

Department of Academic Medical Division (DAMD) Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2025 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain from reliable sources accurate, complete, and timely information about this product.

SAMPLE

Questions

SAMPLE

- 1. What should you do when preparing for casualty evacuation?**
 - A. Secure communication equipment and allow weapons**
 - B. Completely cover the casualty for warmth**
 - C. Expose limbs with dressings applied**
 - D. Keep the DD Form 1380 on hand**
- 2. What is one of the goals of incorporating nutrition education in the DAMD curriculum?**
 - A. To increase reliance on dietary supplements exclusively**
 - B. To enhance the understanding of holistic patient care**
 - C. To limit discussions on dietary choices**
 - D. To focus solely on food science**
- 3. What type of educational programs does DAMD offer for healthcare professionals?**
 - A. Certification programs in specialized fields**
 - B. Workshops on administrative skills**
 - C. Continuing medical education (CME) programs to enhance skills and knowledge**
 - D. Short courses on clinical operations**
- 4. In Tactical Field Care, which intervention comes after ensuring fire superiority?**
 - A. MARCH assessment**
 - B. Evacuation request**
 - C. Hypothermia management**
 - D. Control of shock**
- 5. With the exception of the groin, how is the burn measure "rule" divided percentage-wise?**
 - A. 8**
 - B. 9**
 - C. 10**
 - D. 11**

- 6. What is the primary care training focus supported by the DAMD?**
- A. Segmentation of care services among specialists only**
 - B. Providing comprehensive and continuous care to patients across a wide variety of health issues**
 - C. Focusing on acute care and immediate patient needs**
 - D. Enhancing hospital-based practices exclusively**
- 7. The band of a tourniquet is being applied to a severely bleeding wound on the casualty's arm. Where should the tourniquet band be placed during Tactical Field Care?**
- A. 6" above the wound**
 - B. 2-3" above the wound**
 - C. Directly over the wound**
 - D. 2" below the wound**
- 8. Why is leadership training included in DAMD programs?**
- A. To prepare future healthcare leaders capable of navigating complex healthcare systems**
 - B. To focus solely on technical skills in medicine**
 - C. To limit engagement with team dynamics**
 - D. To teach students to operate independently of others**
- 9. Which of the following factors most heavily influence TCCC?**
- A. Availability of translators and nationalities of casualties**
 - B. Height and weight of casualties and communication frequencies**
 - C. Tactical considerations and the level of first responder training and experience**
 - D. Service affiliations of casualties and rank of tactical leadership**
- 10. Which aspect of healthcare is included in the DAMD's curriculum development?**
- A. Cultural impacts on healthcare**
 - B. Social determinants of health and their impact on patient care**
 - C. Technological advancements in healthcare**
 - D. Cost-benefit analysis of medical treatments**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What should you do when preparing for casualty evacuation?

- A. Secure communication equipment and allow weapons**
- B. Completely cover the casualty for warmth**
- C. Expose limbs with dressings applied**
- D. Keep the DD Form 1380 on hand**

When preparing for casualty evacuation, it is essential to prioritize the care and communication strategies that facilitate effective and prompt evacuation of injured individuals. Exposing limbs with dressings applied, while it might seem counterintuitive at first, is a crucial step in ensuring that medical personnel can quickly assess the extent of injuries and attend to those affected. By exposing limbs that have been treated with dressings, you allow for quicker inspection and potentially faster intervention, as medical personnel need to be able to see the injuries clearly without any obstructions. This step also helps in ensuring that any life-threatening injuries are identified and managed rapidly, which is vital during the evacuation process. In this context, other options may not align with best practices for casualty preparation. For instance, securing communication equipment and allowing weapons might prioritize security over medical assessment. Completely covering the casualty for warmth can lead to difficulties in assessing injuries urgently needed during evacuation. Keeping the DD Form 1380, known as the Tactical Combat Casualty Care (TCCC) Card, can be beneficial but is not as immediately impactful as preparing the casualty visually for medical personnel. Therefore, the focus on exposing limbs with applied dressings directly aids in the timely care of casualties during evacuation.

2. What is one of the goals of incorporating nutrition education in the DAMD curriculum?

- A. To increase reliance on dietary supplements exclusively**
- B. To enhance the understanding of holistic patient care**
- C. To limit discussions on dietary choices**
- D. To focus solely on food science**

Incorporating nutrition education into the DAMD curriculum aims to enhance the understanding of holistic patient care. This approach recognizes that nutrition plays a vital role in maintaining health and managing diseases, and that a comprehensive understanding of a patient's nutritional needs can lead to better health outcomes. Holistic patient care involves looking at the patient as a whole, considering not just their medical symptoms but also their lifestyle, dietary habits, and psychological well-being. By integrating nutrition education, healthcare providers can address dietary habits as part of overall patient management, thereby encouraging better patient engagement and promoting preventive care strategies. This is crucial for developing personalized care plans that take into account the nutritional aspects of a patient's health. Such an emphasis helps future healthcare professionals understand the interconnectedness of diet, health, and disease, allowing them to better support patients in making informed dietary choices that enhance their overall health and well-being.

3. What type of educational programs does DAMD offer for healthcare professionals?

- A. Certification programs in specialized fields
- B. Workshops on administrative skills
- C. Continuing medical education (CME) programs to enhance skills and knowledge**
- D. Short courses on clinical operations

The Department of Academic Medical Division (DAMD) offers continuing medical education (CME) programs specifically designed to enhance the skills and knowledge of healthcare professionals. These programs are vital for practitioners as they keep them updated with the latest advancements in medical research, treatment protocols, and medical technologies. By participating in CME, healthcare professionals can meet licensing requirements and ensure that their practices remain current and effective, ultimately improving patient care. Continuing medical education encompasses a wide array of learning opportunities including lectures, hands-on training, simulations, and various learning formats that encourage ongoing professional development. This focus on continuous knowledge enhancement stands out because it aligns with the evolving nature of healthcare, where staying updated is crucial for successful practice. While certification programs in specialized fields, workshops on administrative skills, and short courses on clinical operations are beneficial and may be offered by various educational institutions, the emphasis on CME programs highlights the importance of lifelong learning in the medical profession, making it the primary focus of DAMD's educational offerings.

4. In Tactical Field Care, which intervention comes after ensuring fire superiority?

- A. MARCH assessment**
- B. Evacuation request
- C. Hypothermia management
- D. Control of shock

The correct answer is associated with the MARCH assessment, which is critical in Tactical Field Care after achieving fire superiority. This phase focuses on the immediate medical intervention and assessment of injured individuals in a tactical environment. The MARCH acronym stands for: - **M**assive Hemorrhage: Address and control any life-threatening bleeding immediately. - **A**irway: Ensure the airway is clear and secure to maintain breathing. - **R**espiration: Evaluate and manage any potential respiratory issues, including tension pneumothorax. - **C**irculation: Assess circulation and control shock, which includes managing heart rate and blood pressure. - **H**ypothermia: Monitor and address any risk of hypothermia. After securing fire superiority, the next crucial step is to assess and stabilize casualties effectively, starting with the MARCH assessment. This ensures that the most critical aspects of trauma care are prioritized, which can significantly impact survival rates. While evacuation requests, hypothermia management, and control of shock are all important components of patient care, they follow the initial assessment framework laid out in the MARCH acronym. Each subsequent decision is informed by this comprehensive evaluation of the patient's condition, making the MARCH assessment foundational to Tactical Field Care.

5. With the exception of the groin, how is the burn measure "rule" divided percentage-wise?

- A. 8
- B. 9**
- C. 10
- D. 11

The correct response is based on the "rule of nines," a quick method for estimating the total body surface area (TBSA) affected by burns. This rule divides the body into sections, assigning each section a percentage of the total body surface area. In adults, each arm accounts for 9% of TBSA, each leg accounts for 18%, the anterior trunk accounts for 18%, and the posterior trunk accounts for another 18%. The head and neck account for 9%. When examining the percentages of the body, 9% is assigned to each arm including the hands. While the groin is not included in this general division, it is typically assigned a smaller percentage of 1%, but when calculated together with the larger regions of the body, the percentages are rounded to that total of 9% for the limbs and head regions. Thus, choosing 9% reflects how the body regions are quantified in assessing burn severity and evaluating treatment needs. This systematic method is crucial in emergency medicine and burn treatment to ensure accurate assessments are made following burn injuries.

6. What is the primary care training focus supported by the DAMD?

- A. Segmentation of care services among specialists only
- B. Providing comprehensive and continuous care to patients across a wide variety of health issues**
- C. Focusing on acute care and immediate patient needs
- D. Enhancing hospital-based practices exclusively

The primary care training focus supported by the Department of Academic Medical Division (DAMD) emphasizes providing comprehensive and continuous care to patients across a wide variety of health issues. This approach aligns with the core principles of primary care, which include accessibility, continuity, and patient-centeredness. In primary care, practitioners strive to develop long-term relationships with patients, addressing not only immediate health concerns but also preventive care, chronic disease management, and overall health promotion. This holistic view is essential for maintaining and improving patients' health trajectories over time. The emphasis on comprehensive care ensures that patients receive appropriate treatment for multiple conditions, rather than a fragmented approach where different specialists manage only specific issues. In contrast to this focus, options that consider segmentation of care among specialists, acute care situations, or exclusive enhancement of hospital-based practices fall short of the comprehensive and integrated vision that is typical in primary care training. These alternatives do not fully incorporate the continuous, patient-centered approach that the DAMD promotes.

7. The band of a tourniquet is being applied to a severely bleeding wound on the casualty's arm. Where should the tourniquet band be placed during Tactical Field Care?

A. 6" above the wound

B. 2-3" above the wound

C. Directly over the wound

D. 2" below the wound

The band of a tourniquet should be placed 2-3 inches above the wound during Tactical Field Care to effectively control severe bleeding. This placement allows for the maximum compression of blood vessels that may be damaged or severed, thus ensuring the tourniquet is most effective in stopping the blood flow from the affected limb.

Positioning the tourniquet too close to the wound, such as directly over it, may not sufficiently compress the necessary arteries to achieve hemostasis and can lead to inadequate control of the hemorrhage. Placing it further down the limb, such as 6 inches above, could also be excessive and may not target the primary vessels involved, which could lead to continued bleeding and complications. Similarly, positioning the tourniquet below the wound would be counterproductive and ineffective, as it would fail to obstruct blood flow from the injury site. Therefore, the choice of placing the tourniquet 2-3 inches above the wound strikes a critical balance between effectiveness and safety in emergency care.

8. Why is leadership training included in DAMD programs?

A. To prepare future healthcare leaders capable of navigating complex healthcare systems

B. To focus solely on technical skills in medicine

C. To limit engagement with team dynamics

D. To teach students to operate independently of others

Leadership training is included in DAMD programs to prepare future healthcare leaders who can effectively navigate the complexities of modern healthcare systems. The healthcare landscape is increasingly intricate, characterized by evolving regulations, interdisciplinary teamwork, and the integration of technology. Leaders trained in these programs develop crucial skills such as effective communication, conflict resolution, and strategic thinking, enabling them to inspire and guide their teams, manage resources efficiently, and adapt to changes in the healthcare environment. This approach ensures that graduates are not only skilled clinicians but also competent managers and innovators who can drive improvement in patient care and organizational performance. The focus on leadership in training helps create a generation of healthcare professionals who are equipped to influence policy, lead teams, and advocate for patients and communities, thereby enhancing the overall effectiveness of healthcare delivery.

- 9. Which of the following factors most heavily influence TCCC?**
- A. Availability of translators and nationalities of casualties**
 - B. Height and weight of casualties and communication frequencies**
 - C. Tactical considerations and the level of first responder training and experience**
 - D. Service affiliations of casualties and rank of tactical leadership**

The factors that most heavily influence Tactical Combat Casualty Care (TCCC) are indeed tactical considerations and the level of first responder training and experience. TCCC is designed to provide the best possible care to casualties in a combat environment, where the situation can change rapidly and unpredictably. Tactical considerations include the environment in which care is given, potential threats, and the urgency of the medical needs of the casualties. First responders must make quick decisions that balance the need for rapid medical intervention with maintaining their own safety and that of the team. The level of training and experience of the first responders directly affects their ability to assess the situation, prioritize interventions, and execute life-saving measures effectively under stress. In contrast, while factors such as the availability of translators and nationalities of casualties, or the height and weight of casualties may play roles in certain medical contexts, they are not the primary influences in a combat scenario where TCCC protocols are applied. Service affiliations and rank may impact the command structure but do not directly influence the medical care provided to casualties on the ground. Thus, understanding the significance of tactical considerations alongside the preparedness of first responders is crucial for effective implementation of TCCC.

- 10. Which aspect of healthcare is included in the DAMD's curriculum development?**
- A. Cultural impacts on healthcare**
 - B. Social determinants of health and their impact on patient care**
 - C. Technological advancements in healthcare**
 - D. Cost-benefit analysis of medical treatments**

The aspect of healthcare included in the DAMD's curriculum development, social determinants of health and their impact on patient care, is critical because it addresses the fundamental factors that influence patient outcomes beyond biological conditions and medical treatment. Social determinants encompass a wide range of influences, such as socioeconomic status, education, neighborhood environment, and access to healthcare services. Understanding these factors allows healthcare professionals to provide more comprehensive care, ensuring that they recognize the broader context in which health issues arise. This approach helps to target interventions effectively and support practices that promote health equity, ultimately improving the overall quality of care and health outcomes for diverse patient populations. The inclusion of social determinants in medical training fosters awareness about the complexities of patient care, emphasizing the need for a holistic perspective in managing health, which is vital in modern healthcare settings.