Dear Ms. Coghlan,

The Canadian Association of Student Nurses (CASN) recently released the following information resulting from a survey it conducted:

“One third of the competencies expected of a Canadian nurse are not addressed at all by the NCLEX-RN and over a quarter are only partially tested. This represents more than half of the competencies," explains Dr. Cynthia Baker, Executive Director of CASN. "Examples of what is missing include nursing activities reflecting national guidelines related to patient safety, interprofessional collaboration, client-centred care, and cultural safety, each of which is an essential element of patient safety in the Canadian context. By the same token, many activities listed in the NCLEX-RN test plan aren't among the required entry-to-practice competencies."

While the news release does not outline the survey methodology, its conclusion that more than half of the [Canadian] competencies are not addressed, or only partially tested,” on the NCLEX is inaccurate. The conclusions drawn by CASN are most likely a result of using only our practice analysis as the NCLEX document for comparison to the Canadian competencies. While this mistake is understandable, it also provides inaccurate conclusions to the comparative analysis. For a more accurate analysis of similarities and differences between the Canadian Nurse Competencies and the NCLEX content, it is essential that the researcher use all the foundational NCLEX development documents which include the RN Practice Analysis, the RN Knowledge, Skills, and Ability Survey (KSA), and the Integrated Processes outlined in the RN Test Plan.

As you may recall, in January 2013, during our early collaboration to ensure the NCLEX offered in Canada would be reflective of the Canadian National Nurse Competencies, we conducted a comparative analysis of the documents mentioned above. The data indicates 93.10% of the RN competencies possessed a
one-to-one relationship with an NCSBN activity statement, KSA statement or integrated process. Only two specific competency categories reflected the presence of less than 93% one-to-one relationships while five competency categories were reported to have 100% one-to-one match across competencies. This study further concluded those competency categories which reflected direct client care represented the largest overall percentage of one-to-one competency agreement between NCSBN and Canada nursing care.

We realize our findings are in stark contrast to the release of the CASN conclusions, therefore in an effort to exemplify our value of transparency and provide you with reliable, defensible data as you carry out your regulatory mission of public protection, we are attaching the full comparative research report for your review. Please feel free to quote, in part or in whole, any portion of this report that would be helpful in enhancing your stakeholders’ understanding of the rigors applied in your decision-making process to utilize the NCLEX for licensure/registration of Canadian nurses.

If you have any further questions about this issue, please do not hesitate to contact me.

Regards

Philip Dickison, PhD, RN
Chief Officer, Examinations
National Council State Boards of Nursing (NCSBN)
111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277
312-525-3616 Direct Phone
312-525-3600 NCSBN Main Phone
www.ncsbn.org

Attachment