

# ACKNOWLEDGEMENTS

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Jim Jones, Chair, IEN Working Group – Mohawk College, Language Studies

Maria Ambrozkievicz – Victoria Gardens Long Term Care

Paulette Blais – College of Nurses of Ontario

Frans Brinkman – Stoney Creek Chamber of Commerce

Ana Carias – City of Hamilton, Public Health & Community Services

Peggy Frederikse – MTCU, Access to Professions & Trades

Mary Guise – Mohawk College, Continuing Education Health Sciences and Human Services

Anthony Haynes – City of Hamilton, Public Health & Community Services

Anne Higgins – Hamilton Health Sciences

Venetia Lawless – MTCU, Access to Professions & Trades

Melanie Moynihan – Mohawk College, Continuing Education Health Sciences and Human Services

Marilyn Parsons – McMaster University, Faculty of Health Science School of Nursing

Aurelia Tokaci – Settlement & Integration Services Organization

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**Hamilton Training Advisory Board**  
Commission consultative sur la formation à Hamilton

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# INTRODUCTION

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The Internationally Educated Nurses Working Group is pleased to provide this report, which outlines the recommended components of a Hamilton-based training program for Internationally Educated Nurses.

This report is the culminating product of a multi-step process of extensive research, consultation and consensus building in Hamilton. This work was undertaken in response to clear evidence that Internationally Educated Nurses (referred to in this report as IENs) in the Hamilton community and elsewhere are facing a variety of challenges in their efforts to integrate into the health care labour force successfully. The Hamilton Training Advisory Board (referred to in this report as HTAB), as part of its mandate to facilitate partnerships and act as a catalyst for development of new projects which complement existing programs in the Hamilton community, has been pleased to sponsor this community-driven effort.

The training model outlined here is Hamilton-specific, and has been designed with both local training needs and local service capacities in mind. While a number of policy and operational decisions remain to be made before this training model can be implemented, the IEN Working Group is confident this model of training can provide Internationally Educated Nurses in Hamilton with the nature and quality of learning necessary to access progressive employment opportunities in our health care sector.

This report is presented in three parts.

- 1** **PART ONE outlines the reasons** why a training program for IENs is necessary for Hamilton.
- 2** **PART TWO summarizes the process** and contextual framework through which the IEN training model was developed.
- 3** **PART THREE presents the results** and recommendations of the IEN Working Group, including the training model that has been developed.

## PART ONE

# The Need For A Training Program For Internationally Educated Nurses in Hamilton

A range of significant economic and social issues has compelled the development of this training model. These issues fall into two broad categories: 1) Health Sector Issues, and 2) Immigration Integration Issues. In both categories, the prevailing issues are broad-based, and evident at the national and provincial levels. In both categories, these issues are particularly significant and conspicuous here in Hamilton. A brief outline of each is provided here.

## 1.1 HEALTH SECTOR ISSUES

### 1.1.1. The Supply Shortage in Nursing

As the largest workforce in the healthcare system, nurses are pivotal to the current and future success of health care in Canada. The nursing profession in Canada currently confronts a range of challenging issues, including significant and growing resource shortages. The 2002 Romanow Report on the Future of Health Care in Canada advocated for investment in health care providers as one of the crucial strategies necessary to ensure the long-term quality of Canada's health care system. Nurses are fundamental, reports Romanow:

- In the year 2000, nurses (including registered nurses, licensed practical nurses, and registered psychiatric nurses) made up 35% of Canada's health workforce.
- The supply of nurses in Canada dropped significantly between 1991 and 2000: there was an 8% drop in the number of registered nurses-to-population, and a 21% drop in the number of licensed practical nurses-to-population.<sup>1</sup> Among health care professions<sup>2</sup>, only nursing experienced a supply decline.

The nursing supply shortage is particularly pronounced in Ontario, where the Canadian Institute for Health Information (CIHI) reported our province's 2000 nurse-to-population ratio as the second lowest in Canada (exceeded by only British Columbia).<sup>3</sup> Additionally, the age demographic of Ontario's registered nurse (RN) population does not bode well for future supply levels. The Registered Nurses Association of Ontario (RNAO) reports the average age of registered nurses in Ontario is 44 (the oldest in the country), and predicts that more than 40,000 RNs will retire by 2015. That number represents more than one third of the number of RNs currently registered to practice (about 107,000), and almost half of the number working in nursing (about 83,000).<sup>4</sup>

These numbers and their implications are corroborated by research undertaken by the Nursing Effectiveness, Utilization and Outcomes Research Unit (NRU), a leading provincial organization on Nursing. The NRU also indicates that Ontario will have a serious nurse supply issue in a few years, and has tabled a series of recommendations to the province to compensate for the potential nursing shortfall and stabilize Ontario's nursing supply. These recommendations include the more effective use of existing nurses in Ontario.<sup>5</sup>

In the face of such projections and advice, there is an indisputable need for various supply reform strategies, including enhanced and expanded training programs, to be priority activities at all levels of government.

<sup>1</sup> "Building on Values", Final Report on the Future of Health Care in Canada. Roy J. Romanow, November 2002. pp 92-93.

<sup>2</sup> In addition to the two categories of Nurses, other professions include Physicians, Pharmacists, Dentists, Physiotherapists, Psychologists, Dental Hygienists, Chiropractors, and Optometrists.

<sup>3</sup> Sourced from the Registered Nurses Database, the Canadian Institute for Health Information, [www.cihi.ca](http://www.cihi.ca)

<sup>4</sup> RNAO website: [www.rnao.org](http://www.rnao.org).

<sup>5</sup> "Stepping to Success and Sustainability: An Analysis of Ontario's Nursing Workforce", Dr. Linda O'Brien-Pallas, The Nursing Effectiveness, Utilization and Outcomes Research Unit, October 2003.

# PART ONE

## 1.1.2. The Large Contingent of Internationally Educated Nurses in Ontario

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There exists both anecdotal and statistical evidence of a significant number of internationally educated nurses in Ontario. Statistics from the College of Nurses of Ontario (CNO), which is the regulatory body for almost 140,000 nurses in Ontario, show a significant increase in the number of internationally educated nurses applying for registration in Ontario in recent years. In 1996, 471 internationally educated nurses applied to CNO for registration as RNs. By 2002, this number had increased to the highest number CNO had ever experienced: 2,444 applicants, or 40% of the total number of new applicants (Canadian plus international) for RN registration in that year. While the 2003 number did decrease as both an absolute number and as a percentage of total applicants - to 1,986 applicants, which was 27.3% of all RN applicants for that year (7,267)<sup>6</sup> - the proportion of internationally educated nurses remains high, and may well increase again.

Additionally, the number of CNO applicants does not reflect the entire IEN population in Ontario. Anecdotal evidence collected by HTAB during its community consultations with nurses and nursing stakeholders in Hamilton (detailed in section 2.1 of this report) suggested that many immigrant nurses were unaware of the CNO and its registration processes. It should be noted that CNO has recently undertaken communication initiatives to address this issue, including the development of a comprehensive Registration Guide for Internationally Educated Nurses, which is available on the CNO website: [www.cno.org](http://www.cno.org).

## 1.1.3. The Social and Economic Importance of Health Care and Nurses in Hamilton

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The nursing labour force shortage is especially compelling in our own community. Here, by virtue of our local demographics and our labour force profile, the health care sector, and the nurses who constitute a large portion of the sector's workforce, are integral to our economic and social well-being.

The health sector is an increasingly critical component of Hamilton's current and future economy. Hamilton Health Sciences is the largest single employer in Hamilton. The city is home to six acute care hospitals, several research institutes, the Faculty of Health Sciences at McMaster University and a collaborative health care teaching institution, the Mohawk/McMaster Institute of Applied Health Sciences. Additionally, the health sector is the unofficial "incubator" of Hamilton's growing biotechnology sector. The development of the biotechnology sector is a strategic economic priority for the City of Hamilton, having been identified as an emerging economic "cluster" in Hamilton's Economic Development Strategy. The labour supply shortage is highly conspicuous at the local level as well: in the 2002-03 HTAB Environmental Scan, the critical shortage of health professionals, including nurses, was ranked as the top issue related to human resources in health care.

The health care sector provides a crucial social service in Hamilton as well. The demand for health care services will increase over time, as our population ages. There is a generalized demographic trend to a growing elderly population across Canada, and it is more pronounced in Hamilton, where the population is aging faster than the provincial average.<sup>7</sup> Demographic projections indicate population aging and acuity (complexity of illness) rates in all care settings - hospital, home and community care, and long-term care - will increase dramatically in the near future, at the same time as an increasing number of nurses retire.<sup>8</sup> This creates the unfortunate dynamic of nurses leaving the profession in large numbers, at the time when they and their skills and experience are most required.

<sup>6</sup> College of Nurses of Ontario, *Registration Committee - Annual Report: January 1st – December 31st, 2003*

<sup>7</sup> As reported in the 2001 Census, [www.statcan.ca](http://www.statcan.ca)

<sup>8</sup> "Stepping to Success and Sustainability: An Analysis of Ontario's Nursing Workforce", Dr. Linda O'Brien-Pallas, The Nursing Effectiveness, Utilization and Outcomes Research Unit, October 2003.

## PART ONE

# 1.2

### IMMIGRANT INTEGRATION ISSUES

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#### 1.2.1. The Economic Importance of Immigrant Labour Market Integration

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In 2004, the demographic realities of an aging population and slowing labour force growth render our immigrant population a vital component of our continuing growth and prosperity, across Canada. By 2011, immigration is expected to account for all net labour force growth in Canada, and by 2030, immigration is expected to account for all net population growth.<sup>9</sup>

On a positive note, both the federal and provincial governments have acknowledged the gravity and serious implications of this issue, as well as the strategic importance of skilled and experienced internationally trained workers to the Ontario and Canadian economies. A number of new government initiatives intended to facilitate the labour force integration of new immigrants have recently been launched, including programs to help internationally trained workers put their skills to use in their chosen occupations. Many such programs are administered through the Access to Professions and Trades (APT) Unit of the Ministry of Training, Colleges and Universities, profiled in greater detail in section 2.2.5 of this report, ("The Policy and Funding Support Context").

Initiatives such as this underscore the growing economic importance of our internationally trained labour force, and demonstrate action and activities are underway to address the access challenges faced by skilled immigrants, particularly. While activities of this nature are promising, immigrants, including those who are highly qualified for employment, continue to encounter significant challenges in their efforts to integrate into the Canadian Labour Market. This dynamic is effectively summarized in the following statement, extracted from a recent article in the Globe and Mail:

*"...Even with all the initiatives and a newly formed national consensus that Canada must depend on using the skills of immigrants for future economic growth, potholes and pitfalls continue to abound."*<sup>10</sup>

#### 1.2.2. Immigrants Seeking Health Care Sector Employment: Particular Challenges

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There are numerous generalized issues associated with the labour force integration of immigrants, ranging from language and cultural barriers, to international credential recognition, to the limited financial and circumstantial capacity of most immigrants to complete retraining or adjustment programs. At particular issue for many newly arrived immigrants requiring postsecondary level training is their ineligibility for student loans: to be considered for a Canada-Ontario Integrated Student Loan under the Ontario Student Assistance Program (OSAP), candidates must be Canada citizens or Permanent Residents of Canada, and have resided in Ontario for 12 consecutive months.

Beyond these generalized challenges lie employment integration issues specific to the health care sector, including the nursing profession. Regulated health care in Canada is a particularly challenging field for the internationally educated to access. While there are a multitude of good reasons for this (consider the public protection mandate of regulatory bodies, as just one) – the existence of challenges to employment or registration for immigrant health care professionals has a variety of negative effects. The immigrant professional, the economy, and the effective utilization of available resources to the health care sector are all undermined by this dynamic.

<sup>9</sup> Extracts from a presentation by Rachel Wernick, Acting Chief of Labour Market Policy for Human Resource Development Canada, to the HTAB "a few good nurses forum", March 28, 2003.

<sup>10</sup> Extract from an article entitled "Immigrants welcome, roadblocks ahead", by Wallace Immen, published in the Globe and Mail, February 16, 2004

## PART ONE

Efforts are underway to help with this issue as well: A "Ontario Regulators for Access" consortium has recently formed, comprised of a group of regulators of Ontario's self-regulated professions, included the College of Nurses of Ontario (CNO). This group of provincial regulators has acknowledged the particular access barriers faced by internationally educated candidates to regulated professions, and have come together to develop and design proactive and collaborative approaches to assist the internationally trained professional seeking access to self-regulated professions in Ontario. The Ontario Regulators for Access group offer services to both immigrants and to fellow regulators, including information, tips, promising practices, and guidelines, which are published on a website, [www.regulators4access.ca](http://www.regulators4access.ca).

Finally, it should be noted that immigrant women, who constitute the vast majority of internationally educated nurses, face particular additional barriers to employment. Many women come to Canada as dependent spouses of convention refugees or refugee claimants, and assume primary care for children and other dependents, without a supportive network of friends or family. As such, they must manage dependant care responsibilities as an additional barrier to training and employment. In addition, their own professions are often not identified in immigration processes, and they are not provided with appropriate employment-related information.

## PART TWO

### The Process And Context

### For Development Of The IEN Training Model

This section of the report sets out the multi-faceted and community-based process through which the Hamilton Training Advisory Board (HTAB) has led the development of an IEN training model, designed specifically for delivery in Hamilton.

## 2.1 THE PROCESS LEADING TO THE CREATION OF THE IEN WORKING GROUP

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The general issue of health care human resource shortages in Hamilton was first addressed by HTAB in 2000, when the Board formed a Health Care Human Resources Advisory Committee, comprised of community stakeholders, to study the human resource shortage and oversee the development of a health care human resources strategy for Hamilton. The extensive consultations and research conducted by this committee resulted in the publication of "A Few Good Nurses", in February 2001. The report documented the need for more nurses in Hamilton, and tabled a growing community concern regarding the undersupply of qualified nurses in our community. In response to both this concern and an anecdotal awareness that many IENs in Hamilton are not working as nurses, HTAB's Immigrant and Refugee Employment Services Committee (IRESC), began in 2002 to explore the specific issues associated with the integration of IENs into the health sector workplace.

Over the past two years, IRESC has led a progressive and comprehensive community development process to explore the particular barriers and issues that exist for internationally educated nurses seeking registration with the College of Nurses of Ontario (CNO) and employment in Hamilton, and to identify the necessary and appropriate components of a training model that would allow these nurses to access employment in the nursing field. The key activities and milestones of this development process are summarized here.

### STEP 1 Gaining A Localized Understanding Of The IEN Integration Issue

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In the spring of 2002, IRESC undertook a study to better understand the profile of internationally educated nurses in Hamilton, and to gain better insight into the challenges, which they were encountering in trying to practice their profession in Canada. The results of this study were captured in a report, entitled "With An Open Door", that was published by the HTAB in July of 2002. The study confirmed the existence of a foreign-trained nurses pool in Hamilton, and identified a variety of "disconnects" that prevent these nurses from becoming registered with the CNO and entering the health care field.

### STEP 2 Identifying An Issue Management Approach

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In March of 2003, IRESC sponsored a forum on best practices for integration of internationally educated nurses. The forum brought together key stakeholders to nursing education and immigrant employment integration, in the spirit of gaining further critical perspective on the barriers facing IENs, and exploring innovative ways of brokering a local, made-in-Hamilton, solution. A Summary Report on the forum, entitled "a few good nurses", analyzed the discussion and the ideas generated amongst stakeholders that day, and identified a number of broad categories for potential local initiative. The forum helped IRESC clarify its goal of developing an integration strategy of employing internationally educated nurses.

## PART TWO

### **STEP 3 Enlisting Stakeholder Participation And Support For The Development Of A Hamilton IEN Training Program**

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In September of 2003, stakeholders met again in a community consultation to discuss the prospect, support and capacity of Hamilton to create a locally designed and delivered training program for IENs. This consultation exercise compelled the creation of the IEN Working Group, and broadly characterized both its membership and its core mandate.

### **STEP 4 Creating A Comprehensive Working Group To Develop A Localized, "Made in Hamilton" IEN Training Program**

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In the interest of ensuring that a Hamilton IEN training model was representative of the range of interests and perspectives necessary for it to be effectual AND well supported in the community, HTAB invited a comprehensive range of stakeholders to participate in the model development exercise. The 13-member Working Group is comprised of representatives from the Health and Social Services Community, the Employer Community, Immigration and Settlement Services, and the postsecondary providers of nursing and English-as-a-second language education in Hamilton, Mohawk College and McMaster University. The CNO and the APT unit of MTCU were also represented on the Working Group. A complete list of Working Group Members is attached as Appendix A.

## **2.2 SETTING THE CONTEXT FOR CREATING A TRAINING MODEL FOR IENS IN HAMILTON**

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A number of very significant change dynamics in the field of nursing education in Ontario have set important context for the task of developing a local training model for IENs in Hamilton.

### **2.2.1. The Role of the Regulatory Body**

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The College of Nurses of Ontario is the regulatory body for almost 140,000 nurses in Ontario. CNO's mission is to protect the public's right to quality nursing services by providing leadership to the nursing profession in self-regulation. It determines the registration requirements for becoming a nurse in Ontario and the standards of practice members must meet in order to maintain that designation. CNO's membership includes about 106,000 Registered Nurses (RNs) and 33,000 Registered Practical Nurses (RPNs).<sup>11</sup> In order to practice as a nurse in Ontario, an individual must be registered with CNO.

One of the mandatory requirements for registration as a nurse in Ontario is successful completion of a national exam: the Canadian Registered Nurse Examination or the Canadian Practical Nurse Registration Examination. There is evidence that internationally educated nurses who have met all of the other requirements of registration still often have a lower success rate on passing the national examination than Canadian-educated applicants. In 2003, internationally educated nurses who wrote the national exams had a 48.2% success rate, as opposed to an over 85% success rate for Ontario graduates<sup>12</sup>.

The low success rates of IENs on the national examinations have highlighted the need for training programs and support services that provide more than merely academic and linguistic upgrading and refreshing; specific supports for the exam writing component of nursing registration are also required.

<sup>11</sup> College of Nurses of Ontario, "What is CNO?" fact sheet, January 2004.

<sup>12</sup> College of Nurses of Ontario, *Registration Committee - Annual Report: January 1st – December 31st, 2003*.

## PART TWO

### 2.2.2. Changes to Educational Entry to Practice Requirements

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At present, RN applicants can meet the education requirement for registration through diploma education obtained from a six-semester program at a community college, or baccalaureate education, obtained through completion of a four-year program at a university. This basic educational requirement, however, is changing. Effective January 1, 2005 all new applicants for RN registration, including those who are internationally educated, will require a bachelor's degree in nursing (BScN) or its deemed equivalence in order to meet CNO's education requirement

The decision to move to baccalaureate education was approved through government regulation in 2000, and was deemed necessary to ensure that newly prepared RNs have the academic foundation to equip them for the challenges they will face in today's health care system and to ensure that members of the public receive appropriate care.

These same considerations have also led to a proposed change in the entry to practice competencies and basic educational requirement for registered practical nurses, (RPNs). It is anticipated that, also effective January 1, 2005, applicants for registration as RPNs will require a two-year diploma in Practical Nursing from a Community College of Applied Arts and Technology (CAAT)<sup>13</sup>. Previously, RPNs were required to possess a certificate obtained either from a community college or an approved secondary school program.

### 2.2.3 The Institutional Delivery Context

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As a result of the regulatory changes for RNs, college and university nursing education in Ontario has undergone considerable change. In response to the new basic education requirement of a BScN for RNs, since 2001, most Ontario community colleges have signed agreements to deliver RN education in collaboration with a university partner. In Hamilton, Mohawk College, along with Conestoga College in Kitchener, have partnered with McMaster University to deliver a new collaborative nursing program.

These changes to education requirements for entry to practice have had, and will continue to have, a significant impact on all types of nursing education in Ontario, including educational programs designed for internationally educated nurses. In Hamilton, nurses with previous preparation as Registered Nurses, including those who are internationally educated, were previously able to access Mohawk College's longstanding *Newstart Nursing Program* for refresher nursing training. This program was designed to prepare individuals with previous RN preparation to return to active nursing. *Newstart Nursing* prepared IEN to write the Registration Exams by meeting the educational requirements, identified through an assessment by CNO. It should be noted that in recent years *Newstart Nursing* has NOT included language training, which is a significant component of the training required by most internationally educated nurses. This program is being phased out, however, as the province's nursing education programs are changing to meet the new entry to practice requirements.

CNO is still in the process of determining some of the operational processes that will be required to assess out-of-country baccalaureate education, and is actively consulting with educational partners on revising how CNO assessments will identify the educational upgrading that may be required for IEN applicants who do not meet the new educational requirements, of RN registration in particular. Some community colleges have already begun to offer programs that enable IENs to bridge to university nursing. Other collaborations are currently working to develop bridging opportunities, as well. CNO has been actively involved with college, university and community partners as they work to develop educational programs for those IEN applicants who will need them. CNO has supported the development of the Hamilton IEN training model through participation on the IEN Working Group, and the ongoing provision of information and advice from the regulatory body perspective.

<sup>13</sup> This regulation amendment has not yet been approved by government. However, in anticipation of this change, CAATs have phased out their RPN certificate programs and now offer RPN diploma education only.

## PART TWO

### **2.2.4. The Policy and Funding Support Context (APT)**

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In Ontario, the provincial government is investing in a number of "bridge" training programs that will help internationally trained individuals employ their skills more quickly in the Ontario economy. Through these funding dollars, administered by the Access to Professions and Trades Unit (APT) of the Ontario Ministry of Training, Colleges and Universities, the government is investing in programs which will help individuals develop the skills and experience they need to practice in Ontario without duplicating what they have learned elsewhere.

The APT Bridging Initiative represents a potential source of some start-up funding for the delivery of the training model that is outlined in Part Three of this report. To date, APT has provided pilot project funding to two other programs targeted to IENs, one delivered in Toronto, and a second in Ottawa. Each of these projects, while containing unique learning elements and processes, is intended to facilitate access to registration and employment for IENs. At the outset of this project, APT funding was identified as a potential source of support for an IEN training program in Hamilton. Over the course of the project to develop this model, representatives of the APT Bridging Initiative have participated as members of the Working Group, with a view to identifying elements of the training models piloted in Toronto and Ottawa that might reasonably be replicated for delivery in Hamilton. The results of these efforts are outlined in Part Three of this report.

## PART THREE

### The Results And Recommendations Of The IEN Working Group

# 3.1

#### THE IEN WORKING GROUP MANDATE

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The IEN Working Group, chaired by the Chair of HTAB's Immigrant and Refugee Employment Services Committee (IRESC), Jim Jones, began meeting in the fall of 2003 and adopted the following mandate:

*The Internationally Educated Nurses Working Group is constituted to develop and present a local model based on the needs of Hamilton and with consideration of previous pilot bridging projects in Ontario. This model will support the bridging of internationally educated nurses to registration and employment and will provide our community's healthcare employers with access to more registered nurses and registered practical nurses.*

Over the course of the past six months, the Working Group has met on a monthly basis, and undertaken a variety of research and consensus building exercises to identify and reach agreement on the necessary elements of **a localized, community-based IEN training model** for Hamilton.

At the outset of the model development process, the Working Group committed to the undertaking of two primary pieces of work:

- 1 A scan and critical analysis of other relevant training models, in order to ensure that the project work built on existing success and expertise, rather than "reinvented the wheel"; and
- 2 A scan and critical analysis of the community's existing resources, infrastructure and expertise in relevant areas, in a deliberate effort to ensure that the training model was localized, and made the best use of the such as immigrant integration strategies and health care/nursing education.

Accordingly, the first few meetings of the Working Group entailed critical review and extensive discussion of the other Bridge Training Projects that have been funded by APT. APT provided interim "How To" Manuals on these projects for review. A number of excellent features of other programs were identified and are reflected in the Hamilton IEN Training Model (see the following section, 3.2). Additionally, the Working Group familiarized itself with historical and current nursing education and other health sector program offerings at Mohawk College and McMaster University. Overall the committee worked with the intent to seek out innovations, opportunities for expanded community involvement and new partnerships, and to replicate best practices used elsewhere, **provided that they are appropriate to the interests of the local IEN client and the Hamilton community.**

## PART THREE

# 3.2

### THE IEN TRAINING MODEL

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The training model that has been developed contains several components, and sets out a multi-faceted program of academic and support services to IENs. **The model is diagrammed in detail in Appendix A.**

#### 3.2.1. Articulation and Delivery of the Training Model

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The IEN Working Group has conceptualized but has not operationalized the IEN Training Model. By that, we mean that the primary functional roles and responsibilities for the model have been assigned and agreed upon, but the specific curricula and operational methodologies (including timelines and delivery formats) through which the model will be delivered have not yet been determined. For the purpose of its presentation in this Community Report, the term "*Training Model*" encompasses the comprehensive range of supports required for the IEN, from learning about the existence of an IEN program in Hamilton, through to the securing of employment in the local health care field. Subsumed within this broader term of "*Training Model*" is the institutionally delivered "Training Program" itself.

From the scan and critical analysis of other relevant training models, the Working Group identified key features of the three other Bridge Training Projects as fundamental to the Hamilton Model. They are:

#### 1 From the **CREATING ACCESS TO REGULATED EMPLOYMENT (CARE) FOR NURSES PROJECT**

- the comprehensive range of academic and non-academic supports provided to program participants;
- the thorough nursing assessment process undertaken prior to any academic program delivery.

#### 2 From the **FOREIGN-TRAINED NURSE PROJECT (Algonquin College)**

- the multi-levelled program allowing access to different health care sector professions;
- the use of prior learning assessment (or recognition of learning) in the interests of efficiency and non-duplicative learning.

#### 3 From the **MEDICAL LABORATORY TECHNOLOGY IN ONTARIO PROJECT (Mohawk College)**

- the importance of partnership in the program's development;
- the importance and effectiveness of an integrated language assessment approach.

From this basis, the Working Group considered its local expertise and abilities, and the particular needs and challenges faced by Hamilton IENs. While costing cannot be addressed at the current concept-only level of this model, the Working Group has made every effort to create a model that can be affordable and therefore accessible to IENs. Similarly, the Working Group also supports a delivery format that is as flexible as possible.

In the interest of most effectively utilizing the expertise, resources and infrastructure that exist in the community, the Working Group has identified and agreed on the division of responsibilities for the training model as follows on the next page.

## PART THREE

### **Division of Responsibilities for the Training Model**

#### **1 College of Nurses of Ontario (CNO)**

As part of the application process, the CNO will continue to provide assessments of the academic credentials of the IEN, and identify if the applicant does not meet the education requirement of registration. The CNO will also identify what courses or program the applicant will need to complete to meet the requirement, and will refer the Hamilton IEN to Mohawk College or to McMaster University for the programming and support services necessary for successful registration with the CNO.

#### **2 Mohawk College**

The College will assume primary responsibility for the delivery of the basic-level academic, clinical and support service components of the training program itself. The College will also deliver integrated, sector-specific language training as part of the training program. Mohawk will also work in collaboration with community partners to deliver post-program examination preparation and employment assistance support services, and to deliver English-as-a-Second-Language upgrades. By virtue of its existing resources, mandated responsibilities, and extensive previous experience in the design and delivery of IEN programming, the Working Group is confident that the college can and will effectively deliver its designated components of the training model.

#### **3 McMaster University**

McMaster will collaborate with Mohawk College in the development of the bridging component of the model and will deliver the bridging and post-diploma academic courses necessary to move the IEN from the diploma level to the baccalaureate. This programming will be delivered in the same problem-based learning format as is used for all McMaster health sciences programs.

#### **4 Community Support Service Providers**

Health, Social Service and Immigration Settlement Service providers are expected to provide a range of non-academic supports to this program, including referral, promotion, and employment integration services. A role for Community ESL providers is also envisaged, in the provision of ESL upgrading to meet the intermediate-level English language proficiency necessary for program admission. The expectation is that Mohawk College will work in cooperation with the Community to ensure such services are coordinated effectively.

#### **5 Employer Partner Community**

Health Sector Employers in Hamilton will play a crucial role in the success of this model by providing appropriate, well-supported and sufficient clinical experiences to the IEN participant. This component of the academic program is essential to ensure the IEN an orientation to the particular and practical context of nursing and health care service in Ontario/Hamilton.

#### **6 Advisory Committee Structure**

The IEN Working Group recommends that an Ad Hoc Advisory Committee, whose membership would be based on that of the IEN Working Group, oversee the IEN Model's further development and implementation of this model. The HTAB has agreed to facilitate this function for a minimum of one year.

## PART THREE

### 3.2.2. Fundamental Attributes of the Hamilton Model

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In the shaping of this training model, the Working Group has endeavoured to create a model that is both responsive to the IEN client's fundamental needs, and also of the rigour and scope necessary to prepare the IEN for health sector employment. This section of the report outlines these key features of the model. Please see Appendix A for a flow chart representing this model.

**1 The model will utilize recognition of prior learning/prior learning assessment (PLAR) for learning efficiency.** This model has been developed with an appreciation of the need to avoid duplication in learning for the IEN. As such, recognition of prior learning will be integrated into the academic training program wherever possible.

**2 The model has multiple entry and exit points.**

In the interest of providing IENs with choice and access to health care employment, this model offers the possibility of receiving several different credentials. Based on the PLAR results, applicants may enter the program in three streams, to allow for exit at three levels: Personal Support Worker, Registered Practical Nurse, and Registered Nurse. At the first two levels, Mohawk College anticipates that it will issue an Ontario College Certificate to program graduates. From the third stream a graduate will receive a Bachelor of Science in nursing degree. Through this multi-levelled approach, the IEN has the option of undertaking preparation for short or long term employment at any of these three levels of employment in the health care field. It should be noted that the program model makes provision for subsequent re-entry into the academic training program at any time.

**3 The model is comprehensive in scope, and integrated in its organization.**

The model has been carefully designed to address the fundamental support services that IENs need. It encompasses a range of in-program and post-program services designed to help students progress through the academic program successfully, and to prepare the program graduate to write the national examinations, obtain registration, and secure health care sector employment.

**4 The language component is carefully designed for efficiency and success.**

Intermediate level English has been established as the benchmark for admission to the IEN program. This admission level is necessary to ensure students have the language facility to understand the nursing curriculum, to effectively integrate into the clinical setting, and to manage the problem-based learning model through which McMaster delivers its components of the program. The community-driven development process for this project has enabled the designation of this language level for program admission, because it has fostered new language training upgrade opportunities in the Hamilton community. The model also includes integrated, sector-specific language training, which research has shown to be the most effective means of establishing communicative competence - a crucial skill for all nurses.

**5 The model is both academically sound and labour market responsive.**

By virtue of the process through which this model has been developed, it is reflective of the input of representatives of both the academic institutions that will deliver it, and the regulatory body that will register its graduates. Through the proposed Advisory Committee, the model will continue to align with these important interests and perspectives.

Finally, it should be noted that Hamilton Health Sciences (HHS) is proposing the establishment of a Hamilton Healthcare Internship Program for IENs in Hamilton. This program, if approved, would entail three potential program offerings: 1) An Observership Program, A Mentorship Program, and an Internship Program. Such programs have the potential to provide an effective complement to the IEN Training Model outlined here: IENs will require continuing introduction to the health care sector workplace, and this program represents a responsible and effective way to provide such support. The IEN Working Group encourages the ongoing coordination of these internship programs and the IEN Training Model, as both initiatives are moved forward for implementation.

## CONCLUSION

At the outset of their work, the IEN Working Group had intended to formulate two deliverables at the conclusion of this project:

**1** A Community Report, outlining the training issues and needs of IENs in Hamilton, and outlining a training model appropriate to those needs, and

**2** A Proposal for Funding from the Bridging Projects Fund of APT, to assist in the start-up costs of the envisioned IEN program.

Over the course of the project, it has been necessary to amend the second deliverable, because the localized training model deemed appropriate to Hamilton and outlined here does not clearly align with the current policy criteria established for the Bridging Projects Fund. The Working Group has been advised by APT that at this juncture APT will only provide funding for the replication of either a) IEN training components that have been developed in other jurisdictions, or b) training components developed and in place for bridge programs for other employment sectors. The Hamilton IEN model, as it is currently conceptualized, does not meet either of these policy criteria.

While there is not currently a basis for formulating a funding proposal to APT for support of the Hamilton IEN model, APT's participation on the Working Group has opened dialogue on the possibility of future funding support. It is hoped that, as Mohawk College continues to work with the Hamilton Community to move this model forward for implementation, this dialogue will continue, and that the Hamilton IEN Training Model might benefit from funding support through the APT Bridging Initiative.

The IEN Working Group hopes that this Community Report has presented a clear and compelling case for an IEN training program in Hamilton. After an in-depth examination of nursing and nursing education, immigrant labour integration, and both the actual and potential supports available in our community, we are convinced that this training model is both viable and necessary for our community. We encourage our community partners to continue to work together in an innovative and cooperative fashion to support Mohawk College and McMaster University and to ensure that this comprehensive IEN training model is implemented in Hamilton. Its realization will be enormously beneficial to internationally educated nurses, to the nursing profession and health care sector, and to the community as a whole.

# APPENDIX A

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## **Model As Conceived And Developed By The Internationally Educated Nurses Working Group**