



PANCE/PANRE Guide

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Sample study materials

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Welcome to the HELP PANCE review!

We are excited to be your partner on your road to success. This guide will serve as your personal assistant as you prepare for your exam.



A few basic principles before you get started:

300/240

The PANCE is comprised of 300 questions, the PANRE of 240 questions. There is a vast amount of information you must be familiar with in order to pass with so few questions for so many topics.

70-80% of 70-80%.

Your goal is to become familiar with a minimum of 70-80% of each body system and 70-80% of the topics you study. You must have this type of broad based approach to succeed.

Lean, mean and efficient.

In order to achieve the broad based familiarity you need, you must ensure that your study time is focused on achieving this goal. Let's look at the two ways in which you can ensure your study time is spent wisely.



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2 ways to ensure you cover what you need

1

You must ensure you study those body systems which comprise the bulk of the PANCE or PANRE. For example it would be unwise to study Hematology (3%) before Cardiology (16% of the exam). In fact, the top 4 systems (Cardiology, Pulmonary, Gastrointestinal and Musculoskeletal) comprise nearly half the entire exam. This means you must become proficient in these areas before moving on to any other. We suggest you review the body systems in the order below. Despite the reproductive system's listing as 8%, we feel you should study the other systems first.

Cardiovascular	16
Pulmonary	12
Gastrointestinal/Nutritional	10
Musculoskeletal	10
EENT(Eyes, Ears, Nose and Throat)	9
Neurologic System	6
Genitourinary	6
Endocrine	6
Psychiatry/Behavioral	6
Dermatologic	5
Reproductive	8
Hematologic	3
Infectious Diseases	3



2

As you become more familiar with the material you should spend less time on those subjects which you have a 70-80% understanding and more time on those for which you have a < 50% understanding.



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How we review the information

For each body system you review you should follow the steps below.

1



REMIND

The main presentations are designed to bring all the points you need to succeed and has been constructed to remind you of core knowledge from your education or clinical practice.

EXACTLY what you need to know, all in one place.

2

Problem	Cause	Clues	CXR
Bronchiolitis	RSV	First wheezing episode with flu symptoms	Atelectasis
Epididitis	H. influenza (B)	3 D's, tripod, sniffing True emergency → epididitis Do not examine mouth	Thumb sign
Croup	Parainfluenza	Barking cough and stridor	Steeple sign
Pertussis	Bordetella Pertussis	High pitched whoop	-
ARDS	Surfactant Deficiency	"wet" or productive, often foam-creaking sputum	-
Bronchiectasis	Cystic Fibrosis Foreign body	"wet" or productive, often foam-creaking sputum	Dilated thickened airways "tram line appearance"

REVIEW

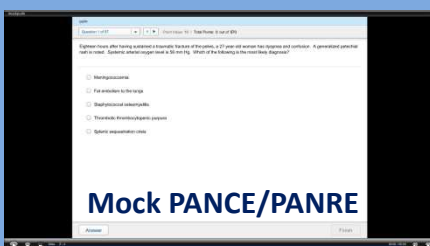
We have sorted the NCCPA blueprint into topics which can be contrasted and compared. Following each section you will find a Section Synopsis table. Many times it is the subtle differences between similar topics which empower you to choose properly on your exam.

3



REAFFIRM

In order to ensure you truly have a good understanding of the material you MUST use testing. Use all three testing modalities to gauge your true progress. We recommend you complete the off the charts with the core material, proceed to the cram cards for that same body system and then complete the PANCE/PANRE questions for that body system. The MOCK PANCE/PANRE should be started once all the body systems have been reviewed.



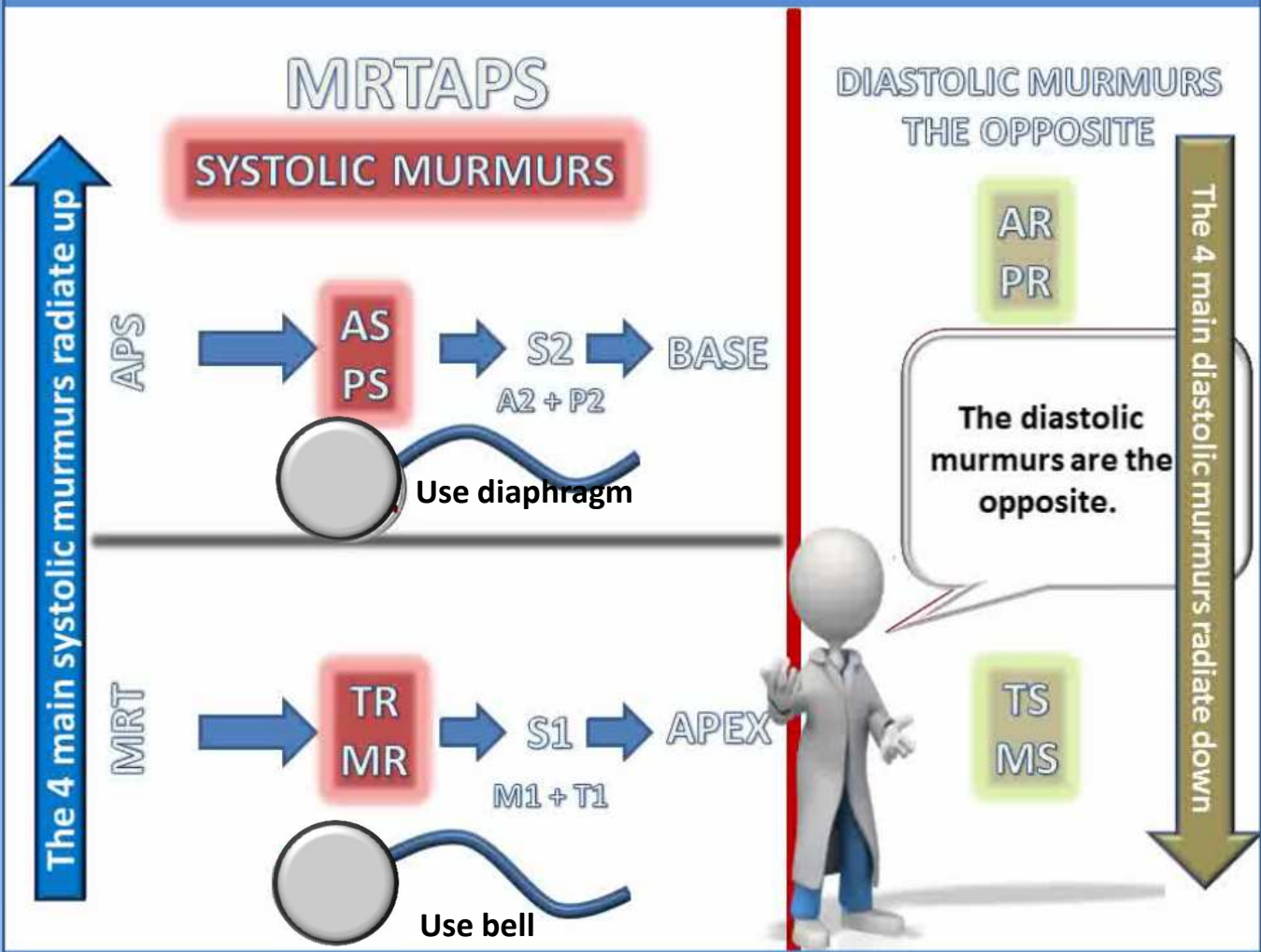
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Here are a few pointers from our review...

Heart Murmurs made easy

MRTAPS can be used to quickly remember the 4 main systolic murmurs. Write MRTAPS as shown, turned sideways and read bottom to top. From MRT you get MR (Mitral Regurgitation) and TR (Tricuspid regurgitation). These are on the bottom of MRTAPS, so you know that they are heard at the bottom, or apex (the heart is an upside down triangle). From APS you get AS (Aortic Stenosis) and PS (Pulmonic Stenosis), these are heard at the top, or base of the heart. Go to the YouTube link below to see the animation from our review.

http://youtu.be/ESOGRUqns_o



Let's use MRTAPS to answer a question....

A 72 –year old female presents with a new onset **systolic** blowing murmur that radiates to the **axilla**, what is the most likely murmur?

- A. Aortic Stenosis
- B. Mitral Stenosis
- C. Aortic Regurgitation
- D. Mitral Regurgitation
- E. Pulmonic regurgitation

APS → AS
PS

MRT → TR
MR



A 72 –year old female presents with a new onset **systolic** blowing murmur that radiates to the **axilla**, what is the most likely murmur?

- A. Aortic Stenosis
- B. Mitral Stenosis
- C. Aortic Regurgitation
- D. Mitral Regurgitation
- E. Pulmonic regurgitation

APS → AS
PS

Only AS and MR are systolic

MRT → TR
MR

Radiates to axilla ↑



A 72 –year old female presents with a new onset **systolic** blowing murmur that radiates to the **axilla**, what is the most likely murmur?

Only MR radiates to the axilla.
The answer in mitral regurgitation

- D. Mitral Regurgitation

APS → AS
PS

MRT → TR
MR

Radiates to axilla ↑

Differentiating the four main leukemias can be difficult. There are two main factors which you need to look for in a leukemia question to determine which type you are dealing with.

1) Age distribution 2) Affected cell line.

ALL Convicts Make A Mess on their CeLL gives you age distribution:
ALL CML AML CLL.

Remember 2 principles to determine cell line:
Acute vs. Chronic and Myeloid vs. Lymphoid

Acute (think exciting/ "it's a blast") means increased blast cells
Chronic (think boring) affects the every day cell line itself (Leukocytes or Lymphocytes)

Myelo think Leukocytes (Neutrophils etc.)
Lympho think, well Lympho (that was easy!)

Age distribution of leukemias

ALL: children CML: young-middle aged AML: Adult CLL: older



ALL Convicts Make A Mess in their CeLL

Affected cell lines in leukemias

	ML	LL
Acute	↑ Myeloblasts	↑ Lymphoblasts
Chronic	↑ Leukocytes	↑ Lymphocytes

Let's use this to answer a question....

A 68 year old male presents with a history of recurrent infections and fatigue. A complete blood count is performed and finds WBC of 3.4, Hgb 9.9. Further evaluation finds myeloblasts with Auer rods.

What is the most likely diagnosis?

- A. Chronic Lymphocytic Leukemia
- B. Chronic Myeloid Leukemia
- C. Acute Lymphoblastic Leukemia
- D. Acute Myeloid Leukemia



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ALL Convicts Make **A Mess** in their **Cell**
CLL and AML occur in adults and older adults



A 68 year old male presents with a history of recurrent infections and fatigue. A complete blood count is performed and finds WBC of 3.4, Hgb 9.9. Further evaluation finds myeloblasts with Auer rods.

What is the most likely diagnosis?

"Blasts" tell us it is acute
AML is the answer

- D. Acute Myeloid Leukemia

Auer rods also = AML.
Our Cram Cards give you 1440 of these key associations.
Try them now @ www.helpdemo.com.



Having the right study tools is key to success. Our review has multiple learning tools in formats which provide large amounts of complex information in quick, easy to understand formats.

We have sorted the NCCPA blueprint into topics which can be contrasted and compared. Following each section you will find a Section Synopsis table (160 tables included in our review). Many times it is the subtle differences between similar topics which empower you to chose properly on your exam.

Malignancy	Common Onset	Specific Symptoms	Specific Labs
AML	Adult	Epistaxis, Ecchymosis, Menorrhagia hemorrhage	↑ Myeloblasts Auer Rods Pancytopenia
ALL	Children	Lymphadenopathy, bone pain, fever, bleeding	↑ Lymphoblasts Thrombocytopenia Anemia
CML	Young to middle aged	-	Philadelphia Chromosome ↑ Lymphoblasts ↑ Uric acid
CLL	Late in life	Lymphadenopathy Recurrent infections	↑ Lymphocytes
Hodgkin Lymphoma	15-45 and > 60	Painless lymphadenopathy	Reed-Sternberg Cells
Non-Hodgkin Lymphoma	20-40	GI or Neurological	HIV + = ↑ incidence
Multiple Myeloma	Median age 65	Bone pain, anemia	Monoclonal spike Bence Jones protein

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