In order to understand the rigorous development and structured administration processes associated with the development and administration of the NCLEX examinations, it is important to distinguish the differences between licensure examinations and examinations developed for educational award purposes. The purpose of licensure is to protect the public from mental, physical or emotional harm by practitioners who may not be sufficiently competent to enter the profession for which the license is granted\(^1\). In Canada, to gain license/registration as a qualified nurse, an individual must successfully complete an approved educational program and an examination in accordance with a regulatory body’s requirements. The licensure examination is one of the major hurdles for entry into practice, and is considered a high-stakes examination. Therefore, the licensure examination necessitates high standards to ensure that it is valid (measuring what it purports to measure) and reliable (aligned with proven psychometric theories and approaches). Educational examinations are generally developed for the purpose of making judgments about the status, progress or accomplishments of an individual student related to a specified course of study or occupational discipline\(^2\). An important difference between nursing licensure examinations and nursing educational examinations is the scope of the content included within the examination. Nursing educational examination content decisions focus on the
student nurse and reflect a set of broadly defined curricular objectives necessary to the student nurse’s attainment of knowledge, skills, and abilities (KSAs) which are needed for professional nurse practice throughout their intended careers. Conversely, licensure examinations content decisions focus on public safety and generally reflect a narrowly defined set of knowledge, skills and abilities (KSAs) necessary for safe, competent entry-level practice.

Understanding the fundamental differences between licensure examinations for public protection and educational examinations for student nurses’ success is critical to the analysis conducted by Salfi and Carbol\(^3\) The authors’ stated purpose was to assess the applicability of the NCLEX-RN\(^{®}\) to the Canadian population through review of the regulatory body of evidence. This clearly defines a framework that focuses on the Canadian population (public) and regulatory evidence that supports safe and competent entry-level practice (licensure examination). Unfortunately, Salfi and Carbol\(^3\), analyzed the regulatory evidence they collected through an education examination framework as evidenced by their conclusion that, “it is not clear how the practices outlined in the Practice Analysis and the language used to describe the nursing activities related to the preparation of nurses in Canada”\(^3\). This mismatch of framework causes the authors to conclude that examinations designed for safe and competent practice (public safety focused) should be altered to accommodate a nursing educational curriculum (nursing profession focused). While these two frameworks may be complementary, sacrificing elements of public protection to accommodate educational curricula or diverse healthcare systems is contrary to the role of the regulator in public protection and instilling trust within the public that the licensee is competent and safe to practice in any environment.

Salfi and Carbol\(^3\), reviewed the 2013 Canadian RN Practice Analysis: Applicability of the 2013 NCLEX-RN Test Plan to the Canadian Testing Population\(^4\) and the Ontario – NCSBN Entry-Level Competency Statement Comparison\(^5\) and used that data as the totality of regulatory evidence to support the following questions:
• What are the similarities and differences in Canada and America?
• Can the NCLEX fairly test the competencies needed in Canadian nurses?

While these topics are inclusive of the evidence regulators used to make an informed decision related to public protection obligations and the adoption of the NCLEX-RN, it is only a subset of the information available to the researchers. It is unfortunate that the researchers failed to contact members of the regulatory bodies or the authors of the NCSBN studies to seek clarifications of assumptions they posited in their manuscript and/or gain information on additional regulatory evidence to assist them in their analysis. While there are many examples of how this lack of collaborative inquiry resulted in the use of invalid assumptions that influenced the researchers’ conclusions to the questions above, we will offer a few examples.

When reviewing the NCSBN 2013 Canadian RN Practice Analysis, The researchers state, “The clinical practice areas of these entry-level RNs were not stated, so it is difficult to determine applicability to the Canadian test population, where entry-level nurses in Canada are prepared to practice with any population and in any setting.” The 2013 Canadian RN Practice Analysis provides very detailed information on practice settings (Table 7, page 13) health conditions (in Figure 3 on page 13) and ages (in Figure 4 on page 14) of client - entry-level RNs interactions.

Following a review of the same document, the researchers state, “it is not clear who the nurse leaders were, or how many were involved in the initial interviews; nor was it clear who the subject matter expert (SME) panel members were, or how they were selected.” (page 3). The NCSBN 2013 Canadian RN Practice Analysis does not include every aspect of data NCSBN collected. However, it does provide instructions on how the researchers could submit inquiries to NCSBN. Regarding the SME panel, it is clearly stated that the 2013 practice analysis was “an extension of the 2011 U.S. study” and “used the same methodology” (page 7). According to 2011 RN Practice Analysis, “The SMEs represented all
geographic areas of the U.S., and had varied major nursing specialties and practice settings5 (Page 7).

Detailed information about the expertise of the SMEs is included in Appendix B of the published document5 (Pages 52-54).

One of the strongest examples of the researchers making invalid assumptions impacting their conclusions is demonstrated by the following statement: “This approach seems to assume the validity of the test plan and test plan categories for a Canadian population in an a priori manner”3 (Page 3). The journal authors have a clear misunderstanding of the purpose and the methodology of this study. The framework of the practice analysis did not assume the test plan was valid for the Canadian population. Instead, as mentioned in the publication4 (page 1), the data was collected to test if it was valid for the Canadian population. By definition, the survey data was analyzed in a posteriori manner.

In addition to the examples mentioned earlier, errors in conducting a complete review of available evidentiary material statements are evident in statements such as: “there is no indication of how the items were split between the two surveys”3 (Page 3) or “… there is no indication concerning what modifications were made (page. 7-8)”. These concerns could have been resolved by comparing the 2011 and 2013 analyses that include the complete text of the surveys.

The researcher’s analysis and discussion related to the review of the entry-level competency statement comparison5 is a clear example of a misunderstanding of the purpose of the research and its intended use. The comparative analysis was conducted at the request of the College of Nurses of Ontario following receipt of the results of Canadian RN practice analyses conducted in Ontario6 and the British Columbia7 indicating significant congruence in the entry-level practice between the two provinces and the United States. It is clear from the timeline that the competency comparison study was designed to provide additional information to supplement the practice analysis findings and support future decisions of nurse regulators throughout Canada. Salfi and Carbol3 (Page 7) concede that NCSBN researchers
acknowledge Canadian competency documents appear to have a threefold purpose focused on public protection, nursing education, and minimally required competence for safe practice. They further concede that NCSBN researchers recognized this distinction requiring further investigation5 (Page 8). It is clear the NCSBN researchers identified the limitations of the comparative analysis to regulators with appropriate caution relative to the use of the information related to licensure and public protection decisions. NCSBN’s response to the request for proposal (RFP) for the Development and Delivery of a Computer Adaptive Exam for Entry to the Registered Nurse Profession, issued in September 2011, did not include this information and suggests that its weight in influencing the regulatory decision to award the contract to NCSBN was minimal.

Many of the comments by Salfi and Carbol3 are not well grounded on authoritative studies or documents, nor interviews with the nursing regulatory bodies in Canada or NCSBN. The researchers’ failure to fully review published information or contact Canadian nursing regulators and/or NCSBN has resulted in the formation of conclusions from unverified assumptions rather than from fully informed evidence (science). Compounding the problem is the researchers’ fundamental misunderstanding between their stated framework of gathering regulatory evidence (public protection) and their analytic framework for drawing conclusions (nursing education).
References


