OVERVIEW ON NCLEX-RN®

SUMMARY

- As the province’s nursing regulator, the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) is accountable to the public to ensure that nurses have the knowledge, skill and judgment to practise safely. As part of a robust set of requirements an applicant must meet to become a nurse in Newfoundland and Labrador, ARNNL requires those applying to practice to have passed a regulator-selected and approved exam.

- In January 2015, ARNNL and other provincial/territorial Registered Nurse (RN) regulators began using the National Council Licensure Examination for Registered Nurses (NCLEX-RN). The decision to use this exam was based on extensive research on the requirements needed by RNs entering the profession, a thorough business case and a reviewed RFP process.

- The NCLEX-RN is an accurate and valid test for basic skills, knowledge and judgment needed by RNs in the first year of their career.

- Canadian nurses, including clinical educators, participated in reviewing all NCLEX-RN content in use. They continue to participate in the exam’s review and development to ensure it meets the public’s needs for safe nursing care and is testing for the current knowledge and skills needed by new nurses.

- This computer-adaptive test (CAT) replaced a pen-and-paper exam. A CAT exam provides more rigour and security in our testing process. Also, it is offered throughout the year, allowing those who pass to obtain results quickly and therefore begin their nursing careers sooner.

- The competencies being tested are neither “American” nor “Canadian.” The exam is not testing the writer’s knowledge of a particular health care system, history or legislation. Testing for such knowledge is not the purpose of the NCLEX-RN.

- As part of our ongoing monitoring and in response to some stakeholders’ concerns, we have completed due diligence with the exam regarding “American” content, testing for competencies and accuracy of the French translation. Our thorough reviews confirm that the exam is free of problems in these areas.

- People are passing the exam and becoming nurses. They are proving they’re ready to be an integral part of the public’s health care.

- The pass rates vary greatly across Canada’s nursing programs. We are trying to facilitate schools sharing their best practices in exam preparation.

- ARNNL is closely monitoring the pass rates and other data related to the NCLEX-RN exam, and will continue to ensure any changes to the exam content are evidence-based and do not negatively impact public safety.

- Further information is provided in this document, and in ARNNL’s Fact Sheet. In addition, you may forward any inquiries to me at (709) 753-6173 or lpower@arnnl.ca.
BACKGROUND

As the regulator of nursing practice in NL, ARNNL is responsible and accountable to the public for ensuring that nurses have the knowledge, skill and judgment to practise safely. It is the nurse regulator's role and authority to decide on and implement an entry exam that tests for specific competencies that Canadian nurses need to practice safely from their first day of practice.

The regulator also must monitor the exam results to identify trends and areas for improvement or adjustment based on evidence and the impact on public safety.

ARNNL worked with other provincial and territorial regulators for over 10 years to find areas for improvement and ways to incorporate state-of-the-art best practices in an entry-to-practice exam. This review laid the foundation for a thorough business case and Request for Proposal (RFP) process that was reviewed by a third party. The process resulted in national nurse regulators choosing the NCLEX-RN as the exam that can best test RN applicants’ readiness for entry to practice.

In late 2011, we announced to educators that we would be launching the NCLEX-RN on January 1, 2015, giving nursing programs three years to prepare students.

In NL and across the country, educators were given access to a number of resources with detailed information they needed to prepare students for the exam. These resources included: webinars, teleconferences, regularly updated FAQs, a quarterly NCLEX-RN newsletter, a series of face-to-face conferences organized by the National Council of State Boards of Nursing (NCSBN – the original developers of the exam) and ARNNL, and links to resources, such as test plans, information about computer-adaptive testing (CAT), exam preparation, and an online course — *Understanding the NCLEX*.

The process of administering the exam is handled by Pearson VUE, an international company headquartered in the U.S., which provides exams to millions around the world each year. In addition to administering the Graduate Management Admission Test (GMAT) and the Pharmacy College Admission Test (PCAT), used as part of the admission process of many Canadian education programs, Pearson also delivers exams for the Royal Colleges in the United Kingdom, the Health Authority Abu Dhabi and the European Board of Urologists, among others.

PURPOSE OF THE EXAM

The regulatory exam is part of a robust set of requirements applicants must meet to become a nurse. The NCLEX-RN accurately tests for the skills, knowledge and judgment needed by RNs starting their careers. Essential topics in the exam content include: pain management; medication administration; basic care and comfort; safety and infection control; and, health promotion and maintenance — those basic competencies are the same regardless of where the nurse is located.

As the regulator, our requirement for this entry-to-practice exam is not to test all that educators have taught in their four-year curriculum. The exam tests the basic competencies taught in Canada’s nursing school programs.

The new exam has allowed regulators to establish more rigour and security in its testing ensuring the content of
the exam is not compromised, there is a comprehensive process to keep the content up to date with changing nursing practice.

VALIDITY OF THE EXAM

Exam questions are pulled from a large databank. Canadian nurses, including clinical educators, participated in reviewing the content for NCLEX-RN currently in use. They continue to participate in its review and development to ensure it meets our needs as regulators.

Recently, we’ve heard claims from educators that writers were having to study “American” content, including such topics as the Food and Drug Administration and Obamacare.

To date, we have not received a concrete example of inappropriate “American” content in either the English or French exam. There is a process through which writers can bring such issues to our attention. If an example is brought to our attention, we will investigate.

We are aware of “American” content in prep courses being offered by third-parties and which are not associated with or endorsed by ARNNL or the exam provider.

The content of the exam is neither “Canadian” nor “American,” but about nursing competencies. It is not testing the writer’s knowledge of a particular health care system, history or legislation. Not only do such items vary by province and territory in Canada, but they vary across states in the U.S. While a nurse working in any specific jurisdiction would have to know about the health care system in which they are working, including its legislation, testing for that is not the purpose of the NCLEX-RN.

Because it’s a test of the competencies deemed necessary for a Registered Nurse entering the profession to provide safe care, the same exam is used for Canadian and U.S. entry to nursing practice. Those basic competencies are the same regardless of where the nurse is located.

Due diligence: to ensure no “American content”

On September 28, 2015, the exam’s administrator, Pearson VUE, completed a search of all NCLEX-RN items for any term that would bias the exam to American writers (e.g., USDA, Obamacare, Obama, FDA, Drug Administration, Affordable Care Act, and ACA). The findings indicated that none of these terms exist in the questions NCLEX-RN used for the exam this year.

A second, independent search of all item banks occurred on October 1, 2015. The findings indicated no items including any overt or covert reference to the Food and Drug Administration and/or Obamacare.

Due diligence: French translation

*Rigour of the translation process:* The translation process and the steps taken to ensure equivalence of measurement between the anglophone and francophone populations is rigorous. Translation of NCLEX-RN items is conducted by a Canadian company using federal translation standards. Translated items are reviewed
by a translation panel consisting of three to six Canadian bilingual nurses. These nurses are required to be fluent in French and English, practising in a bilingual facility or setting, and approved by the national nursing regulatory body (Canadian Council of Registered Nurse Regulators). Any items not approved by the translation panels are removed from the French version of the NCLEX-RN exam.

**Approach to item translation:** All items that appear on an English version of the exam at any given period have been translated into French. We have not translated all of the NCLEX-RN items in the exam bank. This is because it would have required the immediate translation of thousands of items. The method we chose was to build an anglophone version of the NCLEX-RN and then translate the entirety of those items to French, thus ensuring identical items and measurement parameters.

Because the number of French writers remains small, we have not been able to conduct a thorough analysis of French writers’ data. Data will be made available when we reach a sufficiently large enough number for the analysis to be valid and reliable. We have looked at French writers’ response times to exam items and compared them to the average response times of candidates taking the same items in English. We learned that the francophone examination candidate’s response pattern is similar to most anglophone candidates who took the NCLEX-RN. The francophone examination candidate’s response time pattern is also similar to the average response time pattern from first-time, anglophone candidates receiving the same items in English. In other words, there was no discernible relationship found between the response times of francophone candidates writing the examination and the difficulty of items presented to them, suggesting that the translation is not impacting the measurement of the examination.

**Due diligence on competencies tested**

The Canadian Association of Schools of Nursing (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.”

The conclusion that the competencies are not addressed or only partially tested on the NCLEX-RN is inaccurate. For any process that grants approval for an RN to practice, it is essential to identify specific competencies that reflect the minimal knowledge, skills and abilities required of an RN to practice safely. To ensure the NCLEX-RN would be reflective of the Canadian national nurse competencies, in 2013 a comparative analysis was conducted of the RN Practice Analysis, the RN Knowledge, Skills, and Ability Survey (KSA), and the integrated processes outlined in the RN Test Plan.

The data indicates 93.10% of the NL 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. Five competency categories were reported to have 100%
one-to-one match across competencies. Those competency categories that reflected direct client care represented the largest overall percentage of one-to-one competency agreement between NCSBN and Canada nursing care.

The evidence from the analysis indicates that the NCLEX-RN is a suitable assessment of competencies taught in Canadian nursing educational programs.

PASS RATES

Every day, new nurses are passing the exam and entering the profession. They’re proving they’re ready to be an integral part of the public’s health care and becoming a member of one of this country’s most trusted professions. A lower-than-expected pass rate does not mean the exam is testing the wrong competencies.

NEXT STEPS

Although the data is preliminary, the reality is some programs will continue to have higher pass rates than others, as was the case with the previous exam. We don’t know all the reasons for the variance between programs, but we are trying to facilitate having schools share their best practices in exam preparation.

We have reached out to stakeholders to continue to correct the misinformation that is circulating about the exam. As regulators, we look for opportunities with government, educators, employers, nursing associations, students, and the public to share knowledge and collaborate to improve public safety as it relates to nursing care.

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