

Internationally Educated Nurses: Validating Experience in the Registration of Licensed Practical Nurses in Alberta

by

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Executive Summary

The College of Licensed Practical Nurses of Alberta (CLPNA) is the regulatory body for Licensed Practical Nurses (LPNs) in Alberta. The CLPNA receives applications from a variety of nurses seeking a license to practice in the province. Internationally Educated Nurses (IENs) are one of the groups seeking licensure. An IEN is defined as an individual who received their initial nursing education outside of Canada.

The CLPNA currently assesses IENs for registration through an evaluation of education, which is completed by the National Nursing Assessment Service (NNAS), a review of work experience completed by CLPNA staff, and a self-assessment of practice completed by the IEN. CLPNA executive has been concerned for some time that the current job description review procedures may not be sufficiently consistent and valid. The rationale for the current project was to determine areas where review processes may be improved. The assessment of work experience has not been well documented in the literature, however, the literature points to this lack of recognition as a gap in the overall registration process for IENs.

The study was undertaken to answer the question:

- How well do the competencies identified in a foreign job description submitted by IENs who were approved for CLPNA Registration, and who held at least one position in clinical practice in their country of origin, compare to the CLPNA Competency profile?

The Competency Profile for Licensed Practical Nurses in Alberta contains 33 major competency areas, 152 general competencies, 768 specific competencies and 2191 specific tasks. The study was completed at the level of the general competencies; of which 128 were deemed to be relevant for IENs coming to Alberta. The scope of the project included applicants who were approved for registration between February 1, 2015 and March 31, 2018. There were 970 applicants in this time period with 754 approvals for registration. This project excluded those who were not approved for registration. Of the 754 IENs approved for registration, 346 submitted one or more job descriptions. (Submission of job descriptions became mandatory for the CLPNA in May 2017.) Initially, 109 job descriptions were selected for review; 25 were out of scope as they either were not clinical nursing positions (direct patient care) or the researcher could not be certain whether or not they were clinical. The remaining 84 were utilized for this project.

The majority of the competencies were not found in the job descriptions reviewed. The study showed that only 13 (of 128) general competencies were included in job descriptions for more than half of the IENs. The literature confirms that a paper-based assessment is limited, particularly as the quality of the skills possessed cannot be verified without a review of practical skills. All Canadian provinces except Ontario, Alberta, and Saskatchewan have access to a practical clinical competence assessment.

The review of job descriptions also showed that there were certain areas of practice that were not found in any IEN job descriptions; two examples are mental health and geriatrics.

As a result of these findings a number of recommendations are being made to the CLPNA in regards to the assessment process of IEN work experience for the purposes of registration. The recommendations are:

1. Identify the areas of the CLPNA competency profile that are considered essential in order to enter practice in Alberta. Through consultation with various subject matter experts including LPN educators, LPN employers and LPNs working in the Alberta health care environment, the essential competencies can be identified using a rating system. The rating system can identify what LPNs need to know to practice on a daily basis, what may only be practiced a few times a year, and what practices are restricted to specialty areas of practice that only LPNs working in the specific area need to know. This process will assist in ensuring that the overall assessment of IENs is focusing on the areas of practice that support the CLPNA mandate of protecting the public and are an accurate reflection of practice in the province.
2. Compare the list of essential competencies completed in Recommendation 1 to the list of competencies identified in this report to determine if a competency is best demonstrated through education, employment, or through the self-assessment. If a competency is deemed to be essential and cannot reliably be verified through job descriptions or other documents, then other means to assess the competency would need to be considered in order to improve the assessment process.
3. Based on the results of implementing Recommendations 1 and 2, identify competencies that may be a priority for additional training for IENs seeking to practice in Alberta.
4. Consider establishing an Objective Structured Clinical Examination (OSCE). A practical evaluation would extend the overall evaluation process and make it more consistent with practices elsewhere in Canada.

Although the study does not change the need for individualized assessment of IENs due to differing work history, it does establish common areas of practice and the need for more work in the area of substantial equivalence for the purposes of providing protection of the public when assessing IENs' competence to practice in Alberta.

1. Introduction

The College of Licensed Practical Nurses of Alberta (CLPNA) is responsible for regulating the Licensed Practical Nurse (LPN) profession in a manner that protects and serves the public interest (Government of Alberta, 2017, p. 14). Encompassed in this responsibility is the authority to assess LPNs for registration in Alberta. The CLPNA continues to see growth in the applications made by Internationally Educated Nurses (IENs; CLPNA, 2017, p. 19). The Health Professions Act (HPA; Government of Alberta, 2017) governs nurse licensing in Alberta, and the section that directly applies to IENs states (p. 28):

28(2) (c) An applicant may provide evidence of competence in the practice of the profession by satisfying the registrar, the registration committee or competence committee of having as determined in accordance with the regulation, a combination of education, experience, practice or other qualifications, that demonstrates the competence required for registration as a regulated member.

The application for registration under this section involves a three part process, including:

- an educational assessment (completed by the National Nursing Assessment Service, NNAS)
- a review by CLPNA of a job description where the IEN worked in their country of origin and;
- a self-assessment of past nursing practice by the applicant.

(College of Licensed Practical Nurses of Alberta, 2017).

IENs coming to Canada initially apply for registration through the NNAS, established in 2012. NNAS collaborated with 21 provincial nursing regulators to agree on the requirements for individual advisory reports that provide a detailed educational assessment, a high level registration history, and a summary of previous employment. The educational assessment compares the individual IEN's curriculum and the expected competencies to be met by the Canadian LPN. These competencies are specific to the NNAS educational assessment and the report identifies which areas have not been met through the IEN's curriculum. The NNAS does not determine gaps in regards to the other areas of the report and the registration history and summary of previous employment are for information only. The NNAS has provided these assessments since 2015 (National Nursing Assessment Service, 2018, pp. 7). Once the advisory report is issued, the IEN makes application to the provincial regulator(s) of their choice.

Applicants to the CLPNA are required to submit one or more job descriptions from the nursing employment they have had within the past 4 years, and a self-assessment of practice based on common educational gaps. It was identified through a review of the NNAS competencies that there were common educational gaps for a majority of IENs. These gaps included the areas of Documentation and Ethics. Therefore, in 2017 the CLPNA began asking for the IEN's self-assessment in these areas as a part of the initial application rather than request it after the application had been received. At times there are gaps in areas not requested as a part of the initial application and a self-assessment is requested in these areas after the initial application review. After receiving all required documents, the Registrar makes a decision in accordance with the HPA to determine if an applicant should be approved, denied, or deferred pending additional requirements (Government of Alberta, 2017, p. 29). In the case of an approval for registration the applicant is required to successfully complete the Canadian Practical Nurse

Registration Examination (CPNRE), a Jurisprudence Exam, and various learning on LPN practice in Alberta which consists of the completion of a number of modules developed by the CLPNA to include areas of health assessment, medication administration, documentation and ethics, in order to gain full unrestricted registration with the CLPNA.

The CLPNA does not have a formal methodology to provide recognition for the past work experiences of IENs beyond a review of the job description as compared to the initial education the nurse has completed. The current process is a cross-reference of the job description to the gaps identified in the NNAS advisory report. In the NNAS advisory report the CLPNA is provided with a list of competencies that have not been demonstrated by the applicant through their education. This process requires a lot of staff training to ensure consistency in recognizing experience that addresses gaps revealed in the NNAS assessment. The goal is to ensure a fair, transparent, consistent, and reproducible application process for IENs, and provide assurances to the CLPNA that the correct requirements are being requested of the applicants. Currently, the CLPNA does not utilize the CLPNA competency profile in its assessments of IEN applicants, however, the CLPNA competency profile is the expectation of practice for the LPN in Alberta and there is move to utilize the CLPNA competency profile more in the assessment of the IEN application.

The CLPNA Competency Profile (CLPNA, 2015) has 4 levels of competencies, from high-level to very specific:

- Major Competency Areas (33)
- General Competencies (152)
- Specific Competencies (768)
- Specific Tasks¹ (2191)

Major competency areas identify an overall subject area within which many competencies and skills fall. General competency areas are groupings of specific competencies, which in turn are groupings of specific tasks. One example is:

- Major Competency area – Nursing Practice
- General Competency area – Admission and Discharge
- Specific Competency – Knowledge of and ability to perform specific admission and discharge procedures
- Specific Task – Medication Reconciliation
(CLPNA, 2015, p. 43)

CLPNA executive has been concerned for some time that current job description review procedures may not be sufficiently consistent and valid. The rationale for the current project is to determine areas where review processes may be improved.

The research question is:

- How well do the competencies identified in a foreign job description, submitted by IENs who were approved for CLPNA Registration, and who held at least one position in clinical practice in their country of origin, compare to the CLPNA Competency profile?

¹ The terms general competencies, specific competencies, and specific tasks are not terms utilized by the CLPNA in the document, but will be used for the purposes of this project to provide clarity in the analysis of the competencies.

The CLPNA requests job descriptions of applicants at the time of application to be utilized in the assessment process of IENs. These job descriptions were compared against the CLPNA Competency Profile.

The scope of the project included applicants who were approved for registration between February 1, 2015 and March 31, 2018. There were 970 applicants in this time period with 754 approvals for registration. This project excluded those who were not approved for registration as the variability in the reasons for the decision is outside the scope of the project. Of the 754 approved for registration, this project only considered positions where the nurse provided direct patient care in their country of employment. Initially, 109 job descriptions were selected for review by selecting two per month between February 1, 2015 and April 2017, and 5 per month from May 2017 to March 31, 2018. Of the 109, 25 were out of scope as they either were not clinical nursing positions (direct patient care) or the researcher could not be certain whether or not they were clinical. The remaining 84 were utilized for this project. The job descriptions received were from International employment. The CLPNA has not undertaken a project to review Canadian job descriptions against the profile and it is outside the scope of the project to do so; it may provide future value depending on the results of this project in order to compare domestic and foreign nursing positions.

The job descriptions submitted were frequently translations of the original documents as many IENs were from countries where the primary language of practice was not English. Only job descriptions translated into English were reviewed.

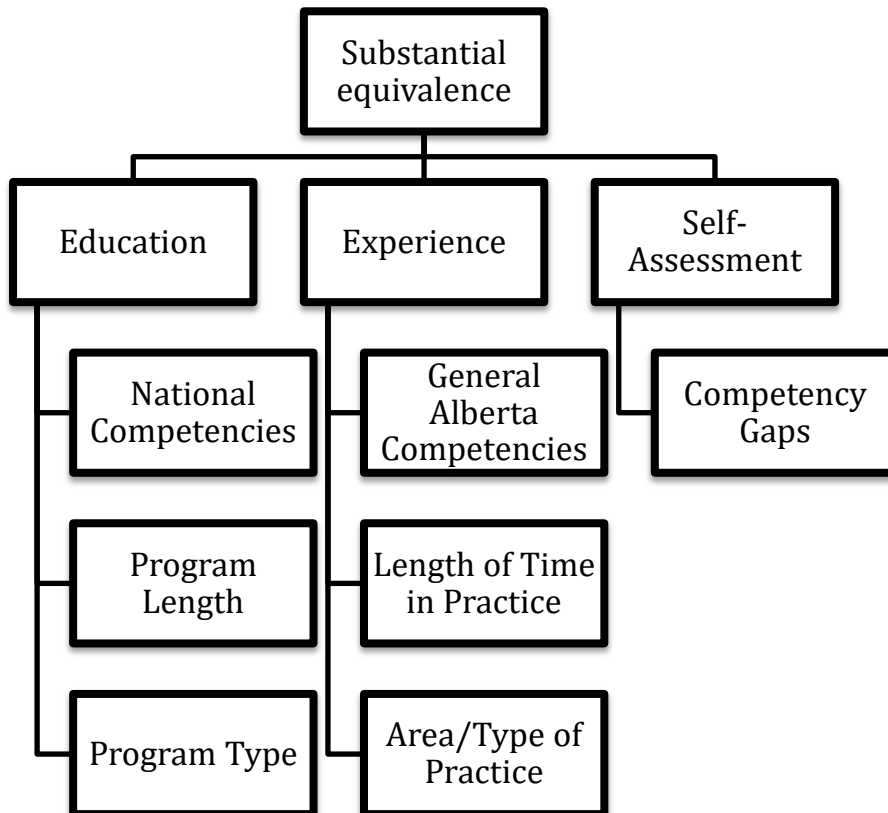
Each application is reviewed for substantial equivalence, which for the purposes of this project is defined as being similar but not equal to Alberta qualifications and includes the consideration of years of experience. The CLPNA considers practice over the previous four years in accordance with the policy on Actively Engaged in Practice (CLPNA, 2018) and therefore, years of experience was not a part of the scope of the project as it is not pertinent in the decision making process. It is also noted that despite there being 152 general competencies the LPN is not expected to meet all 152. Another consideration in the overall assessment of the job description is the Alberta-specific competencies such as W2 “Licensed Practical Nurse Scope of Practice” (CLPNA, 2015, p. 193). Competencies specific to Alberta nursing regulations will be assumed not met by all IENs as these would not be an expectation in another country and are therefore out of scope for this project; this excludes 3 competencies from Section W. Additionally, the CLPNA maintains 5 areas of specialty practice including perioperative specialty, orthopedic specialty, dialysis specialty, immunization specialty and advanced foot care, which together have 21 competencies. These areas of practice are not considered entry-to-practice therefore are out of scope of the project, leaving 128 competencies in-scope for this project. Competencies deemed out-of-scope are listed in Appendix A.

The final result of this project includes recommendations on streamlining the assessment process for IEN registration using CLPNA competencies. Through analyzing the data from the job descriptions, once mapped to the CLPNA Competency Profile, it is determined how well the competencies from the job description compare to the CLPNA competency profile.

2. Conceptual Framework

Figure 1 shows the conceptual framework for this project, based on the assessment of an IEN for substantial equivalence. The review has three major parts (Education, Experience, and Self-Assessment).

Figure 1: Conceptual Framework of Substantial Equivalence



The focus of this project was on experience, and there are three aspects to assessing work experience (competencies, length of time in practice, and type of practice). This project was restricted to competencies. The above framework also shows the assessment areas for Education and Self-Assessment.

3. Literature Review

The literature was reviewed utilizing the following databases or search engines:

- University of Victoria Libraries
- Google Scholar
- Conference Board of Canada E-Library (2018)
- Cumulative Index of Nursing and Allied Health Literature (CINAHL, 2018)
- Google

The search terms and combinations thereof that were used include:

- Nursing/Nurse
- Internationally Educated Nurse/s
- Foreign Trained Nurse/s
- Work Experience
- Register/Registration
- Recognize/Recognition
- Substantial Equivalence
- Prior Learning Assessment
- Work Integration
- Assessment
- Evaluation
- Profession
- Regulator/Regulation/Regulate

Overall, 78 articles were returned and evaluated based on title and abstract to determine relevance to the topic. 37 articles were excluded as they did not reference work experience or recognition of work experience. The review also included the consideration of the websites from British Columbia, Manitoba and Nova Scotia as well as data provided through the Canadian Institute for Health Information. Although none of the articles directly provided reference to methodology in assessment of internationally acquired work experience there were themes that emerged from the literature that support the recognition of foreign work experience. The themes that emerged were recognizing work experience in regulation, Prior Learning Assessment and Recognition (PLAR) and integration into the workforce.

Recognizing Work Experience in Regulation

The literature points to the importance of recognition of foreign work experience and that it is a significant element in the Mutual Recognition Agreement between Canada and France (Ryan-Bacon & Delisle, 2001, p. 220). The recognition of experience leads to increased confidence for Internationally Educated Professionals that they have been found to be substantially equivalent (Johnson & Wolf, 2009, p. 4).

Tolley et al. (2011, p.1140) describe a need for the nursing profession to create a tool that can be used by those doing assessments so that assessors can make decisions regarding a nurses' abilities and competence prior to registration. It is acknowledged that, "even with a more open

and fair processes of assessment, these evaluators need a clear and well-documented portfolio to make a good and timely decision” (Albert, Tabouda, Robichaud, & Haq, 2013, p. 681).

The recognition of credentials by the regulator is described as, “various strategies, including educational credentials, language proficiency requirements, and prior learning assessment and recognition are needed to assess IENs’ competencies, credentials and experience” (Ogilvie, Leung, Gushuliak, McGuire, & Burgess-Pinto, 2007, p. 227). The College of Registered Nurses in British Columbia, in considering applicants for registration, looks at whether the person will be able to practise safely, competently, and ethically in British Columbia (Brunke, 2007, p. 1). It is however acknowledged that regulators have very few tools with which to assess IENs (Albert, Tabouda, Robichaud, & Haq, 2013, p. 681).

In an interview study completed by Cheng et al. (2013) it was identified that there is a lack of consistency in how previous work experience is recognized through the registration process. One of the overall recommendations that came from this study after 18 Internationally Educated Professionals (IEP) were interviewed was that in order to support IEPs, licensure must “recognize and value international credentials and work experience as relevant in Canada (at the very least, these should not be a disadvantage)” (Cheng, Spaling, & Song, 2013, p. 748).

There is acknowledgement that even when the process of getting certified meets the standard in education and language, there is a gap in that the quality of care provided by IENs cannot be directly measured (Bieski, 2007, p. 23). Despite this lack of measurable evidence, “nursing administrators and recruiters underline the importance of taking advantage of the wealth of nursing experience IENs have (McGuire & Murphy, 2005, p. 27).

In order to assess the quality of the experience provided by IENs, the establishment of an Objective Structured Clinical Examination (OSCE) has been completed in three provinces, British Columbia through a Competency Assessment (Nursing Community Assessment Service, 2018), Manitoba through a Clinical Competency Assessment (College of Licensed Practical Nurses of Manitoba, 2018, p. 21), and Nova Scotia through a Substantive Equivalence Competence Assessment (College of Licensed Practical Nurses of Nova Scotia, 2013). It is important to note that Nova Scotia completes the assessments of all IENs for the maritime provinces². The provinces without an OSCE are Alberta, Saskatchewan, and Ontario. Alberta and Ontario have the greatest number of LPNs (Canadian Institute for Health Information, 2018) so it is likely that the number of IEN applicants is high as well, although this information is not currently available through the Canadian Institute for Health Information.

The Government of Canada took the issues surrounding the recognition of foreign trained professionals and developed a Pan-Canadian Framework in 2010 that targeted the nursing profession (along with seven other professions) to streamline the assessment process for internationally trained professional and direct regulators, with the aim of reducing assessment time to 12 months (Government of Canada, 2010, p. 1). Through a review of criteria for good assessment at the Ottawa 2010 Conference it was acknowledged that in order to assure patients of safe and effective care the criteria in assessment must be valid, reproducible, and equivalent across various assessments (Norcini, et al., 2011, p. 211).

The initiative described in the Pan-Canadian Framework has not drastically changed the recognition of foreign trained professionals, in that Canada is a destination for Internationally

² Karen Sigouin, CLPNNS (2017) Personal Communication

Educated Professionals, but once the professional arrives in Canada there are not as many opportunities to utilize their expertise and it thus puts a strain on the Canadian economy (Calgary Herald, 2016, p. 1). In a study completed by the Conference Board of Canada using census data, 59% of immigrants with education as a professional were found to be working below their skill level (Conference Board of Canada, 2015, p. 4). In 2011, it was identified that only 54% of foreign trained nurses were working in nursing in Ontario (Keung, 2015, p. 1).

In a literature review conducted by Dywili et al. (2012) it was identified that IENs expect that previous experience will be recognized and there is a disappointment when that turns out not to be the case (Dywili, Bonner Ann, Anderson, & O'Brien, 2012, p. 177).

The literature supports the necessity to recognize international experience in the process of registration as a nurse in Canada but there is little to no evidence in terms of how it should be considered. One study has identified that the recency of practice experience should be considered and suggests a requirement of 1125 hours in the previous 5 years (Giblin, Lerner, Cummings, Wang, & Kwan, 2015, p. 654).

Although the literature in this area did not provide a framework through which to assess foreign work experience when providing a credential to IENs, it highlights the importance of this issue and the need for future work to be undertaken in this area.

Prior Learning Assessment and Recognition (PLAR)

Although this topic relates to the recognition of foreign experience by the regulator, much of the work on this topic has been done as it relates to educational attainments, undertaken for the purposes of determining gaps in knowledge.

Van Kleef et al. (2012) quote a definition of PLAR by Van Kleef et al. from 2007 “a process that identifies, verifies and recognizes formal, non-formal and informal learning that cannot be fully recognized through the traditional mechanisms of academic credential assessment, credit transfer, articulation between institutions or educational program accreditation”. It is further explained as, “PLAR’s parameters are porous, and its principles extend out and enmesh into adult education’s other sub-areas, including workplace learning, informal learning, assessment, vocational education, and, more recently and perhaps urgently, foreign credential recognition and training” (Conrad, 2011, p. ii).

The PLAR literature points to the fact that the assessment of informal learning is time-consuming and complicated (Stenlund, 2009, p. 793). Through various studies, however, there are themes that arise regarding gaps in practice when IENs enter the workforce which would not have been identified without a type of PLAR process.

A study undertaken in the United Kingdom between 2003 and 2005 aimed to determine whether IENs required to take foundational learning in nursing after immigrating felt they should have received advanced standing, i.e. that the foundational learning was unnecessary. Through the questionnaire it was determined that this hypothesis was false and even IENs with work experience found the foundational learning to be beneficial (Scott, 2007, p. 356).

Other studies primarily completed through interview processes identify clinical competence gaps in areas that are quite similar to one another. A study completed looking at the gaps between the Mexico trained nurse and the United States trained nurse identifies psychiatry as a gap and a further gap is an overall lack of clinical experience (Squires, 2017, p. 33). Caring for the elderly is identified as another gap (Jenkins & Huntington, 2016, p. 11). Another study identifies that

management of cardiac patients and medication administration are gaps (Edwards & Davis, 2006, p. 268). Wound care and pressure relief, continence, diabetes, palliative care, nutrition, and basic nursing skills were also identified as gaps (Ok Ohr, Jeong, Parker, & McMillan, 2014, p. 258), as were nursing practice standards, language and communication, medication and technology (Lurie, 2016, p. 431).

The gaps identified through reviewing the literature can be used to support gaps found through this project, leading to recommendations to strengthen the process of IEN assessment.

Integration into the Workforce

Another aspect addressed by the literature is how well IENs integrate into the Canadian workforce. This is an area defined as IENs obtaining registration in Canada and then finding a job (Covell, Primeau, Kilpatrick, & St-Pierre, 2017, p. 3). The literature indicates that bridging programs, supports such as assistance with studying for the exam, and social networks in the country all help IENs to integrate and get a job in the Canadian workforce (Covell, Primeau, Kilpatrick, & St-Pierre, 2017, p. 11).

Grey literature exists regarding the topic of the utilization of experience as a consideration in registration as a nurse in Canada and specifically this is an area that is considered by the College of Nurses of Ontario in the applications of IENs for registration. However, there is also a view that regulation is making it harder to consider experience obtained internationally as equivalent to that obtained in Canada (Baumann, Blythe, McIntosh, & Rheame, 2006, p. 26).

Transitioning into the workforce is described by Stankiewicz et al. (2014) as being a highly personal journey. Putting the IEN into an environment that is not familiar is considered to affect the overall integration process (Chun Tie, Birks, & Mills, 2018, p. 280).

There is a stress placed on the recognition of intellectual capital which in nursing is, “the combination of nursing knowledge that resides within registered nurses and in organizational structures used by registered nurses to facilitate their clinical decision-making while delivering nursing care” (Covell & Souraya, 2013, p. 3). Increased self-confidence occurs when professional experience is recognized (Johnson & Wolf, 2009, p. 5).

It is difficult to review the literature regarding IEN integration without being confronted with a number of articles that directly relate to discrimination in regards to experience. Buhr (2010) tackled the topic of wage disparity amongst IENs and their Canadian trained counterparts only to find that there is a wage penalty (lower wages) for foreign born versus Canadian born nurses. Along these lines there is reference to the fact that a degree from the host country holds more value than a foreign degree (Iredale, 2005, p. 155).

In an interview study completed in London there an IEN shared that, “Persons undermine your experiences initially, because they didn’t know you. They didn’t know you. They didn’t know what your capabilities are, so we had to really work our way up to prove ourselves, prove our capabilities” (Alexis & Shillingford, 2011, p. 1439).

It is also cited that, “discrimination is negatively correlated with job performance” (Pung & Goh, 2016). IENs also state that they have been given worse shifts in the employment setting and struggle with professional hurdles that make them feel devalued (Lozano, Meardi, & Martin-Artiles, 2015, p. 312).

The literature also points to the challenges for professional recognition when someone is working in a profession that is not their profession of education in their home country (Salami & Nelson, 2014). This occurs because foreign trained nurses are often recruited to work as domestic care givers and their professional experience is then not recognized when trying to enter their skilled profession.

Lastly in regards to immigration and being valued for the experience the IENs bring to their new country is the fact that many IENs feel that they are being deskilled and specifically that they are restricted to entry-level positions and restricted from moving upward in their careers (Li, Nie, & Li, 2014, p. 316). Kaushik et al. (2018) identify that IENs often end up in jobs that do not use all of their education and skills. (Kaushik & Drolet, 2018, p. 8).

A few IENs consider that working as an LPN devalues their skills and that they are losing the valuable Registered Nurse skills they acquired in their home country (Salami, Meherali, & Covell, 2017, p. 178). Other IENs are working as live-in caregivers, and despite the acuity of the patient it is not recognized as Canadian experience (Salami & Nelson, 2014, p. 156). Finally, some IENs are restricted in their practice to only completing Activities of Daily Living which are not considered nursing duties (Dongzia Xiao, Willis, & Jeffers, 2014, p. 647).

All of the literature points to the overall need to better assess IENs' foreign experience and to give recognition to that experience for the purposes of registration and working in their new country.

Summary

In short, the literature suggests that there is a lack of recognition of foreign work experience when Internationally Educated Professionals are seeking professional recognition and workforce integration. Although initiatives such as Foreign Qualification Recognition by the Federal Government, and utilizing prior learning assessment models for evaluation of informal learning and experience can help, integration remains a challenge for IENs.

4. Methodology

Data Collection

The initial phase of the project identified 754 applicant files that were approved for registration between February 1, 2015 and March 31, 2018. The CLPNA did not regularly collect job descriptions from IENs until May 2017, therefore not all the applicants who had been approved for registration had submitted a job description. The CLPNA database was used to determine that 346 applicants had submitted one or more job descriptions. Where an applicant submitted multiple job descriptions, manual review was used to select the most recent clinical practice position.

Because the number of job descriptions available for review was significant, a sample was selected using a quasi-random process. The applicant files are filed in order of registration number, which is determined by the date the applicant paid for their practice permit after approval. As these dates are unlikely to be correlated with applicant characteristics, selecting by registration number was quasi-random. In order to include files from the entire 38-month period, the initial sample attempted to select two from each month. However, as the CLPNA did not collect job descriptions regularly until two years after the initial date of the project sample there were limited job descriptions available until the spring of 2017. In order to meet the selection criteria, 5 job descriptions were chosen per month from May 2017 to March 2018. The initial intent was to evaluate at least 75-100 job descriptions.

Initially, 109 job descriptions were selected for review. Of these, 25 were out of scope as they either were not clinical nursing positions or the researcher could not be certain whether or not they were clinical. The remaining 84 were utilized for this project.

The researcher had access to applicant files through her employment, and used the following process to protect applicant confidentiality:

1. Identify the files that contained a job description; sample two per month initially and moved to sampling 5 per month in the later months to ensure sample size was reached.
2. Study numbers were assigned to each selected job description, and a list of correlating study numbers with CLPNA registration numbers was maintained for the purposes of selecting the job descriptions for review. This list was secured in a locked cabinet and also stored in a password protected computer at the CLPNA offices.
3. Photocopies were made of the job descriptions to be used for the project.
4. The original job descriptions were returned to the applicant files.
5. The researcher blacked out all identifying information from the photocopies, and ensured that each shows only the study number.
6. Photocopies of the anonymized copies were made and it was ensured that no identifying information could be seen.
7. The interim copies (created in Step 5) were shredded.
8. The study copies and corresponding lists will be shredded (see Step 2) after the project report is complete and the oral defense has been held.

Applicant files remained in the CLPNA offices at all times.

Data Mapping

After 84 job descriptions were collected, the competencies or tasks in each job description were matched to the most similar general competencies indicated in the CLPNA competency profile. The mapping was recorded in an Excel spreadsheet. Mapping was based primarily on word-searching with a subsequent review of the competencies to the job description to ensure the correct competency was being selected for mapping. Additional review was required when the terminology in the job description did not align with the terminology of the competencies in the CLPNA Competency Profile.

One challenge was in identifying the most relevant CLPNA competency. The CLPNA competency profile has areas of repetition and the job description was not mapped to more than one competency except in the case of compound competencies, addressed below. Wherever possible the competency from the job description was mapped to the most generic statement.

As an example, one job description lists a task, “Maintain reports and records.” In the competency profile the word “report” is found in Section D-5 where the general competency is, “Legal Protocols, Documenting and Reporting” (CLPNA, 2015, p. 36). Review of the specific competencies then took place to determine whether this was the most appropriate General Competency to code the task. The specific competencies state,

D-5-1 – Demonstrate professional accountability and responsibility to ensure adherence to legal protocols and documenting and reporting guidelines.

D-5-2 – Demonstrate knowledge and ability to ensure accurate, concise and complete documentation.

D-5-4 – Demonstrate knowledge and ability to adapt documenting and reporting according to specific practice setting requirements and agency policy.

(CLPNA, 2015, p. 36)

As the listed three competencies all seem consistent with the language from the job description, that task in the job description was coded to D-5 as the general competency area. Being aware of possible word differences was essential as the job description states “reports and records” whereas Alberta terminology is “documentation and reporting”. The variation was limited, and terminology in nursing is fairly standard, however, maintaining a consistent approach was important throughout the project. Notes were taken to ensure that consistency was maintained both with questions regarding terminology and how the terms were mapped. Specific competencies and specific tasks were used consistently to inform the mapping of the job description competency to the general competency in the profile when the job description competency was more specific.

“Documenting” can also be found in Z-4 which is “Perioperative Circulating Role” (CLPNA, 2015, p. 224). However, unless the competency in the job description was specific to perioperative documentation, documentation was mapped to the more generic D-5 general competency.

As job descriptions can have a variety of formats, the data mapping focused on the area of the job description where specific job tasks were listed. If a competency was identified more than once in a job description, it was considered to have been met. There was no need to count the number of times a competency had been met; once it had been met the requirement is complete.

A challenge was created by compound competencies, where more than one task or competency was included in a single item (using terms such as ‘and’ or ‘or’). In the case of a compound competency being identified in the job description it was possible to map the competency to more than one general competency in the CLPNA Competency Profile, so long as the competencies were distinctly independent from one another and the mapping was consistent throughout the project. If a compound competency was identified in the CLPNA Competency profile the most relevant competency was utilized consistently for mapping. Notes assisted in ensuring consistency.

Data Analysis

The goal of the analysis was to determine how well the information from job descriptions mapped to CLPNA competencies. The data was analyzed through a review of the general competencies to determine the number and percentage of job descriptions that included each CLPNA competency.

5. Limitations

There were several limitations in this study.

The job descriptions varied in quality, readability, language taxonomy, and detail. At times the original language of the documents was not English, and although the CLPNA requires all documents to be translated this may have resulted in challenges in analysis due to translations not always using common English terminology. This was difficult to discern however, depending on the disclosure of the applicant when submitting the job description. This limited the consistency of assessment of the job description data.

A job description may omit some of the tasks associated with the job itself and it may be incomplete. This could affect the results if a general competency was not listed in the job description for various reasons. Reasons may include (but are not limited to) translation issues, or the job description may be broad and not focus on tasks, and/or not every task performed by the nurse may be identified.

This assessment was limited to a paper assessment meaning that the context of the skills in Canadian practice and the ability to perform at the level expected in practice in Alberta remain unknown. The context of the practice, the complexity of the care provided by IENs in their nursing role, and the level of autonomy in which practice occurs cannot be evaluated through a paper-based assessment.

Another limitation was that this project considered only applicants who were approved for registration. It is possible that approved applicants had more complete job descriptions than denied applicants; but exploring these differences was out of scope for this project.

External validity comes into question when discussing the ability to generalize the data. The data produced by this project can only be generalized to a point. Competencies are specific to the LPNs working in Alberta and therefore the results may not translate to other jurisdictions or professions. The methodology however could be transferable.

6. Findings/Results

Of the 128 General Competencies included in this study, 85 were met by at least one applicant. This number is reduced to 13 General Competencies being met by half of the applicants and 5 being met by more than 80%. Specifics regarding areas of practice will be included in the discussion.

It was determined through the analysis that additional job descriptions were not required for this study, as the results became predictable. The majority of the job descriptions focused on the 13 competencies that were seen in more than 50% of the applicants who were registered with the CLPNA during the time period. When comparing past employment to the competencies there is a consistency in the overall number and type of competencies being met. Common competencies are emerging as a result of this research.

It is important to note that IEN applicants are not expected to meet all 128 included General Competencies in the CLPNA Profile; however, essential competencies have not been formally identified within the profile. If essential competencies were identified in the profile it would streamline the assessment process considerably. Currently, all competencies in the profile are inherently considered equal.

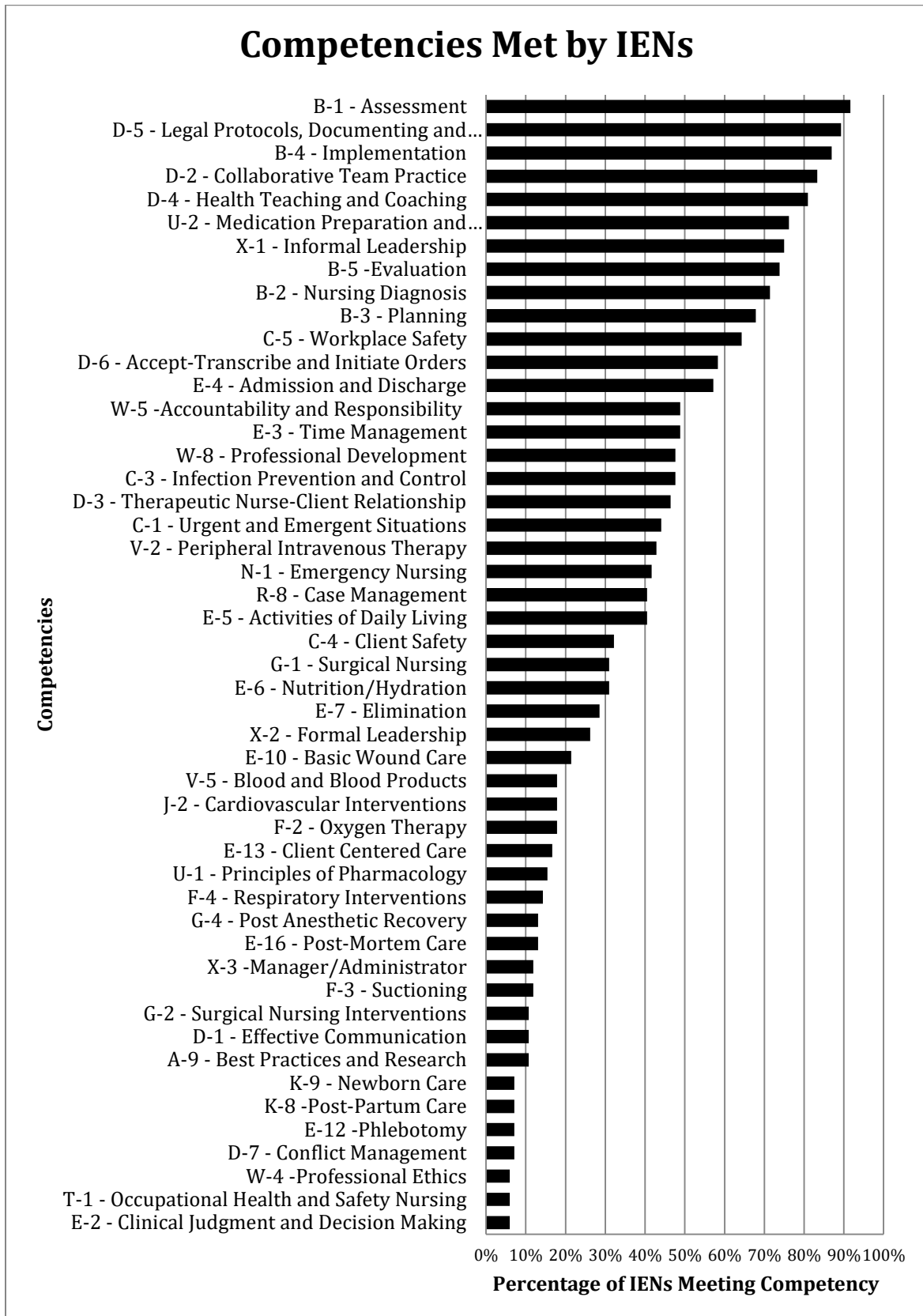
It is important to note that the assessment and review of job descriptions is only one component of the overall decision-making process for registration when an IEN applies for registration and therefore, if gaps are identified in the job descriptions it does not indicate that an applicant will be required to remediate that gap or be denied registration as a result of the gap. Figure 2 shows the competencies met by at least 5% of IENs, ranked from high to low frequency. Competencies not met by at least 5% of the IENs were omitted from the graph, but are listed in Appendix B.

Each general competency identified in the graph could be reviewed individually in order to explore the reasons behind the findings but that extends beyond the scope of the project and may be considered for future work. With only 5 competencies being met by over 80% of the IENs' job descriptions, the results indicate that despite a wide range of nursing practice areas and competencies, the primary competencies or common competencies are few in number. The 5 competencies are from sections B (Nursing Practice) and D (Communication and Interpersonal Skills).

For the minority of job descriptions where these top 5 competencies were not identified, it could be that the position description was not detailed and these common competencies may have been omitted from the job description, or alternatively the position did not in fact require these competencies. Overall, this remains a limitation of the study.

Eight (8) competencies were met by 50% to 79% of IENs. These competencies are again fairly significant to nursing practice in Alberta. It is important to note that the foundation of nursing practice is based on the Nursing Process which is outlined in Section B of the Competency Profile. The fact that all of Section B is evident in job descriptions submitted by IENs provides some confidence in the overall accuracy of the assessment process for the CLPNA. It is possible that the substantial equivalence assessment should focus on Section B.

Figure 2: Competencies met by IENs through job descriptions



The competencies that are met by more than 5% of IENs but less than 49% indicate that the competency is not practiced by most IENs through their employment. These competencies focus primarily on specific areas of practice such as Wound Care, Occupational Health and Safety, and Newborn Care. Not all LPNs would be practicing in these areas in Alberta and therefore it is not unexpected that there is such a variance in IEN experience in these competencies. There are however, competencies in this list that may or may not be considered as essential for practice in Alberta such as Client Safety. This group of competencies may indicate the need for bridging or gap training specific to the competencies that are considered important for Alberta LPN practice. It extends beyond the scope of the project to identify what may fall into an essential list of competencies beyond what may be considered common knowledge for demonstration purposes.

The competencies met by less than 5% of IENs (see Appendix B) need to be evaluated as a part of the overall Substantial Equivalence Assessment as they cannot be assumed to have been met by IENs who have held clinical nursing positions. The list may also help identify where practice and experience may be entirely lacking for IENs. For example, there was no evidence of any IEN working in the two competency areas of Addiction and Mental Health, or Geriatrics, which supports anecdotal information received by the researcher through informal discussion³.

Although the possibility does exist that there are IENs working in mental health and/or geriatrics but whose job descriptions were not included in the research, the lack of evidence in this area may provide the CLPNA with support to investigate further, with a view to possibly needing to increase education for IENs in this area. Unlike the areas where some or most IENs met the competencies it may be necessary to identify the competencies that have not been met by any IENs, and new solutions may need to be considered in terms of the role of the regulator in ensuring competence in these areas prior to registration of the LPN.

A final reason that a competency may have ended with a '0' result (indicated with an * in Appendix B) would have been because the competencies in the job description were mapped to the most general applicable competency in the CLPNA Competency Profile. Specific areas of practice may require the same competencies as a more general area. For example, "assessment" would be a part of all nursing roles and therefore, the researcher would have mapped any assessment tasks identified to "B1 – Assessment" and would not have also mapped the competency to assessment in a specific area of practice such as pediatrics, geriatrics, or neurology unless this area of practice was specifically mentioned in the job description.

³ Jeanne Weis, CLPNA Executive Officer (2019) Personal Communication.

7. Discussion

While this research indicates that many IENs have experience in Medication Administration, a study completed in 2006 in collaboration with the Commission on Graduates of Foreign Nursing Schools (CGFNS) identifies the area of medication administration as being one area in which IENs lack confidence when entering practice in the United States (Edwards & Davis, 2006, p. 268). IENs also stated that they were able to perform best in the area of Implementation which relates to providing direct nursing care and nursing treatments (Edwards & Davis, 2006, p. 268).

A project completed in Ontario exploring Prior Learning Assessment and Recognition (PLAR) for IENs identified that IENs feel that they meet certain aspects of the competencies that were met by Canadian Trained Nurses (Van Kleef & Werquin, 2013).

The CLPNA does not identify the essential competencies that must be met by IENs entering practice. IENs would not be expected to demonstrate competence in all 128 areas however, this research demonstrates that the use of job descriptions to verify applicant competencies is probably most reliable for the 13 competencies evidenced in more than 50% of the job descriptions. Other methodology should be considered for the assessment of competencies outside of the 13.

The areas of practice where no IEN met competence or less than 50% did are indicators of where resources can be placed if it is determined that these areas are essential at entry-to-the-profession within the province. Two of these areas that are highlighted are geriatrics and addiction and mental health. As these are areas that are anecdotally mentioned as having growing needs within the province it may be a focus for the CLPNA in the future to address these needs.

In addition, it should be noted that even where CLPNA can verify through job descriptions that an IEN has met a specific competency, it cannot document that the IEN can perform the competency at the level expected for practice in Alberta. Further work would need to be completed in this area in order to provide insight into the level of competence in which these requirements are being performed. The literature points to gaps in medication administration, for example, however it is an area that was met by more than half of the IENs reviewed in this study. This reflects a need for assessment beyond the job description or may require practical evaluation of skills.

The difficulty in using job descriptions to verify IEN competencies revealed by this research supports the use of an Objective Structured Clinical Examination (OSCE), as is done in most other Canadian provinces. As both the literature and this study show, there are challenges and potential gaps in assessment based on job descriptions alone.

8. Conclusion and Recommendations

The identification of the 13 competencies from a list of 128 demonstrates that job descriptions submitted by IENs do not compare well to the CLPNA Competency Profile for those IENs who were approved for CLPNA Registration and who held at least one position in clinical practice in their country of origin. Only 5 of the competencies outlined in the CLPNA Competency Profile were found in job descriptions for 80% or more of these IENs, and a further 8 competencies were found in 50-79%.

The job description evaluation serves as only one tool in the overall assessment process of the IEN entering Alberta practice and the study does not support a sole reliance on the job description for IEN registration. The study supports the CLPNA in identifying areas of future work to better protect the public when assessing the competence of IENs entering practice in the province.

Based on the research, the following recommendations are made to the CLPNA:

1. Identify the areas of the CLPNA competency profile that are considered essential in order to enter practice in Alberta. Through consultation with various subject matter experts including LPN educators, LPN employers and LPNs working in the Alberta health care environment, the essential competencies can be identified using a rating system. The rating system can identify what LPNs need to know to practice on a daily basis, what may only be practiced a few times a year, and what practices are restricted to specialty areas of practice that only LPNs working in the specific area need to know. This process will assist in ensuring that the overall assessment of IENs is focusing on the areas of practice that support the CLPNA mandate of protecting the public and are an accurate reflection of practice in the province.
2. Compare the list of essential competencies completed in Recommendation 1 to the list of competencies identified in this report to determine if a competency is best demonstrated through education, employment, or through the self-assessment. If a competency is deemed to be essential and cannot reliably be verified through job descriptions or other documents, then other means to assess the competency would need to be considered in order to improve the assessment process.
3. Based on the results of implementing Recommendations 1 and 2, identify competencies that may be a priority for additional training for IENs seeking to practice in Alberta.
4. Consider establishing an Objective Structured Clinical Examination (OSCE). An OSCE would assist in ensuring public protection through a demonstration of skills, restricting entry to practice to IENs with the necessary skills for successful practice in Alberta. A practical evaluation would enhance the overall evaluation process and make it more consistent with practices elsewhere in Canada.

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10. Appendix A – General competencies excluded from the study

W – Professionalism

- W-1 – Legislation and Regulation
- W-2 – Licensed Practical Nurse Scope of Practice
- W-3 – Professional Standards of Practice

Y – Orthopedic Specialty

- Y-1 – Self-Regulation and Accountability
- Y-2 – Specialized Orthopedic Knowledge and Application
- Y-3 – Treatments and Interventions

Z – Perioperative Specialty

- Z-1 – Self-Regulation and Accountability
- Z-2 – Specialized Perioperative Knowledge
- Z-3 – Pre-Operative Role
- Z-4 – Perioperative Circulating Role
- Z-5 – Assist Anesthesia Provider
- Z-6 – Perioperative Scrub Role
- Z-7 – Post-Anesthetic Recovery Role

AA – Dialysis Specialty

- AA-1 – Self-Regulation and Accountability
- AA-2 – Specialized Hemodialysis Knowledge

CC – Advanced Foot Care

- CC-1 – Self-Regulation and Accountability
- CC-2 – Advanced Foot Care Practice

GG – Immunization Specialty

- GG-1 – Self-Regulation and Accountability
- GG-2 – Immunity and Communicable Disease Control
- GG-3 – Principles of Immunizing/Biological Agents
- GG-4 – Assessment of Client Prior to Immunization
- GG-5 – Informed Consent and Client Teaching
- GG-6 – Prepare Immunizing/Biological Agents
- GG-7 – Administer

11. Appendix B – General competencies met by less than 5% of IENs

Those being met by no IENs are indicated with an asterisk (*)

A – Nursing Knowledge

- A-1 – Anatomy and Physiology *
- A-2 – Microbiology *
- A-3 – Pathophysiology *
- A-4 – Medical Terminology *
- A-5 – Growth and Development
- A-6 – Nutrition
- A-7 – Pharmacology *
- A-8 – Social Science and Humanities *

C – Safety

- C-2 – Protective Equipment

E – Nursing Practice

- E-1 – Critical Thinking and Critical Inquiry
- E-8 – Peritoneal Dialysis *
- E-9 – Basic Foot Care *
- E-11 – Advanced Wound Care
- E-14 – Complementary and Alternative Therapies *
- E-15 – Ear Syringing

F – Respiratory Care

- F-1 – Airway Management
- F-5 – Tracheostomy Care
- F-6 – Chest Tubes *

G – Surgical

- G-3 – Endoscopy

H – Orthopedics

- H-1 – Orthopedic Nursing *
- H-2 – Orthopedic Nursing Interventions *
- H-3 – Traction and Immobilizers *

I – Neurological/Neurosurgical

- I-1 – Neurological Nursing
- I-2 – Neurological Nursing Interventions *
- I-3 – Managing C-Spine *
- I-4 – Advanced Neurological Nursing Interventions *

J – Cardiovascular

- J-1 – Cardiovascular Nursing
- J-3 – Advanced Cardiovascular Interventions

K – Maternal/Newborn Care

- K-1 – Maternal/Newborn Nursing
- K-2 – Prenatal Care
- K-3 – Knowledge and Assessment of Labor
- K-4 – Assist with Managing Labor
- K-5 – Assist with Delivery
- K-6 – Neonatal Resuscitation
- K-7 – Labor and Delivery of Non-Viable Fetus
- K-10 – Care of Critically Ill or Premature Newborn

L – Pediatrics

- L-1 – Pediatric Nursing
- L-2 – Pediatric Care Interventions
- L-3 – Pediatric Pain Management *

M – Mental Health and Addiction

- M-1 – Mental Health and Addiction Nursing *
- M-2 – Mental Health and Addiction Assessment and Intervention *
- M-3 – Aggressive Behavior *

N – Emergency Care

- N-2 – Triage

O – Gerontology

- O-1 – Gerontology Nursing
- O-2 – Gerontology Care and Interventions
- O-3 – Cognitive Care *
- O-4 – Dementia Care *
- O-5 – Assessment and Planning in Continuing Care *

P – Palliative Care

- P-1 – Palliative Principles and Values *
- P-2 – Physical Changes *
- P-3 – Physical and Psychosocial Care *
- P-4 – Post Mortem Care *

Q – Rehabilitation

- Q-1 – Rehabilitation Nursing

R – Community Health

- R-1 – Community Health Nursing

- R-2 – Nursing Process and Community Health
- R-3 – Health Promotion
- R-4 – Client Services
- R-5 – Community Health Teaching and Coaching *
- R-6 – Public Health Nursing
- R-7 – Clinic Nursing

S – Oncology

- S-1 –Oncology Nursing *
- S-2 – Oncology Interventions *

U – Medication Administration

- U-3 – Nitrous Oxide *
- U-4 – Contrast Agents *

V – Infusion Therapy

- V-1 – Principles of Infusion Therapy
- V-3 – Hypodermoclysis (HDC) *
- V-4 – Central Line Care
- V-6 – Epidural and Spinal Infusions *
- V-7 – Total Parenteral Nutrition *

W – Professionalism

- W-6 – Professional Boundaries
- W-7 – Fitness to Practice

BB – Independent Practice

- BB-1 – Self-Regulation and Accountability (Independent Practice) *
- BB-2 – Independent Practice Services *

DD – Dermatology

- DD-1 – Dermatology *
- DD-2 – Dermatology Interventions *

EE – Educator

- EE-1 – Adult Learning Principles *
- EE-2 – Design and Delivery of Education *

FF – Ophthalmology

- FF-1 – Ophthalmology *
- FF-2 – Ophthalmic Interventions *