TEST TAKING STRATEGIES

by
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Shasta College
Health Sciences
Associate Degree Nursing Program
REGN 1 Theoretical Foundations of Nursing Care
REGN 2 Clinical Foundations of Nursing Care

What they should have taught us in nursing school is how to be in two places at once!!
OVERVIEW

Students are just not prepared for the challenges of an Associate Degree Nursing Program due to unrealistic self-expectations. Feedback from our own Shasta College students reveals that they did not realize the program was so time-consuming. Many students are unable to juggle studies, jobs and home responsibilities. The one contributing factor influencing the student’s success in the nursing program is “time management.”

Time Commitment for Nursing Courses

Colleges throughout the country typically follow a learning plan where students must devote 3 hours outside of class for every hour spent in the classroom, and 2 hours outside of class for every hour in a laboratory, in order to succeed in school. The faculty know that your nursing classes are an important commitment to your future. To help you plan a schedule that will contribute to success in achieving your goal of becoming a registered nurse, here is an outline of the time you should expect to devote to school.

With a 6.5-unit classroom course such as REGN 1 Theoretical Foundations of Nursing Care, and a 5.5-unit laboratory class such as REGN 2 Clinical Foundations of Nursing Care, your time commitment is:

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<tr>
<th></th>
<th>Classroom Hours Per Week</th>
<th>Outside of Classroom Hours Per Week</th>
<th>Total Study Time Per Week</th>
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<tr>
<td>REGN 1 or Theory</td>
<td>6.5 hours</td>
<td>19.5 hours</td>
<td>26 hours</td>
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<tr>
<td>REGN 2 or Clinical/Clinical Skills Lab</td>
<td>5.5 hours</td>
<td>16.5 hours</td>
<td>31.5 hours</td>
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**Weekly Time Table of Commitment to Nursing School** 57.5 hours

The faculty urges you to examine your other commitments carefully and make appropriate arrangements early in the semester that will allow you to devote adequate time to your schooling. Our experience shows that devoting sufficient time to your education outside of class is one of the keys to success in nursing school. Your success is our common goal!

The faculty strongly recommend that you share this document with your loved ones, partners, parents, and significant others. Your family plays an important role in your success in school. The nursing program is a major life change. This change affects the student; the student’s loved ones, and the student’s lifestyle. Please plan a lifetime goal of becoming a registered nurse.

REGN 1 / REGN 2
Test Taking Strategies
Teresa Degnan RN, MSN
Be a More Powerful Self

**Positive Mental Attitude implies a position of strength.** The student is required to develop techniques that control thoughts and behaviors; thus, empower themselves to operate from a position of positive self-worth. To develop self-worth, or be a valuable you, and succeed in test taking requires various techniques that need to be practiced before taking the test.

a. Positive Self-Control identifies patterns of strength. The student must say, “I want,” “I can,” and “I will.”

b. Stop Negative thoughts and replace it with a positive thought. The value of an individual is not linked to how well they perform on a test. If the student focuses their attention on the desired outcome, do well on a test, this prophecy is more likely to be fulfilled. Arrest all negativity, and focus on positivity.

c. Controlled diaphragmatic breathing will reduce feelings of anxiety. The pattern of shallow short breaths associated with anxious feelings will be broken when the student uses controlled abdominal breathing. The technique of controlled breathing enhances the relaxation response.

d. A specific situation generates a certain feeling. The student needs to learn to control feelings or desensitize to a test score mishap. To achieve a response, the student needs to “know the material well.”

Prepare physically for tests.

i. Desensitize your fear response

ii. Perform muscle relaxation

iii. Use imagery

iv. Over prepare for a test

v. Exercise regularly

**Critical Thinking in Nursing School**
The student moves from being a neophyte and progresses into a more experienced nursing student. The student continuously re-evaluates and responds to all cues in the hospital environment. During a test, the nursing student must recognize key words, cues and concepts being tested in the question. The student is required to ask, “What is happening?” and “What should I do?” in a given test situation. Furthermore, it would be most helpful for the student to identify their information style used to process confrontational situations that require a response.

**Perceptual Judgments:** This includes the date that the student needs to collect and validation of the important data that is collected in the context of the situation. (i.e. Urinary Tract Infection/Urinalysis)

**Inferential Judgments:** This is when the student determines which of the collected data is significant, eliminate data that is insignificant and identify the relationship that exists among the data collected. (i.e. Urinary Tract Infection/Urinalysis/WBC/RBC/Nitrates/Bacteria)
**Diagnostic Judgments:** The student is required to link clusters of data with patterns affiliated with a specific nursing diagnosis. (i.e. Urinary Tract Infection/Urinalysis/WBC/RBC/Nitrates/Bacteria/NANDA: Infection)

**Bloom’s Taxonomy.** Knowledge type questions are designed to test only intellectual knowledge. Comprehensive questions require the student to translate, interpret, and determine the implications, consequences and corollaries of the effects of information. The student is required to use acquired information and apply that information to a new situation. Furthermore, analysis questions require the student to interpret a variety of data and recognize the commonalities, differences, and interrelationships among ideas. An understanding of the nursing process and knowledge acquisition are important; however the successful test taking nursing student must develop successful testing thinker skills to become an expert nurse.
**Do not read into the question?**

The beginning nursing student is not an expert, but a novice. Nursing is two years long for a reason so be realistic with self-expectations. It is time consuming for the new nursing student to acquire knowledge and experience necessary to be an expert critical thinker.

Many students come into the testing situation with an in-depth perspective. It is frustrating for many students because they will read into the test questions because of context they bring to the test. These students are sophisticated, deep thinkers who will not accept lost points on a test because of reading into a test question. The student who uses critical thinking to answer test questions must permit themselves to answer just the test question and not rewrite test question. Please read and answer the following examples.

Which is associated with a physiologic need of a patient with a colostomy?

A. Disturbance in body image  
B. Inadequate nutrition  
C. Lack of knowledge  
D. Skin breakdown

The word “physiologic” modifies the word “need” and is a clue in the stem. For study purposes, you can change the focus of the question by changing the word “physiologic” to “psychologic” in the stem. Now answer this question from this new perspective. Answer D

Which is associated with a psychologic need of a patient with a colostomy?

A. Disturbance in body image  
B. Inadequate nutrition  
C. Lack of knowledge  
D. Skin breakdown

The entire focus of the question has changed from “physiologic” to “psychologic” in the stem. By using this technique, you can apply critical thinking to multiple-choice questions and maximize opportunities for learning. This is an effective strategy either when working alone or when working with a study group.

A preoperative patient talks about being afraid of pain because of a previous experience with painful surgery. What should the nurse do first to help the patient cope with this fear?

A. Encourage the patient not to be afraid  
B. Teach the patient relaxation techniques  
C. Listen to the patient’s concerns about pain  
D. Inform the patient that medication is available

The word “first” is asking you to set a priority. For study purposes, you can change the focus of the question by eliminating the correct answer as a choice and then attempting to answer the question from the remaining three options. Now answer the question from this new perspective. The correct answer is option C.

A preoperative patient talks about being afraid of pain because of a previous experience with painful surgery. What should the nurse do first to help the patient cope with this fear?

A. Encourage the patient not to be afraid  
B. Teach the patient relaxation techniques  
C.  
D. Inform the patient that medication is available
Eliminate answer C. The technique of eliminating the correct answer and attempting to select the next best action requires you to rank the options presented in order of importance. This strategy works only with questions that require you to set a priority. Key words such as “initially,” “first,” “best,” “priority,” and “most” should alert you that the question is a priority question. By using this strategy, you increase opportunities to sharpen your critical-thinking skills. The correct answer is option B.

**Strategies for Time Management**

1. **Schedule large blocks of time during the week to be on campus.**
   This is especially important to have time studying without the demands of family. The student can use this time to read, practice nursing skills, or meet with other students to study or work on group projects.

**Personal Time/Activity Journal**

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<th>TIME</th>
<th>ACTIVITY</th>
<th>PRIORITY</th>
<th>PRIORITY NEED</th>
<th>NONPRIORITY NEED</th>
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**Self-Assessment of Barriers to Productivity**

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>YES</th>
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<tbody>
<tr>
<td>1. I tend to procrastinate.</td>
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<td>2. I expect little help from members of my family.</td>
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<td>3. I lack organization.</td>
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<td>4. I flutter from one task to another.</td>
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<td>5. I tend to be obsessive/compulsive.</td>
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<td>6. I tend to socialize when I should be studying.</td>
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<td>7. I fall behind in my responsibilities.</td>
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<td>8. I have difficulty delegating tasks.</td>
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<td>9. I tend to feel overwhelmed.</td>
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<td>10. I have too many conflicting deadlines.</td>
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<td>11. I set high standards for myself.</td>
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<td>12. I attempt to do too much.</td>
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</table>
2. **Delegate** some of your responsibilities to members of your family. Explain to your family members that your unavailability is temporary. Remember to schedule fun family activities, too.

3. **Reduce your weekly work hour commitment.** Students who greatly decrease their full time schedule increase their chances of success in the Shasta College Nursing Program.

4. **Reading recommendation.** A book prepared by nursing students for nursing students will better prepare the student for the intensity of the nursing program:

5. **Say No.** The student needs to recognize “good guilt” and “bad guilt.” Good guilt is feeling bad about something the student has done or not done based on ethical or moral platforms. It is best to use good guilt to reestablish goals, priorities, and calendars during nursing school. Bad guilt is feeling bad about something the student had no control. The student needs to let the bad guilt go because it is irrational and physically and emotionally draining.

6. **Avoid Time Traps.**
   - Unwanted phone calls
   - Long conversations on telephone
   - Arrival of unwanted guests
   - A crowded library
   - Waiting for others
   - Rush hour traffic
   - Excessively researching a topic
   - Too much socializing
   - Unnecessary meetings
   - Assuming the role of listener to friends

7. **Manage Accessibility.**
   - Use your cell phone for outgoing calls
   - Indicate on voicemail your availability
   - Unlist your phone number
   - Give your email address to select individuals
   - Make a selective ring for your family and don’t answer other rings
   - Block out time for study when interruption will not occur
   - Learn to say “It’s nice to hear from you, but I really can not talk right now. I will catch up with you next week.”

8. **Avoid Wasting Time.**
   - Keep lists of what needs to be done and what needs to be done.
   - Multitask errands.
   - Simplify shopping, reduce trips, keep shopping lists, and shop in the early morning.
   - Cook double the amount and freeze.
   - Bring in take-in when time is limited.
   - Avoid rush hour travel.
• Avoid meetings unless meeting with your child’s teacher.
• Avoid the library during midterms and finals as this is a sign of procrastination.

9. **Manage Your Emotions.**
   • Lower your expectations. Meet the criteria of a project.
   • Recognize the “good guilt” versus “bad guilt.”
   • Avoid accepting the role of counselor and to be nurse to your friends.

**Taking Control**
Stress is bad stuff; furthermore, nursing school provides plenty of it. First, everyone needs stress or they would never get out of bed. So put stress in a positive frame and remember that reasonable stress is helpful. Second, do not make stress the focus of your everyday waking moment. Focus on what can be controlled not on what cannot be controlled. For example, you have a big Pharmacology Test. It would be impossible to control the situation. So move to the positive and control the situation and set aside study sessions every day until the test is administered. Believe me consulting with a therapists or psychic will not make the test panic go away. The well prepared student will have more control over the situation and feel less panic and anxiety for no immediate reason.

**Study Skill Strategies**
1. **Plan study time.** Make a schedule and block out adequate time for reading, assignments, and papers. Keep interruptions to a minimum.
2. **Actively study.** Read objectives and then skim the objectives for each content area. Document notes in the margins of your readings to summarize what you have learned.
3. **Become aware of your learning style.** Auditory learners learn by taping lectures. Visual learners learn by drawings and rewriting lecture notes. Kinesthetic learners learn re-enacting the information or reciting the information to others.
4. **Join a study group.** This activity is recommended for most all students and depends on your learning style.

**Computer Skills**
Computer savvy is a necessity in the Shasta College Nursing Program. The student will be required to retrieve information and document interaction on their patients via the computer. Furthermore, courses in the program are Angel enhanced and final examinations are administered online. Computer assignments are mandatory. Most important, the NCLEX (licensing) exam is computer based.

**Hospital Based Computer Systems:**
An orientation to the hospital’s system will be completed by the facility experts to which the student is assigned.

**Shasta College Based Systems:**
Internet access is available in the Learning Resource Center. Otherwise the student is responsible for configuring their computers to access MOODLE. This
process is time-consuming. The process to configure your computer is available online when the student logs on to MOODLE.

**Computer Skill Strategies**
1. **Familiarize yourself with Web Browsers.**
2. Plan time at the beginning of the semester to orient to MOODLE.
3. **Create a central log-on instructions data base.** Make this data base easily retrievable.

**Medical Terminology Skills**

Medical terminology skills are important for nursing students, especially, if English is the student’s second language, students who have not previously worked in a health care setting or students who have not taken a medical terminology course.

**Medical Terminology Skill Strategies**
1. **Complete a medical terminology course.**
2. **Volunteer** in the health care setting.

**Medication Math for Nurses**

Nursing students need to learn the art of administering medications safely and effectively. Nurses are responsible for calculating, mixing and administering medications and IV fluids to their patients. Students will learn in the first course of nursing to calculate medications with confidence. While most students are successful on their math exams, many students suffer from math phobia or anxiety. Preparation for the math exam will reduce the risk of the student being preoccupied with the math exam which prevents them from being successful in the theory portion of the course.

**Medication Math Skill Strategies**
1. **Read and complete the exercises in the study sections of this math book**:
2. A shareware medication calculation practice program can be downloaded and used at home is available at: [http://www.testandcalc.com/drugcalc/index.asp](http://www.testandcalc.com/drugcalc/index.asp)
3. Practice test questions on CD-ROM in your textbook.
**Test-Taking Teasers**

Most tests measure a student’s ability to recall knowledge or comprehend information discussed in class. Nursing program exams are very different. The nursing student is required to assess a potential health care scenario, understand data, and apply information taught in the classroom to the scenario. Students often feel that their grade obtained upon a test does not reflect their understanding of the material. Students verbalize their frustration with test questions. Many students refer to nursing exams as “tricky.” Nursing exam grades are predictive of a student’s ability to be successful on the NCLEX because nursing program exams are modeled after NCLEX.

**Test Taking Skill Strategies**

1. **Read and complete the exercises in the study sections of this math book.** Students are encouraged to take time prior to entering the first semester of the nursing program to review test taking strategies.


2. Purchase an NCLEX review book and practice the question sets as early in your nursing program as possible.

**Study Techniques**

- Use index cards.
- Use letters of the alphabet to associate information.
- Use acronyms.
- Use acrostics.
- Use Mnemonics.
1. When providing care to a patient with a nasogastric tube, the nurse understands that the tube goes into the:
   A. Stomach-
   B. Bronchi
   C. Trachea
   D. Duodenum

2. A man describes his son as being difficult to get along with and concerned about what his friends think about him.
   A. 3 years old
   B. 7 years old
   C. 14 years old-
   D. 22 years old

3. What should be the first action of the nurse when a fire alarm rings in a health-care facility?
   A. Close doors on the unit.-
   B. Take an extinguisher to the fire scene.
   C. Move patients laterally toward the stairs.
   D. Determine if it is a fire drill or a real fire.

4. What is the most common reason why older adults become incontinent of urine?
   A. The muscles that control urination become weak.-
   B. They tend to drink less fluid than younger patients.
   C. Their increase in weight places pressure on the bladder.
   D. They use incontinence to manipulate and control others.

5. What part of the body requires special hygiene when a patient has a nasogastric feeding tube?
   A. Rectum
   B. Abdomen
   C. Oral cavity-
   D. Perineal area

6. To best understand what a patient is saying, the nurse should:
   A. Demonstrate interest
   B. Listen carefully-
   C. Remain silent
   D. Employ touch

7. The most important reason why the nurse should teach people not to smoke in bed is because it can:
   A. Result in a fire-
   B. Upset a family member
   C. Trigger a smoke alarm
   D. Precipitate lung cancer
8. An older adult who is dying starts to cry and says, “I was always concerned about myself first, and I hurt many people during my life.” What is the underlying feeling being expressed by the patient?
   A. Ambivalence-
   B. Sadness
   C. Anger
   D. Guilt

9. Which intervention most accurately supports the concept of informed consent?
   A. Obtaining the patient’s signature
   B. Explaining what is being done and why-
   C. Involving the family in the teaching plan
   D. Teaching preoperative deep breathing and coughing

10. What should the nurse do when a patient appears to be asleep but does not react when called by name?
    A. Loudly say, “Are you awake?”
    B. Say to the patient, “Can you squeeze my hand?”
    C. Inform the nurse manager in charge immediately.
    D. Gently touch the patient’s arm and say the patient’s name-

11. On what part of the body should the nurse avoid using soap when bathing a patient?
    A. Eyes-
    B. Back
    C. Under the breasts
    D. Glans of the penis

12. The nurse determines that range-of-motion (ROM) exercises should NOT be done:
    A. For comatose patients
    B. On limbs that are paralyzed
    C. Beyond the point of resistance-
    D. For patients with chronic joint disease

13. Which suggestion by the nurse is the least therapeutic when teaching the patient about promoting personal energy?
    A. Eat breakfast every day.
    B. Exercise three times a week.
    C. Get adequate sleep each night.
    D. Drink a cup of coffee each morning.-

14. Which position is contraindicated for the patient who has dyspnea?
    A. Supine-
    B. Contour
    C. Fowler’s
    D. Orthopneic
15. Which action by the nurse is unacceptable during a bed bath?
A. Uncovering the area being washed
B. Using long, firm strokes toward the heart
C. Washing from the rectum toward the pubis-
D. Replacing the top sheets with a cotton blanket

16. Before performing a procedure, what should the nurse do first?
A. Raise the patient’s bed to its highest position.
B. Collect the equipment for the procedure
C. Position the patient for the procedure.
D. Explain the procedure to the patient-. 

17. A Catholic patient tells the nurse, “Before being hospitalized I went to Mass and received Communion every morning.” What should the nurse do to meet this patient’s spiritual needs?
A. Encourage the patient to say the rosary every day.
B. Make arrangements for the patient to receive Communion-
C. Transfer the patient to a room with another Catholic patient.
D. Have a priest administer the Sacrament of Anointing of the Sick to the patient.

18. A male patient is crying, and the only word the nurse understands is “wife.” What should the nurse say?
A. “I’m sure that your wife is fine.”
B. “You are concerned about your wife?”-
C. “What did you wife do to upset you?”
D. “Your wife will be visiting later today.”

19. The nurse understands that the primary etiology of obesity is a:
A. Lack of balance in the variety of nutrients
B. Glandular disorder prevent weight loss
C. Caloric intake that exceeds metabolic needs-
D. Psychologic problem that causes overeating

20. The nurse can best prevent the patient from getting a chill during a bed bath by:
A. Rubbing briskly to cause vasodilation
B. Exposing only the area being washed-
C. Giving a hot drink before the bath
D. Pulling the curtain around the bed

21. The nurse is to assist a patient with a bed bath; however, the patient has just returned from x-ray, is in pain and refuses the bath. The nurse should:
A. Cancel the bath today.
B. Delay the bath until later.-
C. Give a partial bath quickly.
D. Encourage a shower instead.
22. Which nursing intervention is common when caring for all patients with infections?
A. Donning a mask
B. Wearing a gown
C. Washing the hands-
D. Discouraging visitors

23. When should the nurse administer mouth care to an unconscious patient?
A. Whenever necessary-
B. Every four hours
C. Once a shift
D. Twice a day

24. Which action by the nurse helps meet a patient’s basic need for security and safety?
A. Addressing the patient by name
B. Explaining what is going to be done-
C. Accepting a patient’s angry behavior
D. Ensuring the patient gets adequate nutrition

25. Which is a primary source for obtaining information related to the independent functions of a nurse?
A. Chart
B. Patient-
C. Physician
D. Supervisor

26. A patient’s husband just died. What approach should be used by the nurse when caring for this grieving patient?
A. Confronting
B. Supporting-
C. Avoiding
D. Limiting

27. What is the nurse doing when formulating a nursing diagnosis?
A. Planning
B. Assessing
C. Analyzing-
D. Implementing

28. Which word best describes feelings associated with a child in Erikson’s stage of autonomy versus shame and doubt?
A. Hers
B. Mine-
C. Theirs
D. Nobody’s
References
