WATHIM

GCC exam prep

PRACTICE PACK

DHA | Qatar DHP | Oman OMSB

Emergency Medicine Exam Practice

Sample paper

The first 5 questions of Paper 1 with the answer sheet, key and every answer explained, after the guide that opens the full pack.

2026 edition · 678 questions · 3 papers

678	3	60 · 72m	70%
ORIGINAL QUESTIONS	FULL-LENGTH PAPERS	QUESTIONS · MINUTES A PAPER	OUR PRACTICE TARGET, NOT THE EXAM'S PASS RULE

Prepared by Wathim · wathim.com · info@wathim.com

Original practice material. Not the official question bank.

About this pack

Emergency Medicine Gulf Specialist Exam Practice Bank: Online Mocks and Printable Papers · read this before you start.

678	3	14	100%
ORIGINAL QUESTIONS	EXAM-LENGTH PAPERS	TOPICS COVERED	ANSWERED AND SOURCED

Every question here comes with its correct answer, the reasoning, and the law, standard or study guide it is drawn from, so you learn the rule and not just the letter. The mix: 138 easier, 373 standard and 167 harder questions, marked on each one.

Trauma, EMS and disaster medicine 90 · Resuscitation, shock and airway 89 · Cardiovascular and respiratory emergencies 69 · Toxicology and environmental emergencies 60 · Paediatric emergencies 55 · Orthopaedic emergencies 45 · Neurological and psychiatric emergencies 40 · Infection, ENT, eye, skin and end of life care 40 · Patient safety 35 · Professionalism and ethics 35 · Gastrointestinal emergencies 30 · Obstetric and gynaecological emergencies 30 · Endocrine, electrolyte, renal and urological emergencies 30 · Haematological and oncological emergencies 30

The exam you are sitting

DHA: DHA Specialist Emergency Medicine exam (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
DHCC: DHCC Emergency Medicine exam (Dubai Healthcare City)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
Qatar DHP: Qatar DHP qualifying exam, Emergency Medicine	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Oman OMSB: Omani Examination for Emergency Medicine (OEEM)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*

Practice papers, not the real length. Practice papers of 60 questions in 72 minutes, a pace of just over a minute a question. The Gulf specialist emergency medicine exams differ in length and scoring: the DHA Specialist Emergency Medicine exam (EME5531) has 150 questions in 3 hours with a 60% pass score, the Qatar DHP qualifying exam 150 questions with 65%, and the Oman OEEM 100 questions in 2 hours 30 minutes with 65%. The 70% shown in the app and the printed papers is our own practice target, not any regulator's. The questions are original practice questions, not real or recalled exam questions.

What these questions are. Original practice questions written by Wathim to the exam's published topics and to the laws and standards it tests. They are not real, recalled or leaked exam items, and no official question bank is published for this exam. Practising with honest original questions is the safe and effective way to prepare.

Topic coverage

Topic	Questions in this pack	Share
Trauma, EMS and disaster medicine	**90**	13%
Resuscitation, shock and airway	**89**	13%

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Topic	Questions in this pack	Share
Cardiovascular and respiratory emergencies	**69**	10%
Toxicology and environmental emergencies	**60**	9%
Paediatric emergencies	**55**	8%
Orthopaedic emergencies	**45**	7%
Neurological and psychiatric emergencies	**40**	6%
Infection, ENT, eye, skin and end of life care	**40**	6%
Patient safety	**35**	5%
Professionalism and ethics	**35**	5%
Gastrointestinal emergencies	**30**	4%
Obstetric and gynaecological emergencies	**30**	4%
Endocrine, electrolyte, renal and urological emergencies	**30**	4%
Haematological and oncological emergencies	**30**	4%

Mark yourself

Score out of 60	Percentage	What it means
51-60	85-100%	Comfortably over the line. Keep the habit, sit the next paper cold.
42-50	70-83%	A pass, but a few questions either way decide it. Close your weakest topic first.
36-41	60-68%	Close. Read every answer you missed, then re-sit this paper in a week.
0-35	0-58%	A real gap. Work topic by topic before the next full paper.

Not any regulator's pass rule: each Gulf regulator scores its own exam in its own way. The bands mark against our own 70% practice target: 42 of 60.

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How to use it

1. **Sit Paper 1 cold, in one block**
   60 questions in 72 minutes, no notes, on the answer sheet. A paper done in pieces tells you what you know; one done in a block tells you what you would score.

2. **Mark it by topic, not just by total**
   Count your misses against the topic chips beside each question. The total says whether you would pass today; the topics say what to do tomorrow.

3. **Read every answer, including the ones you got right**
   If you cannot say why the other three options are wrong, you guessed well rather than knew.

4. **Spend a week on your two weakest topics**
   Work from the source named under each answer you missed, not a general read-through.

5. **Sit the next paper a week later**
   Compare topic scores, not just totals. A flat total can hide two topics moving in opposite directions.

6. **Keep the revision bank for the last few days**
   498 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

What is in the download

5 PDFs, each with its own cover, named **Wathim - Emergency Medicine Exam Practice - *part*.pdf**. Print only the paper you are about to sit.

Start here	This guide: the exam, topic coverage, how to mark yourself and how to use the pack
Paper 1	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 2	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 3	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Revision bank	498 more questions by topic, with the answer under each, and the night-before list of the hardest questions

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Answer sheet

Paper 1 of 3. Shade one letter per question, then mark it against the key at the end of the paper.

Name _____ Date _____ Score / 5

1 (A) (B) (C) (D)	2 (A) (B) (C) (D)	3 (A) (B) (C) (D)	4 (A) (B) (C) (D)	5 (A) (B) (C) (D)

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EMERGENCY MEDICINE EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Trauma, EMS and disaster medicine HARD

A child restrained by a lap belt in a collision has a horizontal bruise across the lower abdomen, abdominal tenderness and back pain. Which injury pattern is most strongly associated?

(A) An isolated splenic laceration with left shoulder tip pain
(B) A thoracic aortic intimal tear with a widened mediastinum
(C) A lumbar flexion-distraction fracture with bowel injury
(D) A cervical ligament injury from the shoulder strap

Q2 Trauma, EMS and disaster medicine STANDARD

A 60-year-old man has multiple left rib fractures with paradoxical chest wall movement, a respiratory rate of 30/min and an oxygen saturation of 91 percent on high-flow oxygen. Pain is severe. Which measure addresses the underlying problem most directly?

(A) Strap the chest wall firmly with adhesive tape to stabilise the segment
(B) Effective analgesia including regional blocks, with ventilatory support
(C) Intubate all patients with a flail segment immediately to stabilise it
(D) Limit oxygen to prevent absorption atelectasis and oxygen toxicity

Q3 Trauma, EMS and disaster medicine STANDARD

A 35-year-old man has an unstable pelvic ring injury after a crush, with blood pressure 80/50 mmHg. What is the correct early management of the pelvis?

(A) Apply a pelvic binder at the level of the iliac crests and anterior superior spines
(B) Apply a pelvic binder centred over the greater trochanters
(C) Rock the pelvis gently to assess stability
(D) Insert a urinary catheter immediately to monitor output

Q4 Trauma, EMS and disaster medicine STANDARD

A Rh-negative woman at 28 weeks of gestation has minor blunt abdominal trauma and a normal, reactive fetal tracing. Which additional management is indicated?

(A) Rh immune globulin, with a Kleihauer-Betke test
(B) No further action because she is clinically stable
(C) Rh immune globulin only if vaginal bleeding is present
(D) A repeat blood group and antibody screen when she delivers

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Q5 Trauma, EMS and disaster medicine HARD

A man with a pelvic fracture remains hypotensive after binder placement and transfusion. FAST is negative and there is no thoracic source. What is the most appropriate next step?

(A) Diagnostic peritoneal lavage with large volume instillation

(B) Removal of the binder to check for expanding haematoma

(C) Arterial angioembolisation or preperitoneal pelvic packing, with external fixation

(D) Further crystalloid to a systolic pressure of 120 mmHg

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Answer key at a glance

Mark your sheet and count your score first. Then read every answer below, including the ones you got right: a lucky guess looks the same as knowledge on the sheet.

1	2	3	4	5
C	B	B	A	C

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Paper 1 of 3: answers and reasoning

Why the answer is right, why the others are not, and where the rule comes from.

Q1 Answer: **C A lumbar flexion-distraction fracture with bowel injury**

The seat belt sign across the lower abdomen is associated with small bowel and mesenteric injury, and when combined with back pain a flexion-distraction lumbar fracture, a Chance fracture, should be sought. Splenic laceration is associated with left upper abdominal and lower rib trauma. Aortic intimal injury follows high-speed deceleration and chest findings. A cervical ligament injury is possible with upper restraint but does not explain the abdominal bruise and lumbar pain.

Source: Rosen's Emergency Medicine

Q2 Answer: **B Effective analgesia including regional blocks, with ventilatory support**

Hypoxia in flail chest results mainly from the underlying pulmonary contusion and from splinting due to pain, so aggressive analgesia, with intercostal, paravertebral or epidural blocks, together with supplemental oxygen and ventilatory support when required, is the key. Circumferential strapping restricts ventilation and worsens hypoxia. Intubation is indicated for failure of oxygenation or ventilation, not automatically for every flail chest. Oxygen is not restricted in a hypoxic patient.

Source: Rosen's Emergency Medicine

Q3 Answer: **B Apply a pelvic binder centred over the greater trochanters**

A binder reduces the pelvic volume and tamponades venous and bony bleeding, and it should be centred at the level of the greater trochanters, not higher over the iliac crests where it does not close the pelvic ring. Repeated rocking or springing of an injured pelvis dislodges clots and worsens bleeding, so stability should be assessed once or not at all. A urinary catheter should not be passed before urethral injury is considered when blood is at the meatus.

Source: ATLS Advanced Trauma Life Support, American College of Surgeons

Q4 Answer: **A Rh immune globulin, with a Kleihauer-Betke test**

Even minor blunt trauma can cause fetomaternal haemorrhage and sensitise an Rh-negative mother, so Rh immune globulin is given within 72 hours, with a Kleihauer-Betke or similar test to determine whether a larger dose is needed. A stable condition does not exclude transplacental bleeding. Waiting for vaginal bleeding misses silent bleeds. Retesting at delivery loses the window for prevention of sensitisation.

Source: Tintinalli's Emergency Medicine

Q5 Answer: **C Arterial angioembolisation or preperitoneal pelvic packing, with external fixation**

Persistent shock in a pelvic fracture with a negative FAST suggests pelvic haemorrhage, which is mostly venous but can be arterial, so angioembolisation or preperitoneal packing with external fixation is the next step. Lavage is not useful when ultrasound is negative and the source is known. Removing a binder in a bleeding patient releases tamponade. Large crystalloid volumes worsen coagulopathy and dislodge clots.

Source: ATLS Advanced Trauma Life Support, American College of Surgeons

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What the full pack contains

This sample is a slice of Paper 1. The full pack is:

Start here	The guide at the front of this sample, in full
3 full papers	60 questions · 72 minutes each, with answer sheet, key, every answer explained and the score bands
Revision bank	498 more questions by topic with the answer under each, and the night-before list
Total	678 original questions, every one answered and sourced

Get the full pack at **wathim.com/practice/emergency-medicine-practice**

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