

Test Taking Tips Report

Presented by

EMS Solutions

www.ems-safety.com

This free report has been made possible by numerous submissions from EMS Professionals nationwide.

EMS Solutions wishes to thank all contributors for their submissions and generous help in creating this publication.

Please feel free to give this report away to your students, co-workers or any individual you feel might benefit from the contents.

We hope that you enjoy this report and are able to apply the tips to your next test.

This page left blank

Emergency Medical Technician Tips

Every EMT-Basic must read and understand the policies governing pre-hospital care. The EMS authorities in many states now publish EMS regulations on the Internet.

If you want to be treated as a professional, you must look like a professional.

Read materials on performance improvement from other professions. Discuss how the ideas may be adapted to your EMS system.

Stress in EMS is routine, not the exception.

Develop a healthy living plan for the first six months of your professional life in EMS. Include time for exercise, relaxation, and a healthy diet. At the end of six months, honestly evaluate yourself for the signs of stress. Then, change your plan as necessary and practice it for another six months.

Be aware that others at the scene, especially immediate family members, may have underlying medical problems. The stress of losing a loved one may worsen the problem, creating the need for emergency care. For example, one individual of an elderly couple has died suddenly. The surviving spouse, who has a history of heart disease, may begin to have chest pain. Be prepared to treat or request additional resources for other patients, if necessary.

You need to read as much as you can about infection control. There are many Internet sites related to infection control. The Centers for Disease Control have the text of standard precautions on the World Wide Web. The guidelines can be found in the hospital section of the CDC web page at www.cdc.gov

Avoid taking contaminated uniforms to a dry cleaner, to a public laundry or to your home for cleaning. By doing so, you may contaminate other clothing and might transfer pathogens to others in your family or community. Soiled uniforms

should be treated in the same manner as soiled stretcher linen and washed at your agency's facility.

Many EMS agencies have an infection control officer, who has information about immunization requirements and their availability. Another resource from this information is your county public health department.

Do not attempt to rescue a patient unless you are adequately trained, have the necessary personal safety equipment, and have specialized rescue equipment available.

Be aware of the legal requirements for certified or licensed EMT-Bs. Your service agency may also have policies or procedures describing your duties.

In blunt trauma, the spleen is particularly vulnerable to laceration injury from the impact of the lower ribs. Injury to the xiphoid process can cause laceration to the liver, heart, or lungs.

The front of the elbow is sometimes called the antecubital region, or AC region.

Remember the "t" for toes in metatarsals so you do not confuse it with the metacarpals of the wrist.

Remember the word "up" within "sUPinated." Supinated means palms up, as if holding a bowl of soup.

When a child is abducted, he is taken away. Abduction of the arm means to pull it away from the midline of the body. Jumping jacks, or flapping your arms like a bird flying, is an example of abduction and adduction.

The epiglottis should close when we swallow food and should open when we speak. When a person tries to talk and eat at the same time, the epiglottis may not close completely. Food can enter the respiratory tree and obstruct the flow of air. The epiglottis may also fail to close properly in normal activities, such as swallowing.

Cigarette smoking paralyzes the cilia, causing loss of the protective sweeping function. When smokers quit, they initially notice more coughing and phlegm. This occurs because the cilia wake up and begin to clean out the accumulated debris.

Noisy breathing indicates that the patient is having difficulty breathing due to some form of partial obstruction.

Varicose veins occur when the valves in the leg veins become weak and blood flows backward, causing the superficial veins to become distended.

Treat the patient based on his or her chief complaint and signs or symptoms, not only the vital sign measurements.

You cannot measure anxiety objectively. You can measure signs associated with anxiety, such as rapid heart rate or breathing.

Be sure to use good body mechanics even while practicing moving.

Mastery of suction devices is an important skill. Practice with as many different types of devices as possible. Learn to use, clean, and troubleshoot each device.

Airway adjuncts do not prevent aspiration.

While inserting a Nasopharyngeal Airway (NPA), gently rotate the device. Turn it back and forth slightly while applying gentle pressure. Never force the airway into place.

If a patient with poor oxygenation has a good tidal volume and respiratory rate, provide supplemental oxygen instead of artificial ventilation.,

An OPA or NPA may be necessary with the bag-valve-mask. However, some patients who need ventilatory assistance cannot tolerate airways adjuncts.

In previous years, EMT-Basics used a variety of devices to provide oxygen. Besides the nasal cannula, simple face masks and Venturi masks were

common. Be aware of differences in training and follow your local treatment protocols.

Note that critical interventions and transport may be required at any time during your assessment. Use the patient's condition as a guide.

Never enter a hazardous scene or attempt a hazardous rescue unless you are trained and equipped to do so.

Use body substance isolation and standard precautions routinely for all patients. This includes use of gloves, gowns, eye protection, and masks.

The head is the greatest area of heat loss. When moving patients during cold or wet weather, make a protective hat from a towel or blanket to cover the patient's head. This is particularly important in infants, children, and elderly patients.

If you permit bystanders to assist, you are responsible for their safety.

Remember that any trauma patient may have a cervical spine injury that requires spinal stabilization.

The best time to call for additional help is when you arrive at the scene, before getting out of the ambulance.

The difference between a patient who is alert and one who responds to verbal stimuli can be difficult to assess. It is most important to establish a baseline response level and then watch for changes.

Do not attempt to control minor bleeding or other minor injuries during the initial assessment. This may be difficult when minor wounds are actively bleeding. Only treat bleeding that is life-threatening during this part of the patient's assessment.

Complete the scene survey and initial assessment before beginning the rapid trauma assessment. Maintain in-line spinal stabilization and recheck the ABCs, if indicated.

Remember that time is the enemy of a critically injured trauma patient. You must be able to complete a focused history and physical exam quickly. You do not have time to "stumble, fumble, and forget."

To evaluate for a pelvic fracture place your fist between the patient's knees. Instruct the patient to squeeze the legs together. Pain during this maneuver suggests a pelvic injury.

Do not allow history-taking to delay the assessment and treatment of critical injuries or illnesses. If necessary, take a family member along in the ambulance to provide information while en route to the hospital.

Remember: Maintaining the airway, breathing, and circulation takes priority in all patients.

Interference with emergency radio communication and the use of obscene or offensive language are strictly prohibited.

Run data requires accurate and synchronized times. Be sure to check your clocks before beginning every shift.

If you have problems with spelling, carry a pocket-sized medical dictionary.

Drug containers or packages usually list the trade name, followed by the generic name in smaller print. The generic name is sometimes followed by the abbreviation USP.

If you are not familiar with a certain medication, ask the patient why he or she is taking it.

Scars on the patient's chest are often a clue to previous open heart surgeries. You may also find or be told that the patient has an implanted pacemaker or defibrillator. This information should be noted on the run report. Your care will not change because of this information.

According to the AHA, advanced cardiac life support represents the other end of the resuscitation continuum that begins with recognition of the emergency and initiation of basic life support.

Some agencies simply use the word "clear" or the phrase "clear the patient" before defibrillation. Whatever your agency advises, the intent is to ensure safety.

All contact with the patient must be avoided during analysis of rhythm as well as during a shock.

Defibrillation comes first. Do not hook up oxygen or do anything that delays analysis of rhythm or defibrillation.

Interview bystanders and family for information about the circumstances of a cardiac arrest. Do not delay care to get the history.

As always, use the appropriate BSI equipment and standard precautions

If in doubt whether a patient is suffering from low blood sugar or high blood sugar, treat the patient for hypoglycemia.

Think of a seizure as a short circuit inside the brain, causing various muscle groups to react wildly.

Treat all seizures as if they are life threatening.

Try to get the patient to talk to you, not just at you.

Be especially careful around persons threatening to end their lives. A person intent on suicide may have no reservations about taking the lives of others.

Never begin treatment of a competent person against his or her will. Consult medical direction or law enforcement. In some areas, local protocol will guide your actions.

Avoid acts of physical force that could injure the patient.

As a precaution, find out if you are allergic to natural rubber latex.

Allergic reactions and anaphylaxis have many causes. Be able to recognize whether a patient is in respiratory distress or has hypotension.

Secretions may be copious and thick. Be prepared to suction. Have sterile water available to clear the suction tubing. When assisting ventilation, compressing the BVM may be difficult. This is because of airway obstruction caused by bronchospasm (narrowing of the airway pathways.).

ALS personnel can provide additional therapy. Advanced airway management, IVs, and medications may be needed to reverse the effects of an allergic reaction. If available in your area, request ALS assistance early for serious allergic reactions.

Epinephrine can resolve airway compromise. Medical direction may delay endotracheal intubation until the medication has been given.

If necessary, you can inject the medication through clothing. This procedure is safe, and speeds administration.

If the airway is unstable due to swelling or irritation from toxic exposure, endotracheal intubation may be useful.

Try to get the correct spelling of the poison. Many products have similar names.

A patient who has overdosed may be temporarily mentally incompetent. Be very cautious if he or she refuses treatment. The person may not be capable of making a rational decision.

A patient who is using illicit drugs such as cocaine or amphetamines may experience medical problems such as a heart attack or stroke.

If toxic fumes are suspected, park your vehicle uphill and upwind of the site. To enter a site with hazardous materials, you must be specially trained and have appropriate protective equipment.

If you work in an area in which hypothermia is common, your vehicle should be equipped with a system to warm the supplemental oxygen supply.

Active rewarming is a potentially dangerous process. Active rewarming of a hypothermic patient with an altered mental state can cause lethal heart rhythms.

Water-related emergencies are very dangerous due to the risks involved to both the rescuer and the victim.

Wasp stingers do not have an attached venom sac.

When giving a radio report about a pregnant woman, begin by stating her age. Then give her gravida and para status followed by how many weeks pregnant she is. For example, "The patient is a 23-year old G3, P1 female who is 39 weeks pregnant and in labor." Follow local protocol.

A pregnant woman's normal vital signs are usually different than her vital signs when she is not pregnant. Her blood pressure may be lower or her pulse may be faster when she is pregnant.

Many hospitals have staff members who are specially trained to assist patients during and after a miscarriage. Encourage patients to seek support from these persons.

The blood pressure in a pregnant patient should be lower than in a non-pregnant adult. A mildly elevated blood pressure in a pregnant woman suggests preeclampsia.

Out-of-the-hospital births involve a lot of blood and amniotic fluid. Take BSA and standard precautions in all cases of possible prehospital childbirth. Use Gloves, eye protection, face shield, and gown. Handle blood and fluid soaked pads and lines carefully. Discard these items in the proper containers.

Remember that newborns are covered with amniotic fluid and mucous membranes. This makes them very slippery and difficult to hold. Although it sounds obvious, be careful not to drop the baby.

Transporting the mother and newborn in the same emergency vehicle is bet. If complications occur, request additional personnel to the scene to assist. If extended resuscitation is required for either patient, separate transport units may be necessary.

A prolapsed cord is more common in preterm deliveries. This happens because the fetal head is small. The cord slips in front of the hear easily. Prolapsed cord is also common in breech delivery. Because of the shape of the fetus' buttocks, the cord may slip past, entering the vagina.

The APGAR score is not used to decide when to begin resuscitation. Resuscitation is based on your evaluation of the breathing effort, heart rate, and color. Follow local protocols.

You must routinely apply body substance isolation (BSI) and standard precautions (SP) when working around blood. Use eye protection, gloves, gown, and a face mask. Wash you hands thoroughly following each run.

Treating soft tissue injuries involves a high risk of exposure to blood and body fluids. Always apply the techniques of body substance isolation and standard precautions.

Always place a cloth barrier between the patient's skin and a cold pack. Applying a cold pack directly to the skin may cause additional tissue damage. Intense sold could also cause the patient to move suddenly, aggravating the injury.

Remember the term abrasion by thinking of "abrasive" or scraping off the top layers of skin.

An an EMT-B, you will focus on finding and treating all wounds, not on identifying whether the injury is an entrance or exit wound.

If you must place the patient on a long backboard, examine his or her back while you perform the log roll.

Several specialized burn dressing products are used in EMS systems. check local protocols for dressing a burn.

When caring for patients with chemical burns, always protect yourself. Be alert to hazardous materials at the scene and chemical residue on the patient. Use BSA and SP, especially eye protection and gloves. If you have safety concerns or cannot identify the chemicals involved, wait for appropriately trained personnel to secure the scene before entering.

Never delay treatment of a life threatening wound because a proper dressing is not available. You may have to be creative and use immediately available materials to dress a wound. Examples include a clean washcloth, a towel, a T-shirt, a diaper, or a clean sanitary napkin.

While applying splinting material, ask the patient not to move the injured area.

For any patient with suspected head or spine injuries, open the airway using the jaw-thrust maneuver.

Whenever manual stabilization is provided, the EMT holding the patient's head is in charge of making the calls for any move (unless that responsibility has been shifted to someone in a better position to manage and see all movements).

After securing the middle and lower straps on the KED, you can keep the device from slipping down on the patient's torso by adding two straps or cravats. Thread them through the loops in the back, then over the shoulders. Fasten to the top chest strap.

It can be difficult to center a side-lying patient on the long board. Position the head of the board 12 to 18 inches above the patient's head. After completing the log roll, the patient will be about two-thirds of the way onto the board. From here, you can slide the patient into position, using a diagonal motion to center him or her on the board. This prevents strictly vertical or horizontal movement, which may aggravate injuries.

Even if an infant or child has not previous medical history and no obvious signs of infectious disease, BSI and standard precautions are always necessary. Appearances can be deceiving and deadly.

Preschoolers and young school-aged children take everything literally. They think in relative terms. Be very careful when conversing with children. Common words may be misinterpreted. "A little bit" to you may seem like a lot to a 3-foot tall child.

Any child who does not resist ventilation with a bag-valve-mask probably needs continued ventilatory support.

When questioning family members about possible SIDS deaths, avoid using word "you." Simple, open-ended questions such as "What happened?" works well.

Repeating information received from the dispatch center to verify accuracy is useful. This technique is called echoing. Writing the information down as you receive it is also helpful.

Most seasoned EMS providers will tell you that any missing equipment or supplies are commonly needed when you least expect it. Even if you have not used a piece of equipment for months, if you do not have it, you can bet it will be urgently needed on the next call.

Wash your hands immediately after cleaning the ambulance patient compartment.

Always think of personal, crew, patient, and bystander safety first. If something at a scene does not seem right, be suspicious and do not enter the area. Always use proper personal protective equipment.

Always apply the principles of BSI and standard precautions during orotracheal intubation. You will look directly into the patient's mouth and airway. This exposes you to blood, emesis, and other secretions. You will need gloves, a mask, and protective eyewear.

Remember: "Teeth and tube at 22." Have someone monitor the endotracheal tube before, during, and after tube placement. Practice holding the tube at the maximum length you will use. Use an effective tie-down method to keep the tube at the proper depth. As with all technical EMS skills, practice your intubation skills frequently.

Judging how much pressure to apply during Sellick's maneuver may be difficult. This exercise will help you to understand how much pressure is needed. Pinch your thumb and index finger together. Push on the bridge on your nose, or your partner's nose, until it hurts. Pressure applied during Sellick's maneuver is about equal to the pressure it takes to cause pain.

Intubation should take 30 seconds or less. Avoid taking longer than 30 seconds without ventilating the patient. To judge the time, hold your breath while intubating. If you need to breathe before the patient has been successfully intubated, stop and ventilate the patient before another attempt.

A helpful formula to determine tube size in children older than 1 year is to add 16 to the child's age in years and divide by 4. Thus the tube size for a 4-year old child is 5.0.

When suctioning the mouth of an infant or child, use a rigid catheter. Suction nasal passages with bulb suction or a French catheter connected to low or medium suction.

The FROPVD should never be used on a patient with COPD or emphysema because the lungs have lost their elasticity and cannot tolerate the pressure of the demand valve.

No airway procedures should be performed without adequate BSI and standard precautions.

Reevaluate vital signs after any change in the patient's mental status or condition.

In children with labored breathing, you may see significant use of the abdominal muscles. This is characterized by seesaw motions of the chest and stomach.

Some patients and healthcare providers develop an allergy to latex. The allergy results from repeated exposure to latex. This can occur during an extended illness or during a healthcare career. The allergy can be severe and can occasionally be life threatening. when obtaining your SAMPLE history data, remember to ask patients if they have an allergy to latex.

National Registry Examination Tips

Obtain a copy of the National Registry requirements for EMT-B recertification and continuing education

Be sure to understand how the EMT-B functions under the license of the physician. Be able to distinguish between direct and indirect medical control

Take the National Registry Practical Examination Checklists with you during clinical or field internships. Use these checklists during practice sessions or simulations.

During an EMT class, testing is a major cause of anxiety and stress. Gather information on test-taking skills and how to reduce test anxiety. The Internet is a good resource for this type of information.

Forgetting to take BSI or standard precautions represents an automatic failure on many practical examinations checkoff sheets.

Review the normal vital sign values until you can cite them from memory. Pay close attention to pediatric values. You must be able to recognize normal blood pressure values or ranges for a patient's age and size. Practice quickly determining a treatment plan when blood pressure is outside the normal range.

Be sure to look for a medical identification tag during your assessment of any patient.

Become comfortable with integrating the SAMPLE history into your assessment process. Be sure to include OPQRST information. Practice gaining SAMPLE information on both medical and trauma patients.

Review proper lifting techniques and safety considerations. Be able to recognize signs and symptoms of back injuries associated with lifting.

Review the indications and steps for completing all of the emergency moves.

Review the indications, uses, and capabilities of each type of stretcher and cot. Recognize which devices are designed for transport, which are designed for immobilization, and which are used for both.

EMS Solutions - Testing Tips Report

Study the basic airway structures in your textbook. You must be comfortable with the anatomical location and function of each structure. Be sure you study the nares and the nasopharynx.

Several practical exam stations require you to open and maintain a patent airway. You must be able to open the airway using different methods. You may also be required to assess another person's ability to open the airway. Make sure you are comfortable using the head-tilt/chin-lift and jaw-thrust maneuvers.

Whenever you are managing a patient's airway, state that you have suction available nearby. Always suction when necessary. Never hesitate.

Learn the indications, contraindications, and potential complications associated with using airway adjuncts. Practice until you are comfortable and familiar with using them. Practice measuring oral and nasal airways on patients of different sizes. Practice until you can use the adjuncts while performing the other skills listed on the evaluation forms.

Correctly administering supplemental oxygen is a required step in some of the practical skills stations. Review the skills evaluation forms to determine when oxygen is required. Practice proper sizing, setting flow rates, and reassessing respiratory effort for each patient requiring oxygen. When using a nasal cannula, do not exceed the maximum oxygen flow of 6 LPM. Check the oxygen supply to be sure there is enough oxygen to complete a call using a high-flow delivery device. Review the basic safety precautions form working with oxygen. Be sure the oxygen cylinder is secure.

Practice the skills associated with airway management often. Be sure you understand all the proper ratios, rates, depths, and sequences. Master the skills used for infants and children. Constantly reassess your interventions. Airway position is a common cause of ventilation complications. Remember to take or verbalize infection control precautions at all times.

Review the checkoff sheet for the National Registry's Patient Assessment and Management Practical Examination. Compare the flow with the steps in the Patient Assessment Diagram in your textbook.

Review the steps and questions necessary for establishing scene safety. Review the BSI precautions needed at various EMS scenes. Know your limitations. You must also know when to request additional resources.

The Patient Assessment and Management (Trauma) practical examination station measures your ability to quickly assess and treat a trauma patient. Practice with friends and use the practical skills checklist to make sure that you include all the necessary steps. While taking the exam, listen carefully to descriptions of the mechanism of injury and the patient's condition.

EMS Solutions - Testing Tips Report

Be prepared to read several different written scenarios and identify the appropriate history and physical exam questions for each case. Try to anticipate possible response that a patient might give to these questions. Review the patient management diagram in your textbook.

Understand the purpose for the ongoing assessment and recognize the steps included in this assessment.

Review the responsibility of the FCC for EMS communications. Briefly review the various types of communications systems used in EMS. Understand the basic components of an EMS radio report and the principles of radio communications. Be familiar with the typical progression of radio transmissions throughout a response. Note the basic skills for interpersonal communication and communication with medical direction.

You will not be asked to generate a PCR after any skills station. However, you should review the concept of standard of care, know the difference between patient data and administrative or run data, understand what belongs in each section of the standard PCR, and practice using standard medical abbreviations.

Review the medications that are within the scope of EMT-B practice. Be able to quickly list the indications, contraindications, and typical dosage for the drugs you can administer. Remember that your local EMS agency may allow an expanded scope of practice. In this case, you will not be tested on some drugs used by your agency.

Review the major structures of the airway. Be able to identify each landmark quickly. Review the signs and symptoms of adequate and inadequate breathing. Be able to identify the range of normal respiratory rates in adults, children, and infants.

Review the treatment steps for patients with each of the chronic respiratory conditions listed in your textbook. Understand the basic physiological complications behind each of the conditions. For example, you should know that asthma causes bronchoconstriction.

Be aggressive, but careful, when caring for patients in respiratory distress. Know how to manage each condition. Provide oxygen therapy for patients in distress and those with illness or injuries affecting respiratory function. Review the OPQRST questions to ask the patient in respiratory distress. Remember that he or she may have difficulty speaking. List SAMPLE questions for patients with respiratory illness.

Review the steps for assisting a patient with the MDI. Be able to list the side effects of the medication quickly. Describe what to do if the patient has an adverse reaction. Remember to apply the principles of BSI and standard precautions. Provide ventilation assistance as needed.

Review the ranges for pediatric respiratory rates, tidal volumes, and heart rates. Recognize the reasons for changes in these vital signs. Review the treatment for pediatric patients with asthma

EMS Solutions - Testing Tips Report

that causes respiratory distress. Review the steps for cardiopulmonary resuscitation, artificial ventilation, and foreign body airway obstructions for infants and children.

Be prepared to care for patients with an altered mental status. Be aggressive when controlling the airway and providing oxygen therapy. Review and understand the conditions causing altered mental status.

Recognize the most frequent signs of diabetes. Review the treatment. Always consider administering oral glucose. Remember to maintain the airway. List as many medical emergencies as possible with signs and symptoms similar to diabetic emergencies. Practice taking the history and physical exam for a diabetic patient.

Review the various causes of stroke and syncope. Be able to quickly identify the signs and symptoms of each. Review airway management steps for altered mental status. Be able to distinguish between a TIA and a stroke.

Review the treatment standard for temperature-related emergencies, water emergencies, and bites and stings. Treat environmental emergencies aggressively. Remember to assess for and treat early signs of shock.

Recognize the importance of scene safety awareness. Remember the steps for scene safety. Be able to recognize and use dispatch information. This will give you valuable clues about scene safety and patient condition.

Here is a great submission sent in by Al Cerrato – He talks about his mentor Frank Travers and how his guidance helped him succeed in the field. It's not all testing tips but I thought it deserved a full publication.

Frank Travers, one of the best persons I have met on this planet, taught me, and all through my career he was there.

He passed away shortly after retirement, or too soon anyway.

I came to the conclusion and I am not sure I put it in the letter, that you are exercising the brain much as you would the body. This gives you the ability to reason and pick right choices even if you don't know what the hell they want.

Reading comprehension scared the hell out of me, because I found out from a friend of mine, the new trend was just that.

You know you get older and then wise it seems. It all came to me. People make up these tests, they know the entire test, and they are bought, that is a given.

Go to the test relaxed, like Frank used to say to me over and over, you only have yourself to beat. Forget all the whiz kids coming up. You have taken tests; you are a proven record, so go in with confidence and be careful.

One thing I always shared this knowledge too. Frank was a religious man, once to be a priest, and I swear God sent him here to do just what he did. To have a beautiful family, most of the boys Firefighters in YFD, that I know of. I know Frank Jr. and he is on the way up.

You go in rested, oh yeah, comfortable shoes, maybe even loafers or sandals and take them off if you want.

I used to go, 10 questions, go back and make sure I was on ten answers. It can happen, you are so focused that you put the answer in the wrong box. I did it and almost panicked, but went back and found it right away, early in the test, so then I said, be careful you freaking idiot you, LOL.

Then at the end take a break, finish whatever you brought, check the time, yup, and go over the whole test again.

Now I used to put on the side, and you can, as long as you don't take it out with you, the ones I had doubts to. It was not many, oh yeah, another thing, sometimes as you go down the questions a question will have the answer in the question for a previous question, so you jot that down and go back to see later. ' I changed on my Captains test, 5 questions, to another answer. Out of the 5, 3 went right and two went wrong, so I had a net gain of 1.

Anyway it means a position on the list.

Don't fall for the, "Oh I had a 95 on the test, not bad for first time. Right away I realized, that its where you place, not what you get on the score.

A 95% of so sounds good, until you find out that there are 40 ahead of you with 99's and yes they used to do this, go over a 100% to bring the list to order and break ties. I say they should never go over 100% and go on the low end. Who knows, civil service is another animal, they have their own rules. Basically they should be horsewhipped. They are abusive in Yonkers for sure. Even Arrogant. I avoided all confrontations with them, or they can ruin you.

Taking you answers out should be a given, like FDNY and the questions or answers are put in the "Chief" which is a great paper to read to see trends or whatever on tests. It's made for the civil servant, mostly from NY City.

Anyway, good luck, and don't eat too much or you may fall asleep at the test. Energy food and water to keep you hydrated, and don't let anyone distract you. I had a fat guy one time who was pissed I was eating, and one time a diabetic who went off the wall due to low sugar. Him I offered some sandwich to, but he needed orange juice.

Oh yeah another thing, we had jack hammers outside during the chiefs test and the windows were opened. Now that wasn't fair, but all had to hear it so it was a level field. Don't let anything get to you, "FOCUS, FOCUS, FOCUS, AND EARN THAT FREAKING HEADACHE, and stay until the end, check, double check, and follow the instructions, whew, that was all in a study guide, I tried to sell way back, and it was simple just like I said, and dedicated to FRANK TRAVERS, my friend and mentor for my time on the job.

EMS Solutions - Testing Tips Report

Interesting observations by "Juice" from www.emtcity.com

I just took my practical test yesterday and passed all 3 the first time. I stayed through the whole day and I would be happy to share my observations with you.

- Some people brought their books with them and tried to "CRAM" before going to their stations. Many of them people failed a station twice and they are currently waiting to take the test one last time at another location in the state.
- Some people tried to complicate the very simple scenarios and over treating the patient. This causes them to miss simple "critical" criteria.
- The people there were from different classes and colleges. Some were not prepared for practical due to an insufficient amount of hands-on in class.
- We actually had an evaluator come out to the group and told them that "verbalizing" and not "performing" skills is not acceptable.
- My personal method was to study every night for 1-2 hours using the text book and websites which I will also provide.
- I relaxed the night before testing with NO studying.
- Our system has no schedule and allows you to just go to a station when someone else is finished. I went to all 3 before most went to their first one.
- It seems as though evaluators get tired and/or cranky later in the day.
- The most failed station was cardiac. Almost 50%

Quickies -

All I can say is put it on flash cards. Think of key areas and write the question on one side answer on the other good luck

Don

I find it extremely useful to take a deep breath. It is easy to let your adrenaline go free and forget important steps, but if you just take 10 seconds to take a deep breath in on 4 count and let it out on a 6 count, it has been proven to help you relax. I took this tip from my yoga class and it helps me every day.

Katie

I find first when studying from a text book such as an ems one I try to meet the chapter objectives. Once I can answer to the objectives I feel that I have retained the information.

I also prefer a quite area except with music (not too loud). Music relaxes and you study better when you are relaxed.

As far as practical exams, practicing the skills until you know them and than beyond works for me. I also have someone test me.

Andy Mancusi

Some testing basics

Avoid Test Anxiety

It's good to be concerned about taking a test. It's not good to get "test anxiety." This is excessive worry about doing well on a test and it can mean disaster for a student. Students who suffer from test anxiety tend to worry about success in school, especially doing well on tests. They worry about the future, and are extremely self-critical. Instead of feeling challenged by the prospect of success, they become afraid of failure. This makes them anxious about tests and their own abilities. Ultimately, they become so worked up that they feel incompetent about the subject matter or the test.

Space studying over days or weeks. (Real learning occurs through studying that takes place over a period of time.) Understand the information and relate it to what is already known. Review it more than once. (By doing this, you should feel prepared at exam time.)

Don't "cram" the night before--cramming increases anxiety which interferes with clear thinking. Get a good night's sleep. Rest, exercise, and eating well are as important to test-taking.

Read the directions carefully when you get the test. If you don't understand them, ask the proctor to explain.

Look quickly at the entire examination to see what types of questions are included (multiple choice, matching, true/ false, essay) and, if possible, the number of points for each. This will help you pace yourself.

If you don't know the answer to a question, skip it and go on. Don't waste time worrying about it. Mark it so you can identify it as unanswered. If you have time at the end of the exam, return to the unanswered question(s).

Take care of yourself

Know when to stop studying and get a good night's rest. Since memory loss is the first sign of fatigue, realize that staying up late to cram may actually cost you more than you gain. You can't do your best if you are tired. Eat a healthy, balanced meal. Some foods are naturally calming, such as foods high in carbohydrates and vitamin B-6: bananas, oatmeal, chamomile tea, potatoes, oatmeal, raisins, bagels and whole-grain cereal. Go easy on the caffeine, which can intensify anxiety.

My mom always told me to eat an apple before a stressful event (such as public speaking or taking a college final). She said apples contain a natural tranquilizer that helps calm the stomach and nerves. I ate an apple before each NREMT exam I took (Basic and Intermediate/85) and passed each on the first attempt!

EMS Solutions - Testing Tips Report

Circle key words in the question.

Remember: If any part of the answer is false, the whole thing is false.

Watch for words like "never," "always," "every," "all," "none," and "only"; they generally indicate a false answer.

Rarely leave a blank — a guess has a 50-50 chance of being right!

Multiple Choice

Read the whole question carefully and try to decide what the answer is before reading any of the options.

Read all of the answer options, then choose the one that most closely matches her answer.

When unsure, eliminate answers that are clearly incorrect.

If forced to guess, choose the longest, most detailed answer.

Avoid caffeine overdose—Take it easy on the caffeine, especially if you are not a morning person to begin with, or if you don't normally drink lots of caffeine. Too much Mountain Dew/coffee/insert-favorite-caffeinated-beverage-here can make you very jittery. On the other hand, if you always have a cup of java in the morning, don't risk caffeine withdrawal symptoms (translation: very bad headache) by not having it.

Another tip is to hone your writing skills. "Of all the skills you can practice, the mastery of nonfiction writing is the one that will help you most in almost any test situation,"

"Even with a multiple-choice test, practice writing the reasons that a given answer: is right or wrong."

More quick tips

Get as many tests or questions as you can...tests broken into certain topics...and from the workbook... and yes some are repetitive....if you have a nice break before your final...(class final Dec 20th...state final Jan 19th)...throw you book away...ok just hide it somewhere...just keep taking the tests...go through them all..then just keep going back to take them again...your looking to memorize the questions and how there worded...YES..you do need to know why the correct answer is B..but for now...just keep taking them....come test time...all the question will look familiar and you should have no problem getting a good grade...and hey you might learn something along the way.

Tom O'Brien - West Point FD

EMS Solutions - Testing Tips Report

Here are my tips (Submitted by Juice www.emtcity.com)

1. Study every night 1-2 hours
2. DO NOT study the night before.
3. DO NOT bring materials with you.
4. Remember BSI, scene safe, MOI/NOI, need for C-spine stabilization, oxygen and ABCs!
5. These scenarios are very simple. The evaluators are not there to fail you or trick you. Just do the basic stuff you have learned.
6. When asked "would you do anything else for this patient?" think about it for a few seconds. If you missed anything, it will be obvious to you.
7. When the testing begins, don't wait to see how other people do, GET IN THERE AND GIT-R-DONE!
8. Study and practice CPR/AED as often as possible.
9. Remember: Not all heart attacks are medical. Some can be traumas to start with.
10. It is important to verbalize everything you do. It is equally important to actually perform everything you verbalize.
11. Above all: RELAX!



TURBO MEDIC

The Ultimate Study
& Training Resource
For
EMT'S &
Paramedics

EMS Solutions - www.ems-safety.com

[Click here to find out more](http://www.ems-safety.com)

Useful Links submitted by fellow EMS Professionals

<http://www.emtb.com/8e/flashcards.cfm?step=1&resource=flashcards>

<http://www.traumamedic.com/>

<http://www.medtrng.com/quizzes.htm>

<http://www.lessstress.com/simulator/sim.htm>

http://www.nremt.org/about/nremt_news.asp

<http://www.emtcity.com/phpBB2/portal.php>

Don't Forget EMS Solutions has online testing, field guides and the just released

Turbo Medic

Everything from Basics to Advanced. Great for new and experienced EMS professionals. Visit [EMS Solutions](#) and find out more or [sign up for our updates](#).

Also visit [MedicCast.com](#) for more educational tips, tricks and the Mediccast Extra.