

# JONES & BARTLETT LEARNING (JBL) MODULE 3 PRACTICE EXAM (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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# Table of Contents

|                             |    |
|-----------------------------|----|
| Copyright .....             | 1  |
| Table of Contents .....     | 2  |
| Introduction .....          | 3  |
| How to Use This Guide ..... | 4  |
| Questions .....             | 5  |
| Answers .....               | 8  |
| Explanations .....          | 10 |
| Next Steps .....            | 15 |

SAMPLE

# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

## 1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

## 2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

## 3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

## 4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

## 5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

## 6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

## Questions

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- 1. Which percent over ideal body weight defines obesity?**
  - A. 40% or more
  - B. 10% or more
  - C. 20% or more
  - D. 30% or more
- 2. Which term describes clouding of the lenses of the eye?**
  - A. glaucoma
  - B. cataracts
  - C. retinitis
  - D. conjunctivitis
- 3. Which practice is an example of data falsification in healthcare documentation?**
  - A. Documenting all patient interactions accurately
  - B. Providing or altering records to mislead or hide the truth
  - C. Verifying entries with a second clinician
  - D. Maintaining complete audit trails
- 4. In EMS, when a physician order seems unclear, the correct action is to:**
  - A. Advise the physician that the order is unclear and ask for clarification.
  - B. Carry out the order and document it.
  - C. Obtain patient consent and then proceed.
  - D. Refuse to carry out any order.
- 5. The areas of the infant's skull that have not yet fused are called what?**
  - A. Fontanelles
  - B. Sutures
  - C. Cranial Valleys
  - D. Ventricles

- 6. Which ethical principle focuses on loyalty and faithfulness to promises in professional care?**
- A. Fidelity
  - B. Autonomy
  - C. Veracity
  - D. Nonmaleficence
- 7. In preconventional moral reasoning, children primarily:**
- A. act almost purely to avoid punishment and to get what they want.
  - B. make decisions based on their conscience.
  - C. look for approval from their peers and society.
  - D. blame their actions on what they have observed in older children.
- 8. How do hypovolemic and septic shocks differ in etiology and hemodynamics?**
- A. Hypovolemic: due to volume loss; septic: due to infection causing vasodilation and poor perfusion
  - B. Both due to infection causing vasodilation
  - C. Hypovolemic due to infection; septic due to dehydration
  - D. Septic shock is a type of obstruction to blood flow
- 9. Spina bifida is defined as which birth defect?**
- A. Birth defect in which the child is born without spinal vertebrae.
  - B. Congenital inflammation of the spinal cord, usually in the neck.
  - C. Chronic pressure on the brain caused by excess cerebrospinal fluid.
  - D. Birth defect caused by incomplete closure of the spinal column.
- 10. In the PICO framework, which component represents the variable that is tested?**
- A. Intervention
  - B. Outcome
  - C. Population
  - D. Comparison

## **Answers**

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

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## **Explanations**

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### 1. Which percent over ideal body weight defines obesity?

- A. 40% or more
- B. 10% or more
- C. 20% or more
- D. 30% or more**

Percent over ideal body weight is a way to gauge how much weight exceeds what's expected for height. In this framework, obesity is defined as being at least 30% above ideal body weight. To see how it works, multiply the ideal weight by 1.30 to get the obesity threshold. For example, if ideal weight is 150 pounds, the obesity cutoff is 195 pounds; weights at or above 195 pounds are considered obese under this criterion. Values that are 10% or 20% over IBW don't meet the obesity threshold, while 40% over IBW would also be obese, but 30% is the defined cutoff used here.

### 2. Which term describes clouding of the lenses of the eye?

- A. glaucoma
- B. cataracts**
- C. retinitis
- D. conjunctivitis

Clouding of the lenses of the eye is cataracts. The lens normally stays clear to allow light to pass through and focus on the retina. When it becomes cloudy, vision becomes blurred or hazy, and bright lights can cause glare or halos, especially noticeable at night. Cataracts are most commonly linked to aging, but other factors like eye injury, diabetes, certain medicines (such as steroid pills), or extended sun exposure can contribute. This condition is different from glaucoma, which involves increased pressure that can damage the optic nerve; retinitis, which refers to inflammation or degeneration of the retina; and conjunctivitis, which is inflammation of the thin membrane covering the eye. Treatment often involves surgical removal of the cloudy lens and replacement with an artificial intraocular lens to restore clear vision.

### 3. Which practice is an example of data falsification in healthcare documentation?

- A. Documenting all patient interactions accurately
- B. Providing or altering records to mislead or hide the truth**
- C. Verifying entries with a second clinician
- D. Maintaining complete audit trails

The integrity of healthcare documentation hinges on truthfulness in what's recorded. Data falsification means deliberately changing, fabricating, or omitting information in a patient record to mislead others or hide the truth. Providing or altering records to mislead fits this definition exactly, so it's the correct choice. In contrast, documenting all patient interactions accurately reflects proper, truthful record-keeping. Verifying entries with a second clinician is a safeguard to improve accuracy, not falsification. Maintaining complete audit trails ensures there's a traceable history of changes, which supports accountability and deters dishonest edits.

**4. In EMS, when a physician order seems unclear, the correct action is to:**

- A. Advise the physician that the order is unclear and ask for clarification.**
- B. Carry out the order and document it.
- C. Obtain patient consent and then proceed.
- D. Refuse to carry out any order.

*The key idea is to clarify any physician order with medical control before acting. In EMS, orders come from a physician who directs patient care, and their instructions must be clear and actionable. If something in the order is ambiguous—such as a vague medication name, dose, route, or duration—the safest and most professional step is to call the physician or medical control to restate and confirm exactly what is expected. This ensures you understand the physician's intent, you stay within your scope of practice, and you document actions accurately. Clarifying the order also protects the patient from potential harm that could come from misinterpretation or incorrect dosing. It keeps the chain of command intact and provides you with a verifiable record of what was requested and what was clarified. Carrying out an unclear order without confirmation can lead to incorrect treatment, which is risky and indefensible. Waiting for patient consent doesn't resolve the lack of clarity about what you're being asked to do, and refusing to intervene when care is needed can delay treatment. If you cannot reach medical control promptly, you follow established protocols, but the preferred action for an unclear order is to seek clarification first.*

**5. The areas of the infant's skull that have not yet fused are called what?**

- A. Fontanelles**
- B. Sutures
- C. Cranial Valleys
- D. Ventricles

*The parts of an infant's skull that haven't fused yet are the fontanelles. These are soft, membranous gaps between the skull bones that allow the skull to grow as the brain expands and also help the head pass through the birth canal. The anterior fontanelle (the large soft spot on top) and the posterior fontanelle (the smaller one at the back) are the most well-known. Over time, these fontanelles gradually ossify and fuse as the child grows. Sutures are the joints between skull bones, but the term fontanelle specifically refers to these open membrane-covered areas. Ventricles are brain cavities, not skull areas, and "cranial Valleys" isn't a term used in skull anatomy.*

**6. Which ethical principle focuses on loyalty and faithfulness to promises in professional care?**

- A. Fidelity**
- B. Autonomy
- C. Veracity
- D. Nonmaleficence

*Fidelity is about loyalty and keeping your word in professional care. It means honoring the commitments you make to patients—following through on care plans, keeping promises about what you will do or when you will do it, and protecting patient confidentiality. This trust-based obligation underpins a reliable caregiver–patient relationship; when you promise to return to a patient, to explain a test result, or to advocate for their preferences, fidelity requires you to follow through even if it's challenging or inconvenient. Autonomy focuses on respecting a patient's right to make their own decisions about their care; veracity is about truth-telling; nonmaleficence is about not causing harm. Fidelity isn't about the decision-making process, truth-telling, or harm avoidance alone—it's about being faithful to the commitments you make in care.*

**7. In preconventional moral reasoning, children primarily:**

- A. act almost purely to avoid punishment and to get what they want.**
- B. make decisions based on their conscience.
- C. look for approval from their peers and society.
- D. blame their actions on what they have observed in older children.

*Preconventional moral reasoning is the first level in Kohlberg's stages, where a child's sense of right and wrong is driven by external outcomes rather than internal rules. At this stage, behavior is guided by avoiding punishment and by personal gain. That's why choosing the option that says children act mainly to avoid punishment and to get what they want best fits preconventional reasoning—the child is focused on concrete consequences and self-interest, not on conscience or societal approval. The other motivations reflect higher stages: decisions based on internal conscience, seeking approval from others, or imitating older children all point to more advanced moral reasoning beyond the preconventional level.*

**8. How do hypovolemic and septic shocks differ in etiology and hemodynamics?**

- A. Hypovolemic: due to volume loss; septic: due to infection causing vasodilation and poor perfusion**
- B. Both due to infection causing vasodilation
- C. Hypovolemic due to infection; septic due to dehydration
- D. Septic shock is a type of obstruction to blood flow

*Understanding how the cause of shock shapes the circulation is what this item tests. Hypovolemic shock occurs when there is a significant loss of circulating volume, such as from bleeding or severe dehydration. With less blood returning to the heart (reduced preload), the heart pumps less blood each beat, so stroke volume and overall cardiac output fall. In response, the body increases sympathetic tone, raising systemic vascular resistance to help maintain blood pressure. The result is low preload and low output, with the circulatory system trying to compensate by constricting vessels. Septic shock, brought on by infection, involves a different problem: widespread inflammation that causes vasodilation and leaking of fluid from the vessels. This vasodilation lowers systemic vascular resistance and can cause perfusion to be inadequate even if total blood volume is normal or high. Early in septic shock, cardiac output may be normal or even elevated because the heart is working against a low resistance (afterload), but as the condition progresses, myocardial function can deteriorate and perfusion worsens. The key contrast is volume loss driving low preload in hypovolemia, versus infection-driven vasodilation and distributive failure in sepsis. So the best description is that one is due to volume loss causing reduced preload and output with compensatory vasoconstriction, while the other is due to infection causing vasodilation and poor perfusion with variable effects on cardiac output.*

## 9. Spina bifida is defined as which birth defect?

- A. Birth defect in which the child is born without spinal vertebrae.
- B. Congenital inflammation of the spinal cord, usually in the neck.
- C. Chronic pressure on the brain caused by excess cerebrospinal fluid.
- D. Birth defect caused by incomplete closure of the spinal column.**

*Spina bifida is a birth defect caused by incomplete closure of the spinal column. During early embryonic development, the bones forming the spine should fuse to form a complete spinal canal; when this process fails, there's a gap in the vertebral arches. In milder forms the gap is covered by skin, while in more severe forms the meninges or even the spinal cord can protrude through the opening. This contrasts with conditions like spinal cord inflammation or hydrocephalus from excess cerebrospinal fluid. Understanding this opening of the spinal column also explains why folic acid before and during early pregnancy lowers risk and why prenatal screening can detect spina bifida.*

## 10. In the PICO framework, which component represents the variable that is tested?

- A. Intervention**
- B. Outcome
- C. Population
- D. Comparison

*The tested variable is the intervention—the treatment, exposure, or strategy you actively introduce to participants to observe its effect. In PICO, Population is who you study, Intervention is what you do to them, Comparison is what you compare it against (such as no intervention or an alternative approach), and Outcome is what you measure to see the result. For example, if you're asking whether a new exercise program lowers blood pressure, the new exercise program is the intervention, the population is adults with hypertension, the comparison might be usual activity, and the outcome is the change in blood pressure. This distinction shows why the intervention is the variable being tested: it's the element deliberately manipulated to see its impact on the outcome.*

## Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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