WALTER REED NATIONAL MILITARY MEDICAL CENTER'S COMMAND ENLISTED ADVANCEMENT PROGRAM

Understanding the Advancement Process
INTRODUCTION

• Advancement Process
• Final Score Multiplier (FSM)
• Awards (AWD), Education (ED), and Individual Augmentee (IA)
• Performance Mark Average (PMA)
• Service in Pay Grade (SIPG)
• Pass Not Advance (PNA)
• Standard Score (SS)
• Analyzing HM3 Sections – Spring 2015 & Forecasting HM3 Sections – Fall 2015
• Test Preparation at Walter Reed National Military Medical Center
• Preparing for the Exam
• Exam Day
• Helpful Hints
ADVANCEMENT PROCESS
ADVANCEMENT PROCESS

• Entry as E-1 (HR) 9 months after the first day automatic advancement to E-2 (HA).
• 9 months after promotion to E-2 (HA) again automatic advancement to E-3 (HN).
• E-3 (HN) may sit for the Advancement-in-Rate Examination for next cycle if promoted to E-3 (HN) by January and July 1st prior to the next cycle’s exam.
• E-4 (HM3) through the E-6 (HM1) Exams are offered twice a year.
• After successful advancement to E-4 (HM3) there is a 1-year wait time for the Sailor, before the Sailor is eligible to take the next Advancement-in-Rate Examination to the next rank, E-5 (HM2).
• After successful advancement to E-5 (HM2) there is a 3-year wait time for the Sailor, before the Sailor is eligible to take the next Advancement-in-Rate Examination to the next rank, E-6 (HM1). There may be a waiver to decrease the wait time.
• After successful advancement to E-6 (HM1) there is a 3-year wait time for the Sailor, before the Sailor is eligible to take the next Advancement-in-Rate Examination to the next rank, E-7 (HMC). There may be a waiver to decrease the wait time.
ADVANCEMENT PROCESS

• Fast Trackers
  • Those who excel at being a Sailor and are evaluated by their LPO and command to have EARNED an EP (Early Promote) may take their exam 1 year cycle early.
FINAL MULTIPLE SCORE (FMS)
FMS CALCULATIONS

• There are seven categories which gives Sailors points.
• The Navy decides at which cut off point value to promote a rank. This varies with each advancement cycle. Historically a FSM value between 110-120 will promote.
• The seven categories are:
  • Awards (AWD)
  • Education (ED)
  • Individual Augmentee (IA)
  • Service in Pay Grade (SIPG)
  • Performance Mark Average (PMA)
  • Pass not advanced (PNA)
  • Standard Score (SS)
• Future slides will break down some of these categories better.
# Final Multiple Score (FMS) Chart

## E4 Through E7

### Factors

<table>
<thead>
<tr>
<th>Factors</th>
<th>Paygrade</th>
<th>Computation</th>
<th>Max FMS Points &amp; Percents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Mark Average (PMA)</td>
<td>E4 / E5</td>
<td>(PMA x 80) – 256</td>
<td>E4 / E5: 64 (36%)</td>
</tr>
<tr>
<td></td>
<td>E6</td>
<td>(PMA x 80) – 206</td>
<td>E6: 114 (50%)</td>
</tr>
<tr>
<td></td>
<td>E7</td>
<td>(PMA x 50) – 80</td>
<td>E7: 120 (60%)</td>
</tr>
<tr>
<td>Standard Score (SS)</td>
<td>E4 / E5</td>
<td>Exam Score</td>
<td>E4 / E5: 80 (45%)</td>
</tr>
<tr>
<td></td>
<td>E6 / E7</td>
<td></td>
<td>E6: 80 (35%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>E7: 80 (40%)</td>
</tr>
<tr>
<td>Awards (AWD)</td>
<td>E4 / E5</td>
<td>Values in Advancement Manual</td>
<td>E4 / E5: 10 (6%)</td>
</tr>
<tr>
<td></td>
<td>E6</td>
<td></td>
<td>E6: 12 (5%)</td>
</tr>
<tr>
<td>Individual Augmentee (IA)</td>
<td>E4 / E5</td>
<td>For candidates eligible for In-theater points</td>
<td>E4 / E5: 2 (1%)</td>
</tr>
<tr>
<td></td>
<td>E6</td>
<td></td>
<td>E6: 2 (1%)</td>
</tr>
<tr>
<td>Pass Not Advanced (PNA)</td>
<td>E4 / E5</td>
<td>Top 25% SS and PMA get PNA Pts for last five exam cycles</td>
<td>E4 / E5: 15 (9%)</td>
</tr>
<tr>
<td></td>
<td>E6</td>
<td></td>
<td>E6: 15 (6%)</td>
</tr>
<tr>
<td>Service in Paygrade (SIPG)</td>
<td>E4 / E5</td>
<td>SIPG / 4</td>
<td>E4 / E5: 2 (1%)</td>
</tr>
<tr>
<td></td>
<td>E6</td>
<td></td>
<td>E6: 3 (1%)</td>
</tr>
<tr>
<td>Education (ED)</td>
<td>E4 / E5</td>
<td>2 Pts for AA/AS and 4 Pts for BA/BS or above</td>
<td>E4 / E5: 4 (2%)</td>
</tr>
<tr>
<td></td>
<td>E6</td>
<td></td>
<td>E6: 4 (2%)</td>
</tr>
</tbody>
</table>

**Maximum FMS Possible: 100%**

---

02/11/14
AWARDS (AWD), EDUCATION (ED) AND INDIVIDUAL AUGMENTEE (IA)
AWD, ED AND IA

• Awards see Values in the Advancement Manual
• Education, may be now used for multiple advancements
  • 2 points for Associates Degree
  • 4 points for Bachelors Degree
• Individual Augmentee for in-theater points
SERVICE IN PAY GRADE (SIPG)
Sailor gets some points for being the same rank for a longer period of time, up to 2 points. Approximately 0.02083 per month of that grade.

- The calculation is based off of full year in time in GRADE.

- 1 year = 0.25 points
- 2 year = 0.50 points
- 3 year = 0.75 points
- 4 year = 1.00 points
- 5 year = 1.25 points
- 6 year = 1.50 points
- 7 year = 1.75 points
- 8 year = 2.00 points (maximum)
EVALUATION SCORES

- Annually all Sailors are compared to their equally rated Sailors and are given a score on how well they are performing.
  - E-1 (HR) through E-3 (HN) are rated from 16 July (year) to 15 July (year+1).
  - E-4 (HM3) are rated from 16 June (year) to 15 June (year+1).
  - E-5 (HM2) are rated from 16 March (year) to 15 March (year+1).
  - E-6 (HM1) are rated from 16 November (year) to 15 November (year+1).

- All time must be rated. When one rating ends the next day begins the next rating time.
  - No gaps in rating time.
  - No overlapping of rated time.
EVALUATION SCORES

• There are 5 basic evaluation ratings.
  • “Early Promote” EP gives the Sailor a 4.0 in calculating their PMA
  • “Must Promote” MP gives the Sailor a 3.8 in calculating their PMA
  • “Promotable” P gives the Sailor a 3.6 in calculating their PMA
  • “Progressing” gives the Sailor a 3.4 in calculating their PMA
  • “Significant Problems” gives the Sailor a 2.0 in calculating their PMA

• Navy dictates certain demographic split of evaluation ratings. Only 20% of the Sailors may be rated as “Early Promote”.
  • E-3: EP 20% MP up to 80%
  • E-4/E-5: EP 20% MP 40% P 40%
  • E-6: EP 20% MP 30% P 50%
There is also “Non Observed” for Sailors who have just rotated into a command near their evaluation dates. When calculating, omit “Non Observed” and use if possible the last 3 evaluation ratings for that rank. Which means if you received a “Promotable” from your last command and now are here and receive “Non Observed”, when calculating the PMA you would use just the “Promotable”. Now a year later and the Sailor has become a stellar Sailor and has EARNED an evaluation of “Early Promote”, the PMA calculations would only include the “Promotable” and “Early Promote”.

First time for Advancement-in-rate Examination for the next rank, Sailors can not have a “Non Observed”, Sailor must be evaluated.
• Calculation of the PMA (calculation varies per rank)
• May use up to the previous Evaluation rating scores. The number of evaluations is the denominator (up to 3), with the number of evaluations (up to 3), combined as the numerator.
  • Once the number of the average Evaluation rating has been obtained, then multiply it by 80
  • Then depending on the rank subtract.
    • E-3 (HN) -256
    • E-4 (HM3) -256
    • E-5 (HM2) -206
    • E-6 (HM1) -80
EVALUATION SCORES - FORMULAS

• HM1 to HMC: \[
(PMA \text{ average } \times \text{ up to 3 years of that rating}) \times 50 \] – 80

• HM2 to HM1: \[
(PMA \text{ average } \times \text{ up to 3 years of that rating}) \times 80 \] – 206

• HM3 to HM2: \[
(PMA \text{ average } \times \text{ up to 3 years of that rating}) \times 80 \] – 256

• HN to HM3: \[
(PMA \text{ average } \times \text{ up to 3 years of that rating}) \times 80 \] – 256
• Example: Sailor has been an E-3 for 3 years has two evaluations, so the denominator will be 2, and the numerator will be the combined scores of his last two Evaluation rating scores. In which the Sailor received a “Promotable” initially and has been working on areas of weakness over the last year and improved to “Must Promote”.

  3.6 (for “Promotable”) + 3.8 (for “Must Promote”) = 7.4
  7.4 / 2 = 3.7
  3.7 x 80 = 296
  296 – 256 = 40
  40 is the Performance Mark Average points going in on this exam.
PASS NOT ADVANCE (PNA)
PNA POINTS

• Navy personnel who do well on the exam and are good Sailors may not initially have enough points to advancement to the next rank. The Navy awards points for those who are didactically strong who may need a better evaluation or a “little push” to get over the top. PNA points are for those Sailors who scored in the top 25% in both SS and PMA. These points are available for 5 cycles (2 and half years).

• 1.5 points per exam.

• MAX PNA Points: 7.
STANDARD SCORE (SS) – EXAM POINTS
THE EXAM

• The exam schedule
  • Chief Exam 3rd Thursday of January
  • HM1 Exam 1st Thursday of March and September
  • HM2 Exam 2nd Thursday of March and September
  • HM3 Exam 3rd Thursday of March and September

• The Exam is 175 questions
  • Of which 150 are rate specific
  • And 25 are Professional Military Knowledge (PMK)
  • Written by HMC and above, prepared 1 year out, and an Exam writer also takes the exam the same day as the candidates
The exam is graded on “bell curve” and each Sailor is ranked against other Sailors of the same rank within the Navy and listed in order of highest FSM.

• All questions count, none are removed unless deemed by the Navy for example outdated equipment.

• The total exam is divided into equal sections. The previous 2 exams have been in 8ths.

• Each section is equal value to each other section, regardless of the amount of questions in that section.

• At Walter Reed National Military Medical Center, failure of the exam is any score below 40.

• Failure per Navy is around <20.
UNDERSTANDING THE BELL CURVE

- The bell curve begins with the top number of questions answered correctly, of the 175, Sailor.

- Sailor Jerry studies and does smoking good on the test and answers 125 questions correctly and he is the number 1 (or a member of the number 1). They are in the top 100th percentile and will get 80 points.

- Sailor Slacker blows off studying and scores 20.26 (answered 1 question more than the below fail line). They are in the bottom 1 percentile.

- Sailor Average Joe answers 100 questions right but is in the 75th percentile and scores 60 points
THE EXAM SCORING (HMC)  
JANUARY 2015

- Eight Sections: (In no particular order)
  - 7 Rate Specific:
    - Medical Administration
    - Medical Programs
    - Patient Care
    - Emergency Medicine
    - Pharmacy
    - Laboratory and Infection Control
    - Force Health Protection
  - 1 Professional Military Knowledge covering these subjects:
    - Professional Conduct, Naval Heritage, and Career Information

<table>
<thead>
<tr>
<th>Subject</th>
<th># of Questions Asked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Administration</td>
<td>30</td>
</tr>
<tr>
<td>Medical Programs</td>
<td>23</td>
</tr>
<tr>
<td>Patient Care</td>
<td>22</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>15</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>22</td>
</tr>
<tr>
<td>Laboratory and Infection Control</td>
<td>15</td>
</tr>
<tr>
<td>Force Health Protection</td>
<td>23</td>
</tr>
<tr>
<td>Professional Conduct, Naval Heritage, and Career Information</td>
<td>25</td>
</tr>
</tbody>
</table>
THE EXAM SCORING (HMC)  
JANUARY 2016

- Eight Sections: (In no particular order)
  - 7 Rate Specific:
    - Health Care Admin & Programs Management
    - Preventive Medicine Programs Admin
    - Medical Supply and Logistics Management
    - Clinical Support Services
    - Health care and treatment
  - 1 Professional Military Knowledge covering these subjects:
    - Professional Conduct
    - Naval Heritage
    - Career Information

<table>
<thead>
<tr>
<th>Subject</th>
<th># of Questions Asked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Admin &amp; Programs Management</td>
<td>48</td>
</tr>
<tr>
<td>Preventive Medicine Programs Admin</td>
<td>42</td>
</tr>
<tr>
<td>Medical Supply and Logistics Management</td>
<td>16</td>
</tr>
<tr>
<td>Clinical Support Services</td>
<td>14</td>
</tr>
<tr>
<td>Health care and treatment</td>
<td>30</td>
</tr>
<tr>
<td>Professional Conduct</td>
<td>10</td>
</tr>
<tr>
<td>Naval Heritage</td>
<td>05</td>
</tr>
<tr>
<td>Career Information</td>
<td>10</td>
</tr>
</tbody>
</table>
**THE EXAM SCORING (HM2 AND HM1) SPRING 2015**

- Eight Sections: (In no particular order)
  - 7 Rate Specific:
    - Medical Administration
    - Medical Programs
    - Patient Care
    - Emergency Medicine
    - Pharmacy
    - Laboratory and Infection Control
    - Force Health Protection
  - 1 Professional Military Knowledge covering these subjects:
    - Professional Conduct, Naval Heritage, and Career Information

<table>
<thead>
<tr>
<th>Subject</th>
<th># of Questions Asked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Administration</td>
<td>23/33</td>
</tr>
<tr>
<td>Medical Programs</td>
<td>12/26</td>
</tr>
<tr>
<td>Patient Care</td>
<td>28/19</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>28/20</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>20/16</td>
</tr>
<tr>
<td>Laboratory and Infection Control</td>
<td>16/10</td>
</tr>
<tr>
<td>Force Health Protection</td>
<td>23/26</td>
</tr>
<tr>
<td>Professional Conduct, Naval Heritage</td>
<td>25/25</td>
</tr>
</tbody>
</table>
THE EXAM SCORING (HM3) SPRING 2015

• Eight Sections: (In no particular order)
  • 5 Rate Specific:
    • Clinical Support Services (very few Radiology questions) 23/154
    • Health Care Administration and Program Management 32/090
    • Health Care and Treatment 59/301
    • Medical Supply and Logistics Management 07/015
    • Preventative Medicine Programs and Administration 29/032
  • 3 Professional Military Knowledge:
    (This exam only splits out PMK as each individual section)
    • Professional Conduct 10/025
    • Naval Heritage 06/058
    • Career Information 09/049
NOTING A CHANGE

• From Spring of 2015 to Fall of 2015 there was a change in categories for the exam and how it is broken down.

<table>
<thead>
<tr>
<th>Spring 2015</th>
<th>Fall 2015/Spring 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Administration</td>
<td>Clinical Support Services</td>
</tr>
<tr>
<td>Medical Programs</td>
<td>Health Care Admin &amp; Programs</td>
</tr>
<tr>
<td>Patient Care</td>
<td>Health Care Treatment</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Medical Supply and Logistics</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Preventive Medicine Programs</td>
</tr>
<tr>
<td>Laboratory and Infection Control</td>
<td></td>
</tr>
<tr>
<td>Force Health Protection</td>
<td></td>
</tr>
<tr>
<td>PMK</td>
<td>PMK</td>
</tr>
</tbody>
</table>
ANALYZING OF THE HM3 SECTIONS SPRING 2015
&
FORECASTING HM3 SECTIONS FALL 2015

Using the Bibliography, Topics, and Subtopics
CLINICAL SUPPORT SERVICES (HM3)

- Laboratory Service
  - NAVEDTRA 14295B Chapter 19, Clinical Laboratory 53
- Pharmacy Services
  - NAVEDTRA 14295B Chapter 18, Pharmacy 62
  - NAVMED P-117, Manual of the Medical Department, Chapter 21
- Radiology Services
  - NAVEDTRA 14295B Chapter 17, Radiology 39
- Together they are 12.5% of the entire score
- NOTE: Historically there are very few Radiology Services questions asked
- Last Cycle there were 23 questions asked from this section
- 23/154 = approximately 14.9% of the questions were asked
HEALTH CARE ADMINISTRATION
AND PROGRAM MANAGEMENT (HM3)

• General Administration
  • NAVEDTRA 14295B Chapter 2, Expeditionary Medicine Administration 19
  • MCWP 4-11.1, Health Service Support Operations, Chapters 1 and 3

• Health Record Maintenance
  • NAVEDTRA 14295B Chapter 4, Medical Records 37
  • NAVMED P-117, Manual of the Medical Department, Chapter 16 and 23

• Patient Eligibility for Health Care
  • NAVEDTRA 14295B Chapter 3, Healthcare Administration Programs 34
  • BUMEDINST 1300.2A, Suitable Screening, Medical Assignment Screening, and Exceptional Family Member Program (EFMP) Identification and Enrollment
  • Tricare Beneficiary Handbook
HEALTH CARE ADMINISTRATION AND PROGRAM MANAGEMENT (HM3)

- Quality Assurance Program (Navy Medicine)
  - BUMEDINST 6010.13, Quality Assurance Program
- Together they are 12.5% of the entire score
- Last Cycle there were 32 questions asked from this section
- $32/90 = \text{approximately 35.6\% of the questions were asked}$
HEALTH CARE AND TREATMENT (HM3)

• Anatomy and Physiology
  • NAVEDTRA 14295B Chapter 6, Human Anatomy and Physiology 84
  • NAVEDTRA 14295B Chapter 7, Oral Anatomy 39

• CBR
  • NAVEDTRA 14295B Chapter 23, Medical Aspects of Chemical, Biological, and Radiological Warfare 45
  • MCWP 4-11.1, Health Service Support Operations, Chapter 8

• Health Care and Emergency Treatment
  • NAVEDTRA 14295B Chapter 21, Emergency Medical Care Procedures 66
  • NAVEDTRA 14295B Chapter 24, Emergency Treatment for Oral Disease and Injuries 25
HEALTH CARE AND TREATMENT (HM3)

• Health Maintenance Programs
  • NAVEDTRA 14295B Chapter 14, Physical Exam
  • BUMEDINST 6300.19, Primary Care Services in Navy Medicine
  • OPNAVINST 6100.3, Deployment Health Assessment (DHA) Process
  • SECNAVINST 6120.3, Periodic Health Assessment for Individual Medical Readiness

• Triage
  • NAVEDTRA 14295B Chapter 20, Emergency Rescue: Supplies, Equipment, and Procedures

• Last Cycle there were 59 questions asked from this section
  • 59/301 = approximately 19.6% of the questions were asked
MEDICAL SUPPLY AND LOGISTICS MANAGEMENT (HM3)

- Medical Equipment & Space Management
  - NAVEDTRA 14295B Chapter 5, Medical Logistics
- NAVSUP Administration
  - MCWP 4-11.1, Health Services Support Operations, Chapter 4
- NAVSUP Management
- Last Cycle there were 7 questions asked from this section
- \( \frac{7}{15} = \text{approximately 46.7\%} \) of the questions were asked
PREVENTATIVE MEDICINE AND PROGRAM ADMINISTRATION (HM3)

- Infection Control Program and Procedures
  - NAVEDTRA 14295B Chapter 11, Preventative Medicine and Infection Control
- Biohazardous Waste Management
  - BUMEDINST 6280.1B, Management of Regulated Medical Waste
- Communicable Disease Control
  - BUMEDINST 6224.8B, Tuberculosis Control Program
  - BUMEDINST 6230.15B, Immunizations and Chemoprophylaxis for Prevention of Infectious Diseases
- Environmental Health
  - NAVMED P-5010-1, Manual of Naval Preventive Medicine Food Safety Chapter 9
PREVENTATIVE MEDICINE AND PROGRAM ADMINISTRATION (HM3)

• Occupational Safety & Health
  • NAVMED P-5010-1, Manual of Naval Preventive Medicine Food Safety Chapters 1, 7 and 8
  • NAVMED P-5055, Radiation Health Protection Manual, Chapter 2
  • OPNAVINST 5100.19E, Navy Safety and Occupational Health (SOH) Program Manual for Forces Afloat; Chapter B4 (Hearing Conservation) and B5 (Sight Conservation); and Glossary

• Last Cycle there were 29 questions asked from this section
  • 29/32 = approximately 90.6% of the questions were asked
  • With so many resources outside of just the Hospital Corpsman Manual, beware that some questions probably reflect the Bibliography, Topics and Subtopics
PMK – CAREER INFORMATION

- Chapter 16, Career and Education Information
- BUPERINST 1430.16F, Advancement Manual for the Advancement of Enlisted Personnel of the U.S. Navy and U.S. Naval Reserve
- BUPERINST 1610.10C, Navy Performance Evaluation System
- OPNAVINST 1420.1B, Enlisted to Officer Commissioning Programs Application Administrative Manual

- Last cycle there were 9 questions asked from this section
- $9/47 = \text{approximately } 19.1\%$ of the questions were asked
PMK – NAVAL HERITAGE

• Chapter 5, Navy History
• Blue Jackets Manual, 24th Edition
• Last Cycle there were 6 questions asked from this section
• \( \frac{6}{58} = \) approximately 10.3% of the questions were asked
PMK – PROFESSIONAL CONDUCT

- Chapter 2, Military Conduct and Justice
- NAVPERS 15665I, U.S. Navy Uniform Regulations
- OPNAVINST 3500.39C, Operational Risk Management
- OPNAVINST 5354.1F, Navy Equal Opportunity Policy
- OPNAVINST 5370.2C, Navy Fraternization Policy
- SECNAVINST 1752.4B, Sexual Assault Prevention and Response

- Last Cycle there were 10 questions asked from this section
- 10/25 = approximately 40% of the questions were asked
• Command EAP for HM3 Exam through HM1 Exam is offered twice a year.
• Command EAP for HMC Exam is offered once a year.
• There are several unit and command level committees who do advancement preparation throughout the year.
  Some of them are:
  • Junior Enlisted Association (JEA)
  • Coalition for Sailors Against Destructive Decisions (CSADD)
  • Echo 5
  • Joint Force 6
PREPARING FOR THE EXAM
S * T * U * D * Y *

• **S** Study
  
  **T** Take breaks to absorb and sort out the material

• **U** Understand:
  - the bibliography, topics and subtopics
  - how the test is written and
  - what the Navy may be asking

• **D** Develop a plan

• **Y** Your advantages here at Walter Reed National Military Medical Center:
  - seek assistance with a Mentor.
  - enroll and participate in learning opportunities with Command EAP and other Organizations (JEA, CSADD, Echo 5, JF6, etc).
  - become a Mentor to a Junior Sailor(s).

• Note: Most Sailors do not study or study well.
• Begin studying multiple months prior to the exam
• Develop a plan and follow it
• Study, Stop, Study, Stop, repeat as needed. Both in terms of time and topic. Example if just reading material(s), studies have found our comprehension decreases with the length of exposure just to the same stimuli. Studies suggest read for approximately 1 hour take a small break, then continue to read. Retention of material is greater. Same principles are in regards to topics, read a topic take a break. Allow the information to imbed into your memory compared to getting a lot of information which may get confused with other information just learned in the same time period.
• Know where to get the information for the exam:
  • www.nko.navy.mil/group/navy-advancement-center/my-advancement
  • www.navyBMR.com
• Repetition
  • Transfers from short term memory into long term memory
STUDY

• Know your FSM minus the SS going into your exam.
• Know the Bibliography for the Advancement-in-Rate Examination
  • Navy’s “Cheat Sheet”
  • Available electronically
  • E-4 through E-6 Bibliography, Topics and Subtopics are posted in April and October
  • E-7 Bibliography is July
• Know the Topics and Subtopics, these narrow down the bibliography to more specifics
• Completing the Non Resident Training Course for your rate and PMK is invaluable. Frequently the Navy will not create a brand new exam, the Navy will recycle questions already written from approved resources like the Non Resident Training Courses.
  • NAVEDTRA 14295B – Hospital Corpsman Manual
  • NAVEDTRA 14325 – Basic Military Requirements Manual
STUDY

• Review your Profile Sheets from previous exams. The profile sheets break down the exam into sections typically 8-10. Identify weaknesses needing improvement and strengths which need to be reviewed. Do not forget to review your strengths. See again if needed the Analyzing of the Exam. Know that with really strong sections, will carry and cover the your weaknesses.

• Example if you scored 5 sections with 99 percentile (maxed out those sections) and got every questions wrong in the other 3 sections you’d still have an average of 61.875. This is an extreme example.

• When developing a plan, STICK to IT. If possible find an environment similar to the exam room.

• Know what study habits/techniques works best for you.
  • Groups or Individual
  • Question and Answer
  • Reading or Interactive
  • Mnemonics
EXAM DAY

- Relax, get a good nights sleep previous to the Exam Day. Avoid cramming and consuming alcohol.
- Positive Mental Attitude (PMA)
- Ensure worksheet is correct
- Ensure you have your ID card
- Ensure if pre-approved, you have your calculator
TAKING THE EXAM

• The exam, question 1 historically will come from a section which most of the Navy performs well in, whereas question 150 comes from historically one of the harder/hardest sections.

• Cover the answers with your CAC card before reading the question. Focus on the question and what is it asking. Understand English, looking for plurals means more than one answer.

• Read the question twice, remember you have 3 hours. Your rank looks no different if it takes you 2 hours and 59 minutes compared to the Sailor who finishes in 30 minutes.

• Mark answers only if you are absolutely sure of the answer.

• If unsure, mark question number and possible answer on scratch paper supplied. It’s there for a reason.

• Go to next question. If run into a section of unknown questions, go to the area you know. Gain your confidence back. PMA. Do not sit and contemplate “what are they asking?” Avoid thinking “well, if it’s this... then this is right but ... if it’s that then this is right...”. It is possible a future question may answer this question.
TAKING THE EXAM

• Complete the exam this way.
• Then start over with the questions on the scratch paper.
  • You might be able to recall the answer this time
  • Change answer(s) ONLY if you are 100% sure, frequently your first guess is correct
• Go through all the questions on the scratch paper
• Review answer sheet ensuring no missed areas or double marked areas.
  • Make sure the correct question numbers are filled in, question 20 answer line 20 etc.
• If you identify an error, during the exam, notify the Chief in Charge and/or the ESO.
HELPFUL HINTS

(Used only if you don’t know the answer)
RULE OUT WRONG ANSWERS

• At the beginning there normally are 4 distractors. With everything being equal that’s 25% chance of guessing the correct answer.

• Typically there is one or two, just plain wrong answers. Now leaving you with 33% to 50% guessing the correct answer.

• Now narrow down the answer as best as possible to give you the greatest chance to guess the correct answer.
BEWARE OF LIMITING OPTIONS

• ONLY
  • Frequently any distracter with ONLY in the answer is wrong, this limits the answer

• EXCEPT
  • Frequently over looked word, because you will see an obvious answer and mark it whereas if you read further in the list of possible answers, “All of the above/each of the above” or “1 and 2”, “2 and 3” or “1 and 3” above are correct.
  • Example: All of these are correct except?
• Usually correct, but not always
  • Main concern of exam writer is to give correct answer
  • In order to make it correct, everything must be listed
  • This trend is true with Basic Military Requirement questions

• Example: The Family Services program is available to assist which of the following?
  • Dependents only
  • Enlisted personnel only
  • All active and retired members of the U.S. Navy and their dependents
  • Active duty only
NEGATIVE QUESTIONS

- Tend to confuse test taker
  - Your mind thinks in a positive light, therefore you must think about the question in a way you normally wouldn't.
- Turn it into a positive statement
- Example: Which of the following ranks are NOT used in the Navy?
  - 1. CDR
  - 2. MAJ
  - 3. CAPT
  - 4. LCDR
- Reword the question to read: “All of the following are ranks used in the Navy except...?”
OVERLAPPING CHOICES

• Often appear in statistical or mathematical question(s).
• Not a total guess – require some thought process and reasoning.
• Example: What percentage of Sailors treated at Navy alcoholism treatment centers are able to resume their careers after treatment?
  • 1. Less than 60%
  • 2. Less than 70%
  • 3. More than 70%
  • 4. More than 80%
• Example: Unless further action is taken, naval message directives are automatically cancelled after what period of time following the date of release?
  • 1. 1 year
  • 2. 6 month
  • 3. 90 days
  • 4. 180 days
ALL OF THE ABOVE

• Frequently is correct
  • NAVEDTRA 14295B: 71.2%
  • NAVEDTRA 14325: 87.7%
• Treat it like a true/false question
• Mark it and move on
• Normally, exam writer could not fit entire answer into one choice
TRUE/FALSE QUESTIONS

• Best beginning percent for correct: 50/50%
• Note long list of factors will frequently make the answer wrong. Only one has to be incorrect to get the whole question wrong.
• Example: Patient has been stung by poisonous fish you would do remove patient from water, position patient and reassure, observe for shock, rinse the wound with warm water, suction the toxin, soak the wound in hot water for 30-90 minutes.
  • True
  • False, you rinse with cold water and do not suction the toxin.
• Frequently are true
  • NA Vedtra 14295B: 44% True (Does not follow the standard)
  • NA Vedtra 14325: 66.7% True
BOTH “1 AND 2”, “2 AND 3” OR “1 AND 3” ARE CORRECT

• Frequently are correct
• NA VedTRA 14295B: 40% (Does not follow the standard)
• NA VedTRA 14325: 80.9%
• Once again the writer could not fit the entire correct answer into one choice
NONE OF THE ABOVE

• Rarely is correct
• Rare if exam writer does not give you the correct answer
• Eliminate it as a possible answer
• Normally, exam writer could not think of another distractor
Example: The circuit designation for the Captain’s Battle Circuit is:

1. JA
2. JL
3. 1JV
4. 1MC

Later in the exam

The proper manner for the controller of the JA Captain’s Battle Circuit to find out if telephone stations are manned and ready is to state:

1. Options
2. here
3. are not
4. important
EVEN DISTRIBUTION RULE

• Applies to correspondence courses (Non-Resident Training Course), exam, etc.
• Approximately 25% of answers in each number category group
  • NA VedTRA 14295B, skewing out the True (1)/False (2) questions (87)
    • 1     23.9%
    • 2     25.8% (Highest but only by 0.4%)
    • 3     25.4%
    • 4     24.8%
    • 5     0.01%
  • NA VedTRA 14325, skewing out the True (1)/False (2) questions (42)
    • 1     20%
    • 2     23.5%
    • 3     29.6% (Highest)
    • 4     26.9%
• Prevents Sailors from marking all “1’s” and getting advanced
EVEN DISTRIBUTION RULE TIP

- Per HMC (FMF) James Hill no longer done
- At the end of the exam, count 1’s, 2’s, 3’s and 4’s from the answer sheet
- Mark totals on scratch paper
- If guessing there will be some variance in distribution of answers but nothing significant
NAVY ADVANCEMENT CENTER FACEBOOK PAGE

- www.facebook.com/pages/Navy-Advancement-Center/213190711299

- This may be used as a tool to inquire to questions and find out information. DO NOT LEAVE ANY PERSONAL ATTACKS or NEGATIVE COMMENTS.
Questions RARELY get thrown out after placed in the exam. This will only happen when there are two correct answers due to a change in one or more references.

- Questions are removed from the database once they are irrelevant.
- Poor performing questions (75%+ of Sailors get wrong on 3 tests) will be looked at and reviewed. Frequently re-worded and kept in the data bank.
- Spring 2015, a conference was held in which due to changes 180+ questions were removed and replaced with 320+ questions with the correct new references.
GOING FORWARD

• 01 Sep 2015 – HMC (FMF) James Hill (Chief Exam Writer)
• Briefed WRNMMC of the Advancement process
• HMC Hill does not like “Not” or “Except” questions. Example “Of the following which one is NOT correct?” or “All of the following are correct, EXCEPT?” There will be limited if any of these seen on the test.
• HMC Hill has a bank of over 4,000 questions.
• After the probationary year expect to see new questions on recently changed instructions, policies, manuals, etc. (Fall 2016: Height/Weight/PFA, Eval System, C-Way, SAPR)
• If you have a shipmate, who just doesn’t care, who is planning on “A, B, C, D”ing the exam or making pictures. BEWARE, those exams which looks like they were just doodling will NOT BE SCANNED and SCREEN SHOTS taken and sent back to command.
• HMC Hill not a fan of NorthStar or NavyBMR.com. Does like Fraker’s but it’s old approximately 70% still good. Likes Dental, SSIC, and NBC ditty’s.
GOOD LUCK

KEEP CALM
AND MAY THE ODDS BE EVER IN YOUR FAVOR