

I've arrived at the answer to this question by interviewing students through the past several years to determine what methods they used, what they found to be most helpful, and what they found to be a waste of time. The information below has been obtained from these interviews and my observations of the pitfalls they encountered.

INTRODUCTION

Most students allow themselves 3-4 weeks from the day they graduate nurse anesthesia school to the day they take their boards. The technique many students try to apply during this period is a global review of their class notes supplemented with a few textbooks. The majority of successful students, however, do the exact opposite! They perform a thorough review of a textbook and supplement any difficult areas with the notes taken in class or other textbooks. This is the technique recommended by Prodigy Anesthesia as it seems to be the most effective and 'shores up' any areas of weakness in the classroom lectures.

STUDY MATERIALS

Most students use a combination of two to three textbooks in their study preparations. The most commonly used textbook is Clinical Anesthesiology by Morgan, Mikhail, and Murray. The second most commonly used textbook is Anesthesia and Co-Existing Disease by Stoelting and Dierdorf. Third is Clinical Anesthesia by Barash, Cullen, and Stoelting, and fourth is Nurse Anesthesia by Nagelhout. By far, the most common combination is Clinical Anesthesiology and Anesthesia and Co-Existing Disease. Each textbook offers specific advantages, but if you are limited to only textbooks, these are the two we recommend. Clinical Anesthesia does not provide the depth of the other texts, but it is a quick read and enables you to cover an enormous amount of material in a short time. Because of its limited depth, it is also recommended that you supplement difficult to understand concepts with Anesthesia and Co-Existing Diseases, and, if possible, either Clinical Anesthesia and Nurse Anesthesia if you have access to them.

REVIEWS AND SEMINARS

Most students have attended one seminar review or another, but I have heard several complaints about the relevance of the material to the new exam (yes, the exam has changed drastically in the past three years). The most common reviews attended by students did not provide any information specific to the exam. However, many students found a sense of comfort in attending these fairly comprehensive reviews. This makes sense, in my opinion, as a quick review of the information solidifies the information you have learned in school and helps create 'shelves' in your mind on which you can place new information more easily.

ABOUT PACES

It should be noted that PACES is not designed as a comprehensive review of anesthesia. It is designed to perform one task well, and that is to simulate the computerized exam environment. Whereas the CCNA exam is an adaptive exam with many levels of difficulty, the PACES exams stay in the higher level of difficulty. I simply feel there is no reason to ask you the MAC of sevoflurane in an adult when you're trying to determine how much you really know. As a result, initial scores on the PACES exams typically stink...to high heaven. I cannot count the number of emails I had received when I first released the program from students freaking out because they had scored a 61 out of 100 on the PACES exams and their test was the next day (more on this in the next section). Because of this, I was eventually able to add a statistical analysis that projects your score on the actual CCNA exam taking into account the fact that it does ask you easier questions. The analysis is based on previous users experience, their scores on the exam, and the fact that I cannot guarantee that anyone will pass the exam just by purchasing the software.

THE BEST WAY TO USE PACES

First, I would like to bring up the user a year ago who scored a 27 on the PACES exams and their actual CCNA exam was the very next day...don't be

that person. Taking a simulation the day before the exam is asking for trouble. Let's say you buy PACES the day before the exam and plan on running through the exams to 'top off' you studying, as this user put it.

Now, let's say you utterly fail each one of the exams. What then? PACES has effectively determined that you have very little chance of passing a complex, computerized anesthesia board exam. You have less than twelve hours before the test and you need to sleep at some point. Again, this is a bad technique. Here's what I recommend:

If at all possible, buy PACES at least one year before your board exams. Minor revision upgrades are free anyway, so there's no reason not to do this. Now, take the first simulation exam. You may leave all of the feedback options ON. That is to say, set the software so that it tells you immediately if you miss a question, provides the rationale immediately, and displays your score as you go. This test is not to humiliate you, it's to help you recognize what information is important as you continue your regular studies during the next 12 months. It's important to recognize how difficult the questions can be and that glossing over a topic is not sufficient. Basically, this exam is just a 'wake-up call'.

As you finish your program and schedule your exam, I recommend that you give yourself about 4 weeks to study. Take the first two weeks and review one of the recommended textbooks, cross-referencing the difficult topics with other textbooks as you go. Once this first review is complete, take Exam Two. Leave the feedback options on if you like. The program will record all the dreadful details. I should warn you--you will probably not score above 70. Few people do at this point. The point is that the program will highlight your weak areas. You need to take another week and review the topics that destroyed your chances of becoming a CRNA very thoroughly. Again, the Clinical Anesthesia text by Morgan, Mikhail, and Murray probably does not have the depth to cover these topics adequately, so try another text. After working through this material for a week, take Exam Three with the feedback options still on. Your score may increase a bit, but don't be surprised if you still have trouble. You should be scoring at least above 65, though.

Now, with a week left, take Exam Four blind. This means turn off all of the feedback options. You will have the clock running for the standard 3

hours, and will receive no feedback, scores, or rationales as you move from question to question. This will test your nerve. The difficulty with the CCNA exam, even if you are sufficiently prepared is focusing on the question at hand. This is extremely important. Invariably, you will reach a question you don't know. You might be able to eliminate an option or two, but you still won't know the answer. So, you have no option but to guess. You select an option and click the Next button on the computer screen. A new question pops up. You start reading it, but your mind wanders back to the question you previously answered. Did you guess right? Was the correct answer cor pulmonale or was it emphysema? The fact is, it no longer matters. You have to forget the question and move on, concentrating solely on the question in front of you. This is where the simulator stands out. You can practice this over and over, taking and retaking the exams simply to learn to steel your nerves against the difficult topics and the ticking of the clock.

The next day, take Exam Five, once again, in blind mode. Even if you completely bomb the test, you have a week to change your destiny. Study difficult topics hard, then test yourself on these specific topics (you can take short exams on each specific exam topic). Be sure you can answer the questions correctly before you move on to the next topic.

Now, the important part: the day before the exam, it's okay to study, but go to bed early. Keep to your usual routine in the morning (don't take new medicines such as beta-blockers or caffeine pills to improve your concentration if you have never taken them before). With 30 days of hard studying and practicing, you should be ready.

Good Luck!

Peter L. K. Stallo

Prodigy Anesthesia