

"Language-assisted" NCLEX? What are they thinking!

by geneviève m. clavreul, rn, phd

At a recent California Board of Registered Nursing (BRN) meeting that I attended, I suffered from a case of déjà vu. As I sat in the meeting room, I could hardly believe my ears as the facilitator shared a recapitulation of the recent BRN Education Committee meeting and its primary topic of discussion. The Education Committee was investigating a proposal from the National Council of State Boards of Nursing (NCSBN) regarding supporting the approval of a "Spanish-assisted" NCLEX-RN.

The reason for this sense of déjà vu was that the Pennsylvania Board of Registered Nursing had recently polled its RN licensees as to this very matter. I know because I'm also a licensed RN in Pennsylvania, so I received an e-mail and link to the questionnaire.

Apparently, the push for a "Spanish-assisted" NCLEX comes from Puerto Rico and Florida (a state that employs many nurses from Puerto Rico). It seems the nurses from Puerto Rico have been having a hard time passing the NCLEX at an acceptable rate. So, of course, it makes sense to some that the problem lies in the testing tool, not that perhaps the educational system in Puerto Rico may be letting its students down, or perhaps that less qualified students are being accepted into the nursing programs and being allowed to graduate. As the "Spanish-assisted" NCLEX was described, a nurse taking the exam could call up a dictionary to help them over their language "humps."

As an RN with over 30 years of experience, and a person for whom English is not my first language, I was shocked that any suggestion was being made to modify the test that is used to ensure that individuals are qualified to receive licensure. In my opinion, this is nothing less than a lowering of nursing standards.

Imagine a nurse who comprehends English so poorly that she had to be "assisted" to pass the NCLEX exam. Ask yourself how this nurse is going to perform in the field, and whether her poor comprehension of English will be a danger on the floor? Remember, during a code there isn't going to be time to assign someone to "assist" with her language "hump."

Being a fully bilingual person (and contrary to current belief, this is not a person who speaks English and Spanish, but a person who is fluent in two languages), when I took my state boards I never expected or assumed that I would be offered any "assistance" in my test taking. Nursing is not a profession where we can cut such corners because physicians, our fellow nurses, and, more importantly, our patients, count on us to be fully competent in the medical language, and in this country it is English.

If Puerto Rican educated nurses are having such a hard time passing the NCLEX, lowering our standards by allowing a "Spanish-assisted" version is not the solution. Perhaps, instead of looking for employment in an English speaking country they should find a job where their

competency in Spanish would serve not only them but patients as well. Let us not forget that the nursing shortage is an international crisis and other countries besides the United States are seeking competent nurses. The other solution would be to challenge the educational system in Puerto Rico to improve its English instruction.

If we are going to offer a "Spanish-assisted" NCLEX, why then do we even require foreign-trained nurses to take the TOEFL, TSE, and TWE tests when we could simply offer an "assisted" test in whatever language is native to the test taker? This, I'm sure, would lower many English-as-a-second-language-speaker's test anxieties. Do not get me wrong; the purpose of the NCLEX is to gauge the registered nurse candidate's technical knowledge of nursing, and providing a crutch is not the way to do it.

Recently, a great deal of space in the Canadian press was devoted to the case of an English speaking RN working in an all English speaking hospital in a predominantly English speaking part of Canada. It is important for my readers to remember that Canada is an officially bilingual country. Its laws require signage, materials and most, if not all, meetings to be held in both English and French.

But let's get back to this Canadian nurse. Her license was up for renewal and during the renewal process she failed to prove her competency in French; apparently one of the RN licensure requirements in Canada is competency in both languages (which of course makes sense if you are a bilingual nation). However, the argument put forth by both the RN who failed the French competency test and her employing hospital, was that in this particular hospital all business and healthcare was carried out in English and therefore French language competency was a non-issue.

For months, all sides weighed in on this argument—the union, the hospital administration, legislators, even nurses from the US, since this became a topic of discussion on one of the busier nursing discussion boards. In the end, the province's version of the BRN stood firm on its decision, and they ruled that failure to prove French language competency meant that there would be no licensure granted to the RN. On the surface, this may seem harsh, but in fact it simply reinforced the high standards that had been enacted.

It is important to remember that any lowering of our nursing standards, including allowing a "Spanish assisted" NCLEX exam means that there may be one or more members of the nursing team who have such a poor grasp of the English language that they may not fully comprehend doctor's orders or reports given by their peers.

Ask yourself, do you want that nurse to be the one who assumes the care of your patient during a shift change, or a loved one, or yourself should you be hospitalized? The following anecdote was told to me by a RN whom I know. She, a physician, and several other RNs, were working a code when the physician called for epinephrine to be administered to a child. One of the nurses, who lacked English fluency, failed to understand which drug had been requested and began to administer a completely different drug. If not for the quick reflex of my friend who caught the error, the nurse's poor English comprehension may have cost a life.

Our non-English speaking patients are entitled to expect that their healthcare providers will take whatever measures necessary to ensure there is appropriate translation available. In most cases, hospitals actively seek out nurses and other healthcare professionals who speak languages that are reflective of the population they serve. In other cases, the hospital pays additional fees to specialized translation services to meet this need.

However, English-first speakers have a right to know with certainty that their nurses have a strong grasp of the English language so that their needs are met and that the physician's orders are understood and carried out. Being culturally sensitive is a big concern today; however, let's remember that being culturally sensitive also means being sensitive to the needs of our English language speaking patients, their families, and our fellow nurses.

Until recently, California and New York were held up as the two states that had instituted the highest standards for nurses taking their state boards. If the BRN allows a Spanish-assisted NCLEX, why not just do away with English tests altogether and offer a "name the language of your choice" assisted test? I am sure that the large population of Russian nurses in Florida, who continue to find passing the NCLEX difficult, would be happy to have a Russian assisted NCLEX at their fingertips.

Maybe we should go one step further and offer a NCLEX that has a drop-down dictionary for all those pesky Latin terms that are used in every day nursing—isn't Latin a dead language anyway? Or, better yet, why not have a crib sheet with all the mathematical calculations or pharmaceuticals that are most commonly used—after all, so many otherwise competent nursing school graduates do well until confronted with these challenges.

The NCSBN is actively lobbying our state board to permit this "assisted" testing. I would urge my readers to educate themselves on this issue and then contact the California BRN with your input since it will be California RNs and their patients who will have to live with the results. Better yet, we should encourage our BRN to hold public hearings on this matter so that all members of the healthcare community and even everyday citizens can have an opportunity to weigh in on this very important matter. Contact information appears at the end of this article.

I strongly believe that our nursing shortage does not give us license to lower our standards. Why? Because our patients don't deserve it, our nursing peers should not put up with it, and our profession can ill-afford it.

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