



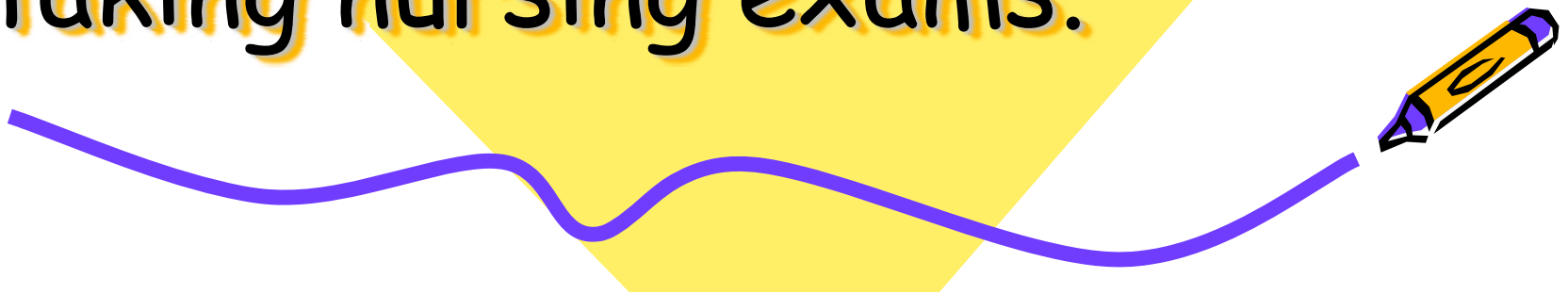
Test Success

A Module for Test Success in
Nursing



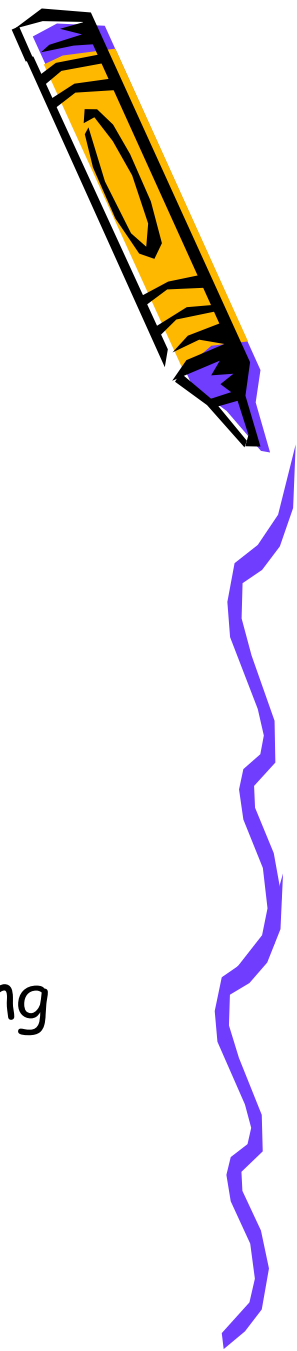


This module is designed to give you ideas and strategies to help you achieve success in taking nursing exams.



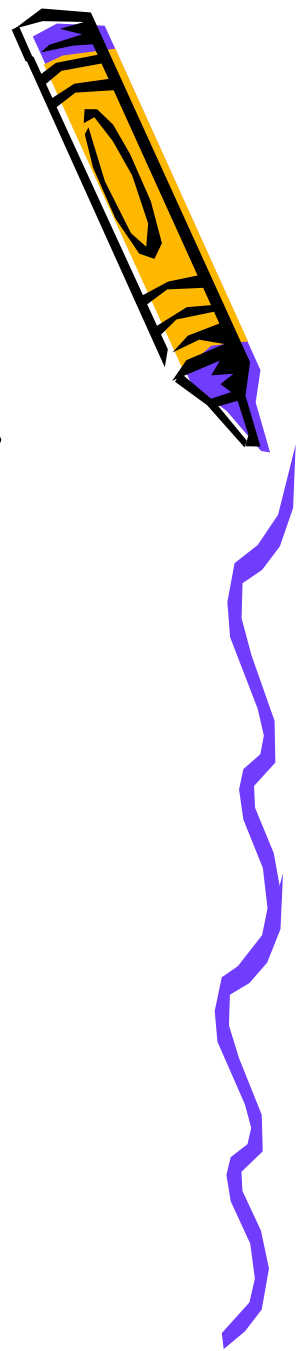
Nursing Exams

- Designed to prepare you for real life situations
- Designed to test
 - competence,
 - knowledge,
 - skills
 - abilities
- All essential to safe and effective nursing practice at the entry level



Tips for Success

- The **key** to success is preparing for the exam!!
 - Study daily
 - Create a quiet study environment
 - Read before class
 - This will help you understand lecture
 - This will save you time later



Tips for Success

- Join a study group
 - Study groups are helpful when you're trying to learn information and concepts and preparing for class discussions and tests.



Tips for Success Study Groups

- When selecting a classmate to join your study group, you should be able to answer **YES** each of the following questions:
 - Is this classmate motivated to do well?
 - Does this classmate understand the subject matter?
 - Is this classmate dependable?
 - Would this classmate be tolerant of the ideas of others?
 - Would you like to work with this classmate?



Tips for Success



- Limit the group size to three or five members
 - A larger group may allow some members to avoid responsibility
 - May lead to cliques
 - May turn the study group into a social group
- Decide how often and for how long you will meet
 - Meet two or three times a week
 - If you plan a long study session, make sure you include time for breaks
 - A study session of about 60 to 90 minutes is best
- Decide where you will meet
 - Select a meeting place that is available and is free from distractions.
 - An empty classroom or a group study room in the library are possibilities



Tips for Success Study Groups

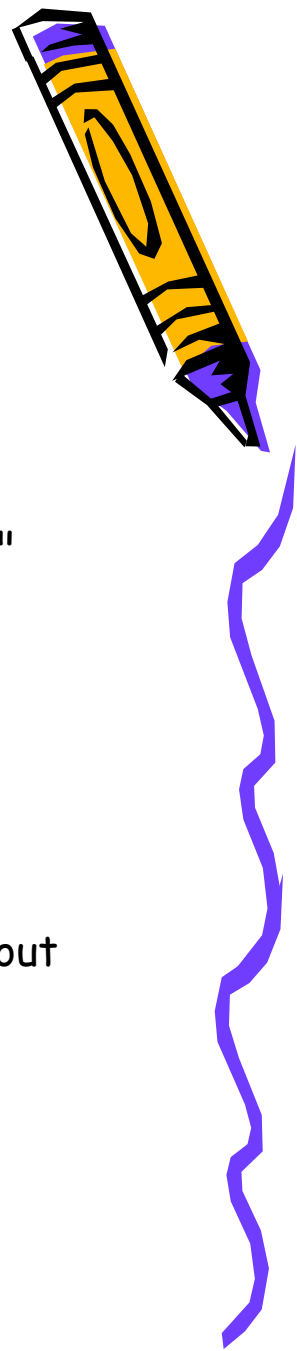


- Decide on the goals of the study group, for example:
 - Comparing and updating notes
 - Discussing readings
 - Preparing for exams
- Decide who the leader will be for the first study session and for future sessions
 - The leader of a study session is responsible for meeting the goals of that study session



Tips for Success

Study Group Member Responsibilities



- Every member of the group
 - Maintains a positive attitude of "we can do this together"
 - Is prepared and ready to work at each study session
 - Actively listens to each other without interrupting.
 - Stays on task with respect to the agenda.
 - Avoid making the session become a forum for complaining about teachers and courses
 - Shows respect for each other.



Tips for Success



- Study the readings in the text in addition to your notes
- Use the objectives/study guide to frame your studying
- Do not study to memorize—study to understand
 - Ask yourself “why” something happens as you study
- Contact your instructor if you need help understanding course content
- After talking with your instructor, consider contacting Dr. Terry Wood for tutoring.



Cardinal Rules of Test-Taking



- Read all instructions carefully
- Read all test questions carefully
- Answer only what is being asked; do not read into a question anything beyond what is there
- Pace yourself
- Make sure you answer all of the questions on the exam



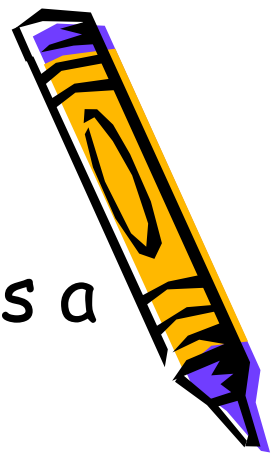
ANSWERING OPTIONS



- Try to answer the question before looking at the answers.
- Come up with the answer in your head **before** looking at the possible answers.
- Read **all** the choices Try to answer the question before looking at the answers.

If all else fails, use an educated guess.





Educated Guess Strategies

- Always use the process of elimination as a first step.
- Beware of negative terms such as none, not, and never.
- When you are undecided between two answers, try to express each in your own words. Then analyze the differences between the two.
- Use logic and common sense to reason out the correct answer.



Parts of the Multiple Choice Question



- **Case—Scenario---** description of the patient and what is happening.
- **Stem---** That part of the question that asks the question.
- **Distracters---** Incorrect but feasible choices.
- **Correct response—** The answer to the question.



Sample Question

Parts of the Multiple Choice



Case Scenario: A patient who is visibly upset says to the nurse, "I want to talk with the head nurse, no, get me the supervisor and the director of nursing and the owner of the hospital. I am mad."

Stem: The best initial response for the nurse to make is:

Distractors:

- A. "Whom do you wish to see first?"
- B. "Don't be angry."
- C. "Why do you want to talk to them when I can help

Correct Answer D. "You seem upset."



Answer



- A. **Incorrect.** Does not promote communication and does not allow exploration and understanding of the issue.
- B. **Incorrect.** Discounts feelings and does not promote communication.
- C. **Incorrect.** Places the patient on the defensive. Does not defuse the situation.
- D. **Correct.** The nurse uses the technique of paraphrasing. Acknowledges the patient's feelings. Promotes Communication .



Test Questions



- Exam questions are based on the cognitive learning domain of Bloom's Revised Taxonomy
- For further information on Bloom's Revised Taxonomy:

http://www.odu.edu/educ/roverbau/Bloom/blooms_taxonomy.htm



How to Study Using the Cognitive Levels

Example: Studying Medications: Furosemide (Lasix)

- **Remembering:** Memorize the classification of Furosemide (Lasix).
- **Understanding:** Develop an understanding of the action of Furosemide (Lasix).
- **Applying:** Identify specific patient situations where Furosemide (Lasix) would be used; Identify specific patient situations requiring the care of the patient receiving the medication.



How to Study Using the Cognitive Levels

Example: Studying Medications: Furosemide (Lasix)

- **Analyzing:** Differentiate among the side effects of Furosemide (Lasix) and other medications. Determine priorities and explore relationships among data.
- **Evaluating:** Make decisions based on reflection; what is the expected outcome of Furosemide (Lasix).



Remembering

- Requires committing facts to memory
 - You are required to remember information that forms the foundation for nursing practice
 - Knowledge is basic information you need to think critically and make decisions related to your client



Remembering

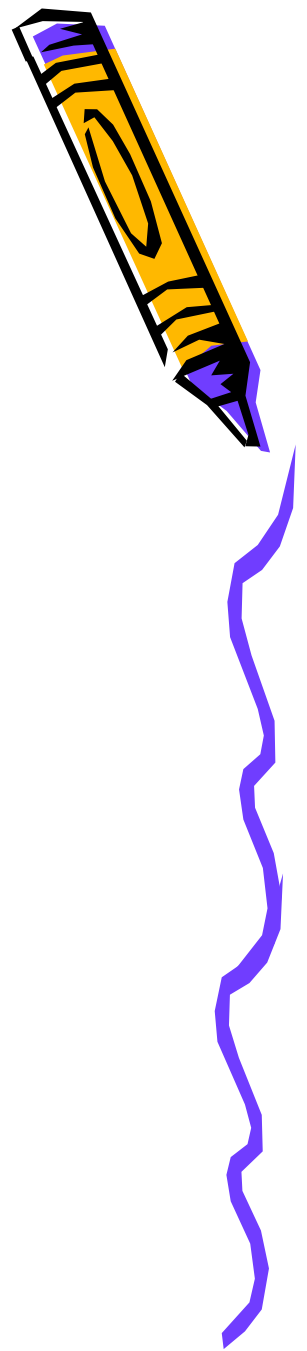
Furosemide (Lasix) is a/an:

A. Stimulant laxative.

B. Beta Blocker.

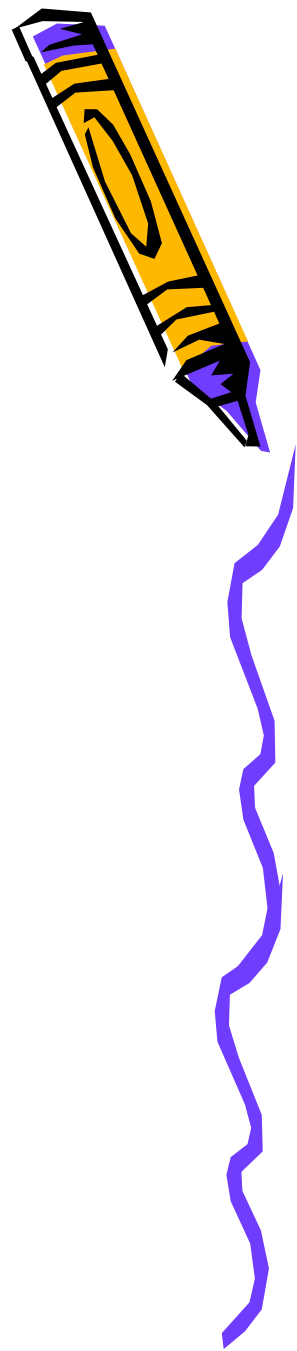
C. Diuretic.

D. Antidepressant.



Answer

A. **Incorrect.** Furosemide does not aid in bowel elimination.



Answer



B. Incorrect. Furosemide does not block cardiac receptors.



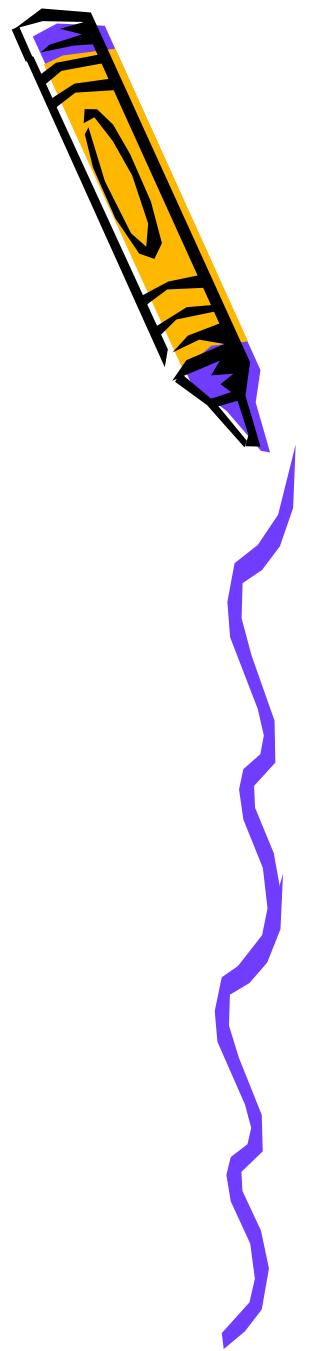
Answer



C. Correct. Furosemide is classified as a Loop or High Ceiling Diuretic.



Answer



D. **Incorrect.** Furosemide is not an antidepressant.



Understanding

- Requires understanding information committed to memory
 - You must also translate, interpret and determine implications of the information
 - Recognizing the significance of the information is another step in critical thinking and being able to make decisions related to your client



Understanding

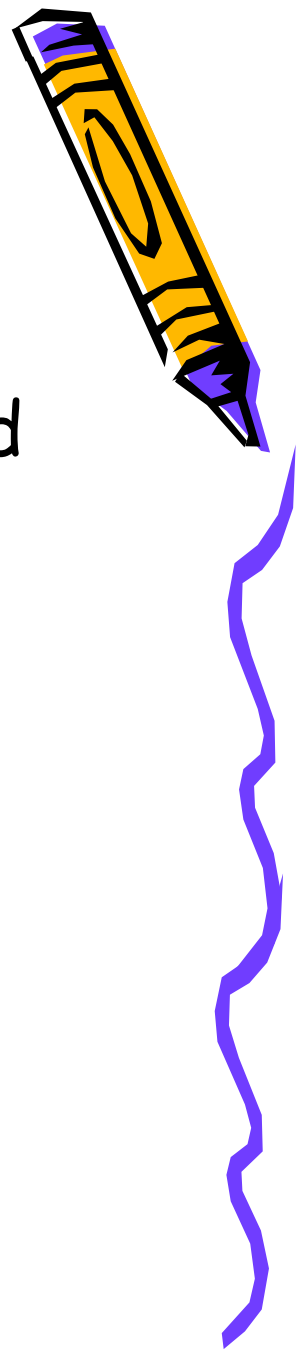
Furosemide (Lasix) acts to:

- A. Prevent reabsorption of water.
- B. Increase peristalsis.
- C. Block the reuptake of serotonin.
- D. Inhibit beta receptor activity.

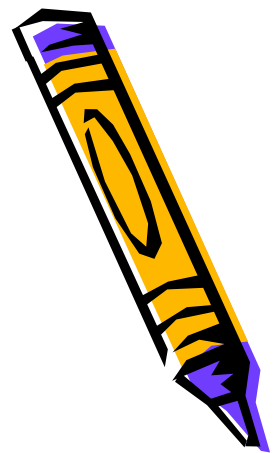


Answer

- A. **Correct.** Furosemide causes increased fluid excretion.



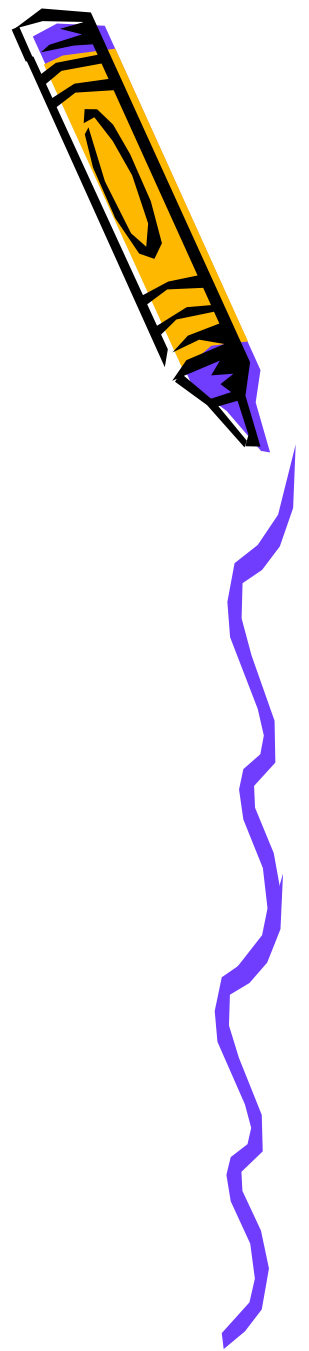
Answer



B. **Incorrect.** Furosemide does not promote peristalsis



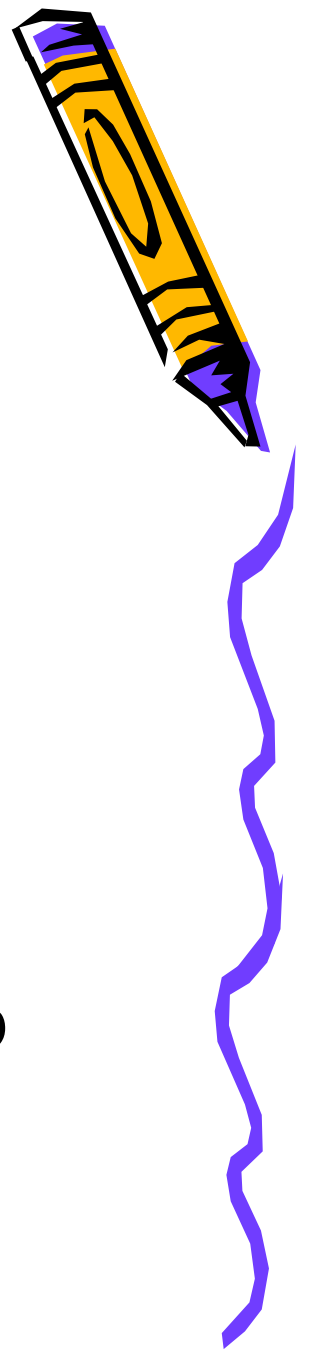
Answer



C. **Incorrect.** Furosemide does not cause more serotonin to be available.



Answer



D. **Incorrect.** Furosemide does not act to slow the heart rate.



Applying

- Requires a higher level of understanding of information
 - You need to know the information and understand its importance
 - You must solve and modify, change, or use this information in real life situations or scenarios
 - In order to provide competent and safe nursing care, you must be able to apply the information in a clinical situation



Applying

Before helping a patient receiving Furosemide (Lasix) get out of bed, the nurse would:

- A. Put slippers on the patient.
- B. Dangle the patient at bedside.
- C. Take a blood pressure while supine.
- D. Calculate intake and output.



Answer

- A. **Incorrect.** While putting slippers on the patient is important, it does not relate to Furosemide administration.



Answer



- B. **Correct.** Loss of fluid volume from Furosemide lowers the blood pressure and patient might become lightheaded.



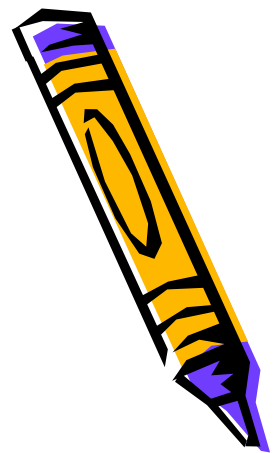
Answer



- C. **Incorrect.** Taking blood pressure is important. However, taking one blood pressure while supine will not tell the nurse if the patient is having orthostatic changes,



Answer



- D. **Incorrect.** Keeping track of I&O is important. However, it should be ongoing and not necessary to calculate before helping a patient out of bed.



Analyzing

- Requires an even higher understanding of the information
 - You must know, understand and be able to apply information
 - You must look at a variety of data and recognizing the commonalities, differences and inter-relationships.
 - That is, You must identify, dissect, and evaluate the information presented
- » You must sort through high volumes of data when caring for clients. You must be able to analyze the data in order to understand what the problem is and how to intervene



Analyzing

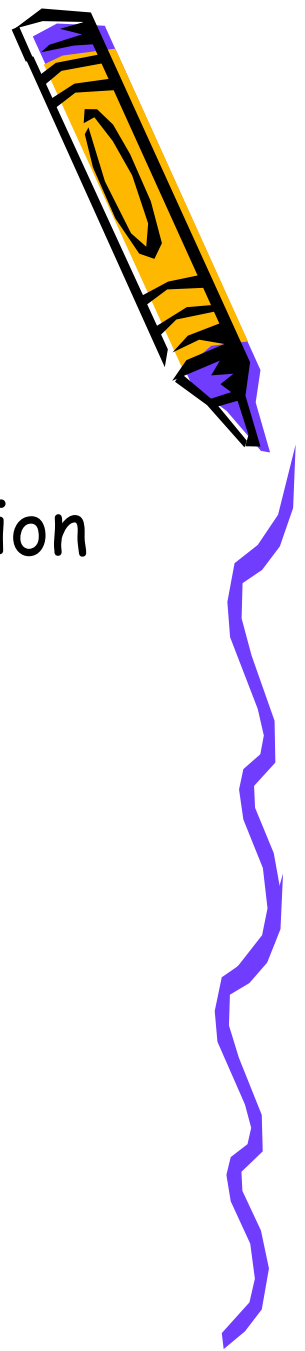
The nurse is administering Furosemide (Lasix) to the patient. Which complication is the patient at risk for:

A. Hypertension.

B. Arrhythmias.

C. Crackles.

D. Tachypnea.



Answer

- A. **Incorrect.** Furosemide causes excretion of fluid. Loss of fluid volume would cause the blood pressure to decrease.



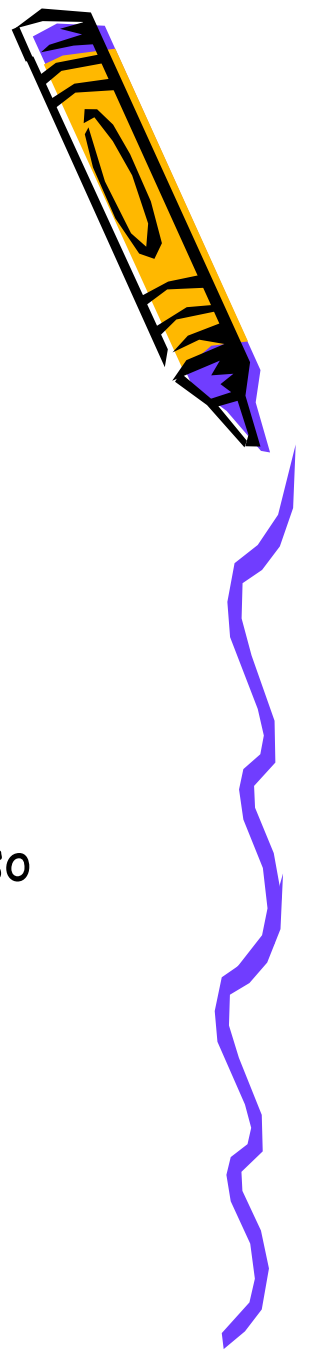
Answer



- B. **Correct.** Great!! You needed to think about this one. Potassium is a major electrolyte that is lost as Furosemide causes fluid to be excreted. Low potassium levels can lead to arrhythmias.



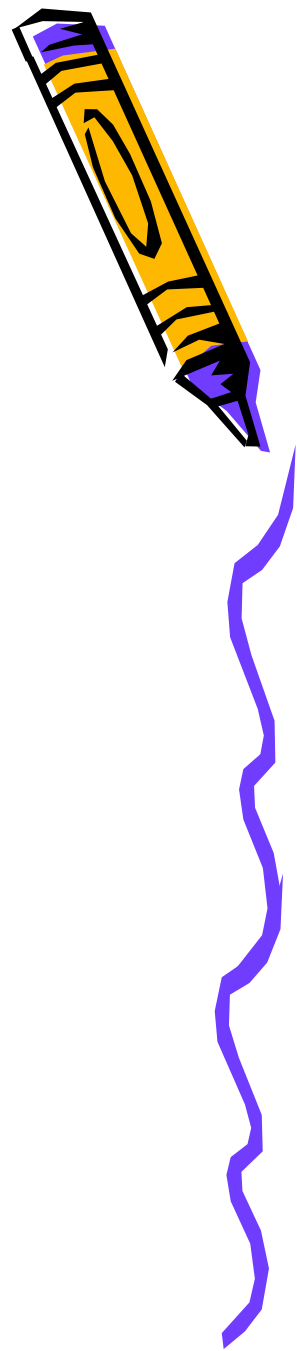
Answer



- C. **Incorrect.** Furosemide causes fluid to be excreted so crackles would not be present.



Answer



- D. **Incorrect.** Furosemide causes excess fluid to be excreted. The outcome would be eupnea.



Evaluating

- Requires an even higher understanding of the information
 - You must know, understand, apply and be able to analyze the information.
 - The learner makes decisions based on in-depth reflection, criticism and assessment.



Evaluating

- Which of the following would be the most accurate in evaluating the effectiveness of Furosemide (Lasix):

A. Weight.

B. Degree of shortness of breath.

C. Diastolic blood pressure.

D. Intake and output.



Answer



- A. **Correct.** You know that 2.2 pounds is equivalent to one liter of fluid lost or gained. Weights are the most accurate in determining the effectiveness of Furosemide.



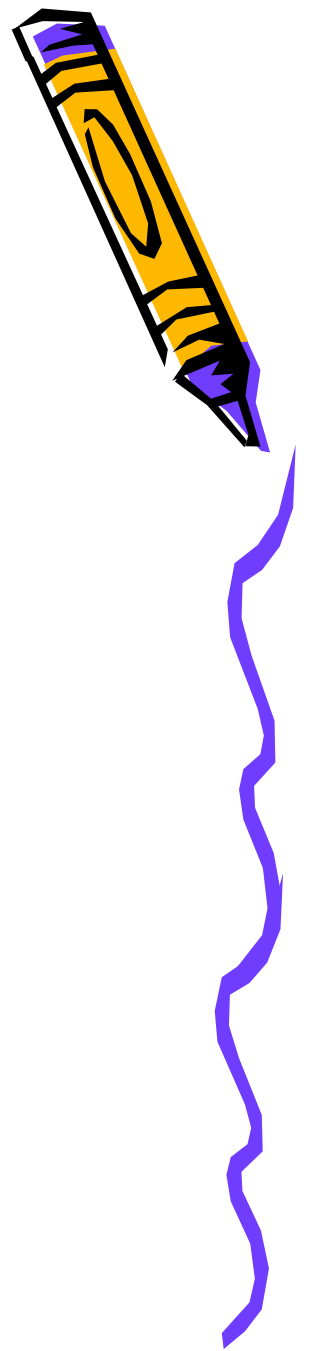
Answer



- B. **Incorrect.** Although the respiratory status should improve, there is no way to accurately measure the improvement.



Answer



C. **Incorrect.** Would look at systolic and diastolic blood pressure.



Answer



- D. **Incorrect.** Intake and output is more of an estimate of fluid balance. Output may be a an indicator of fluid loss, however, weight is most accurate in determining amount of fluid loss.



Reading the Question



- Read the question very carefully
- Before selecting an answer, ask yourself:
 - What is the question asking?
 - What are the key words?
 - What is the relevant information in the stem?
 - How would I ask the question (in my own words)
 - How would I answer the question (in my own words)



Reading the Question

- Is there an option similar to my answer?
- Is this option the best or most complete answer to the question?
- Is there any word in the option that I know is incorrect?



Key Words



- **Patient**—Factors such as age, sex, and marital status may be relevant.
 - » Age of a child may be very relevant.
 - » Who is the client—the patient, family or maybe even a staff member.
- **Problem/Behavior**— the problem may be a disease, symptom or a behavior.

Details of the Problem--



Time Frame



- Whenever time is mentioned...it is important.
- Early vs. Late
- Pre operative vs. post operative.
- Surgical day

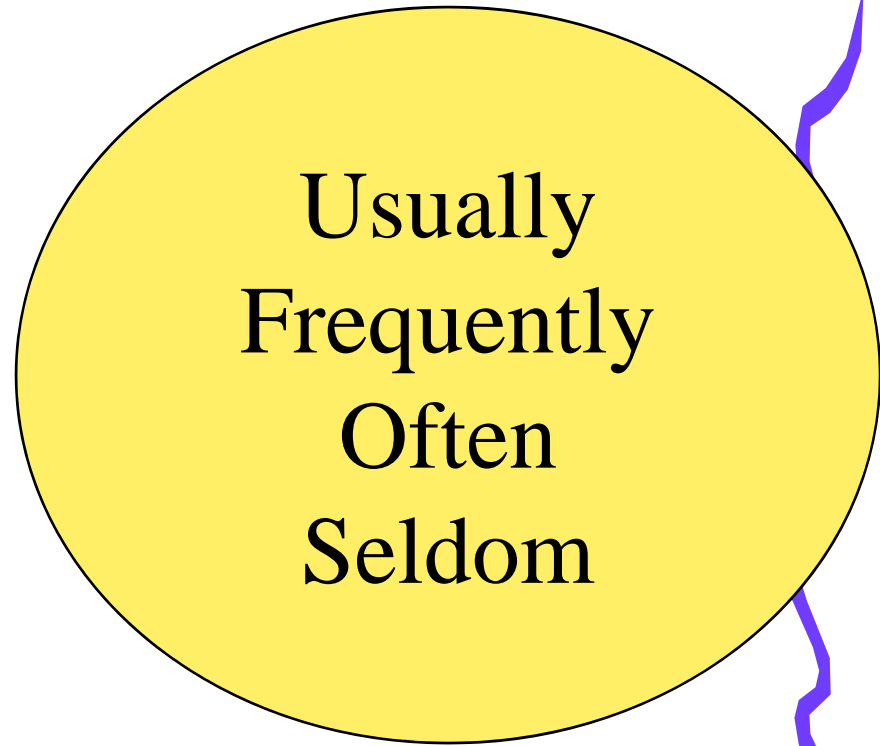
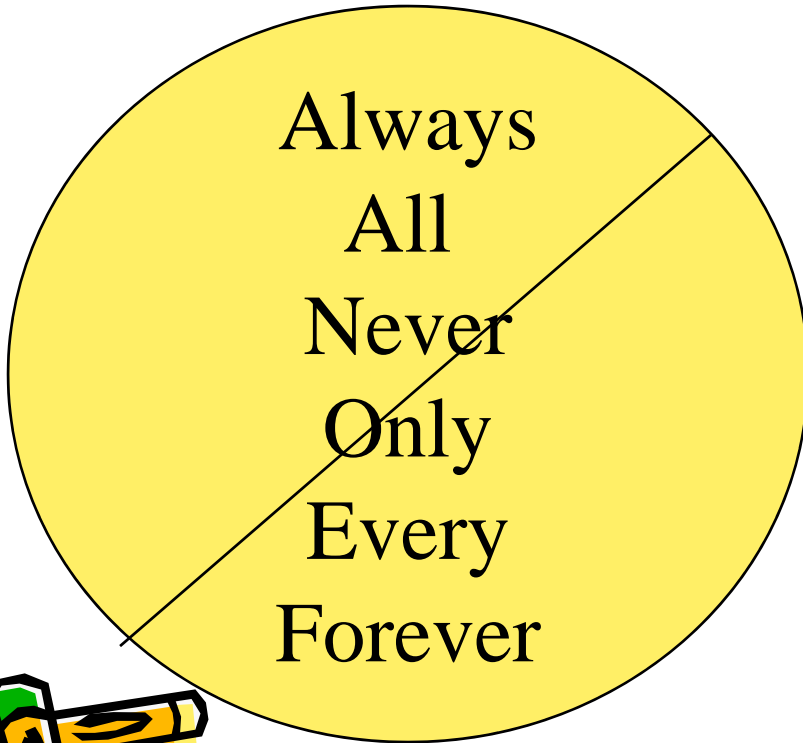


Key Words

- Keywords in the stem should alert you to use care in choosing an answer
- Use caution with answers that contain keywords that limit and qualify potentially correct answers



Absolutes



WRONG !!!

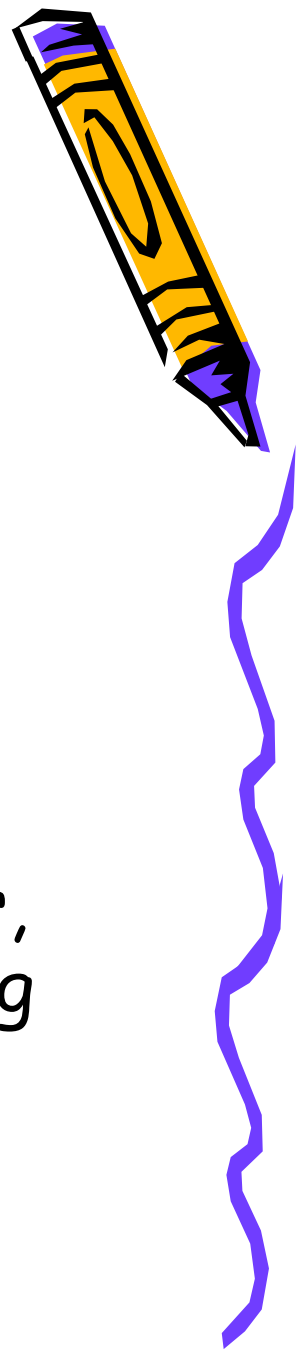


NEXT

RIGHT !!!!!!!

Eliminate Options

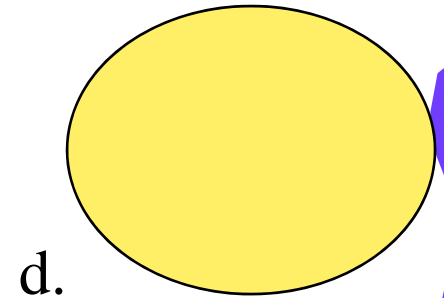
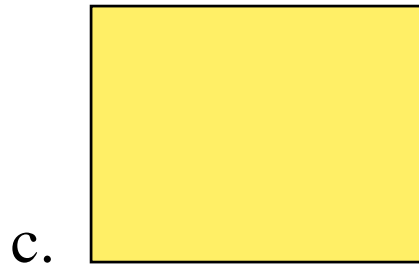
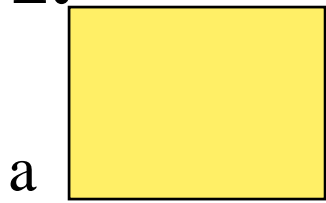
- Read all of the distracters
- Eliminate distracters that are clearly incorrect
- With the elimination of each distracter, you increase the probability of selecting the correct option by 25%



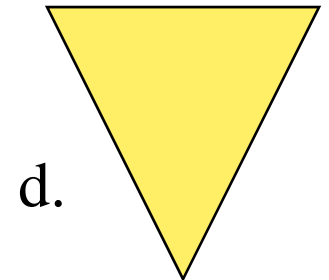
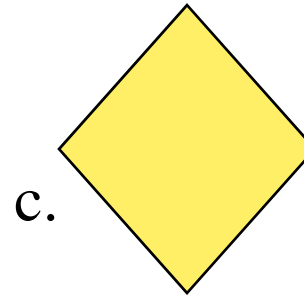
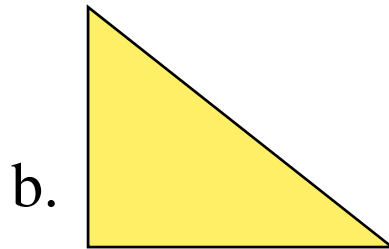
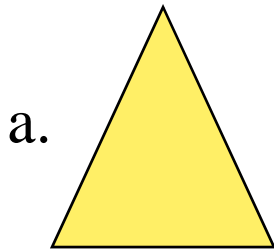
Odd Man Wins



1.



2.



Sample Question



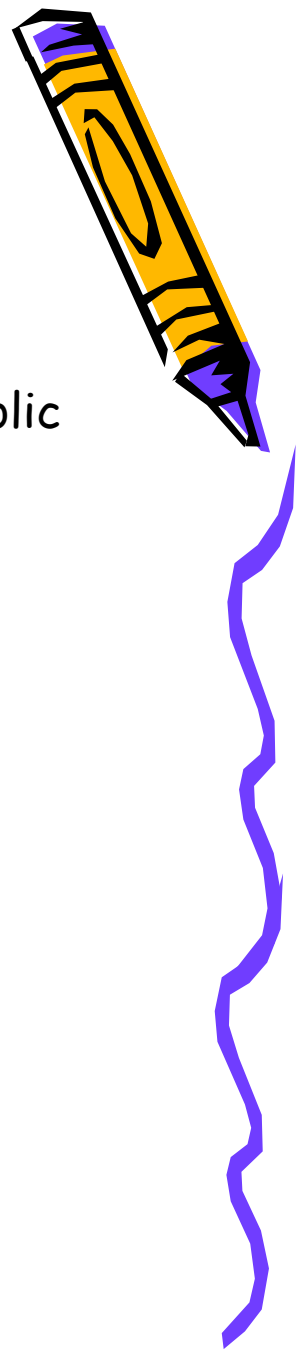
- The nurse is caring for an adult client with thyroid disease. The nurse is observing for thyroid crisis. Which nursing observations would be most suggestive of thyroid disease?

- A. Decreased temperature.
- B. Rapid pulse.
- C. Decreased Respirations.
- D. Decreased energy.



Answer

- A **Incorrect.** Temperature would be increased in hypermetabolic state.



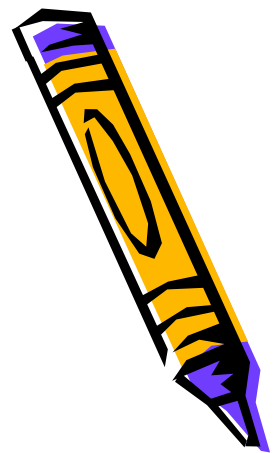
Answer



- B. **Correct. Good for you!!** A Hypermetabolic state would cause the heart rate to increase. Note: you may not know any thing about thyroid disease or crisis. So look at the options. Answer B is the "odd man out." Although this strategy may not always work-it is one that would be beneficial to remember.



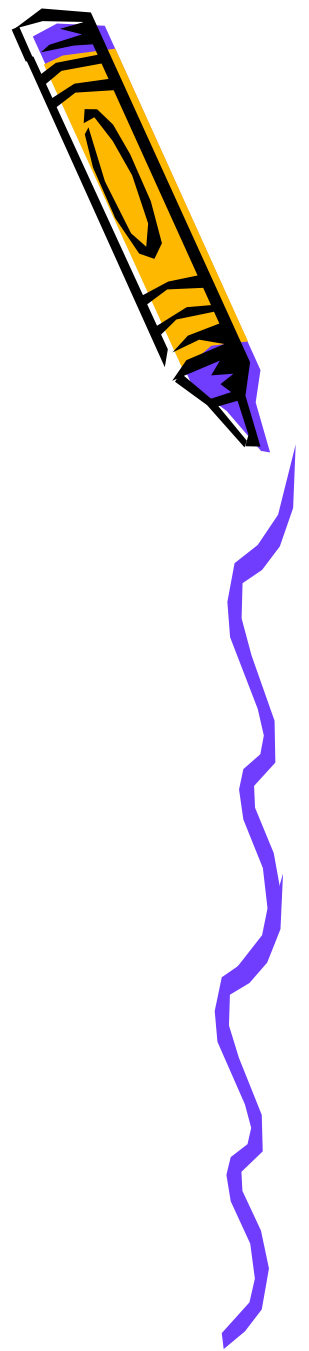
Answer



- C. **Incorrect.** Respiratory rate would increase in hypermetabolic state.



Answer

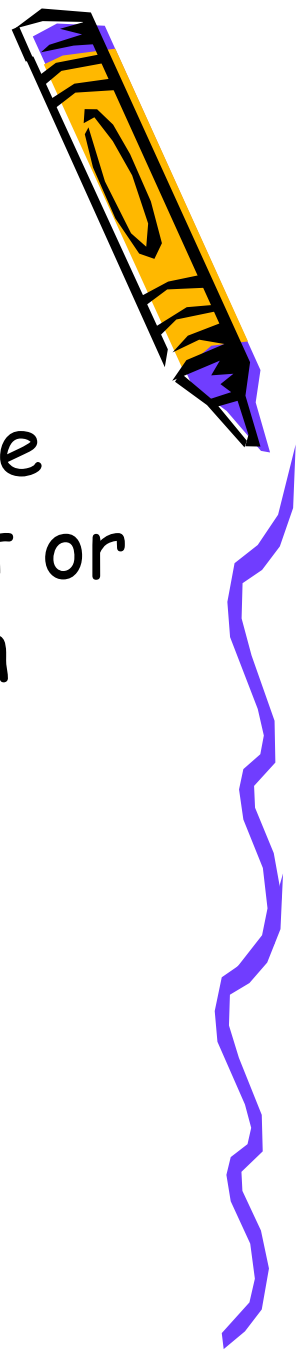


- D. **Incorrect.** Patient has sudden uncontrolled energy in this hypermetabolic state.



Look for Similar Options

- If a test item contains two or more options that could feasibly correct or similar in meaning, then look for an umbrella term or phrase that encompasses the other correct option



Sample Question

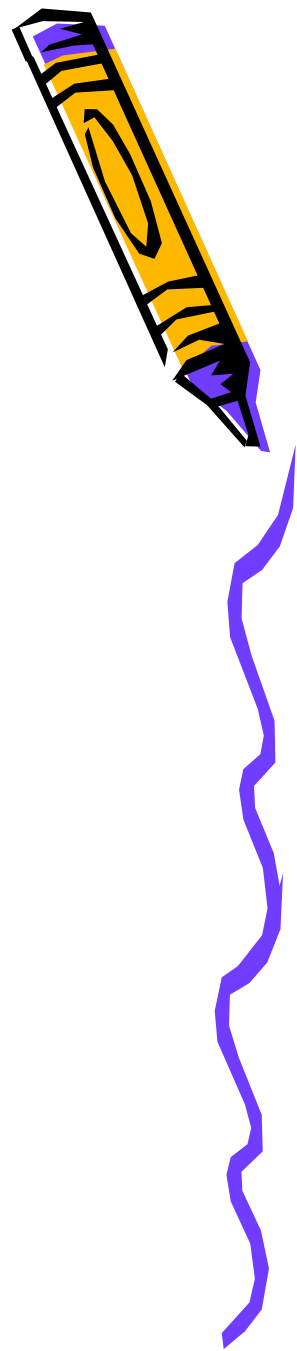
What is Nursing Process?

- A. Problem solving applied to nursing
- B. Assessing signs and symptoms.
- C. Determining the nursing diagnosis.
- D. Evaluating the outcome criteria.



Answer

- A. **Correct.** The nursing process is a problem solving process encompassing assessment, nursing diagnosis and evaluation.



Answer



- B. **Incorrect.** Assessment is only a step of the nursing process.



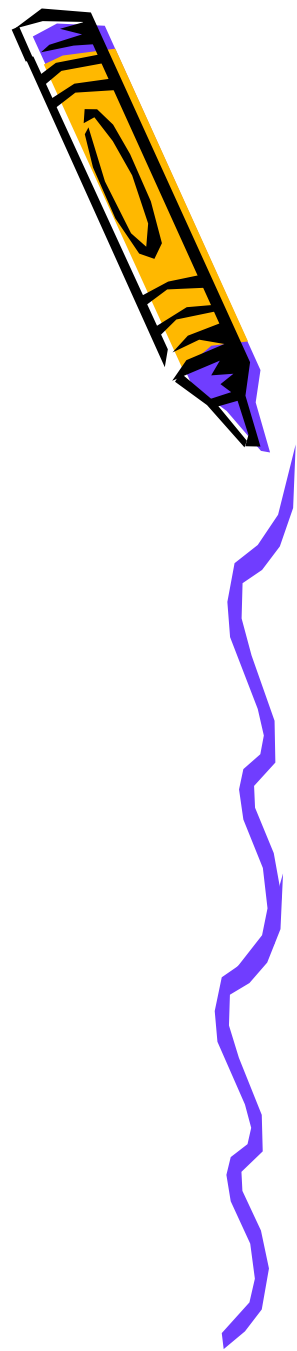
Answer



- C. **Incorrect.** Determining nursing diagnoses is only a step of the nursing process.



Answer

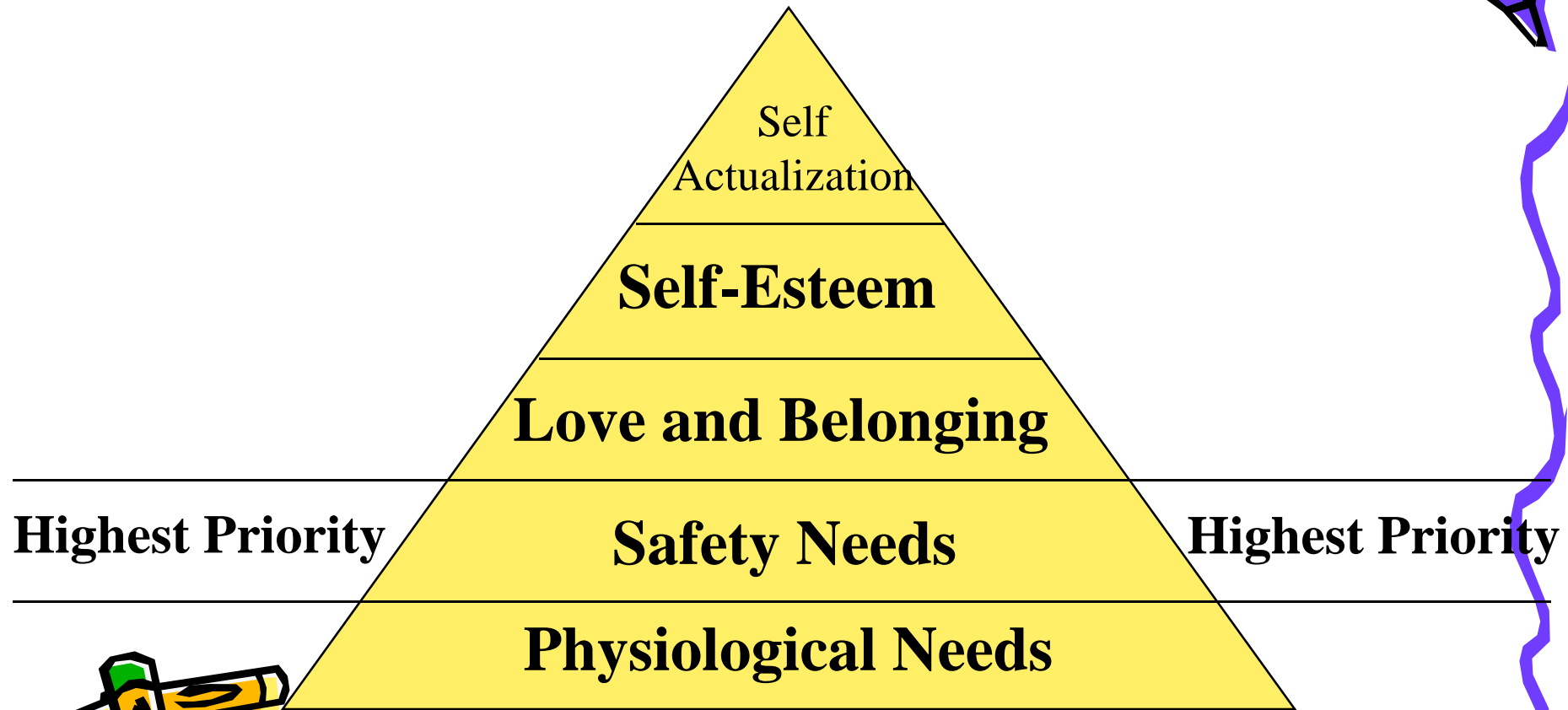
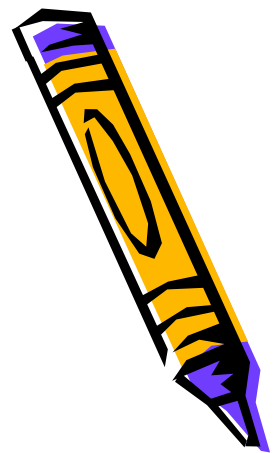


D. **Incorrect.** Evaluation is only a step of the nursing process.



Prioritizing Answers

Maslow's Hierarchy of Needs



Sample Question

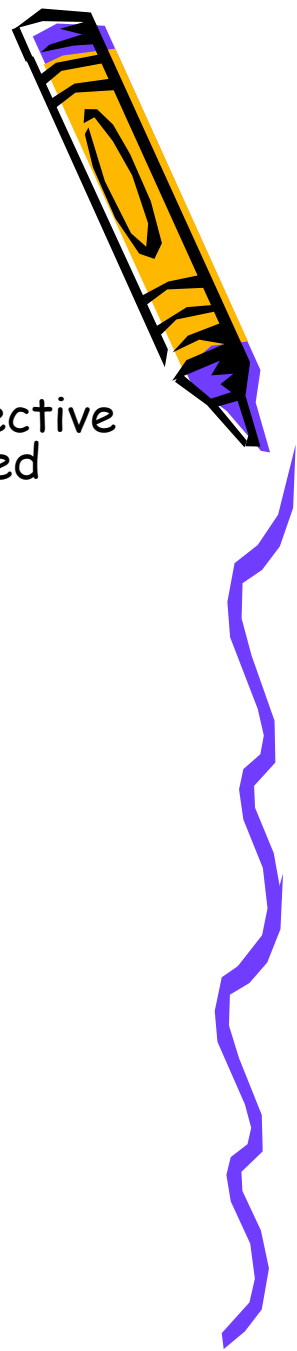
A postoperative patient who had abdominal surgery is tearful and tells the nurse she is too weak and tired to take a bath after physical therapy. What is the priority nursing diagnosis at this time?

- A. Ineffective coping related to postoperative state.
- B. Acute pain related to tissue trauma secondary to surgery.
- C. Delayed surgical recovery related to not wanting to be active.
- D. Self-care deficit: bathing/hygiene related to pain, fatigue and weakness.



Answer

- A. **Incorrect.** There is no evidence to suggest she has ineffective coping. Also, according to Maslow, this is a psychosocial need and physiological needs take priority.



Answer



- B. **Incorrect.** According to the scenario, the patient does not have pain.



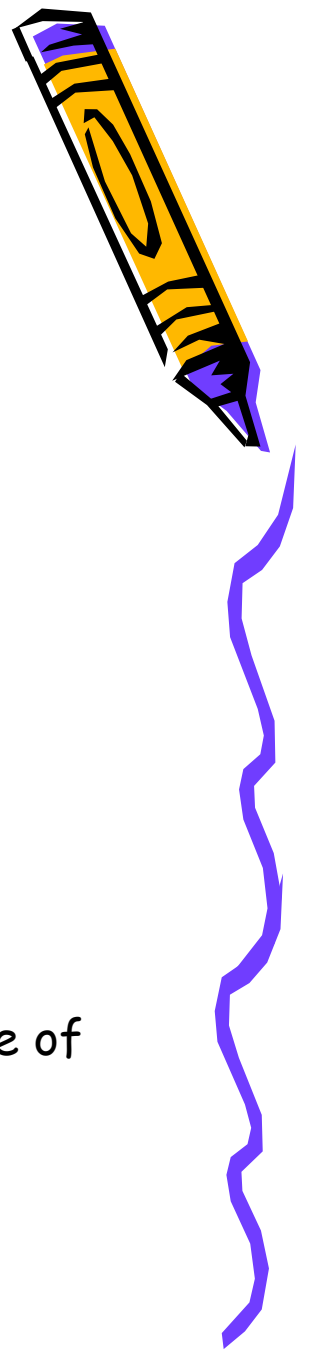
Answer



- C. **Incorrect.** Patient's statement is that she doesn't want to be active after physical therapy. This does not indicate recovery will be delayed.



Answer



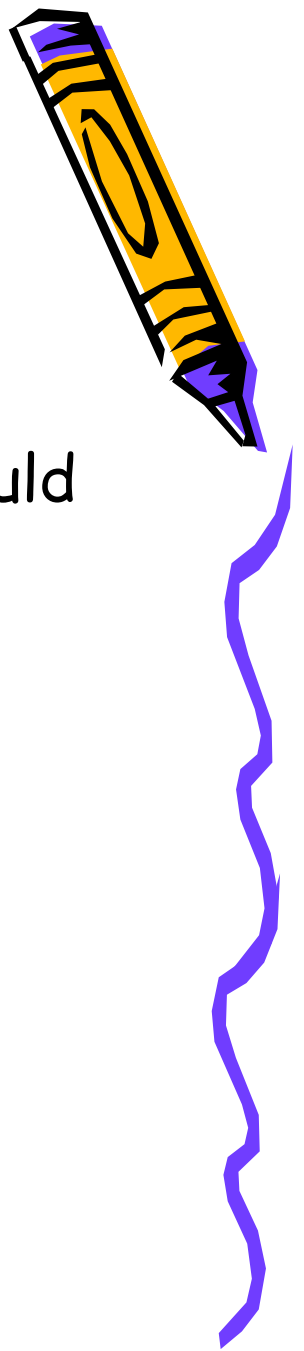
- D. **Correct.** The main problem, according to the patient's statement is that she does not want to take a bath because of the fatigue and weakness



Sample Question: Prioritizing

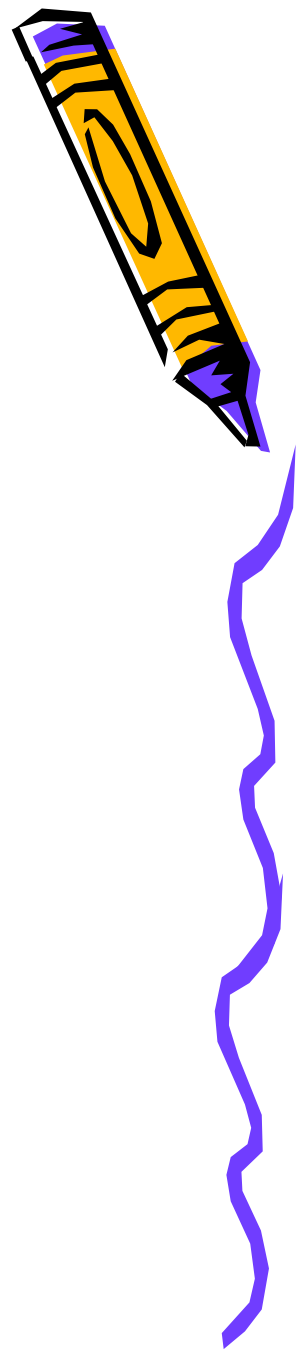
The nurse is reviewing the patient's morning laboratory results. Which of these results would be of most concern to the nurse?

- A. Potassium level of 5.2 mEq/L.
- B. Sodium level of 134 mEq/L.
- C. Calcium level of 10.6 mg/dl.
- D. Magnesium level of 0.8 mEq/L.

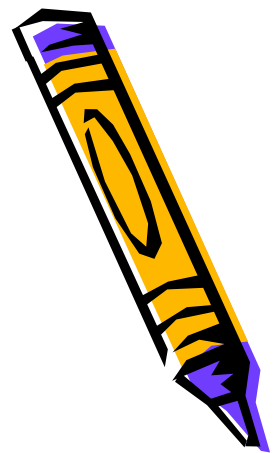


Answer

A. **Incorrect.** The potassium is only slightly elevated (3.5-5.0 mEq/L).



Answer

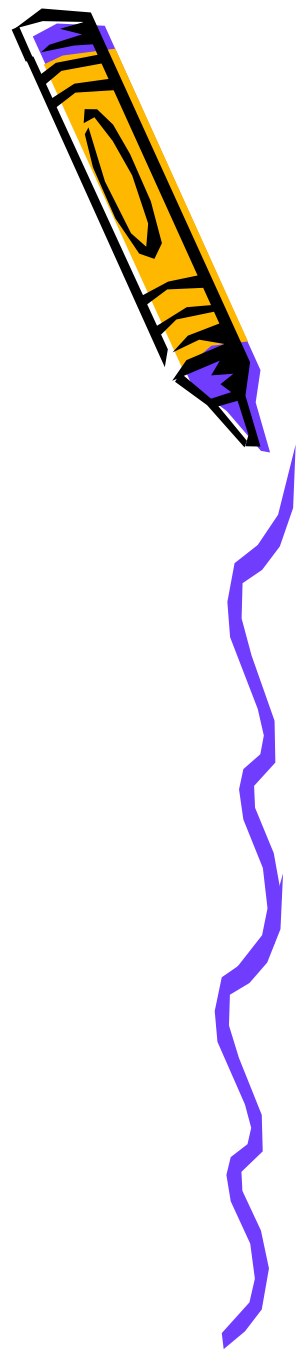


B. **Incorrect.** Sodium is slightly decreased (135-145)



Answer

C. **Incorrect.** Calcium is slightly elevated (8.5-10.5 mg/dl).



Answer



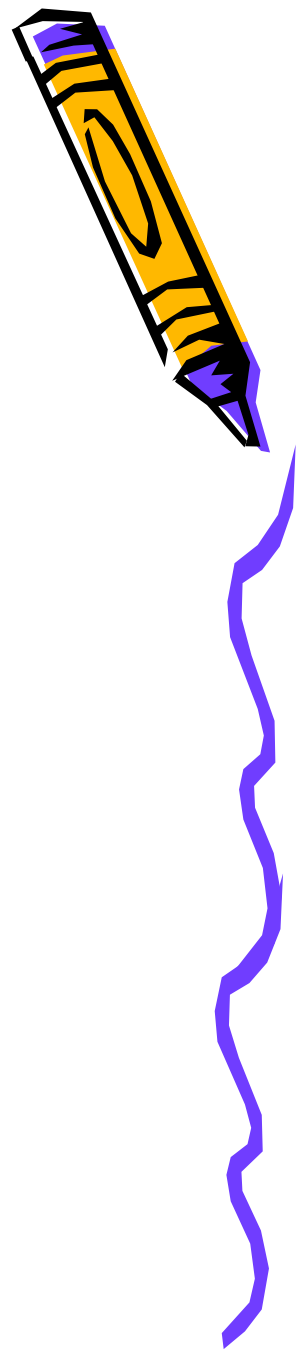
D. **Correct.** Although all of these electrolytes are out of range, the magnesium level (1.5-2.5 mEq/L) is furthest from the normal value. With a magnesium this low, the patient is at risk for EKG changes and life threatening arrhythmias.



Prioritizing Answers

- Remember your

A B C



Sample Question

- Which of the following clients should the nurse deal with first? A client who:

A. Needs a dressing change.

B. Needs suctioning.

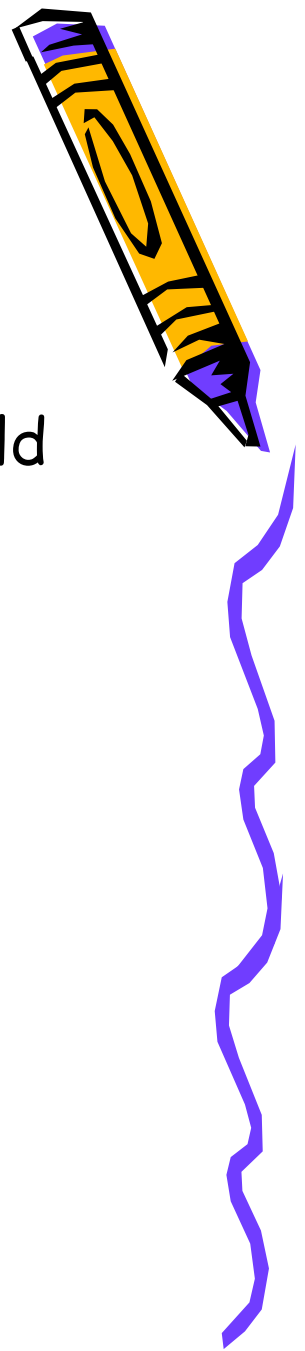
C. Is in pain.

D. Is incontinent.



Answer

- A. **Incorrect.** According to the ABC's this would be low priority.



Answer

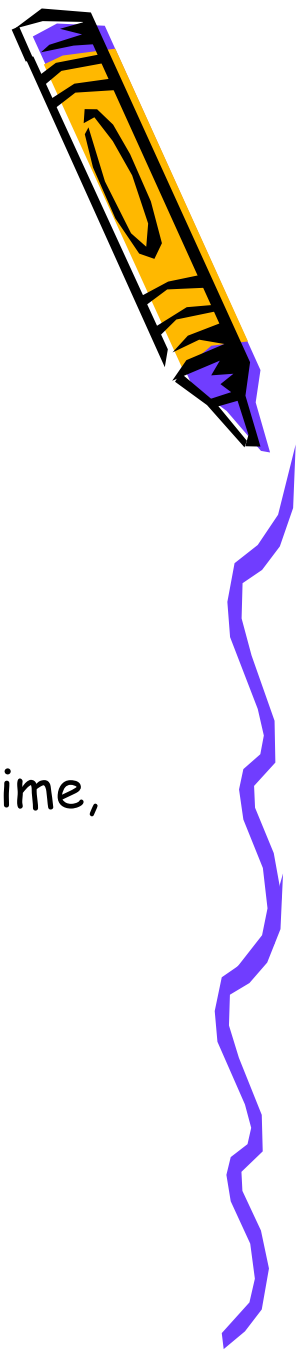


B. Correct. That's the ABC's! Suctioning will maintain airway patency so this would be the priority.

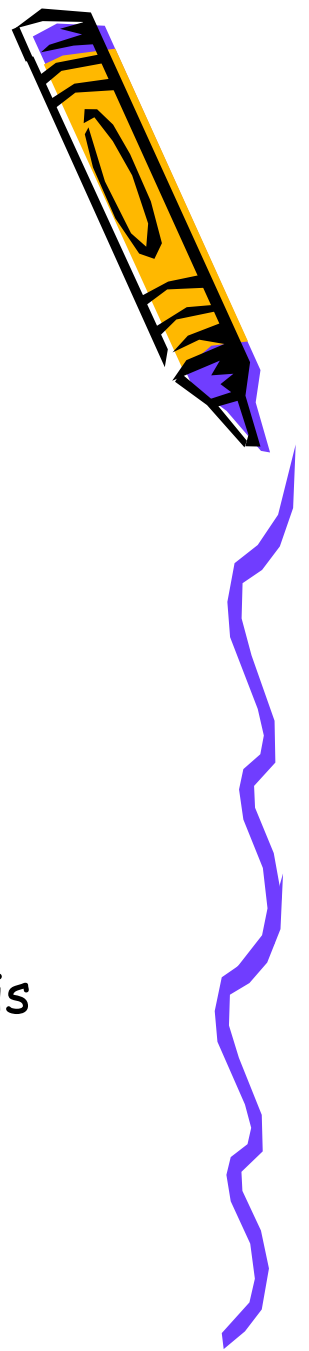


Answer

- C. **Incorrect.** Pain needs to be relieved, but at this time, suctioning is the higher priority.



Answer



- D. **Incorrect.** Patient needs to be cleaned, but at this time, suctioning takes priority.



Sample Question

The nurse is caring for a patient with chronic renal failure. Laboratory results indicate hypocalcemia. Which of the following manifestations would be of most concern to the nurse?

- A. Diarrhea.
- B. Muscle cramps.
- C. Laryngospasm.
- D. Tetany.



Answer

- A. **Incorrect.** Diarrhea is associated with hypocalcemia and not normally a concern..



Answer



- B. **Incorrect.** Muscle cramps accompany hypocalcemia but would not be a priority concern.



Answer



- C. **Correct.** Good for you. You know your A B C's, Spasm of the larynx causes airway compromise and difficulty breathing leading respiratory failure



Answer



- D. **Incorrect.** Tetany such as Chvostek's and Trousseau's sign are manifestations indicative of neuromuscular irritability. This can lead to seizure activity, however, in this case airway takes priority.



Opposites

High blood pressure.

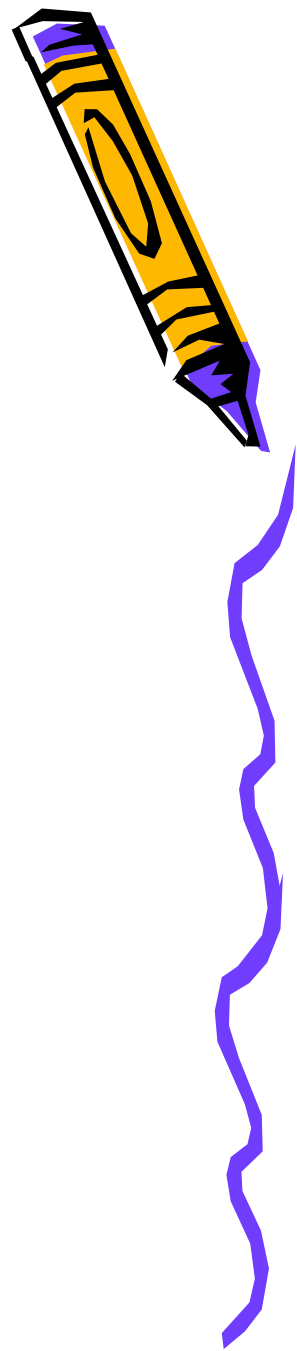
Low blood pressure.

Increase the IV drip rate.

Stop the IV.

Turn the client on his left side.

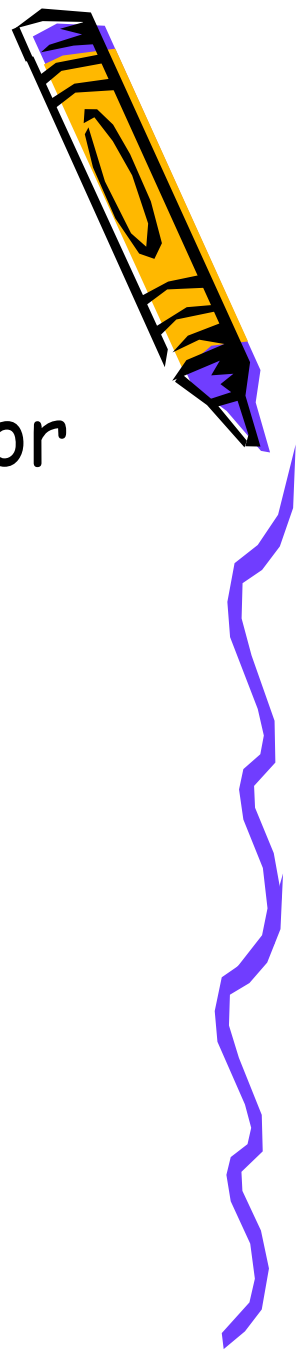
Turn the client on his right side.



Sample Question

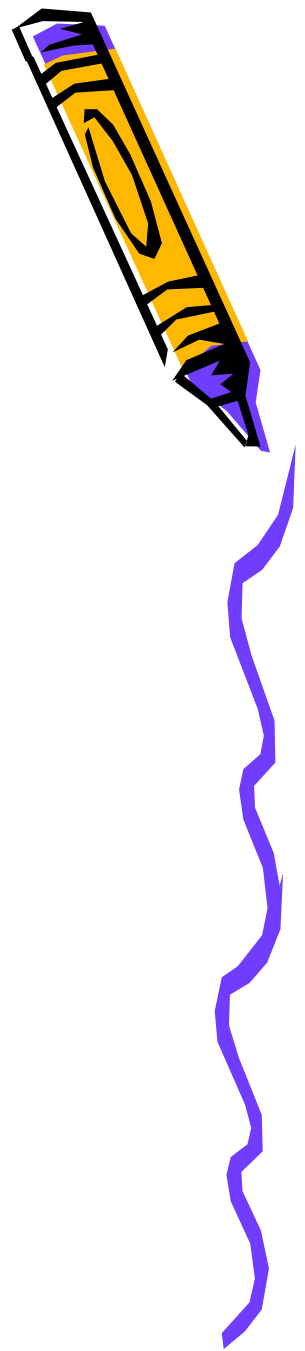
The nurse understands that a major side effect of morphine sulfate is:

- A. Tachypnea.
- B. Bradypnea
- C. Hypertension.
- D. Constipation.



Answer

- A. **Incorrect.** Tachypnea means "fast breathing."
Morphine is a respiratory depressant.



Answer



B. **Correct.** Great! Bradypnea means "slow breathing." and you know that Morphine depresses respirations.



Answer



- C. **Incorrect.** Morphine is a CNS depressant and a side effect would be hypotension.



Answer

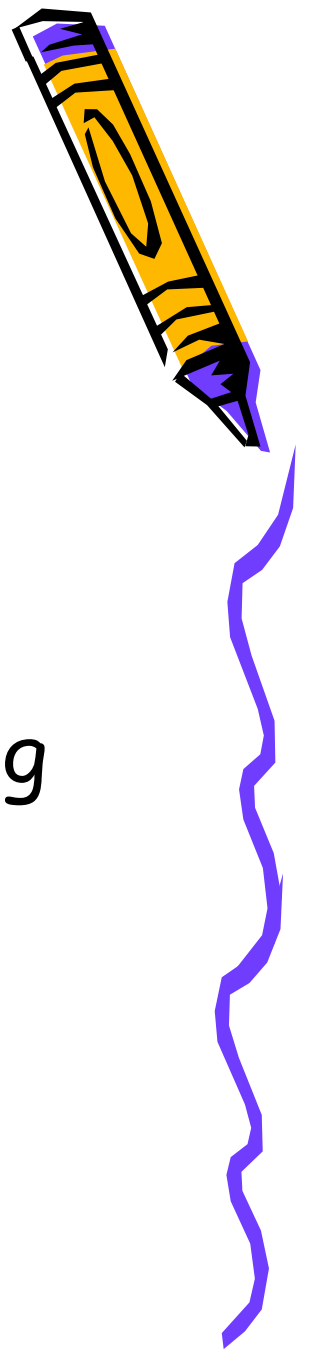


- D. **Incorrect.** Although Morphine as a opioid can cause constipation, it is not a major side effect and breathing takes priority.



Alternative Items

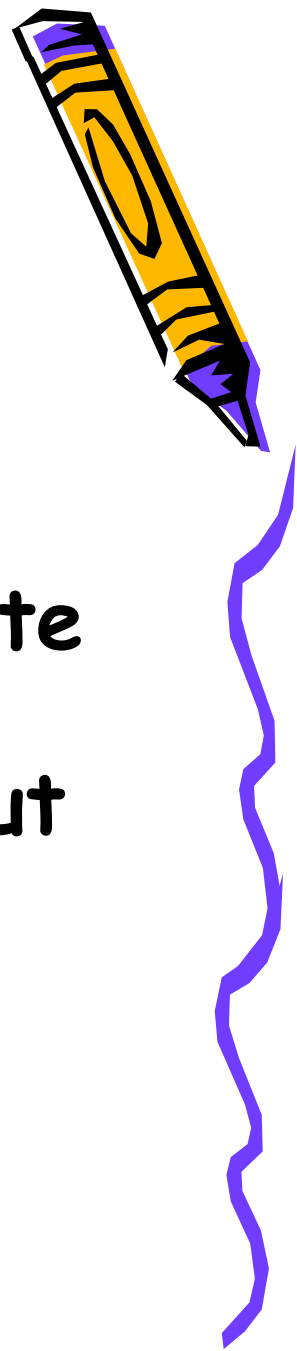
- These are items using a diagram, having you list in order of priority, marking all that apply, calculating math or intake and output, or filling in the blanks



Sample Question

Using the SBAR (situation, background, assessment, recommendation) format, indicate the order in which you will communicate your concerns about Mr. E to the physician.

(Next slide)



Sample Question (Continued)



1. "Today his pulse oximetry reading is 88% to 90%, although he is receiving oxygen by a nonrebreather mask. I am concerned he may be developing ARDS."
2. "This is the nurse caring for Mr. E. I'm calling because he is complaining of dyspnea and has increasing hypoxia."
3. "I think you need to come and evaluate the patient as soon as possible; he may need mechanical ventilation."
4. "Mr. E had an emergency appendectomy two days ago and has had purulent abdominal drainage, but has not had any respiratory difficulty until today."

Place in order: _____, _____, _____, _____



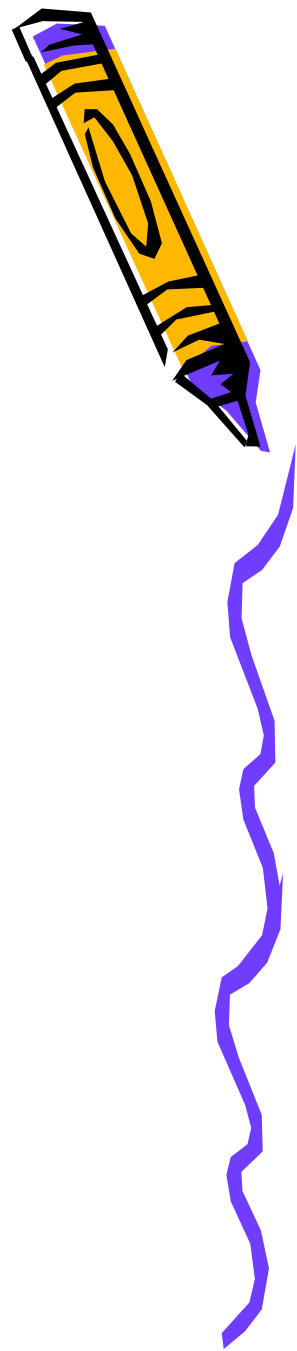
Answer

Answer: 2, 4. 1, 3.

Using the SBAR format, the nurse first introduces himself or herself, then indicates the current patient situation that requires intervention.(2) The nurse then gives pertinent background information about the patient.(4) Next, assessment and analysis of the patient's problem are communicated. (1) Finally, the nurse makes a recommendation for the needed action (3)



Test Anxiety



Test Anxiety



- When you excessively worry about doing well on a test
- Remember, a little anxiety can jump start your studying and keep you motivated.
- Too much anxiety can interfere with your studying.
 - You may have difficulty learning and remembering what you need to know for the test.
- Too much anxiety may block your performance during the test.
 - You may have difficulty demonstrating what you know



Test Anxiety



- Do you have test anxiety?
- Answer the questions found at the following web site:
- <http://www.how-to-study.com/study-skills/en/taking-tests/47/testanxiety>



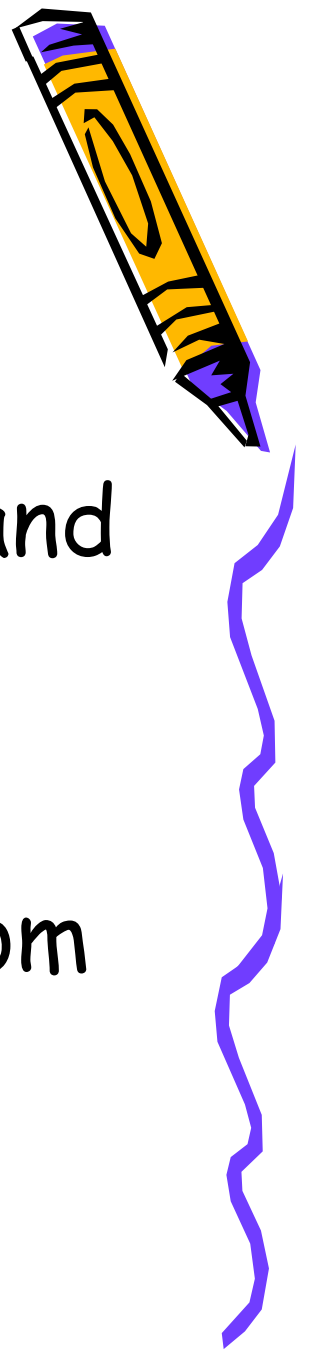
Tips on Reducing Test Anxiety



- Being well prepared for the test is the best way to reduce test taking anxiety.
- Space out your studying over days or weeks and continually review class material.
 - No last minute cramming; Don't try to learn everything the night before.
- Make sure you get adequate sleep the night before the test.



Tips on Reducing Test Anxiety



- Maintain a positive attitude as you study; think of doing well and succeeding
- Eat a light and nutritious meal before the test. Stay away from junk foods.



Tips on Reducing Test Anxiety



- Focus on positive self-statements such as "I can do this."
- Don't worry about other students finishing the test before you do.
 - Concentrate on your own test.
 - Stay focused on the questions.
 - Take the time that you need to do your best.
- Think of the test as an opportunity to show how much you have learned.



TIPS ON REDUCING TEST ANXIETY



- Seek help from Counseling Services at 618-650-2197 for help on controlling test anxiety



Focus on Success

