

<b>PROGRAM:</b> Exam Skills Preparation Project	<b>COURSE NUMBER:</b> PPD814	
<b>COURSE TITLE:</b> Overview of Exam Context and Use in Canada	<b>DATE:</b>	January 2007
<b>COURSE DIRECTOR:</b> Elen Moyo	<b>REVISED:</b>	<b>January 2008</b>

## Exam Skills Preparation Program for Internationally Educated Health Professionals

### **MODULE 1: EXAM CONTEXT AND USE IN CANADA**

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**ORGANIZATION OF CONTENT**

Welcome to this introductory module of the Exam Skills Preparation program – An Overview of the Exam Context and Use in Canada. The goals of this module are to increase candidates’ understanding of the intended use of registration examinations in Canada and to help candidates become familiar with the set of circumstances and facts surrounding the use of registration examinations in Canada. We will achieve these goals by examining the role played by the regulatory body in the process as well as by examining the purpose and nature of the registration exam. We will briefly discuss considerations around the determination of the pass mark, along with the methods employed to ensure that the exam process is consistent, valid and fair. The module will conclude by highlighting the importance of abiding by the expected rules of conduct for those who come in contact with the regulation exam. By the end of the module, you – the candidates - are expected to have gained:

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- knowledge about the facts and circumstances surrounding regulated practice in Canada
- an understanding of the rationale for registration exams in Canada
- an understanding of the nature of registration examinations used in Canada
- the ability to explain how the exam content is determined
- a familiarity with common assessment tools used in exams
- an appreciation of the rigor around the production of the exam
- an understanding of the considerations around the determination of the pass mark
- an appreciation of the rules of conduct around the exam

How will I know that I have achieved the above outcomes, you may wonder? You will know you have achieved the above outcomes, when you are able to:

- describe the role of the regulator in the Regulated Professions
- explain the purpose of registration exams in the registration process
- define competence
- identify aspects of competence
- describe criterion referenced assessment
- describe the Competency Profile / Practice Domain (or equivalent) for your profession
- describe essential components of the Exam Blueprint for your profession
- justify the factors considered in determining the pass mark

Please note that:

- **this learning module WILL NOT provide "bridging" or "upgrading" education regarding the content of physiotherapy practice in Canada.**
- **the intended outcomes in this course/module do not include skills for preparing for the written and clinical examinations. These are covered in modules 2 and 3 respectively, as outlined in the information package you received.**

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## INTRODUCTION AND BACKGROUND

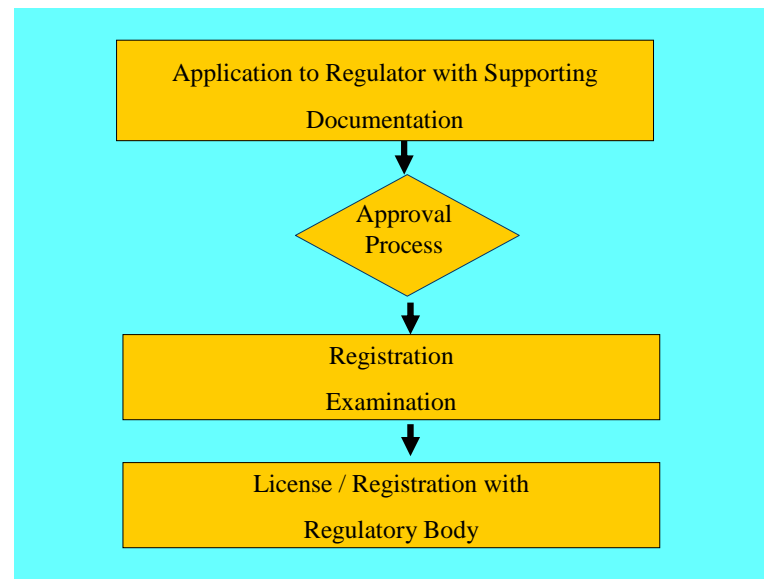
To arrive at this stage in your pursuit for a license to practice in Canada, you must have fulfilled the educational and clinical experience requirements of the regulator for your profession. In other words, following a thorough review of your application, along with all the supporting documentation about the academic, professional and clinical experiences you were exposed to in your country of origin, the regulator concluded that the body of knowledge, skills and abilities you possess *should* be substantially comparable to that of someone who received training in your profession here in Canada. Figure 1.1 below, outlines the typical path an internationally educated professional must follow to obtain a license to practice in a regulated health profession in Canada.

In Ontario alone, there are at least 38 regulated professions, with just over half of these being health professions such as physiotherapist, pharmacist, medical radiation technologist, nurse, physician, etc.

<http://www.regulators4access.ca/html/introreg.htm>. While there is no universal definition of what a regulated profession is, two main features mark every regulated profession. First, a regulated profession has authority that comes from a provincial statute (a law enacted by the legislative branch of a government) and second, members of a regulated profession require the authority of the regulatory body in order to practice the profession and to use a professional designation such as PT. Authorization to practice comes in the form of a license from, or registration with the respective regulatory body, such as the College of Physiotherapists of Ontario. Traditionally, IEHPs who go directly to the examination have not performed as well as their Canadian counterparts.

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**Figure 1.1: The IEHP's path to Registration**



As noted by Epstein & Hundert (2007), over the past decade or so, regulated professions have made renewed efforts to improve both the quality of the registration examinations and the efficiency of the exam process. It therefore makes sense to expect that as the examinations and processes evolve and become more discriminating, the trend for a significant number of IEHPs to perform poorly on the registration exam may rise. The attempt made here to familiarize IEHPs with the context and use of the exam is targeted at

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improving performance on the registration examinations in Canada. IEHPs face numerous obstacles and competing priorities as they seek to get established in their new home – Canada. It is therefore reasonable to expect that every candidate will only want to invest his/her time, energy and resources into what has been proved to be helpful in other professions: knowing the facts about the process and the exam!

#### THE REGULATOR, THE EXAM AND YOU

The number one job of the regulator is to protect the Canadian public from candidates who would be “unsafe” to practice and to assure the public that all who are registered are competent. For professionals already in practice, regulators protect the public by setting and upholding adherence to established professional standards. A second method regulators use to protect the public is to screen and prevent candidates who would be ‘unsafe’ from entering the profession. Most regulators in Canada use **registration examinations** to screen candidates for registration, regardless of whether the candidates are Canadian or internationally educated. Candidates who fail the registration exams are not registered or given a licence and therefore cannot enter practice in Canada.

It is widely believed that, among other factors, one reason candidates fail the exam is a lack of understanding of the nature and intended use of registration exams in Canada. This may sound ridiculous since all candidates have challenged many examinations by the time they face the registration exam. However, there is often a major difference between the registration exam and examinations that most candidates have challenged all along in academic and professional preparation programs. The registration exam requires

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every candidate **to prove or demonstrate that s/he possesses the minimum standard of competence required to perform in an entry level position in the profession.** While program exams are designed to be diagnostic in nature - providing learners with feedback that can guide further learning - **registration exams are only intended to confirm that a candidate has or has not met the minimum standard required for entry to practice.** The candidate who has not demonstrated the minimum level of competence is the one who is deemed unsafe to practice.

After jumping the hurdle of getting prior education, training and experiences recognized, some IEHPs have wondered why they still have to challenge and pass the competence based registration exams. Surely, the fact that one passed the professional program and obtained a diploma, certificate or degree must be worth something, candidates argue all the time. Yes, a thorough review of credentials gives the regulator an indication of the range and possibly the depth of the knowledge, skills and abilities an IEHP **could be expected to have**, based on the documented evidence of the academic and professional experiences s/he was exposed to. However, if regulators are going to protect the Canadian public, they must do more than just set expectations. Regulators must demonstrate (through examination results) that the candidate has the ability to practice in a manner that is deemed effective, safe and appropriate to the profession in Canada. You have to agree that while a look at one's credentials is a very important step, it is no reliable predictor of who will be and who will not be safe to practice. Registration exams are designed to reasonably predict that and therefore to determine who gets the license to practice.

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As pointed out earlier, pass rates of IEHPs on registration exams are much lower than pass rates of Canadian educated candidates in most regulated professions. Now, a candidate may well possess the body of knowledge, skills and abilities required for safe practice in his/her profession, but unfortunately, unless this is demonstrated or reflected in the candidate's score on the registration exam, the candidate will be deemed NOT competent and unsafe to practice and therefore cannot be registered or given a license to practice. Such a candidate may benefit from improving his/her knowledge about the nature of the exam and on improving his / her exam taking skills. There are however, candidates who fail the registration exam because they lack some of the knowledge, skills and abilities required for safe and independent practice in Canada. These candidates sometimes get frustrated after failing the registration exam because they feel that "no one is telling them exactly why they have been unsuccessful." While examining bodies around the country are sympathetic and do attempt to provide meaningful feedback to those who fail registration exams, it is important for candidates to understand that the purpose of registration exams is **NOT** to measure how far one falls short of, or exceeds the minimum standard for practice. The result on the registration exam is either pass or fail. Examining bodies are limited in terms of how much information about the exam they can share without giving an unfair advantage to some candidates or compromising the integrity of the exam and ultimately potentially endangering the public.

The outcome on the exam obviously has serious consequences for the candidates, the public/patients and for the practitioners in under-serviced professions. As a result, both the standard and process used to screen candidates must be fair and valid. The standard must reflect current practice throughout Canada and represent the essential competencies, or that which makes a practitioner safe and

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effective in practice. The tool chosen to measure the standard must capture this with reasonable accuracy and must be reproducible to ensure fairness to candidates taking the exam at any given time. For most health regulated professions, the **standard** or what is assessed in the registration exam is **competency**, and the competency assessment **tools** deemed reasonably valid and reliable to assess competency include the objective structured clinical examinations (**OSCE's**) and /or multiple choice questions (**MCQ's**). But before we outline each of these commonly used tools, let us explore the concept of competence as well as look at the Exam Blueprint.

**Table 1:1 The Regulator, the Registration Exam and the IEHP – Self Assessment Questions**

1. What is the number one job of the Regulatory college / body?
2. What do Regulators use to screen and prevent unsafe candidates from entering practice regardless of whether they are educated in Canada or abroad?
3. What is the Registration Exam supposed to establish?
4. Which tools are commonly used to assess competency?

## COMPETENCE ASSESSMENT

In order to appreciate the complexity and importance of ~~competence~~ competence assessment, let us first explore some of the shared understanding around competence in the literature. The dictionary defines competence as the “possession of required skills, knowledge, and qualification” (Dictionary.com). Other words the dictionary uses to describe competence include adequacy, sufficiency, capacity, appropriateness and expertise. In practice, a competent individual is said to have adequate/ good enough

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abilities or qualities as a result of specific and appropriate preparation. In defining and assessing competence, Epstein & Hundert proposed that competence is “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individuals and communities being served.” Klass (2000), in re-evaluating clinical competency, noted that competence is “contextual, reflecting the relationship between a person’s abilities and the tasks s/he is required to perform in a particular situation in the real world.” While there is no agreed-upon definition of competence in the literature, the proposed definitions do reflect that competence has many aspects and is definitely more than just a list of tasks or skills in a profession. It is also evident that competence is usually acquired through experience or training and must be demonstrated consistently and in context. As such, the assessment of competence deserves special consideration by those assessing and those being assessed.

As Klass has observed, competence is contextual. Just as newcomers to Canada must demonstrate competence to drive in Canada before getting a driver’s license, IEHPs must demonstrate competence before getting a license to practice in their profession in Canada. Regardless of the number of years of driving experience one brings from outside Canada, in order to be safe drivers here in Canada, many newcomers must take the time to practice driving on the right side of the road instead of the left; according to Canadian traffic rules; and to practice driving safely under Canadian winter conditions of ice and slush. While most newcomers to Canada were excellent and safe drivers in their home countries, the different rules of the road and the unfamiliar weather conditions can easily make these otherwise competent and experienced drivers unsafe to drive on Canadian roads. Similarly, IEHPs bring a wealth of knowledge,

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skills, abilities and experience in their profession. However, taking registration exams without familiarizing oneself with the norms and expected scope of practice, the legislation that governs local practice, the culture and healthcare system in the Canadian context can lead to the classification of IEHPs as incompetent and therefore unsafe to practice.

A common complaint among candidates for registration is that questions or tasks on registration exams do not really ask questions about what they know. The reason for this is that competence is complex and multi-dimensional. Let's face it, the job of every therapist, technologist, nurse or physician is *doing*, not just knowing! While no one can dispute that in order to do one has to know first, it would be too big a leap for regulators to conclude that if one knows about, one can therefore perform and perform well enough / competently. Competence assessment seeks to establish that a candidate demonstrates not just the relevant knowledge but also the relevant skills and abilities!

An important point to note is that the performance of candidates on a competence-based examination is that it is criterion referenced. According to Hodges (2006), "a true criterion-referenced exam describes exactly what is expected of the competent candidate on every element." For every regulated profession, that standard is entry level competence or the minimum level of knowledge, skills and abilities deemed necessary to practice safely, effectively and independently, in an entry level position. For most professions, this body of knowledge, skills and abilities is outlined in a document most commonly known as the Competency Profile. For physiotherapists, the documents include the Essential Competency Profile and the Analysis of Physiotherapy Practice. The purpose of

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competence-based, registration examinations is to establish that a candidate has met the minimum standard or has demonstrated possession of the essential competencies for entry level practice. A candidate's performance on the exam and in practice is **NOT** measured against that of the other candidates writing the registration exam.

The most ideal way to establish that a candidate possesses the minimum standard requirement for safe practice would be to observe and evaluate every candidate as s/he performs duties in an entry level position of the profession over a period of time. For reasons that include cost, time and patient confidentiality, this is not at all feasible. The next best thing and practical option is therefore to have candidates respond to questions and situations in a competence – based examination. The exam is based on a sample of the essential and examinable categories of entry level competencies in the profession and the various levels of ability or skill for each entry level competence. While only a small proportion of the questions and scenarios on the exam focus on knowledge, the bulk of the exam assesses higher categories which also confirm knowledge. As noted by Epstein (2007), “ideally, assessment of competence should provide insight into actual performance and the capacity to adapt to change.” p. 357.



*In order to gain an appreciation of the breadth and depth of the minimum standard required for practice in your profession, please carefully review the list of competencies in the Competency Document for your profession.*

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**Table 1.2: Competence Based Examinations- Self Assessment Questions**

1. What is competence?
2. List the components or aspects that make up competence.
3. What is the minimum standard required for an individual to be deemed competent?
4. When it comes to competence, one's status can easily be affected by how well or how badly others perform. True / False?
5. Once competent, always competent. True / False?
6. Competence has very little to do with the level of knowledge one has. True/False?

### THE EXAMINATION BLUE PRINT

The examination blueprint is a document that describes features of the exam that remain fixed from one offering of the exam to the next and between different formats of the exam, such as the MCQ and the OSCEs. Some have defined the blueprint as a detailed outline, a plan of action or the matrix that outlines parameters for the exam. While the makeup of the questions or items on exams offered at different times during the year will vary, the exam blueprint ensures that what is assessed at various times remains comparable. In other words, the blueprint ensures a balance across exam formats and different administrations of similar examinations.

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The blueprint typically describes 3 main aspects: competence groupings or categories (areas of practice and activities); the cognitive levels; and a description of the exam format(s). A list of all the competence groupings or categories that reflect assessable, entry level components of practice throughout Canada is included along with the weightings. Areas of practice are reflected by different diagnoses. On a multiple choice examination, a single question typically assesses a single competency. However, on an OSCE examination, one station may test multiple competencies (e.g., assessment, interpretation and communication). In tackling competence-based examinations, **one of the most common mistakes candidates make is to focus on information about the setting and not on the point of the question, which will always be the competency!** In clinical practice, some competencies are more important and are encountered more frequently than others. The proportion of questions allocated to each competency grouping must reflect that importance and frequency. This is what is known as the weighting of the competency categories/groupings on the exam blueprint.

In addition to specifying the competency groupings that will be examined, an examination blueprint may specify the domains or cognitive levels to be assessed. Domains / cognitive levels are descriptions of levels of knowing, understanding or of ability that will be assessed on the exam. These may be described slightly differently by different authors. Several authors have identified six cognitive levels of knowing, understanding or ability. The Bloom's Taxonomy of Educational Objectives describes these as knowledge, comprehension, application, analysis, synthesis and evaluation (Bloom BS, 1956). For simplicity, examining bodies sometimes compress the cognitive levels down to only three: knowledge, application and critical thinking. While the distinction between knowledge and comprehension questions/items is sometimes not clear and not that important to tell apart, **each MCQ on a competence based exam typically targets only one of the levels of ability.**

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The respective weighting for each taxonomy level is sometimes also indicated in the blueprint as a percentage of the total number of questions on the exam assessing a particular taxonomy level. Knowledge / comprehension questions assess the candidate's ability to recall or understand previously learnt data or information. These make up a relatively small percentage of any competence-based examination. For most professions, questions about application and critical thinking seem to constitute at least 40-80% of the questions on the exam and seek to assess a candidate's ability to apply previously acquired knowledge to new situations in the workplace. Assessment of competence requires candidates to transfer both knowledge and skills from one setting to another – addressing another common complaint among candidates – “The exam was unfair, I did not rotate through the areas of practice on the exam.” **Always remember that the examination questions or items are about competencies, not settings.**



*Please review the Exam Blueprint for your profession before proceeding. The Blueprint for the Physiotherapy Exam is found at [http://www.alliancept.org/pdfs/exams\\_resources\\_blueprint\\_05.pdf](http://www.alliancept.org/pdfs/exams_resources_blueprint_05.pdf).*

### MULTIPLE CHOICE QUESTIONS AND OSCE's - AN OVERVIEW

The third essential aspect of an exam blueprint is a description of the tool, format and duration of each exam. The most commonly used types of instruments used in healthcare are the written, multiple choice questions (MCQs) and the performance based, objective

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structured clinical examinations (OSCEs). The MCQs used in competence assessment typically have rich descriptions of the clinical context and therefore allow for assessment of the higher level cognitive processes found in clinical practice (Schuwirth LW et.al. 2001). According to Case and Swanson (2000), MCQs are commonly used for assessment because they “can provide a large number of items that encompass many (practice) areas, can be administered in a relatively short period, and can be graded by computer.” Well written MCQs are known to offer excellent reliability in assessing factual knowledge and problem-solving skills (Norcini JJ et al., 1985). **For a more detailed discussion of MCQ’s please enrol into Module 2 of the Exam Skills Preparation (ESP) project.**

The OSCE is an assessment tool that is widely used in medicine, physiotherapy, nursing and other healthcare professions to assess a large number of competencies in conditions which are the same for all candidates. An OSCE is a timed examination in which candidates move from one station to the next with the “patient” and faculty members using either a checklist or global rating scales to assess candidates’ performance. Although the usual format of about 12 to 20 stations (each lasting approximately 5 to 15 minutes), can be rather unrealistic and artificial in terms of time limitations, the fact that the OSCE measures specific clinical skills and abilities is a big advantage. Ideally the OSCE assesses those areas of general practice for which written and oral methods prove inadequate- areas such as specific clinical skills, communication skills and interpersonal behaviour. The OSCE incorporates the use of standardized patients – actors who are trained to repeatedly and consistently portray patients. The use of OSCEs and standardized patients creates realistic situations and allows reliability, since the nature of the problems and the level of difficulty can be made the same for all candidates (Hodges B, 2006). **Please refer to Module 3 of the ESP project for more on preparing for an OSCE.**

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**Table 1-3: The Exam Blueprint**

1. What is an Examination Blueprint?
2. Why do examining bodies require an Examination Blueprint?
3. What are the 3 essential components of an Examination Blueprint?
4. What are the advantages of using multiple choice questions to assess competency?
5. Why do examining bodies use objective structured clinical examinations?

### THE PASS MARK

The rigor exercised around the setting of the pass mark for licensure reflects the vested interest examiners and regulatory have in protecting and assuring public safety. Just as mistakes in classifying those that are NOT minimally competent do pose a risk to public health, safety and welfare, denying a competent candidate a license also has very high stakes for that individual. It is therefore equally important to the examination board NOT to fail competent candidates as it is to fail candidates who are incompetent. This is why examining bodies go to great lengths to ensure that the measure of the minimum acceptable standard - the pass mark, is both valid and fair.

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To address the validity of the pass mark, the registration exam is designed to be competence-based. This means that a candidate's score on the exam will reflect the candidate's status regarding competency or the candidate's ability to perform adequately in the applicable profession. The decision to grant or withhold a license to practice is primarily based on comparisons between a candidate's score on the registration exam and a pre-determined passing score. "Candidates with scores at or above the established passing score get a license and those with scores below the passing score do not get a license" (Cizek, J., 2001, pp. 55). While candidates' percent scores on the Physiotherapy exam are converted to scores on a standard scale, whether a candidate passes or fails is determined by whether the candidate has achieved the required passing score for the examination or component, not by his/her percent score.

Most examining bodies attempt to make sure that the process of determining the pass mark is as fair as possible by taking into consideration both, the opinion of subject matter experts and the actual performance of a reference group of candidates. Methods that are widely used by expert panels typically include the Angoff as well as the Nedelsky. While the Angoff and Nedelsky methods may be used in isolation, examining bodies such as the Alliance sometimes use them in combination for better results. Key features of these methods include the reference to an entry level, minimally competent practitioner and the use of a panel of subject matter experts who sit on the examining body. First, the panel goes through a facilitated, group process to reach a consensus about the capabilities and limitations of an entry level, minimally competent practitioner.

Second, the experts estimate how the entry level, minimally competent candidate will perform on each of the questions on the exam. The term 'entry level' merely points to the limited exposure to areas of practice an individual has. The 'minimally competent' candidate is usually thought of as that individual who will just make it / just pass the exam. S/he is expected to possess just enough

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knowledge, skills and abilities to be deemed as safe to practice in an entry level position. In other words, this person sits on the borderline between acceptable and unacceptable performance. The reference to a minimally competent practitioner ensures that the pass mark is not estimated too high, increasing the chances that the candidate will pass the exam.

**It is important to note that the degree of difficulty of the exam is estimated based on the questions on the exam and NOT necessarily on the performance of other candidates taking the same exam.** This estimation usually occurs well before the exam is written / taken.



*For a more detailed discussion on the Angoff and Nedelsky methods of determining performance standards please refer to <http://www.ipmaac.org/conf/97/donnoe> or to <http://www.caslpa.ca/english/certification/dan.asp>.*

The second way to ensure that the pass mark is fair is to take into consideration the performance of a reference group. No one will dispute that to base the determination of the pass mark on expert opinion alone would be unfair since the experiences and expertise the individuals on the expert panel possess may be quite high and far removed from those of a minimally competent, entry level individual. Instead of asking a group of entry level individuals to estimate the degree of difficulty of a given exam, **examining bodies**

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**factor into the process, the actual performance of an entry level reference group of candidates for the exam.** Some candidates have argued that the use of a reference candidate group introduces a potential bias against international candidates whose education / experience may be very different from that of **Canadian educated** candidates. On the contrary, the real purpose for using a reference group is to factor in the performance of a relatively stable group of candidates in order to ensure that the pass mark is not set based on expert opinion alone, with much potential for the mark to be set too high.



*For those preparing for the Physiotherapy exam, please refer to the calculation of the pass mark provided by the Alliance before reading the rest of the discussion on the relevance of the reference group.*

Registration exams for most professions are scheduled at least 3 times a year. The categories of candidates taking the exam at any given exam sitting could include:

- Canadian graduates taking the exam for the first time;
- Canadian graduates taking the exam for the second or third time;
- International candidates taking the exam for the first time and;
- International candidates taking the exam for the second or third time.

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Of all the groups listed above, Canadian graduates taking the Physiotherapy exam for the first time are chosen as the reference candidate group to use in converting the pass mark to a standard scale because they are definitely the most relevant, consistent and stable of the above groups. This group is likely to have the least number of unknown factors and therefore to be the most predictable. For example, examining bodies are likely to know for sure, the breadth and depth of the knowledge, skills and abilities of the group since the group has been educated under a familiar system of education, and one that is known to be competence based. In addition, this group, compared to the rest of the groups, usually exists in numbers that are high enough to provide statistical significance in the calculation of the pass mark. Finally, the fact that the group is entry level stage and is taking the exam for the first time makes this group the most appropriate one to use as a reference.

**Table 1-4: The Pass Mark**

1. Competence assessment is more about making sure that people from outside Canada fail the exam. True / False?
2. The main reason regulators make sure the exam is fair is to avoid being sued. True/False?
3. Examining bodies use a relevant reference group to increase the fairness of the exam. True / False?
4. Examiners use a competence based exam to ensure validity.
5. The Angoff and Nedelsky methods estimate the degree of difficulty based on candidates' performance on the exam. True / False.

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### THE RULES OF CONDUCT FOR THE EXAM

While the specific rules of conduct will vary for each profession, the central goal is to maintain confidentiality of the content of the exam and not to give any candidate an unfair advantage compared to everybody else. To achieve this goal, the removal of exam material, the discussion or mention of anything that will let other people know what is on the exam is not allowed. Candidates must review and become familiar with the details of how they must conduct themselves during the examination, including examples of acts regarded as cheating or contravening the rules of conduct for the professional exam.



For rules of conduct around the physiotherapy exam, please refer to pages 20-23 in the Candidate Handbook or go on line at: [http://www.alliancept.org/pdfs/exams\\_resources\\_handbook\\_07\\_eng.pdf](http://www.alliancept.org/pdfs/exams_resources_handbook_07_eng.pdf).

### CONCLUDING REMARKS

While no one can claim to know what questions will be on the exam for all the registered professions, there are assumptions that typically hold true for most of these exams. The competence of a minimally competent, entry level practitioner is one that seems to be a consistent standard for registration exams in most professions. An understanding of what is expected of the minimally competent practitioner in your own profession will obviously provide some insights into what the questions on the exam seek to establish or

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determine. Regardless of the profession in question, the questions on the exam are usually intended to establish that the minimally competent candidate:

- will practice **safely**;
- will practice within the **scope of practice** of the profession;
- can **learn** from his / her mistakes;
- can **transfer** what is learnt in one situation to other settings and to new challenges;
- will **ask for help** and / or support in challenging / difficult situations and;
- will **use feedback** from others to help improve his or her performance.

A second observation about competence based examinations is that they also assess things that we might not often spell out or articulate in daily practice, what Polanyi (1974) has described as “tacit” knowledge. Polanyi explains tacit knowledge as “that which we know but normally do not explain easily, including the informed use of rules of thumb, intuition, and pattern recognition.” In my opinion, this tends to be more of an issue for the experienced candidate taking the exam. Is it not the experienced practitioner who, in real life, tends to take short cuts in analyzing or evaluating situations and in formulating solutions to problems? It therefore goes without saying that the experienced practitioner will likely find it challenging to explicitly articulate in his/her mind, or to think like an entry level or minimally competent candidate.

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In conclusion, it is not uncommon for candidates to ‘over-think’ and over-analyze a given situation or question on the exam. Always remember that the examiner does not expect you to know everything there is to know in your profession. The examiner understands that there are limitations to the knowledge, skills and abilities of an entry level practitioner. Examiners also expect certain assumptions or characteristic of most entry level practitioners. While you are advised to try and take questions at face value and avoid over-analysis of questions, also watch out for questions that are based on the following characteristics of an entry level professionals. The examiner understands that while an entry level practitioner:

- may know what to do in routine situations, s/he will **require direction in complex situations;**
- understands the obvious points, s/he may **miss subtle points;**
- may lack confidence or proficiency but should **demonstrate potential for growth;**
- is likely to have a **limited view** of the profession and;
- may be weak at problem solving but must **recognize his / her mistakes.**

**Table1-5: Concluding remarks – Self Assessment**

1. Competence assessment is more about making sure that people from outside Canada fail the exam. True / False?
2. A candidate who sometimes makes mistakes in practice cannot pass the registration exam. True/False?
3. A competent practitioner must be able to practice independently at all times. True / False?
4. What factors are considered in determining the pass mark?

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