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**Tips To  
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There is so much disinformation out there, bad information and so many myths and misconceptions about what you're actually doing, what the test is doing when you're sitting there in that computer-based testing center taking the National Registry test.

I'm going to give you the straight dope on how this test is scored. It's different from any other test you have likely taken in the past. So we're going to need to sort of twist your brain around to a new style of thinking about the way that the test is scored. I want to tell you how these questions are created. People talk a lot about the National Registry questions and how they read and how they sound different. I'm going to tell you exactly how they're created, what it means to you. And then I also want to help you develop some strategies when you read these questions.

I'm going to give you some very powerful strategies. If you've never written a test question before when I explain to you how you go about writing that question you're going to understand that there are some inherent weaknesses to that process. When you get that process you can see the weaknesses in the question. I'm going to give you some examples of how you can find your way to the right answer on some of those flawed questions, not even knowing anything about the knowledge points on the screen. And you may not believe it but when I show you, you know, you'll see where I'm coming from on that.

So are you ready to see this matrix? When we go inside of this, let's dive in. Let's start with how a National Registry question goes from inside somebody's head to on the screen in front of you when you go take a computer-based test.

Once a question is created there is a process to accept that question. The question itself, how it's worded, needs to be analyzed. Is it a valid learning point? The correct answer needs to be validated in multiple, different references. And then the incorrect answers, they need to be validated as well.

After this whole process, a question is ready to be taken out and goes into testing. I'm told very few questions actually just make it through on the first shot, on the first go-around. Most of the questions get changed in some way. Some questions, they end up writing an entirely different question. By the time they're all done hashing it out, not a single part of the original question remains. But they have a question to pass on.

When we talk about these questions, we talk a lot about, "Is it a hard question, or is it a easy question?" And before we dive too much further into this, I want to talk to you about that. We'll talk to the hard-versus-easy issue. You're going to hear that when you talk to people who've taken the test, when you go to those online forums that I'm going to encourage you not to go to, people are going to say, "This question is hard, or this content was hard." Or, "This is easy." Hard versus easy is very important when it comes to the National Registry because, as I'm about to show you, how many questions you get right and how many questions you get wrong doesn't mean anything.

In fact, I'm going to tell you... I'll just tell you right now. I already know you're going to get about 47 percent of the questions on the National Registry wrong. You're going to get them wrong. That's OK. Everybody does. The people who pass do, and the people who fail do. All

right, now you're thinking, "How can that possibly be?" I will make that make sense to you. Because it's not a percentage, everything has to do with how difficult was the question that you answered. How difficult was it? Are you answering questions of a sufficient difficulty to demonstrate that you have the knowledge that you need to be an EMT or a paramedic.

So how does the National Registry decide what's a hard question and what's an easy question? Well to answer that, we've got to start with their process. Let's talk about how a question is developed. Every question doesn't start with a question in and of itself. Actually, every question starts with a knowledge point, or a learning point. They look in the curriculum. There's six major categories. I'll tell you what they are. And every one of those categories has hundreds of subcategories. And for every one of those subcategories, then there's another classification that says, is it skill, is it knowledge, or is it application? So they can't just ask you an airway and breathing question. They have to ask you an airway and breathing, differentiation between obstructive and congestive respiratory skill.

They have to categorize it down to that extreme, and then they have to state the exact knowledge and learning point that they want to know that you know when they write this question. Then they write the question.

So from a knowledge and learning point, next up comes the test question--the actual sample question that they put up there for everybody to hash out. This is a question they're going to ask, and if they can find the right answer it means they know this knowledge point. When they have the question just right, then they've got to write the answer. This is the answer that is correct, and obviously that's going to be validated. Then they have to write three distractors. The correct answer is a distractor, and then they have to have three additional distractors, which are the incorrect distractors, to add on to that test.

So that's sort of the makings of a test. So they get that all together, it goes to this room, they all hash it out, they validate the correct answer, they validate the incorrect answers, they pass it on, and now it's off to testing. So all 12 people in that room have decided, "Thumbs up. Yes, we all agree, this is fit to be a National Registry test question. This is validated. Off we go." And they test it.

How do they test it? They insert it into the test that you're going to take. The test that you're taking is actually going to have a number of sample test questions. You will have no idea when you're answering a sample question that is not actually going to factor into your score. You don't know. They don't give you any clue on the screen that this is a sample. They don't want you to know. They don't want you to address that question any differently. So that's going to go out there. It's not going to affect anybody's score, but they're going to tally up all the responses to that question.

This is what they're really concerned about. They want to know how many people chose the correct answer nationwide, sea to shining sea, all across the board. Are there any regions specifically where they're not getting this answer correctly?

They're not going to be subjective about difficulty. They're going to see thousands of people answer this question and they're going to decide exactly how difficult it is based on how many people get it right. It's very objective. So the question comes back like this and they see 70

percent of people out there answered it correctly. We're going to rate this with a low-moderate difficulty on our numbering scale. It's simpler, objective. They get the answers back; they know how hard the question is. They may also get a result like this. Now that's a little bit different. Now we've got 56 percent of people getting it correct. But we still have a fairly even spread between the incorrect distractors.

Different people, an even spread of people, choosing each incorrect distractor and 56 percent of people getting it right. So this one they're going to say, "OK we'll validate this question..." It's a good question, it's a correct question, but it's a hard question. When the National Registry says a question is hard this is what they mean. They mean that when they sampled it nationwide, only 56 percent of people, a little bit more than half of the EMTs taking that EMT test or the paramedics taking that paramedic test knew the correct answer. So that one's going to score way high up on their difficulty scale. So it's a very objective process.

This is what they don't want to see. They don't want to see 70 percent of people getting it correct, and then a big cluster of people choosing one incorrect distractor. This one they are going to kick back to that room full of people that's going to show up in a couple of months and they're going to have them re-validate this question. And they're going to say, "Distractor C and Distractor D are invalid". They're not plausible enough for people to be picking them. So we want better distractors added to this question so that we get a better, more even spread. And you need to take another look at answer A. Is it truly incorrect? Can we validate that it is an incorrect distractor?

That's one thing of many things that's going to be different about the National Registry than any other test you took. Every single incorrect distractor is going to be plausible -- plausibly validated.

You're going to see between 70 and 130 questions from the Registry. They've got a database of over 3,000 questions. They have more than enough questions to test you multiple times and have you never see the same question again.

Here's another thing that you can glean from that... The content of the question has to be nationally applicable. So they are looking for stuff that they can reference and validate in a national source, like the American Heart Association, like your EMT textbook, like a physician's desk reference. Those kind of books. So some questions don't lend themselves well, some content doesn't lend itself well to being a National Registry question.

For example, how about the Good Samaritan laws? Good Samaritan laws don't make for good National Registry questions because they're state laws, different from state to state. If they ask you a question about the Good Samaritan law it's going to be a very general, "What is the general purpose of Good Samaritan laws?". They're not going to be able to ask you a question with any specificity about it because it's just too variable.

Drug doses are becoming very problematic, because they are so different from region to region. The dose itself of drugs can be very standardized. Nitroglycerin, for instance, has a very standardized dose, but the dosing regimen and when you can give it and when you can't is so different from state to state that asking questions about drug dosage becomes pretty problematic.

So keep that in mind when you are studying for a test. The last place you want to study for the National Registry is your protocol book. Put that away. You can learn that after your National Registry test. That's way too regionally specific. You want nationally specific content when you are doing this.

Here's another one you can glean. There is only one right answer. That's the way that test is designed. They can't throw you a question where if you choose A it's right or if you choose D you're right. There is only one right answer. Having said that, there's three wrong answers. I know that sounds painfully obvious, but the wrong answers are absolutely validated wrong. They're either wrong because they're factually incorrect or they're wrong in light of the correct answer being available to you.

And what I mean by that is that, sometimes they can ask you a question and there could be an answer that is the best right thing to do if the right answer wasn't present. But the right answer is a better right thing to do when it comes to the prioritization of your error. You have someone who is in cardiac arrest and they are asking you, "What's your next priority?", and you haven't addressed the airway or compressions yet, compressions is a very good answer until you insert airway as a possibility. Now compressions is the wrong answer in light of that airway.

So there are three wrong answers. Those three wrong answers give you two paths to every single question. There are two ways to figure out the correct answer, the answer they want you to choose. Either you can know the right answer to the question. But then there is another way that we often forget about... You can know that the wrong answers are wrong. I want you to get in the mindset when you look at these questions, to start as you're reading them, eliminate the wrong answers, keep the possibles in play, and you can hopefully work your way to the answer both ways. Teach yourself to find that answer through both paths and eliminate each wrong answer, knowing why it's wrong and also knowing why the right answer is the correct answer. Two paths to every answer.

So now I'm going to throw a question at you. Let's do a sample question and let's just say arbitrarily the first question you get on the test is a difficulty rating just a little higher than zero. It's like a positive 0.2. Just a tiny bit higher than zero. They give you this question and it's going to be one of the six major categories that those questions come from and you go ahead and you answer it and you get it right. Boom.

The next question is going to be more difficult, right. This one is going to be like a 2.1 or a 2.3 on the difficulty scale. And it's something we didn't know. Bang, we did that question wrong.

The third question they ask you is going to be a little lower on the difficulty scale. And it may not be on the same subject matter. But whatever subject matter, it is it's going to be a lower difficulty question. Now this one's going to be a 0.8 on the difficulty scale and you get that one right. You get to go back up to that 1.2, 1.3 difficulty scale.

Your next question is a little bit more difficult. Ooh, you get it right. Now you're on a roll. Ooh, you get it right.

They ask you your sixth question and this one is hard. This one is way up there. Now you get like a 4.3 or a 4.4 on the difficulty scale and you get it wrong. And you go back down to 3.2 and

you get it right. And then you go back up it 4.0 and you get it wrong and then you go back down to 3.4.

What's happening is that your knowledge level is consolidating around a certain difficulty level. And that's what the test is trying to do. That's all it's trying to do. It's trying to figure out where does your body of knowledge start to consolidate around a certain area of difficulty or if I, what the computer starts to know, if I ask him questions harder than this level of difficulty, he gets them wrong. If I ask him questions easier than this difficulty level, he gets them right. And when that computer is 96 percent certain that it knows what difficulty level to rank you at, it shuts off your test, and it ranks you.

Here's another scenario. Let's go all the way back to question number three. Remember that question? The one, you got number two wrong, it bumped you down, now you were at like 0.8 difficulty. Let's say you get that question wrong. Now you go down and you're at a like a negative 1.3 difficulty. Oh, you get that one wrong, you have a horrible streak. Now you're answering questions that are down in the negative three range and oh, if it's easy enough, you get it right. Bumps you back up around zero, you get that one wrong. Back down to negative three, you get that one right.

And here, your knowledge consolidates at a point below passing, less than that passing difficulty right? You're still going to get about the same amount of questions right and the same amount of questions wrong and you're still going to experience the same struggles as somebody else who had a far higher knowledge base. And you may get asked the exact same amount of questions.

If your difficulty in your view, if that certainty level is reached in the same amount of questions, boom, it will rank you, and it will shut off. There's a couple reasons, and unfortunately, you failed.

There's a couple reasons why, the things that have to happen for the computer to shut off your test. I know that's a point of controversy, like when is this thing going to shut off my test. They asked him 80 questions, they asked the next person 90. They asked me 100. What does that mean?

Well there's a couple of things. One is, the most important is, it has to reach that 96 percent certainty level that your knowledge, it can consolidate your knowledge at a certain difficulty level and say with certainty that's where your skill and your knowledge lies.

It also has to ask you a predetermined minimum number of questions. That's also a guarded secret. Just from subjectively talking to people, I'm going to tell you that it's somewhere between 71 and 73 questions. If you ever get the Registry to ask you less questions than that, please let me know. Shoot me an email and say "Hey, took a test, it shut off at 68." Let me know if it's actually lower than that.

But that's my guess. That's the lowest I've ever heard of it shutting off.

Now let me give you six rules when you're reading the questions themselves. Let's start really picking apart how you can find weaknesses in these questions to help you find the right answers.

The first three rules are going to all be based on the same concept I'm going to tell you about, called the problem of the fourth distractor. The problem of the fourth distractor. Consider this question on your screen: Which of the following objects impacts the body with medium velocity when used as a weapon? An ice pick? A bullet from an assault rifle? A butcher's knife? Or a bullet from a handgun? Think it over. Let me tell you about the problem with the fourth distractor.

The problem with the fourth distractor is here you're writing your test question, you have your knowledge point that you originated with, you developed your question, you knew the right answer so you wrote the right answer in, right, and then you start writing the wrong answers. Those incorrect answers that you need, I say you want them to be plausible but actually for the National Registry you need them to be plausible. For your test to be validated in testing and accepted you have to create distractors that people are going to actually choose or your question isn't valid. The problem with creating these distractors, they all have to be incorrect, right?

You start creating these distractors and coming up with three wrong answers that none of them sound like the other ones you've already created is really hard. I don't know if any of you have ever written a test question before, but if you've written a test question you start to find that writing the fourth distractor, coming up with the third piece of incorrect information is the most difficult part of writing the question. And because of that it exposes the question to some inherent weaknesses.

I'm going to tell you the first weakness that I find, OK? So there it is that fourth distractor at the bottom of your screen. Here's the problem with the fourth distractor. Similar incorrect distractors, they start to sound like each other. One distractor sounds like one that you've already written. This is so common it's unbelievable how frequently I see this that's why I made it the number one rule that I wanted to talk to you about.

Now that you know that, look at the question. Look at it again. While you're looking it over it again, think a little bit about the way you thought about this question. When you thought it about it, did you get frustrated that maybe they didn't teach ballistics in your class? Maybe this information was never presented to you before. Maybe you sort of challenged whether this was part of an EMT curriculum. If you're a paramedic you may still have challenged it, "Was I supposed to learn this in my paramedic class?" You might have been frustrated, "Well what are they, this is a National Registry question? I'm going to get something like this on the National Registry?"

All of those things are going to come back to haunt you when you're taking the test and you come up with a question you don't know. Instead of challenging it, analyze it. Start picking it apart. Dismiss from your brain all of those frustrating challenges that you want to offer up to why this question shouldn't be on your computer screen and start analyzing the question. This is what I'll tell you. You could answer this question correctly having no idea, anything about ballistics. You don't need to know about ballistics to answer this question correctly.

Most people are picking D as the correct answer. I'll tell you that you're absolutely right. A bullet from a handgun strikes the body with medium velocity. But more than that this is what I want you to know, I don't care if you walk away from this knowing about ballistics, this is what I want

you to know. A and C are the same answer, they're the same thing. A and C are both sharp metal objects wielded by the hand.

Think about the question, the question was asking you about velocity, right? An ice pick and a butcher knife are two very similar things, they have a handle, they have a sharp metal edge to them and more importantly they move through the air driven by the same device, your hand. They're moving at the same velocity. So you can completely dismiss A and C if you think about the first rule of the problem of the fourth distractor, those two are the same thing. The person that wrote this question, I'll guarantee you that either A or C was the last distractor that they wrote and they fell victim to that trying to come up with an answer. So once we get rid of A and C, even if you know nothing about ballistics, most people if you ask them, "What travels faster, a bullet from a handgun or a bullet from an assault rifle?" Most people are going to pick handgun.

So here's an example of knowing absolutely nothing about the content on your screen, if you know just one of these six rules you can find the right answer to this question.

Let's do another one. Concerning behavioral emergencies which of the following statements is true? A patient who does not respond to crisis management techniques must be restrained for transport to a psychiatric facility. B, only a licensed psychiatrist can apply crisis management techniques to the patient having a behavioral emergency. C, a diabetic problem may mimic signs of a behavioral emergency. D, it is relatively easy to determine if the underlying cause of a behavioral emergency is related to drug abuse.

Think about each distractor. This question is going to point out two more problems with writing the fourth distractor, coming up with that third piece of incorrect information. So here we are back on the fourth distractor, the problem with the fourth distractor number two is that, remember what we said that when you're writing this question you begin with a learning point or knowledge point, right? So when you write the question, it's attached, it's anchored to that knowledge point, right? It's anchored to it, it has to be attached to a valid knowledge point or a valid learning point. But there's no rule that says that every distractor has to be attached to a valid learning point or a valid knowledge point.

So you know what people do? They write distractors that aren't attached to any valid learning point, that if you ask yourself just logically and realistically, "What if hypothetically this answer was the correct answer? Could I trace it back to a valid learning point that the National Registry would really want me to know? Would it really be important for me to know this concept, so important that when they can only ask me 120 questions to validate whether or not I can do the job of an EMT or paramedic, they would make sure that they asked me a question about this thing? Is it valid?"

Read the question again. Read the distractors again. See if your idea changes if you see what I'm talking about. So if you see it, or even if you don't, put that in the back of your mind and let me talk to you about the third problem with the fourth distractor. The third problem with coming up with that third incorrect possibility. It has to be incorrect. It has to be validated, proven incorrect. It is not the best answer for you to select and I need to be able to validate that. So this is what we do. There's a lot of possibilities and probabilities and sort of's in medicine and maybes, there are very few absolutes in medicine. There really are.

There's a few things about your patient assessment where you can say absolutely if you find this, this is absolutely wrong, if you account for this, this is absolutely what's going on. If this happens, you absolutely must do this thing, right? So to make our distractors incorrect, we'll use very absolute language. "You always, " "You must, " "You never, " "You have to, " and that's the point that makes the distractor incorrect, is that absolute language. Now I guarantee I can write some correct distractors, I can give you some questions and the correct answer will be an absolute. You can put absolute language in your correct answers. But when you read that absolute language it makes that distractor less likely.

If you have to choose between one that's using very absolute language and you have to choose between one that's using, sort of, you know "possibility, " "probability" ones, my take on it is that you want to, those ones that have "possibility" "probability" type language are always more compelling as the correct answer.

So reading the question again. Are you narrowing down a little closer what you think the right answer to this is? Most people have probably narrowed it down to C. A and B are both examples of that last problem I gave you. A patient who does not respond to crisis management techniques, must be restrained for transport to a psychiatric facility. Have you ever heard that?

Have you ever heard and nationwide, nationally applicably policy that says if you apply this certain technique and the patient doesn't respond, now you have to restrain them? That's ridiculous. Now that you read it from that aspect or only, only a licensed psychiatrist can apply a crisis management technique to a patient under law in an emergency.

Are there some guidelines that say there's a limit on how you can talk to the patient? Well, in some cases, yes, but not in this case. And then D is an example of that known valid learning point. It is relatively easy to determine if the underlying cause of behavioral emergencies are related to drugs. If that was the case, if it was really relatively easy, would that be some knowledge point that I wanted to make darn sure you know?

"Hey, I want to make real sure you know that if you come across somebody and they may be abusing drugs, it's going to be really easy to figure that out. Or if they are actually having a psychiatric emergency and it's not drugs, it's going to be a really easy thing for you to figure out". Is that a valid learning point? It's not, it's just not. So you can only eliminate D.

I just narrowed that question down to the correct answer even if I had no idea about EMT or paramedic stuff or any of this knowledge, I could have picked the right answer on this question. So then I do tend to read rules for the registry, just so we can keep track of them. Here's my three rules; similar distractors are usually long, if A was right, B would have to be right as well, or if A is wrong B would have to be wrong as well.

When you get distractors that have that type of relationship to each other or basically saying the same thing in a different way, often times we can just eliminate those distractors. Two, there must be a valid learning point. If it's a ridiculous learning point, if it's not something I would care about you knowing on this test, you can eliminate it.

Three, absolutes are suspicious. When you see those words "absolute in nature", they become very suspicious.

Sometimes when your instructors in class come up against that, especially towards the end of the test that they've written, they're coming up against that struggle or difficulty with the fourth distractor. They start really throwing you some bones. They start really throwing you some softball pitches with similar distractors.

Don't expect that you're going to get softballs with the national registry, you're not.

And here's something I want to point out to you before we jump into the sixth rule is the word "should." See in the old written National Registry test there used to be a lot of really obtuse wording. They're those double and triple negatives that you know people may be telling you about like you know, "Which of the following is not a contraindication to the application of, " like, oh my God, you're twisting my brain around with all these double and triple negatives.

In the computer based test they've really made a real effort to get away from those negatives and double negatives and triple negatives. They're always trying to frame questions in the positive. Very few questions slip through that are framed in the negative. And when I say framed in the negative, an example here would be if I had asked you, "Which of the following patients should not have their airway opened using a head tilt chin maneuver?" That would be the exact same question but I would be framing it in the negative. They tend to want to frame them in the positive. So if you're worried about those double and triple negatives and seeing a lot of questions framed in the negative, that's a very actual standard question format that you're going to see right there.

Here's my sixth rule, my sixth rule, don't "what if" the question. Don't what if that question. If you have to ask the distractor, "Well, what if?" Well what if, if you find yourself in your mind saying, "Well this one could be right, I mean, what if." The moment you say, "What if," that distractor becomes less likely. If you have to add anything to the question or anything to the distractor to make it right, it's probably not right. Look for the distractor that you don't have to add anything to, to make it right. Another way to make this rule, another way to word this is that the question of the distractor is what it is. It is what it is. You don't have to add anything to it to make it correct. National Registry will never give you a distractor that you have to add some sort of supposition to make it correct. It's going to be correct the way it's written right there on the page.

Now get used to looking at four right answers coming up on the screen and having to come up with the answer that is most right. Because that's what this question is. There's four right answers. Every single one of these people could need a jaw thrust maneuver. The diabetic, she's unresponsive in the driver's seat of her vehicle, oh OK she's diabetic but we don't know that's why she's unresponsive. What if she was assaulted, I mean what if somebody hit her in the head, what if she's attempted suicide? What if she was in an auto accident, but all of those things require what if. The woman who choked on a piece of food? That's the one that a lot of people struggle with because she's slid out of her chair, she has an actual mechanism. Yes, but she slid out of her chair.

Hey by the way, I'm going to go category by category here and I'm going to do it quickly and I'm going to tell you in each category, my ideas of things you want to make sure you hit on when you study. I just showed you a bunch of questions, I showed you Steve's Six Rules and I threw a bunch of information at you and there's not a lot of bullet points in this slide, I know. There's not

a lot of stuff on the screen. Maybe you're sitting there furiously taking notes in between chatting in the chat room and stuff, and you're thinking, this is just too much information, this is just too much content and now I'm about to whip by six more slides and all of them are going to have a bunch of content that I'm going to be flying through.

If you don't want to scribble furiously for the next 10 minutes while I go through these slides, just know that you can buy the premium content, they're not terribly expensive and you will get this PowerPoint, you will get my audio transcript and you'll get the notes that I'm looking at right now. A couple of hours before I started this program and started talking to you, I took my heavily bullet pointed, heavily annotated notes of notes of everything I wanted to talk to you about, it's printed directly off my computer and then as I'm going through the last couple of days, I'm scribbling notes in the margin and stuff. I mean I scan those in, I send them off to Jim, those come in the premium package, you can have it all.

You can have my liner notes, you can have all of this stuff, you don't have to scribble furiously if you don't want to. I just want to spell that out for you because I know I'm going to move kind of fast in this area.

I told you a bunch of times that all these questions come from six major categories, I promised I would tell you what they are, that's what they are, that's the percentage that you're going to see. You're going to get 17 percent from, actually that's covered up is it 17? Yeah so you're going to get 17 percent from airway and breathing. You're going to get 17 percent from cardiology. 17 percent are going to fall into trauma. 16 percent of the questions are going to be medical. 16 are going to be Obgyn and pediatrics, 17 percent are going to be operations. Let me tell you in every single one of those categories, what I think you should study and make... Just start here.

And by the way, I am not basing this on covert, secret information that I've gleaned from the National Registry, this is a decade of my experience having my students go take this test and then talking after the fact and then helping them study, a few of them for the second time around, stuff like that. That's where I get this information from, totally my opinion.

Airway and breathing, prioritization of the airway. Don't let them get you to go on to other priorities like limb splinting or C spine and stuff like that if you have an uncontrolled airway. If you have an uncontrolled airway, if there's something on that list about controlling the airway, oxygenating them, that is the most compelling answer. So, prioritize the airway above everything except scene safety, prioritize the airway.

Suctioning of the airway, questions about how should you suction. If your patient starts to vomit, what should you do next? This is going on and they're going, "What should you do now?" Don't forget that suctioning, proper suctioning techniques.

Knowing oxygenate versus ventilate, this is one that EMTs really struggle with, some paramedics as well. When do I just oxygenate the patient, put a mask on their face, give them high-flow oxygen? When do I ventilate them? And how my guideline here is questioned I think is really helpful, is ask yourself, "Is the patient working to breath or are they failing to breath?"

And to do that you have to consider their respiratory rate, you also have to consider their respiratory volume. And then you also have to look at those other signs of hypoxia, like their

mental status and their skin signs, look at that whole picture and ask yourself, "Are they working to breath?" If they're still working to breath you want to oxygenate them, support them with oxygen. If they're failing to breath, that's when you need to ventilate them or you need to take over instead.

Some of the hardest questions are... They say, you know, put them on a high-flow oxygen mask or start breathing with a BBM, use an OPA. That's a good guideline I think, working to breath versus failing to breath.

A lot of people ask me about compressions-only CPR. Right now, what they do is they go off of the latest American Heart Association guidelines, the latest standard that's out there and published. The latest standard references the concept of compressions-only CPR but it is not integrated into the latest standard that I've seen.

So, if you're taking the test right now, or until the next American Heart Association publication, if they decide to actually integrate it, right now you're probably not going to see any questions about compressions-only CPR, it is only referenced in AHA as far as laypeople and bystanders, not professional rescuers doing it, they're not giving us an algorithm for it.

If they do ask you a question about it, it's probably either going to be referencing bystanders doing it or the concept of compressions-only CPR. Meaning, if you can't manage the airway, your only option is to just do compressions or to do no CPR, which do you think is better? Do you understand that compressions-only is better than no CPR at all? That question has come up several times, so probably, if you see it at all, that's the way that you would see it.

Cardiology, know the current CPR and AED guidelines of the American Heart Association before you go in there. If it's been a while since you've gotten your CPR card, or if you got your CPR card 10 years ago and you're not up on that current standard, make sure you really take a close look at the current standard so that you can answer those questions about... And AED advises you this, "Your next action should be what? When you're doing CPR and the patient does this, your next action should be?" Know that Order of Operations of CPR, that latest content.

Also, anatomy and physiology of the heart, anatomy to trace the drop of blood, the chambers of the heart, the bounds and the physiologies, just basically peripheral vascular resistance, cardiac output, stuff like that. Make sure you've got your physiology wired, if you're a paramedic taking the test, that includes a real good understanding of the electrophysiology of how electrolytes affect conduction and contraction of the heart, some of those more detailed physiology functions, make sure you know those.

And also, don't forget that cardiology includes the blood, the circulating blood, it is the cardiovascular subject. So, products of blood, do you know your erythrocytes, your leukocytes, your platelets, your plasma, what are all those things? What are they supposed to be doing in the body? Trauma, know those different types of shock, your traumatic types of shock as well as your atraumatic types of shock.

Scene delays, don't let them talk you into delaying transport on critical trauma patients. And the way that works is they give you a scenario and you've got somebody with some critical trauma. They're going to give you a sucking chest wound or blunt trauma to the chest, or unconscious

head injury or something like that, and they're going to see, can they get you to pick other priorities over transport, like splinting their limbs, putting on a traction splint. Or, if you're a paramedic, starting, getting vascular access, things that wouldn't be appropriate for you to do on that trauma scene over scene transport. So, keep in mind the criticality of rapid transport.

Mechanism of injury, don't forget that. No mechanism no injury, you can't eliminate injuries based on a lack of mechanism. And also, just a basic understanding, know how to score that Glasgow Coma Score. If I give you a scenario and then I ask you, "What's the Glasgow Coma Score?" Make sure you know it.

Complicating factors with trauma, and that's like airway and C-spine. You know, if you've got a patient on C-spine and they start vomiting, what should you do next? They're already having this airway difficulty, major mechanism with associated limb injuries, those complicating factors to trauma.

And then a huge one on trauma, scene safety. Do you know that scene safety supersedes your obligation to not abandon a patient? If you walk into a scene and you've made patient contact, and that scene suddenly becomes dramatically unsafe for you, do you know that you can ditch out on that scene, that scene safety takes priority over that? Do you know that scene safety takes priority over an airway intervention? Scene safety is a huge one.

Medical, know your differential... Medical is a huge subject, know your differentials. Do you know the difference between a hyper and a hypoglycemic, a heat stroke versus heat exhaustion, a COPD versus a CHF, or an X versus a Y?

When you show up and you have to differentiate between either different disease processes or different stages of a disease process, make sure you know those signs and symptoms that are tipping points that put you in from one into the other, those are so ripe for questions. Throw in, you know, one of them and see if you can figure out which stage that they're in, or one versus the other.

Also, know those key words, I've mentioned urticaria, know those keywords that are very specific to very certain disease processes, like blisters and burns, I know technically that's trauma. Dry skin, pinpoint pupils, cherry red lips, urticaria, hemokinesis, whatever comes along with trauma, deviated trachea.

Theses are things that we may never see in the field, or see very rarely, but the registry loves them because they put the patient in a very specific category, or they point towards a very specific medical ideology, so they can't resist them when they're writing those scenario questions. Know what keywords are associated with those things.

Pediatrics and OB, know the process of labor, what's normal labor, what's abnormal labor, remember those stages of labor. The Apgar score, if I give you a baby, can you score it on the Apgar scale? That's a great one to ask you questions on, it's a great national standard.

And care of the newborn. Remember, there's doctors and nurses who are writing these test questions, and they get to see us come in with these babies who are hypothermic all the time, so they love to ask you, "Do you know about the priorities of stimulation and keeping the baby

warm after they're born?" So, care of the newborn is a great one for them to ask you questions on.

Two final words of advice - Here's the first one. Own your results. Don't be one of these weenies who goes into the chat room because you had a hard time on the questions or you didn't like the way they were worded or you didn't like something about the National Registry and you walked away from it and instead of going telling people that you struggled, or even worse having to tell people that you failed, you want to just bash the test.

I see that every time I have a student who fails the National Registry, and by the way, 96 percent of my students pass, right. Ninety six percent of the students at the South Metro class pass on the first try. So, we're really proud of that, we feel that's pretty good. But we know in every class there's usually going to be one person who's going to come back and they're going to have failed the National Registry and we're going to have to give them some additional support. I know when I sit down with that person, for the first 10 minutes I'm going to have to listen to why the National Registry is a bad test.

You know why, the questions were just awful. Nobody wants to hear you explain why the National Registry is a bad test. They really don't. And whether you think it is or not, nobody wants to go through that. And the problem is it makes the solution external to you. So the problem that you're having isn't with your own knowledge but it's with the National Registry and they're awful test. Well you're going to have to back in and take the same awful test. But if you just own your results the minute you walk out of it, "I came in as prepared as I could, whatever happens, happens. If I didn't pass this test I need to do what the 75 percent of the people are doing who did pass it and come back and take it again."

Own your own results because then you own the solution. If you fail the test tell your friends, "Guess what, I failed the test, I must not have studied enough. You're going to study way harder, you're going to fix these deficits in my knowledge and I'm going to go back in and pass it the next time."

And speaking of your knowledge, that's my second word of advice, know the knowledge. Know the knowledge. The answer to passing the National Registry test is right there in the textbook that they gave you in your EMT class or in your paramedic class. That knowledge is what's going to be in the test. The better you know it, the better chance you have. That, by the way, is a photo of my EMT textbook. That is my EMT textbook that my class is using right now that I teach in. But I'm already an EMT. I'm already a paramedic. I have already gotten these certifications, I've already passed the National Registry. If my textbook looks like that and I'm the guy that already has the certification, what should your textbook look like?

If your textbook doesn't look like that, if it isn't highlighted and underlined and scrawled notes in the margin, and little tabs telling you where to go to reference information, if you haven't made it into your knowledge bible, that's what I urge you to go do. Dive in, know the knowledge, nothing else is going to help you get through the test as much as that. Once you know the knowledge, all of this information is going to help you go into that test and see the matrix. See it for what it is. See inside of it and feel comfortable and confident that you can defeat anything that they throw at you because you've got the knowledge already.

## **Prepare:**

- **Analyze your past test results**  
Each test can further prepare you for the next test.  
Use your tests to review when studying for final exams.
- **Arrive early for tests**  
Bring all the materials you will need such as pencils and pens, a calculator, a dictionary, and a watch.  
This helps you focus on the task at hand.
- **Be comfortable but alert**  
Choose a good spot and make sure you have enough room to work, maintain comfortable posture but don't "slouch".
- **Stay relaxed and confident**  
Remind yourself that you are well-prepared and are going to do well. If you find yourself anxious, take several slow, deep breaths to relax.  
Don't talk about the test to other students just before it; anxiety is contagious.

**Multiple choice questions usually include a phrase or stem followed by three to five options.**

## **Test strategies:**

### **Answering options:**

**Improve your odds, think critically.**

**Cover the options, read the stem, and try to answer.**

Select the option that most closely matches your answer.

**Read the stem with each option.**

Treat each option as a true-false question, and choose the "most true".

## **Strategies to answer difficult questions:**

- **Eliminate options you know to be incorrect.**  
If allowed, mark words or alternatives in questions that eliminate the option.
- **Give each option of a question the "true-false test:"**  
This may reduce your selection to the best answer.
- **Question options that grammatically don't fit with the stem.**
- **Question options that are totally unfamiliar to you.**
- **Question options that contain negative or absolute words.**  
Try substituting a qualified term for the absolute one, like *frequently* for *always*; or *typical* for *every* to see if you can eliminate it.

- **"All of the above:"**  
If you know two of three options seem correct, "all of the above" is a strong possibility.
- **Number answers:**  
toss out the high and low and consider the middle range numbers.
- **"Look alike options"**  
probably one is correct; choose the best but eliminate choices that mean basically the same thing, and thus cancel each other out.
- **Double negatives:**  
Create the equivalent positive statement and consider.
- **Echo options:**  
If two options are opposite each other, chances are one of them is correct.
- **Favor options that contain qualifiers.**  
The result is longer, more inclusive items that better fill the role of the answer.
- **If two alternatives seem correct,**  
compare them for differences,  
then refer to the stem to find your best answer.

### **Guessing:**

- **Always guess when there is no penalty**  
for guessing or you can eliminate options.
- **Use hints from questions you know**  
to answer questions you do not.

### **Remember that you are looking for the best answer,**

not only a correct one, and not one which must be true all of the time, in all cases, and without exception.

Students accustomed to performing well on other tests with minimal preparation are often challenged when taking a national multiple-choice exam. Why? These tests are designed to measure levels of competency that reflect critical thinking. Instead of simply measuring a student's ability to retain knowledge and recall information, these exams expect that the student retains knowledge; understands the concepts within the material; demonstrates the ability to use these concepts appropriately; and discriminates between pieces of information to arrive at reasonable solutions.

Because these tests measure skills in a different manner than most students are accustomed, test-takers may find that altering their current practices in reading textbooks, listening and attending class, note taking, and studying may help improve their test performance. Genuine enthusiasm for the subject matter may also improve performance. Cramming and memorization study techniques, while extremely popular, are particularly ineffective for tests which measure skills beyond knowledge retention.

After adequately preparing for the examination, students can use the following techniques in order to enhance test performance. The following tips help prevent avoidable errors typically made during moments of intense stress. They also provide suggestions for making educated guesses.

### **Ways to Avoid Making Mistakes; I mean, Mistakes**

**The stem:** the part of the test item which asks a question or directs the reader to respond.

- Read the stem carefully **before** reading the options. Look for key words in the stem to determine what the question is asking (especially words such as *not, first, except, before, after*).

**The option:** The part of the test item which provides the answers; usually preceded by a letter or numeral.

- Analyze each option to determine if it completely addresses the question or problem from the stem. **Then** attempt to select the option with the most complete information.

Example: A EMT student's level of stress affects **his/her**:

- A) Academic performance.
- B) Physical well-being.
- C) Interpersonal relationships.
- D) Physical, mental, social, and spiritual well-being.

Although A), B), and C) are certainly true, option D) incorporates all the answers.

- Eliminate options you **know** are incorrect. If allowed, lightly mark the incorrect answers so they will not be distracting.
- Select options which are reasonable and obtainable under ordinary circumstances.
- Select the option which describes actions of the highest priority.

Look for options which are patient-focused or which address feelings. Answers must always address what is most appropriate for the patient in the given situation.

**Dead give-aways:**

- Avoid selecting options which state local or national rules or regulations as rationales for action. Rationales should reflect the premise behind the rules and regulations.
- Be cautious when reading options with all-inclusive terms such as *always, never, all, every, and none*. Because your actions are patient-oriented, **rarely** is an option with these all-inclusive terms correct. In some cases, however, these terms may apply, particularly if the item describes **concepts**.

Example: Which of the following statements about EMS care is *true*?

- A) "Patient and personal safety is always the EMT's highest priority concern."
- B) "The Department of Health by laws are legal statutes guiding EMS care."
- C) "Documentation of patient care is a dependent function of EMT's."
- D) "Assessing vital signs and regulating IV's are the responsibility of the EMT."

While answer "A" contains an all-inclusive word, this option is the only true statement. Because all other actions are futile if the patient and provider safety is compromised, safety is always the highest priority concern.



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