

PLAR: Finding Quality in the Dynamics of Social Practice

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Prior learning assessment and recognition (PLAR), the term used in Canada, is associated most often with the education sector. But in recent years and with financial support from government, regulators¹ in several professions have cautiously begun to use PLAR with immigrant professionals whose formal education credentials provide insufficient evidence of the competencies required to practice in Canada. For example, the College of Physicians and Surgeons of Nova Scotia, the College of Optometrists of Ontario, the Canadian Alliance of Physiotherapy Regulators and the Ontario College of Respiratory Therapy use PLAR to assess the competencies of immigrant health professionals against provincial requirements. Other regulated professions such as homeopathy, kinesiology, naturopathy and traditional Chinese medicine are in the early stages of developing PLAR procedures.

In this article, I discuss some of the implications of a recent case study on quality in PLAR. The case study examines the perspectives of 18 candidates and nine staff who had engaged in a PLAR process designed to assess the prior learning of immigrant nurses seeking registration (authorization to practice) in Ontario, Canada. Specifically, I discuss one of the study's main research questions:

In light of the perspectives of participants in this study, how relevant to PLAR for nursing registration are the criteria proposed by Baartman, Bastiaens, Kirschner and van der Vleuten (2006) and Baartman, Prins, Kirschner and van der Vleuten (2007) for quality in competency-based assessment in education?

The results reveal complex relations within and across the nursing profession's communities of practice² and communities of interest³ that operate as vehicles for negotiating shared understandings and power. Immigrant nurses who bring knowledge acquired in cultures and educational systems unfamiliar to Canadian authorities stand outside the periphery of the nursing community without a place or voice in the discourse. I conclude that PLAR can provide a means of giving them voice if nursing stakeholders (including internationally educated nurses) negotiate a shared understanding of the quality of the process.

I also conclude that Baartman et al.'s (2007) quality criteria and concept of assessment in education should be explored as a quality framework for anchoring PLAR in nursing registration. PLAR is an important issue for the nursing profession in Canada because of projected long-term labor shortages, an untapped supply of unregistered immigrant nurses, and an aging population that requires increasing levels of health care. Further, immigrant nurses who do seek registration have disturbingly low rates of success on the national registration examination.

Research on Quality in PLAR

The extant academic and gray literature reveal predominantly historical and descriptive accounts of PLAR's development, methods, benefits, barriers and good practice in primarily educational settings (Morrissey et al., 2008; Organization for Economic Cooperation and Development, 2005; Otero, Hawley & Nevala, 2008;

Van Kleef, 2011). Governments and international organizations have studied public policy and developed broad principles, policies and guidelines (e.g., European Centre for the Development of Vocational Training, 2009; Kenniscentrum EVC, 2007; Scottish Qualifications Authority, 2005; Werquin, 2010). Critiques have emerged that have broadened our perspectives, for example, on different forms of knowledge (Harris, 2000; Osman, 2006) and the political nature of recognition (Guo & Andersson, 2006). However, despite an increasing breadth of inquiry on PLAR, there is a paucity of theoretical and applied research on its quality and no research on quality in PLAR in regulated professions. The result is that practices in assessment are expanding without the benefit of shared understandings of quality and with all of the risks of inadequate theoretical underpinnings, inconsistent processes and invalid or unreliable outcomes.

The lack of research on quality cannot be attributed to an unawareness of PLAR, as government policies and fairness legislation have raised PLAR's profile among Canadian regulators considerably in recent years. Neither can it be attributed to a lack of concern in the general PLAR literature. Reservations about the quality of prior learning and its assessment in the education sector are frequently noted. For example, Hargreaves (2006) and Wheelahan et al. (2003) in Australia found anxieties similar to those found by Preston (1981), Halberstadt (1986), Harriger (1991), Butler (1993) and Merriam and Brockett (1997) in the United States and in Canada (Murphy, 2008).

There are several possible reasons for this inattention to research on quality. It may be the proverbial chicken and egg dilemma: there is little practice to research and little research to encourage practice. PLAR is a complex subject, and perhaps not enough regulators have research experience in andragogy or assessment. In addition, some regulatory bodies may interpret their mandates in ways that exclude participation in research from their responsibilities. Whatever the reason, there is a need for a better understanding of what constitutes "quality" in PLAR in regulated professions and how it can be improved.

Theoretical Underpinnings

The theoretical framework⁴ for the study discussed in this article is a constellation of concepts and models on learning and assessment. It includes theoretical perspectives on situated learning, communities of practice, consequential learning transition, holistic competencies and quality in competency-based assessment in education.

Situated Learning Theory

Lave and Wenger (1991) built on Vygotsky's (1978) work by arguing that all learning is grounded in social practice. Emphasis is placed on the relational interdependency of learner and "world, activity, meaning, cognition, learning and knowing" (p. 50). Lave and Wenger (1991) claimed that in learning, meaning is always historically situated and negotiated in a socially and culturally structured world. Critical reflection and authentic learning environments produce authentic knowledge and skills through a complex process of social interactions. History, biography and culture influence the activities, tasks and understandings of learning, so much so that they are inseparable from and part of the construction of knowledge and the shaping of individual identity. Identity is applied to the present and future learning trajectories of both individuals and communities of practice where shared cultural systems of meaning and political-economic structuring are interrelated (Lave & Wenger, 1991). Negotiating identities is the role of a community of practice and hence, it is a locus of power.

Communities of Practices

According to Lave and Wenger (1991) and Wenger (1998), communities of practice are groups of people who engage with one another in activities about which they share understandings of what they are doing and what that means in their lives and for their community. They are powerful arbiters of meaning and stewards of practice, using language and artefacts as tools to inculcate newcomers with community culture. One of the characteristics of a community of practice is the process of "legitimate peripheral participation," through which newcomers tacitly and incrementally learn a community's ways of knowing and as they do, move from the

periphery toward the center.

Communities of practice may form subgroups, each one with its own focus but connected through shared or related histories, discourses, members, and artefacts (in the sense of tools and resources). The connections that tie communities may be intentional or circumstantial. These connections also reflect boundaries that maintain communities' individual identities, and interactions through which common discourses are developed, differences identified, conflicts addressed and alliances formed. Styles, attitudes, language and behaviors that are imported, adapted and interpreted across a subgroup reify shared understandings of practice and identities (Wenger, 1998). Engeström, Engeström and Karkkainen (1995) referred to these connections and boundary crossings as polycontextuality: the engagement in multiple, simultaneous tasks that extend over a number of communities of practice. Polycontextuality can result in collective concept formation, that is, negotiated, shared understandings across communities of practice that can be used to address joint tasks and solve common problems.

Consequential Learning Transitions

Beach's (1999; 2003) theory on consequential transition is included in the study's theoretical framework because it presents a helpful alternative perspective on conceptualizing the transfer of learning across contexts and in so doing, adds to our understanding of internationally-educated nurses as they transition across situations of professional practice. Beach (1999) proposed a sociocultural re-conception of "transfer" as the combined "experiences of continuity and transformation of knowledge, skills and identity over time" (p. 112). Consequential transition is the generalizing or re-conceptualizing of knowledge in new contexts. It inevitably involves new learning and results in changes to identity and changes in the relationship between an individual and social practice. Consequential transitioning across contexts is facilitated by the use of support systems that include artefacts, technologies and texts.

The implication of consequential transition theory for the study discussed here is that learning transfer should be viewed as a process of engagement in a transition rather than a simple transfer. This leads to a new and different conceptual understanding of PLAR as part of that engagement, one that inextricably ties recognition and learning. A new way of looking at quality is also required because it becomes tied to the conditions of the transition process.

Holistic Competencies

The concept of holistic competencies (Gonczi, Hager & Oliver, 1990) provides a means of articulating shared understandings formed through social practice. The use of holistic competencies makes particular sense for PLAR in the field of nursing registration where holistic competencies have already been developed through processes of engagement by the profession's key communities of practice and interest (educators, practitioners, regulators, employers). Over the past two decades, different components of competencies have been proposed. In the case of nursing in this study, competencies have been defined by the nursing profession as combinations of knowledge, skills, judgment, values and beliefs (College of Nurses of Ontario, 2009). These competencies were established through consultations with major nursing stakeholders. They are used by university nursing program developers to create curriculum, by the regulator to establish entry to practice and continuing competency requirements, and in the development of a national registration examination that all domestic and internationally-educated nurses must pass.

Collectively, these theoretical concepts build a foundation for considering Baartman et al.'s (2007) model for quality in competency-based assessment in education as a possible means of framing quality in the assessment of prior learning in nursing registration.

Baartman et al.'s Quality Criteria for Competency Assessment

Baartman et al.'s (2007) framework for quality in assessment suggested new, broader strategies that expand

traditional concepts of validity and reliability into a broader vision of quality. These researchers relied on Bigg's (1996) notion of constructive alignment to advocate for the use of multiple assessment methods and tools that recognize the learner-centered nature of competency acquisition. They proposed 12 quality criteria framed within competency-based assessment programs that combine multiple traditional and holistic competency-based assessment methods and tools. Selection of the most appropriate methods and tools, such as physical demonstrations, multiple choice exams and portfolios, is based on the principle of "fitness for purpose." Perhaps the most important reason for exploring the model from this group of researchers is that it embeds the concept of quality in the relations between individual learners and social practice. This treatment of quality in assessment as an integral part of social practice is key to the model's alignment with the other theoretical concepts in this framework. Baartman et al.'s quality criteria are: acceptability, authenticity, cognitive complexity, comparability, cost and efficiency, educational consequences, fairness, fitness for purpose, fitness for self-assessment, meaningfulness, reproducibility of decisions, and transparency.

In summary, Lave and Wenger's (1991) theories on situated learning and communities of practice, Beach's (1999; 2003) theory on consequential transitions, Gonczi et al.'s (1990) theory on holistic competencies, and Baartman et al.'s (2007) model on quality in competency-based assessment form the multi-dimensional theoretical framework for the case study. Collectively, they lead to the following understandings.

Nurses construct what they learn; this process is heavily influenced by historical, biographical, cultural and professional contexts. These contexts shape identity and the way nurses see themselves and others in the world including other nurses. Social practice, whether it is in a classroom, in the workplace, or in personal reflections stemming from engagement with others, is a primary generator of learning. Nursing communities of practice form around joint or connected activities and create social structures that, by virtue of their existence, establish boundaries between those within and those outside these communities. Relationships between groups within nursing communities of practice and those on their periphery and beyond reveal differences in power that can control membership, its privileges and responsibilities, and determine the social value of learning. Relationships with other communities of practice and larger communities of interest also influence the nursing community of practice's credibility and levels of mutual trust.

Joining a nursing community of practice is not always straightforward. It entails negotiating the meanings that an individual nurse has made of the world with the meanings that the nursing community has made through its social practice. Negotiation can end in rejection or peripheral engagement often over a period of time. The negotiation of meanings involves human discourse and inevitably results in the acquisition of new knowledge, changes in identity and changes in an individual nurse's relationship with the social context. This, in essence, continues the evolution of one's learning in a way that is best described as a transition.

One means of understanding differences in learning is to use descriptors that are meaningful to stakeholders within and outside a community of practice. The concept of holistic competencies is one foundation of such descriptors. In nursing, holistic competencies are statements of learning that integrate core elements such as knowledge, skills, judgment, values and beliefs. They are grounded in social theories on cognition and expressed in terms of what an individual nurse needs to know and be able to do. Holistic competencies are socio-cultural tools that facilitate learning transitions and social recognition.

Holistic competencies are used as a basis for competency-based assessment in nursing. However, measures that determine the quality of competency-based assessment are not well developed in the literature. Existing research frequently criticizes competency-based assessment for its lack of empirical evidence on its validity, its reliance on assessor judgment and its financial feasibility. Nevertheless, as suggested by Baartman et al. (2007), assessing competencies against pre-set standards, and using a combination of standardized, norm-referenced and criteria-referenced performance assessment methods and tools, may provide a powerful basis for identifying and promoting learning. Quality indicators for competency-based assessment programs that

support such combinations and emphasize the involvement of stakeholders may present a promising avenue for further exploration.

A Case Study on Quality

To address the research question on the relevance of Baartman et al.'s (2007) quality criteria to PLAR in nursing registration, the case study included the collection of qualitative data from participants from the Equivalency Assessment and Recognition of Nursing (EARN) project at the School of Nursing at York University in Toronto. The university had received funding from the provincial government and the support of the nursing profession's regulatory body, the College of Nurses of Ontario, to undertake the development of a PLAR initiative for internationally-educated nurses.⁵ Participants in the case study were PLAR candidates, assessors, advisors, managers and directors who had experienced the EARN project's PLAR process.

The case study involved both source and method triangulation. Three sets of sources were used: PLAR candidates with unique backgrounds and vested interests; PLAR staff who had different functions (assessment, advising and management); and documentation that provided additional data on the perspectives of the university and the School of Nursing that led the EARN project.

Eighteen of the 36 PLAR candidates involved in the EARN project agreed to participate in the case study. The group was made up of 15 females and three males from 10 countries, the most frequently represented being the Philippines (six nurses) and China (five) nurses. Their ages ranged from 25 to 49 years. English was the first language of only one nurse. Other languages included Chinese, Croatian, Ethiopian, Llonggo, Malayalam, Russian, Romanian, and Tagalog; however, all candidates had previously met the regulatory body's English as a Second Language level requirements prior to commencing the EARN project. Eleven PLAR candidates had completed undergraduate degrees in nursing and seven had college diplomas in nursing. One nurse had completed two undergraduate degrees, in nursing and medical laboratory science. One nurse held a nursing diploma, a medical degree and an undergraduate degree in software engineering. Two nurses were qualified as physicians in their home countries. All PLAR candidates were registered nurses in their countries of origin and had practiced nursing from 0 to 20 years with a mean of 6.3 years. Their fields of practice varied and included cardiac, surgical, neo-natal, maternity, emergency, community and general nursing.

Over the course of the two-year period of the EARN project, there were nine female staff including two advisors, three assessors, two managers and two directors. All nine staff members agreed to participate in the case study. All staff members had master's degrees, doctoral degrees or were in graduate school working toward an advanced degree at the time of the study. The countries in which they completed their nursing education included Canada, England, Jamaica, Russia and the United States. English was the first language of all but one staff member. PLAR staff members were all registered nurses in Canada with years of nursing practice ranging from three to more than 40. With one exception, all PLAR staff had also taught nursing at a university. With the exception of the two directors, all PLAR staff members were recruited by the university on a short-term, contractual basis for the specific purpose of developing and operating the EARN project. Since this was the first PLAR initiative for nursing registration attempted in the province, the staff had no direct experience with PLAR for nursing registration. Only one staff member, a manager, had previous general experience with PLAR. PLAR staff ranged in age from 25 to 65 years.

In this case study, available external documentation on the EARN project was examined to obtain additional information of the processes used and to provide a further basis for comparing the perspectives of the PLAR staff to those of PLAR candidates. Documents are a stable source of information that may not always be accurate or protected from investigator interpretation, but can be useful in adding to the context of a study and for verifying or countering evidence from other sources (Yin, 2008). Several types of documents from the university's School of Nursing and the PLAR initiative were collected and analyzed. These included publicly available descriptive materials, policies and procedures, form letters and job descriptions.

Data was collected using method triangulation including individual semi-structured interviews and document reviews. Two sets of interviews with PLAR candidates were held approximately six months apart. They were designed to capture candidates' perspectives as soon as possible following their assessments, and again, when they had had some time to reflect on their experience and to act on the results. One set of interviews was held with PLAR staff shortly following completion of their contractual obligations to the EARN project.

Data from the semi-structured interviews and documents were inductively analyzed to create several themes and data categories that reflected participants' perspectives on quality. These themes and categories were then deductively mapped against Baartman et al.'s (2007) 12 proposed quality criteria. Analysis revealed several shared understandings and some divergent views among study participants. Some of the study's findings are presented here in brief descriptions of each criterion proposed by Baartman et al. and its applicability to quality in PLAR for nursing registration from the study's interpretation of the perspectives of case study participants.

- *Acceptability*: All stakeholders should approve of the assessment criteria and the way the competency-based assessment program is carried out. They should have confidence in the competency assessment program. (p. 261)

The criterion of “acceptability” expands the concept of validity and reliability by taking a broad view of “stakeholders,” and adds weight and social value to the standards by which the quality of PLAR assessments are judged. In the case of nursing registration, the primary stakeholders include internationally-educated nurses, regulators, nursing educators, employers and practitioners in the nursing community of practice and its communities of interest. All of the study's participants, both PLAR candidates and staff, emphasized the criticality of stakeholder engagement in and acceptance of a PLAR process for nursing registration if it is to be valued by society. Acceptance by the regulator in particular was viewed as essential.

Without the regulator's support, PLAR is “meaningless and useless. It's like a car with a powerful engine and without wheels.”

PLAR candidate

Acceptability also relates to advising and documentary supports provided to those involved in a PLAR process – in this study, PLAR candidates and PLAR staff. Data from both groups indicated that in PLAR for nursing registration, clear benchmarks for relevant and sufficient evidence, fulsome assessment preparation procedures, and meaningful post-assessment feedback are contributors to a PLAR process's acceptability. Based on PLAR staff perspectives, characteristics of advisors and assessors are also components of quality requiring stakeholder acceptance.

Without advising, “it would be so hard.”

PLAR candidate

- *Authenticity*: The degree of resemblance of a competency-based assessment program to the future workplace (the assessment task, the physical context, the social context, the assessment result or form, and the assessment criteria). (p. 261)

The criterion of “authenticity” reflects the importance that Baartman et al. (2007) ascribed to assessment that reflects real life performance as much as possible. Yet they also argued that competencies that rely less on context can be assessed using more traditional, standardized means of assessment (such as multiple choice examinations). They drew on the principle of “fitness for purpose” to assist in aligning competencies with the most appropriate assessment method and tool. In this study, both PLAR candidates and PLAR staff supported the use of a

“..it gives everybody an opportunity to have various ways to demonstrate their knowledge and skill.”

PLAR staff

variety of assessment methods and tools, but both also expressed greater confidence in performance-based assessment in which opportunities to explain candidates' actions are encouraged.

- *Cognitive Complexity*: A competency-based assessment program should reflect the presence of the cognitive skills needed and should enable the judgment of thinking processes. (p. 261)

Baartman et al. (2007) contended that the capacity of assessment methods and tools to assess "cognitive complexity" is a demonstration of how well these tools reflect established competency standards and how well thinking skills are integrated into those standards. This criterion has an element of the traditional concept of construct validity in its meaning, in that assessment needs to assess the level of learning that it claims to assess. In the case of PLAR for nursing registration, entry-to-practice competencies embed combinations of knowledge, skills, judgment, values and beliefs. Participants in this study contend that these elements can and should be integrated in each assessment at the appropriate level and should be transparent.

- *Comparability*: Competency-based assessment programs should be conducted in a consistent and responsible way. The tasks, criteria and working conditions should be consistent with respect to key features of interest. (p. 261)

Baartman et al.'s (2007) criterion of "comparability" embedded elements of the more traditional concept of reliability but also related to elements of PLAR that extend beyond consistent assessment administration. Good examples of these elements were offered during interviews with PLAR staff who emphasized the importance of achieving consistency through internal collaboration and the use of tools and procedures that assist advisors and assessors to understand how their histories affected their roles and responsibilities.

- *Cost and Efficiency*: The time and resources needed to develop and carry out the competency-based assessment, compared to the benefits. (p. 261)

Although many stakeholders, especially in the education sector, express support for PLAR in principle, perceptions of related costs both in terms of time and money have been persistent sources of concern and resistance (Aarts et al., 2003). For some PLAR staff, the cost of creating each of the 12 assessments in the PLAR initiative and developing subsequent modularized, supplementary education had implications for the quality of the process. The budget originally allocated to the initiative proved insufficient to develop learning modules, so the anticipated seamless transition to appropriate learning opportunities never materialized. There are strategies that can help to mitigate per-candidate costs, but experience tells us that PLAR should not be viewed as a significant cost-saving measure without close scrutiny.

For most PLAR candidates in this study, direct financial costs were not an issue as the EARN project did not charge fees for assessment and so it was not a

"It's not just your knowledge. It will test your communications skills, your critical thinking."

PLAR candidate

"Oh, you have to know the theory ... I have to explain why I am doing this procedure."

PLAR candidate

"I accepted that they know what they are doing ... I am just trusting. ..."

PLAR candidate

"...the interpretations and the meaning of behavior ... become interpreted very differently if we have a Euro-centric approach."

PLAR staff

"...there's no point in saying 'OK, you're not able to do this. But we can't help you to identify how you could learn what you need to learn.'"

PLAR staff

significant criterion for them. However, candidates *did* incur indirect costs associated with child care, transportation and lost wages that some participants viewed as additional motivational deterrents, particularly when they learned that the results of their assessments would have no special meaning in their registration applications. This study suggests that there are important social costs and benefits related to candidate self-esteem, confidence and identity.

- *Educational Consequences*: The degree to which the competency-based assessment program yields positive effects on learning and instruction, and the degree to which negative effects are minimized. (p. 261)

The insights of study participants suggest that there are numerous educational consequences to the PLAR process that influence the quality of the experience and its outcomes. For PLAR candidates, important learning and identity changes occurred throughout the assessment preparation stage. With the assistance of advising, these changes helped candidates undertake the transition necessary for adapting their learning to the Ontario nursing context. Following assessment, learning also occurred through feedback from PLAR staff. This, in turn, helped candidates to identify needs and opportunities for supplementary education. PLAR staff also reported significant learning about how to improve the PLAR process through their engagement with colleagues and candidates.

- *Fairness*: [Assessment candidates] should get a fair chance to demonstrate their competencies, for example by letting them express themselves in different ways and making sure the assessors do not show biases. (p. 261)

This criterion directly corresponds with PLAR candidate and PLAR staff insights into the benefits of multiple methods of assessment and tools. It also pertains to concerns expressed by interviewees in both groups about the unfairness of a process that views their competencies from a deficiency perspective. PLAR candidates characterized opportunities to demonstrate the relevance of all their competencies, the availability of transition mechanisms to relevant supplementary education, and cooperation from key stakeholders, as indicators of the fairness of a PLAR process.

- *Fitness for Purpose*: Alignment among standards, curriculum, instruction and assessment. The assessment goals and methods should be compatible with the educational goals. (p. 261)

The "fitness" of an assessment method or tool for the "purpose" for which it is being used is a key quality consideration shared by both Baartman et al. (2007) and this study's participants. The principle of fitness for purpose encourages the selection of methods and tools based on a determination of what will best demonstrate relevant learning at the required level. This includes both traditional, standardized testing and competency-based assessment methods and tools. In the context of nursing registration, PLAR staff tied this concept to validity in that a tool will not accurately assess compliance if it is not fit for the purpose. It will also fail to provide appropriate educational continuity if it does not provide

"At the end ... I was able to realize my strengths, where I was weak, where I needed to brush up."

PLAR candidate

"I take PLAR as not only an assessment but also a part of learning."

PLAR candidate

"And, you know, this tendency also to assess IENs from a deficiency perspective ... pervades [practice] in Ontario."

PLAR staff

".. you may have some multiple choice questions ... but also an interview, or ... then a simulation, or an interview and portfolio."

PLAR staff

sufficient evidence of existing competencies or accurately identify learning needs.

- *Fitness for Self-Assessment*: Competency-based assessment programs should stimulate self-regulated learning of students. Competency-based assessment programs should include specific methods to foster such learning, such as practice in self-assessment and giving and receiving feedback. (p. 261)

In this study, well-developed preparation materials and the capacity of multiple PLAR methods and tools to facilitate self-assessment were highly regarded by most PLAR candidates. Multiple tools were also used by PLAR staff to identify the need for supplementary education. PLAR candidates used the self-assessment value of assessments to compensate for the lack of social value that was given to the PLAR process by the regulatory body. This dimension of the PLAR process was highly valued by both groups.

"If I had practice sessions before, it might be very helpful ... When you do something by your hands, one minute is much better than 10 hours of video instruction."

PLAR candidate

- *Meaningfulness*: Competency-based assessment programs should have a significant value for all stakeholders involved. (p. 261)

The meaningfulness of PLAR turned out to be a significant factor for this study's participants. Their insights demonstrated a more complex concept than perhaps was contemplated by Baartman and her colleagues. PLAR candidates found multiple ways to glean both personal and public meanings from the results of their assessments, and they assigned value and a sense of quality to PLAR accordingly. They shared the view with PLAR staff that if a PLAR service has no public meaning, it is a poor reflection on its quality.

"PLAR gives you some hope that a little part of what you knew would be recognized and ... it makes you feel good when they respect a little part of what you knew."

PLAR candidate

- *Reproducibility of Decisions*: The decisions made on the basis of the results of a competency-based assessment program should be accurate and constant over situations and assessors. Decisions should not depend on the assessor or the specific assessment situation. (p. 261)

Reproducibility of decisions refers to the need for assessment decisions to be accurate and constant over situations and assessors. The quality of a competency-based assessment program should not depend solely on an assessor or a specific assessment situation. This criterion has elements of the traditional concepts of consistency and reliability in its meaning, although in this study, PLAR staff interviewees additionally incorporated the qualities of advisors and assessors, the sufficiency of performance-based evidence and the importance of PLAR staff relations as components of consistency in their representations.

Teamwork was a strategy for moderating the validity of assessment tools "because our approaches and our practice experience were so entirely different."

PLAR staff

- *Transparency*: Competency-based assessment programs should be clear and understandable to all stakeholders (e.g., students, teachers, employers). External controlling agencies should be able to get a clear picture of the way in which a competency-based assessment program is developed and carried out. (p. 261)

"If you come from a place where you're open and transparent ... you're going to get a stronger product."

PLAR staff

Transparency was the subject of participants' praise regarding several aspects of the PLAR initiative including standards, assessment preparation, process and

feedback. Lack of transparency was a critique that dominated participant commentaries on the regulatory body.

The findings from this deductive analysis led to several of the study's conclusions; the most relevant to the research question discussed in this article are presented here.⁶

Conclusion 1

Like all learning, the prior learning of internationally-educated nurses is situated learning, inevitably shaped by the historical, biographical, cultural and professional contexts of individuals' social practice.

I make this assertion knowing that it risks falling into the deficiency trap about which Guo and Andersson (2006) caution. I take the perspective that all learning is historically situated and negotiated in a socially and culturally-structured world. The construction of knowledge within these parameters shapes identity. Identity affects the learning trajectories of both individuals and communities of practice in which shared cultural systems of meaning and political-economic structuring are interrelated (Lave & Wenger, 1991). Although professional difference was more dominant in the data provided by PLAR candidates, all participants in this study perceived the situated nature of candidates' nursing competencies. What was less obvious was an understanding of the situated nature of the PLAR staff's knowledge of nursing and the fact that differences in identity and learning between the groups created a need to negotiate the meaning of PLAR candidates' competencies.

The study's findings on participants' perceptions identified differences in nursing education and nursing culture, scope of practice, nurse relationships with physicians and patients, health care technology and terminology between nursing practices in different countries. PLAR candidates readily explained how their nursing knowledge and practice varied. Some were seen as superior practices; others were viewed as needing minor adjustments; and still others were viewed as cases of missing competencies (Van Kleef, forthcoming). The implication is that national curricula produce nurses with levels and concentrations of skills that are characteristic of that nursing culture. The effect is expectations for nurses in one country that may constitute barriers in another. These differences in clinical and social knowledge and skills have cultural dimensions that extend to the workplace (Anoosheh, Zarkhah, Faghihzadeh & Vaismoradi, 2009; Blythe, Baumann, Rheume & McIntosh, 2006; Bohnen & Balantac, 1994; Jackson, 1995; Kawi & Xu, 2009; Ogilvie, Leung, Gushuliak, McGuire & Burgess-Pinto, 2007; Yi & Jezewski, 2000).

Conclusion 2

Quality in PLAR may be more effectively developed if it is understood as a social construction, defined and implemented through engagement among communities in social practice.

Engagement in social practice is interpreted here as "intentional social interaction between individuals and groups." It is imbued with history, biography and culture, and involves conscious and tacit negotiations laden with risks and rife with consequences for power and identity.

The concept of social engagement permeated study participants' descriptions and perspectives on PLAR. Engagement was the overarching theme developed from interviews with both PLAR candidates and PLAR staff. Study participants' reflections suggest that it is through social engagement that differences in professional cultures and practices are discerned. It is through social engagement in consultation processes that nursing competencies are defined by the profession, and PLAR is designed and conducted. It is social engagement with assessment outcomes that produces PLAR's social value for key stakeholders. This presents a complex, contextualized challenge for PLAR and the process of defining quality, because all persons and organizations involved are situated in their own historical, biographical, cultural and professional context of social practice.

In the context of this study, authorization to practice was controlled by the nursing community of practice. It

was comprised of registered nurses directly engaged in the delivery, management, supervision, education and regulation of nursing services. The documentation examined in the study revealed a tightly-managed process that allows input from communities of interest but maintains careful control over who finally decides "what counts as knowledge" (Luckett, 1999, p. 71) for nursing registration. The relationships the nursing community of practice has with its communities of interest are both hierarchical and horizontal, but its relationship with non-registered, internationally-educated nurses who stand outside the periphery of legitimate participation is strictly hierarchical.

A corollary to recognizing that quality in PLAR is socially constructed in social practice is that this study was not the appropriate context in which to develop a comprehensive definition of quality in PLAR for nursing registration. This is the responsibility of nursing communities. However, the study did make the literature's first contribution to the necessary discourse by introducing the perspectives of two key stakeholder groups directly engaged in the process (PLAR candidates and PLAR staff).

Conclusion 3

Prior learning may not cross contexts easily; time and support can be required to facilitate its transition.

This finding advances the premise of Beach (1999; 2003) on consequential transitions in education. When an internationally-educated nurse applies her prior knowledge and practice in a clinical situation, such as barring family members from a patient's room following death, she may learn that this is not an acceptable nursing practice in her new context. Learning the rationale for this difference expands her knowledge and enables her to adjust to a new practice that is socially and culturally acceptable. This is a learning transition.

Beach's (1999; 2003) perspectives are also supported by research literature on difficulties that immigrant nurses face in employment. These difficulties may not result from missing competencies but rather nursing competencies that were shaped by context-influenced professional cultures that may, in fact, be different. The implications of cross-cultural transition and adaptation for PLAR have not been researched, but the literature reviewed for this study provided support for Beach's (1999) contentions on the difficulties of learning transfer. For example, Jacobson (1996) noted that practitioner knowledge and cultural knowledge are unavoidably situated. Because a new culture presents unfamiliar meaning systems and unshared histories, new entrants cannot rely on familiar ways of interpreting and acting, yet ways of interpreting and acting in the new culture are not yet fully accessible. Wolcott (1991) added to this by arguing that learning to interpret can mean not surrendering previously held meanings but coming to understand that more than one way of interpreting experience is possible.

Beach's (1999; 2003) perspectives also coincide with the descriptions of the conditions faced by PLAR candidates in this study. Both PLAR staff and candidates described the importance of new learning in easing the transition for candidates during their preparation for assessment. They also reported that the candidates had gained substantial learning from previous coursework and employment in Ontario health care settings. PLAR candidates, in particular, felt that this new learning had contributed to their abilities to perform during their assessments.

Conclusion 4

Theoretically-anchored frameworks that provide criteria for developing and evaluating quality in PLAR are lacking.

Most study participants tied the quality and credibility of PLAR processes and outcomes to the traditional concepts of validity and reliability. The most common form of validity is construct validity – the extent to which assessment measures what it is intended to measure. Interviewees did not use these technical terms when describing important elements of PLAR. Candidates described versatility of the multiple methods of assessment,

the real-life design of tools, and the accuracy of outcomes that affirmed known skills gaps. PLAR staff described the thoroughness of multiple methods of assessment in assessing both the depth and breadth of candidates' nursing knowledge and the relative strengths and weaknesses of various forms of assessment.

Overall, most PLAR candidates found their assessments to be rigorous and thorough. PLAR staff also held this view despite the fact that the EARN project did not conduct formal validity or reliability studies on their assessment tools. PLAR staff also expressed regret that they were not able to follow through with initial plans to monitor PLAR candidates post-assessment, but this did not lower their confidence in the process as a viable means of assessing internationally-educated nurses' prior learning. Because the regulatory body did not participate in the PLAR process and was not a participant in this study, it is not possible to know if the absence of validity and reliability studies affected its trust in the outcomes, or precipitated its decision not to give special consideration to the PLAR initiative's assessment results.

The perspectives of PLAR staff and candidates, showing such strong confidence and trust in PLAR, are not consistent with the literature on assessment of learning or PLAR. Literature on the validity and reliability of competency-based assessment in education is mixed and there is general agreement that further research is needed if supporters hope to justify competency-based assessment. The literature on the validity and reliability of PLAR assessment, including that which is competency-based, is limited and equally cautionary. Heyns (2004) referred to the need for an enabling environment that facilitates a common understanding of what PLAR is and is not. In her studies of PLAR in higher education, Stenlund (2009) examined the research on PLAR from a validity perspective. She concluded that the generation of empirical evidence on the validity and reliability of PLAR and the consequences of assessment outcomes are crucial to the establishment of PLAR as a trustworthy practice. In particular, she argued for a broad and comprehensive view of its validity.

Conclusion 5

Baartman et al.'s quality criteria and concept of assessment as a program should be explored as a quality framework for anchoring PLAR in nursing registration.

Baartman et al.'s (2007) 12 quality criteria for competency-based assessment add to and expand the concepts of validity and reliability. The variety, breadth and depth of shared perspectives among this study's participants and Baartman et al., the study's theoretical framework, and the findings, suggest that the concept of quality should cast a wide net that includes social engagement with key stakeholders to assure the credibility and sustainability of PLAR. This study's findings and Baartman et al. show similar support for the use of holistic statements of competencies as units of measurement for assessment. They also support the use of multiple assessment tools that combine both traditional, standardized testing and competency-based assessment methods and meet the principle of "fitness for purpose." I assert that Baartman et al.'s criteria may provide a useful model for assessing the quality of PLAR and should be further explored.

Potential Limitations of Baartman et al.'s Criteria

The social character of quality evident in the insights of the study participants and the quality criteria proposed by Baartman et al. (2007) is reminiscent of the social character of learning first described by Lave and Wenger (1991). However, there are questions still to explore in relation to the social acceptance of assessment results stemming from Baartman et al.'s (2007) proposed criteria. For example, are some of the 12 criteria more important than others? What role should a regulatory body play in ensuring the quality of competency-based assessment? Will all stakeholders have something valuable to contribute in relation to every criterion? How is evidence produced for each of the 12 criteria?

In addition, the immediate applicability of quality measures in assessment in education to quality measures in the assessment of prior learning for professional registration is not assured given their very different conditions, purposes and participants. These differences are unexplored in the context of PLAR which suggests

caution in the short term and the need for additional comparative research.

Further, study data in relation to some of Baartman et al.'s (2007) criteria are limited. For example, candidate perspectives on the cost and efficiency of PLAR were not deeply probed in this study and should be explored further. The lack of information on this aspect of quality in PLAR may be partly due to the absence of an interview question specifically pertaining to costs and efficiencies or to the fact that there were no fees associated with candidates' assessments – a situation that was anticipated as temporary. PLAR candidates' commentaries on the comparability and reproducibility of PLAR decisions were also limited. This may be because these criteria pertain to technicalities of assessment design and multiple administrations over time and are more easily addressed from an organizational perspective. Still, they warrant further investigation.

Implications for Further Research

This study raises the possibility of building new research studies in terms of both subject and methodology. First, the study provides a basis for exploring Baartman et al.'s (2007) criteria for quality in assessing competencies as a framework for quality in PLAR. Such an exploration would add further to our understanding of quality in PLAR for nursing registration and provide additional insights into a potentially viable model for other regulated professions.

Research into the implications of the role internationally-educated nurses play on the periphery of the nursing community, and into possible opportunities to break their silence, would help develop a better understanding of the new contributions that internationally-educated nurses might make to the competencies of nursing practice.

The perspectives on quality presented by the participants in this study stemmed primarily from a particular PLAR process that involved a combination of traditional, standardized testing, multiple competency-based assessments and particular configurations of support. To further test the applicability of the quality indicators identified in this study, additional research should be undertaken on quality from the perspectives of key stakeholders who use other forms of PLAR.

Notes

- ¹ A regulator in this context is a "college," an organization comprised of members of a profession, mandated by legislation to protect the public by ensuring safe and competent practice including control of authorization to practice.
- ² Ontario's nursing community of practice is comprised of the regulator and at least four sub-groups: nurses engaged in practice, nursing educators, a professional development group and a discipline group.
- ³ Nursing's community of interest includes employers, related professions, consumers and public policy makers.
- ⁴ This description of the study's theoretical framework is an abbreviated version. For a full discussion of the framework, see Van Kleef (2012).
- ⁵ In Canada, the most common informal nomenclature for immigrant professionals is "internationally educated."
- ⁶ The conclusions presented here are among 11 conclusions reached in Van Kleef's (2012) doctoral thesis. More details on data collection, analysis and basis for conclusions are outlined in the thesis.

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