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1. A patient arrives at the emergency department with intense chest pain, shortness of breath, elevated heart rate, blood pressure, and an abnormal ECG showing ST-elevation. What immediate interventions are most commonly prioritized in this scenario?

- A. Beta-blockers, aspirin, thiazide diuretics, and oxygen
- B. Oxygen, calcium channel blockers, and aspirin
- C. Thiazide diuretics, oxygen, and morphine
- D. Oxygen, aspirin, nitroglycerine, and morphine

2. A 79-year-old patient with end-stage cardiac disease has a healthcare proxy in place that explicitly states no life-prolonging treatments. A relative insists on administering an experimental drug. What should the healthcare team do in this situation?

- A. Consult with the doctor to discuss possible compromises with the relative.
- B. Revise the patient's treatment plan to include potential life-prolonging options.
- C. Inform the relative that the patient's healthcare proxy directives must be followed, and the drug will not be administered.
- D. Administer the experimental drug while awaiting further instructions.

3. A patient admitted to the emergency room is experiencing severe shortness of breath and chest pain. The ECG shows atrial fibrillation with a rapid ventricular response of 160 bpm, leading to hypotension and altered mental status. What is the most appropriate immediate treatment for this patient?

- A. Catheter ablation
- B. Synchronized cardioversion
- C. Pulmonary resuscitation
- D. Vagal maneuvers

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4. Anticoagulation therapy is advised before which of the following cardiovascular procedures?

- A. Emergency percutaneous coronary intervention (PCI)
- B. Cardiac catheterization without intervention
- C. Emergency coronary artery bypass grafting (CABG)
- D. Transcatheter aortic valve replacement (TAVR)

5. You are designing an exercise program for a patient recovering from a myocardial infarction (MI). Refer to the table below. Which exercise level is generally recommended to provide cardiovascular benefits while minimizing risk? Activity Level Exercise Type Risk Assessment Low Walking Low risk, promote for general cardiovascular benefit Moderate Cycling on a stationary bike Moderate risk, safe under supervision High Running High risk, should be closely supervised or avoided Very High Competitive sports Very high risk, not recommended for MI recovery

- A. High risk, should be closely supervised or avoided
- B. Very high risk, not recommended for MI recovery
- C. Low risk, promote for general cardiovascular benefit
- D. Moderate risk, safe under supervision

6. When using a heart rate monitor during exercise, a patient should:

- A. Only use the monitor during brief periods.
- B. Log exercise intensities and any symptoms experienced.
- C. Stop exercise if the heart rate goes above normal resting levels.
- D. Turn off the monitor intermittently to save battery.

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7. The best intervention approach for a 45-year-old man with Ehlers-Danlos syndrome and severe aortic valve insufficiency compounded by heart failure is to:

- A. Repair the valve rather than replace it.
- B. Delay surgery as long as possible.
- C. Replace the valve rather than repair it.
- D. Avoid surgery because of life-threatening complications.



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8. A cardiac-vascular nutritionist is tasked with evaluating a specialized 2300-calorie cardiac diet's sodium content. Based on the guidelines, the diet should limit sodium intake to the following amount: Nutritional Element Intake Amount (mg) Total Sodium 1500 Potassium 4700 Calcium 1000 Magnesium 400 What percentage of this diet is sodium?

- A. 2.6%
- B. 4.0%
- C. 3.3%
- D. 5.8%

9. A patient, who speaks English but struggles with comprehension, is scheduled for a cardiovascular procedure. Which educational tool would best help them understand the procedure?

- A. Interactive Workshop
- B. Standard Written Handouts
- C. Video
- D. Simple Illustrated Guide

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10. A medical practice operates in both State A and State B and needs to license cardiac monitoring equipment. What is the best approach to ensure compliance with state regulations?

- A. Review licensing requirements every five years to consolidate standards.
- B. Submit separate licensing applications for the equipment to each state following their review frequency.
- C. Submit one licensing application, as equipment standards are identical across states.
- D. Only adhere to State A's regulations, assuming they are more stringent.

11. In a clinical setting, a senior nurse delegates the task of providing patient education to a graduate nurse. Who is responsible for ensuring the patient understands the material?

- A. Both the senior nurse and the graduate nurse
- B. The educational department
- C. The senior nurse who delegates the task
- D. The graduate nurse providing the education



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12. After a patient undergoes an abdominal aortic aneurysm repair, the nurse notices sudden abdominal distention, decreasing urinary output, tachycardia, and hypotension. What is the most probable cause of these symptoms?

- A. Abdominal compartment syndrome
- B. Renal failure
- C. Hypovolemic shock
- D. Septicemia

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13. A patient is being continuously monitored for potential cardiac complications. Which change in the ECG would most likely indicate myocardial ischemia?

- A. Elevation of ST segments
- B. Development of Q or QS waves
- C. Abnormal Q waves without ST and T wave changes
- D. Inverted T waves

14. A middle-aged patient presents with sudden, sharp chest pain that intensifies when taking deep breaths or bending forward. The pain eases somewhat when the patient leans forward while sitting. What is the most likely diagnosis?

- A. Myocardial infarction
- B. Pneumothorax
- C. Pericarditis
- D. Angina

15. Consider the following patient's data on fasting blood glucose. Calculate the fasting glucose ratio for John Doe. Express your answer as a decimal rounded to two decimal places. Patient's Fasting Glucose (mg/dL) Standard Fasting Glucose (mg/dL)

John Doe 150 100 Jane Smith 130 100 Adam Lee 110 100

- A. 2.00
- B. 1.50
- C. 1.33
- D. 0.13

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16. In assessing jugular vein distention (JVD), which cardiac condition is most commonly associated with significant JVD?

- A. Right-sided heart failure
- B. Left ventricular hypertrophy
- C. Hypertension
- D. Aortic stenosis

17. In a patient undergoing diuretic therapy for heart failure, adequate renal function is necessary for effective treatment. Using the provided data on urinary output, determine the minimum average hourly urinary output required over a 12-hour period to confirm sufficient renal function. Time Period (hours) Urinary Output (mL) 12 24 1050

- A. More than 60 mL/hr
- B. More than 43.75 mL/hr
- C. Less than 35 mL/hr
- D. 50 mL/hr

18. Which of the following cardiovascular symptoms is most commonly associated with chronic stress? Condition Common Symptoms Chronic Stress Hypertension; Increased heart rate Sudden Shock Hypotension; Increased heart rate Deep Relaxation Hypotension; Decreased heart rate Extreme Fatigue Hypertension; Decreased heart rate

- A. Hypertension and increased heart rate
- B. Hypertension and decreased heart rate
- C. Hypotension and increased heart rate
- D. Hypotension and decreased heart rate

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19. A 65-year-old patient presents with an ulcer near the medial malleolus which is superficial, irregularly shaped, and surrounded by brownish skin discoloration. Given the characteristics of venous and arterial ulcers presented in the table, which type of ulcer is the patient most likely experiencing? Characteristic Venous Ulcer Arterial Ulcer Location Medial or lateral malleolus; occasionally anterior tibial area Toe tips, toe webs, heels, or other pressure areas Shape Irregular Circular Pain Varying degrees Often severe Skin Surrounding Ulcer Brownish discoloration Pale, shiny, cool Edema Moderate to severe Minimal

- A. Arterial ulcer
- B. Pressure ulcer
- C. Neuropathic ulcer
- D. Venous ulcer

20. During an emergency assessment, which physical finding should alert the nurse to the possibility of a severe cardiovascular disorder in a patient?

- A. Xanthelasma
- B. Central cyanosis of the tongue and buccal mucosa
- C. Peripheral cyanosis of the nails and skin of the nose, lips, and extremities
- D. Pallor

21. Beta-blockers are contraindicated in patients with which of the following conditions?

- A. Asthma
- B. Coronary artery disease
- C. Hypertension
- D. Arrhythmia

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22. Analyze the following arterial blood gas (ABG) values for a patient with heart failure. Identify the primary acid–base imbalance present based on the data provided. pH PaCO₂ (mmHg) HCO₃⁻ (mEq/L) 7.32 48 24

- A. Metabolic acidosis
- B. Metabolic alkalosis
- C. Respiratory alkalosis
- D. Respiratory acidosis



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23. When assessing caffeine dependence in patients, which behavior listed below indicates a significant dependence?

- A. Drinking 2-4 cups of coffee daily
- B. Taking caffeine pills for alertness occasionally
- C. Drinking the first cup of coffee within five minutes of waking
- D. Consuming caffeine even if it disrupts sleep

24. Examine the following conditions related to vascular emergencies. Which of these is most likely associated with rapid fluid loss? Condition Potential Cause Vascular Collapse Massive hemorrhage, severe vomiting, or thermal injuries Peripheral Vasodilation Sepsis or anaphylaxis Decreased Colloidal Pressure Liver cirrhosis or hypopituitarism Cardiac Tamponade Pericarditis or chest trauma

- A. Peripheral Vasodilation
- B. Decreased Colloidal Pressure
- C. Cardiac Tamponade
- D. Vascular Collapse

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25. Based on the following table of blood pressure categories, which management strategy is most crucial for a 55-year-old patient diagnosed with Hypertension Stage 2?

Blood Pressure Category	Systolic Pressure (mmHg)	Diastolic Pressure (mmHg)
Normal	≤ 120	≤ 80
Elevated	121-129	≤ 80
Hypertension Stage 1	130-139	80-89
Hypertension Stage 2	≥ 140	≥ 90

- A. Immediate initiation of pharmacologic therapy alongside lifestyle changes
- B. Annual monitoring without medication
- C. Lifestyle changes and re-evaluation in 3 months
- D. Dietary changes with sodium restriction only

26. A patient undergoing chemotherapy for breast cancer experiences a sudden drop in platelet count from 130,000 mm³ to 40,000 mm³. This decrease suggests thrombocytopenia, which places this patient at risk for:

- A. Hemorrhage
- B. Shock
- C. Infection
- D. Thrombosis and vessel occlusion



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27. Can consuming a single high-fat, high-sugar meal impair cardiovascular function?

- A. Yes, but only if there is existing heart disease.
- B. Yes, but effects are negligible compared to high stress levels.
- C. Yes, consuming a single high-fat, high-sugar meal can lead to temporary cardiovascular impairment.
- D. No, only a long-term unhealthy diet affects cardiovascular function.

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28. What preparation is necessary for a patient scheduled for a transesophageal echocardiogram (TEE)?

- A. The patient should drink plenty of water 2 hours before the test.
- B. Cardiac medications should be withheld for 12 hours.
- C. The patient must fast for 6 hours before the test.
- D. No special preparation is needed.

29. A healthcare provider advises a patient to follow a heart-healthy diet to reduce the risk of cardiovascular diseases. The patient decides to adopt the diet, believing in the positive long-term outcomes of preventing heart complications. Which behavioral change model can be applied to this situation?

- A. Transtheoretical model
- B. Social cognitive theory
- C. Ecological model
- D. Health belief model

30. Which teaching method is most effective when training cardiac nursing staff on managing patient emotional responses following a cardiac event?

- A. Reading assignment with quizzes
- B. Workshop with role-playing and discussion
- C. Online self-study module
- D. Lecture series without interaction



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Answer Key & Explanations

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1. D — Oxygen, aspirin, nitroglycerine, and morphine

The immediate treatment for a suspected myocardial infarction with ST-elevation includes oxygen for ensuring adequate oxygenation, aspirin to inhibit platelet aggregation, nitroglycerine to manage chest pain and reduce cardiac workload, and morphine for pain and anxiety management.

2. C — Inform the relative that the patient's healthcare proxy directives must be followed, and the drug will not be administered.

The healthcare team is legally and ethically obligated to follow the patient's healthcare proxy instructions. The directive overrides the relative's requests for experimental drug administration. The team should support the relative emotionally while clearly communicating that the proxy directives are binding.

3. B — Synchronized cardioversion

Synchronized cardioversion is typically used for atrial fibrillation with a rapid ventricular response, especially when the patient is hemodynamically unstable (e.g., showing signs of hypotension or altered mental status). This procedure delivers a controlled electric shock to the heart to restore normal rhythm.

4. D — Transcatheter aortic valve replacement (TAVR)

Transcatheter aortic valve replacement (TAVR) requires anticoagulation therapy to reduce the risk of clot formation during and after the procedure. In emergency procedures like percutaneous coronary intervention (PCI) or coronary artery bypass grafting (CABG), there might not be enough time to initiate anticoagulation therapy beforehand. Cardiac catheterization without intervention typically does not require anticoagulation.

5. C — Low risk, promote for general cardiovascular benefit

Patients recovering from a myocardial infarction are encouraged to engage in low-risk activities, such as walking, to promote cardiovascular health without excessive stress on the heart. Moderate activities can be considered with supervision, while high to very high-risk activities are usually avoided.

6. B — Log exercise intensities and any symptoms experienced.

While using a heart rate monitor during exercise, it's important for patients to log exercise intensities and any symptoms they experience. This helps in correlating heart rate data with physical activity and symptoms, providing valuable information for diagnosing potential cardiac issues. The monitor should remain on during the entire exercise session to gather continuous data.

7. A — Repair the valve rather than replace it.

In patients with Ehlers-Danlos syndrome, a connective tissue disorder, repairing the valve is preferred to replacing it. This is due to the risk of dehiscence associated with prosthetic valves. Severe aortic valve insufficiency can lead to heart failure and other complications. Delaying surgery increases these risks, which is only advisable in mild cases.

8. A — 2.6%

To find the percentage of sodium in the diet, use the formula: $\text{Sodium percentage} = \frac{\text{Sodium Intake (mg)}}{\text{Total Daily Intake (mg)}} \times 100\%$. For Sodium: $\frac{1500}{2300} \times 100\% =$



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2.6%\$. Thus, the sodium content accounts for 2.6% of the 2300-calorie diet.

9. C — Video

Videos are highly effective in educating patients with comprehension difficulties because they provide visual and auditory information simultaneously, making complex concepts easier to grasp. Simple illustrated guides and interactive workshops could also be helpful, but a video demonstration typically provides a more engaging and comprehensive overview. Standard written handouts are the least suitable due to the reliance on textual information.

10. B — Submit separate licensing applications for the equipment to each state following their review frequency.

Each state has separate regulations regarding medical equipment licensing, requiring specific processes to comply. State A and State B both require distinct applications, and their review frequencies differ, emphasizing the necessity to address each state's regulatory requirements independently. Assuming uniform standards or only following one state's rules could lead to non-compliance.

11. C — The senior nurse who delegates the task

In a nursing context, the nurse who delegates a task retains the responsibility for the outcome of that task. Although the graduate nurse is directly providing the education, the senior nurse must ensure that the task is completed correctly and that the patient understands the provided material. Supervision, communication, and guidance are important in ensuring successful delegation and outcome in patient education.

12. A — Abdominal compartment syndrome

Abdominal compartment syndrome occurs when increased pressure within the abdominal cavity affects organ function. Symptoms include abdominal distention, decreased urine output, tachycardia, and hypotension. This is similar to cardiac tamponade, where fluid accumulation in a confined space impairs function.

13. D — Inverted T waves

Inverted T waves on an ECG are indicative of myocardial ischemia. While other waveform changes like ST segment elevation or the development of Q waves may occur in other cardiac conditions, such as myocardial infarction, an inverted T wave specifically suggests ischemia.

14. C — Pericarditis

The presentation of sudden onset sharp chest pain that is intensified by deep breaths or certain movements, but alleviated when leaning forward, is typical of pericarditis. Angina involves chest pain that often occurs with exertion and is not relieved by body positioning. Myocardial infarction presents with intense, prolonged chest pain that may not be relieved by position changes. Pneumothorax involves sudden chest pain and shortness of breath, but the pain is usually not relieved by leaning forward.

15. B — 1.50

To calculate the fasting glucose ratio, divide the patient's fasting glucose level by the standard fasting glucose level. For John Doe, this is 150 divided by 100, which equals 1.50.

16. A — Right-sided heart failure

Right-sided heart failure is often associated with significant jugular vein distention (JVD) because the right side of the heart fails to effectively pump blood, causing a backlog of blood in the venous system. Left ventricular hypertrophy and aortic stenosis primarily affect the left side of the heart and do not directly result in significant JVD. Hypertension can lead to left heart strain and is not directly associated with pronounced JVD.



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**17. B — More than 43.75 mL/hr**

In patients receiving diuretic therapy, monitoring fluid output is crucial. To calculate the required hourly output for adequate renal function, the formula: $\frac{\text{Total output}}{\text{Time period}} = \text{Urinary output rate}$ is used. Given that 525 mL of urine is needed over a 12-hour period, the calculation is: $\frac{525 \text{ mL}}{12 \text{ hours}} \approx 43.75 \text{ mL/hr}$. Thus, the minimum average hourly urinary output necessary is more than 43.75 mL/hr to indicate adequate renal function.

18. A — Hypertension and increased heart rate

Chronic stress typically leads to persistent hypertension and an increased heart rate due to the prolonged effects of stress hormones like cortisol and adrenaline on the cardiovascular system.

19. D — Venous ulcer

Venous ulcers typically appear on the medial or lateral malleolus and have irregular shapes, often with surrounding skin showing a brownish color due to hemosiderin deposits. The presence of moderate to severe edema, as well as varying degrees of pain, corresponds with the features of venous ulcers.

20. B — Central cyanosis of the tongue and buccal mucosa

In an emergency setting, central cyanosis of the tongue and buccal mucosa is a critical indicator of a severe cardiovascular disorder such as pulmonary edema or congestive heart failure. Pallor indicates decreased oxyhemoglobin, often due to anemia or reduced perfusion. Peripheral cyanosis can occur due to decreased circulation and is not exclusively related to severe cardiovascular disorders. Xanthelasma suggests high cholesterol levels, which are not immediate indicators of an emergent cardiovascular condition.

21. A — Asthma

Beta-blockers can cause bronchoconstriction, which is why they are contraindicated in patients with asthma. These medications work by blocking the effects of adrenaline on the body, which can lead to narrowed airways in susceptible individuals. Beta-blockers are used for treating hypertension, coronary artery disease, and arrhythmias; however, careful consideration is needed for patients with asthma due to the risk of exacerbating their condition.

22. D — Respiratory acidosis

This ABG shows a decreased pH (<7.35) with an elevated PaCO_2 (>45 mmHg), which indicates respiratory acidosis. The HCO_3^- is within the normal range (≈ 24 mEq/L), suggesting an acute or uncompensated respiratory acidosis; renal compensation (increased HCO_3^-) may occur over time.

23. C — Drinking the first cup of coffee within five minutes of waking

Drinking the first cup of coffee within five minutes of waking is a strong indicator of caffeine dependence. This is similar to the immediate need for nicotine upon waking. Consuming more than 5 cups daily also suggests dependence but is not as direct of an indicator as the timing related to waking. Assessing caffeine consumption patterns helps identify levels of dependency.

24. D — Vascular Collapse

Vascular collapse is often caused by events leading to rapid fluid loss like massive hemorrhage or severe vomiting, leading to hypovolemic shock. Other conditions like peripheral vasodilation and decreased colloid pressure are related to different mechanisms of shock.

25. A — Immediate initiation of pharmacologic therapy alongside lifestyle changes

For a 55-year-old patient diagnosed with Hypertension Stage 2, defined as having a systolic blood pressure of



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140 mmHg or above or a diastolic pressure of 90 mmHg or above, immediate pharmacological intervention along with lifestyle changes is imperative to reduce cardiovascular risk. Longer re-evaluation periods or sole reliance on lifestyle modifications may not suffice.

26. D — Thrombosis and vessel occlusion

Chemotherapy can lead to a condition called thrombocytopenia due to the destruction of platelets. Although low platelet counts can increase bleeding risk, certain drug-induced conditions, like thrombocytopenia seen in chemotherapy, are linked with increased thrombosis risk. This is due to the body's complex response to low platelet levels, which can involve thrombotic events rather than just bleeding. Direct inhibitors and careful monitoring are necessary to manage such complications.

27. C — Yes, consuming a single high-fat, high-sugar meal can lead to temporary cardiovascular impairment.

Consuming a single high-fat, high-sugar meal can lead to temporary cardiovascular effects, such as elevated blood pressure and impaired endothelial function. The body's immediate response to a high-fat meal includes increased blood lipid levels, which can cause endothelial dysfunction and increase cardiovascular stress.

28. C — The patient must fast for 6 hours before the test.

A transesophageal echocardiogram (TEE) requires the patient to fast for about 6 hours before the test. This ensures that the stomach is empty during the procedure, providing clearer images and reducing the risk of aspiration. Sedation is typically administered, and the patient will need to arrange for transportation post-procedure.

29. D — Health belief model

The health belief model is applied when an individual believes that taking a specific health action—such as adopting a heart-healthy diet—will help avoid a negative health outcome, like cardiovascular disease. This model is based on perceptions of susceptibility, severity, benefits, barriers, action cues, and self-efficacy.

30. B — Workshop with role-playing and discussion

The most effective method to train nursing staff on handling emotional responses is through workshops incorporating role-playing and discussion. This format allows staff to practice and experience patient interactions in a controlled environment and discuss different approaches. Both online modules and reading assignments lack the interactive and practical component essential for skill-building in this area. A lecture series may provide information, but without interaction, it cannot adequately prepare staff for real-world challenges.



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