COPR
Canadian Organization of Paramedic Regulators

OCRP
Organisation Canadienne des Régulateurs Paramédicaux

COPR Entry to Practice Examination Study Guide

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General Information

The Canadian Organization of Paramedic Regulators (COPR) has developed this Entry to Practice Examination Study Guide to provide tips and strategies for exam preparation as well as sample exam questions. Refer to the COPR Entry to Practice Examination Handbook for an outline of the basic structure of the exam, and the exam 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 examination is based upon the National Occupational Competency Profile (NOCP) for paramedics, which can be found on the Paramedic Association of Canada website (www.paramedic.ca). Use this profile as a guide when you study. Competencies tested will be based on either the 2001 or 2011 NOCP depending on the direction of the paramedic regulator for that jurisdiction. **Note – the PCP examination will be based only on the NOCP 2011 starting in November 2015. The ACP examination will be based only on the NOCP 2011 starting in May 2016.**

The NOCP 2001 can be found on the Paramedic Association of Canada website at http://www.paramedic.ca/client/document/documents.html?categoryId=426

The NOCP 2011 can be found on the Paramedic Association of Canada website at http://www.paramedic.ca

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 exam blueprint, visit the COPR website:

Examination Blueprint based on NOCP 2001
See www.copr.ca

Examination Blueprint based on NOCP 2011
See www.copr.ca

Item Development

Examination items are developed by trained 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 Exam Working Group 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 PCP and ACP level of practice. They also ensure that stereotypes are not found in the items and 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 the entry-level paramedic practitioner.

Standard Setting

The 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 Modfied Angoff see the COPR Entry to Practice Examination Handbook. The passing score represents the performance minimally expected of entry-level practice paramedics. It should be noted that COPR does not normalize scores (no bell curve).

EXAMINATION FORMAT

Exam Format

Examinations are computer-based and are approximately 200 questions in length. They are created with the oversight of psychometricians and SMEs to ensure that blueprint coverage of competency areas and other examination criteria are fulfilled. The exam is 4 hours in duration.

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 tin a novel context.
3. *Critical Thinking* Exam 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.

EXAM 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 leave it to the end or take a guess and come back to it later.
7. All questions on the exam 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 EXAM 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 two sections, one with PCP-related questions and one with ACP-related questions.

Sample Questions – PCP

Questions 1 and 2 refer to the following patient profile:

Age	3 years old
Gender	Female
Chief Complaint	Barking cough
Past Medical Hx	None
Medications	None
1st vital signs	HR 140; RR 26, BP 90/68; SpO2 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 considered to be 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 male is complaining of shortness of breath. The patient was at a picnic in a local park with friends when he 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 at this time?

    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 sharp?

    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. Sharps 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 needle-stick injuries for the public and garbage-collection workers. Answer C is incorrect as it places the bystander at risk of needle-stick injury. Answer D is incorrect as a contaminated sharp can puncture clothing and cause a needle-stick 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, and then start honking for traffic to move
    D) Wait for the traffic light to turn green and for 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 2 analgesics were better to reduce pain. They designed a study within an ambulance service where for a 1 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 particular 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 female complaining of abdominal pain. On arrival, the patient is sitting in a chair and rubbing her upper abdomen. She tells paramedics that the pain started 30 minutes ago and rates it as 5/10 on the pain scale. She is pale but does not appear to be in any respiratory distress. Her pulse is 78 and blood pressure is 156/84. She reports some nausea but has not vomited and she '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. She tells the paramedics that she feels badly that they had to come all the way to her house 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 of the assessments are possibly appropriate based on the patient's complaints, but this question requires you to prioritize which assessment is to be done first based on what you know of the patient's condition. The patient states she is weak and tired, which would warrant a blood glucose check and possibly a neurological assessment, however the description of her 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 your 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 stomach ache." She offers to drive herself 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 definitely 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 (e.g. 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 herself 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 (i.e. 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
Gender	Male
Chief Complaint	General malaise
Past Medical Hx	Recovered drug user (clean for 6 months); diagnosed with tuberculosis 2 weeks ago
Medications	He doesn't remember – he is non-compliant with his medications
1st vital signs	HR 112; RR 16, BP 138/86; SpO_2 90% on room air
Physical Findings	Patient is flushed with dry skin and has superficial abrasions on his cheek and left hand, he has a constant cough
Other information	Patient is currently staying at a men's shelter (past 3 weeks); he says he's been nauseous for 2 days and 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. Therefore the best answer is transmission s by airborne droplets. . Therefore 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 he 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 entry to practice examinations on a smaller scale. They each contain 60 multiple-choice, single-answer questions that align to the blueprint used in the entry to practice examination. In addition, the tests use the same software platform that candidates will find on the COPR/OCRP entry to practice examination. The Primary Care and Advanced Care Paramedic preparatory tests are now available at https://coprpreparatory.ysasecure.com/ for $75.00 plus tax.

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

APPENDIX A Abbreviations and Acronyms

ABC	Airway Breathing Circulation	**IO**	Intraosseous
ACP	Advanced Care Paramedic	**IPPV**	Intermittent Positive Pressure Ventilation
ALS	Advanced Life Support	**IV**	Intravenous
ARDS	Acute Respiratory Distress Syndrome	**JVD**	Jugular Vein Distention
AVPU	Alert Verbal Pain Unresponsive	**LOC**	Level of Consciousness
A/C	Assist Control	**MSDS**	Material Safety Data Sheets
AED	Automatic External Defibrillator	**MAP**	Mean Arterial Pressure
BURP	Backward Upward Rightward Pressure	**MVC**	Motor Vehicle Collision
BVM	Bag Valve Mask	**MCI**	Multiple Casualty Incident
BLS	Basic Life Support	**MI**	Myocardial Infarction
BIAD	Blind Insertion Airway Device	**NPA**	Nasopharyngeal Airway
BiPAP	Bi-level Positive Airway Pressure	**NOCP**	National Occupation Competency Profile
BGL	Blood Glucose Level	**NRB**	Non-rebreather
BP	Blood Pressure	**NSR**	Normal Sinus Rhythm
CAD	Coronary Artery Disease	**OPA**	Oropharyngeal Airway
CMVSS	Canada Motor Vehicle Safety Standards	**PO**	By mouth
CO	Carbon Monoxide	**PR**	Per Rectum
CPR	Cardiopulmonary Resuscitation	**PRN**	As needed
CVA	Cerebral Vascular Accident	**PPE**	Personal Protection Equipment
CBRNE	Chemical Biological Radiological Nuclear Explosive	**PEEP**	Positive End Expiratory Pressure
COPD	Chronic Obstructive Pulmonary Disease	**PAC**	Premature Arterial Complex
CT	Computed Tomography	**PJC**	Premature Junctional Complex
CHF	Congested Heart Failure	**PVC**	Premature Ventricular Complex
CPAP	Continuous Positive Airway Pressure	**PCP**	Primary Care Paramedic
DNR	Do Not Resuscitate	**PCR**	Patient Care Report
DOA	Dead on Arrival	**PEA**	Pulseless Electrical Activity
ECG	Electrocardiogram	**RR**	Respiratory Rate
ED	Emergency Department	**SpO_2**	Saturation of Peripheral Oxygen
$EtCO_2$	End tidal Carbon Dioxide	**SOB**	Shortness of Breath
ETA	Estimated Time of Arrival	**SC**	Subcutaneous
ETT	Endotracheal Tube	**SL**	Sublingual
FiO_2	Fraction of Inspired Oxygen	**SIDS**	Sudden Infant Death Syndrome
GCS	Glasgow Coma Scale	**SVT**	Supraventricular tachycardia
ga	gauge	**SIMV**	Synchronized intermittent mandatory ventilation
HEPA	High Efficiency Particulate Air	**TIA**	Transient Ischemic Attack
HR	Heart Rate	**TCA**	Tricyclic Antidepressant
Hx	History	**VSA**	Vital Signs Absent
ICP	Intracranial Pressure		
IM	Intramuscular		
IN	Intranasal	**Δ**	Change in

APPENDIX B Reference Textbooks for COPR Entry to Practice Examinations

(Most current editions of the following)

Primary Care Paramedic
Guidelines for CPR and Emergency Cardiovascular Care - Canadian Heart and Stroke Foundation
Mosby's Paramedic Textbook - Revised Reprint - Mick J. Sanders;
Mosby's Guide to Physical Examination - Henry M. Seidel;
Nancy Caroline's Emergency Care In The Streets, Canadian Edition - Nancy L. Caroline;
Essentials of Paramedic Care - Canadian Edition, Volume I and Volume II PKG - Bledsoe;
Pre-hospital Emergency Pharmacology - Bryan E. Bledsoe;

Advanced Care Paramedic
Guidelines for CPR and Emergency Cardiovascular Care - Canadian Heart and Stroke Foundation
Mosby's Paramedic Textbook - Revised Reprint - Mick J. Sanders;
Nancy Caroline's Emergency Care In The Streets, Canadian Edition - Nancy L. Caroline;
Essentials of Paramedic Care - Canadian Edition, Volume I and Volume II PKG - Bledsoe;
Pre-hospital Emergency Pharmacology - Bryan E. Bledsoe;
Pathophysiology: Concepts of Altered Health States - Carol Mattson Porth;
12-Lead Ecg: The Art Of Interpretation - Tomas B. Garcia;
2010 “Handbook of Emergency Cardiovascular Care” (American Heart Association)
International Trauma Life Support - John R. Campbell;
ACLS Advanced Cardiovascular Life Support Provider Manual: Professional - American Heart Association;
Pediatric Advanced Life Support Study Guide - Revised Reprint - Barbara J Aehlert;
Textbook of Neonatal Resuscitation [With DVD-ROM] - John Kattwinkel;

COPR would like to thank the Society of Pre-hospital Educators of Canada for their assistance in validating the list of most common paramedic textbooks used by education programs in Canada for 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.