



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

Position Statement #1

Canadian Nursing Curriculum At Risk

*The Effects and Implications of the National Council Licensure Examination - Registered Nurse
(NCLEX-RN®)*

Approved by: 2017 National Assembly, Canadian Nursing Students' Association

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Background

In 2011, the Canadian Council of Registered Nurse Regulators (CCRNRR), which consists of Canada's provincial/territorial regulatory bodies, decided that the American NCLEX-RN® would be Canada's new entry-to-practice nursing exam (Quebec and Yukon excluded) in a new contract with the National Council of State Boards of Nursing (NCSBN). Since January 2015 the trusted and established Canadian Registered Nurse Examination (CRNE) has been replaced by the American NCLEX-RN® as the approved entry-to-practice nursing exam for Canadian nursing graduates. Despite promises that the new exam would reflect Canadian nursing curriculum and competencies in both official languages, exam writers have expressed that the exam is heavily American-based and not applicable in the context of the Canadian health care system (McGillis Hall, Lalonde, Kashin, 2016). Two years later justifiable concerns continue since the adoption of the NCLEX-RN® as the new standard for nursing competency, and they



are as follows: (a) proper consideration of 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 (CNSA, 2016).

Through these voiced concerns, students have begun to see a change in their curriculum. Many students have reported the addition of NCLEX-RN® preparatory materials to their required resources and those materials being used as evaluative components (Stinnissen, 2016; Bourque, 2016; Patrick, 2016). Students have noticed the addition of these materials has taken away portions of their curriculum that they deem necessary and important to their Canadian nursing education as a whole (Stinnissen, 2016; Bourque, 2016; Patrick, 2016). Some students have even indicated that their clinical time is being reduced in order to complete these newly added evaluative components (Stinnissen, 2016; Bourque, 2016; Patrick, 2016). The Canadian Association of Schools of Nursing (CASN)'s Executive Director, Cynthia Baker, states that "Canadian nursing education is highly respected internationally and we should not be changing that to fit the needs of the U.S." (Barton, 2016). In the end, instead of acquiring important Canadian nursing knowledge, students wanting to become a Canadian Registered Nurse (RN) are focusing the latter portion of their education on passing an exam with specific American content (Stinnissen, 2016; Bourque, 2016; Patrick, 2016); an exam which does not effectively test Canadian nursing's own competencies (CASN, 2012; CASN, 2015a; CASN, 2015b; CASN, 2015c).

Canadian Nursing Students' Association (CNSA) POSITION

The Canadian Nursing Students' Association believes that nursing schools should not adapt our highly respected Canadian curricula to fit the needs of this new exam which may result in decreased educational standards than those under the previous exam (Barton, 2016). In addition, students should not be required to purchase mandatory NCLEX-RN® preparatory materials that are arranged and forced onto students by these educational institutions. Moreover, there has been no evidence to suggest that using any specific preparatory material is correlated with increasing NCLEX-RN® pass rates (Wiltshire, 2016).

Nursing students are currently reporting an increase in the use of NCLEX-RN® preparatory materials as part of their evaluative components. Students have also reported that they feel this increased presence in NCLEX-RN® materials has taken away from other valuable learning opportunities that they would have normally had in previous years (Patrick, 2016). Students of earlier years have come forward to the later years reporting that they are not receiving the same education their peers did just a year before them. Furthermore, accessibility to learning is reduced when students are expected to bring a laptop to classes in order to participate or write exams using these mandatory NCLEX-RN® preparatory materials (Patrick, 2016). Members of the Canadian Nursing Students' Association have seen a major shift in how NCLEX-RN® is being incorporated into the curriculum and we, as an organization, believe this is limiting students from fully learning the competencies that lie outside the scope of the examination.

Those competencies that are outside the scope of testable material are at risk of being deemed less important and are currently being phased out by some universities to accommodate NCLEX-RN® materials. The CNSA believes that in order to create competent, well-rounded Registered Nurses we must develop holistic nursing education that encompasses every aspect of becoming a Canadian Registered Nurse and not just the portions that are covered on this exam.



In addition, CNSA is committed to working in collaboration with the Canadian Association of Schools of Nursing (CASN) and other valued stakeholders to ensure that the future of our nursing education is not at stake due to this exam. CNSA will encourage CASN to take a firm stance against the implementation of these preparatory materials into our curriculum and encourage educational institutions to comply with this stance. In addition, CNSA will recommend that during CASN accreditation this will be taken into consideration.

Relation to Canadian Nursing School Curriculum

The Canadian nursing curriculum is highly respected internationally and certain competencies embedded within it are at risk of being forgotten with the implementation of NCLEX-RN® materials. Canadian nursing students are now at risk of missing out on valuable learning opportunities in the classroom and in clinical placements as a result of these recent implementations. Students are being forced to focus more of their time on NCLEX-RN® preparatory materials, taking away from their studies that truly educate them to become competent Canadian RNs. Canadian curriculum is at risk of harmonization with American curriculum when distinct differences are evident and importantly define our healthcare system and the diverse individuals we serve as Canadian nurses (CASN, 2012; CASN, 2015a; CASN, 2015b; CASN, 2015c).

Conclusion

The Canadian Nursing Students' Association believes that nursing schools should not adapt their highly respected Canadian curricula to fit the needs of this new exam which may result in decreased educational standards than those under the previous exam (Barton, 2016). In addition students should not be required to purchase specific mandatory NCLEX-RN® preparatory materials that are forced on the students and selected by their educational institutions.

There is evidence of the implementation of mandatory preparatory materials across jurisdictions, and its effects on students' education and learning opportunities. CNSA does not support educational institutions forcing these materials upon students. While it is important that educators provide the support and necessary tools for their students to succeed, this should not come at the cost of the core foundations of our Canadian nursing curricula. The disappearance of Canadian nursing content from our curricula is alarming and cannot be allowed to continue. We encourage nurse educators in each educational institution to consider an appropriate amount of NCLEX-RN preparatory materials integration into the curriculum in a collaborative manner, including but not limited to consultation and discussion with your student body and fellow nurse educators. However, we implore educators to ensure that students' grades and valuable clinical experiences are not negatively impacted by this integration. Ultimately, we are committed to minimizing the negative impacts of mandatory NCLEX-RN® integration on our nursing curriculum and continuing to uphold the quality of our Canadian nursing education.

References

- Barton, A. (2016, May 12). Harmonizing nurse education with U.S. hurts Canada's edge: association. *The Globe and Mail*. Retrieved from <http://www.theglobeandmail.com/life/health-and-fitness/health/harmonizing-nurse-education-with-us-puts-canadas-edge-at-risk>



- association/article29989938/
Bourque, D. (2016, November). Western-Prairie Regional Executive Meeting: (Meeting minutes). Meeting presented at Canadian Nursing Students' Association Western-Prairie Regional Conference, Regional Executive Meeting. Edmonton, Alberta
- Canadian Association of Schools of Nursing. (CASN; 2012). *Comparing the 2010-2015 CRNE and the 2013-2015 NCLEX-RN®: Considerations for Nurse Educators in Canada*. Retrieved from <http://www.casn.ca/2014/12/comparing-2010-2015-crne-2013-2015-nclex-rn-considerations-nurse-educators-canada/>
- Canadian Association of Schools of Nursing. (CASN; 2015a). *Four in five Canadians believe our nurses should be assessed using a test based on Canadian requirements* [Press release]. Retrieved from <http://www.casn.ca/2015/10/press-release-four-in-five-canadians-believe-our-nurses-should-be-assessed-using-a-test-based-on-canadian-requirements-2/>
- Canadian Association of Schools of Nursing. (CASN; 2015b). *Comparison of the Canadian Entry-Level Competencies and the NCLEX-RN® Detailed Test Plan*. Retrieved from http://www.casn.ca/wp-content/uploads/2015/11/ETP-Competencies-NCLEX-RN_Nov-25-SB.pdf
- Canadian Association of Schools of Nursing. (CASN; 2015c). *The NCLEX-RN® is an American Exam*. Retrieved from <http://www.casn.ca/wp-content/uploads/2015/11/NCLEX-an-American-Exam-Nov-25.pdf>
- Canadian Nursing Students' Association (CNSA; January 2016). NCLEX Briefing Note. Retrieved from <http://cnsa.ca/publication/nclex-briefing-note/>
- McGillis Hall, L., Lalonde, M., & Kashin, J. (2016). People are failing! Something needs to be done: Canadian students' experience with the NCLEX-RN. *Nurse Education Today*, 46, 43-49. <http://dx.doi.org/10.1016/j.nedt.2016.08.022>
- Patrick, C. (2016, October). Atlantic Regional Executive Meeting: (Meeting minutes). Meeting presented at Canadian Nursing Students' Association Atlantic Regional Conference, Regional Executive Meeting. Halifax, Nova Scotia
- Stinnissen, P. (2016, September). Ontario-Quebec Regional Executive Meeting: (Meeting minutes). Meeting presented at Canadian Nursing Students' Association Ontario-Quebec Regional Conference, Regional Executive Meeting. Toronto, Ontario.
- Wiltshire, C. (2016). *NCLEX-RN® Pass Rates Literature Review*. Retrieved from Canadian Nursing Students' Association. (Copy in possession of [author], used with permission).



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Position Statement #2

Global Health in Undergraduate Nursing Education- An Essential Component

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Introduction

Presently in Canada, the vast majority of nursing stakeholders at the provincial and territorial level have explicitly named global health as an entry-to-practice competency required by future nurses (Association of Registered Nurses of Newfoundland and Labrador, 2013; Association of Registered Nurses of Prince Edward Island, 2011; College and Association of Registered Nurses of Alberta, 2013; College of Registered Nurses of British Columbia, 2015; College of Registered Nurses of Manitoba, 2013; College of Registered Nurses of Nova Scotia, 2015; College of Nurses of Ontario, 2014; Registered Nurses Association of the Northwest Territories and Nunavut, 2014; Nurses Association of New Brunswick, 2013). However, there are two territorial and provincial stakeholders with notable absences of global health competencies in their entry-to-practice standards. Both the Saskatchewan Registered Nurses Association (SRNA) and Yukon Registered Nurses Association (YRNA) do not explicitly mention global health or global health research in their entry-to practice competencies (SRNA, 2013; YRNA, 2013).

Provincial nursing stakeholders often use terms including the need to possess “understanding” or “knowledge” about global health in their practice. These terms do



not easily translate into action by nurses or working towards a goal of having nurses and nursing students truly engaged with global health at the local or international level. The Canadian Nurses Association's (CNA) (2009) position on global health asserts that nurses must possess *more* than knowledge (or understanding) of global health and related concepts. The Canadian Nursing Students' Association (CNSA) believes that knowledge and research in global health must lead to action, not merely an understanding. This will enable nurses to take an active role in promoting health for all, and advocating internationally and locally. Nursing students must learn to recognize, develop, and implement global health principles within their everyday practice in every and all settings.

Background

Global health has many definitions but is 'an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide' (Wilson et al., 2016). Nurses can play a critical role in the provision of global health, achieving health equity, and ensuring universal access to health care services worldwide (ibid). However, this requires nursing education to include global health content in order to educate and prepare nursing students to work in an increasingly globalized world. As a result, there has been an increased awareness regarding the importance of global health education for students in health care professions (ibid).

Nursing education needs to challenge future nurses to engage with communities outside the biomedical setting and prepare them to be global citizens (Turale, 2015). Nursing educators stress that nursing students not only need to be aware of global health issues, but must also learn strategies to facilitate health equity and tackle social justice issues (Wilson, 2016). Despite the call for more global health in entry-to-practice nursing education, the fundamentals of global health continue to be absent from nursing programs curricula across Canada (Chavez, Bendery, Hardiez, & Gastaldo, 2010). Most Canadian nursing students report little or no formal education regarding content necessary to developing a global health perspective (Chavez et al., 2010).

The CNA has developed a three-stage curricular reform approach to implementing global health content in nursing programs. Most Canadian nursing programs have already utilized "add on," the first stage where global health content is added into the current curriculum without major changes (CNA, 2008). The second stage is "infusion," where global views are a core component of the course (ibid). The third stage is "transformation," often viewed as an immersion experience where nursing students participate in a global experience (ibid). Though the third stage is the most difficult to implement, the CNA notes it produces the greatest results in terms of global health education (ibid).



During the 2016 year, the CNSA completed a survey-based exploration of current academic global health opportunities available at current chapter schools. We received responses from 26 chapter schools from each CNSA region. These schools represent a great diversity in the nursing programs offered and populations of nursing program cohorts. We found that over 80% of respondents reported being dissatisfied with the academic global health opportunities available at their current institution for entry-to-practice nursing students. Additionally, over 95% of respondents reported that they were not aware of any formal recognition offered for involvement in academic global health at their institutions available to nursing students (i.e. independent or embedded certificates, minors).

Canadian Nursing Students' Association (CNSA) Position

The CNSA believes it is imperative for all Canadian nursing students to be exposed to academic global health within their entry-to-practice curriculum. CNSA supports the notion that global health content should be compulsory within nursing programs across Canada. Recognizing that global health is not only within an international context but also within our local environment, CNSA believes all nursing students should be learning about global health throughout their program beginning in the first year of their respective programs.

Mill, Astle, Ogilvie, and Gastaldo (2010) support this notion arguing that nursing in higher education has “shared responsibilities for examining global challenges,” (p. E2). In an increasingly globalized health care context, nursing students no longer only have the responsibility of learning about their immediate communities, but have a responsibility to be leaders, teachers, caregivers, and innovators in our global community (Mill et al., 2010).

CNSA aspires to be the primary resource for nursing students across Canada and thus will continue to promote global health opportunities for nursing students across Canada through regional and national conferences, and committee work. CNSA supports building strategic, ethical, and mutual partnerships with various global health organizations to better facilitate opportunities in global health for CNSA members. Such organizations with similar objectives include the Canadian Society for International Health (CSIH), the Canadian Coalition for Global Health Research (CCGHR), and the newly founded Global Association for Student and Novice Nurses (GASNN).

Relation to Curriculum

According to Canadian Association of Schools of Nursing (CASN, 2015), it is essential for nursing programs to prepare their students so that they can demonstrate an ability to conduct holistic and comprehensive assessments of various patients with



unique healthcare needs. In particular, students should have adequate knowledge of the relationship between primary health care, health disparities, the social determinants of health, and the healthcare needs of equity seeking groups across the world (ibid).

Without the inclusion of global health in entry-to-practice nursing education, our profession could face barriers in the provision of culturally competent care that meets the unique needs of the Canadian population or within our global context (Lim et al., 2013). According to Gahagan (2016), nursing curricula in North America are lacking a true understanding of competent and effective action towards global health disparities across the world. Additionally, marginalized populations often experience discrimination and stigma within the healthcare system and from healthcare providers (ibid). The universities that do have active global health curricula within their nursing programs offer few opportunities, which usually consist of support courses, or electives.

Conclusion

Global health must be a priority in every educational nursing institution, integrated by all nursing educators, and understood and acted upon by all nursing students. Canada's nursing stakeholders have a general lack of harmonization in the practice standards that they expect nursing students to be exposed to in relation to global health through their entry-to-practice education. While Canadian nursing stakeholders mention and encourage global health knowledge and understanding, but this is not sufficient because this does not often translate into nurses taking action (CNA, 2009). As one examines the evidence that exists relating to nursing and global health, it seems irrational for Canadian nursing program curricula to not teach these concepts as global health and nursing as inextricably linked. CNSA believes that nursing students must receive comprehensive, culturally safe, and evidence-informed global health education throughout their nursing program, as well as opportunities to engage in global health on an international and local scale. CNSA believes that our health is the planet's health and that the nursing profession can no longer dissociate the health of our local and global communities in nursing education.

References

Association of Registered Nurses of Newfoundland and Labrador. (2013).

Competencies in the context of entry-level Registered Nurse practice. Retrieved from

https://www.arnnl.ca/sites/default/files/RD_Competencies_in_the_Context_of_Entry_Level_Registered_Nurse_Practice.pdf

Association of Registered Nurses of Prince Edward Island. (2011). Association of



- Registered Nurses of Prince Edward Island: Entry-level competencies. Retrieved from <http://www.arnpei.ca/images/pdf/Entry-Level%20Competencies%202011-15.pdf>
- Canadian Association of Schools of Nursing. (2015). *National Nursing Education Framework*. Retrieved from <http://www.casn.ca/wp-content/uploads/2014/12/FINAL-BACC-Framwork-FINAL-SB-Jan-2016.pdf>
- Canadian Nurses Association. (2008). Nursing leadership: Do we have a global social responsibility. *Ottawa, Ontario, Canada: Author*. Retrieved November 11, 2016.
- Chavez, F., Bender, A., Hardie, K., & Gastaldo, D. (2010). Becoming a global citizen through nursing education: Lessons learned in developing evaluation tools. *International Journal of Nursing Education Scholarship*, 7(1). doi:10.2202/1548-923x.1974
- College and Association of Registered Nurses of Alberta. (2013). Entry-to-practice competencies for the Registered Nurses profession. Retrieved from http://www.nurses.ab.ca/content/dam/carna/pdfs/DocumentList/Standards/RN_EntryPrac_ticeCompetencies_May2013.pdf
- College of Registered Nurses of British Columbia. (2015). Competencies in the context of entry level Registered Nurse practice in British Columbia. Retrieved from <https://crnbc.ca/Registration/Lists/RegistrationResources/375CompetenciesEntryLevelRN.pdf>
- College of Registered Nurses of Manitoba. (2013). Entry-level competencies for Registered Nurses: Nursing practice expectations. Retrieved from https://www.crnmb.ca/uploads/document/document_file_92.pdf?t=1438266411
- College of Registered Nurses of Nova Scotia. (2015). Entry-level competencies for Registered Nurses in Nova Scotia. Retrieved from <http://crnns.ca/wp-content/uploads/2015/02/Entry-LevelCompetenciesRNs.pdf>
- College of Nurses of Ontario. (2014). Competencies for entry-level Registered Nurse practice. Retrieved from https://www.cno.org/globalassets/docs/reg/41037_entrytopracitic_final.pdf
- Gahagan, J. (2016). "I feel like I am surviving the healthcare system": Understanding the ever changing healthcare system of our modern world. *BMC Public Health*, 16, 1-12.
- Mill, J., Astle, B., Ogilvie, L., & Gastaldo, D. (2010). Linking Global Citizenship, Undergraduate Nursing Education, and Professional Nursing Curricular Innovation in the 21st Century. *Advances In Nursing Science*, 33(3), E1-E11.
- Nurses Association of New Brunswick. (2013). Entry-level competencies for Registered Nurses in New Brunswick. Retrieved from <http://www.nanb.nb.ca/media/resource/NANB-EntryLevelCompetencies-2013-E.pdf>



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Registered Nurses Association of the Northwest Territories and Nunavut. (2014).

Competencies in the context of entry-level Registered Nurse practice. Retrieved from

<http://www.rnantnu.ca/sites/default/files/Entry%20Level%20Competencies%20%20Feb%202014%20PDF.pdf>

Saskatchewan Registered Nurses Association. (2013). Standards and foundation competencies for the practice of Registered Nurses. Retrieved from

http://www.srna.org/images/stories/Nursing_Practice/Resources/Standards_and_Foundati on_2013_06_10_Web.pdf

Turale, S. (2015). Educating future nurses for global health. *International Nursing Review*, 62(2), 143-143. doi:10.1111/inr.12198

Wilson, L. (2016). Integrating global health competencies in nursing education. *Investigación en Enfermería: Imagen y Desarrollo*, 18(2), 9-11.

Wilson, L., Mendes, I. A., Klopper, H., Catrambone, C., Al-Maaitah, R., Norton, M. E., & Hill, M. (2016). 'Global health' and 'global nursing': Proposed definitions from the global advisory panel on the future of nursing. *Journal of Advanced Nursing*, 72(7), 1529-1540. doi:10.1111/jan.12973

Yukon Registered Nurses Association. (2013). Standards of practice for Registered Nurses. Retrieved from
<http://yrna.ca/wp-content/uploads/Standards2013.pdf>