The NCLEX-RN® Is an American Exam

The NCLEX-RN® is the property of the National Council of State Boards of Nursing (NCSBN), the licensing body for nurses in the United States. Voting members of the NCSBN are the 59 State Boards of Nursing. Although provincial and territorial regulatory bodies in Canada have become associate members of this organization, they are ineligible to vote or to sit on the NCSBN Exam Committee (https://www.ncsbn.org).

The nursing activities tested by the NCLEX-RN® are listed in a detailed test plan. An analysis of the current test plan (2013) revealed that only 35% of the competencies required by Canadian regulators are tested. Secondly, a careful review of the nursing activities showed that many activities tested are based on legislation, policy or guidelines in the U.S, or American health care delivery. The purpose of this document is to illustrate the latter issue.

The nursing activities in the NCLEX-RN® test plan are organized into categories and subcategories. While there is American-based content in a number of these, the Management of Care subcategory, which represents 17-23% of questions on the exam, is by definition health system based. A number of activities in the subcategory Safety and Infection Control (9-15% of questions), and in the category Health Promotion and Maintenance (6-12% of questions) are also situated in the specific legislative, policy, and health system context of the United States.

The accompanying table[*] illustrates how the NCLEX-RN® exam is rooted in the particular context of the United States by identifying some of the nursing activities in the test plan that are guided by policies, guidelines, or perspectives which are different in Canada and the United States.

Table 1: American-Based Test Plan Activities

NCLEX-RN® Test Plan Activities (2013) (Nursing Activities that are tested by the NCLEX-RN®)	US laws, policies, & approaches determining the correct response to NCLEX-RN® questions testing the nursing activity	Canadian laws, policies, & approaches that provide unequal direction for the correct response to NCLEX-RN® questions testing the nursing activity
• **Assess client and/or staff member knowledge of advance directives (e.g., living will, health care proxy, Durable Power of Attorney for Health Care [DPAHC])**	*Durable Power of Attorney for Health Care* *The Client Self Determination Act* (advanced directives)	If a person receiving care is clearly incapable of consent, the nurse respects the law on capacity assessment and substitute decision- making in his or her jurisdiction.[1] e.g., three kinds of Power of Attorney in Ontario: • A Continuing Power of Attorney for Property (CPOA) covers your financial affairs and allows the person you name to act for you even if you become mentally incapable. • A non-continuing Power of Attorney for Property covers your financial affairs but can't be used if you become mentally incapable. • A Power of Attorney for Personal Care (POAPC) covers personal decisions, such as housing and health care.[2]
• **Utilize advocacy resources appropriately (e.g., social worker, chain of command, interpreter)**	*Scopes of practice (jurisdictionally defined)*	Scopes of practice (jurisdictionally defined)
• **Assignment, Delegation and Supervision** 　○ **Identify tasks for delegation based on client needs**	*Principles and Guidelines of Delegating* - NCBSN	First, delegation is defined jurisdictionally in Canada and there are inconsistencies among them in content and in the type of instrument used (legislation, regulation, standard, policy, or guideline). Second, the principles and guidelines guiding delegation in each of the Canadian jurisdictions are not equivalent to the principles and guidelines guiding the correct responses to NCLEX-RN® questions (e.g., *Authorizing Mechanisms* (Ontario, etc.[3]) or Scope of Practice for delegated acts, etc. (British Columbia, etc.[4])

o **Ensure appropriate education, skills, and experience of personnel performing delegated tasks**	*Principles and Guidelines of Delegating* - NCBSN	Provincial/Territorial Practice Guidelines
o **Assign and supervise care provided by others (e.g., LPN/VN, assistive personnel, other RNs)**	*Principles and Guidelines of Delegating* - NCBSN Scopes of Practice	Provincial/Territorial Practice Guidelines In addition, delegation principles scopes of practice are jurisdictionally defined. Moreover, the Vocational Nurse (VN) category doesn't exist in any Canadian jurisdiction.
o **Communicate tasks to be completed and report client concerns immediately**	*Principles and Guidelines of Delegating* - NCBSN	Provincial/Territorial Practice Guidelines
o **Organize workload to manage time effectively**	*Principles and Guidelines of Delegating* - NCBSN	Provincial/Territorial Practice Guidelines
o **Utilize the five rights of delegation (e.g., right task, right circumstances, right person, right direction or communication, right supervision or feedback)**	*Principles and Guidelines of Delegating* - NCBSN	Provincial/Territorial Practice Guidelines
o **Evaluate delegated tasks to ensure correct**	*Principles and Guidelines of Delegating* - NCBSN	Provincial/Territorial Practice Guidelines
o **Evaluate ability of staff members to perform assigned tasks for the position (e.g., job description, scope**	*Principles and Guidelines of Delegating* - NCBSN	Provincial/Territorial Practice Guidelines

of practice, training, experience)		
o **Evaluate effectiveness of staff members' time management skills**	*Principles and Guidelines of Delegating* - NCBSN	
• **Participate in providing cost effective care**	Health system specific	
• **Provide client with information on discharge procedures to home, hospice, or community setting**	Health system specific	
• **Initiate, evaluate, and update plan of care (e.g., care map, clinical pathway)**	Health system specific	In Professional Standards in Ontario[5] • planning approaches to providing care/service with the client; • creating plans of care that address client needs, preferences, wishes and hopes; • using best-practice guidelines to address client concerns and needs;
• **Provide education to clients and staff about client rights and responsibilities**	American Hospital Association – *Patient Care Partnership (replaces Patients' Bill of Rights[6])*	Provincial/territorial acts and regulations e.g., Ontario has: • Health Care Consent Act[7] • Home Care and Community Services Act which includes the Home Care Bill of Rights[8] • Mental Health Act[9]
• **Evaluate client/staff understanding of client rights**	American Hospital Association – *Patient Care Partnershi[10]p*	Ibid.
• **Advocate for client rights and needs**	American Hospital Association – *Patient Care Partnership[11]*	Ibid.

• **Identify roles/responsibilities of health care team members**	Scopes of practice	Provincial/territorial scopes of practice and professional practice standards e.g., Ontario Professional Standards' professional relationships indicators.[12] A nurse demonstrates the standard by: • role-modelling positive collegial relationships; • using a wide range of communication and • interpersonal skills to effectively establish and maintain collegial relationships; • demonstrating knowledge of and respect for each other's roles, knowledge, expertise and unique contribution to the health care team; • sharing knowledge with others to promote the best possible outcomes for clients; • developing networks to share knowledge of best practices; and • demonstrating effective conflict-resolution skills.
• **Act as liaison between client and others (e.g., coordinate care, manage care)**	Health system specific	
• **Manage conflict among clients and health care staff**	Health system specific	e.g., Ontario Conflict Prevention and Management Practice Guideline[13]
• **Evaluate management outcomes**	Health system specific	
• **Confidentiality/Information Security** o **Assess staff member and client understanding of confidentiality requirements (e.g., HIPAA)**	*Health Insurance Portability and Accountability Act (HIPPA[14])*	*Freedom of Information and Protection of Privacy Act;* Confidentiality and Privacy Practice Standards "Canadian access to information laws distinguish between access to records generally and access to records that contain personal information about the person making the request. Subject to exceptions,

		individuals have a right of access to records that contain their own personal information under the Privacy Act but the general public does not have a right of access to records that contain personal information about others under the Access to Information Act. Each province and territory in Canada has its own access to information legislation. In many cases, this is also the provincial public sector privacy legislation. Canada has two federal privacy laws, the *Privacy Act*, which covers the personal information-handling practices of federal government departments and agencies, and the *Personal Information Protection and Electronic Documents Act* (PIPEDA), the federal private-sector privacy law. *Personal Health Information Protection Act*: To protect the confidentiality of personal health information in the custody or control of health information custodians and to provide individuals with a right of access to their own personal health information and the right to seek correction of such information, with limited exceptions."[15],[16],[17]
o **Maintain client confidentiality and privacy**	*Health Insurance Portability and Accountability Act (HIPPA)*	*Freedom of Information and Protection of Privacy Act;* Confidentiality and Privacy Practice Standards
o **Intervene appropriately when confidentiality has been breached by staff members**	*Health Insurance Portability and Accountability Act (HIPPA)*	*Freedom of Information and Protection of Privacy Act;* Confidentiality and Privacy Practice Standards
• **Continuity of Care** o **Provide and receive report on assigned clients (e.g., standardized hand off communication)**	Health system specific	

o **Use documents to record and communicate client information (e.g., medical record, referral/ transfer form)**	Health system specific	
o **Use approved abbreviations and standard terminology when documenting care**	Joint Commission: Written Documentation Requirements Website for acceptable abbreviation and documentation (accredits hospitals)	Provincial/Territorial Nursing Practice Standards e.g., CNO's Ontario Documentation Practice Guideline:[18] j) using abbreviations and symbols appropriately by ensuring that each has a distinct interpretation and appears in a list with full explanations approved by the organization or practice setting;
o **Perform procedures necessary to safely admit, transfer or discharge a client**	Health system specific	
o **Follow up on unresolved issues regarding client care (e.g., laboratory results, client requests)**	Health system specific	
• **Practice in a manner consistent with a code of ethics for registered nurses**	*American Nurses Association Code of Ethics*	*Canadian Nurses Association Code of Ethics for Registered Nurses or provincial ethics standard (ON)[19]*
• **Identify legal issues affecting the client (e.g., refusing treatment)**	Jurisdiction specific	Jurisdiction specific, e.g., CNPS consent to treatment.[20]
• **Review facility policy and state mandates prior to agreeing to serve as an interpreter for staff**	Jurisdiction specific	Jurisdiction specific

or primary health care provider		
• **Educate client/staff on legal issues**	Jurisdiction specific	Provincial jurisprudence exam, e.g., Nova Scotia measures awareness of provincial and regulatory policies and any provincial and federal laws related to nursing practice in the province.[21]
• **Report client conditions as required by law (e.g., abuse/neglect, communicable disease, gunshot wound)**	Jurisdiction specific	Reporting of abuse is jurisdiction specific in Canada and there is some federal legislation covering this (e.g., Indian Act[22]). Reporting of gunshot wounds is also jurisdictional, e.g., The *Mandatory Gunshot Wounds Reporting Act, 2005* in Ontario Freedom of Information and Protection of Privacy Act[23] and the Confidentiality and Privacy Personal Information Practice Standards.[24]
• **Provide care within the legal scope of practice**	Jurisdiction specific	Scopes of practice are jurisdictionally defined
• **Report identified client care issues/problems to appropriate personnel (e.g., nurse manager, risk manager)**	Health system specific	Health system specific
• **Use clinical decision making/critical thinking in situations related to security planning**		Jurisdiction specific practice guidelines
• **Participate in institution security plan (e.g., newborn nursery security, bomb threats)**		Organization specific
• **Follow correct policy and procedures when reporting a client with a communicable**	Jurisdiction specific mandatory reporting laws	Freedom of Information and Protection of Privacy Act Confidentiality and Privacy Practice Standards and mandatory reporting of abuse or Public Health Agency of Canada

disease		mandatory reporting of communicable diseases.[25]
• **Assess the importance of client culture/ethnicity when planning/providing/ evaluating care**	Essentialist view of culture – based on cultural assessment models (e.g., Leininger, Giger, & Davidhizar) – requires memorization of lists cultural traits for broadly defined groups of people	Canadian perspectives reflect a constructivist view of culture and different approach to cultural assessment; e.g., CNO practice guideline, *Guide to providing culturally sensitive care;[26]* CNO *entry-to-practice Competencies (2014)* – See definition of the term culture and definition of the term cultural safety.[27]
• **Recognize cultural issues that may impact the client's understanding/ acceptance of psychiatric diagnosis**	Essentialist view of culture – based on cultural assessment models (e.g., Leininger, Giger, & Davidhizar) – requires memorization of lists of stereotypical cultural traits for broadly defined groups of people	Canadian perspectives reflect a constructivist view of culture and different approach to cultural assessment; e.g., CNO practice guideline, *Guide to providing culturally sensitive care;[28]* CNO *entry-to-practice Competencies (2014)[29]*– See definition of the term culture and definition of the term cultural safety.
• **Incorporate client cultural practice and beliefs when planning and providing care**	Essentialist view of culture – based on cultural assessment models (e.g., Leininger, Giger, & Davidhizar) – requires memorization of lists of stereotypical cultural traits for broadly defined groups of people	Canadian perspectives reflect a constructivist view of culture and different approach to cultural assessment; e.g., CNO practice guideline, *Guide to providing culturally sensitive care[30];* CNO *entry-to-practice Competencies (2014[31]) –* See definition of the term culture and definition of the term cultural safety.
• **Respect cultural background/practices of the client (does not include dietary preferences)**	Essentialist view of culture – based on cultural assessment models (e.g., Leininger, Giger, & Davidhizar) – requires memorization of lists of stereotypical cultural traits for broadly defined groups of people	Canadian perspectives reflect a constructivist view of culture and different approach to cultural assessment; e.g., CNO practice guideline, *Guide to providing culturally sensitive care[32];* CNO *entry-to-practice Competencies (2014)[33] –* See definition of the term culture and definition of the term cultural safety.
• **Define performance improvement/ quality assurance**	Jurisdictionally defined	

activities		
• **Participate in performance improvement/qualit y improvement process**	Jurisdictionally defined	
• **Report identified client care issues/problems to appropriate personnel (e.g., nurse manager, risk manager)**	Health system specific	
• **Implement emergency response plans (e.g., internal/external disaster)**	Jurisdiction specific	
• **Participate in disaster planning activities/drills**	Jurisdiction specific	
• **Recognize cultural and religious influences that may impact family functioning**	Essentialist view of culture – based on cultural assessment models (e.g., Leininger, Giger, & Davidhizar) – requires memorization of lists of stereotypical cultural traits for broadly defined groups of people	Canadian perspectives reflect a constructivist view of culture and different approach to cultural assessment; e.g., CNO practice guideline, *Guide to providing culturally sensitive care;[34]* Guided by concept of cultural safety, e.g., Cultural Competence and Cultural Safety in Nursing Education. [35]
• **Assess family dynamics to determine plan of care (e.g., structure, bonding, communication, boundaries, coping mechanisms)**		Canadian perspectives on family based nursing reflect a constructivist approach (e.g., Leahy & Wright).

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[1] Canadian Nurses Protective Society. (2004). Consent of the incapable adult. *InfoLaw* 13(3), 1-2.

[2] http://www.ontario.ca/laws/statute/92s30

[3] https://www.cno.org/Global/docs/prac/41075_AuthorizingMech.pdf

[4] https://www.crnbc.ca/Standards/Lists/StandardResources/433ScopeforRegisteredNurses.pdf

[5] http://www.cno.org/Global/docs/prac/41006_ProfStds.pdf

[6] http://www.aha.org/advocacy-issues/communicatingpts/pt-care-partnership.shtml

[7] http://www.ontario.ca/laws/statute/96h02

[8] http://www.ontario.ca/laws/statute/94l26

[9] http://www.ontario.ca/laws/statute/90m07

[10] http://www.aha.org/advocacy-issues/communicatingpts/pt-care-partnership.shtml

[11] http://www.aha.org/advocacy-issues/communicatingpts/pt-care-partnership.shtml

[12] (http://www.cno.org/Global/docs/prac/41006_ProfStds.pdf)

[13] http://www.cno.org/Global/docs/prac/47004_conflict_prev.pdf

[14] http://www.hhs.gov/ocr/privacy/

[15] https://en.wikipedia.org/wiki/Access_to_Information_Act;

[16] The *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3 Sched. A

[17] General - O. Reg. 329/04

[18] https://www.cno.org/Global/docs/prac/41001_documentation.pdf

[19] https://www.cna-aiic.ca/~/media/cna/page-content/pdf-fr/code-of-ethics-for-registered-nurses.pdf?la=en

[20] http://www.cnps.ca/upload-files/pdf_english/consent.pdf

[21] http://crnns.ca/registration/licensing-exams/jurisprudence-exams/

[22] https://www.cno.org/Global/docs/prac/41069_privacy.pdf

[23] http://laws-lois.justice.gc.ca/eng/acts/i-5/

[24] http://www.ontario.ca/laws/statute/05m09

[25] http://dsol-smed.phac-aspc.gc.ca/dsol-smed/ndis/list-eng.php

[26] https://www.cno.org/Global/docs/prac/41040_CulturallySens.pdf

[27] http://www.cno.org/Global/docs/reg/41037_EntryToPracitic_final.pdf?epslanguage=en

[28] https://www.cno.org/Global/docs/prac/41040_CulturallySens.pdf

[29] http://www.cno.org/Global/docs/reg/41037_EntryToPracitic_final.pdf?epslanguage=en

[30] https://www.cno.org/Global/docs/prac/41040_CulturallySens.pdf

[31] http://www.cno.org/Global/docs/reg/41037_EntryToPracitic_final.pdf?epslanguage=en

[32] https://www.cno.org/Global/docs/prac/41040_CulturallySens.pdf

[33] http://www.cno.org/Global/docs/reg/41037_EntryToPracitic_final.pdf?epslanguage=en

[34] https://www.cno.org/Global/docs/prac/41040_CulturallySens.pdf

[35] http://www.cna-aiic.ca/~/media/cna/page-content/pdf-en/first_nations_framework_e.pdf?la=en