



### A NEW MILESTONE FOR NURSING IN CANADA

*This bulletin is the 7th of a series to keep you informed of issues related to the Canadian Registered Nurse Examination (CRNE). It provides information on the evolution of the CRNE and the success of the new short-answer format.*

In 1970, the Canadian Nurses Association (CNA) developed the first national nursing exam. Thirty-five years later, in June 2005, we added a short-answer component to the CRNE – a new feature reflecting our commitment to ensuring that this entry-level exam meets the needs of today’s complex health environments, and in turn supports the provision of safe, competent and ethical nursing care in Canada.

The intent of having short-answer questions was to incorporate a different testing method to assess clinical decision-making, problem-solving and critical thinking skills, as well as to acknowledge different learning styles. The new format consists of 75-85 per cent multiple-choice questions and 15-25 per cent short-answer questions. This new addition was a large undertaking. In the June 2005 writing alone, more than 200,000 of these answers needed to be individually marked. This task involved 120 registered nurses convening in Ottawa from across Canada, demonstrating a commitment to the profession’s self-regulation and to their own professional development.

#### HISTORICAL OVERVIEW

Health care is a leading concern for Canadians – and nursing has consistently ranked as one of the most trusted professions in public opinion polls in Canada. Since the founding of the Hôtel-Dieu Hospital in Quebec in 1639, nurses have influenced the welfare of Canadians’ health, whether in the hospital, home, community, on the battlefield or in a remote outpost. Canadian nurses have also contributed significantly

to the development of health and public policy, including the *Canada Health Act*. Over time, the role of nurses has evolved, and today they deal with the increasingly complex needs of their patients while making use of new technologies.

Just as nursing has evolved, so has the CRNE. In many ways, the exam’s history reflects the makeup of Canada. The *Constitution Act, 1867*, distributed legislative jurisdiction between the provincial and federal governments. The legislation governing the nursing profession is found in provincial and territorial statutes. Over the years, the legislatures have delegated the responsibility of self-regulation to our profession. This privilege, afforded to the regulatory bodies, is based on an overarching duty of protecting the public.



One of the obligations of a provincial or territorial regulatory body is to establish entry standards that must be met by any person who wishes to practise nursing in that province or territory. One such entry requirement for all provinces and territories, except Quebec, is passing the CRNE.<sup>1</sup>

The provincial or territorial nursing bodies recognized early on that creating unique entrance exams for their own jurisdictions would lead to difficulties. Under the *Canadian Charter of Rights and Freedoms*, mobility rights for Canadians are guaranteed. Different entry requirements for each province and territory would create unacceptable regional differences and barriers to mobility. Furthermore, creating individual provincial or territorial exams would be costly.

Prior to 1969, many provinces used products designed by the U.S. National League for Nursing. In 1966, however, the National League for Nursing indicated that it would discontinue the use of its examinations in Canada by 1969. CNA, a federation of the regulatory authorities and professional nursing associations (excluding Quebec), purchased an existing testing service offered by the Registered Nurses' Association of Ontario, a CNA member. From this, CNA developed the first CNA RN national exam, which has gone through several name changes:

- CNA Testing Services Nurse Registration Examination (1970-1980)
- Comprehensive Examination in Nursing (1980-1995)
- Nurse Registration/Licensure Examination (1995-2000)
- Canadian Registered Nurse Examination (2000-present)

## EXAMINATION OVERVIEW

The framework of the exam has also evolved. From 1970-1980, the exam was presented in five parts or clinical areas: medical, surgical, obstetrical, pediatric and psychiatric nursing. From 1980 onwards, these clinical components were integrated on the exam

through competencies. For the 2000-2005 exam cycle, the competencies were updated and organized into six framework categories. These competencies were updated again for the 2005-2010 cycle. The 194 competencies that now form the basis of the exam reflect a primary health care model and are grouped under four framework categories: professional practice, nurse-person relationship, nursing practice: health and wellness, and nursing practice: alterations in health.

The process used to develop the exam has also changed over time from a norm-referenced approach to a criterion-referenced approach. That is, a candidate's performance is evaluated not in comparison to others', but by how well the candidate masters the competencies expected of nurses beginning to practise.

A national nursing perspective is important to the development of the CRNE and is achieved by consulting with provincial and territorial jurisdictions in various ways, for example, through their representation on the CNA Board of Directors. There is also jurisdictional representation on exam development, marking and review committees. Furthermore, CNA is contractually bound to all provinces and territories that use the CRNE to provide examinations that are valid, reliable and fair. CNA communicates with jurisdictions regularly to ensure the best guidance for the continuing development of this high-quality product.

## CONCLUSION

The CRNE will continue to evolve with the nursing profession. However, by ensuring that entry-level registered nurses possess the competencies required to practise safely and effectively, public protection will always remain at its core.



The CRNE Bulletin is published by the Regulatory Policy department of the Canadian Nurses Association.

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<sup>1</sup> When a nurse passes the CRNE and is registered with his or her provincial or territorial regulatory body, (except those in Ontario and Quebec), the nurse is automatically a member of CNA.