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# The Journey through Successful NCLEX Preparation

Lynn M. Franck, MN, RN

Welcome to this course designed to assist you to develop test-taking skills when looking at NCLEX style questions while in school and on your boards. In this course, a multitude of test-taking strategies will be covered to improve your critical reading and critical thinking skills when looking at questions. The strategies and content in this course are mirrored and reinforced again in The Pearls for NCLEX Review as a part of your comprehensive preparation for NCLEX success.

Please follow along with this handout and outline as you view the on-demand video portion of the course.

## Objectives:

- Think like a NCLEX test question creator.
- Develop an understanding of the various levels of questions based on Bloom's Taxonomy.
- Understand the basic components of test question construction.
- Enhance critical thinking and critical reading skills.
- Develop a deeper understanding of Maslow's Hierarchy of Need.
- Identify the key strategies of successful test taking.
- Utilize strategies to improve successful guessing on NCLEX questions.
- Develop a deeper understanding of proper prioritization and delegation skills.

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I. The NCLEX examination

A. How does computer adaptive testing work?

1. Answer a question correctly – the next question will be slightly harder in difficulty
2. Answer a question incorrectly – the next question will be slightly easier in difficulty
3. If the NCLEX exam feels like it continues to be more difficult – that is a positive sign!!

B. Components of NCLEX

1. Registered nursing student

- a. Minimum number of questions = 75
- b. Maximum number of questions = 265
- c. Maximum amount of time allowed = 6 hours
- d. The exam shuts off when...
  - Minimum competency has been achieved
  - A clear lack of minimum competency has been achieved
  - The maximum number of questions has been asked
  - The maximum time allowed has been reached

2. Practical nursing student

- a. Minimum number of questions = 85
- b. Maximum number of questions = 205
- c. Maximum amount of time allowed = 5 hours
- d. The exam shuts off when...
  - Minimum competency has been achieved
  - A clear lack of minimum competency has been achieved
  - The maximum number of questions has been asked
  - The maximum time allowed has been reached

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3. Successful NCLEX passing
    - a. As a student answers questions correctly, they maintain themselves above the minimum line of competency and consequently pass the exam. The questions should continue to increase in complexity and difficulty as they are answered correctly.
    - b. The student can and will answer some questions incorrectly, however the key is to maintain above the minimum line of competency.
  4. Unsuccessful NCLEX passing
    - a. The student answers enough questions incorrectly and consequently falls below the minimum standard of passing.
    - b. The computer adjusts by making the next question slightly easier than the previous question.
  5. The wavering student
    - a. The student answers some questions correctly and some incorrectly so that they don't clearly maintain above or below the minimum line of competency.
    - b. These students many times will receive all 265 (RN) or 205 (LPN) questions to determine competency.
  6. The desire is for the exam to continue to become more difficult – indicating that the student is receiving the harder questions and maintaining themselves above the minimum level of competency.
  7. Students should also mentally and emotionally prepare to expect their NCLEX examination could take 5 or 6 hours to complete.

## II. Categories of the NCLEX exam

### A. Safe effective care environment

1. Definition: The nurse promotes achievement of patient outcomes by providing and directing nursing care that enhances the care delivery setting in order to protect patients and health care personnel.
  - a. This means the student has the knowledge and critical thinking present to correctly answer questions related to safety.

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2. Management of care = 17-23%
    - a. Protect the patient from harm and improve patient outcomes.
    - b. Examples
      - Advance directives
      - Continuity of care
      - Advocacy
      - Establishing priorities
      - Assignment, delegation and supervision
      - Ethical practice
      - Case management
      - Informed consent
      - Patient rights
      - Information technology
      - Collaboration with interdisciplinary personnel on a team
      - Legal rights and responsibilities
      - Concepts of management
      - Performance improvement/Quality improvement
      - Confidentiality/Information security
      - Referrals
  3. Safe effective care environment
    - a. Protecting patients and health care personnel from health and environmental hazards.
    - b. Examples
      - Accident/Error/Injury prevention
      - Emergency response plan
      - Safe use of equipment
      - Home safety
      - Security plan
      - Ergonomics
      - Surgical asepsis
      - Standard precautions
      - Handling hazardous and infectious materials
      - Reporting of incidence
      - Use of restraints
      - Infection control
      - Cohorting
      - Precautions/Isolation
- B. Health promotion and maintenance = 6-12%
1. Growth & development
  2. Prevention of disease
  3. Developmental stages
  4. Examples
    - Aging process
    - High risk behaviors
    - Ante/Intra/Postpartum care
    - Lifestyle choices
    - Immunizations
    - Minimizing risk behaviors
    - Primary, secondary and tertiary prevention
    - Stages of development (Erikson & Piaget)

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5. Some questions may be written as a “teaching” style question.
  6. Be sure to have a thorough understanding of immunizations, infection control, and education of risky behaviors.
- C. Psychosocial Integrity = 6-12%
1. Emotional, mental and social well being
  2. Examples
    - Abuse and neglect
    - Behavioral interventions
    - Grief and loss and coping
    - Therapeutic communication
    - End of life care
    - Psychological disorders
  3. Be sure to have a thorough understanding of therapeutic communication techniques, coping strategies, end-of-life care and psychological disorders (schizophrenia, bipolar, anxiety).
  4. This is not a heavily tested area, however, lack of knowledge in this area could prevent successful passing of NCLEX exam.
- D. Physiological integrity
1. Basic care and comfort = 6-12%
    - a. Providing of comfort and assistance in the performance of ADLs.
    - b. Examples
      - Assistive devices
      - Nutrition
      - Oral hydration
      - Elimination
      - Personal hygiene
      - Mobility/Immobility
      - Rest and sleep
      - Non-pharmacological interventions
    - c. Be sure to have a thorough understanding of herbals, fluid requirements, dietary questions, mobility, the use of adaptive equipment, and non-pharmacological pain reduction techniques.

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2. Pharmacology and parenteral therapies = 12-18%
    - a. Directly related to medications and parenteral therapies.
    - b. Examples:
      - Effects/side effects of medications
      - Blood product administration
      - Contraindications/interactions of medications
      - Parenteral and IV therapies
    - c. Be sure to have a thorough understanding of medications, medical terminology, math conversions and equivalents
  3. Reduction of risk potential = 9-15%
    - a. How to reduce the likelihood that a patient will develop complications or problems related to treatments/procedures.
    - b. Must be able to identify undesired changes in a patient's status.
    - c. Examples
      - Changes in vital signs
      - Laboratory values
      - Diagnostic tests
      - Therapeutic procedures
      - Surgical complications
    - d. Be sure to have a thorough understanding of potential versus expected changes and/or critical changes in patient status.
  4. Physiological adaptation = 11-17%
    - a. Managing and providing care for patients with acute, chronic or life threatening physical health conditions.
    - b. Examples
      - Alterations in body systems
      - Hemodynamics
      - Medical emergencies
      - Illness management
      - Fluid and electrolyte imbalances
      - Unexpected response to therapies
      - Pathophysiology
    - c. Be sure to have a thorough understanding of triage, trauma, emergencies, fluid imbalances, ABGs, etc.

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III. Explore current study habits

- A. Noise and distractions
- B. Reading comprehension
- C. Flashcards – Only for memorization
- D. Note taking – Take accurate notes during class and then re-write them
- E. Class preparation – Review notes prior to class
- F. Audio recording
- G. Active listening
- H. Pitfalls to successful studying
  - 1. Lack of attention, motivation, time and desire
  - 2. Procrastination
  - 3. Cramming for an exam
  - 4. Overconfidence
  - 5. Concentration problems
  - 6. Frustration
  - 7. Too many external responsibilities
  - 8. Perfectionist
    - a. Perfectionists tend to want everything “perfect”. Keeping an immaculately cleaned home or cooking wholesome meals may take time and energy away from active studying.
    - b. Have children complete age appropriate chores and tasks
    - c. Cook several meals at one time
    - d. Study away from home – so you won’t be tempted to do chores instead of study

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- I. Successful study habits
    1. Based on learning inventory results
    2. Be an active learner and use multiple study techniques
      - a. Brainstorming – finding conclusions for a specific problem by gathering information and analyzing it.
      - b. Mind mapping – a diagram used to visually outline information. Often created around a single word or concept with associated ideas, words, and concepts radiating from the central idea. Often known as concept maps.
      - c. Case studies – a powerful tool used by the student to more completely understand difficult concepts. Forces the student to explore and explain complex concepts or diseases.
    3. Strategy to improve exam preparation
      - a. Begin preparing for the next exam immediately. Don't procrastinate.
      - b. Review, research and study one topic per day.
      - c. For example: You have a cardiac exam in 14 days. One day strictly study heart failure. Have all of your resources available for reference including pathophysiology, lab, pharmacology, care plan, and med/surg books. By the end of the day you should have developed a thorough understanding of heart failure.
      - d. Approximately 3 days prior to the exam, begin to incorporate NCLEX style questions and group studying. Always read the rationale to the questions to verify your knowledge.



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#### 4. Critical thinking

- a. Critical thinking is a process of inquiry in which we try to gain a better understanding of the world
  - Essential questioning – the actual asking of the questions.
  - Possible answers – begin to form hypotheses by searching and investigating the questions and making correlations with the information that is available.
  - Testing hypotheses – takes all information gained and begins to test the information by looking for plausible answers.
- b. Suggestions to improve critical thinking skills
  - Summarize information and put into own words
  - Elaborate on what was said
  - Relate the issue or content to own experiences
  - Give examples to clarify or support information
  - Make connections between related concepts
  - Describe to what extent the point of view on the issue is different or similar to own point of view
  - Write down the most pressing question on mind
  - Participate in group discussions

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- c. Components of critical thinking – “**Why**” – the most important question
- Reflection – examination and evaluation of own thoughts and ideas
  - Observation
  - Inquiry
  - Opening mind to new perspectives
  - Planning strategically
  - Reasoning
  - Making Decisions
  - Solving Problems

#### IV. Test question components

##### A. The stem – The case scenario

1. Sets the stage for the question
2. Gives insight into what is happening in the situation
3. The question asking part of the question
  - a. Must have GREAT critical reading skills
  - b. Identify key words
  - c. Determine what the question is asking and the most appropriate facts about the patient and scenario
  - d. Good opportunity to re-phrase the question in your mind to make it more understandable
  - e. Eliminate intimidating terms and replace them with ones you understand more clearly. Ex: exudate = pus or drainage
  - f. Eliminate jargon and put question into simpler more personal terms
  - g. Read the stem multiple times before looking at the options – focus on last line of the stem – the question asking part

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B. The options

1. The plausible answers
2. Many times all options look very similar
3. Be sure to determine what the question is asking prior to reading the options
4. Read ALL of the options – even if option #1 sounds correct. NCLEX style questions often have multiple correct answers – but only one BEST answer

C. The distractors

1. Options that are plausible and possible, however are not the correct response
2. Often contain only one word that makes the response incorrect
3. If you have poor reading skills – you could miss the one word making that response correct

Suggestion for improvement – Lip read the test. By lip reading the test we are tricking our brains into thinking we are reading aloud. When we read aloud, we do not skip words. So, lip reading the test will slow down the reading and prevent you from skipping important words.

V. Tips to successful test taking

- A. If the question asks what the nurse should do in a situation = use the nursing process to determine the answer.
- B. If the question asks what the patient needs, use Maslow's Hierarchy to find out what should be done first.
- C. If the question states that there is no urgent or critical need, focus on safety.
- D. If the question is expressed as a communication with a patient or family, then focus on therapeutic communication.

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- E. Don't read into the question
    - 1. For example: "This response could be correct if \_\_\_\_\_".
    - 2. Reading into the question could possibly make every response correct.
    - 3. Makes the exam much more difficult.
  - F. Look for key words
    - 1. Very powerful strategy
    - 2. Examples: "psychosocial", "most appropriate", "prior to surgery"
    - 3. Eliminate responses that don't correlate with the key words
    - 4. If the question is asking for a psychosocial response, then eliminate the responses associated with physiological safety
  - G. Use guidelines for prioritization
    - 1. Used when 2 or 3 responses are very similar
    - 2. Assists the student in finding the "most correct" response
  - H. Identify True/False responses
    - 1. Use when answering multiple response questions
    - 2. More than 1 response is correct
    - 3. Attack each option as true or false – this simplifies the question and also decreases anxiety associated with testing
  - I. Eliminate similar options
    - 1. If the options appear almost identical, then there is a possibility that neither one of the responses are correct
    - 2. Look for similar words in the stem as in the responses  
  
Example: If the stem of the question speaks about oxygenation, then look through the responses for terms associated with oxygenation

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- J. Watch for absolute words
    - 1. Typically makes the responses incorrect
    - 2. Examples: all, always, every, must, none, never and only
    - 3. In the nursing world – always, every, and never.....rarely occur
  
  - K. Look for umbrella options
    - 1. The option that may contain components of the other 3 options
    - 2. For example: If option #1 contains blood pressure, option #2 contains pulse, and option #3 contains blood pressure and pulse – choose this option because it more thoroughly includes the other responses
  
  - L. Applying the nursing process – guides your critical thinking
    - 1. Assessment and data collection
      - a. You must assess the situation before you can provide an intervention for the patient
      - b. Ask yourself – “Do I have enough assessment data to proceed to an intervention, or do I need to gather more assessment data before I can safely intervene?”
      - c. Majority of questions will focus on assessment and intervention
      - d. Example: “Which of the following data...”
    - 2. Analysis and establish the nursing problem
    - 3. Planning the interventions
    - 4. Implementation of the Interventions
      - a. Often seen in nursing questions
      - b. Be sure to prioritize interventions

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5. Evaluation of the outcomes
    - a. Often seen in teaching types of questions
    - b. “Which of the following demonstrates a successful outcome...?”
    - c. “What is the desired effect of \_\_\_\_\_ medication?”

M. Maslow’s Hierarchy

1. Physiological needs – Safety – Love & Belonging – Self Esteem – Self Actualization
2. Basic physiological needs must be met before any safety concerns, psychosocial, love and belonging, self-esteem, and self-actualization can be addressed.
  - a. Physiologic includes need for food, shelter, water, sleep, oxygen and sexual expression.  
  
For example: The patient’s breathing must be addressed before any psychosocial concerns are addressed.
  - b. Do not automatically choose airway as the best answer. Always correlate it back to the stem of the question. If the question is not concerned about airway, then the airway response is simply a distractor.
  - c. Always ask yourself “Does this choice make sense for the scenario in the stem of the question?”
3. Safety concerns must be met before psychosocial concerns, love and belonging, and self-actualization

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N. Patient safety

1. If the patient does not have an urgent physiological need, then focus on safety.
2. “Which answer will best ensure the safety of this patient?”
3. Used when answering questions involving lab values, drug administration or nursing procedures.
  - a. If the question is asking about the side effects of a medication – find the side effect that fits directly with the system that the medication was intended for. Example: Metoprolol is an anti-hypertensive – choose the answer that deals with blood pressure.
  - b. Ask yourself “What if this medication works too well, what would happen?”
4. Focus on the answers that directly affect/influence the patient
  - a. Involve the patient as much as possible.
  - b. Involve the needs of the patient before the needs of the family or nurse.
5. When answering these types of questions always ask yourself - “Which of the responses makes me the SAFEST practicing nurse?” By doing so, you begin to accurately prioritize the interventions for the patient.

O. Therapeutic communication

1. Listen to the patient, understand patient needs and promote clarification and insight into the condition
2. Look for responses that...
  - a. Allow the patient time to think and reflect
  - b. Encourage verbal communication
  - c. Encourage a description of an experience
  - d. Paraphrase the patient’s response

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3. Avoiding pitfalls to therapeutic communication
    - a. Don't tell the patient what to do.
    - b. Don't ask questions with only yes/no responses.
    - c. Don't ask "Why".
    - d. Don't imply disapproval of the patient's behavior
    - e. Don't offer false reassurance – "It will be ok."
    - f. Don't interpret the patient's behavior – do allow the patient to express their own feelings.
    - g. Don't focus on the nurse – focus on the patient.

P. Infection control

1. Have a thorough knowledge of the various types of precautions including standard, contact, airborne and droplet isolation.
2. Understand which patients can be cohorted in the same room
  - a. If 2 patients have the same micro-organism then they can be roomed together.
  - b. If a patient is immunocompromised with cancer, diabetes, renal failure, heart failure, then it may not be appropriate to cohort patients.
  - c. If a patient is admitted for an elective surgery, then do not cohort with infectious patients.

VI. Various types of NCLEX style questions

- A. Multiple choice – identify the one most appropriate response out of 4 choices
- B. Matching – match a disease with its symptoms or match a medication with its intended action
- C. Sequencing – place items in order of importance or chronological order
- D. Fill-in-the-blank – math calculations or word identification questions



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- E. Drag and drop – seen during NCLEX exam where students identify a medication and/or diagram and drop it to the proper location on the body
  - F. Diagram identification – seen during NCLEX exams – students identify anatomical locations on a diagram. Example: where an aortic heart murmur would be heard or cardiac rhythm strip interpretation
  - G. Multiple response – questions where more than one choice is correct and the student is required to identify all of the correct responses
    - 1. As a general rule for multiple response questions – always choose more than one response and never choose them all. The reason to not choose them all is that having an incorrect response available increases the complexity of the test question.
    - 2. Remember to attack these responses as True/False

## VII. Steps to successful delegation

- A. Coordinating the care with other providers (RNs, LPNs, nursing assistants, etc.)
- B. The key is to delegate actions that involve stable patients or unchanging procedures
- C. Things to consider prior to delegation
  - 1. Predictability of outcome
  - 2. Potential for harm
  - 3. Complexity of care
  - 4. The need for problem solving and decision making
  - 5. Level of interaction with the patient
  - 6. Education, training and experience of the person being delegated to
  - 7. Knowledge and skill required
  - 8. Level of critical thinking needed
  - 9. Ability to communicate

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10. Demonstrated competence of the person being delegated to
  11. Agency policies & procedures
  12. State nurse practice act
- D. Don't delegate
1. Complicated or complex care  
  
Example: RN cares for the patient with acute angina; LPN cares for the patient with chronic angina
  2. The nursing process
  3. Patient teaching  
  
RN's are responsible for patient teaching. LPNs can reinforce patient teaching.
- E. RNs are responsible for contacting the physician and maintaining the care of unstable patients
- F. LPNs can administer medications through a g-tube, give po meds, dressing changes, insert NG tubes and foley catheters and perform some functions of IV therapy (depending upon state nurse practice acts)
- G. 5 Rights of Delegation
1. Right circumstance
    - a. Consider the patient condition and preferred patient results
    - b. Example: Nursing assistants can obtain vital signs, however not immediately after surgery. Nursing assistants can feed patients, however, not if the patient's first feed after a stroke.

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2. Right task assigned to the right person
    - a. Consider the knowledge and skills of the delegate, verification of clinical competence by the employer, stability of the patient's condition, availability of resources, methods of communication, complexity and frequency of care
    - b. Example: RNs can ambulate patients, however nursing assistants can also ambulate patients in the correct situation. LPNs can administer PO medications, whereas nursing assistants cannot. RNs can give IV narcotics, whereas the LPN cannot.
  3. Right person
    - a. Be sure you know the licensure, role, and preparation prior to delegating.
    - b. Consider the person's strengths and weaknesses prior to delegating.
    - c. Know the facilities policies and procedures. In some institutions nursing assistants have been trained to insert foley catheters. In other institutions, they do not have the training or skills to competently complete the task.
  4. Right direction – The 4 Cs
    - a. Clear – clear communication is understood by the listener. Have them restate the instructions.
    - b. Concise – give enough, but not too much information. Irrelevant information can cause confusion or waste time.
    - c. Correct – provide accurate communication that follows the rules, regulations, and job descriptions
    - d. Complete – provide all of the information needed

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5. Right supervision

- a. Providing adequate guidance and direction, oversight, evaluation, and follow up to the delegation.
- b. The person delegating is ultimately responsible for the delegation.
- c. Example of poor delegation: RN to NA:

“Go obtain a set of vital signs on the patient in room 210.”

This delegation clearly lacks direction and adequate information.

- d. Example of proper delegation: RN to NA.

“Please obtain a set of vital signs, including BP, P, R, and temperature on the patient in room 210 within the next 15 minutes and report back to me your findings. Also, remember that the patient had a mastectomy of the left breast, so be sure to take the blood pressure on the right arm.”

VIII. Answering prioritization questions

- A. Deciding which needs or problems require immediate action and which ones could be delayed until a later time because they are not as urgent.
- B. 4 Ps: Purpose – Picture – Plan – Part
- C. Order of care delivery for a caseload of patient based on current conditions
- D. Plan for care delivery for a caseload of patients based on verbal and written reports and documentation
- E. Care based on assessment/data collection of assigned patients’ current condition
- F. Recognize changes in in patient’s status and promptly notify other members of the health care team
- G. Evaluate patient outcome achievement and revise plan of care as needed
- H. The nurse continuously sets and resets priorities in order to meet the needs of multiple patients and to maintain patient safety.
- I. The nurse must be able to predict possible problems if another option is chosen first

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J. The nurse must be able to consider the potential future events if the tasks are not completed, the time it would take to accomplish it, and the relationship of the tasks and outcomes.

K. Keys to successful prioritization

1. Systemic before local

“Life before limb”. Patients in shock should be seen before a patient with a leg injury.

2. Acute before chronic

New injuries or acute exacerbations should be seen before chronic patients.

3. Actual problems before potential problems

4. Listen carefully to patients and don't assume

5. Recognize and respond to trends

6. Recognize signs of medical emergencies and complications versus “expected patient findings”

7. Apply clinical knowledge to priority setting

IX. Empowerment

A. Be mentally and emotionally prepared to take your exams

B. Challenge your nursing thoughts

C. Use controlled breathing

D. Desensitize yourself from fear

E. Perform muscle relaxation

F. Exercise

G. Get plenty of rest

H. Have confidence

I. Make an educated guess

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# Remember....You are in Control.....

Prepare – Prepare – Prepare and use these tips to assist you in Successfully **PASSING**  
**NURSING SCHOOL** and the **NCLEX** exam on your **FIRST** attempt!!

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Any inquiries regarding the contents of this program or continuing education needs should be directed to:

P.O. Box 55  
Coldwater, OH 45828  
Phone: 419-305-3043  
E-mail: [info@edconcepts.net](mailto:info@edconcepts.net)  
Web site: [www.brainynurses.com](http://www.brainynurses.com)