



Canadian Nursing Students' Association
Association des étudiant(e)s infirmier(ère)s du Canada

Position Statement #1

Nursing Students Concerned with Release of First Round of NCLEX-RN Results

Submitted: October 21st, 2015

As the national voice of nursing students across Canada, the Canadian Nursing Students' Association (CNSA) is concerned for our current and future nursing students following the release of the preliminary National Council Licensure Exam - Registered Nurse (NCLEX-RN®) results. As there has been a concerning decrease in passing averages both provincially and nationally, CNSA is advocating for our 29,000 members across Canada who are the future of health care. The nursing community must ensure that all students are being examined using a proper assessment tool that effectively measures our Canadian entry-to-practice competencies and is equitable for our bilingual nation. With a nursing shortage that has led to serious implications to the health care system, we must address these concerns with urgency and strength.

Background

In 2011, Canada's ten regulatory bodies announced the formation of a contract approving the National Council of State Boards of Nursing (NCSBN), the current administrator of the American NCLEX-RN®, to be the new administrator of Canada's entry-to-practice nursing exam. As of January 2015, the NCLEX-RN® has replaced the long-standing Canadian Registered Nurse Examination (CRNE) as the official entry-to-practice examination for nursing students. Well-founded concerns from Canadian stakeholders regarding the harmonization of the NCLEX-RN® are related to the following national elements: (a) appropriate reflection of the Canadian health care system values; (b) consideration of cultural competence with respect to Canada's First Nations, Inuit, and Métis populations; (c) proper reflection of Canadian nursing programs; and (d) representation of Canada's two official languages. Despite these concerns from stakeholders, the NCLEX-RN® was officially implemented in Canada with less than desirable outcomes for our students. Nationally, 4,701 nursing students wrote the NCLEX-RN® between the months of January and June 2015. The pass rate for candidates who wrote during this period is 70.6%, which is lower than the American pass rate of 78.3% (<http://www.ccrnr.ca/assets/main-report-canadian-nclex-rn-pass-rate-analysis-q1-q2-2015.pdf>). Considering the pass rate is approximately 10% lower than the previous CRNE, the CNSA feels immediate actions must be taken to ensure all Canadian nursing students are being fairly examined and provided with the proper preparation resources.

Progress

CNSA has worked hard to be a resource and support for our members by offering the document, "Tips for Nursing Students: Preparing to Write the NCLEX-RN®," which



includes general information about the exam, question structure/format, and tips when writing a computer-adaptive test (CAT). Both a resolution and position statement on NCLEX-RN® advocacy were passed at our 2013 and 2015 National conferences, which has engaged our members in the conversation of entry-to-practice examination, and encouraged our stakeholders and schools to have an active role in these changes. These statements have helped shape the activities, goals, and objectives of our organization, and have created a dialogue with our regional and national stakeholders around the introduction of the NCLEX-RN®. Understanding the financial responsibility that comes with purchasing NCLEX-RN® prep resources, we have also provided our members with a discount on Lippincott NCLEX-RN® materials. Companies who prepare NCLEX-RN® preparation tools are also offered the opportunity to be a part of our Regional and National conferences in order to provide information and resources to our members, while answering questions and concerns at the same time.

Recommendations

The NCLEX-RN® constitutes a major change in entry-to-practice in Canada, and it is critical that all stakeholders in the nursing profession adapt and change their policies to reflect this fundamental shift. Considering the recent exam results and how they will affect our students and the health care system, CNSA feels there are actions that need to be taken immediately. What has been most evident and alarming is the low pass rate (54.3%) in provinces with Francophone students, and the lack of preparation support and resources for this population. CNSA requests the immediate creation of proper NCLEX-RN® preparation tools for Francophone students, as well as a third party revision of the current NCLEX-RN® to ensure proper translation into the French language and provide equal opportunity for success to all Canadian nursing students. We are proud to be a bilingual country and a bilingual national association, therefore CNSA will continue to advocate for our Francophone students regarding the NCLEX-RN®.

The limited amount of attempts Canadian nursing students are able to write the NCLEX RN® is another urgent issue to address. Since the NCLEX-RN® was introduced in Canada, nursing students are allowed a maximum of three attempts to write and pass the NCLEX-RN®. If a student were to be unsuccessful after three attempts, the regulating body of that province/territory has the ability to review the application and determine whether extenuating circumstances exist that would allow the student another attempt to write. Otherwise, nursing students are required to complete another approved or equivalent nursing program before another attempt may be made. In the United States, the NCSBN's policy allows students to rewrite the NCLEX-RN® up to eight times in one year, with no more than one attempt being made in a forty-five day period, yet individual jurisdictions are able to create policies of their own. In thirty-nine out of fifty states, students are able to rewrite the exam an unlimited number of times, with no need for students to retake a nursing program such as in Canada. Most nursing programs in Canada are a four year commitment. While



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working through the challenges of the NCLEX transition into Canada, asking students to retake their nursing degree is an unreasonable and financially devastating scenario, which will continue to add strain onto our already taxed health care system. CNSA recommends that provincial regulators increase the number of writing attempts for the NCLEX-RN® as is offered to American nursing students while we continue to navigate between the shift in exams. We feel a maximum of three attempts is not supporting nursing students through this transitional period, and consideration of change in policy is a top priority.

Lastly, CNSA urges all educational institutions to incorporate study guides and preparation support for the NCLEX-RN® into their curriculum to ensure they are using current practices that best support our students. This is important while Canada uses the NCLEX as their entry to practice examination. Anecdotal evidence from schools across the country has shown that schools that have integrated NCLEX-RN® preparation into their curriculum and ensured students are equipped to use study tools and strategies, have had higher pass rates. It is also important that the efficacy of these study tools, programs and strategies are grounded in evidence.

Moving forward, we will continue our collaboration with our national stakeholders – the Canadian Nurses Association (CNA), the Canadian Association of Schools of Nursing (CASN), and the Canadian Federation of Nursing Unions (CFNU) – to ensure continued advocacy for our nursing students regarding our national licensure exam. We are encouraged by our stakeholders in the nursing community who have rallied in support of Canadian nursing students through their dedication in working together for the benefit of our future health care leaders. It is our hope that these recommendations will help to give Canadian students fair and equal opportunity to succeed when preparing for and writing the NCLEX-RN®. We strongly believe in our members and their abilities, and we hope they can be confident that CNSA will be their advocate throughout this transition.

Canadian Nursing Students' Association Board of Directors 2015-2016



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Position Statement #2

Nursing Leadership Development

Submitted: January 2015

Submitted to: CNSA National Assembly

Submitted by: Carly Whitmore, RN BScN

Replaces Current Statement: Leadership Development, 2009

Introduction and Background

Nursing is a dynamic profession which is as political as it is a discipline involving learned skill sets and differing types of knowing. Nursing combines education, research, and knowledge translation while requiring critical thinking, advocacy, and above all else, leadership. The link between nursing leadership and positive outcomes for patients, organizations, and healthcare workers is well established and long standing (Laschinger et al., 2008). According to the Canadian Nurses Association, "Canada's health system requires a steady supply of visionary and energetic nursing leaders across the domains of the discipline who are credible, courageous, visible and inspiring to others and who have the authority and resources to support modern, innovative, and professional nursing practice" (Canadian Nurses Association, 2009, p. 1).

While much research and knowledge has been collated into the concept of leadership itself, little has been done in order to advance leadership skills and opportunities for nursing student leaders. The landscape of nursing is changing, with a projected nursing shortage in the coming years due to a mass exodus of retiring nurses, a dilution of expertise and thus, leadership knowledge, will also occur (Morrow, 2008). As experienced nurses and nurse leaders begin to shift towards retirement and away from clinical practice, the need for nurse leaders will be thrust upon the new generation.

Canadian Nursing Students' Association Position

That the Canadian Nursing Students' Association strongly support the need for, and encouragement of, mentorship programs and initiatives aimed at educating nursing students and new graduate nurses on the skills, resources, and opportunities required to develop into successful nurse leaders. Further, that the Canadian Nursing Students' Association continue to credit itself as a resource for future nurse leaders and push for greater recognition from schools of nursing as a resource for leadership development through involvement in the association and its activities.

Relation to Canadian Nursing Schools' Curriculum

Leadership, as a competency, skill, and personal attribute, is a guiding principle in nursing education in Canada. It is outlined in curriculum, stressed in association policy and frameworks, and is emphatically situated throughout the competencies that guide nursing practice. Leadership theories are taught and tested and yet leadership opportunities, such as those granted through



involvement with the Canadian Nursing Students Association (CNSA) are not credited or recognized as such.

Provincial and territorial regulatory bodies such as the College of Nurses of Ontario shape and guide the required knowledge, skills, and competencies required in order to practice within a particular geographical location. Leadership, as a term, is often and clearly referenced in these guiding documents. Through the inclusion of leadership education for nursing students and an emphasis on opportunities in curriculum, nursing students will be better prepared to confront the leadership needs of the nursing landscape that they are entering.

Nursing leadership is the lynchpin in nursing care delivery - whether it be patient safety, future models of care, or research knowledge translation. With an ever changing healthcare horizon, and a potentially crippling loss of nursing experience through generational retirement, it is imperative that schools of nursing begin to prepare nursing students to be effective and visionary nurse leaders (Huston, 2008).

Conclusion

Nursing is never static, always changing, and forever expanding. The new generation of Canadian nurses and nursing students will be faced with challenges and adversity. It is imperative that CNSA continues to support programs and initiatives aimed at educating nursing students and new graduate nurses in order to assist in the development of successful and effective nurse leaders.

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Also see: Conference Time Equals Clinical Time, 2002



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Position Statement #3

Accommodation Within Clinical Placements for Students with Temporary, Transient, or Sporadic Disability or Injury

Submitted: January, 2015

Submitted to: CNSA National Assembly

Submitted by: Matthieu Payette; McMaster University, Conestoga, and Mohawk College
Collaborative

Molly Delage; St. Lawrence College

Introduction and Background

In Canada, students of schools of nursing are required to complete institution designated number of clinical hours to satisfy course requirements for graduation as directed through the Canadian Association of Schools of Nursing (CASN). Injury or temporary, transient, or sporadic disabilities can hinder students in completing the designated clinical hours, resulting in delayed or denial of timely completion of course requirements. Within the Manitoba Human Rights Commission (1998), “A disability becomes a handicap when it interferes with the activity to be done, but it is often possible to remove the handicap by making adjustments in the work or living environment”. Policies for accommodation for workers with disabilities, whether temporary, sporadic, or permanent are part of all provincial human rights codes and the Canadian Human Rights Act (CHRA). Additionally, policies and guidelines for accommodations exist within institutions such as the Canadian Labour Congress and various provincial nursing labour organizations. According to the Ontario Human Rights Commission Guideline on Accessible Education (2009), education is considered a service whereby “education providers have a duty to accommodate the needs of students with disabilities to allow them access to educational services equally, unless to do so would cause undue hardship” (p. 5). Focus on the definition of disability should be the effects of preference, exclusion, or differential treatment due to physical limitation, an ailment, or otherwise perceived limitation (Ontario Human Rights Commission, 2009).

Legislation such as provincial and territorial human rights codes and acts prohibit actions that discriminate against those with disabilities. Each policies' aim is to recognize the dignity and worth of every person and to provide equal opportunities without discrimination. Denial of ability to complete course requirements due to disability, whether temporary or permanent is in violation of the CHRA. All individuals have an equal opportunity to make for themselves the lives they wish to have and their needs accommodated without being hindered by discriminatory practices such as those based on disability (Canadian Human Rights Act, 2014). While various policies and legislation are in place regarding equal access within educational institutions, normative assumptions of what constitutes a capable nurse can influence decisions regarding what individuals are able to participate within clinical nursing placements (Ryan, 2011).



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Canadian Nursing Students' Association Position

The Canadian Nursing Students' Association (CNSA) supports the development and implementation of a process of accommodation within Canadian schools of nursing for clinical placements due to permanent, temporary, transient, or sporadic disability, whether it be physical, mental, or otherwise. Further, the Canadian Nursing Students' Association encourages a greater emphasis on the inclusion of education within Canadian schools of nursing surrounding the topics of accessibility, disability, and accommodation within the profession of nursing.

Relation to Canadian Nursing Schools' Curriculum

CNSA is governed by three objectives and goals. These include: being the primary resource for nursing students, influencing and advancing nursing curriculum and research, and strengthening and creating stakeholder relations (Canadian Nursing Students' Association, 2011). The topic of accommodation due to injury or disability is relevant within schools of nursing because nursing students need to be aware of what accessibility, disability, and accommodation involve. Terms which are used within nursing education in relation to patient populations but rarely in relation to nurses or nursing students. This knowledge gap leads to a lack of information thus, loss of potential advocacy in the case of nursing student injury or disability. Disability or physical frailty are overt structures within the application process which can discourage individuals from applying to nursing education. While covert structures, such as unequal access to clinical components within the curriculum due to disability, may lead to difficulty or failure to complete the program and may be less likely to succeed in their attempt to become a nurse (Ryan, 2011).

Faculty may require education on what constitutes a disability and how to best support students with a disability. Education of nurse faculty and students on identification of varied accommodations such as use of assistive devices can help students with disabilities be more successful in the program. This would involve the realization that there are multiple different methods of properly accomplishing a task while still maintaining the required principles or standards, and the requirement of various types of classroom learning (Ashcroft et al, 2008). In order to shift the perspective of equal access within the clinical component of nursing education, steps must be taken to encourage nurse educators to further investigate and implement new legislation outlining a policy for accommodation in clinical practice. The benefits of including access to information about accommodation and disability within the curriculum will aid in addressing the perceptual biases which may be held by both faculty and students regarding those individuals with disabilities (Ashcroft et al, 2008).

Conclusion

Every nursing student must complete an institution designated number of clinical hours to satisfy course requirements for graduation. The denial to participate within clinical placements will directly hinder a student's ability to complete their education and thus enter the profession. The creation of a clinical accommodation process and inclusion of education surrounding



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accessibility will ensure that the primary governing objections of CNSA are being met. This will also allow for students to advocate for inclusion of such processes within each individual school of nursing. This will aid in the creation of an inclusive environment which provides a discrimination free curriculum where every individual is capable of continuing their education with equitable access to all opportunities within the nursing profession.

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Position Statement #4

Cultural Safety in the Context of Aboriginal Health in Nursing Education

Submitted: January 2015

Submitted to: CNSA National Assembly

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Introduction and Background

Canada is categorized as a first world country, however the health disparities of Aboriginal people associated with social, economic, cultural and political inequities result in the Aboriginal population of Canada being rated as 3rd world status with outcomes of ill health and social suffering (Adelson, 2005). According to Kurtz, Nyberg, Van Den Tillaart and Mills (2013), prior to colonization Aboriginal people had an active lifestyle, healthy traditional diets and spiritually rich traditional approaches to health that suggests longevity, good health and thriving populations. Colonization resulted in population collapse from epidemics, loss of traditional diets, cultural practices and in some cases the denial of health services to Aboriginal people leading to endemic disease and health issues (First Nations Health Authority, 2014). Residential schools led to loss of culture and resulted in high mortality rates, high incidents of abuse, and poor health impacting future generations. (Kurtz et al., 2013; Aboriginal Nurses Association of Canada, 2009). As the Aboriginal population continues to grow, so do the inequities they face, which is one of our nation's serious shortcomings (Institute on Governance, 2013).

Aboriginal populations in Canada are growing at a rate six times higher than non Aboriginal populations. Colonization, racism and residential school trauma has uniquely affected Aboriginal peoples' determinants of health (Canadian Nurses Association [CNA], 2014; Canadian Federation of Nurses Unions [CFNU], 2011). Aboriginal people living in Canada are more likely to be unemployed, subject to poor living conditions and have been victimised by abuse and violent crimes (Canadian Human Rights Commission, 2010). Furthermore, Aboriginal people have an increased incidence of obesity, cancer, hepatitis, HIV, and poor mental health (Canadian Human Rights Commission, 2010).

There is an ethical obligation to support reconciliation and restorative justice, leading to the improved health and right to self-governance of Aboriginal people, which is congruent with the *Code of Ethics for Registered Nurses* (Canadian Nurses Association, 2008; Mahara, Duncan, Whyte & Brown, 2011). Canadian nurses need to be aware of the unique context of Aboriginal people in order to provide adequate, culturally safe and competent care to promote the health of Aboriginal people.

Stakeholder Information

The Canadian Nurses Association ([CNA], 2014b) passed two motions from the floor at the annual general meeting "to ensure that aboriginal cultures, histories and contexts are alive and accurately reflected throughout all nursing programs" (p.1) and "that CNA continue to show leadership in ensuring that aboriginal context and cultural safety competencies are



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represented... in educational program approval and accreditation processes across Canada” (p.1).

A review of policies and positions from national and provincial nursing associations, colleges, and unions has revealed multiple stakeholders. The majority of provincial regulators require cultural safety and the ability to engage in culturally safe relationships as an entry-to-practice competency and several of these provincial regulators also require additional knowledge of disparities encountered by Aboriginal people (Registered Nurses Association of Northwest Territories and Nunavut [RNANTN], 2014; Nurses Association of New Brunswick [NANB], 2013; College of Registered Nurses of Nova Scotia [CRNNA], 2013; College of Registered Nurses of British Columbia [CRNBC], 2014; College of Nurses of Ontario, 2014; Association of Registered Nurses of Newfoundland and Labrador, 2013, Association of Registered Nurses of Prince Edward Island, 2013; Saskatchewan Registered Nurses Association, 2013; College and Association of Registered Nurses of Alberta, 2013).

The Registered Nurses Association of Ontario (2011) has been noted to take political action, requesting that the provincial and federal government take action against the critical living situations in the Aboriginal community of Attawapiskat, Ontario.

Another stakeholder is the Canadian Association of Schools of Nursing, who was noted as a collaborator in the Aboriginal Nurses Association of Canada (2009) document that published a framework for cultural competence in nursing education that identifies that all new graduate nurses need to understand the socio-political relations between government and Aboriginal people. It identifies five core competencies for nurses, while advocating for a safe learning environments for students to attain these competencies.

Canadian Nursing Students' Association Position

The Canadian Nursing Students' Association (CNSA) advocates for the inclusion of Aboriginal health and ways of knowing into Canadian nursing curricula to enhance the cultural competence of new graduate nurses. CNSA takes the position that incorporation of Aboriginal cultural competence supports the health of Aboriginal people and allows new graduate nurses to meet their entry-level competencies in most Canadian provinces and territories. This position is congruent with CNSA's objective to influence and innovate nursing curriculum in Canada.

Relation to Canadian Nursing Schools' Curriculum

Stansfield and Brown (2013) state that Indigenous knowledge (IK) and epistemologies are grounded in hermeneutic phenomenology, which focuses on how individuals are affected by their context and how their context affects them. The incorporation of Indigenous knowledge into nursing curriculum provides nurses with broader, non-linear perspectives, which are centered in relational philosophies and different ways of knowing (Stansfield & Brown, 2013). The inclusion of Indigenous knowledge into nursing curriculum could promote nursing research that is evidence-based knowledge grounded in Indigenous values and principles. Indigenous knowledge can be incorporated into health policies that improve understanding of health issues



that affect aboriginal people, protect Aboriginal traditions and healing practices and foster participation of Aboriginal people in the delivery of health care through increased research and partnerships (National Aboriginal Health Organisation, 2011).

The Canadian Association of Schools of Nursing (2014) states that knowledge of the history, nursing and healthcare in the context of Aboriginal peoples is an entry-to-practice level competency. Ensuring that nursing curriculum includes Aboriginal education and promotes cultural safety, is in line with the entry-to-practice competencies set out by CASN and by several provincial regulators (CRNBC, 2014; RNANTN, 2014; NANB, ND; CRNNA, 2013). Including education about the disparities faced by Aboriginal people and promoting the value of Indigenous knowledge in all nursing curriculum would allow graduates of these programs to meet the entry-to-practice requirements in all Canadian provinces.

Additionally, CNA (2014b) supports cultural competency in the context of Aboriginal people to be included in Canadian nursing curriculum, registration and accreditation processes. Hence, CNSA takes this position that Aboriginal cultural safety shall be included in nursing education so that its associates may be fit to meet any of these registration standards and be culturally safe in the context of the Aboriginal people.

Conclusion

CNSA advocates for the inclusion of cultural safety in the context of Aboriginal people in nursing education. This is congruent with CNSA's objective to support innovation in nursing curriculum. Additionally, this is reflective of the values expressed by several stakeholders across the nation including CNA, CASN, and many of the provincial and territorial regulators. CNSA believes that if nursing students receive aboriginal education in their curriculum, this will promote the cultural safety nursing students will require to meet entry-to-practice competencies and adhere to the ethical standard of Canadian nursing practice.

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Canadian Nursing Students' Association
Association des étudiant(e)s infirmier(ère)s du Canada

Position Statement #5

The Transitional NCLEX-RN® Examination for Canadian Candidates

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Introduction and Background

In 2011, Canada's ten regulatory bodies announced the formulation of a contract approving the National Council of State Boards of Nursing (NCSBN), the current administrator of the American NCLEX-RN® examination, to be the new administrator of Canada's entry-to-practice nursing exam (CNSA, 2013). As of January 2015, the NCLEX-RN® will replace the long-standing Canadian Registered Nurse Examination (CRNE). Well-founded concerns from Canadian stakeholders regarding the harmonization of the NCLEX-RN® exam are related to the following national elements: (a) appropriate reflection of the Canadian health care system values; (b) consideration of cultural competence with respect to Canada's unique Inuit/First Nation/Northern population; (c) proper reflection of Canadian nursing programs; (d) the consideration of Canada's bilingual population; (e) potential outflow Canadian RNs and emigration to the United States and; (f) the privacy of Canadian nurses personal information (CNA, 2011; Canadian Association of Schools of Nursing [CASN], 2012; Registered Nurses' Association of Ontario [RNAO], 2012). Despite these concerns, there is strong evidence to support the applicability of the 2013 NCLEX-RN® Test Plan to the Canadian testing population. Studies revealed a 98% congruency in nursing practice and competencies between the United States and Canada (NCSBN, 2013a; NCSBN, 2014a). With this decision, a strong and growing partnership with our American counterpart will assist us in making certain our voices are heard.

The direct involvement of Canadian representatives in the NCLEX-RN® Item Development Program symbolizes a positive step forward in Canada's newly founded affiliation with the NCSBN. Canadian regulatory bodies are now active participants in reviewing operational NCLEX items to ensure item congruency with regulatory nurse practice acts and entry-level scope of practice (NCSBN, 2013a).

This synergistic relationship supports an effort to ensure that the NCLEX-RN® examination will provide Canadian students with a fair, valid, and psychometrically sound measurement of minimal nursing competencies that are required for safe and effective practice (NCSBN, 2013b)

Canadian Nursing Students' Association Position

As the official representative of Canadian nursing students, CNSA will continue to research and seek ways to increase suitability of the NCLEX-RN® for Canadian students. CNSA can also work towards a potential relationship with different stakeholders such as the Canadian Council of Registered Nurse Regulators (CCRNRR) to propose solutions to issues that may arise



subsequent to the inaugural writing of the NCLEX-RN[®] examination. CNSA can advocate for Canadian students to be guided and prepared for exams that consist of computer-adaptive-testing (CAT) and various question formats through CNSA's relationship with CASN. This can allow for the creation of partnerships with Canadian nursing schools and the encouragement of integration of such testing into the programs.

CNSA welcomes invitations to be active participants in the annual consultation processes regarding improvements and the continued applicability of selected survey questions for the NCLEX-RN[®]. CNSA will continually advocate for increasing numbers of Canadian nurse representation to participate in NCLEX-RN[®] item development panels and support equal inclusion in all aspects of exam planning, item construction, sensitivity screening, and design. It is our ultimate hope for Canadian nurses to be equal partners in the triennial RN practice analysis cycle to ensure that systematic, comprehensive, and defensible methods are used to establish equitable content for the NCLEX-RN[®] Test Plan (CCRN, n.d; Williams & Doyoung, 2014). CNSA will continue to be the primary resource for orienting nursing students to this paradigm shift from the traditional hand written exam delivery model to the computerized model utilized with the NCLEX-RN[®] (NCSBN, 2013a). This entails ensuring that nursing students are adequately prepared by remaining at the forefront of current events, disseminating information, providing updates, and offering suggested resources such as the CNSA's *NCLEX Tips for Nursing Students* fact sheet. In the spirit of strengthening linkages and harmonization with stakeholders, CNSA will strive to join the collaborative efforts of advancing and innovating nursing programs and research relative to the NCLEX-RN[®]. To respect the needs of French-speaking Canadian NCLEX-RN[®] candidates, equitable services will be offered in both languages. CNSA will join stakeholders' efforts to ensure that Canada's distinctive bilingual nature is respected and upheld throughout each step of the NCLEX RN[®] process (CNSA, 2014).

CNSA welcomes information from the Office of Privacy Commissioner in Canada with regards to compliance of Canadian privacy legislation, as well as other industry standards (College of Registered Nurses of Nova Scotia [CRNNS], 2012). CNSA will stay abreast of current events relating to the collection of data and personal information by the NCSBN, advocating for storage that is held to the highest global security standards, including all requirements to uphold national and provincial privacy legislation (CRNNS, 2012).

Relation to Canadian Nursing Schools' Programs

CNSA believes that changes to nursing school programs, available resources, and preparation practices for the NCLEX-RN[®] can ensure that students are granted equitable opportunities to succeed (CNSA, 2013). CNSA will liaise with stakeholders and interested parties to encourage the implementation of NCLEX-RN[®] preparatory courses into Canadian programs to prepare students for success. Implementing standardized testing in schools using various platforms to practice CAT methods with alternative NCLEX-RN[®] question formats has traditionally been met with great success (Alameida et al., 2011; CNSA, 2013; Coons, 2014; Herrman & Johnson, 2009; Hyland, 2012; Schooley & Dixon Kuhn, 2013). A repertoire of strategies being utilized by schools of nursing in response to the increasing need for preparation



for the NCLEX-RN® includes identifying at-risk students, designing course-type interventions, tracking student progression, recommending review courses, providing personal supports, using simulation lab scenarios, and holding test anxiety workshops (Herrman & Johnson, 2009; Lavin & Rosario-Sim, 2013). It is recognized that many Canadian schools of nursing are in support of utilizing reliable commercial products that are purported to prepare students for the NCLEX-RN® (Alameida et al., 2011; Nelson, McFetridge Durdle, & Bradley, 2012).

Educators are encouraged to become familiarized with the NCLEX-RN® Test Plan, its corresponding content distribution, and examination delivery methodology. Detailed test plans include item writing exercises, which provide step-by-step instruction on how to develop test questions (CCRNR, n.d.). Educators can subscribe to NCLEX-RN® Program Reports, which will provide a comparative review of each program's performance that is designed to help educators and administrators identify their program's areas of strength and weakness (NSCBN, 2014b).

Conclusion

Although the loss of the uniquely Canadian-developed CRNE has raised valid concerns, CNSA ultimately remains dedicated to serving the best interests of all current and future Canadian nursing students (CNSA, 2013). To ensure the needs of students remain at the forefront of future developments, CNSA will continue to maintain a spirit of inquiry by perpetually igniting requests for the truth, transparency, evidence-informed data, and further knowledge while simultaneously engaging with active stakeholders to uphold the strength of our commitment to the Canadian nursing profession.

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