# Item writing checklist for nursing and EMS exams

Check each question before it goes on a test: multiple choice or NGN-style. Each line points to a public source, listed on page 2. The rules are the same for EMS questions: one clear question, one best answer, nothing that gives the key away.

## 1. Before you write

- [ ] Pick one concept, tied to a test plan category or one of your course outcomes. [1]
- [ ] Write the key first: something an entry-level nurse or EMT must know or do. [1]
- [ ] List the common errors and misconceptions students have about it. Those become your distractors. [1]
- [ ] Write a rationale for the key **and** for every distractor. If you can't say why a choice is wrong, it may not be. [1]

## 2. The stem

- [ ] **Cover the options.** A prepared student should be able to answer from the stem alone. [3]
- [ ] Put the client data and the question in the stem. Keep the options short. [3]
- [ ] Ask one clear question. A full question beats an unfinished sentence. [3]
- [ ] Every detail earns its place: a cue the student must use, or a deliberate distractor cue in a recognize-cues item. No filler. [1,3]
- [ ] No negative stems ("all EXCEPT", "which is NOT"). If you truly need one, bold the word. [3,4]
- [ ] Test at the application level or higher: what the nurse should do first, or what the data mean, not a definition. [1]

## 3. Options and distractors

- [ ] One best answer. Distractors are plausible to a student who doesn't know it, but clearly less right to an expert. [3]
- [ ] All options are the same kind of thing (all actions, all drugs, all findings), parallel in grammar and similar in length. [3]
- [ ] No "all of the above" or "none of the above." [3,4]
- [ ] Put options in a logical order: numbers low to high, otherwise alphabetical or by sequence. [3,4]
- [ ] Numbers use one format and units. Ranges don't overlap. [3]
- [ ] No vague words like "often" or "usually" that experts read differently. [3]

## 4. Cueing: does anything give the key away?

- [ ] **Grammar:** "a" or "an," singular or plural, fits only the key. [3]
- [ ] **Longest answer:** the key is the longest, most detailed or most hedged choice. [3]
- [ ] **Word repeats:** a word or phrase from the stem shows up only in the key. [3]
- [ ] **Absolutes:** "always" or "never" appear only in the wrong choices. [3]
- [ ] **Logic:** two choices are opposites, or a set of choices covers every case, so the key is easy to spot. [3]
- [ ] **Convergence:** the key shares the most parts with the other choices. [3]
- [ ] **Blind test:** have a colleague read only the choices, with no stem. If they pick the key more often than chance, rewrite. [3]

## 5. NGN-style items and case studies

- [ ] A case study is six items on one client whose data unfold, one item for each step below. [1]

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| Recognize cues | Analyze cues | Prioritize hypotheses | Generate solutions | Take action | Evaluate outcomes |

- [ ] Every answer comes from the client data in the exhibits (notes, vital signs, labs, orders), not from outside facts. [1]
- [ ] Match the format to the step: select-all, matrix, drop-down, drag-and-drop, highlight, bow-tie or trend. See the NCLEX sample items. [2]
- [ ] In select-all and matrix items, each option is right or wrong on its own. No option should depend on another. [3]



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## 6. Bias and fairness

- [ ] Age, sex, race, culture or religion appear only when they change the answer, and never as a stereotype. [5]
- [ ] Plain English. No slang, idioms or local references a student could miss for reasons that aren't nursing or EMS. [5]
- [ ] No outside knowledge the question isn't meant to test (sports, holidays, local places). [5]

## 7. Is the key still current?

- [ ] Check the key against a current source and write the source down: current CPR and ACLS guidelines, the current test plan, current drug labeling. [1,3]
- [ ] Watch for drugs that have left the US market and protocols that have changed. Older banks collect these. [1,3]
- [ ] Use current terms from the test plan (for example, "client"). [1]

## 8. Before it goes on a test

- [ ] A second content expert reads the question, key and rationale. [3,5]
- [ ] Read it once as a student would: is there one best answer, and only one? [3]
- [ ] Proofread numbers, units, drug names and doses. One format throughout. [3]

## 9. After the test

- [ ] Look at how each question did: how many students got it right, and whether stronger students did better on it than weaker ones. [5]
- [ ] A distractor almost nobody picks isn't working. Replace it. [4,5]
- [ ] A question the strongest students miss more than the weakest ones probably has a key or wording problem. Check it before you count it. [5]

## Sources

Each rule above is our plain-words summary of the source it points to. Read the originals for the full guidance.

1. National Council of State Boards of Nursing (NCSBN). *2026 NCLEX-RN Test Plan*: Classification of Cognitive Levels; Clinical Judgment; Appendix B, Item Writing Tips. nclex.com/test-plans.page
2. NCSBN. Next Generation NCLEX, and NCLEX Sample Questions, Exam Preview and Candidate Tutorial. nclex.com/next-generation-nclex.page and nclex.com/prepare.page
3. National Board of Medical Examiners (NBME). *NBME Item-Writing Guide: Constructing Written Test Questions for the Health Sciences.* Free on request: nbme.org/institutions/nbme-item-writing-guide
4. Haladyna TM, Downing SM, Rodriguez MC. A review of multiple-choice item-writing guidelines for classroom assessment. *Applied Measurement in Education.* 2002;15(3):309-333. doi.org/10.1207/S15324818AME1503_5
5. AERA, APA and NCME. *Standards for Educational and Psychological Testing* (2014): Chapter 3, Fairness in Testing; Chapter 4, Test Design and Development. Free copy: testingstandards.net/open-access-files.html

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