



## Nursing Community Assessment Service

### Overview

NCAS grew out of the collaborative efforts of four partners: the BC Care Aide & Community Health Worker Registry, the College of Licensed Practical Nurses of BC, the College of Registered Nurses of BC, and the College of Registered Psychiatric Nurses of BC, along with British Columbia's Ministry of Health who funded the development and early operational phase of the initiative.

Housed within the offices of CRNBC, NCAS is governed by a steering committee made up of the organizations listed above, along with representatives of local health authorities.

From the beginning, NCAS' explicit purpose has been to help its partners make sound and consistent decisions about registration by:

- Determining the extent to which applicants meet entry-level competencies set out by the regulators and/or the registry
- Identifying competency gaps to help regulators determine appropriate supplementary or remedial education
- Offering educational institutions insight into competency gap trends for the purpose of curriculum development

Its aim is to streamline the assessment process, and in so doing, to help applicants enter and contribute to the workforce faster.

Since its inception, NCAS has broadened its assessment scope. Today, NCAS is aimed at:

- Internationally-educated nurses and health care assistants in order to determine substantial equivalence
- Registered nurses and health care assistants undergoing a competency review by their employer
- Previously registered nurses and health care assistants who are returning to practice
- Out of province health care assistants seeking registration in BC

NCAS launched officially in January 2017 after a rigorous development, field testing, and piloting phase. By August 2017, NCAS had received close to 800 referrals from its four partners – almost 200 nursing professionals have now completed their full NCAS assessment.

### The NCAS Assessment Suite

NCAS offers competency assessments related to four nursing roles: Health Care Assistant, Licensed Practical Nurse, Registered Nurse, and Registered Psychiatric Nurse. The assessment comprises three-

parts: a Computer-based Assessment; a Simulation Lab Assessment; and an Oral Assessment. Because the assessments measure a combination of overlapping and distinct competencies, an applicant must complete all three components in order to receive an NCAS Performance Report; only when viewed together can a full picture of an applicant's competencies be discerned.

*a. Computer-Based Assessment*

The CBA is a proctored assessment that can be taken at one of more than 100 testing centres in over 60 countries in the world. It includes the following features:

- Approximately 20 unfolding cases
  - Each contains 5 – 8 questions
  - Questions are either multiple choice or multiple select
- Unfolding cases comprised of four elements:
  - **Scenario**: provides setting and introductory patient information
  - **Information Gathering/Assessment**: requires candidate to gather relevant information to care for the patient
  - **Planning/Judgment**: requires candidates to make competency-based judgments to inform planning
  - **Decision Making**: requires candidate to make competency-based decisions.
- Maximum three hours

*b. Simulation Lab Assessment*

The SLA is an in-person assessment that, for British Columbian potential registrants, must be completed at Langara College in Vancouver. Performed by trained assessors, its features include, regardless of profession being tested:

- A one-hour applicant orientation to the sim lab
- Four rooms or stations involving mannequins and/or standardized patients
- Use of unfolding scenarios including:
  - **Information Gathering/Assessment**: requires candidate to gather relevant information to care for the patient
  - **Planning/Judgment**: requires candidates to make competency-based judgments to inform planning
  - **Decision Making**: requires candidate to make competency-based decisions.
- Varied settings including medical-surgical and community
- Unique assessor at each station
- Three to six hours to complete, depending on the profession

*c. Oral Assessment*

The OA is offered at the same time and in the same location as the SLA. It is conducted in person by the SLA assessors. Its key features include:

- Four points at which the OA is conducted (at the end of each SLA station).
- A structured format designed to measure:
  - critical thinking and clinical judgment

- the candidate's thought processes that influenced his/her actions in the simulation.
- Approximately 10 minutes per room or station

## The NCAS Advantage: Dual-Track Assessments

NCAS is unique in its approach in that it allows an applicant to have their skills and competencies assessed for two different health care roles at once. Thus, a **registered nurse** can be simultaneously assessed for competency as a **licensed practical nurse**, and a **licensed practical nurse** can be simultaneously assessed for competency as a **health care aide**.

The advantage of this approach is that applicants who may not be able to demonstrate all the requisite competencies to enter the workforce in the role they prefer may be able to work as a different kind of health care worker if they can demonstrate the competencies for that other role. That means that IEPs can enter the workforce faster, and simultaneously pursue the upgrading or education required to gain competencies for their preferred role.

It should be noted that only the simulation lab assessment and oral assessment are designed to produce dual-track results. An applicant who has opted to be assessed for two roles at once thus takes two CBAs (one specific to each role), but only one SLA and OA. The dual-track assessment is limited to the professions named above. Currently, Registered Psychiatric Nurses cannot be simultaneously assessed for any other role.

## How NCAS Works

NCAS serves its partners. That is to say, referrals to NCAS come from employers and regulators; NCAS does not accept self-referrals from applicants. A typical NCAS applicant (an internationally-educated nurse) thus moves through the process as set out below:

- The IEN has their credentials reviewed by NNAS (or another credentialing body in the case of health care assistants), and their report is sent to the appropriate regulator
- If the regulator determines more information is needed prior to granting them access to the licensing exam, the regulator refers the applicant to NCAS
- The applicant completes NCAS, and NCAS sends a report to the regulator or the registry<sup>1</sup>
- The regulator or the registry reviews the NCAS report along with all other evidence before it, and recommends one of the following:
  - Access to the licensing exam
  - Remedial education
  - That registration in another nursing role be considered

**Note:** NCAS does not make recommendations about the nature of remedial education, or even about whether or not such education is required. Nor does NCAS make any decisions about registration. These decisions are left entirely to the regulators and registry.

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<sup>1</sup> In 2017, applicant fees were set at \$500 for all professions, as a result of heavy subsidies received from the provincial government. In January 2018, fees will increase for all professions as follows: HCAs - \$800; RNs/LPNs/RPNs - \$2000.

## Background

Regulators in Canada and internationally clearly recognize that entry-level education – particularly education completed early in one’s professional career – is not a sufficient indicator of readiness to practice. Employers, regulators, and practitioners note that changes in scope of practice, the evolution of technologies, and new understandings of health, assessment and treatment mean that health professionals must pursue continuous learning to ensure they can engage in safe, effective and ethical practice. At the same time, regulators and practitioners recognize that professional education varies from jurisdiction to jurisdiction. Thus, employers and regulators are increasingly turning to competence assessments – using simulation labs, interviews, computer-based self-assessments, learning portfolios and clinical evaluations, among other tools – to assess the skills, attributes, professional knowledge, values and judgement of health care professionals.

In 2014, British Columbia’s Ministry of Health came together with partners in the province’s nursing community to develop an integrated competency assessment initially aimed explicitly at Internationally-Educated Practitioners in four nursing occupations: Health Care Assistance, Licensed Practical Nursing, Registered Nursing, and Registered Psychiatric Nursing. Over the following two years, regulators, psychometricians, assessment experts, clinicians and nursing educators researched a variety of assessment models that would allow IEPs to demonstrate their competency, a best practice in facilitating effective foreign qualification recognition. Together they developed the three assessment tools that comprise the NCAS competency assessment.

## NCAS Development Process

Consultants for the four partners began by engaging regulators and the nursing practice community in discussion and research into a range of assessment tools. They noted early on that no single tool would meet all the required criteria for a valid and reliable assessment. With Miller’s taxonomic pyramid as a foundational construct, researchers took a triangulated approach, exploring a combination of two or more tools that would allow applicants to “show how” – that is, that would assess the applicant’s ability to integrate knowledge, skills and behaviour by having them actively demonstrate their clinical judgement, relational and communication skills. Regulators agreed with researchers’ recommendation that the combination of a CBA, SLA and OA would best meet their needs.

Subject Matter Experts have been critical to NCAS since the outset, and have been used in all aspects of the development process – from the identification of an overarching competency framework to the mapping of competencies, and from the writing of CBA and SLA items, to validation and standard setting. NCAS has drawn SMEs from a variety of sources including: educational institutions; simulation lab networks; health authorities and networks representing a variety of healthcare settings; and regulators.

Through the inception process, project developers moved NCAS, its partners and subject matter experts, and its myriad stakeholders through the key stages of: establishing a competency framework and identifying measurable competencies; competency mapping; blueprinting; item writing; field testing and validation; piloting; and standard setting. Below is a summary of some of the key features of this work.

### *a. Competency Framework and Mapping*

NCAS brought together regulatory and registry practice consultants, clinician-educators from the practice sector involved in assessing new graduates, and academic educators teaching final-term students, to form a Competency Mapping Working Group (CMWG). The 26 members of the CMWG met face-to-face for ten days to identify the critical and demonstrable entry-level competencies to be assessed in each role, develop a common framework across the four professions, and map the competencies to this framework, and to identify and determine the level of indicators for measurement of these competencies. NCAS also created a reference group whose 23 members participated via survey in the selection of competencies for assessment.

Participants reviewed each profession's competency framework, and then established a common framework that identified four key categories: Knowledge-Based Practice (Assessment, Planning, Providing Care, and Evaluation); Accountability, Responsibility and Ethical Behaviour; Collaborative Practice; and, Therapeutic Relationship. Participants agreed that a fifth framework category, Therapeutic Use of Self, would be added to the RPN assessment construct. As they mapped competencies to the frameworks, participants engaged in discussion as to commonalities and differences from one role to the next, using case studies to define and differentiate the intricacies of the competencies in the respective nursing roles. It should be noted that the process of reviewing the commonalities and differences in each of the frameworks, and the collaborative building of an integrated competency mapping framework, led to a feeling of collective ownership and strong commitment to the new framework.

### *b. Blueprinting*

Regulator and registry representatives and a small number of faculty and practice SMEs from the CMWG developed a blueprint for each profession; these blueprints, in turn, would guide the construction of the assessment tool. For each profession, participants identified structural and contextual variables, weighted competency categories, and matched competencies to the three assessment tools, determining which competency tool could best assess each relevant competency. Participants had an additional opportunity to refine each blueprint during the development and testing of the assessment tools.

### *c. Item Writing*

Throughout 2014 and 2015, NCAS relied on subject matter experts representing both practice and academia in each of the four nursing professions to develop computer-based assessment cases and questions, and simulation laboratory assessment scenarios. The development team contacted the BC Simulation Coordination Committee to find SMEs with experience developing simulation laboratory assessments, and engaged simulation laboratory coordinators from six post-secondary institutions to work with the SMEs for the six-month SLA development process. Training of SMEs for both the CBA and SME, facilitated by psychometricians, was rigorous, and focused on providing an overview of the blueprint, unfolding cases, case templates, and rubric tools. Writing guides were developed specifying each competency to be assessed, the context of practice (including the workplace setting), lifespan categories, gender, health status (including comorbidities and complications), and the skills to be demonstrated. And psychometricians guided the SMEs as they developed a series of unfolding cases, multiple choice and multiple select questions.

#### d. From Field Testing to Piloting and Standard Setting

NCAS engaged recent nursing graduates to field test both the CBA and SLA, and later, NCAS' Content Developer made revisions to the items based on the psychometric analyses performed on all the items, as well as on the feedback and discussion among SMEs regarding proposed revisions. NCAS' development team led SMEs, regulators and the registry through a validation exercise prior to having regulators review and approve the CBA and SLA items. After assessors, technicians and standardized patients refreshed their training, NCAS then piloted the tools with almost 100 internationally-educated health professionals. Standard setting with regulators and SMEs followed.

## Future

Given that many jurisdictions in Canada, and indeed globally, are moving towards competency-based assessments, and that all are striving to ensure substantial equivalency to entry-level competency as a foundational construct, NCAS may be a viable tool outside of British Columbia. NCAS can serve regulators by:

- Building consistency in the assessment process from one province to the next by enabling the alignment and standardization of required competencies
- Further enhancing public safety by providing a competency-based assessment that aligns well with paper-based credential assessments
- Supporting nurse regulators in making sound decisions within existing regulatory frameworks
- Assessing competencies in more than one profession across a shared service platform
- Supporting efforts to streamline the assessment process and facilitate quick entry into the health care workforce