



PLAR IN REGULATED PROFESSIONS: A DEFICIT MODEL OF DIFFERENCE

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SESSION OVERVIEW

- ❖ Deficit models of difference (Guo and Andersson, 2006) are used in Ontario and France.
- ❖ Factors contributing to deficiency assumptions.
- ❖ Helpful concepts and ideas.
- ❖ A model for quality in assessment.



FACTORS CONTRIBUTING TO AN ASSUMPTION OF DEFICIENCY

- ❖ Fear
- ❖ Prejudice
- ❖ Injustice
- ❖ Differences in professional practice
- ❖ Competency gaps



FEAR

“This needs to be an assessment... so that somebody can’t sue us, sue the College, sue somebody a couple of years from now.”

“But again, feeling those high stakes, understanding the risk to everybody, the risk to the public, to the potential nurse, the risk to the program or the assessors... It becomes a huge tension.”



PREJUDICE

“Not too often did I hear anything about the fact--and I kept plugging that in, these nurses often come way more qualified than the Canadian trained nurse ... if you listen to the exchanges now, this deficiency perspective pervades in Ontario ... so that impacts on how we then set up the PLAR process, you know.”



INJUSTICE

“Why would I pursue when I know I'm not up to [the regulatory body's] standard? I am nothing ... you are nothing, you're not qualified, I mean, so what happened to all the years that you've studied? What happened to all the knowledge that you had.? You're not qualified, you're not equivalent. You are nothing.”



DIFFERENCE

“My first day when I went there I was not believing to my eyes what I could see ... The nursing station was like a free market. Everybody paging, everybody, students, nurses doing that ... I said, this is not hospital. Please tell me this is not the work – I will not work here! So nurses, they are very, very overwhelmed. So medication errors I saw here – I never saw these kind of errors. Overworked, overwhelmed, oh I did not consider that. Oh my goodness!”



DIFFERENCE

“I think ... we have different background, different education background so with different situations, we have different thinking. So sometimes the answer is different ...”

“We have to act in Canada totally different. Totally different. Back home, the doctor will order, we will carry out the order. Without a doctor, we don't do anything.”

“In my country we only concentrate on the disease ... But like I learn here, we need to care about the patient as a whole person.”



COMPETENCY GAPS

"Most of the equipment used here, they are different from what we have back home."

"Here, more people are aware, knowledgeable, they are equipped with all this news So they will demand you.... So that's the difference now between nurse-patient relationship."

"...with regards to the level of questions that [assessors] prepared for us, you can see some multicultural questions that [do] not just dictate one culture that you need to consider. I would say ... you need to open your mind to a lot of races or multicultural beliefs and religious aspects with regard to attitudes. So I don't know with others, with me it opens my horizons..."



ONTARIO NURSING

- ❖ **Currently no PLAR process.**
- ❖ **Competency assessment supplement.**
- ❖ **Recent developments may improve the situation but unclear at this stage.**
- ❖ **Lack of transparency.**



MOVING FORWARD

- ❖ **Lack of shared understanding of quality persists.**
- ❖ **Lack of attention to quality of assessment methods and tools.**
- ❖ **Lack of exploration of concepts and ideas beyond experiential learning theory.**



DRAWING ON CONCEPTS AND IDEAS CAN HELP

- ❖ **Situated learning theory**
- ❖ **Communities of practice**
- ❖ **Consequential learning transition**
- ❖ **Holistic competencies**
- ❖ **Baartman et al (2007)**



SITUATED LEARNING THEORY

- ❖ All learning is grounded in social practice.
- ❖ Meaning is historically situated and negotiated in a socially and culturally structured world.
- ❖ History, biography and culture influence learning.



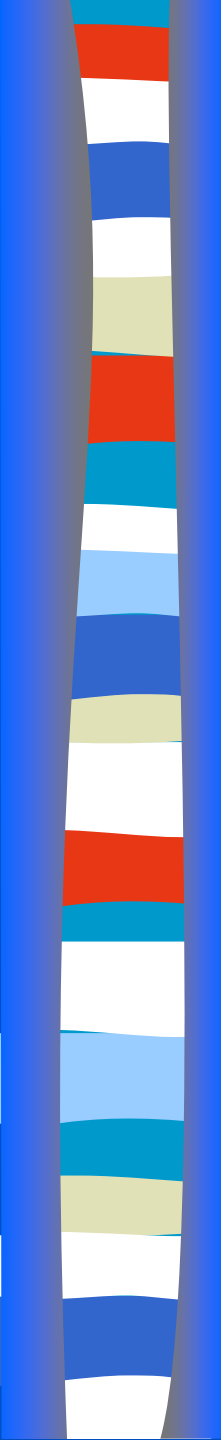
COMMUNITIES OF PRACTICE THEORY

- ❖ **Communities of practice are powerful arbiters of meaning and stewards of practice.**
- ❖ **Legitimate peripheral participation is used to control access and inculcate new members.**
- ❖ **Relationships are hierarchical and horizontal.**



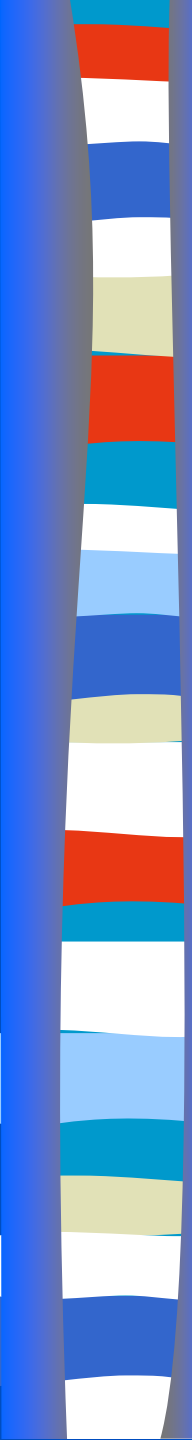
COMMUNITIES OF PRACTICE THEORY

- ❖ **Unregistered IENs are outside the periphery of legitimate practice.**
- ❖ **They have no place in the discourse.**



CONSEQUENTIAL TRANSITION THEORY

- ❖ Learning transfer is contested.
- ❖ Transfer is more of a transition that inevitably involved new learning.
- ❖ It involves changes in identity and in relationships with social practice.



CONSEQUENTIAL TRANSITION THEORY

- ❖ Adds to our understanding of IEN challenges.
- ❖ Extends our gaze beyond task to task transfer.
- ❖ Helps us to understand the impact that COPs can have on legitimization of processes like PLAR.



HOLISTIC COMPETENCIES

- ❖ Also known as learning outcomes.
- ❖ Focus on integrating knowledge, skills and other elements of learning.
- ❖ They are socio-cultural tools that facilitate learning transition and recognition.
- ❖ Quality is a concern and evidence is not well developed.



BAARTMAN ET AL (2007)

- ❖ Propose a model for quality in assessing competencies in education that may be applicable to quality in PLAR in regulated professions.
- ❖ Deductive analysis indicates very similar concepts of quality among PLAR participants, PLAR staff and Baartman et al.



BAARTMAN ET AL (2007)

- ❖ **Acceptability**
- ❖ **Authenticity**
- ❖ **Cognitive complexity**
- ❖ **Comparability**
- ❖ **Cost and efficiency**
- ❖ **Educational consequences**



BAARTMAN ET AL (2007)

- ❖ **Fairness**
- ❖ **Fitness for purpose**
- ❖ **Fitness for self-assessment**
- ❖ **Meaningfulness**
- ❖ **Reproducibility of decisions**
- ❖ **Transparency**



STUDY CONCLUSIONS

- ❖ **Quality may be more effectively developed if it is understood as a social construction defined and implemented through engagement among communities of social practice.**



STUDY CONCLUSIONS

- ❖ **Prior learning is situated learning, inevitably shaped by historical, biographical, cultural and professional contexts of social practice.**



STUDY CONCLUSIONS

- ❖ **Prior learning may not cross contexts easily; time and support can be necessary to facilitate its transition.**



STUDY CONCLUSIONS

- ❖ **A lack of explicit attention to quality in PLAR and the absence of empirical research on its social value jeopardizes PLAR's credibility and sustainability.**



STUDY CONCLUSIONS

- ❖ **Active engagement of key members of nursing's communities of practice and communities of interest is essential to the development of the meaning of quality in PLAR.**



STUDY CONCLUSIONS

- ❖ The use of a mix of traditional and more contemporary performance-based assessment methods and tools is aligned with the theoretical framework and the perspectives of study participants.



STUDY CONCLUSIONS

- ❖ **Theoretically anchored frameworks on quality in PLAR are lacking.**
- ❖ **Baartman et al.'s (2007) quality criteria should be explored as a framework for anchoring PLAR in nursing registration.**



STUDY IMPLICATIONS

- ❖ **The assumption that difference = deficient is unhelpful.**
- ❖ **We need to consider how the competencies that internationally educated professionals bring can add to our understanding of professions and improve our own practices.**



How Might This Be Accomplished?