

Demystifying Standardized Exams

Strategies for Test Success

Contents

Test Taking Strategies	1
Understanding the Parts of the Question	1
Different Ways to Think Through a Question	1
General Strategies	1
Specific Strategies - Prioritization of Care	2
Other Things to Consider	4
Best Personal Practices for Test Success.....	4

Test Taking Strategies

Of course, doing well on an exam requires that you know the material, but there are some proven test taking strategies that are helpful for answering questions in nursing school. Let's review some of these:

Understanding the Parts of the Question

- **Case Event** - the "heart" of the question. Provides both relevant and irrelevant information.
- **Question Query** - a statement that follows the Case Event and asks something specific about the it.
- **Options or Distractors** - all the answers available for you to choose from.
- **Stem** - the question or lead-in statement that sets up a clear task for the test taker. This would include the Case Event and the Question Query.

Different Ways to Think Through a Question

We've all read a question and felt totally overwhelmed, unsure where to begin. This section aims to provide you with strategies to help you understand how to think through questions, eliminate incorrect answers, and ultimately choose the correct option.

General Strategies

- Read the question carefully
- Identify the case event
- Identify the question query
- Identify the subject of the question
- Decide if the question is positive or negative
 - A positive style may ask what the nurse should do, or the best or first action to implement
 - A negative style may ask what the nurse should avoid, which prescription the nurse should question, or what behavior indicates the need for reteaching the client
- Look for abnormal findings and results
- Determine who the client is in the question; is it the client or a family member?

- Identify key words
- Quickly eliminate the options that do not answer the question
- Reread the questions for qualifiers or other words that specify what the question asks
- Decide what makes the responses different from each other
- Some options may contain correct information but may not answer the questions
- Avoid reading into the question
 - Don't fall into the "What if?" syndrome; take each question at face value
 - Don't consider issues beyond what is in the question
 - Visualize the situation of the question
 - Assume you have all resources needed – equipment, supplies, personnel
- Do not respond based on:
 - Your past client care experiences or agency
 - A familiar phrase or term
 - "Of course, I would already have...."
 - What you think is realistic
 - Your children, pregnancies, parents, personal response to a drug, etc.

Specific Strategies - Prioritization of Care

***ABCs:** Airway, Breathing, Circulation. This framework is always the priority for initial assessments when the client's life is at stake as all three attributes are essential for survival.*

Practice Question: A client with renal insufficiency is admitted with bradycardia secondary to hyperkalemia. In planning care, which nursing diagnosis has the highest priority for this client?

- A. Fluid volume excess
- B. Altered cardiac output
- C. Altered urinary patterns
- D. Impaired nutrition

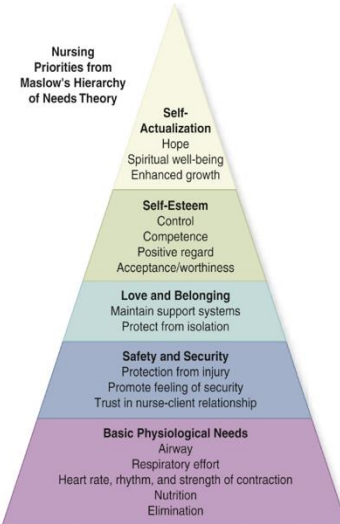
Rationale: If you start with assessing the client's ABCs, you'll note that bradycardia, or a slow heartrate, may impair circulation. Bradycardia results in altered cardiac output (B), which will worsen if the hyperkalemia is not resolved. This is the most life threatening, and therefore, the highest priority of the diagnoses for this client. A and C are also important to protect homeostasis, but are of less priority than B. D is of less immediacy than the others.

***Maslow's Hierarchy of Needs:** Address physiological needs first, followed by safety and security needs, love and belonging needs, self-esteem needs, and finally self-actualization needs. When a physiological need is not addressed in the question, look for the option that addresses safety.*

Practice Question: Which Client warrants the most immediate follow up by the nurse? A client with:

- A. Hyperthyroidism exhibiting signs of depression.
- B. Type 1 diabetes who needs a dressing change for their inflamed foot ulcer.
- C. Cushing's syndrome who is a falls risk.
- D. Addison's disease with tremors and diaphoresis

Rationale: Using Maslow's Hierarchy of Needs, you understand that D may be a life threatening manifestation of an Addisonian crisis with hypoglycemia, so the nurse should respond to this situation first. A is not a life threatening manifestation, it would fall under self-actualization needs. B and C are serious problems warranting action and attention, but are of much less immediacy.



Nursing process

- *Assessment – requires gathering and verification of data.*
- *Analysis – requires interpreting data, communicating the diagnosis, and determining the health team's ability to meet needs.*
- *Planning – requires knowledge of prioritization and organization.*
- *Implementation – reflects delegation and assignment of tasks*
- *Evaluation – compares actual outcomes with expected outcomes*

Practice Question: The LPN reports to the nurse that an 86-year-old postoperative client has become increasingly confused and has been unable to perform incentive spirometry for the last two days. The client is scheduled for discharge and has not yet learned to perform wound care. What is the priority nursing action?

- A. Schedule time to teach wound care to a family member.
- B. Establish a plan to reorient the client at frequent intervals.
- C. Assess the client's breath sounds for oxygenation saturation.
- D. Assist the client with incentive spirometry every two hours.



Rationale: Assessment is the first step in the nursing process. In this case, the nurse would need to assess the client to ensure there are no underlying clinical issues. Confusion is the first sign of respiratory infection in the elderly. This client is at risk for respiratory infection, so the priority action is to assess for other indicators of infection, such as altered breath sounds or diminished oxygen saturation (C). A, B, and D are also important interventions, but less priority than identifying the cause of the problems.

Safety and risk reduction

- *Treat the client, not the machine.*
 - *Gather information and perform all relevant actions before calling the healthcare provider (HCP).*
 - *Determine which client to assess first (most at-risk, most physiologically unstable)*
 - *Follow guidelines for delegating assignments.*
 - *Remember the role of the licensed nurse and the role of the unlicensed assistive personnel (UAP).*
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Practice Question:

Which adaptation of the room environment is important for the nurse to include in the plan of care for a client with neutropenia?

- A. Reduce environmental stimuli.
- B. Avoiding direct sunlight entering the room.
- C. Increase air movement in the room.
- D. Minimize exposure to visitors.

Rationale: Neutropenia, or severe reduction of white blood cells, increases the client's risk for infection. Reducing exposure to visitors (D) helps reduce the risk for acquiring infection. A, B, and C are all important, but not necessary to the safety of the client with neutropenia.

Other Things to Consider

Least restrictive/least invasive

- Perform the least invasive intervention first
- Assess before taking the action

Acute vs chronic

- Acute vs. Chronic – Addressing acute problems before chronic problems is important because there is a greater risk posed for acute problems

Unstable vs. Stable

- Unstable clients pose a greater threat than stable clients and need to receive care first

Urgent vs. non urgent

- Urgent needs pose a greater threat to a client than a nonurgent need

Best Personal Practices for Test Success

- Manage anxiety
- Use positive self-talk
- Set up a study schedule and stick to it
- Avoid negative people
- Respect your body and your mind
- Establish a balanced lifestyle (diet, sleep, exercise)
- Do think positively – say to yourself, ***“I can be successful!”***