

E-6 BOARD SITUATIONAL PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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. A pacing stimulus that lands on which part of the cardiac cycle is potentially dangerous?**
 - A. P wave
 - B. QRS complex
 - C. T wave
 - D. ST segment
- 2. A trauma patient four days after a fracture develops sudden shortness of breath. Which diagnosis is most likely?**
 - A. Pulmonary edema
 - B. Pulmonary embolism
 - C. ARDS
 - D. Fat embolism
- 3. What is a common adverse effect to monitor with dobutamine infusion?**
 - A. Hypoglycemia
 - B. Tachyarrhythmias
 - C. Hypotension
 - D. Bradycardia
- 4. What is the difference between direct and indirect supervision?**
 - A. Direct supervision involves hands-on oversight; indirect uses delegation with outcome-based oversight.
 - B. Direct supervision is hands-off; indirect is hands-on.
 - C. Direct supervision is only for training; indirect is for experienced.
 - D. Direct supervision requires no oversight; indirect requires constant monitoring.
- 5. Which ECG changes are associated with hyperkalemia?**
 - A. ST elevations
 - B. Prolonged QT interval
 - C. Wide QRS complexes with tall peaked T waves
 - D. U waves

- 6. What are the five steps of Operational Risk Management (ORM) used in the Navy?**
- A. Identify hazards; Assess hazards; Make risk decisions; Implement controls; Supervise
 - B. Identify hazards; Assess hazards; Implement controls; Make risk decisions; Supervise
 - C. Assess hazards; Identify hazards; Make risk decisions; Implement controls; Supervise
 - D. Identify hazards; Assess hazards; Implement controls; Make risk decisions; Supervise
- 7. What is the most important step in preventing central venous catheter–related sepsis?**
- A. Use antibiotic coated catheters
 - B. Daily chlorhexidine baths
 - C. Prophylactic antibiotics
 - D. Thorough handwashing
- 8. What is the significance of watchbill management in a unit?**
- A. Ensures proper watch coverage, accountability, and readiness of crew assignments.
 - B. Increases paperwork with no impact on readiness.
 - C. Delays watch scheduling until escalation.
 - D. Focuses only on medical readiness.
- 9. What is the purpose of a mishap investigation and who should participate?**
- A. Assign blame to individuals.
 - B. Determine cause and prevent recurrence; involve chain of command, safety officer, and observers.
 - C. Only safety officer participates.
 - D. Gather photos for report.
- 10. Which of the following is NOT an essential duty of a Navy watchstander during a bridge watch?**
- A. Maintain situational awareness
 - B. Log events
 - C. Monitor systems and alarms
 - D. Cook meals for crew

Answers

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

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Explanations

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1. A pacing stimulus that lands on which part of the cardiac cycle is potentially dangerous?

- A. P wave
- B. QRS complex
- C. T wave**
- D. ST segment

The most dangerous moment is during ventricular repolarization, on the T wave. That part of the cycle is the vulnerable period where the ventricles are resetting their electrical state but are not fully refractory. A pacing spike here can trigger an abnormal beat that can precipitate ventricular tachycardia or fibrillation (the R-on-T phenomenon). Stimulating during other parts—on the P wave affects atrial tissue, during the QRS complex the ventricle is actively depolarizing and is less prone to triggering a lethal rhythm, and the ST segment is a relatively stable plateau—doesn't carry the same high risk of triggering a life-threatening arrhythmia.

2. A trauma patient four days after a fracture develops sudden shortness of breath. Which diagnosis is most likely?

- A. Pulmonary edema
- B. Pulmonary embolism
- C. ARDS
- D. Fat embolism**

When a fracture is followed by sudden shortness of breath several days later, fat embolism syndrome is the most likely cause. After injuries to long bones, fat droplets from the bone marrow can enter the bloodstream and travel to the lungs, where they occlude pulmonary microvasculature and trigger an inflammatory response. This leads to rapid-onset dyspnea and hypoxemia, often occurring within the first few days after the fracture—so four days fits well with this scenario. While other conditions like pulmonary edema (fluid overload or heart failure), ARDS (diffuse inflammatory lung injury), or a pulmonary embolism from a DVT can cause shortness of breath, the timing relative to the fracture and the typical pathophysiology point most strongly to fat embolism in this context.

3. What is a common adverse effect to monitor with dobutamine infusion?

- A. Hypoglycemia
- B. Tachyarrhythmias**
- C. Hypotension
- D. Bradycardia

Dobutamine stimulates beta-1 receptors in the heart, boosting contractility and heart rate to raise cardiac output. That chronotropic and inotropic stimulation can trigger rhythm disturbances, so tachyarrhythmias are a common adverse effect to monitor. Continuous ECG, blood pressure, and signs of ischemia should be watched, and infusion adjustments made if arrhythmias occur. Hypoglycemia isn't a typical effect of dobutamine, and bradycardia or hypotension are not the usual concerns given its action to increase heart rate and output.

4. What is the difference between direct and indirect supervision?

- A. Direct supervision involves hands-on oversight; indirect uses delegation with outcome-based oversight.
- B. Direct supervision is hands-off; indirect is hands-on.**
- C. Direct supervision is only for training; indirect is for experienced.
- D. Direct supervision requires no oversight; indirect requires constant monitoring.

Direct supervision means the supervisor is physically present and actively guiding the task as it's performed, offering immediate feedback and corrections. Indirect supervision means the task is delegated with clear expectations, and the supervisor monitors results and progress afterward, not staying hands-on the whole time. So the best choice reflects that direct supervision is hands-on oversight, while indirect supervision relies on delegation with outcome-based oversight. The other descriptions—being hands-off, only for training, or requiring no oversight—don't fit how direct and indirect supervision are actually used.

5. Which ECG changes are associated with hyperkalemia?

- A. ST elevations
- B. Prolonged QT interval
- C. Wide QRS complexes with tall peaked T waves**
- D. U waves

Hyperkalemia changes how the heart conducts electricity by increasing the extracellular potassium, which speeds up repolarization initially but then slows overall conduction as potassium rises further. On the ECG, early signs are tall, peaked T waves from faster repolarization. As potassium levels climb, the PR interval can lengthen and the QRS complex widens because ventricular conduction slows. In severe cases, the QRS widens so much it can merge with the tall T waves, creating a dangerous, wide-complex pattern. That combination of wide QRS complexes with tall peaked T waves is the classic ECG finding of hyperkalemia. ST elevations aren't typical for hyperkalemia and instead point to ischemia. Prolonged QT is more associated with hypokalemia, while U waves also track with low potassium.

6. What are the five steps of Operational Risk Management (ORM) used in the Navy?

- A. Identify hazards; Assess hazards; Make risk decisions; Implement controls; Supervise**
- B. Identify hazards; Assess hazards; Implement controls; Make risk decisions; Supervise
- C. Assess hazards; Identify hazards; Make risk decisions; Implement controls; Supervise
- D. Identify hazards; Assess hazards; Implement controls; Make risk decisions; Supervise

Operational Risk Management in the Navy is a five-step decision-making process to reduce risk to an acceptable level. The steps are: identify hazards, assess hazards, make risk decisions, implement controls, and supervise. Identify hazards means spotting all potential sources of harm or exposure in the situation. Assess hazards involves judging the risk by considering how likely the hazard is and how severe the potential harm could be. Make risk decisions is deciding how to handle the risk—accept it, reduce it with controls, transfer it, or avoid the activity. Implement controls is putting those chosen measures into place to lower the risk. Supervise is ongoing monitoring to ensure the controls are effective and to adjust as conditions change. The sequence matters: you only make informed risk decisions after identifying and assessing hazards, and you implement controls after deciding how to treat the risk, with supervision ensuring the measures stay effective. Other sequences undermine this logical flow by shifting the order of assessment, decision, or implementation.

7. What is the most important step in preventing central venous catheter–related sepsis?

- A. Use antibiotic coated catheters
- B. Daily chlorhexidine baths
- C. Prophylactic antibiotics
- D. Thorough handwashing**

Thorough handwashing is the most important step because hands are the primary vehicle by which bacteria are transferred to the catheter site, hubs, and connections. When hands aren't clean, skin flora and environmental organisms can be introduced every time the line is touched, manipulated, or accessed. Using an alcohol-based hand rub before patient contact and after any potential contamination dramatically reduces the bacterial load and the risk of seeding the catheter, which is why hand hygiene sits at the top of prevention efforts. Other strategies play a role, but on their own they don't offer the same level of impact or carry more concerns. Antibiotic-coated catheters may help in specific settings but are not universally superior and raise cost and resistance issues. Daily chlorhexidine baths reduce skin colonization but don't replace the need for strict hand hygiene and aseptic technique; they've not shown the same infection-reducing effect as proper hand hygiene. Prophylactic antibiotics for all patients are not routinely recommended due to limited benefit and the potential for antimicrobial resistance. So, maintaining meticulous hand hygiene, along with proper aseptic technique for insertion and line care, is the single most effective measure to prevent catheter-related sepsis.

8. What is the significance of watchbill management in a unit?

- A. Ensures proper watch coverage, accountability, and readiness of crew assignments.
- B. Increases paperwork with no impact on readiness.
- C. Delays watch scheduling until escalation.
- D. Focuses only on medical readiness.

Watchbill management focuses on organizing who is on duty for every watch so the unit always has qualified personnel available. When the roster is well maintained, there's a clear, up-to-date plan showing who is on duty, who is relieving whom, and when each handover occurs. That clarity creates accountability—everyone knows exactly who is responsible at any moment and when a shift ends. Beyond coverage, it supports readiness by aligning assignments with mission needs, required qualifications, and training requirements. It helps prevent gaps in critical watches, ensures rotations consider rest to reduce fatigue, and makes it easier to respond quickly to drills, emergencies, or unexpected events. In short, effective watchbill management keeps the unit staffed, prepared, and coordinated across all watches, not just one aspect of readiness.

9. What is the purpose of a mishap investigation and who should participate?

- A. Assign blame to individuals.
- B. Determine cause and prevent recurrence; involve chain of command, safety officer, and observers.
- C. Only safety officer participates.
- D. Gather photos for report.

The main goal of a mishap investigation is to determine what happened, why it happened, and how to prevent it from recurring. This means looking beyond who was involved to identify root causes across systems, processes, equipment, training, and supervision, so corrective actions can reduce risk for everyone. Involving the chain of command ensures proper authority and follow-through on fixes; the safety officer provides expertise in safety analysis and how to implement effective controls; and observers help maintain objectivity and transparency in the process. This approach is about improvement, not assigning blame to individuals. It fosters a learning culture where lessons are shared and corrective actions are put in place to prevent similar incidents. Narrowing participation to only one role or focusing solely on gathering photos would miss essential perspectives, reduce accountability, and limit the quality of corrective actions.

10. Which of the following is NOT an essential duty of a Navy watchstander during a bridge watch?

- A. Maintain situational awareness
- B. Log events
- C. Monitor systems and alarms
- D. Cook meals for crew

The key idea here is that a Navy watchstander on the bridge must keep the ship safe by focusing on navigation and ship status. That means staying attentive to the ship's position, course, speed, and potential hazards, maintaining awareness of other vessels and weather, and being ready to take action if conditions change. Equally important is keeping an accurate log of movements, communications, alarms, and significant events so there's a clear record for accountability and after-action review. Monitoring systems and alarms—radar, AIS, ECDIS, depth, propulsion, steering, and other critical indicators—requires constant attention and a prompt response to any warning. Cooking meals for the crew is not part of the bridge watch routine. It's a support function that would distract from critical safety duties and navigation responsibilities. The bridge watch is about safety and situational control, not meal preparation.

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.

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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