

NCLEX CHANGES THE PASSING STANDARD

On December 5, 2006, The National Council of State Boards of Nursing, Inc. (NCSBN) voted to raise the bar for passing the NCLEX-RN examination (the National Council Licensure Examination for Registered Nurses). Effective April 1, 2007, the new passing standard is 0.2100 logits for the NCLEX-RN exam, up 0.070 logits from -0.2800.

A logit (which stands for "Log Odd Units") is a unit of probability which focuses on the association of grouped data, looking at all levels of possible interaction. Logits are often used in educational or medical testing.

Per the NCLEX Psychometric technical brief (vol 2, Feb 2005), the NCLEX-RN is "scaled using Rasch's (1960) model for dichotomous items, which uses logits as the unit of measure. As a result, person ability, item difficulty, and passing standards are considered on this scale". The Rasch model takes into consideration the relationship of: 1) the probability of being observed in a particular category and 2) the difference between an individual's ability and

an item's difficulty.

Does this mean raising the passing standard by .070 logits is a significant amount? To some, it will mean the difference between passing and failing, but the change is necessary to ensure only the most qualified nurses receive their certification. But nurses should not be alarmed by this latest change it's part of a long-standing course of action by the NCSBN. Every three years, the NCSBN adjusts the passing standard to help ensure the NCLEX-RN certification reflects a high standard of entry-level RNs. This year, the NCSBN increased the passing standard for the NCLEX despite the shortage of nurses in the United States responding to changes in the U.S. health care delivery system. This proves that the need for quality is paramount in the U.S. As for the nurses planning to take the NCLEX, preparation is key. With the right preparation, nurses will not only pass the NCLEX, they will stand out among the competition, making themselves highly marketable in the U.S. healthcare market.

AMERICAN IDIOMS

able to breathe easily again

- to be able to relax and recover from a stressful time
My friend was able to breathe easily again when his company did not go out of business.

act high and mighty

- to act proud and powerful
The woman always acts high and mighty and nobody likes her.

add insult to injury

- to make a person who feels bad feel worse, to make a bad situation worse
Our boss added insult to injury when she refused to let us use the telephone as well as the computers during lunch.

an arm and a leg

- (to cost) a large amount of money
His new car cost him an arm and a leg.

at the eleventh hour

- at the last possible moment
The company and union settled the strike at the eleventh hour.

at the end of one's rope

- to be at the limit of one's ability to cope
I am at the end of my rope about what to do about my current situation at work.

cut off one's nose to spite one's face

- to make things worse for oneself by trying to harm someone/something else
The man cut off his nose to spite his face when he became angry and quit his job.

NCLEX Answers

- Hematuria in a client with a pelvic fracture can indicate trauma to the bladder or impending bleeding disorders. It is not unusual for the client to complain of muscle spasms with multiple fractures, so answer B is incorrect. Dizziness can be associated with blood loss and is nonspecific, making answer C incorrect. Nausea, as stated in answer D, is also common in the client with multiple traumas.
- The client's statement "They are trying to kill me" indicates paranoid delusions. There is no data to indicate that the client is hearing voices or is intoxicated, so answers A and D are incorrect. Delusions of grandeur are fixed beliefs that the client is superior or perhaps a famous person, making answer B incorrect.
- Because the nurse is unaware of when the bottle was opened or whether the saline is sterile, it is safest to obtain a new bottle. Answers A, C, and D are not safe practices.
- Infants with an Apgar of 9 at 5 minutes most likely have acrocyanosis, a normal physiologic adaptation to birth. It is not related to the infant being cold, experiencing bradycardia, or being lethargic; thus, answers A, B, and D are incorrect.
- Rapid continuous rewarming of a frostbite primarily lessens cellular damage. It does not prevent formation of blisters. It does promote movement, but this is not the primary reason for rapid rewarming. It might increase pain for a short period of time as the feeling comes back into the extremity; therefore, answers B, C, and D are incorrect.
- Hemodialysis works by using a dialyzing membrane to filter waste that has accumulated in the blood. It does not pass water through a dialyzing membrane nor does it eliminate plasma proteins or lower the pH, so answers A, B, and C are incorrect.

Here's a good reason to put down the syringe and pick up the pen!

Pen down your most unforgettable nursing/personal experiences as a practising nurse or nursing student and share them with us. The winning entry will receive prize money of Rs. 1000/- and get published as well!

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The winning story will henceforth become the property of IndiAM.



Is your Nurse Recruiting Company helping or hindering your career?

Take our 1-minute test to see how your company is performing. If your company is performing below your expectations, you may want to explore your options.

	Yes	No
1. Is your company helping you pass the necessary IELTS/TOEFL and CGFNS/NCLEX exams?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your company helping you build and polish your resume and interviewing skills?	<input type="checkbox"/>	<input type="checkbox"/>
3. On average, does your company take less than 1 year after signing a contract with them to find nurses a position in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
4. If your company has not found you a sponsor, have they at least set up interviews for you with U.S. employers within the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your company leading you or helping you through the immigration process?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been waiting for more than 2 years to be hired by as a nurse in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your company offer soft skill training, personality development, assertiveness training and prepare you for life in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your company transparent about your exams/immigration process?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is your recruitment company sponsoring all related expenses to go to the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you get prompt responses to the questions you ask your company?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'No' to any of these questions, then your company may be hindering your chances of finding a position in the United States.

Explore your options

with
GS3 Services India Pvt. Ltd.

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Because patient care is a universal language

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Assertiveness Series

IndiAM is proud to bring its readers a 3 part series on Assertiveness. In Part I, we discuss what it means to be assertive and the benefits gained through assertive behavior. In Part 2, we will cover the obstacles to being assertive and how we can avoid those obstacles. Finally, in Part 3, we cover assertion strategies and whether or not being assertive is always the best way to go.

Assertion! It's not what you do. It's Who You Are!!

Assertiveness is the ability to say 'yes' or 'no' when you want to; it's the freedom to be yourself in all circumstances. By being assertive, we drop our masks, making others feel safe to do the same.

Defining Assertiveness

Is assertiveness the ability to get what we want when we want it? Will it mean we get to be in control of the world around us? Yes and no. Assertiveness is the courage to be ourselves and show the world who we really are: our likes and dislikes, our thoughts, feelings and shortcomings. It's also about communicating honestly with family, friends and colleagues. An assertive manner empowers us, giving us more control over our own lives. As we become more assertive, we remove our mask and reveal who we truly are. We essentially proclaim, "This is who I am, this is what I feel, and these are my needs." But the ability to be assertive does not mean we always should be assertive. Assertiveness is another method of communicating, to be used as needed, depending on the situation.

Learning Assertiveness

Though being assertive often proves advantageous (in the right situations), developing assertiveness skills is not always easy. Many of us grow up without learning how and when to be assertive. As a result, our assertiveness skills may be weak and ineffective. Even when we have the chance to be assertive, we're tempted to use seemingly easier ways of communicating. We may become overassertive pushing others into behaving in ways that suit us, or we may be too afraid of conflict or disapproval to speak honestly. Being assertive means learning a new way of communicating, one that may be uncomfortable initially, but will come more easily with time and practice.

Assertiveness, when properly used, offers many benefits. The ability to be assertive may enable us to:

- Create healthy, meaningful relationships
- Reduce or avoid friction and conflict
- Increase self-respect and respect from others
- Enhance self-esteem
- Enhance a sense of being in control
- Increase productivity at work and at home
- Reduce stress
- Improve emotional and physical health and our overall sense of well-being

People who have trouble being assertive often willingly allow the social and cultural rules to dictate who they are, even if those rules are based on distorted beliefs. If we relate to others through these distorted beliefs, we may create the very circumstances we fear. For example, a fear of rejection may influence you to behave in a possessive manner to control a partner. Or you may be aloof in your relationships to convince others (and yourself) that you do not need them. Both of these behaviors will ultimately drive people away, resulting in the very situation you feared. We become shadows of our true selves, denying our dreams and desires.

How can we become more open, honest and assertive? Begin by recognizing distorted beliefs. Write down your beliefs about yourself and the world (and be honest with how you feel, don't write down what you know you "should" believe). Next, objectively decide whether these beliefs are helpful or not. A healthy belief system looks at the world from the point of view that "you are a valuable, worthwhile person, and accepts the fact that others are too."

10 Assertive Rights

Each of us has rights as a human being, and these include rights pertaining to our behavior. Our "assertive rights" refers to how we view our own actions, others' actions, and how they overlap. How we view ourselves can prevent us from being assertive. By becoming aware of our assertive rights, we open the door to becoming (more) assertive.

1. The Right to Judge Myself

I have the right to judge my own behavior, thoughts, and emotions and to take the responsibility for them and their consequences. Others' behavior may have an impact on me, but I choose how I will react and/or deal with each situation. I alone have the power to modify my thoughts, feelings, and behavior. Others may

influence my decision, but the final choice is mine.

2. The Right to Not Justify My Behavior

Others may disagree with or disapprove of my behavior, but I have the option to disregard their opinions or weigh and respond to them. Others may demand to know my reasons and/or try to convince me that I am wrong, but I am the ultimate judge.

3. The Right to Judge Whether I Am Responsible For Finding Solutions to Others' Problems.

I am responsible for my own psychological well-being and happiness. Accordingly, while I may feel concern, compassion and goodwill for others, I am not responsible for their mental stability and happiness. Even if my actions have unintentionally caused problems for someone else, it is still that person's responsibility to come to terms with and resolve the problems on their own and it is my decision how much, if any, help I should give them. If I fail to recognize this assertive right, others may choose to manipulate my thoughts and feelings by placing the blame for their problems on me.

4. The Right to Change My Mind

Life is fluid, ever-changing, as are people. My interests and needs will likely change over time, which is normal, healthy, and conducive to self-growth. Others may try to manipulate my choices by asking that I admit having made an error or by stating that I am irresponsible. Despite what others may say or feel, I have the right to change my mind, without justifying my decision.

5. The Right to Say, "I Don't Know"

Humans are not omniscient. To say "I Don't Know" is an honest admission, and should not beget any negative consequences. Others may use this admission to judge me, to show I am unfit for a role or conversation. Our strength comes from knowing we are not perfect and knowing we have the capacity to seek answers to what we don't know.

6. The Right to Make Mistakes and Take Responsibility For Them

Others may try to manipulate me, by stating that my errors are unforgivable and that I must make amends for my wrongdoing by engaging in "proper" behavior. To make amends of my own free will is my right. To make amends based on coercion or manipulation allows my future behavior to be influenced by my past mistakes, and my decisions to be controlled by the opinions of others.

7. The Right to Not Agree

A relationship does not require 100% agreement. It is inevitable that others will be hurt or offended by my behavior at times, as I will be by their behavior. It is unrealistic for me to expect others to approve of all my actions. If I required others to agree with me before being able to relate to them, my ability to form strong relationships would be impaired. Similarly, I do not need to agree with others based on goodwill.

8. The Right to Be Illogical When Making Decisions

I sometimes employ logic to assist me in making judgments. However, logic cannot predict the future, nor does logic help much when dealing with wants, motivations, and feelings. Logic generally deals with "black or white," "all or none," and "yes or no" issues and does not always work well when dealing with the gray areas of the human condition.

9. The Right to Say, "I Don't Understand"

To say, "I don't understand" is not a sign of weakness, but of strength. It shows we have the courage to admit we lack knowledge and need help or time to gather it. The assertion empowers us to find the answers. If we don't assert ourselves by pretending to understand, we remain in the dark. Instead, by saying we don't understand, we improve ourselves by enabling ourselves to seek out or accept that knowledge from others.

10. The Right to Say, "I Don't Care"

While this may seem rude at first, saying "I don't care" can be done in many subtle ways. The point is that we have the right to let others know when something does not interest us. If we don't learn to speak out and let others know we have no interest in a particular subject, activity or cause, then we will find ourselves involved in activities with people, which impede our own desires and goals.

How We Communicate

Now that we are aware of some ways we keep ourselves from being more assertive, let's look at how we communicate at present. The belief system we hold influences our communication style. Psychologists recognize four main styles, and although we tend to switch from style to style, we generally favor one. Realizing that we cannot control others can be quite liberating, leaving us free to practice new ways of communicating.

How do we move into an assertive style of communicating? Through practice. The four main steps are:

1. *Draw up a list of situations in which you can be assertive.* For example, refusing a request made at work or taking a faulty item back to the shop.
2. *Notice the way you decline or make requests.* Register your expression and posture. Assertive postures are open and non-threatening, with friendly eye contact.
3. *Practice asking others for their opinions.* This creates an opportunity to express your opinions directly and without the need to apologize. Notice whether you listen attentively to what others are saying. People are more likely to listen to you if they feel that you are attentive.
4. *Remember to use 'I' statements whenever possible.* This makes the tone of the communication direct, but unchallenging.

Upcoming Articles on Assertiveness

Are you a human doormat? Do you say "yes" when you mean "no"? Do you keep your opinions to yourself for fear of upsetting or starting an argument? Making requests, or having one's needs met is often difficult, especially if our level of self-esteem is fragile. Find out if you stand up for yourself as much as you should. Watch out for the Roadblocks to Assertiveness and 6 Myths Which Encourage Non-Assertive Behavior in the next edition of IndiAM.

CGFNS & IELTS Certified Nurses needed as Registered Nurses in the United States

In conjunction with its US parent company One World United, GS3 Services India Pvt. Ltd. a Government Approved (LICENSED) agency has letters of intent from numerous U.S. healthcare facilities to sponsor and hire nurses in the United States. GS3 Services India is currently seeking Nurses with CGFNS and IELTS certification to fill these positions.

Positions include (but are not limited to): acute/critical care, cardiology, surgery, oncology, A&E, neonatal, neurology, orthopedics.

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A diploma or BSc in Nursing
Registered as a nurse in India
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Fluency in English (written and verbal)

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IndiAM is proud to bring its readers a 2 part series on US Nursing Shortage written by our CEO Mr. Mendel Zilberberg. In Part 1, we discuss the Intro and Shortages and we then move onto Supply and Demand. In Part 2, we cover Results and Possible Solutions.

Why everyone should care about the U.S. nursing shortage

If you have ever been hospitalized, you may know what it is like to call for a nurse and have your call go unanswered for longer than you might expect. This scenario directly relates to the critical nursing shortage, which if not promptly addressed, could have devastating effects on the provision of healthcare in the United States.

The Shortage
By now, we are all familiar with the fact that there is a critical nursing shortage in the United States, as well as many other countries which raises the issue and its related ramifications from the national level to a global issue. The startling numbers from a U.S. Department of Health and Human Services report titled Projected Supply, Demand, and Shortages of Registered Nurses: 2000-2020 projects that the U.S. nursing shortage will grow to approximately 275,000 by 2010; 500,000 by 2015; and over 800,000 by the year 2020. A significant amount of information and various workforce reports relating to both the reasons for the shortage and the actual extent of the shortage exists. However, in order to gain a meaningful understanding of the problem, we must first identify the moving parts.

The first two basic categories are supply and demand. It is rather obvious that if the supply of nurses remains constant, and the demand for nurses increases, there will be an ever widening gap between supply and demand with an ever growing shortage of nurses.

If demand continues to grow and supply decreases the disparity and associated shortage of nurses becomes even more critical. The Projected Supply, Demand, and Shortages of Registered Nurses: 2000-2020 report cited above reveals that while the supply of nurses may marginally increase until approximately 2011; it will begin to decline thereafter.

As will be further developed in this paper, the nursing shortage will increase in severity because of a decrease in the supply of nurses as well as an increased demand. This shortage of nurses will (unless properly addressed with solutions that match the significance and magnitude of the problem) unfortunately lead to a severe degradation in the quality of health care provided in the United States.

When I was attending law school, one student tried to answer a legal question with an intricate line of reasoning. The Dean told the student that he should remember the "granny" test. Before you offer a legal argument, think of the reaction of your grandmother. If after hearing your answer would she say "for this I sent you to law school?" If you do not pass the "granny" test, then you should not offer an answer.

When dealing with the nursing shortage and its myriad related studies, reports and statistics, I too am more comfortable dealing on the "granny" level. At an intuitive level I am alarmed at the ramifications of an ever worsening nurse shortage. I will use many reports and statistics to develop the facts, however, I think that it is patently evident that an ever increasing nurse shortage will adversely affect American healthcare. It is important for us to focus on the effects of the looming crisis caused by the ever increasing nursing shortage and try to develop ways through which we increase the number of practicing nurses in the United States. Once again the methodology for increasing the ranks of our nurses may be a result of a granny analysis, various studies or a combination of both.

The Supply Side
The U.S. Department of Health and Human Services report also details a number of causes for the decline on the supply or nurses. Among the significant factors are decreased enrollment in both, Baccalaureate, Associate and Diploma nursing programs resulting in a decline of nursing school graduates, the higher average age of recent nursing

school graduates, the aging of the existing pool of licensed nurses, and nurses' salaries. The study further projects that the number of new licenses in nursing is expected to be 17 percent lower in 2020 than in 2002.

Accordingly, if you have less people entering the profession the supply decreases. The aging of the workforce will also have a significant impact in one of three ways. Older nurses are more likely to, either, retire, seek nursing management jobs or seek nursing jobs that are less physically taxing than the work they must perform in a hospital setting. Other less physically taxing areas include nursing home care and home health care. The growth patterns for these two areas support increased migration of nurses from hospital based employment.

Statistically, almost two-thirds of U.S. nurses are employed in hospitals. This percentage seems to remain almost constant between 2000 and 2020. The two areas showing growth between these years are nursing homes with a projected increase of approximately 23%, meaning that in the year 2000, slightly more than 8% of the nurses were employed in nursing homes, and by 2020 it is expected to be more than 10%. As such the American healthcare providers may face the declining supply of nurses while hospitals may face the additional problem of nurses leaving the hospital setting for employment in nursing homes or home health care.

Regarding the retirement of nurses, or nurses seeking alternative areas of employment, The New England Public Policy Center and the Massachusetts Health Policy Forum, a series of research studies over the last several years, unequivocally shows that many nurses are not happy with their work conditions and are more likely to quit due to their dissatisfaction. The report continues to cite a Health Affairs article by Julie Sochalski, an associate professor of the University of Pennsylvania who found that "in the early 1990's, 41% of hospital nurses expressed job dissatisfaction three times the rate of all professional workers nationwide- and 43% reported high levels of job burn out." At the granny level ask yourself if you or a loved one should have to look forward to being the patient being treated by one of the 41% of dissatisfied nurses or one of the 43% of nurses complaining of burn out.

One would think that as nurses are central to the administration of hospital operations and maintenance of health care that significant measures would be taken to increase job satisfaction allowing for employers to hold on to their nurses for as long as possible.

Much to the contrary, in a Bernard Hodes Group 2006 survey of almost 1,000 nurses dealing primarily with the future shortages expected because of the aging workforce and impeding retirement of current nurse population, it became evident that hospitals in fact could, but apparently were not in a meaningful way seeking to alleviate the physical toll placed on nurses in many areas.

Some of the salient facts garnered from this survey are, that relating to the age of the nurses, 58% of the surveyed nurses worked for 26 years or more in nursing. The average nurse leader's age was over 50 and the corresponding age of nurses were over forty. In addition, nurses retire more quickly than nurse leaders. While one obvious conclusion is, that as nurse leaders age they will retire quicker, the other inescapable conclusion is, that the job of a hospital nurse walking the floors and tending patients is physically more taxing than the work of a nurse that may be working in management or administration.

Furthermore, relating to job satisfaction, when something as simple as the implementation of lift teams (a system by which the ease of lifting patients is enhanced) ranges from 30% at hospitals applying for Magnet status, 29% for hospitals with Magnet status and 20% from non-Magnet hospitals.

Editorial Note

Dear Readers,

Welcome to the fifth edition of IndiAM! In each issue, we include valuable information about the lives and professional training of student nurses, nurses preparing to immigrate to the U.S. and nurses who have already settled in their new lives abroad. We address our readers' questions and concerns about the NCLEXRN and IELTS, immigration and the cultural differences between India and the U.S. If you are considering working as a nurse abroad, you'll find IndiAM an invaluable resource. Write to us and share your personal experiences or ask us any questions you have about nursing life abroad. We'd love to hear from you.

Vinod Sankaran
Chief Editor

Send in your valuable opinions, comments and suggestions concerning IndiAM to :
feedback@gs3india.com

An additional area of the survey related to mandatory overtime. Aside from nurses being wholly dissatisfied with the practice, it is extremely costly. While some facilities may be forced to use overtime in emergent circumstances, it is all too easy to fall into the trap of using overtime as a way to address the nursing shortage. Using overtime as the solution to the shortage may work in the very short term; however, on a longer term basis it raises operating costs, causes burnout among nurses and is an impetus for nurses leaving the professional sooner than they might otherwise have. In sum lose lose lose.

The Demand Side
Obviously, in the face of the graying of America, the baby boomer generation reaching retirement age and an aging nurse workforce we need to have more registered nurses in all healthcare disciplines to handle an influx of more patients into hospitals and healthcare facilities.

But when considering the changes in demographics and population levels, we do not necessarily think in terms of the implications of the nursing shortage. In more concrete terms in The Global Shortage of Registered Nurses: An Overview of Issues and Actions developed by James Buchan and Lynn Calman for the International Council of Nurses, certain conclusions based on the World Health Organization statistical information of 2004 becomes readily apparent. North America has approximately 1,000 nurses, per 100,000 people, which means that nurses comprise approximately one percent of our population. At this rate, everything else being equal, we will need a 33% increase in the number of nurses, or one million nurses by the time our population reaches 400 million people. As set forth in USA Today, a U.S. population of 400 million will be reached by 2040.

In terms of the aging of America, more than 36 million Americans are now over the age of 65, with more than 4.6 million in the 85-plus age group. By 2020, the United States population of people over the age of 65 is projected to grow to 55 million while those over 85 will increase 300% to over 13 million.

However, when in addition to increasing population and the overall aging of our population we factor in medical advances that require more nurses as many more medical treatments and protocols are developed, the projected shortage of over 800,000 nurses by 2020 is believable.

Stay tuned for the next installment in this series....

Mendel Zilberberg
CEO - One World United Inc.
(US parent of GS3 India)

IELTS Corner Tips for Students

Here are the top 10 mistakes IELTS candidates make

Poor Time Management

IELTS is all about time management. Transferring answers in Listening is for 10 minutes, Reading is for 1 hour, Writing is for 1 hour, Long Turn speech or the second section of speaking is for 1½ to 2 minutes. It is the candidates' responsibility to manage their own time. No one will tell you to stop working on the current task and to move forward to the next one. So, in worst case scenario, you could spend all the time working on just one passage, when there are 3 more to go.

Read the whole passage first in Reading section

Those passages are not meant to be read. It is enough to skim through the text, noticing what the text is about and what the purpose of each paragraph is. After getting familiar with the passage, it is the time to read questions and look for answers.

Not paying attention to the instructions

Instructions are there for a reason. If instructions clearly states "give one answer" or "answer in 3 words", that is exactly what is expected. If you write 4 words or 2 answers then points are deducted. Eg: the instruction states "answer in 3 words", the required answer is "black cat crossing" you decide to write instead - "a black cat crossing" the answer is WRONG!!

Forgetting to transfer answers to the Answer Sheet

The only answers IELTS examiners count are those copied to the Answer Sheet. Every answer written on booklet scores zero as these are not valued.

Copy the task in Writing section

First, instructions forbid this. Second, you don't get any points for it. Third, it wastes precious time you could use writing something meaningful.

Waste a lot of time on one hard question

All IELTS questions are of different difficulty. It is wrong to assume that every next question will be harder than the previous one. This is why getting stuck on one hard question is a bad idea. By moving forward to some easier questions you could win points, which otherwise would be lost.

Assume they know the answer

There is an old saying "Assumptions are the mother of all mess-ups". Many people walk right into this trap, by reading the question and assuming that they already know the answer from their past experience or general knowledge. What a mistake! The answer is what is written in the passage and not what comes first to your mind. If, for example, the question is "Does smoking cause cancer" and your mind says "Yes" but the passage says "No", then "No" is the correct answer.

Not checking the answers

It is only human to make mistakes and there is nothing wrong in admitting it. This is a good enough reason to check and double-check your answers if there is time left.

Trying to impress the examiner

What usually happens when a person starts trying to impress the examiner is usually the opposite. Be the best you can at your level, don't try to claim a higher level you are not at. Don't start trying to use super complex sentences or big smart words (without being sure what they mean), and whatever you do, DON'T put on an accent.

Answering with "Yes" or "No"

When examiner is asking you a question, it is not the answer he is after. His goal is to make you speak. As for you, every chance to speak is an opportunity to show how fluent your English is. Answering with "Yes" or "No" ruins every chance of a good grade.

Viveka Mohan Das
Manager - Curriculum Development
GS3/Services India Pvt. Ltd.

NCLEX Questions

1. The nurse is caring for a client admitted with multiple trauma. Fractures include the pelvis, femur, and ulna. Which finding should be reported to the physician immediately?

1. Hematuria
2. Muscle spasms
3. Dizziness
4. Nausea

2. A client is brought to the emergency room by the police. He is combative and yells, "I have to get out of here. They are trying to kill me." Which assessment is most likely correct in relation to this statement?

1. The client is experiencing an auditory hallucination.
2. The client is having a delusion of grandeur.
3. The client is experiencing paranoid delusions.
4. The client is intoxicated.

3. The nurse is preparing to suction the client with a tracheotomy. The nurse notes a previously used bottle of normal saline on the client's bedside table. There is no label to indicate the date or time of initial use. The nurse should:

1. Lip the bottle and use a pack of sterile 4x4 for the dressing
2. Obtain a new bottle and label it with the date and time of first use
3. Ask the ward secretary when the solution was requested
4. Label the existing bottle with the current date and time

4. An infant's Apgar score is 9 at 5 minutes. The nurse is aware that the most likely cause for the deduction of one point is:

1. The baby is cold.
2. The baby is experiencing bradycardia.
3. The baby's hands and feet are blue.
4. The baby is lethargic.

5. The primary reason for rapid continuous rewarming of the area affected by frostbite is to:

1. Lessen the amount of cellular damage
2. Prevent the formation of blisters
3. Promote movement
4. Prevent pain and discomfort

6. A client recently started on hemodialysis wants to know how the dialysis will take the place of his kidneys. The nurse's response is based on the knowledge that hemodialysis works by:

1. Passing water through a dialyzing membrane
2. Eliminating plasma proteins from the blood
3. Lowering the pH by removing nonvolatile acids
4. Filtering waste through a dialyzing membrane

Glimpses of Glory



▲ Students at Pondicherry attending an NCLEX Presentation



▲ Students at Pondicherry taking an IELTS Diagnostic Test



▲ GS3 CEO and Director addressing queries of a GS3 candidate.

Tips for Answering NCLEX Questions

- Eliminate Similar options
- Eliminate options that contain Absolute words
- Use the guide line for delegation and assignment
- Answer pharmacology question
- Look for the "True stem" and "False Stem".

SCRAMBLE these words you'd be surprised to see what you get!!!

- **ASTRONOMER:**
When you rearrange the letters:
MOON STAKER
- **DESPERATION:**
When you rearrange the letters:
A ROPE ENDS IT
- **DORMITORY:**
When you rearrange the letters:
DIRTY ROOM
- **THE EYES:**
When you rearrange the letters:
THEY SEE
- **GEORGE BUSH:**
When you rearrange the letters:
HE BUGS GORE
- **THE MORSE CODE:**
When you rearrange the letters:
HERE COME DOTS
- **SLOT MACHINES:**
When you rearrange the letters:
CASH LOST IN ME
- **ANIMOSITY:**
When you rearrange the letters:
IS NO AMITY
- **ELECTION RESULTS:**
When you rearrange the letters:
LIES - LET'S RECOUNT
- **MOTHER-IN-LAW:**
When you rearrange the letters:
WOMAN HITLER
- **SNOOZE ALARMS:**
When you rearrange the letters:
ALAS! NO MORE Z'S
- **A DECIMAL POINT:**
When you rearrange the letters:
I M A DOT IN PLACE
- **THE EARTHQUAKES:**
When you rearrange the letters:
THAT QUER SHAKE
- **ELEVEN PLUS TWO:**
When you rearrange the letters:
TWELVE PLUS ONE