

Test Taking Tips: It Is More Than Studying



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OBJECTIVES

- At the conclusion of this presentation the learner will
 1. Describe how distractors can be identified and eliminated from the decision making process.
 2. Differentiate between the types of NBRC questions and provide strategies for preparing for them.
 3. Describe the content on the new Therapist Multiple Choice Exam and explain how it will be administered.

NBRC MATRIX

- All questions that are created are derived directly from the matrix.
- “Create a recall question from Major Category I, Minor Category A, Task Statement 8A”
 - *Major Category I: Patient Data Evaluation and Recommendation.*
 - *Minor Category A: Review Patient Data in the Patient Record.*
 - *Task Statement: Cardiac monitoring – ECG data results e.g. heart rate and rhythm*
- Construct a question requiring candidate to determine the correct heart rate from an ECG tracing.

Components of a question

- Stems
 - *The narrative which includes the question to be answered.*
- Options
 - *The choices that you have to choose from.*
 - *Includes the correct response (Key) and the incorrect responses (distractors)*
- Questions can be direct (which of the following...) or an incomplete statement (the cartilage below the thyroid cartilage is _____)

NBRC Tests

- NBRC multiple-choice tests (MC) have four options (one key and three distractors).
- The NBRC realizes that factors other than the examinees knowledge base may affect the exam score
 - *Fatigue*
 - *Distractions*
 - *Guessing*
- No penalty for guessing, however, the question construction is critical to minimizing guessing.

Guessing Techniques

- The longer the option, the likelier it is to be the correct answer.
- If some elements are presented in more than one option, that element probably is important.
- If it can be guessed that a critical word or concept is present in the stem AND in only one of the options, it is probably the best guess.
- Soft qualifiers (e.g. may, sometimes, usually) are better guesses than hard qualifiers (only, all, never).
- A distractor that doesn't flow with the stem can be eliminated.
- If there are two options that are very similar they will limit their guess to those two (50% chance vs. 25%)

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What is the best way to prevent contamination of equipment in the home setting?

- A. Wash your hands.
- B. Discard the device.
- C. Explain the risks of continuing to reuse equipment that may be contaminated.
- D. Document your observations.

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How should assessment of a patient suspected of having pneumonia be assessed?

- A. Assess the SpO₂ and heart rate.
- B. Assess the blood glucose level.
- C. Assess the heart rate and blood pressure.
- D. Assess the SpO₂ and skin turgor.

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When intubating the trachea, what is an intervention that should be performed as quickly as possible?

- A. Suction the trachea.
- B. Obtain a pulse oximetry reading.
- C. Increase the FiO_2
- D. Administer a albuterol 2.5mg via SVN.

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When suctioning the trachea, which of the following should the RCP perform?

- A. Only use a 12 Fr catheter.
- B. Always use a vacuum pressure of -120 mmHg.
- C. Never instill any liquid into the tube.
- D. The patient may desaturate as a complication.



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Given ABG results, which of the following ventilator changes may be indicated?

- A. Increase tidal volume
- B. Decrease FiO_2
- C. Increase the flow rate
- D. Auscultate the chest

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When using a metered-dose inhaler without a holding chamber or a spacer, the patient should be instructed to fire the device at what point?

- A. *Immediately before beginning a slow inspiration.*
- B. *Immediately after beginning a slow exhalation.*
- C. *Immediately after beginning a slow inspiration.*
- D. *Immediately before beginning a slow exhalation.*

NBRC Question Levels


- Three cognitive levels
 - *Recall* – Requires you to recall some memorized fact.
 - Short questions with simple answers.
 - *Application* – Requires you interpret, classify, translate or recognize relationships.
 - Use a formula
 - Use tables or graphs
 - Moderate length
 - *Analysis*
 - Putting together multiple bits of information
 - Problem solving
 - Greatest length. Questions can be multiple sentences with lots of data to interpret.
- Not all items on the matrix have all levels.

Recall Question

- What is the normal range for serum potassium?
 - A. 2.5 to 3.5 mEq/L
 - B. 3.5 to 5.0 mEq/L
 - C. 1.8 to 2.6 mg/dL
 - D. 96 to 106 mEq/L



Application Question

- A patient is intubated and receiving A/C VCV. The pressure-volume tracing has been gradually heading toward the X-axis over the last four hours. Which of the following can be said about the patient's pulmonary mechanics?
- A. Compliance has improved.
- B. Compliance has deteriorated. 
- C. Resistance has improved.
- D. Resistance has deteriorated.

Analysis Question

- Your 60 kg IBW patient is on SIMV-VCV with a tidal volume of 0.6 L, f of 6, F_{iO_2} of .35, PSV of 5 cm H_2O , and PEEP of 5 cm H_2O . ABGs show: pH 7.32, P_{aCO_2} 50 torr, P_{aO_2} 62 torr, and HCO_3^- 26 mEq/L. The patient's total rate is 28 and the total minute volume is 9 L/min.
- Which of the following should the RCP recommend?
 - A. Increase F_{iO_2} to .45
 - B. Increase PEEP to 10 cm H_2O
 - C. Increase PSV level to 10 cm H_2O
 - D. Return to A/C VCV



NBRC Hospital

- “It is not a place but, rather, a state of mind”
Heuer & Rodriguez
- You are expected to do procedures that may not be something your RT department does (e.g. EKGs)
- A key part of the exam is that the RCP is expected to independently interpret information and make recommendations.

Preparation Techniques

- Prepare through studying in small chunks.
 - *Don't cram.*
 - *Use "wasted time" to study*
- Take pre-tests or sample tests.
 - *Helps orient you to the type of questions you may see.*
 - *Time management*
- Arrive on time.
- Eat.



Preparation Techniques (cont.)

- Concentrate on the simple rather than the complex.
 - *Don't read additional information into the question.*
- Positive attitude
- If unsure, make a note to come back.
- Develop relaxation response.
- Use imagery.
- Cover answers...cover question.
- Multiple multiples.



Multiple Multiple Example

For patients receiving aerosolized bronchodilator therapy via SVN, which of the following precautions would be beneficial in preventing nosocomial infection?

	Use a different small volume nebulizer for each patient.	Rinse the nebulizer with tap water after each treatment.	Perform thorough hand-washing prior to each therapy session.
A.	NO	YES	NO
B.	YES	NO	YES
C.	NO	YES	YES
D.	YES	YES	YES

The NBRC Examination Process

- Currently there are two examinations a candidate must pass before obtaining the RRT credential.
 - *Therapist Multiple Choice. 160 questions with 140 scored.*
 - Two levels
 - 88/140 (62.857%) – CRT Credential, but must retake to proceed to CSE.
 - 94/140 (67.14%) – CRT Credential and can continue to CSE.
 - Roughly 75% passing score
 - *Clinical Simulation Exam. 22 scenarios – 20 scored.*
 - Shorter scenarios (5-6 screens).
 - Roughly 73-74% passing score.
 - IG & DM are added together.
- Change to one exam in 2027.

Specifications for Each Test Form

The type of each problem is coded. Problems are assembled according to these specifications

Problem Type Specifications	
A1. COPD conservative management	2
A2. COPD critical care management	2
B. Adult trauma	3
C. Adult cardiovascular	3
D. Adult neurological or neuromuscular	2
E. Pediatric	2
F. Neonatal	2
G. Adult medical or surgical	4
Total	20

Acute vs. Non-Acute

- Acute requires immediate action and certain IG items may be incorrect.
 - *Don't get ABG if patient is crashing.*
 - *KNOW the Critical Life Functions!*
- Look to quick bedside assessments to determine if it is acute or non-acute.
 - *LOC*
 - *Breathing pattern*
 - *Color*
 - *History*
 - *Pulse/BP*

Acute vs. Non-Acute

- If acute, proceed to emergency intervention.
 - *CPR, Intubation, Oxygen Therapy*
- If non-acute, proceed with lab/diagnostics.



Information Gathering

- Usually one (maybe two) screens.
- Most test-takers get burned on over choosing for an emergent situation.
- Select most needed first.
 - *May not be advisable to choose based upon the list order presented.*
 - *Use what is known to base future choices for Information Gathering sections*
 - *Watch for scroll bars.*

Decision Making

- Area where most unsuccessful candidates do poorly.
 - *Fortunately the IG and DM sections are scored as a total.*
- Always have your display box on the full simulation so you can easily scroll back and look at the Information Gathering to summarize what the **PRIMARY** problem is.
 - *This is what your decision making should reflect.*
 - *For example...if my patient is a hypoxemic COPD patient with a PaO_2 of 50 torr, why would I choose a simple mask?*
- What would your instructor do? In other words what have they pounded into your head for the last 2 years!!!!

KNOW YOUR CARDIOPULMONARY PATHOPHYSIOLOGY

- Your Pathology text is your best friend!!!
- Clinical changes occur secondary to changes in cardiopulmonary physiology.
 - *Asthma is secondary to bronchoconstriction.*
 - *Pulmonary Edema/CHF is secondary to excess fluid.*
- Become proficient in each disease:
 - *Anatomic alterations*
 - *Etiology/Epidemiology*
 - *Clinical Presentation*
 - *Diagnostics*
 - Labs, PFTs, Sputum, Radiology
 - *Protocols to implement*

EXAM TIPS

- Take breaks.
 - *Exam is 4 hours and most people finish way before that time.*
 - *Tendency to do worse as the exam goes on because of fatigue.*
- Clear your mind between scenarios.
 - *Very easy to mix up what was done with each scenario.*
- If you are unsuccessful on either exam, contact your program director.



Test Anxiety

- Test anxiety is a type of performance anxiety and a normal response.
- Small amounts of anxiety may actually improve performance.
- Excessive amounts of anxiety, however, can lead to poorer performance.



Symptoms of Test Anxiety

- Three categories:
 - *Physical: Sweating, shaking, dry mouth, nausea.*
 - *Emotional: Depression, low self-esteem, anger, fear, feeling of hopelessness.*
 - *Cognitive/Behavioral: Memory problems, difficulty in concentrating, negative self-talk*



Causes of Test Anxiety

- Fear of failure
- Lack of preparation
- Poor testing history
- High pressure
- Perfectionism/Negativism



Tips to Reduce Test Anxiety

- Breathing exercises
 - *Diaphragmatic breathing and focus on movement of chest/abdomen*
- Physical exercises
 - *Stretch*
- Progressive muscle relaxation
- Engage the senses
 - *5-4-3-2-1 (See, hear, touch, smell, taste)*
- Notice your surroundings
- Avoid negative thoughts
 - *Challenge cognitive distortion*
- Grounding