

The NCLEX® Flex: Pump Up To Pass!

by Linda Turchin, RN, MSN



Psst! What have you heard about the NCLEX®?

A nursing student is certainly no stranger to stress, anxiety, and the occasional panic attack. Handling two midterm examinations in one day becomes commonplace, but nothing seems to evoke more apprehension than the dreaded NCLEX®. Just mention “boards” and watch even a straight-A student turn ashen and sink into the depths of clinical despair, total intellectualizing denial, or maybe even full-blown hysteria. Take heart; it might not be as bad as it seems. No matter what you may have heard about the NCLEX®, here are the facts...

What is the NCLEX®?

The NCLEX® (National Council Licensure Examination) is a comprehensive, computerized adaptive test designed to identify those nursing graduates who can provide safe, effective entry-level nursing care and approve them for licensure as nurses, either registered nurses or licensed practical nurses. The NCLEX®, while testing knowledge, abilities, and skills, is also evaluating the graduate's ability to think critically and make competent nursing decisions. Psst! While not everyone passes the first time, don't let the NCLEX® scare you; NCLEX® doesn't really stand for "Nightmares, Crying, and Life-altering EXperiences."

Pointers for passing:

- Research supports that the sooner you take your NCLEX® after graduation, the better the score you will earn. But do not schedule the test if you are expecting life-altering events to take place around the same time – childbirth, marriage, or divorce –
- or someone close to you is ill.
- Schedule your test at the time of day when you function best. If you typically think of yourself as a night owl, do not schedule an 8 a.m. test time.
- Plan on using the entire allotted time for the test. That way, you won't be stressing out if it takes the entire five hours to finish the test. Actually, it is a good idea not to make any solid plans for the rest of the day. For example, do not agree to work an afternoon shift that day.
- Eat well and get enough rest for at least a week before your exam. The NCLEX® is like an endurance race – you have to train for it. And for goodness' sake, do not stay up the entire night before the test to "cram" and then consume a breakfast of three colas, two cream-filled donuts, and a large black coffee.
- Wear comfortable clothing. The more comfortable you are, the more relaxed you will be, and the more relaxed you are, the better focused you will be.
- To minimize last-minute jitters, pre-plan well:
 - Get directions to the testing site. Go for a "test drive" and find the place and where to park before the testing day.
 - Allow extra time for traffic delays and to check in.
 - Take your "Authorization to Test" and two forms of identification. One must be a photo identification, and both must show your signature.
 - If your name has changed since your "Authorization to Test" was issued, bring a legal document that shows your new name.
 - You will be required to leave all personal belongings (including study aids) outside the testing area, so only bring things that will fit in a small locker.
 - Get your nerves under control. Arrive at the testing site early enough to relax, and be sure to use the testing breaks to calm down. Remember to breathe deeply: Inhale slowly, count to ten slowly, and then exhale slowly.

Why must I take the NCLEX®?

To practice nursing, a new graduate must pass the NCLEX®. A passing score earns her/him the right to be considered for licensure by the state (or territory) in which she/he wants to practice nursing. Without

a passing score, there will be no license, and thus, he/she will not be permitted to practice as a registered or licensed practical nurse. Psst! Every nurse licensed and practicing in the U.S. has taken and passed the NCLEX®. So, no, it is not a punishment; you are not taking the test because you did something horrific in a past life...

Pointers for passing:

- Talk to nurses about their experience with the NCLEX®. Most nurses will be supportive, encouraging, and willing to share their own pointers for passing.
- When you ask nurses about their NCLEX® experiences, avoid the temptation to dwell on the drama. You might hear horror stories about the test dragging on and on; just endure them and try to get some solid information about what they had to do to pass.

Who is responsible for the NCLEX®?

The NCLEX® is administered by a specific state board of nursing to nursing school graduates. Since these boards have the mandate to protect the American public from unsafe and/or ineffective nurse clinicians, the sole purpose of the NCLEX® is to provide evidence that you are capable of practicing safe, entry-level nursing.

The NCLEX® is developed by the National Council of State Boards of Nursing, Inc. (NCSBN), for use in each of the 50 states, the District of Columbia, and the five U.S. territories. The same examination is used as a licensing tool for all nursing graduates no matter what type of program they attended – diploma, associate-degree, or baccalaureate. Since all boards of nursing recognize the test, a nurse does not have to re-test to become licensed in another state.

The questions (items) are written by nurses prepared at the master's or doctoral level, who work with RNs or teach nursing students. The item writers are trained to create questions that reflect both the test plan and a student's required minimal competency level. Psst! See, it really isn't written by crazed nursing faculty as a means to punish all those who messed up in clinicals...

Pointers for passing:

- Your school's faculty is an excellent resource for passing NCLEX®. If they suggest an NCLEX® review course, take that advice seriously.
- Most schools of nursing use some form of predictor test (such as ATI's proctored tests) – a specially designed standardized test that compares your score to other nursing students who have taken the same test and have later taken NCLEX®. With this information, your statistical likelihood of passing NCLEX® (for example, 85%) is formulated. This type of testing also provides a study blueprint for you, since it identifies both your strong and weak content areas. Take these predictor tests seriously!

How is the NCLEX® created?

The NCLEX® test plan determines the scope and content of the exam and is revamped every three years. The NCSBN conducts a study of the entry-level requirements and tasks of newly licensed registered nurses. The participants are given a list of nursing interventions and asked to indicate where, how often, and under what circumstances they are expected to perform these activities. The impact on patient safety, as well as the legal scope of nursing practice, is also considered in the test plan. In other words, the survey is used to determine what nursing interventions are routinely being performed by entry-level nurses. The test questions are then constructed to evaluate the new graduate's ability to practice safely and competently at that level.

Psst! Relax. You are not being compared to experienced nurses – just other new clinicians like yourself.

Pointers for passing:

- Remember that the NCLEX® test plan (blueprint) is based on this survey – and the survey is conducted every three years, so the test plan changes to reflect the latest survey data. Be sure you are studying from the latest test plan.
- If you are taking the NCLEX-RN®, there will be 15 non-graded, experimental questions on your test. These items are being evaluated for reliability and validity to determine whether or not they will be included in future examinations.

How does computerized adaptive testing work?

Basically, the computer reacts to the answers it is given. The test will begin with the computer randomly selecting a question that is of medium difficulty. If it is answered correctly, the next question selected will be more difficult; if it is answered incorrectly, the following question will be less difficult. This process is continued until 75 questions have been answered. At that point the candidate's competency is evaluated; if there is sufficient evidence of competency, the test is over; if there isn't sufficient evidence of competency, the computer will continue to select questions (a maximum of 265) until the test plan requirements are met, and a reliable pass or fail decision is made (95% certainty that your score is either above or below the passing standard).

While there is no time limit for answering an individual question, there is a five-hour limit set for completing the test. That includes the time set aside for the tutorial and for two 10-minute breaks. You may take additional breaks, but the clock continues to tick away the five hours. The test ends when one of the following four circumstances occurs:

- Competency is demonstrated (after answering at least 75 questions).
- Lack of competency is demonstrated (with at least 75 questions being answered).
- The maximum 265 questions have been answered (without determining competency reliably).
- The maximum five hours has been used (without determining competency reliably).

The test is computer-based, so no pencils or paper can be used, but there is no need to panic since only basic computer skills are required. There is a mandatory tutorial that gives instructions, as well as a practice exercise, before the actually exam begins. Since the questions are selected based on the previous answers, you will not be able to skip questions or to scroll back to change answers. Once an answer is confirmed there is no changing it.

Psst! See, you are not doomed if you aren't computer-savvy, but it may help your nerves if you can get comfortable taking computer-based exams before you take NCLEX®.

Pointers for passing:

- Take as many computer-based practice tests as possible. Never pass up the opportunity to challenge your knowledge and application skills. Many schools provide non-proctored, computer-based, practice quizzes, and there are free online NCLEX® quizzes available as well.
- If you feel that the questions are getting harder, that is actually a good sign, because the more questions you answer correctly, the more difficult the questions become.
- Don't worry about how many questions the computer has or has not given you. As long as the computer keeps giving you questions, you can be sure you haven't failed.
- You are not able to go back and change the answer to a previous question, so take your time, but
- do not waste your time. If you really don't know the answer, make your best guess and move on to the next question.

What are the questions like?

The NCLEX® questions are mostly integrated (meaning that different subjects are blended into the same question and/or seen throughout the test), multiple-choice items with four options. Sometimes NCLEX® uses other question formats, as detailed in "Sampling the NCLEX® Item Formats" elsewhere in this article.

Overall, the test requires an understanding of nursing practice as it relates to all stages of development while also covering the following categories of client needs:

- Safe, Effective Care Environment
 - Management of Care
 - Safety and Infection Control
- Health Promotion and Maintenance
- Psychosocial Integrity
- Physiological Integrity
 - Basic Care and Comfort
 - Pharmacological and Parenteral Therapies
 - Reduction of Risk Potential

- Physiological Adaptation

These nursing concepts and processes are also integrated throughout the major categories of client needs:

- Nursing Process (assessment, analysis, planning, implementation, and evaluation)
- Caring
- Communication and Documentation
- Teaching and Learning

Pointers for passing:

- Formulate a study plan:
 - Make sure your plan contains four components: subject review, testing techniques, time management, and practice testing.
 - Identify your strengths and weaknesses.
 - Determine how much time each day or week you will set aside for reviewing, then decide when and where you will study, and stick with the plan!
 - Incorporate reviews of all four client-needs categories identified in the current NCLEX® test plan.
 - Get your material logically organized into manageable amounts of information or look for NCLEX® review books that organize the material for you. Remember: Too much of too many different topics will be too confusing to be helpful.
- Allow yourself several months before graduation to prepare; cramming is never an effective way to study.
- Consider a study group of three to five people who meet regularly to discuss pre-determined topics. Each member should come prepared to take an active role in the review discussion (with appropriate questions and rationales to share with the group). A study group should be a positive learning tool; if the group does not provide a helpful experience for you, don't waste your time. Find another group or study alone.
- Whether with a study group or by yourself, do not focus solely on learning facts. The NCLEX® tests your ability to apply what you know, to make sound nursing judgments, and to think critically. Remember the nursing process!
- While there are other formats used on the NCLEX®, most questions will be presented as multiple-choice questions, so concentrate on that design. Review a topic and then immediately drill yourself with related questions. Since the NCLEX® will randomly select questions from a variety of topics, you should periodically take a comprehensive quiz to practice moving smoothly from one content area to another.
- It is a good idea to use more than one review source. That way you can become familiar with a variety of questioning styles.
- As you take the practice quizzes, flag the questions you miss, and then go back and review the rationales. This is an excellent way to identify and correct your weaknesses.
- Focus on understanding the information, not on memorizing mountains of facts.
- Your study plan should include a sufficient number of practice questions, then focusing your

review on the topics you miss on the practice tests.

- A daily review session that lasts one to two hours is usually sufficient; more than that becomes a burden, and you will start to resent reviewing. Remember to take a 10-minute break every hour and use it to relax.
- Take your practice reviews on the computer whenever possible. That way you and your brain will become accustomed to performing under the same conditions the NCLEX® will require.
- Start your session by concentrating on a system or topic that is your weakness and finish off with an area in which you are stronger. The majority of your time should be spent on areas you find hard to understand.
- Always review and understand the rationales for your practice questions. This will help you transfer that understanding to other questions dealing with the same concepts.

What will I have to know?

Since you will have graduated from nursing school, the NCLEX® will not test you on nursing knowledge (recall) or your comprehension (understanding) of that knowledge. Instead, the test questions are designed to evaluate your nursing judgment (analysis) and critical-thinking (application) skills. The typical NCLEX® item will contain:

- the background (situation) that provides you with the information you need to answer the question
- the stem (question) that presents the problem you are to solve
- the four options that are the possible answers to the question
 - one key (correct answer)
 - three distractors (incorrect answers)

Psst! Okay, the NCLEX® may be different from your usual nursing test, but it is still based on how you use what you know.

Pointers for passing:

- Be sure to read and understand the entire question before attempting to answer it.
- Always think “client safety” and remember the ABCs: airway, breathing, and circulation. When you truly do not know the answer and cannot make a critically sound guess, then look for an option that deals with the safety of the client. Remember, if a question concerning client oxygenation is asked, then the chances are excellent that the answer will involve a nursing intervention that deals with improving the client’s respiratory status.
- Pharmacological and parenteral therapy questions are expected to increase, so be sure to spend time on the action, side effects, interactions, and dosages of common drugs.
- First things first: Decide what the item is asking of you. Is it looking for a nursing intervention, a client symptom, or an evaluation?
- Work at answering the questions slowly and accurately rather than rushing and making mistakes.

Remember that there are no extra points for finishing first.

- Remember that the NCLEX® is testing your ability to think critically – to pick the one best answer. The test is not designed to trick you, but it does require that you have good reading and comprehension skills.
- If a question does not make sense, try rephrasing it in your own words.
- Pay close attention to bold or italicized words in a question. They are usually hints to the answer.
- Do not read into the question – your first answer is usually the best answer. Do not change your mind unless you have a solid reason for doing so.
- You cannot go back and change your answer, so don't waste your time and spike your anxiety level by agonizing over the answer you selected. Let go, move on, and concentrate on the current question.
- Begin by eliminating any obviously incorrect options.
- Remember the “odd man out” theory: If three out of the four options are very similar, then consider the different one carefully. It might be the correct answer.
- If two of the options are direct opposites, it is likely that one will be the correct answer.
- If an option contains both correct and incorrect facts, it cannot be the answer.
- Be wary of options that contain the words always, never, none, or all.

What happens when I'm finished?

Once you complete your test, you will be asked to take a short, computer-delivered survey. These questions are designed to help evaluate the testing experience, and your answers do not affect your grade in any way. After you take the survey, raise your hand to alert the test proctor that you are finished, and then you are free to leave.

The test is scored twice: immediately by the computer and then again after the test is transmitted to the testing center. It is only then that the results are sent to the appropriate state nursing board. No results are released by the test center. In fact, calling either the testing center or the board office is discouraged and will not result in your knowing your score any sooner. The time and method(s) used to inform you of your test results are determined by the state board of nursing handling your licensure application, but it is recommended that you allow four weeks for receiving test results by mail.

The results are stated as either a “pass” or a “fail”; no letter grade or percentage is assigned. A candidate who is unsuccessful will receive a performance report. Although unwelcome, this report is invaluable since it provides a detailed description of the test taker's strengths and weaknesses – topics on which the test taker needs remediation, a guide for studying, and information about rescheduling the examination. There is typically a mandatory waiting period established by the individual state board.

Psst! The most important advice for those who must re-take the NCLEX® is: Do not despair; you can pass. Have a good cry, take a deep breath, refine your plan, and try again.

Pointers for passing:

- Realize that you are not alone. It isn't something nurses like to talk about, but you will be surprised at the number of practicing nurses who took the NCLEX® more than once. But they persevered and passed, and so can you. Do not hesitate to network with other nurses who weren't successful the first time, either. They may be able to give you concrete suggestions for meeting this problem head-on.
- Review the performance report you received from the state nursing board. This will give you a good idea of where (which NCLEX® test plan areas) to concentrate your remedial work.
- Once you know where you went wrong, figure out how to avoid making the same mistakes. You know what you did to prepare for the first test; now decide what changes you must make to prepare for the second one. According to both nursing faculty and administrators, the primary cause of initial NCLEX® failure is lack of effective preparation.
- If you are working as a graduate nurse, notify your employer. Often, it will have remedial courses available for you to use.
- Contact your school of nursing.
- The faculty is a great source of information about the best methods for refreshing your knowledge and applying it appropriately.
- NCLEX® review books and review courses are often very helpful in both strengthening your weak areas and in giving you back that all-important self-confidence.
- Be realistic; you will need to prepare for the NCLEX® retest, and this study plan must differ from your first plan.

You are about to experience one of the most exciting times in a nurse's career – taking and passing the NCLEX®. Do not allow over-confidence, under-preparation, inflated anxiety, or deflated self-confidence tarnish your performance. You have worked hard to earn the honor to practice as a professional nurse. Now prepare effectively; take a deep, calming breath; tell yourself you can do it; and go pass the NCLEX®!

Sampling the NCLEX® Item Formats

All NCLEX® questions are not created equal. You will be grateful for the “easy” ones, humbled by the “exceptionally difficult” ones, and challenged by most of them. They are not all written in the same formatting style. While the NCLEX® consists primarily of multiple-choice questions that require that you select the best answer from among four options, it is extremely likely that you will also encounter one or more alternate-item format styles. It is important that your test preparation includes becoming familiar with these styles:

Multiple-response: You are expected to select all the correct answers from the options provided.

Fill-in-the-blank: You are asked to supply a numerical response to a calculation (math) problem.

Drag-and-drop: The question will necessitate rank-ordering or moving objects or text to answer the question. This might involve placing nursing interventions in order of priority (importance or appropriateness). In other words, which action is to be done first, then second, then third, etc.?

Hot spot: You will be asked to identify on a figure or other graphic the appropriate area that provides

the answer to the question.

Chart/exhibit: You will be presented with a problem, and will have to read the information provided in a chart or exhibit to solve the problem.

While not all test questions are designed alike, they do tend to share the same basic components. NIP (NCLEX® Information Pearl): A test question is called an “item.” These elements include the:

Case scenario: This is the background information about the client and the situation on which the question is based. This is where you will find the information you need to consider when answering the question.

Stem: This part asks a question related to the case scenario.

Options: These are the potential answers to the question posed in the stem.

NIPs: The correct answer is called the key; the incorrect options are called distractors. Except for multiple-response items, alternate items do not contain options. Any item format may incorporate a chart, table, or illustration.

Here is an example of the most common format, a multiple-choice item:

(Case scenario) A 56-year-old client is treated in the emergency department and admitted to the coronary care unit of an acute-care hospital with reports of severe, substernal chest pain radiating down his left arm and up into his left jaw uncontrolled with sublingual nitroglycerin. He is diagnosed with an acute myocardial infarction. (Stem) Which of the following nursing interventions is the priority on his admission to the coronary care unit?

(Options)

1. Auscultate lung fields. (distractor)
2. Perform a pain assessment. (distractor)
3. Begin cardiac telemetry monitoring. (key)
4. Obtain a family history of heart disease. (distractor)

NIP: The key word in this item is “priority.”

Here is an example of a multiple-response item:*

(Case scenario) A nurse is caring for a 65-year-old client diagnosed with chronic renal failure. The client and his family are discussing the news that he will not be a candidate for a kidney transplant because of his history of chronic uncontrolled hypertension and type 1 diabetes mellitus. The client tells his family and the nurse that he “wants to stop dialysis and prepare to die.” (Stem) Which of the following response(s) by the nurse is (are) appropriate?

(Options)

1. Take a seat next to the client, quietly staying with him. (key)
2. Say to the family, "I'm sure he will feel different tomorrow." (distractor)
3. Say to the client, "That's a decision only you can make." (distractor)
4. Leave the room so the client and his family can discuss his feelings. (distractor)
5. Say to the client, "You are upset about the news regarding the transplant." (key)
6. Say to the client, "You have had a long, happy life, and I respect your wish to die." (distractor)

NIPs: The key word in this item is "response(s)." You must select all of the correct options; NCLEX® does not award partial credit.

Now let's look at a fill-in-the-blank item:

(Case scenario) A 56-year-old client diagnosed with heart failure is prescribed digoxin (Lanoxin) 125 mcg by mouth each morning. The nurse preparing the client's medication finds that the pharmacy has dispensed 0.25-mg tablets of the drug. (Stem) How many tablets should the nurse administer for each dose?

5 (key)

NIPs: Do not panic – there will be an on-screen calculator if you need it. Be prepared to convert from one measuring system to another.

Let's examine a drag-and-drop item next:

(Case scenario) A nurse is caring for a client who is receiving a blood transfusion. The client reports back pain and states, "It's getting hard to breathe." (Stem) Arrange the following interventions in priority order, that is, in the order in which the nurse will perform them.

(Options)

Assess the client's respiratory status.
Stop the blood transfusion.
Administer supplementary oxygen.
Run normal saline through the IV line.

(Key)

Stop the blood transfusion.
Run normal saline through the IV line.
Assess the client's respiratory status.
Administer supplementary oxygen.

NIP: The key word in this item is “priority.” You will use the computer mouse to “drag and drop” to place the nursing interventions in the correct order of priority.

Another alternate format is the hot spot:

(Case scenario) A client is diagnosed with left lower lobe pneumonia. (Stem) In the following illustration of an anterior view of the lungs, identify the area where the nurse would expect to hear crackles.

NIPs: You will use the computer mouse to move your cursor over the illustration to the spot that you decide will correctly answer the question posed in the stem. Remember: When determining locations on illustrations, the stem is referring to the client’s right or left, not the examiner’s. Visit the National Council of State Boards of Nursing website for more information about NCLEX® alternate items: http://www.ncsbn.org/pdfs/01_08_04_Alt_Itn.pdf.

The fifth alternate format is the chart/exhibit.

(Case scenario) A 53-year-old African-American man diagnosed with type 2 diabetes mellitus is transferred to an extended-care unit. He was admitted to acute care six days ago with cellulitis and loss of sensation in the great toe on his left foot from improper foot care and ill-fitting shoes. At the time of admission, the toe was dark, bluish-black in color. An amputation of the left great toe was required due to peripheral vascular disease and diabetic neuropathy. Prior to this hospitalization, he was taking oral hypoglycemic medication to control his diabetes. His blood sugar levels have been unstable since his admission, so his primary care provider has ordered regular insulin AC (before meals) and HS (at bedtime) according to the following sliding scale. The client is 10 days postoperative, and his recovery has otherwise been uneventful. (Stem) How much insulin should be administered to this client for an AC blood sugar of 152 mg/dL?

Blood sugar (mg/dL) Low-dose scale (older, thin, receiving TPN) Moderate-dose scale (average client) High-dose scale (active infection, receiving corticosteroids)

<70	Initiate hypoglycemia protocol	Initiate hypoglycemia protocol	Initiate hypoglycemia protocol
70-130	0 units	0 units	0 units
131-180	2 units	4 units	8 units
181-240	4 units	8 units	12 units
241-300	6 units	10 units	16 units
301-350	8 units	12 units	20 units
351-400	10 units	16 units	24 units
>400	12 units and call MD	20 units and call MD	28 units and call MD

(Key) 4 units; the client should be considered an “average client.”

NIP: Visit the National Council of State Boards of Nursing website for more information about NCLEX® alternate items: http://www.ncsbn.org/pdfs/01_08_04_Alt_Itm.pdf.

Remember that one of the keys to NCLEX® success is mastering the content you are weakest in. Also, be sure to review examples of all the formatting styles as part of your test review plan. That way, you will be better prepared for whatever the NCLEX® holds in store for you.

Good luck!!!

Linda Turchin, RN, MSN, is an assistant professor of nursing at Fairmont State University, Fairmont, WV, and a diabetes educator at Monongahela General Hospital, Morgantown, WV.

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