WHAT YOU NEED TO KNOW!

NBRC EXAM REVIEW

Objectives

- Intro & Recommendations
- Certified Respiratory Therapist Exam (CRT)
- Written Registry Exam (WRE)
- Clinical Simulation Exam (CSE)
- Summary – General suggestions

Intro

- NBRC most recent revisions
  - January 2010 - CRT
  - January 2010 – WRE
  - January 2010 – CSE
- Pretests & Posttests
  - Designed to mimic the real thing
  - Examine your results carefully in order to determine strengths & weaknesses
    - Focus more on your weak areas provided they are also heavily tested!
  - NBRC exams
Intro

- Study major types of adult & infant diseases/conditions
  - Don’t waste a lot of time on rarely seen processes

New Applicant  Reapplicant Fee

- CRT  $190  $150 CRT
  - 160 questions
    - 140 Graded Questions
    - 20 extra questions that are not graded
      - These are future possible test questions
      - You will not know which questions are not graded so answer all questions to the best of your ability
  - Computer based format
  - 3 hour  time limit
    - Track your progress
      - Be to at least #60 by end of first hour
  - 75% to pass
    - That’s 105 correct questions
    - But, it is possible to get <105 correct and still Pass b/c questions are weighted differently

- WRE
  - 115 questions
    - 100 Graded Questions
    - 15 extra questions that are not graded
      - These are future possible test questions
      - You will not know which questions are not graded so answer all questions to the best of your ability
  - Computer based format
  - 2 hour  time limit
    - Track your progress
      - Be to at least #60 by end of first hour
  - 70% to pass
    - That’s 70 correct questions
    - But, it is possible to get <70 correct and still Pass b/c questions are weighted differently
• NO CALCULATORS ALLOWED!
  ◦ Scratch paper and pencils should be provided
  ◦ Come prepared with your own supplies just in case.

• Difficult Questions
  ◦ Make note of them and move on
  ◦ You can go back at the end of the test in the CRT, WRE
  ◦ Don’t waste your time on items you don’t know, come back later

• Do not leave any answer blank
  ◦ At the end of the second hour, guess if you have to
  ◦ You are not penalized for guessing, you have a better chance of getting lucky if you guess rather than leave it blank

• Actual Content is closely guarded
  • Several versions of each test are maintained
    ◦ You will not get the same exam as the RT next to you at the same testing center
    ◦ Nor will you get the same questions should you have to retake the exam!
  • NBRC content outlines

• New Applicant Reapplicant
  ◦ RRT Written Only $190 $150
  ◦ RRT CSE Only $200 $200
  ◦ RRT Both $390 $350
WRE Question Types

- **Recall [R]**
  - Remembering factual information
  - "identify, list, etc"
  - You either know it or you don’t
  - Lowest level of difficulty
    - Primary question type on CRT

- **Application [Ap]**
  - Using factual information, either given or recalled, in real clinical situations
  - "apply, classify, calculate"
  - Apply laws, theories, concepts, principles
  - Perform calculations
  - Use of charts or graphs
    - Pft’s, lab values, etc.
  - Must apply critical thinking to the factual info
  - Medium level of difficulty

- **Analysis [An]** >70% of questions
  - Given a scenario, break it down into multiple single components in order to evaluate the relationship between each single component and the whole scenario
  - “evaluate, compare, contrast, revise”
  - Applying previously learned or given info to make a judgment on the best application of care to the patient
  - Highest level of difficulty
WRE Question Formats

- **One Best Answer**
  - One question followed by one best answer
  - Only one answer is clearly the best
  - However, Other answers may be good
  - Carefully read & understand the question
  - Controversial Topics are fair game
    - "should" will clue you to choose the answer that would be selected by the majority of practitioners
    - "Except"
    - Clue you that 3 answers are correct and one is incorrect
  - "what is the first thing, most important thing, least important thing, etc."
  - Pick the "Best Answer"
  - The answer you want may not be available, pick the next best

- **Multiple Multiple Choice**
  - Question followed by multiple choices followed by options of lists of choices to choose
  - Every option in each list must satisfy the question asked
  - Strategy
    - Read each answer separately and classify it as T or F
    - If you know that one choice is False, exclude any option list that includes that choice
    - If you know that one choice is True, exclude any option list that does not include that choice
    - This will at a minimum reduce your options down to ~2 choices

CRT Question Formats

- **Situational Sets**
  - CRT exam only
  - Multiple choice questions
  - CSE takes the place of these questions on the registry
WRE Suggestions

- Note difficult questions you are unsure of on your scratch paper
  - Leave no answer blank, but do go back to the difficult questions you previously noted
  - Do not change answers you were sure of unless you received data in the test elsewhere that confirms an answer
  - The computer will prompt you if you have left any blank questions

- Read each question completely
  - Identify what is being asked
  - Identify qualifying words like “not, except, least desirable, etc.”
- Interpret the important data
  - Discard non-important material put in to distract you
  - You will see pft, abg, vent, hemo data, etc. that may not pertain to the case

- Do not “read into” or “beyond” what is being asked
  - Use what is given to you
  - Not what you think the test writer wants
  - Do not psych yourself out
- Carefully read every answer that is offered
  - Dismissing those that cannot be will narrow down your options
- Take a Pre-test under testing conditions
  - Time yourself
  - No distractions (phones, tv, etc.)
  - Scratch paper & pencil only
WRE Weights & Areas of Importance

- Critical understanding areas necessary
  - PT assessment 15
  - ABG analysis & monitoring 5
  - PFT 4
  - CardioPulmonary Monitoring 3
  - MV of the adult 23

*even if not questioned directly in high numbers, the understanding of this content is necessary to answer questions regarding other content areas

CSE EXAM

- 11 broad based patient scenarios
  - Designed to evaluate how well you can
    - Gather information
    - Evaluate the info you gathered
    - Make appropriate decisions based on your evaluations
  - It does not care about recollection of simple facts
  - 10 are graded
  - 1 is an in-development question
  - You will not know which one is in development

CSE

- CSE Content Outline
Scenarios are designed to flow just like a real patient case
- The same way data is delivered and care decisions are made in the hospital setting
- Branching logic format
  - More than one way to skin a cat
  - Your choice will determine next screen
  - You will choose your own path
  - But only one path is the best
  - There will be others that are acceptable
  - As well as those that are unacceptable
- 4 hour time limit
  - 20° per question
  - 3 per hour

Pt scenario possibilities (11)
- 2 adult Obstructive (acute & chronic)
- 1-2 adult trauma (generally chest, ARDS)
- 1-2 adult Cardiovascular disease (Pulmonary, PC, CHF, Hemodynamics, etc.)
- 1-2 adult Neurological or neuromuscular disease (GB, MG)
- 1 Pediatric (croup, epiglottitis, toxic ingestion, Bronchiolitis, RSV, Aspiration)
- 1 neonatal (RDS, Premie, meconium, Congenital defects, apnea, BPD/HMD, TTNB, Diaphragmatic hernia)
- Miscellaneous
  - Post op med surg, oncology, ortho, Pna, infex, dehydratx, Burns, smoke inhalax, near drowning, renal failure, DM, obesity, etc.

Areas within a Sim
- Scenario
- Info-Gathering
- Decision-Making
Read the Scenario

- Is it an emergency?
  - Yes
    - Gather only the most vital info to make the right decision
    - Do not choose items that will delay care
  - No
    - Gather info more thoroughly, time is not as big a factor

CSE

Scenario

- Establishes the setting
  - Type of hospital, what unit, what shift/time
- Pt data
  - Name, age, sex, general presentation
  - Brief hx of present illness
  - Your role as an RT
    - Staff, supervisor, shift coordinator, etc.
  - You may proceed to gather info or may need to make a decision immediately
    - Determine if the current presentation is an emergency
    - Treat accordingly
    - Assume any and all services necessary to give optimal care are available

Information Gathering

- List of parameters
  - 15-20 options
  - Select as many as are necessary
  - Do not select any that are unnecessarily or risky, potentially harmful, or that would delay care
  - Determine all selections you would choose first, don’t check them yet
  - the data requested will then be revealed
  - Selecting one by one will allow you to see the assessment info & in turn skew your next selection(s).
  - Interpret this data
  - You will make a decision on another screen based on your interpretation
  - Typically 2-4 info gathering steps in each sim case
Gathering Info
- Make a list of desirable choices on your scratch paper
- Choose all options that will give you important information
- You will be penalized for skipping important data
  - Regardless of whether or not you know what is going on and how to treat it
  - You must go thru the process and prove your knowledge
- You will be penalized for making dangerous or wasteful choices
- Considerations
  - Relevant, Risk, Time & Cost (RRT-C)

CSE Suggestions
Gathering Info
- 1. What VISIBLE & Free (quick & easy)
- 2. What at BEDSIDE (takes a bit longer)
- 3. Labs/images – if only if abnormal
  - CBC, Lytes, Xray, ECG or monitor, ABG – always pick these.
  - If you have time for one, you have time for all.
- 4. Special Procedures
  - Make a list of what you want before revealing them
    - If you reveal them one at a time, you may find the key piece and then move on to the decision
    - You will be penalized for not picking all relevant info to support your decision
    - Once all items are selected, analyze all revealed info, then decide what you want to do before moving on to the next section.
    - Occasionally, there will be an exception to this rule
      - E.g. analyze the result from sensorium assessment before you choose to test for deep pain response.
      - “Visible & Free” reveals code = abort assessment & move on to management.

Decision Making (8-10 per case)
- Make a decision based on your previous data prior to leaving Info Gathering screen.
- Choose from a list
  - Know what you want to do based on your data before you see the list, however be prepared for that option to not be available
  - Read all options first, consider wisely.
    - “Choose only one”
      - 4-8 choices available
      - 1 is best available
      - 1-2 are acceptable
      - The rest are not acceptable
    - Computer will reveal a message
      - “physician agrees. Done.”
      - “physician disagrees, make another selection in this section.”
CSE

- Decision Making
  - Computer will reveal a message
    - "physician agrees. Done."
    - "physician disagrees, make another selection in this section."
      - May or may not mean you were wrong
      - Could have been a bad choice or the author wants you to take a different path than what was selected
    - Select as many as indicated
    - A case in which the proper care includes several procedures to be done simultaneously
      - Bronchodilators, cp, mucolytics, etc.

CSE

- After you get past that decision you will move on to a new scenario area
  - You will need to evaluate how your patient responded to treatment you gave
  - And so on till the end of the sim case

CSE

- Each case is individually scored
  - Info gathering & decision making are scored individually as well
  - They will take away points & not every option is worth the same amount of points
- However:
  - The totals from these 2 areas for all 10 graded sims are used to determine if you passed
    - You must pass both sections to qualify
    - At least 65% on both sections is necessary
      - This can vary slightly based on the sim cases you were given
CSE Suggestions

- Follow the directions
  - If they say make one choice, than make only one choice
  - If they say pick as many as are indicated then do that

- Know the rules for initiation and changing MV
  - Use 10 ml/kg IBW for initial Vt settings
  - Make adjustments from this point based on ABG results
  - Consider your pt type and disease for vent settings

- Map your progress during each case
  - Where have you been and chosen already
  - But don’t waste time writing everything down either
  - 20” per case

- Do not skip ahead or rush
  - You will be penalized for incorrect choices
  - Don’t get flustered or careless
    - Take a deep breath or drink of water, free your mind for a minute.
CSE Suggestions

- Do NOT
  - Rush or jump ahead of the info given
  - guess what the author is leading towards
  - Support your decisions
  - get frustrated if your choice is not available
  - change patient care unless it is necessary
  - get flustered by equipment failure or pt changes in condition
    - These are meant to test your problem solving ability
    - Pt’s crash even when we are treating them correctly, you may not have been wrong in your decisions
  - select everything - you will lose points

CSE Suggestions

- Do NOT
  - Try new or unusual procedures
    - Jet ventilation, iNO, etc
  - misinterpret data
  - assume something that is not clearly supported
  - Choose something you don’t know or have not heard of before

NBRC General Tips

- Take the pretests and identify weaknesses
- Begin studying ~2 months prior
- Don’t Cram
- Study the most heavily tested areas according to the matrix first
  - Then the less tested areas you are weak in
  - Then the lower matrix priority areas
- Work through the practice CSE’s a few times
  - Get used to the format and method
  - Learn how to select what is needed and what is not
### NBRC General Tips

- **Arrive to the testing site city the day before exam**
- **Drive to the site timing your journey**
  - Add time considering morning traffic
- **Eat a good dinner the night before, avoiding alcohol**
- **Do not cram the night before**
  - If you’re not ready by now, cramming won’t help
  - Instead try to relax
- **Sleep well**
  - Plan to get up early with an alarm
  - Avoid sleeping pills
- **Allow time for a good breakfast**
  - That will get you through lunch
- **Minimize caffeine**
  - The adrenaline will be pumping

### Continuing Competency Program - CCP

- **NBRC Brochure**
  - You must provide proof of competency every 5yrs
    - 5yrs begins at date of most recent exam pass date
  - **3 options**
    - 30 CEU’s in that 5 year period, must be entered into NBRC
    - Take a new NBRC exam within that period
      - New 5yr period begins on date of newest pass date
    - Retake and pass the highest level credential you currently hold within 5 year period
  - Some credentials require content specific CEU’s

### CCP

- **FEES**
  - If you take a new or retake an exam = NO FEE
  - If you submit CEU’s
    - $25 per year or $125 at time of renewal
  - If you lapse your credential
    - $150 plus the exam fee's
Contacts

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  - http://www.aarc.org

References

- McNeely, S.A., Kettering National Seminars Respiratory Therapy Review CSE