a 12 lead ECG
B) Check a blood glucose level
C) Perform a complete neurological exam
D) Palpate for the presence of Rovsing's sign

This is a critical thinking question. All the assessments are possibly appropriate based on the patient's complaints, but this question requires prioritization of which assessment is to be done first based on what is known of the patient's condition. The patient states they are weak and tired, which would warrant a blood glucose check and possibly a neurological assessment; however, the description of the complaint leads to a high likelihood of myocardial infarction; therefore, a 12 lead ECG should be done before any of the other assessments. Answer A is the correct answer. Answers B and C are incorrect. Answer D is incorrect Rovsing's sign is an assessment for appendicitis. With pain in the upper abdomen, this is not likely to be the next assessment.

Reference to the answer is in Mosby's Paramedic Textbook on page 881, Essentials of Paramedic Care – Canadian Edition Volume II on pages 542-542 and Nancy Caroline's Emergency Care in the Streets on page 31.13. Refer to Competency Area 6 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

4. During the assessment the patient continually apologizes to the paramedics for, “having to go through all this trouble for a silly stomachache.” The patient offers to drive themself to the doctor if the paramedics think there is something worth seeing a doctor for. What is the paramedic’s most appropriate response?

    A) “You could have a perforated ulcer, an abdominal aortic aneurysm or cholecystitis, all of which are serious conditions. In the end though it’s up to you whether you drive yourself to the hospital or come with us.”
    B) “This is no trouble at all. We are trying to determine what might be causing the pain, and there are some more serious conditions that can cause abdominal pain. It would be best if we took you to the emergency department. Would that be okay with you?”
    C) “You don’t have to apologize. We didn’t mind driving here at all. Since we’re here, why don’t you let us finish assessing you and if you still want to drive yourself to the doctor when we’re done, we’ll help you gather whatever you need and help you to your car.”
    D) “You should see a doctor for the pain you are experiencing right now. It’s probably best to see someone at the local emergency department though. Would you be comfortable driving yourself there? We would also be more than happy to take you there ourselves.”

This is a critical thinking question. Answer B is the correct answer. This option uses effective communication techniques (i.e., the statement responds to the patient’s concern about inconveniencing the paramedics). It also clearly states that the patient should go by ambulance when in this case a myocardial infarction is possibly suspected. Answers A, C and D are incorrect. These answers infer that it is okay for the patient to drive themself and/or use medical terminology not always appropriate when speaking to a patient.

Reference to the answer is in Mosby’s Paramedic Textbook on page 228, Essentials of Paramedic Care – Canadian Edition Volume I on pages 220-221 and 225. Refer to Competency Area 2 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

5. After the paramedics complete their assessment, the patient decides to go by ambulance to the hospital. Based on the assessment findings, the paramedics decide to transport to the hospital with emergency systems activated (e.g., lights and sirens). They approach an intersection with a red light. What is the **most appropriate** action to take?

    A) Come to a complete stop, wait until there are no other vehicles at the intersection, then proceed through the intersection.
    B) Change the mode of the siren to attract the other vehicles attention and proceed through the intersection without slowing.
    C) Slow and come to a complete stop, wait until all other vehicles notice you at the intersection, then proceed through the intersection.
    D) Stop at the intersection, turn off the emergency lights and siren until the indicator turns green at which time re-activate the emergency lights and siren and proceed through the intersection.

This is an application question. Though laws may differ slightly between provinces and territories, only one of the above answers is safe. Answer C is the correct answer as it allows the ambulance operator to enter the intersection safely and allows time for all other vehicles to notice the ambulance. Answer A is incorrect as it is not feasible to wait until there are absolutely no vehicles in or around an intersection. Answer B is incorrect as it is an uncontrolled entrance into the intersection. Answer D is incorrect as turning lights and sirens on and off can confuse other drivers; it also adds delays in transport time for a critically ill patient.

Reference to the answer is in Essentials of Paramedic Care – Canadian Edition Volume I on page 129-130. Refer to Competency Area 7 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

Questions 6 and 7 refer to the patient profile below:

Age	42 year old
Gender	Not applicable
Chief Complaint	General malaise
Past Medical Hx	Recovered substance abuser (clean for 6 months); diagnosed with tuberculosis 2 weeks ago
Medications	Patient doesn't remember, non-compliant with his medications
1st vital signs	HR 112, RR 16, BP 138/86, SpO_2 90%
Physical Findings	Patient is flushed with dry skin and has superficial abrasions on left cheek and hand. He has a constant cough.
Other information	Patient has been staying at a homeless shelter for the past 3 weeks and has nauseous for 2 days. An hour ago he took "a bunch of Gravol".

6. Through which of the following mode(s) of transmission is the most common way for this patient spread his infection?
   I. Vectorborne
   II. Airborne
   III. Droplet

   A) I and II
   B) II and III
   C) II only
   D) III only

This is a knowledge question. The patient has been diagnosed with tuberculosis. The disease is communicable when an active lesion develops in the lungs and droplets are expelled into the air by coughing. The best answer is transmission is by airborne droplets. The correct answer is B. A is incorrect as a vector is a vehicle that transmits infection from a reservoir to a host. C and D are only partial answers as droplet and cough are required for the most common transmission of the disease.

Reference to the answer is in Nancy Caroline's Emergency Care in the Streets (e-book) in Chapter 36 on page 15. Refer to Competency Area 3 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

7. When questioning the patient as to how much Gravol they ingested, the patient states, “I’m not sure, a handful. I just wanted the nausea to go away”. Taking this into consideration an assessment of the patient would likely reveal the following.

    A. Psychosis and pallor
    B. Bradycardia and flushed skin
    C. Tachycardia and dilated pupils
    D. Blurred vision and constricted pupils

This is an application question. Answer C is correct. The patient has taken a large dose of Gravol, which has anticholinergic properties. The only pair of symptoms that both align with the anticholinergic toxidrome are in option C. All other options have one or both symptoms not consistent with anticholinergic overdose.

Reference to the answer is in Essentials of Paramedic Care – Canadian Edition Volume II on page 692. Refer to Competency Area 5 of the National Occupational Competency Profile (NOCP) for Paramedics (Paramedic Association of Canada, October 2011).

Preparatory Tests

The preparatory tests are designed to simulate the format of the actual COPR Entry to Practice Examinations, but on a smaller scale. Each test contains questions that align to the blueprint used in the Entry to Practice Examination. There are 60 questions in the PCP and ACP tests, and 30 questions in the EMR tests. In addition, the tests use the same software platform that candidates will encounter on the examination. examination. The Preparatory Tests are available at https://coprpreptest.ysasecure.com/login for $75.00 plus tax (PCP/ACP) and $37.50 plus tax (EMR) for each attempt at the test.

First-time users can create an account by clicking on Signup. Once logged in, click on Products to purchase a test.

Note – the preparatory tests are available to the public. The username and password required to access the tests are not the candidate username and password used to apply to the COPR Entry to Practice examination.

Appendix A: Abbreviations and Acronyms

Note: Abbreviated words will be spelled out in full prior to being abbreviated on the EMR examination.

A/C	Assist Control	**ECG**	Electrocardiogram
AAA	Abdominal Aortic Aneurysm	**ED**	Emergency Department
ABC	Airway Breathing Circulation	**EDD**	Esophageal Detection Device
ABG	Arterial Blood Gases	**EENT**	Ears, Eyes, Nose, Throat
ACP	Advanced Care Paramedic	**EMS**	Emergency Medical Services
ACS	Acute Coronary Syndrome	**ETA**	Estimated Time of Arrival
AED	Automatic External Defibrillator	**$EtCO_2$**	End Tidal Carbon Dioxide
ALS	Advanced Life Support	**ETI**	Endotracheal Intubation
AMI	Acute Myocardial Infarction	**EtOH**	Alcohol
AMT	Air Medical Transport	**ETT**	Endotracheal Tube
ARDS	Acute Respiratory Distress Syndrome	**FiO_2**	Fraction of Inspired Oxygen
ASA	Acetylsalicylic Acid	**FHx**	Family History
AV	Atrioventricular (as in AV node or block)	**ga**	gauge
AVPU	Alert Verbal Pain Unresponsive	**GCS**	Glasgow Coma Scale
BIAD	Blind Insertion Airway Device	**GERD**	Gastroesophageal Reflux Disease
BiPAP	Bi-Level Positive Airway Pressure	**GI**	Gastrointestinal
BGL	Blood Glucose Level	**gtts/mL**	Drops per milliliter
BLS	Basic Life Support	**HAZMAT**	Hazardous Material
BP	Blood Pressure	**HEPA**	High Efficiency Particulate Air
BSA	Body Surface Area	**HR**	Heart Rate
BURP	Backward Upward Rightward Pressure	**HTN**	Hypertension
BVM	Bag Valve Mask	**Hx**	History
CAD	Coronary Artery Disease	**ICP**	Intracranial Pressure
CBRNE	Chemical Biological Radiological Nuclear Explosive	**IDDM**	Insulin Dependent Diabetic Mellitus
CHF	Congestive Heart Failure	**IM**	Intramuscular
CNS	Central Nervous System	**IN**	Intranasal
CO	Carbon Monoxide	**IO**	Intraosseous
CO_2	Carbon Dioxide	**IPPV**	Intermittent Positive Pressure Ventilation
COPD	Chronic Obstructive Pulmonary Disease	**IV**	Intravenous
CPAP	Continuous Positive Airway Pressure	**JVD**	Jugular Vein Distention
CPR	Cardiopulmonary Resuscitation	**Kg**	Kilogram
CT	Computed Tomography	**km/h**	Kilometres per hour
CTAS	Canadian Triage and Acuity Scale	**L/min**	Litres per minute
CVA	Cerebral Vascular Accident	**LEMON**	Look, Evaluate, Mallampati, Obstruction, Neck
CVP	Central Venous Pressure	**LOC**	Level of Consciousness

DIC	Disseminated intravascular coagulation	**MAP**	Mean Arterial Pressure
DKA	Diabetic Ketoacidosis	**MAOI**	Monoamine Oxidase Inhibitor
DNR	Do Not Resuscitate	**mcg**	Microgram
DOA	Dead on Arrival	**MCI**	Multiple Casualty Incident
DVT	Deep Vein Thrombosis	**MDI**	Metered-dose inhaler
MI	Myocardial Infarction	**mg**	Milligram
mL	Millilitre	**SOB**	Shortness of Breath
mL/hr	Millilitre per hour	**SpO_2**	Saturation of Peripheral Oxygen
mm	Millimeters	**SSRI**	Selective Serotonin Reuptake Inhibitor
mmol/L	Millimoles per litre	**START**	Simple Triage and Rapid Treatment
MOI	Mechanism of injury	**STEMI**	ST Elevation Myocardial Infarction
MRSA	Methicillin-resistant Staphylococcus aureus	**SVT**	Supraventricular tachycardia
MSDS	Material Safety Data Sheets	**SHx**	Social History
MVC	Multiple Vehicle Collision	**TCA**	Tricyclic Antidepressant
NC	Nasal Cannula	**TCP**	Transcutaneous Pacing
NIDDM	Non-Insulin Dependent Diabetic Mellitus	**TBI**	Traumatic Brain Injury
NPA	Nasopharyngeal Airway	**TIA**	Transient Ischemic Attack
NOCP	National Occupational Competency Profile	**TKO**	To Keep Open
NRB	Non-rebreather	**TKVO**	To Keep Vein Open
NSAID	Non-Steroidal Anti-Inflammatory Drug	**UTI**	Urinary Tract Infection
NSR	Normal Sinus Rhythm	**VF**	Ventricular Fibrillation
OPA	Oropharyngeal Airway	**VSA**	Vital Signs Absent
PAC	Premature Atrial Complex	**VT**	Ventricular Tachycardia
$PaCO_2$	Partial Pressure of Arterial Carbon Dioxide	**WPW**	Wolff-Parkinson-White
PCP	Primary Care Paramedic	**Δ**	Change in
PCR	Patient Care Report	**°C**	Degrees Celsius
PCI	Percutaneous Coronary Intervention		
PE	Pulmonary Embolism		
PEA	Pulseless Electrical Activity		
PEEP	Positive End Expiratory Pressure		
PJC	Premature Junctional Complex		
PO	By mouth		
PPE	Personal Protective Equipment		
PR	Per Rectum		
PRN	As needed		
psi	Pound-force per square inch		
PV	Pelvic/Vaginal		
PVC	Premature Ventricular Complex		
ROSC	Return of Spontaneous Circulation		
RR	Respiratory Rate		
SAMPLE	Signs/Symptoms, Allergies, Medications, Past History, Last		

	intake/output, Events leading up to the concern		
SaO_2	Saturation of Arterial Oxygen		
SBP	Systolic Blood Pressure		
SC	Subcutaneous		
SIDS	Sudden Infant Death Syndrome		
SL	Sublingual		

Appendix B: Reference Textbooks for COPR Entry to Practice Examinations

(Most current editions of the following)

Emergency Medical Responder
Basic Life Support Manual (2020 Guideline)
Emergency Medical Responder: "A Skills Approach" – Fifth Canadian Edition
Emergency Medical Responder – Canadian Edition, (2021)
International Trauma Life Support for Emergency Care Providers – John R. Campbell (2020) 9th Edition
Red Cross Emergency Care for Professional Responders (2018)
Primary Care Paramedic
Basic Life Support: Provider Manual (2020 Guideline) Heart and Stroke Foundation of Canada
International Trauma Life Support – John R. Campbell (2020) 9th edition
Nancy Caroline's Emergency Care In The Streets, Canadian Edition - Nancy L. Caroline - 8th edition
Pre-hospital Emergency Pharmacology - Bryan E. Bledsoe; (2019) 8th edition
Sanders Paramedic Textbook – Mick J. Sanders (2019) 5th edition
Advanced Care Paramedic
Advanced Cardiovascular Life Support (ACLS) Provider Manual (2020 guidelines)- Canadian Heart and Stroke Foundation
Airway Management in Emergencies (The Infinity Edition) – Kovacs, G. and Law, A.
Basic Life Support (BLS) Provider Manual (2020 Guidelines) – Heart and Stroke
Handbook of Emergency Cardiovascular Care for Healthcare Providers (2020 guidelines) American Heart Association
International Trauma Life Support - John R. Campbell; (2020) 9th edition

Nancy Caroline's Emergency Care In The Streets, Canadian Edition - Nancy L. Caroline; 8th edition
Pediatric Advanced Life Support (PALS) Provider Manual (2020)
Pre-hospital Emergency Pharmacology - Bryan E. Bledsoe; (2019) 8th edition
Porth Pathophysiology: Concepts of Altered Health States – Tommie L Norris 10th edition. Hannon, R.H. and Porth, C.M.
Principles of Anatomy and Physiology – Tortora, G.J. and Derrickson, B. (2020) 16th edition
Sanders' Paramedic Textbook - Mick J. Sanders; (2019) 5th edition
Textbook of Neonatal Resuscitation: American Academy of Pediatrics and American Heart Association
The 12-Lead ECG in Acute Coronary Syndromes – Tim Phalen and Barbara Aehlert 4th edition

COPR would like to thank the Canadian Education Institutions approved to deliver paramedic programs across Canada for their assistance in validating the list of most common paramedic textbooks used by education programs in Canada for EMR, PCP and ACP education. This list is to lend transparency to the examination development process and to provide candidates the knowledge that questions are referenced to relevant and validated textbooks. It is not expected nor intended that candidates purchase these textbooks to prepare for the examination.