



COMPARING
THE 2010-2015 CRNE
AND
THE 2013-2015 NCLEX-RN®:
CONSIDERATIONS FOR NURSE EDUCATORS IN CANADA

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Introduction

The purpose of this document is to provide Canadian educators with information about the 2010-2015 CRNE and the 2013-2015 NCLEX-RN®. Information was obtained from the official websites of the Canadian Nurses Association and the National Council of State Boards of Nursing, review textbooks for the CRNE and the NCLEX-RN®, as well as the NCSBN NCLEX-RN® Conference in Boston, MA that was held on September 24th, 2012.

The information is presented in a table format. The document outlines similarities and differences between the two exams. There is also a third column that outlines considerations for Canadian educators and test-takers in preparation for the introduction of the NCLEX-RN® in Canada in 2015. This is especially important because the NCLEX-RN® exam that the first cohort of Canadian students will be writing in 2015 will be launched in April 2013.

Aspects of the Exam	CRNE	NCLEX-RN®	Considerations for Nurse Educators in Canada
Basis for the Test Plan	<ul style="list-style-type: none"> Based on 148 competencies that reflect the nursing process at the entry to practice level. 	<ul style="list-style-type: none"> Based on a Report of Findings of an RN Practice Analysis: Linking the <i>NCLEX-RN®</i> Examination to Practice. In the Practice Analysis 12,000 newly registered nurses are asked about frequency and impact on client safety of 155 different nursing activities. The analysis of these answers is used to create a framework of entry-level nursing practice that details the needs of clients and fundamental process for practice. 	<ul style="list-style-type: none"> Both exams assess <i>entry level knowledge and skills</i> but the <i>NCLEX-RN®</i> is based on a job analysis of new graduates whereas the CRNE is based on competencies. Diverse practice environments are used in CRNE whereas the practice environments for the analysis of practice are areas where new diploma nurses work in the US.
Legal, Ethical and Regulatory Documents	<ul style="list-style-type: none"> Includes content of <i>the Canadian Nurses Association Code of Ethics for Registered Nurses</i>. Includes standards and scope of practice from every province/territory. 	<ul style="list-style-type: none"> Includes content of <i>Nurse Practice Acts in US states and territories</i>. Includes <i>Rules & Regulations of the State Boards of Nursing</i>. 	<ul style="list-style-type: none"> Legal, regulatory, and ethical documents guiding the <i>NCLEX-RN®</i> are U.S specific (although similar there are differences). The bank of questions to be used in the 2015 exam should be reviewed by a panel of Canadians to ensure Canadian test takers will not answer any incorrectly because they lack specific knowledge about legalities and rules used in the United States.
Context of the Questions	<p>Test questions across four content categories are written to test the cognitive domain and the affective domain.</p> <p>Cognitive Domain</p> <p><i>Knowledge/comprehension (minimum 10%)</i></p> <ul style="list-style-type: none"> Recollection of facts (e.g. define, identify, etc.) <p><i>Application (minimum 40%)</i></p> <ul style="list-style-type: none"> Knowing and applying information (e.g. modifying, changing, demonstrating, etc.) 	<p>Bloom's taxonomy is used for coding the difficulty of test items on the <i>NCLEX-RN®</i>. The cognitive levels tested are: knowledge, comprehension, application and analysis. Most items on the <i>NCLEX-RN®</i>, however, test application or analysis in order to test critical thinking and decision making skills.</p> <p>Fundamental processes to nursing are integrated throughout the question categories and subcategories:</p>	<ul style="list-style-type: none"> The taxonomies of questions are similar – the application and analysis question used in the <i>NCLEX-RN®</i> appear similar to the application and critical thinking questions in the CRNE. Fundamental processes that are integrated throughout the <i>NCLEX-RN®</i> are typically taught in Canadian schools (nursing process, caring, communication/documentation, teaching/learning).

Critical Thinking (minimum 40%)

- Most complex level of cognitive functioning (e.g. analyze, evaluation, problem solve, etc.).

Affective Domain

- Attitudes, judgments, and values of a nurse.
- Requires consideration of values when dealing with clients and other care givers.
- Judgments concerning nurse practice.

Nursing Process

- Scientific/clinical reasoning
- Assessment, analysis, planning, and evaluation

Caring

- Client/nurse atmosphere of respect and trust
- Collaborative environment
- Nurse provides encouragement, hope, support and compassion

Communication and Documentation

- Verbal/non-verbal interactions between nurse and client, client's significant others, and members of healthcare team
- Events recorded on paper or electronic health record reflecting standards of practice and accountability

Teaching/Learning

- Facilitation of acquisition of knowledge, skills, and attitudes promoting a change in behaviour.

The NCLEX-RN® **defines priorities in clinical practice** that should be considered in taking the examination. They are:

Maslow's Hierarchy of Needs

1st: Physiological

2nd: Safety and Security

Policies and Procedure:

1st: Activities with strict timelines

2nd: Activities that affect client care

Care activities related to clinical condition of the client

- The NCLEX-RN® prioritization system for clinical practice reflects a structured hierarchy for nursing intervention priority questions that Canadian students will need to learn to be successful on the exam.

		<p>1st: Life-threatening or potential life-threatening 2nd: Essential to safety</p> <p>Medication/IV therapy 1st: Treat/prevent physiological distress 2nd: Treat/prevent reoccurrences of systems of disease processes</p>	
<p>Nursing Clients</p>	<ul style="list-style-type: none"> ▪ Clients are defined as individuals, families, or communities. <p>Diversity</p> <ul style="list-style-type: none"> ▪ Without stereotyping ▪ Not specific knowledge of values, beliefs, and practices <p>Health Situation</p> <ul style="list-style-type: none"> ▪ Continuum of health and illness <p>Practice Environment</p> <ul style="list-style-type: none"> ▪ Any setting within which and entry level nurse practices ▪ Not setting dependent (environment may be specified if necessary) <p>Lifespan (population stats, trends)</p> <ul style="list-style-type: none"> ▪ Between preconception and birth ▪ Newborn and infant (birth to 12 months) ▪ Young child (1-6 years) ▪ Older child (7-12 years) ▪ Adolescent (13-18 years) ▪ Young adult (19-35 years) ▪ Middle Adult (36-64 years) 	<ul style="list-style-type: none"> ▪ Clients are defined as individuals, families or groups. ▪ Nursing is seen as “a learned profession” requiring an understanding of the human condition across the lifespan and the relationships of an individual with others and within the environment”. 	<ul style="list-style-type: none"> ▪ The client in the CRNE may be a family or a community whereas it is an individual, family or group but not a community in the NCLEX-RN® ▪ Both exams assess health situations across the lifespan.

	<ul style="list-style-type: none"> Older adult (65-79 years) Adult of advanced age (80+) 		
Exam Question Categories	<p>Professional Practice - 14-24%</p> <ul style="list-style-type: none"> Legal responsibilities, scope of practice, and evidence-informed practice. <p>Nurse-Client Partnership - 9-19%</p> <ul style="list-style-type: none"> Interpersonal skills, teaching-learning principles, competent cultural care, and maintain professional boundaries. <p>Nursing Practice: Health and Wellness - 21-31%</p> <ul style="list-style-type: none"> Health promotion, illness and injury prevention, and primary health care <p>Changes in Health - 40-50%</p> <ul style="list-style-type: none"> Care for clients who require acute, chronic, rehabilitative, or palliative care. Includes medication calculations, maintaining fluid balance, selecting interventions, and identifying complications. 	<p>Safe and Effective Care Environment</p> <p><i>Management of Care 17-23%</i></p> <ul style="list-style-type: none"> Providing and directing nursing care that enhances the care delivery setting to protect clients and health care personnel. <p><i>Safety and Infection Control 9-15%</i></p> <ul style="list-style-type: none"> Protecting clients and healthcare personnel from health and environmental hazards. <p>Health Promotion & Maintenance - 6-12%</p> <ul style="list-style-type: none"> Provides/directs nursing care that incorporates the knowledge of expected growth and development principles, prevention/early detection of health problems, and strategies to achieve optimal health. <p>Psychosocial Integrity - 6-12%</p> <ul style="list-style-type: none"> Provides/directs nursing care that promotes and supports the emotional, mental, and social well-being of the client experiencing stressful event and/or acute or chronic mental illness. <p>Physiological Integrity</p> <p><i>Basic Care and Comfort - 6-12%</i></p> <ul style="list-style-type: none"> Comfort and assistance in the performance of activities of daily living. <p><i>Pharmacological and Parenteral Therapies – 12-18% %</i></p> <ul style="list-style-type: none"> Care related to administration of medication and parenteral therapies. 	<ul style="list-style-type: none"> Professional Practice (CRNE) is similar to Management of Care (NCLEX-RN®) and they represent similar proportions of their respective exam (just under 1/5 of the NCLEX-RN® and just over 1/5 of the CRNE) but they have somewhat different theoretical bases because they are grounded in different legal, regulatory, and ethical foundational documents. The nurse patient relationship is a component of both exams but it is a category of questions in the CRNE accounting for approximately 10% of the questions whereas it is an integrated process (caring) in the NCLEX-RN®. Contents related to alterations of health are more heavily focused on pathophysiology, medical diagnoses, physical assessment, lab values, and technical aspects of care in the NCLEX-RN® whereas disease and disease management are integrated into a holistic approach in the CRNE. Measurements in Canada are based on the metric system whereas in the US they are imperial. One of the four categories of the CRNE questions is Nursing Practice: Health and Wellness and one of the four in the NCLEX-RN® is Health Promotion and Maintenance. However, this category represents approximately 25% of the questions in the CRNE but only about 10% of the NCLEX-RN®. The CRNE includes questions on population health, community as client, primary health care, determinants of health. The

		<p><i>Reduction of Risk Potential – 9-15%</i></p> <ul style="list-style-type: none"> Reduce the likelihood of clients developing complications or health problems related to existing conditions, treatments, or procedures. <p><i>Physiological Adaptation – 11-17%</i></p> <ul style="list-style-type: none"> Manage/provide care for clients with acute, chronic, or life-threatening physical health conditions. 	NCLEX-RN® is more focused on individual health alterations.
Item Writing	<ul style="list-style-type: none"> Nurses interested in becoming item writers fill out an application and submit it to their provincial regulatory body. Regulatory authority nominates applicants to item write for the exam. On the Francophone exam 50% were originally written in English and translated. On the Anglophone exam 25% were originally written in French and then translated. Questions must be based on two text book references. 	<ul style="list-style-type: none"> A pool of volunteer of item writers screened by NCSBN develop the test questions. They are and must be registered nurses with Master’s degree. Many are educators. Outdated questions are removed. Questions must be based on two text book references 	<ul style="list-style-type: none"> Canadian educators will be eligible to be item writers in the future but will not be involved in the exam the students will be writing in 2015. This exam will be introduced in April 2013 and the items for this exam have already been written. The process for translation the exam questions is not yet known. It is not yet known if Canadian textbooks will be used as references for exam item writing in the future.
Question Format	<ul style="list-style-type: none"> Case Based 60% (3-6 questions per case). Independent 40% (Direct questions – what is, what should, etc.) Some questions do not count, as they are being piloted for inclusion in future test bank. 	<ul style="list-style-type: none"> Various question formats used <ul style="list-style-type: none"> Hot spots (click on image, graph) Fill in blank Multiple choice Drag & drop ordered response Audio 15 pre-test questions given before actual examination commences. These questions are being piloted for inclusion in future test bank. Candidates must answer at least 75 questions, and will be given no more than 265 questions. 	<ul style="list-style-type: none"> Canadian students will need preparation for a variety of question formats in addition to multiple choice questions.

Test Format	<ul style="list-style-type: none"> ▪ The CRNE is a paper based multiple choice exam. ▪ Candidates answer 180-200 questions over four hours. ▪ The standard for passing the CRNE is different for each version of the exam. Pass rates have varied from 59%-68%. The standard is set by the Examination Committee, who consider factors such as the degree of difficulty of the exam, information about preparation of new graduates and past performance on the CRNE, and other relevant research findings. 			<ul style="list-style-type: none"> ▪ The NCLEX-RN® is administered using Computer Adaptive Testing (CAT). ▪ The passing standard is determined by a panel of judges using the Modified Angoff Method (i.e. judges rate how a minimally competent candidate would perform on a set of items). The aggregation of the ratings determines a pass mark. This study, and other available evidence, is reviewed by policy-makers who determine the final passing standard. ▪ Test lengths vary for each test taker depending on how quickly the computer can determine with 95% certainty the candidate has passed or failed. Candidates must answer at least 75 questions, and will be given no more than 265 questions. It is possible for a candidate's ability to be so close to the passing standard that the number of items would go on indefinitely. Thus, a maximum number was established. The exam also times out after 6 hours. ▪ CAT uses a targeted approach to assess the candidate's ability. The computer will choose items from a bank based on the computer's assessment of the candidates ability. For example, the computer will choose more difficult items if a candidate answers questions at a lower level of difficulty correctly. 			<ul style="list-style-type: none"> ▪ Canadian students will need to be prepared for taking exams in a computer adaptive format.
Pass Rates	Year	Canadian Educated First-Time Writers on the CRNE	IEN First-Time Writers on the CRNE	Year	American Educated First-Time Writers on the NCLEX-RN®	IEN First-Time Writers on the NCLEX-RN®	<ul style="list-style-type: none"> ▪ Pass rates are lower on the NCLEX-RN®, noticeably so for IEN writers. This raises questions for Canadian regulation, assessment, and bridging programs, and concerns for potential higher failure rates of IEN writers in Canada.
	2005-06	96.09% (4,992)	61.55% (827)	2008	86.7% (129,121)	45.3% (30,007)	
	2006-07	94.13% (5,506)	70.38% (871)	2009	88.42% (137,708)	42.30% (21,435)	

	2007-08	95.13% (6,667)	70.36% (1,238)	2010	87.41% (140,889)	38.60% (14,401)	
	2008-09	93.36% (6,988)	67.86% (1,764)	2011	87.89% (144,583)	33.98% (9,719)	
	2009-10	90.22% (7,021)	69.73% (1,850)	(Jan-Mar)2012	91.23% (37,353)	37.12% (1,875)	
Re-writing policies	<ul style="list-style-type: none"> ▪ Candidates who fail the CRNE can re-write the exam at the next session. If you fail the exam three times, you cannot re-write without a file review by the provincial regulatory body. 			<ul style="list-style-type: none"> ▪ Candidates must wait 45 days before re-taking the exam. The maximum times the NCLEX-RN® can be written in a year is eight. 			

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