

# Archer Baseline Assessment Practice Test (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

- 1. Which diagnostic test is typically used to evaluate acute coronary syndrome?**
  - A. Electrocardiogram**
  - B. Chest radiograph**
  - C. Blood imaging**
  - D. Angiography**
- 2. How long after exposure does a chancre typically develop?**
  - A. 1 day to 5 days**
  - B. 1 week to 2 weeks**
  - C. 12 days to 12 weeks**
  - D. 1 month to 2 months**
- 3. When performing hand hygiene, how should hands be dried?**
  - A. From wrists to fingers**
  - B. From cleanest to least clean**
  - C. Using a communal towel**
  - D. Using a drying machine**
- 4. What health screening is important for assessing risk factors for testicular cancer?**
  - A. Blood pressure monitoring**
  - B. Health history assessment**
  - C. Cholesterol testing**
  - D. Vision screening**
- 5. Which factor is most likely to worsen peptic ulcer symptoms?**
  - A. Increased physical activity**
  - B. Stress-intensive jobs**
  - C. High carbohydrate intake**
  - D. A balanced diet**

- 6. What condition is indicated by pain triggered after alcohol consumption?**
- A. Appendicitis**
  - B. Cholecystitis**
  - C. Pancreatitis**
  - D. Gastritis**
- 7. Which of the following symptoms would most likely indicate appendicitis rather than pancreatitis?**
- A. Epigastric tenderness**
  - B. Signs of dehydration**
  - C. High fever**
  - D. Localized right lower quadrant pain**
- 8. Which sign of pregnancy is characterized by a bluish appearance of the cervix?**
- A. Goodell's sign**
  - B. Chadwick's sign**
  - C. Hegar's sign**
  - D. Ballottement**
- 9. What is the primary purpose of endoscopic retrograde cholangiopancreatography (ERCP)?**
- A. To perform surgery on the biliary tree**
  - B. To examine the biliary tree for obstruction or inflammation**
  - C. To provide a complete overview of the digestive system**
  - D. To assess kidney function**
- 10. Pneumonia can lead to acute kidney injury primarily due to which of the following?**
- A. Increased risk of infection**
  - B. Development of dehydration**
  - C. Increased blood pressure**
  - D. Obstruction of blood flow**

## **Answers**

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

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## **Explanations**

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**1. Which diagnostic test is typically used to evaluate acute coronary syndrome?**

- A. Electrocardiogram**
- B. Chest radiograph**
- C. Blood imaging**
- D. Angiography**

The diagnostic test most commonly used to evaluate acute coronary syndrome is the electrocardiogram (ECG). An electrocardiogram measures the electrical activity of the heart and is crucial in identifying abnormalities that may indicate ischemia or a myocardial infarction, common complications associated with acute coronary syndrome. It can reveal characteristics such as ST-segment elevation, depression, or T-wave inversions, which are key indicators of heart distress. While a chest radiograph can help visualize the lungs and the heart structure, it is not specific for detecting the underlying problems associated with acute coronary syndrome. Blood imaging and angiography serve different purposes; blood tests can help assess cardiac markers, while angiography is used for visualizing blood vessels for any obstructions once an acute coronary condition is suspected. Hence, the electrocardiogram is the primary tool for initial evaluation in acute coronary syndrome scenarios.

**2. How long after exposure does a chancre typically develop?**

- A. 1 day to 5 days**
- B. 1 week to 2 weeks**
- C. 12 days to 12 weeks**
- D. 1 month to 2 months**

A chancre, which is a painless ulcer that typically appears at the site of infection with syphilis, generally develops within a specific timeframe after exposure to the bacteria that cause the disease. This timeframe is usually between 12 days to 12 weeks post-exposure, which overlaps with the incubation period for syphilis infection. This answer is based on clinical observations and epidemiological studies that show the primary stage of syphilis is characterized by the appearance of a chancre after an average incubation period of approximately three weeks, but it can range more broadly from just over a week to several weeks later. Other options suggest timeframes that are either too short or too long for the emergence of a chancre, creating a misunderstanding of the typical progression of the infection. The correct timespan aligns with established medical knowledge regarding syphilis and can help guide timely diagnosis and treatment.

**3. When performing hand hygiene, how should hands be dried?**

- A. From wrists to fingers**
- B. From cleanest to least clean**
- C. Using a communal towel**
- D. Using a drying machine**

The correct approach to drying hands after performing hand hygiene is to dry them from cleanest to least clean, which aligns with best practices in infection control. This method ensures that the cleanest parts of your hands, which are typically the fingertips and the areas in between, are dried first, minimizing the risk of transferring any remaining contaminants from the less clean areas of your hands back to these cleaner areas. Using this technique helps maintain the overall hygiene of your hands, as it prevents the spread of germs and bacteria from potentially contaminated areas to the more sensitive or cleaner surfaces. Proper hand drying is crucial after washing, as damp hands can facilitate the transfer of microbes and make hands more susceptible to re-contamination. The other choices do not align with optimal hand hygiene practices. Drying from wrists to fingers does not effectively prioritize cleanliness; communal towels can contribute to cross-contamination; and while drying machines may seem hygienic, they can sometimes introduce airborne contaminants.

**4. What health screening is important for assessing risk factors for testicular cancer?**

- A. Blood pressure monitoring**
- B. Health history assessment**
- C. Cholesterol testing**
- D. Vision screening**

The health history assessment is critical for evaluating risk factors for testicular cancer because it helps in understanding an individual's medical background, family history, and any potential genetic predispositions. This assessment can reveal factors such as a family history of testicular cancer, the presence of undescended testes (cryptorchidism), or a history of previous testicular issues, all of which are significant risk factors. By gathering this information, healthcare professionals can identify individuals who may be at increased risk and recommend appropriate monitoring or further screenings. The other options, while they are valuable health assessments, do not directly relate to the specific risk factors associated with testicular cancer. Blood pressure monitoring is important for cardiovascular health, cholesterol testing is more relevant to heart disease, and vision screening targets eye health, none of which address the specific concerns regarding testicular cancer.

**5. Which factor is most likely to worsen peptic ulcer symptoms?**

- A. Increased physical activity**
- B. Stress-intensive jobs**
- C. High carbohydrate intake**
- D. A balanced diet**

Stress-intensive jobs are most likely to worsen peptic ulcer symptoms due to the significant impact that stress can have on the gastrointestinal system. Stress can lead to increased production of stomach acid and can also exacerbate the process of inflammation in the stomach lining, which is particularly harmful for individuals with peptic ulcers. Stress may also influence behaviors that contribute to ulcer symptom severity, such as poor eating habits, smoking, or alcohol consumption. In contrast, increased physical activity can actually promote better digestive health and may reduce stress levels, thus helping to alleviate ulcer symptoms rather than worsen them. A high carbohydrate intake or a balanced diet, on the other hand, typically does not have the same direct negative effect on ulcer symptoms. A balanced diet is often encouraged as it provides essential nutrients that support overall health, including gastrointestinal health.

**6. What condition is indicated by pain triggered after alcohol consumption?**

- A. Appendicitis**
- B. Cholecystitis**
- C. Pancreatitis**
- D. Gastritis**

Pain triggered after alcohol consumption is most commonly associated with pancreatitis. This condition occurs when the pancreas becomes inflamed, and one of the contributing factors can be the intake of alcohol. Alcohol can cause the pancreas to secrete digestive enzymes prematurely, leading to inflammation and severe abdominal pain. In the context of pancreatitis, patients often report that their pain intensifies after they consume alcohol, which serves as a significant trigger for episodes of acute pancreatitis. Understanding the relationship between alcohol consumption and pancreatitis is crucial for diagnosing and managing the condition, as avoiding alcohol is often a necessary part of treatment and prevention. This situation differs from the other conditions listed, where pain may not necessarily be linked directly to alcohol intake. For example, appendicitis typically presents with sudden abdominal pain, but it is not specifically triggered by alcohol. Cholecystitis involves gallbladder inflammation, leading to pain, especially following fatty meals. Gastritis, which is inflammation of the stomach lining, can be exacerbated by alcohol, but the pain is not distinctly triggered as a specific response to its consumption. Thus, pancreatitis is the most accurate choice when considering the direct relationship between alcohol consumption and the resultant pain.

**7. Which of the following symptoms would most likely indicate appendicitis rather than pancreatitis?**

- A. Epigastric tenderness**
- B. Signs of dehydration**
- C. High fever**
- D. Localized right lower quadrant pain**

Localized right lower quadrant pain is a key symptom that most strongly indicates appendicitis. This characteristic pain occurs as a result of inflammation of the appendix, which is located in the lower right abdomen. As the inflammation progresses, the pain often begins around the navel and then shifts to the right lower quadrant, an area that is typically tender to touch in cases of appendicitis. In contrast, while epigastric tenderness, signs of dehydration, and a high fever can be associated with different gastrointestinal conditions, they are less specific to appendicitis. Epigastric tenderness is more commonly linked to issues affecting the stomach or upper abdomen, such as pancreatitis or gastritis. Signs of dehydration are not specific to appendicitis and can occur in various conditions, especially those affecting fluid balance. High fever can be present in many infections and inflammatory disease processes, including both appendicitis and pancreatitis, making it less distinct for diagnosing appendicitis alone. Thus, the presence of localized right lower quadrant pain stands out as a definitive symptom that strongly suggests appendicitis over other gastrointestinal disorders.

**8. Which sign of pregnancy is characterized by a bluish appearance of the cervix?**

- A. Goodell's sign**
- B. Chadwick's sign**
- C. Hegar's sign**
- D. Ballottement**

The sign of pregnancy characterized by a bluish appearance of the cervix is Chadwick's sign. This is a physiological change that occurs due to the increased blood flow and vascularity in the pelvic area, which is associated with hormonal changes during pregnancy. The bluish tint is often more pronounced in the cervix as well as in the vagina and vulva. This sign usually appears around the sixth week of pregnancy and is an early indicator that can be observed during a pelvic examination. Chadwick's sign helps in diagnosing pregnancy before any other more definitive signs or symptoms are present, and it is one of the various physiological changes that healthcare providers monitor in pregnant individuals. Other signs, such as Goodell's sign, refer to the softening of the cervix, while Hegar's sign denotes the softening of the lower uterine segment. Ballottement is a technique used during examination to assess fetal movement, but it does not specifically describe a visible color change in the cervix.

**9. What is the primary purpose of endoscopic retrograde cholangiopancreatography (ERCP)?**

- A. To perform surgery on the biliary tree**
- B. To examine the biliary tree for obstruction or inflammation**
- C. To provide a complete overview of the digestive system**
- D. To assess kidney function**

The primary purpose of endoscopic retrograde cholangiopancreatography (ERCP) is to examine the biliary tree for obstruction or inflammation. ERCP is a specialized procedure that allows clinicians to view the bile ducts and pancreatic duct through the endoscope, which is inserted through the mouth and advances to the duodenum. By injecting contrast dye into these ducts, imaging can be obtained using X-rays, revealing any blockages or signs of inflammation, such as those caused by gallstones, tumors, or strictures. This focused examination is crucial in diagnosing and managing conditions related to the bile and pancreatic ducts, facilitating timely interventions, such as the removal of gallstones or placement of stents to relieve obstructions. The other options do not accurately reflect the specific and targeted function of ERCP as it is not intended for performing surgery on the biliary tree, providing a comprehensive overview of the digestive system, or assessing kidney function, which falls outside the scope of this procedure.

**10. Pneumonia can lead to acute kidney injury primarily due to which of the following?**

- A. Increased risk of infection**
- B. Development of dehydration**
- C. Increased blood pressure**
- D. Obstruction of blood flow**

Pneumonia can lead to acute kidney injury primarily due to the development of dehydration. When a person has pneumonia, especially if it is severe, the body can become dehydrated due to factors such as fever, increased respiratory rate, and reduced fluid intake because of illness. This dehydration can cause a decrease in blood volume and subsequently lead to reduced perfusion of the kidneys. As the kidneys rely on adequate blood flow to filter waste and maintain fluid balance, diminished perfusion can impair their function, resulting in acute kidney injury. The other options do not directly relate to the primary mechanism through which pneumonia causes kidney injury. Increased risk of infection and obstruction of blood flow are more generalized factors and do not specifically tie into the dehydration process associated with pneumonia. While increased blood pressure can sometimes occur with infection due to stress responses, it does not have a direct causal relationship with kidney injury in this context. Thus, the primary concern with pneumonia is indeed how it can lead to dehydration, consequently harming kidney function.