




STRATEGIC PRACTICES FOR HIRING, INTEGRATING AND RETAINING INTERNATIONALLY EDUCATED NURSES

EMPLOYMENT MANUAL

FUNDED BY:





STRATEGIC PRACTICES FOR HIRING, INTEGRATING AND RETAINING INTERNATIONALLY EDUCATED NURSES: EMPLOYMENT MANUAL

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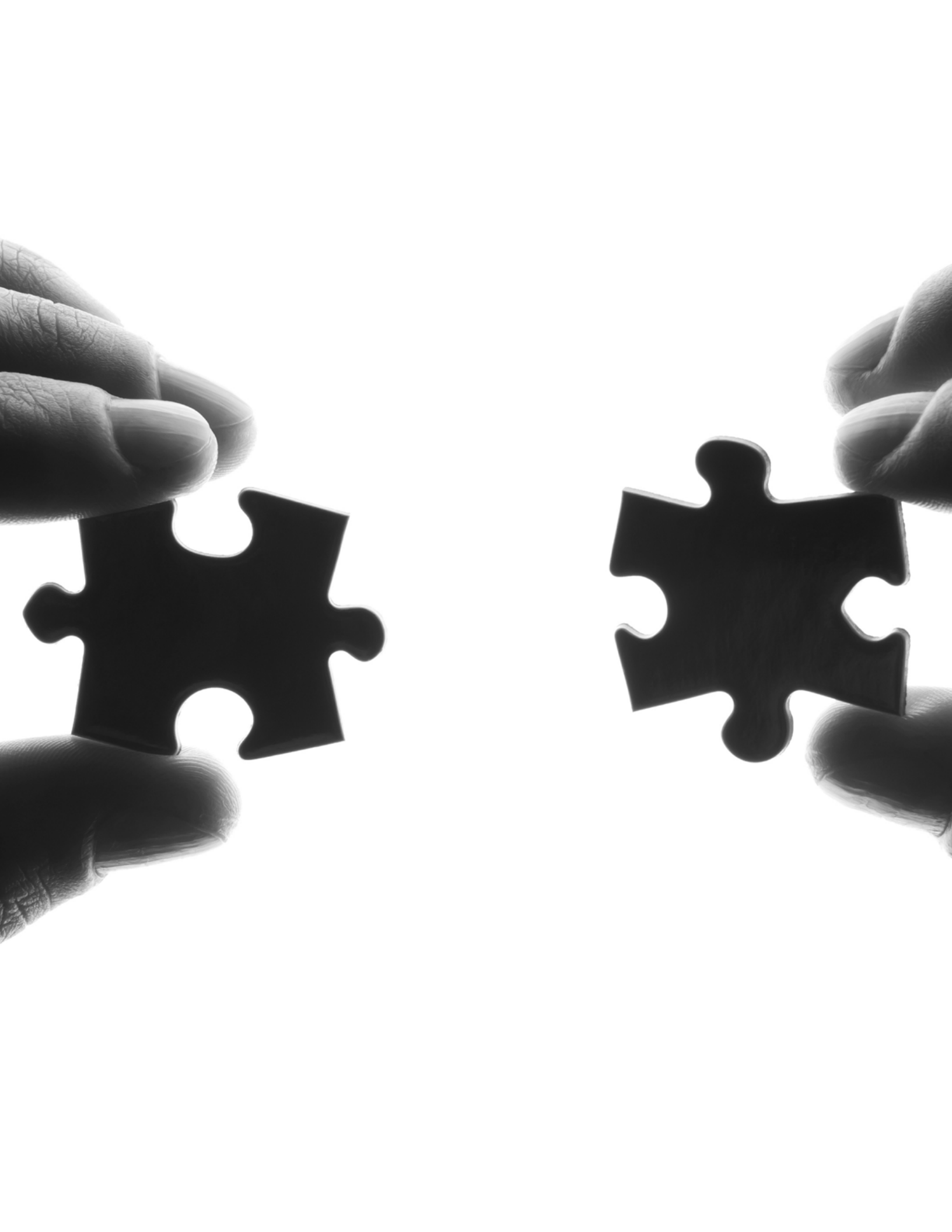
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Purpose of the Manual

This manual is designed to provide nursing and human resources healthcare leaders with evidence-informed strategic practices to facilitate the hiring, integration and retention of internationally educated nurses (IENs).

It is not intended to be a prescriptive guide; rather, it highlights:

- The benefits of hiring and integrating IENs into your workplace.
- The best way to hire and support IENs in your organization.

Researchers at McMaster University have identified these practices following interviews with nine exemplar healthcare organizations that encourage and support IEN employment and integration. Healthcare leaders can use the strategic practices in this manual to assist in developing and maximizing the performance of a workforce that meets the needs of an increasingly multicultural and multilingual patient population.

Topics presented include:

- Definition of workforce integration
- Successful strategic practices (e.g., orientation and onboarding, mentorship and cultural competency and diversity management)
- Benefits to hiring and integrating IENs
- Featured employers
 - Department of Health and Community Services, Newfoundland and Labrador
 - Hamilton Health Sciences, Ontario
 - Pinecrest-Queensway Community Health Centre, Ontario
 - St. Michael's Hospital, Ontario
 - St. Paul's Hospital, Providence Health Care, British Columbia
 - Sunnybrook Health Sciences Centre, Ontario
 - The Scarborough Hospital, Ontario
 - Victoria General Hospital, Manitoba
 - William Osler Health System, Ontario
- Overview of strategic practices from each exemplar organization
- Samples of policies, program and workshop outlines, course descriptions, presentations to staff or other organizations, manager guides and terms of reference for working groups

About the Project

The employment of IENs is essential to creating a diverse workforce responsive to the healthcare needs of Canada's multicultural population. It is vital that employers broaden their hiring and integration practices to include this important constituency. Researchers at McMaster University are leading the *Partnering with Employers: Increasing IEN Employment in Healthcare Organizations* project, funded by the Ontario government, to raise awareness of the value of hiring IENs. The project will share strategic practices for hiring and integrating IENs into the healthcare workforce.

Project components include:

- Comprehensive literature review
- Interviews with healthcare employers
- Case studies of nine exemplar organizations
- Job posting analysis to determine nurse vacancies
- Healthcare Employment Summit held in Toronto, Ontario
- Survey of employers' attitudes to hiring and integrating IENs
- Four webinars and four targeted presentations to maximize dissemination of employment strategies
- Manual providing evidence-based strategies to improve the hiring and integration of IENs by healthcare employers

What is Workforce Integration?

Canada's health workforce needs to keep pace with the linguistic and cultural diversity of the population. Internationally educated nurses are a valuable resource, but they face challenges in attaining employment that matches their qualifications and skills. Workforce integration is the "the process by which... [nurses] enter the workforce efficiently, effectively and with productive employment" (Baumann et al., 2011). It includes full-time employment opportunities, preparation for independent practice (skills and knowledge) and adapting to an organization's culture and system.

How Can We Integrate IENs?

Outlined below are some of the leading IEN employment and integration practices developed by large healthcare employers in Canada.

Orientation and Onboarding

New employees are introduced to their jobs, coworkers and the organization through orientation, which focuses on job-related skills, knowledge and workplace culture. The latter is particularly important because IENs completed their education and established their professional identities outside of Canada.

Onboarding includes three phases: process, support and follow-up (D'Aurizio, 2007). During the process phase, employers can provide information packages to outline orientation activities and help familiarize new employees with the organization. The support phase, which can last from one month to one year, focuses on job-specific training, social interaction and organizational competencies. This phase should include the unit manager, staff and preceptor/mentor, who can help IENs develop problem solving and critical thinking skills. The follow-up phase involves a feedback exchange between employers and employees via milestone meetings and checklists.

Mentorship

IENs face many barriers when adjusting to the Canadian healthcare system. For example, they may lack familiarity with policies, laws and documentation. Studies suggest that mentorship helps IENs overcome these barriers by supporting language training and skills development (e.g., learning new technology). Evidence-based mentorship programs help IENs adjust to the Canadian work environment and transition to practice safely and effectively, boosting their success and job satisfaction.

Cultural Competency and Diversity Management

Healthcare organizations should use the following strategies and practices to build cultural competency and enable diversity management:

- Demonstrate senior leadership commitment to diversity
- Communicate the importance of diversity across the organization
- Create and update inclusive policies and procedures
- Develop and implement a diversity and inclusion strategy
- Orient new staff and provide ongoing training for all staff
- Recruit, retain and promote a culturally diverse workforce

Key Benefits to Hiring and Integrating IENs

A diverse professional workforce would benefit Ontario, given that the province has one of the most diverse populations across the country. However, skilled immigrants often face barriers finding work in their professions when they arrive in Canada. Internationally educated nurses have multilingual and multicultural skills and perspectives, which are vital for the provision of culturally competent care. Developing strategies to hire and integrate IENs facilitates the creation of a workforce representative of the population. It also encourages the establishment of an equitable and inclusive work environment, improves access to care and builds community connections.

What Can Employers Do?

- Examine community demographics and ensure workforce reflects the community
- Analyze current requirements and future projections at an organizational level
- Consider new sources of nurse supply
- Partner with local community colleges and universities that offer bridge training programs for IENs
- Capitalize on government employment strategies such as the Nursing Career OriEntation (NCO) Initiative (available in Ontario)



Are there Challenges to Hiring IENs?

Employers have outlined challenges in hiring IENs, including their lack of experience with the Canadian healthcare system, lack of language skills, the organization's preference for hiring nursing graduates from Canadian universities and community colleges and inability to offer extended IEN orientation. To address some systemic biases in hiring practices a myth buster fact sheet was created for employers to share with hiring managers (see Appendix A). Here are some key facts:

- **Before applying for registration, IENs must satisfy the same conditions as Canadian applicants.** These conditions relate to nursing education, evidence of practice, proficiency in French or English, citizenship, past offences, health and conduct. IENs must also write and pass the jurisprudence and registration exams (<http://www.cno.org/en/become-a-nurse/new-applicants1/outside-canada/registration-requirements-for-rns-and-rpns/>).
- **The College of Nurses of Ontario requires IENs to demonstrate language competency by achieving a specified standard in approved tests.** IENs can take language courses offered at George Brown College, CARE Centre for Internationally Educated Nurses and the Hamilton Health Sciences (HHS) Internationally Educated Nurse (IEN) Nurse Integration Project.
- **Canadian nursing graduates will not be able to fill all of the gaps created by retirees from the aging nursing workforce.** According to the Canadian Occupational Projection System (COPS), 139,700 new job openings are expected for registered nurses/registered psychiatric nurses between 2015 and 2024, but only 114,000 new job seekers are expected (<http://occupations.esdc.gc.ca/sppc-cops/w.2lc.4m.2@-eng.jsp>).





CASE STUDIES

Case Studies: Organizations with Strategies that Work

The following sections highlight nine exemplar organizations that have incorporated practices to support effective and efficient hiring and integration of IENs. Analysis of the organizations revealed several key elements shown in Table 1.

Table 1. Practices that Support IEN Hiring and Integration

EXEMPLAR ORGANIZATIONS	KEY ELEMENTS							
	Extended Orientation and Mentorship	Senior Leadership Commitment to Diversity	Additional Learning for Staff and IENs	Stakeholder Involvement	Dedicated Committee	Organizational Mandate and Vision that Includes Diversity	Proactive Recruitment	Allocated Funds
1. Department of Health and Community Services, Newfoundland and Labrador	✓		✓	✓			✓	✓
2. Hamilton Health Sciences	✓	✓		✓	✓		✓	✓
3. Pinecrest-Queensway Community Health Centre						✓	✓	
4. St. Michael’s Hospital	✓	✓	✓	✓		✓		✓
5. St. Paul’s Hospital	✓	✓	✓			✓		
6. Sunnybrook Health Sciences Centre		✓	✓		✓			
7. The Scarborough Hospital	✓	✓	✓	✓		✓		
8. Victoria General Hospital	✓	✓		✓		✓	✓	
9. William Osler Health System		✓			✓	✓		

The organizations profiled are primarily from Ontario as the project was funded by the Ontario government.

Key Elements for Successful IEN Integration

Extended Orientation and Mentorship

The organizations provide IENs with a three- to six-month orientation program that includes mentorship. The Department of Health and Community Services, Newfoundland and Labrador implemented an eight-week workplace and community integration strategy framework for IENs. Activities include orientation with ongoing coaching and peer support followed by a three- to four-month mentorship to help IENs as they transition to independent clinical practice. St. Paul's Hospital, Providence Health Care uses research and questionnaires to match mentors and IENs based on personality, interests and values as well as learning and teaching styles. The aim is to pair IENs with mentors prior to their arrival in Vancouver and to improve cultural sensitivity, job retention and IEN satisfaction.

Senior Leadership Commitment to Diversity

A corporate strategy and senior leadership commitment to diversity are critical components of a successful program for IEN employment and integration. At Hamilton Health Sciences, diversity and inclusion are part of the organization's mandate. The IEN/ESL project is a standing agenda item at the Nursing Advisory Council meeting and the Human Resources department plays an active role on the Project Advisory Committee. The senior leaders at Sunnybrook Health Sciences Centre, including the Vice-President of Human Resources and Organizational Development & Leadership, sponsored the Internationally Educated Sunnybrook Staff (IESS) initiative to support the corporate goal of "creating a culture of engagement, respect and inclusiveness that attracts and inspires talent to achieve excellence." At the Victoria General Hospital, management engagement is critical to the IEN integration model. VGH's recruitment strategy ensures that working with IENs is a core competency linked to managers' performance.

Additional Learning for Staff and IENs

The organizations recognized the importance of ensuring IEN initiatives included targeted training for IENs and staff. Sunnybrook Health Sciences Centre developed a series of workshops and all IESS were invited to participate on a voluntary basis. These workshops focused on working in a Canadian healthcare environment from a communications perspective and allowed IESS to share their experiences and build relationships with other staff who have common interests and experiences. Leaders at the Scarborough Hospital are required to take mandatory education on becoming bias aware and leading a diverse workforce. Staff are offered learning opportunities such as Embracing Diversity through Personal Journeys, which uses the power of storytelling.

Stakeholder Involvement

Many of the organizations have developed strong partnerships with stakeholder groups to support and integrate IENs into their workforces. Hamilton Health Sciences developed a Community Collaboration Employment Model (CCEM) to provide IENs with a continuum of clinical and communication support from pre-hire through orientation to clinical integration. Evidence demonstrates

that the CCEM helps engage stakeholders as partners in the organization's program for IENs. Partners include Mohawk College, CARE Centre for Internationally Educated Nurses and the Hamilton Centre for Civic Inclusion. Each partner provides a specific set of interventions. For example, the CARE Centre delivers language and communication courses at Hamilton Health Sciences.

Dedicated Committee

Many of the organizations have committees dedicated to equity, culture and inclusion. Membership is organization wide and includes senior leaders. The William Osler Health System has a Diversity Advisory Council consisting of 50 to 60 change champions, who are equipped with the necessary tools and resources to create an inclusive, respectful and welcoming environment. The council meets once every two months to discuss topics of mutual interest, issues and challenges and learn from key speakers. Under the IESS initiative, the Internationally Educated Professionals (IEPs) Committee was created at Sunnybrook Health Sciences Centre to inform the human resources strategy, examine how the organization attracts, trains, and retains IEPs and create a program for them.

Organizational Mandate and Vision that Includes Diversity

All organizations have a strong culture of inclusivity and diversity. The Scarborough Hospital, St. Michael's Hospital and Pinecrest-Queensway Community Health Centre have an organizational vision of "serving a global community" and a strategic plan committed to equity and inclusion. The William Osler Health System has a vision of "patient-inspired health care without boundaries" and an Osler Health Equity & Inclusion Plan in place. The Scarborough Hospital considers diversity, equity and inclusion as strengths and embeds diversity in its vision.

Proactive Recruitment

Many of the organizations recruit internationally trained individuals. Almost 40% of the workforce at Pinecrest-Queensway Community Health Centre is representative of the multicultural population that it serves (2015 data). This diversity was achieved through proactive recruiting of staff and volunteers and careful consideration of language requirements and staffing needs (including the diversity of clients). Staff involved in interviews receive training to make the process welcoming for all candidates. With funding from the Ministry of Citizenship and Immigration, Hamilton Health Sciences has recruited and integrated IENs from Mohawk College, other bridging programs and referrals.

Allocated Funds

Some of the organizations have made financial commitments to integrate internationally educated staff. St Michael's Hospital and Hamilton Health Sciences have used the Nursing Career OrIENTATION Initiative, funded by the Ontario government, to hire and integrate IENs. St. Michael's Hospital also obtained funding from the Ministry of Citizenship and Immigration for the Building Employer Capacity for Effective Integration and Retention of Internationally Educated Professionals two-year project. The aim was to develop and implement a customized transition/integration and mentorship program for 50 internationally educated healthcare professionals. Hamilton Health Sciences has received funding from the Ministry of Citizenship and Immigration to support the hiring and integration of over 330 IENs.

CASE STUDY ONE:

Department of Health and Community Services Newfoundland and Labrador



Department of **Health and Community Services**

Background

The Department of Health and Community Services (DHCS), Government of Newfoundland and Labrador (NL), provides health and community services programs and policies for the province. It works in partnership with regional health authorities, community organizations, professional associations, post-secondary educational institutions, unions, consumers and other government departments.

Historically, NL has relied on its own graduates to meet registered nurse (RN) workforce needs. In 2009, the province was faced with a nursing workforce shortage in urban, rural and remote communities. With funding from Health Canada, NL initiated a multipronged approach to RN recruitment that included a framework to support the recruitment of IENs. The DHCS and a group of stakeholders, including regional health authorities (RHAs), the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) and the Office of Multiculturalism and Immigration, traveled to India to recruit nurses. Fifty-one IENs were hired between 2010 and 2013. Most were from India, but some IENs from Nigeria, Ireland, the United Kingdom, South Africa and the Caribbean were hired by Labrador-Grenfell Regional Health Authority.

DHCS developed and implemented an eight-week workplace and community integration strategy for IENs. This project was made possible through

funding from Health Canada's Internationally Educated Health Professionals Initiative (IEHP-I).

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Program Description

The strategy included peer mentorship, resources and knowledge transfer from previous community retention projects and focused on the following:

- Recruitment
- Immigration
- Licensing and credentialing
- Competency assessment and bridging programs
- Strategies for workplace and community integration

Three part-time clinical and community educators (CCEs) were hired in three of the province's RHAs to develop, implement and monitor the

integration strategy. Activities included a six- to eight-week orientation with ongoing coaching and peer support followed by a three- to four-month mentorship. The clinical and workplace components of the strategy are outlined below.

Integration into Practice (Clinical Workplace Orientation)

- Orientation framework (classroom four to six weeks, clinical four to five months) and clinical competency checklist
- Self-assessment
- Mentor
- Online modules¹ through the Continuing Nursing Education Portal
 - Appreciating Diversity in the Workplace
 - Cultural Awareness
 - Mentorship: Nurses Mentoring Nurses
 - Communications in Nursing
 - Nursing Process: A Framework for Nursing Care
 - Canadian Health Care System
 - Medication Administration
 - Scope of Practice – RN & LPN
 - Jurisprudence: The Legislation and Rules Governing the Practice of Nursing in NL – RN & LPN

Community Integration

- Linking to government agencies and community organizations (e.g., Office of Immigration and Multiculturalism)
- Relocation and housing support
- Clinical educators and HR members provided community integration support
- Integration support for the IEN's family
- Community Retention Toolkit (see <https://www.practicenl.ca/documents/CommunityRetentionToolkit.pdf>)

Project Partners

- RHAs (Eastern Health, Central Health and Labrador-Grenfell Health)
- Office of Immigration and Multiculturalism
- Centre for Nursing Studies (part of Eastern Health)
- ARNNL
- Newfoundland & Labrador Health Boards Association (NLHBA) Practice NL Office
- Association for New Canadians
- Local town councils

Successes

Eastern Health, the most urban of the four RHAs in NL, was the most successful of the three RHAs that recruited IENs. Of the 16 to 20 IENs hired, all but one obtained a license to practice. Key to the success of the project was that the government dedicated resources for recruiting and integrating IENs.

Challenges

- Dedication of sufficient time for orientation
- Mentor preparation and ongoing support
- CCE recruitment

Sample Materials

1. Appendix B. Workplace and Community Integration Strategy for Internationally Educated Nurses (IENs)
2. Appendix C. Clinical and Community Educator (CCE) Position Description

¹ These free resources are available at <https://www.med.mun.ca/nursingportal/>

CASE STUDY TWO:

Hamilton Health Sciences, Ontario



Background

Hamilton Health Sciences (HHS) is one of the largest healthcare providers in Canada. It serves a population of more than 2.5 million people and receives patient referrals from across the province for specialty care for cancer, cardiology, stroke, neurology, burns, trauma and pediatrics. HHS is the only hospital system in Ontario providing care to people throughout the entire life span, from pre-birth to old age. With six hospital sites and other specialized facilities, HHS has the largest hospital-based workforce in Ontario with more than 15,000 physicians, staff and volunteers.¹

HHS' mission of excellence in patient care is supported by its role as a Canadian leader in healthcare education and hospital-based research. In affiliation with McMaster University and other educational institutions, HHS is training the next generation of caregivers with more than 2000 student placements annually. HHS is recognized as one of the top healthcare research institutions in Canada, with 2000 researchers and research staff.

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Since 2009, HHS' Internationally Educated Nurse (IEN) and English as a Second Language (ESL) Nurse Integration Project has been funded by the Ministry of Citizenship and Immigration (MCI). The project supports IENs (RNs and RPNs) to fully integrate into HHS hospitals and other healthcare organizations.

The Community Collaboration Employment Model (CCEM), developed for the period 2009–2012, has been implemented and disseminated for 2012–2017. The CCEM provides IENs (from pre-hire through orientation to clinical integration) with a continuum of clinical (hard skill) and communication (soft skill) support. This includes clinical assessment, clinical skills development, problem solving, improved communication skills, team relationships, professionalism and managing conflict in a hospital setting.

As part of the model, experienced nurses acting as clinical integrators and informal mentors guide the development and integration of IENs. The CCEM has proved a successful framework for engaging stakeholders in project-related interventions. It has also been used for project evaluation.

Internationally educated nurses are recruited from Mohawk College, other bridging programs and referrals. To date, HHS has supported 498 IENs and provided employment opportunities to 330 IENs. Since 2014, HHS has hired 12 IENs using the Nursing Career ORientation (NCO) Initiative offered through the Ministry of Health and Long-Term Care (MOHLTC).

Recommendations

- **Get buy-in** - Obtain organizational commitment at all levels
- **Connect** - Engage with partners and stakeholders
- **Build a network of support for IENs** - For example: IEN network; clinical integrators; emotional, clinical, academic and community support; professional and workplace experience
- **Do not reinvent the wheel** - Seek out best practices from other healthcare organizations that have experience hiring and transitioning IENs; the project team at HHS will continue to disseminate the CCEM
- **Look at strength of hiring IENs** - See the value you are getting in years of experience; build the case for hiring and integrating IENs into the workplace

Key factors contributing to the success of this project include the following:

- **Executive sponsorship** - The project is a standing agenda item on the HHS Nursing Advisory Council meeting.
- **Diversity and inclusion are a key part of the HHS mandate** - The organization is committed to diversity and has an Office of Diversity and Human Rights.
- **Human Resources involvement** - The HR department plays an active role on the Advisory Committee for the project.
- **Clinical manager awareness and champions** - Through various champions, HHS has increased clinical managers' awareness of the advantages and importance of hiring and integrating IENs.

Project Partners and Roles

1. Bridging for Internationally Educated Nurses (BIEN), Mohawk College Institute for Applied Health Sciences

- Deliver language assessment I-CELBAN (Institutional Canadian Language Benchmark Examination)
- Provide enhancement of clinical skills for project participants using the learning resource centre/simulation laboratory with faculty staff

2. CARE Centre for Internationally Educated Nurses

- Deliver Language Communication for Nurses, Level 3 - Advanced (LCN3) course and telephone tactic workshops

3. Hamilton Centre for Civic Inclusion (HCCI)

- Cultural competency awareness training through three online webinars on the SharePoint website and one module training session that fosters inclusion and creates a climate of effective integration for IEN/ESL nurses

4. Hamilton Health Sciences

- HHS job coaching/mock interviews
- HHS intranet: SharePoint website (accessible to HHS staff)
- HHS/College of Nurses of Ontario (CNO) Learning Plan, HHS Policies and Procedures
- HHS networking program Nurses Nurturing Nurses (N3) written by the Academy of Medical-Surgical Nurses in the United States
- HHS professional and workplace experience/integration
 - Job shadowing
 - 2nd Day HHS Nursing Orientation

- Career progression (e-learning lounge, lunch and learns, IEN/ESL network, charge nurse role education program, career development/mentorship workshops (i.e., CPR, ACLS Perioperative, Volunteering at HHS for Workplace Exposure, Hospital Elder Life Program [HELP])

5. Nursing Health Services Research Unit (NHSRU), McMaster University

- Final evaluation of the project

Successes

- The CCEM has proved successful for engaging stakeholders in project-related interventions
- The clinical integrator-participant support network
- The project team received the Employer Champion of Internationally Educated Professionals award at the Human Resources Professionals Association 2012 HR Summit

Challenges

IEs can bring unique experience to the workplace and contribute to the provision of culturally sensitive care. However, HHS has faced challenges with respect to increasing awareness of the benefits of hiring and integrating them. In addition to recruiting new graduate nurses through the NGG, clinical managers were encouraged to consider recruiting IEs through the NCO. After working with IEs, a few clinical managers began acting as champions with their peers. The continued support of the project team and clinical integrators helped overcome challenges related to the integration and retention of IEs.

Sample Materials

1. Appendix D. Community Collaboration Engagement Model (CCEM)
2. Appendix E. CARE Centre Language & Communication for Nurses 3 Course Outline

¹ <http://www.hamiltonhealthsciences.ca/body.cfm?id=225>



CASE STUDY THREE:

Pinecrest-Queensway Community Health Centre, Ontario



Background

The Pinecrest-Queensway Community Health Centre (PQCHC) functions to address the social determinants of health. Services are offered in the west end of the City of Ottawa for some programs and other programs cover the over 890,000 residents living in the city. Services include primary healthcare, employment, housing supports, education supports, building community capacity, health promotion, mental health and programs for children and youth. The PQCHC focuses on priority populations that traditionally face barriers to accessing services such as families with low incomes, new Canadians, youth, seniors and people with mental health challenges.

The organization has about 240 staff (150 FTEs) and 250 volunteers. All programs are designed to address health equity and access issues by concentrating on the diversity of the population within the communities served. Although the PQCHC hires nurses, the focus of its diversity program is not on nurses.

PQCHC employs nurses in a number of programs with a total of 10 RNs. It has an Internationally Trained Professionals (ITPs) program that provides ITPs from various educational backgrounds, including nurses and physicians, with mentorship opportunities that enable them to secure experience in a Canadian healthcare environment. Mentorship may relate to primary care, professional background or experience that ITPs are interested in pursuing (e.g., administrative, quality improvement, etc.).¹

Contact Information

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Program Description

PQCHC serves a diverse client population, with 45% to 50% of clients representing immigrant populations. To provide good service and quality patient care, the PQCHC ensures that building, respecting and supporting a culturally diverse team is critical. Diversity and inclusiveness is a part of the organizational culture and supported in many ways, including through policies and procedures, staff development and workplace practices. A recent workplace culture survey revealed that 60% to 70% of staff considers diversity to be one of the key aspects of work life that contributes to their overall job satisfaction.

Almost 40% of the PQCHC workforce is representative of the diverse population it serves (2015 data). This diversity has been achieved through proactive recruiting of staff and volunteers and careful consideration of language requirements and staffing needs (including the diversity of clients). Staff involved in interviews receive training to make the process welcoming for all

candidates. PQCHC also has a Human Resources: Equity and Inclusion policy and a Client Services: Health Equity policy in place to ensure its board, management and staff are able to respond to the diversity of staff and clients/communities.

Specific interventions include the following:

- Human Resources: Equity and Inclusion policy
- Client Services: Health Equity policy
- Proactive recruiting and tracking of diverse staff and volunteers

PQCHC has over 90 formal partnering agreements with various organizations across the city and region, including agreements focused on client service delivery and educational institutions supporting its volunteer and student program.

Successes

- 2015 Employer Excellence Award Recipient from Hire Immigrants Ottawa

Various factors contribute to the success of the program:

- Ongoing commitment throughout the organization, including the board, senior management and programs
- Articulating the commitment through the strategic planning process and the vision, mission and values
- Supporting the commitment through policies, procedures and staff development opportunities
- Supporting the commitment through a Health Equity Committee that includes participation of staff and management

Challenges

PQCHC has partnered with a health equity leader that has had an impact in organizations and municipalities across Canada. Through this partnership, PQCHC will assess its strengths and challenges and develop a workplan to further enhance its work.

Recommendations

- **Focus on culture** - Diversity has proven to advance workplace culture.
- **Incorporate diversity into the organization's vision, mission and values** - Ensure that policies and procedures support healthy workplace practices that welcome and encourage diversity.
- **Pay attention to health equity** - Consider how diversity may influence health equity and how the organization can address this issue.

Sample Materials

1. Appendix F. Policy Statement

1 See <http://www.pqchc.com/about-us/>



CASE STUDY FOUR:

St. Michael's Hospital, Ontario

St. Michael's

Inspired Care.
Inspiring Science.

Background

St. Michael's Hospital (SMH) is a Catholic teaching and research hospital founded in 1892, by the Sisters of St. Joseph, to care for the sick and poor of Toronto's inner city. As downtown Toronto's adult trauma centre, the hospital is a hub for neurosurgery, complex cardiac and cardiovascular care, diabetes and osteoporosis care, minimally invasive surgery and care for the homeless and disadvantaged. SMH is also one of the province's major sites of care for critically ill patients.

- **Mission:** Recognize the value of every person and remain committed to excellence and leadership.
- **Vision:** World leadership in urban health.
- **Values:** Human dignity, excellence, compassion, social responsibility, community of service, pride of achievement.

SMH is fully affiliated with the University of Toronto and provides outstanding medical education to healthcare professionals in 27 academic disciplines. Home to the Li Ka Shing Knowledge Institute, made up of the Keenan Research Centre and the Li Ka Shing International Healthcare Education Centre, SMH is among the world's first hospitals to take best practices and research discoveries to patient bedsides faster by bringing together researchers, educators and clinicians.¹

Contact Information

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Murray Krock

Director, Nursing Practice & Education
St. Michael's Hospital

Program Description

Recognized as one of the Best Employers for New Canadians, SMH has been a leader in the integration of internationally educated professionals (IEPs) since 2005. The hospital has adopted several successful strategies to provide IEPs with opportunities, mentorship, education and employment.

SMH is a founding member of the CARE Centre for Internationally Educated Nurses. Through its continued partnership, it provides IENs with the opportunity to participate in clinical observership.

Provincial Government Initiatives

SMH is committed to using the following HealthForceOntario initiatives to support the hiring, recruitment and retention of IENs:

- **Nursing Graduate Guarantee (NGG):** The Ministry of Health and Long-Term Care (MOHLTC) currently provides up to 26 weeks of funding to employers who hire a new nursing graduate into a temporary full-time position. If the new nursing

graduate is bridged to a permanent full-time position after 12 weeks but prior to 26 weeks, the employer may use the remainder of the funds as reinvestment for certain specified initiatives that meet criteria set out by the MOHLTC. One such criterion is the support of IENs who are registered in Ontario and transitioning to the workforce but unable to participate in the Nursing Career ORientation (NCO) Initiative.

- Nursing Career ORientation (NCO) Initiative for Internationally Educated Nurses: Specifically designed to support IENs newly registered in Ontario in transitioning to practice in an Ontario healthcare setting and provide them with a full-time job opportunity. The MOHLTC currently provides up to 26 weeks of funding to employers who hire an NCO nurse (IEN) into a temporary full-time position. If the NCO nurse is bridged to a permanent full-time position after 12 weeks but prior to 26 weeks, the employer may use the remainder of the funds as reinvestment for certain specified initiatives that meet criteria set out by the MOHLTC. One such criterion is the support of IENs who are registered in Ontario and transitioning to the workforce but unable to participate in the NCO Initiative.

Embracing Cultural Diversity in Health Care: Developing Cultural Competence Workshop

Starting in 2014, SMH began offering this popular workshop for nurses, health disciplines and other interprofessional staff. It provides an opportunity for participants to share their commitment to advancing knowledge and incorporate learning in their work and clinical practice. Workshop objectives include the following:

- Enhancing awareness and insight into the impact of culture on individuals and groups
- Describing an approach to developing cultural competence in healthcare
- Discussing key concepts and strategies for advancing cultural competence in care

Nursing Preceptorship Workshop

As preceptors, nurses support the transition and integration of new nurses and nursing students into the organization and practice setting. In 2012, SMH launched its nursing preceptorship workshop to prepare nurses with the knowledge and skills to function effectively in a preceptor role. The workshop is intended for SMH nurses who are experienced

preceptors, new preceptors and nurses who are considering becoming preceptors. The goal is to enable committed nurse preceptors to contribute to a learning and work environment that supports newly hired nurses and facilitates pre-graduate nursing students' transition to the clinical practice setting and integration into the SMH community.

SMH has been involved in several targeted initiatives related to IEHPs and IENs over the years:

- In 2007, SMH developed a 16-week mentoring program in collaboration with the Toronto Region Immigrant Employment Council (TRIEC) for any employees who were new to Canada. The program offered job-specific mentoring and enabled IEPs to gain a better understanding of the Canadian health system.
- In 2010, SMH offered an innovative post-hire program: Building Employer Capacity for Effective Integration and Retention of Internationally Educated Professionals (IEPs). Funded by the Government of Ontario, the program included (i) an IEP transition program, (ii) a corporate mentorship program and (iii) educational opportunities for managers and employees to help IEPs integrate into the organization.
- A dedicated Specialist for Internationally Educated Professionals helped implement innovative approaches for recruiting, sourcing and retaining foreign-trained professionals.

Successes

- Creating Access for Regulated Employment (CARE) - SMH was part of the founding member organization and continues to partner with CARE to provide IENs with the opportunity to participate in clinical observership
- Senior leadership commitment and evidence of cultural diversity and associated initiatives are stated as a corporate strategic priority
- Creation of the role of Senior Specialist, Equity & Community Engagement for the Inner City Health Program to act as a lead on equity based community engagement, training, education, research and strategic planning to improve overall quality of care
- With sponsorship from the Ministry of Citizenship and Immigration, SMH launched

a two-year Building Employer Capacity for Effective Integration and Retention of Internationally Educated Professionals project to develop and implement a customized transition/integration and mentorship program for 50 internationally educated healthcare professionals

- Inner City Health Program has created a corporate Statement on Diversity, Equity and Access
- Nursing and Human Resource leaders have educated themselves about cultural diversity

Recommendations

- **Prioritize cultural diversity** - Organizations should engage in national and provincial initiatives and projects that are specifically related to IEPs/IENs (i.e., NGG and NCO in Ontario; Ministry of Citizenship and Immigration funding opportunities).
- **Promote diversity education** - Nurse leaders in organizations need to continue educating themselves about cultural diversity in the workforce and learn how to leverage findings through internal communication and messaging into the corporate strategy at the executive level. The ultimate goal is to make the practices and programs available throughout the organization.
- **Accept recommendations for improvement** - Organizations should be open to the idea of researchers assessing where they are in the context of cultural diversity and be open to recommendations for a more inclusive and culturally diverse environment.
- **Look at the community being served** - It is important to consider the community the organization is serving and the changing nature of culture and diversity.
- **Create a position for a “cultural diversity point person”** - Someone who is in the corporate structure to help advocate for IEPs/IENs and help create opportunities for IEPs/IENs.

in the workforce and continue to leverage opportunities into corporate strategies

- Affiliations and partnerships with academia and organizations in which IENs are upgrading and coming to SMH for clinical rotations and experience have been established

Sources

HealthForceOntario. (2015). *Nursing Career OrIENTATION (NCO) Initiative for Internationally Educated Nurses*. Retrieved from http://www.healthforceontario.ca/en/Home/Nurses/Training_%7C_Practising_In_Ontario/Nursing_Strategy/Nursing_Career_OrIENTATION

HealthForceOntario. (2016). *Nursing Graduate Guarantee Initiative for New Graduate Nurses Educated in Canada*. Retrieved from http://www.healthforceontario.ca/en/Home/Nurses/Training_%7C_Practising_In_Ontario/Nursing_Strategy/Nursing_Guarantee

St. Michael's Hospital (n.d.). - *Internationally Educated Professionals*. Retrieved from <http://saintmichaelshospital.com/pdf/careers/recruitment-internationally-educated-professionals.pdf>

Sample Materials

1. Appendix G. St. Michael's Hospital Internationally Educated Professionals Integration and Transition Program. Presented to the Ontario Hospital Association. Presented by Kate Wilson, Former Manager Corporate Staffing Strategies, November 2010
2. Appendix H. The Path to Integration: St. Michael's Hospital Experience - Internationally Educated Nurses. Presented at The Path to Integration: A Workshop for Employers of Internationally Educated Nurses led by the Ontario Hospital Association in partnership with the NHRU. Presented by Ella Ferris, Former (retired) Executive Vice President, Programs and Chief Nursing Executive and Health Disciplines Executive, November 30, 2012
3. Appendix I. Statement on Diversity, Equity and Access, Inner City Health Program, St. Michael's Hospital (updated October 18, 2013)

1 <http://www.stmichaelshospital.com/about/index.php>

CASE STUDY FIVE:

St. Paul's Hospital, Providence Health Care, British Columbia



Background

Providence Health Care operates 10 facilities, including three hospitals, four long-term care centres, a hospice, addiction clinics and a dialysis unit. Its hospitals include an acute care teaching hospital (St. Paul's Hospital), an acute care community hospital and residential facility and an extended care and rehabilitation hospital. With over 9000 staff, its locations service the greater Vancouver area population of over 600,000. Providence Health Care is affiliated with the University of British Columbia.

- **Mission:** A Catholic health care community dedicated to meet the physical, emotional, social and spiritual needs of those served through compassionate care, teaching and research.
- **Vision:** Driven by compassion and social justice, at the forefront of exceptional care and innovation.
- **Values:** Spirituality, Integrity, Stewardship, Trust, Excellence, Respect.¹

Contact Information

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Program Description

St. Paul's Hospital had always hired IENs from across Canada. Since 1989, it has actively recruited nurses educated in the UK, Ireland, Philippines, India and Africa. The hospital subsequently found that the fit between these nurses and the hospital was different and people's needs were different. This increased awareness led to the creation of the IEN mentorship program. In 2011, the hospital began the implementation phase of the program, which helps IENs adapt to working in the Cardiac Surgery Intensive Care Unit and living in Vancouver.

St. Paul's uses research-based questionnaires to pair mentors and IENs based on personality, interests and values as well as learning and teaching styles. The aim is to match IENs to a mentor prior to their arrival in Vancouver and to improve cultural sensitivity, job retention and IEN satisfaction.² Additional information on the research-based questionnaires is provided in the following links:

Mentee links

<https://www.surveymonkey.com/r/FD86KLX?sm=TMdK2yE4Ez2kydWDYQA2Ug%3d%3d>

<https://www.surveymonkey.com/r/FDVK2FJ?sm=GN9u%2bHSgjvrl4tPYT60myg%3d%3d>

Mentor links

<https://www.surveymonkey.com/r/FDVCY77?sm=pDISFhHogN8%2bcXgO6Zwwmg%3d%3d>

<https://www.surveymonkey.com/r/FDKXDYS?sm=JI2F8rMDTR3r%2fZhjPDBrYg%3d%3d>

After being matched with a mentor, mentees are sent a welcome package that provides information about Vancouver, including information about housing, groceries, financial services, childcare and cultural services.³

Mentors attend a 40-minute education session on various topics: introduction to IEN program, barriers for IENs to integrate into the unit, expectations of the mentors, cultural awareness and strategies on successful communication (Chiu & Costello, 2011). A poster summarizing the education session is available on the unit for nurses who are unable to attend the session.⁴

The mentor may be one of several nurses who orientate at the bedside with the IEN. They are the “check-in” person who meets with the IEN at scheduled intervals and is available via phone or email. When IENs arrive at the workplace, they meet their mentors and the unit they will be working on and participate in a hospital and unit orientation. They meet with their mentor every three months up to one year.⁵

Successes

1. Positive mentee and mentor responses and experiences
 - Found that mentees would recommend the program and they felt welcomed and a sense of holistic care and belonging within the unit; very important for mentees to feel welcomed and they appreciated having a social connection (not just about the orientation)
2. Education session on cultural sensitivity & diversity (including summary poster)
3. Mentor-mentee research-based questionnaires
4. Findings/evaluations indicate success with continued interest in the program

Challenges

- Small number of participants
- Lack of large degree incentive for mentors (current incentives financially provided by project leaders)
- Difficult to get mentors
- Very expensive to orient - no funding for the project

Sources

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- Waite, R., & Calamaro, C. J. (2010). Cultural competence: A systemic challenge to nursing

education, knowledge exchange and the knowledge development process. *Perspectives in Psychiatric Care*, 46(1), 74–80. Retrieved from http://journals2.scholarsportal.info/pdf/00315990/v46i0001/74_ccascteatkdp.xml

Sample Materials

1. Appendix J. Mentee Questionnaire

- 1 Source: <http://www.providencehealthcare.org/about-providence/who-we-are>
- 2 Chiu, W., & Costello, D. (2011). Mentoring internationally educated nurses: Going beyond the conventional. *St. Paul's Hospital*, Poster.
- 3 St. Paul's Hospital – Vancouver Welcome Package (PowerPoint).
- 4 St. Paul's Hospital – Introduction to the CSICU IEN Mentorship Program.
- 5 St. Paul's Hospital – Estimated Schedule for CSICU IEN Mentorship Program (PowerPoint Slide).



CASE STUDY SIX:

Sunnybrook Health Sciences Centre, Ontario



Background

Sunnybrook Health Sciences Centre is the largest trauma hospital in Canada. It is also a teaching hospital fully affiliated with the University of Toronto and is evolving to meet the needs of a growing community.

- **Mission:** To care for patients and their families when it matters most.
- **Vision:** To invent the future of health care.
- **Values:** Excellence, collaboration, accountability, respect and engagement.
- **Human Resources Corporate Goal:** Creating a culture of engagement, respect and inclusiveness that attracts and inspires talent to achieve excellence.

With 1.2 million patient visits each year, over 1300 beds in service and a 10,000-person team, Sunnybrook is the largest single site hospital in Canada. It has eight strategic programs: Brain Sciences; Holland Musculoskeletal Program; Odette Cancer Program; Schulich Heart Program; St. John's Rehab: Specialized Rehabilitation; Trauma, Emergency & Critical Care; Veterans & Community; and Women & Babies.

The spectrum of care the Brain Sciences program provides includes prevention, acute intervention, long-term management, outreach and linkages to community providers. The Holland Musculoskeletal Program is one of North America's finest

programs for musculoskeletal care, education and research. The Odette Cancer Program is one of the largest comprehensive cancer centres in North America. It is affiliated with the University of Toronto and is a Cancer Care Ontario partner.

The Schulich Heart Program has performed many Canadian firsts and provides strategies to meet the needs of the aging complex cardiovascular patient in interventional cardiology, cardiac and vascular surgery. St. John's Rehab is home to Canada's only burn and organ transplant rehabilitation program. Trauma, Emergency & Critical Care takes a proactive approach to preventing injury through innovative trauma studies and by bringing education and awareness to the community. Veterans & Community encompasses the largest veterans centre in Canada. It offers nursing home and continuing care to 500 veterans who served in the Second World War and the Korean War. Women & Babies is a leader in clinical care, education and research in the management of pregnancies and infants at increased risk.

With over 200 scientists and clinician-scientists, Sunnybrook conducts over \$100 million in breakthrough clinical research each year. It leads by discovery, innovation, teaching and learning and invents the future of health care.¹

Contact Information

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Sunnybrook Health Sciences Centre

Program Description

The Internationally Educated Sunnybrook Staff (IESS) initiative was introduced in 2011 to support the corporate Human Resources organizational goal of “creating a culture of engagement, respect and inclusiveness that attracts and inspires talent to achieve excellence.” Senior leaders, including the Vice President of Education and the Vice President of Human Resources and Organizational Development & Leadership at the time, sponsored the initiative to leverage the talents of Sunnybrook’s IESS.

The cornerstone to success of this program was the sponsorship of the senior leadership team whose involvement and support were essential. Sunnybrook established an interprofessional IESS committee with the mandate to provide expert advice and input on various IESS initiatives, including patient safety, team effectiveness and individual engagement, integration and development. A series of workshops were developed and all IESS at Sunnybrook were invited to participate on a voluntary basis. These workshops focused on working in a Canadian healthcare environment from a communications perspective and provided the opportunity for IESS to share their experiences and build relationships with other staff members who have common interests and experiences. In addition, through interactive scenarios, IESS learned how to give and receive feedback.

In 2015, the Internationally Educated Professionals (IEPs) Committee was integrated into the Talent Management Strategy. The team developed workshops, offered to IEPs through Human Resources’ organizational development and leadership division. Once again, the focus was on learning about the organization’s culture and the verbal and non-verbal communication required to be successful in the workplace.

Successes

- Integrated into the Human Resources and Organizational Development & Leadership strategy
- Senior leader endorsement and engagement
- Motivated participants and voluntary involvement

- Leadership-focused guide to attract, retain and lead IEPs
- IEP-focused workshops
- Additional supports are provided offline as needed
- Workshops and program evaluations indicate success with continued interest in the program
- Integrate IEPs into Sunnybrook’s Talent Management Strategy
- Provide additional training and support specifically tailored to the needs of IEPs
- Promote best practices for hiring IEPs

Opportunities for Participants

- Learn, integrate and collaborate in a culture of interprofessional care
- Learn a new healthcare and funding system

Resources

Sunnybrook’s Leadership Institute provides a range of classroom and online learning opportunities for professional and personal development. The internationally educated staff at Sunnybrook, which include clinical and non-clinical professionals who immigrated to Canada and Canadians who obtained degrees outside Canada, have access to two main workshops and a suite of learning programs available through the Sunnybrook Leadership Institute:

1. *Effective Communication in the Workplace* - This three-hour workshop is about learning how culture can impact communication. Specifically, the focus is on different conversational styles, using tone, volume and pace of speech to send messages effectively, as well as the difference between indirect and direct communication and how to choose what to say in different workplace situations.
2. *Giving and Receiving Feedback and Strategies for Email and Telephone* - This three-hour workshop explores understanding feedback to improve one’s performance. It focuses on

feedback generally shared between others in the Canadian workplace, summarizes feedback given to an employee and offers strategies for providing useful feedback and writing emails that are clear and easy to understand.

Sunnybrook has also developed the *Attracting, Retaining and Leading Internationally Educated Professionals Leader's Guide*. Leaders can use the guide to create a work environment that facilitates the integration of IEPs at the hospital through understanding and leveraging their talents. Sunnybrook offers strategies and resources for recruitment, selection, orientation and onboarding to support a culturally inclusive workplace.

Sources

Sunnybrook Hospital (2016). *Attracting, Retaining and Leading Internationally Educated Professionals: Leader's Guide*.

Sunnybrook Hospital (2016). *Organizational Development and Leadership: Learning Opportunities for Sunnybrook Staff*.

Sample Materials

1. Appendix K. Organizational Development and Leadership: Learning Opportunities for Sunnybrook Staff
2. Appendix L. Attracting, Retaining and Leading Internationally Educated Professionals: Leader's Guide

1 <http://sunnybrook.ca/content/?page=about-us-home>



CASE STUDY SEVEN:

The Scarborough Hospital, Ontario



Local in Spirit. Global in Care.

Background

The Scarborough Hospital (TSH) consists of two community hospital campuses in one of Canada's most diverse municipalities. It services a community of over 625,000 residents with 59% of the population being foreign born.¹

The hospital has 492 beds and over 3100 employees, including more than 1400 nurses (RNs and RPNs). Affiliated with the University of Toronto, TSH is celebrating over 90 years of service and was voted one of Canada's Best Diversity Employers in 2016.

- **Mission:** To provide an outstanding care experience that meets the unique needs of each and every patient.
- **Vision:** To be recognized as Canada's leader in providing the best health care for a global community.
- **Values:** ICARE: Integrity, Compassion, Accountability, Respect, Excellence.²

Contact Information

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TSH is dedicated to delivering outstanding care to a diverse and vulnerable patient population. This commitment starts with President and CEO Robert Biron. Diversity, equity and inclusion are considered strengths and play a key part in the organization's strategic plan. Diversity is embedded in the organization's vision and TSH continues to pursue diversity and health equity in order to offer exceptional patient care and an inclusive and welcoming environment for all.

In a press release from February 24, 2016, Biron stated, "Our staff, physicians, volunteers and partners have worked hard to make diversity, equity and inclusion a fundamental part of how we operate at TSH. This in turn allows us to improve patient experiences and patient outcomes by deeply understanding each person's unique needs."³ He also observed, "The community has changed dramatically from what it was in the 1960s and 1970s.... The Scarborough Hospital really took this to heart and as the community changed, the hospital changed its practices in terms of patient care delivery to ensure we had a workforce that was able to respond to the needs of our patients."⁴

In the TSH Employee Opinion Survey for 2013, 2014 and 2016, support for diversity was identified as one of the organization's top strengths. According to the most recent survey, around 25% (321/1290) of respondents indicated they received their highest level of education and/or training outside Canada. Additionally, 77% (997/1294) of respondents stated they use their highest level of education and/or training at their work in TSH.

Program Description

TSH has a department and a Director of Organizational Development and Diversity responsible for meeting the needs of the diverse community it serves. As part of the hospital's Leadership Development Program, leaders are required to take mandatory education on becoming bias aware. Additionally, in 2016 all TSH leaders underwent a 360 leadership assessment process, which was developed in partnership with senior faculty at MIT Sloan School of Management. The 360 includes a Diversity Index that looks at, for example, leaders' willingness to consider things from different perspectives, whether they foster an inclusive environment and how they use diversity to drive innovation.

TSH offers various learning opportunities specific to diversity and inclusion. For example, Embracing Diversity through Personal Journeys uses the power of storytelling and includes stories from staff regarding various dimensions of their identity. In addition, as part of the orientation program for new employees, service excellence education is provided on understanding the ways TSH provides care to a global community.

The organization provides support for internationally educated professionals (IEPs) through volunteer opportunities and access to Career Compass. Developed by TSH, Career Compass outlines career pathways to support current and potential employees and students in realizing their career goals. It includes one-page learning roadmaps for specific roles, including Critical Care Nursing and Neonatal Intensive Care Nursing, and outlines what to expect and how to qualify. Links and resources for IEPs are also provided.

Interventions at TSH include the following:

1. Organizational vision of "serving a global community"
2. Strategic plan committed to a focus on equity and inclusion
3. Mandatory leadership education - Leading a diverse workforce and becoming bias aware
 - a. Training all leaders on coaching and mentoring staff along with IEPs
4. All staff education including e-learning modules on embracing diversity, cross-cultural communication, etc.
5. Leadership commitment that supports diversity and inclusion
 - a. 360 leadership assessment that includes a Diversity Index
 - b. Director and department responsible for diversity portfolio
6. Employee Opinion Survey, which included a Diversity Survey that collected data on whether staff hold and use a foreign credential
7. One-day conference for IEPs to explore career options in healthcare
8. Recruitment of IEPs as volunteers to help them gain Canadian work experience
9. Career Compass - A career pathways resource guide to help IEPs and staff learn about career opportunities in healthcare
10. Partnerships that support sharing of promising practices and capacity building

Project Partners

- HealthForceOntario
- Toronto Regional Immigrant Council (TRIEC)
- Local Immigration Partnership (LIP)

Successes

- Awarded Canadian College of Health Leaders National Excellence in Diversity and Inclusion (2015)
- Awarded Canada's Best Diversity Employer (2016)
- The TSH 2016 Employee Opinion Survey included a question about support for diversity. Staff members were asked to what extent they agreed with the statement, "Employees from diverse groups are respected and valued for their contribution in my work area." In total, 75.3% of respondents answered

affirmatively. This was one of the top three scores of all engagement drivers and was identified as one of TSH's key strengths.

Factors contributing to success include the following:

- Strategic Plan that commits to diversity
- Executive support for and sponsorship of diversity and inclusion
- Comprehensive approach to embed diversity and inclusion programs and services in three priority areas:
 - patients (clients)
 - community partnerships
 - staff

Sample Materials

1. Appendix M. The Scarborough Hospital, Leading a Diverse Workforce: A Workshop for Leaders
2. Appendix N. The Scarborough Hospital, Coaching & Mentoring Skills Training: Partnering for Performance and Growth
3. Appendix O. The Scarborough Hospital, e-Learning
4. Appendix P. The Scarborough Hospital, 2016 Employee Opinion Survey

1 *City of Toronto Community Council Profiles 2011 National Household Survey: Area D – Scarborough*. Retrieved from <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=91a998b613412410VgnVCM1000071d60f89RCRD&tab=3>

2 <http://www.tsh.to/welcome/>

3 <http://www.tsh.to/tsh-selected-as-one-of-canadas-best-diversity-employers-for-2016/>

4 <http://content.eluta.ca/top-employer-scarborough-hospital>



CASE STUDY EIGHT:

Victoria General Hospital, Manitoba

VICTORIA GENERAL HOSPITAL



Background

Victoria General Hospital (VGH) is a 203-bed acute care facility located in South Winnipeg, Manitoba. In partnership with patients and families, it aims to promote and ensure quality patient care. The hospital works towards this goal by providing excellent services that lead to effective health outcomes within a changing and growing community. For over a century, VGH has served residents of Winnipeg and Manitoba, showing leadership and innovation within an increasingly complex and challenging healthcare system. VGH is a committed team of caring, highly skilled professionals and volunteers.

In April 2013, VGH was one of two community hospitals in Winnipeg to partner with its geographic area community services. The integration of hospital and community services improves patient flow so that people are receiving the right care, at the right time, in the right place.¹

Contact Information

Donna Romaniuk
Chief Nursing Officer
Victoria General Hospital

Project Description

VGH has been active in supporting IENs for the last 10 years. Engaged nursing leaders play an integral role in the successful transition of IENs into the

healthcare environment. The project is built around the nursing leaders' definition of IEN support: "To respect the IEN as a person and acknowledge who they are." The organization's leaders wanted diversity in the workforce, so it has become a core principal in the overall corporate strategy.

Part of VGH's core orientation program focuses on understanding and working with IENs. Red River College, a key organizational partner engaged to provide a bridging program for IENs, has been critical to the success of the orientation process.

This successful IEN integration model includes manager engagement, partnership with a bridging program with a clinical component and a preceptorship/mentorship program for IENs.

Management engagement is critical to the IEN integration model. When hiring managers, VGH's recruitment strategy ensures that working with IENs is a core competency linked to managers' performance. For tips on how to include working with IENs as a core competency for managers, refer to the sample material/resources. To help IENs feel comfortable and supported, cultural competency is tied to management performance.

VGH's extended orientation program for IENs stemmed from similar experiences with First Nations' students coming to work at the hospital. With a forward-thinking Chief Executive Officer and Chief Nursing Officer, VGH was able to extend this orientation and then add the bridging program for IENs. The program began with IENs in medicine and family medicine and some in emergency, surgery and mental health. Now, as part of the broader

South Winnipeg Strategy, VGH is in the initial stages of working with IENs to go to Intensive Care Units.

The mentorship program provided through Red River College allows managers to work with new hires and adjust learning needs based on an initial evaluation. Managers are given time to conduct mock interviews to help IENs gain interview skills.

The Internationally Educated Nurses Workplace Partnership Program matches IENs with Canadian registered nurses for support and voluntary mentorship. Recently, 10 mentors and 10 IENs completed the program. The program allowed external partners from the South Winnipeg system to participate. Each intake contributes to the creation of a network of IEN leaders who can also participate and work on future directions.

Successes

- IENs have become facilitators and leaders
- Managers receive cultural diversity training
- Opportunities to hire nurses (IENs)
- Advocacy for IENs
- People working in leadership positions now have a different lens and perspective on workplace cultural diversity
- Committed and dedicated staff with a strong work ethic
- Improved retention
- Reduction in overtime and sick time
- Reduction in complaints from patients and their families

Challenges

Many potential prospects think they understand cultural sensitivity and diversity, but this may not necessarily translate to practice in the workplace without proper training.

¹ <http://www.vgh.mb.ca/abt-aboutus.html>

Recommendations

- **Be inclusive from the start** - Include human resources and unions in the discussions from the program's onset
- **Focus on mentorship** - Managers provide personal mentoring and this responsibility is tied to their performance outcomes
- **Link with bridging programs** - Partnering with a local bridging program (with a clinical component) can benefit all parties

To include working with IENs as a core competency for managers, the following activities were completed:

- Literature review was conducted to identify best practices for working with IENs
- Managers were included in the development of the core competency
- The concept of diversity was included as part of the core competency
- Continuous collaboration with Human Resources to ensure recruitment and hiring of IENs
- Accountability was built in to the core competency
- Working with IENs was included as part of the managers performance evaluation



CASE STUDY NINE:

William Osler Health System, Ontario



Background

William Osler Health System (Osler) is one of Canada's largest community hospitals, serving over 1.3 million people living in Brampton, Etobicoke and the surrounding Greater Toronto Area. Its facilities include Brampton Civic Hospital, Etobicoke General Hospital and the new Peel Memorial Centre for Integrated Health and Wellness. In 2016, Osler was awarded one of Canada's Best Diversity Employers for the fourth consecutive time.

Contact Information

Gurwinder Gill

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William Osler Health System
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Project Description

The Central West Local Health Integration Network (Central West LHIN) serves a diverse community that is home to many different languages and cultures.

Quality and safe health service planning must take into account language barriers, cultural/religious beliefs and practices, gender, sexual orientation, disabilities, educational background and socio-economic status and focus on the prevention of diseases prevalent in the various populations. The diversity of the population also needs to be mirrored in the structures that support the services required by the community.

As the largest health service provider in the Central West LHIN, Osler is committed to health equity and inclusion. This commitment is aligned with its vision of "patient-inspired health care without boundaries" and its corporate strategies.

The Osler Health Equity & Inclusion Plan includes the following:

- Creating an inclusive, welcoming and accessible environment for all patients and staff through staff training to meet unique patient needs/preferences and to strengthen accurate communication with patients to reduce risks
- Enhance and build collaborative community and clinical partnerships
- Strengthen data/demographic collection for more effective planning to better meet the needs of targeted vulnerable populations

The formal Health Equity & Inclusion Strategy has been part of the organization for over eight years, resulting in innovative diversity, equity and inclusive services. The office of Health Equity & Inclusion has successfully worked towards a shared accountability model of diversity and equity and its dimensions across the organization through various initiatives.

One such initiative is through "diversity and equity change champions," including the Diversity Advisory Council (DAC). With an overwhelming number of individuals within the organization indicating interest, the DAC consists of 50 to 60 change champions. They are equipped with tools and resources to become the conduits for creating an inclusive, accessible, respectful and welcoming environment regardless of race, ethnicity, age, gender, religious and spiritual beliefs, healthcare beliefs and practices, language, physical or mental disability, sexual orientation, socio-economic status and

education. The DAC meets once every two months to discuss mutually interesting topics, issues, challenges and opportunities, as well as learn from key speakers.

Other change champions include the following:

- The senior leadership team (including the President and CEO) who are strong supporters of diversity, equity and inclusiveness and provide guidance via a Diversity Executive Council
- A women's council called WOW! (Women of William Osler Health System)
- A Lesbian, Gay, Bisexual, Trans and Queer (LGBTQ) Advisory Group
- An Accessibility Advisory Committee (AAC) for individuals with disabilities

Diversity and equity training at Osler focuses on inclusion and equitable access to healthcare for all and incorporates the organization's values, including respect and diversity for each other (staff) and for patients' preferences, values and beliefs. It includes the following:

- All new employees receive orientation to Osler's commitment to health equity and inclusion.
- Customized training is planned and delivered after identification from and consultation with managers/supervisors.
- E-learning - Using SickKids *Cultural Competence E-Learning Series* (15 e-learning modules), Osler has developed pre and post assessments and evaluations and issues certificates upon completion. Although optional, these modules have been taken by almost 50% of staff.
- A multitude of diversity/equity tools and resources have been developed and are shared with units/departments and posted online for staff to download/access.
- Guidelines and policies are produced through a diversity lens.

Successes

- Canada's Best Diversity Employers Awards for four years in a row
- Three leading practices from Accreditation Canada

- Two international awards from the *Diversity Journal*, USA
- The Diversity Executive Council: The President/CEO and Vice-Presidents ensure there is sustainability and integration of health equity and inclusion within the organization
- A positive patient experience supported by Health Equity & Inclusion being part of the Patient Experience portfolio
- Change champion mechanisms: All councils and individuals work tirelessly to create an inclusive, equitable and respectful environment
- Multi-year Health Equity Plan that includes defined goals, objectives, indicators of success, and measurement and evaluation

Recommendations

- **Get support from senior leadership** - Ensure senior leadership understands, endorses, recommends and participates in the entire journey towards health equity and inclusion
- **Make health equity a priority** - Ensure commitment in organization for individual and team responsible for health equity to implement, monitor and evaluate success
- **Share responsibility** - Ensure there is shared accountability of diversity and equity in the organization

Challenges

- Competing priorities - As a hospital, the primary role is patient care where the majority who work are clinical staff providing care
- Allocating time for training/new learning
- Understanding the substantial diverse needs of an increasing and growing community
- Helping staff understand the relationship between the diverse needs of patients and their health outcomes/patient experience





APPENDICES

APPENDIX A:

Nursing Health Services Research Unit
Mythbuster Fact Sheet

Hiring Internationally Educated Nurses: Myths Busted

This document has been developed for healthcare employers to assist in dispelling common myths about hiring and integrating IENs.

MYTH		FACT
IENs lack experience in the Canadian healthcare system and in specialty areas of care.		IENs must satisfy the same conditions as Canadian applicants before they can apply for registration. These conditions relate to nursing education, evidence of practice, proficiency in French or English, citizenship, past offences, and health and conduct. They must also write and pass the jurisprudence and registration examinations. (See: http://www.cno.org/en/become-a-nurse/new-applicants1/outside-canada/registration-requirements-for-rns-and-rpns/).
It's time consuming and expensive to process paperwork to hire an IEN.		Most IENs enter Canada as permanent residents. Once an IEN has obtained licensure with the College of Nurses of Ontario, employers can follow the same recruitment procedure as with Canadian applicants.
IENs don't have sufficient language skills.		The CNO requires IENs to demonstrate language competency by reaching a specified standard in approved tests. Language courses are offered to IENs by George Brown College, CARE Centre for Internationally Educated Nurses and the Hamilton Health Sciences (HHS) Internationally Educated Nurse (IEN) Nurse Integration Project.
Documentation and licensure of IENs takes too long.		IENs must demonstrate proof of recent practice to meet registration conditions. The National Nursing Assessment Service (NNAS) is working to streamline the registration/licensure process for IENs across Canada. (see: http://www.nnas.ca/how-to-apply/)
We don't have IENs where our organization is located.		Many IENs are willing to relocate. Organizations in Thunder Bay and Timmins have hired licensed IENs who participated in the Hamilton Health Sciences Nurse Integration Project.
We can't afford extended orientation for IENs.		The Ontario Ministry of Health and Long-Term Care Nursing Career Orientation (NCO) Initiative offers up to 26 weeks of full funding to support IENs' transition to practice. (see: http://www.healthforceontario.ca/en/Home/Nurses/Training_%7C_Practising_In_Ontario/Nursing_Strategy/Nursing_Career_Orientation)
We don't have many IEN applicants.		Organizations can collaborate with Bridging Programs for IENs at York University, Algonquin College, Fanshawe College, George Brown College and Mohawk College to recruit work-ready IENs.
New nursing graduates from Canada produce an adequate supply of nurses.		There will be too few Canadian nursing graduates to fill the gaps created by retirees from the aging nurse workforce. According to the Canadian Occupational Projection System (COPS), there will be 139,700 expected new job openings for Registered Nurses/Registered Psychiatric Nurses between 2015-2024 but only 114,000 new job seekers http://occupations.esdc.gc.ca/sppc-cops/4cc.5p.1t.3onsummaryd.2tail@-eng.jsp?tid=103 .
IENs are not as experienced as Canadian educated nurses.		Many IENs have more education and more experience than Canadian-educated nurses (Baumann & Blythe, 2014). Many have worked in healthcare systems similar to Canada's. Nursing leaders recognize a link between nursing workforce diversity and the provision of high-quality culturally sensitive care (CNA, 2010; RNAO, 2007). In 2011, 20.6% of the total Canadian population were foreign-born (Statistics Canada, 2013). The health care workforce must reflect this diversity if it is to provide appropriate care.



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APPENDIX B:

Department of Health and Community Services Newfoundland and Labrador

Workplace and Community Integration Strategy for Internationally Educated Nurses (IENs)

Disclaimer: The Framework not been updated since 2013 and is presented in this manual as a sample of activities, resources, and schedule for integrating IENs into the workplace and communities in Newfoundland Labrador. The framework was used as a guide for Clinical and Community Educators and does not represent the actual activities and schedule followed by IENs in the province. The views expressed herein do not necessarily represent the views of Health Canada and/or the Department of Health and Community Services, Government of Newfoundland and Labrador.

This framework has been developed to support the workplace and community integration of Internationally Educated Nurses in Newfoundland and Labrador. This framework was developed by Clinical and Community Educators within the Regional Health Authorities. It is assumed that all activities outlined in the framework will be led by a designated resource. This framework was developed based on previous documents including *Orientation Programs for Internationally Educated Nurses* (ARNNL, 2009); *Orientation Programs for Registered Nurses: Best Practice Guidelines* (ARNNL, 2003) and *Orientation Framework for Internationally Educated Nurses* (Department of Health and Community Services, 2010).

The framework outlines recommended activities to orientate IEN's in community and practice settings. Day to day activities can be reorganized to suit the needs of the IEN or the Regional Health Authority.

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Prior to Arrival

Prior to the arrival, the pre-arrival email and survey should be sent to the IEN (attached). This will provide the IEN with pertinent information and give the CCE a foundation to build a community orientation that meets the needs of the IEN. The CCE would also assist in any pre-arrival issues such as securing housing, questions about the community and any other information required by the IEN.

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WEEK 1

DAY	TIME	ACTIVITY	INSTRUCTIONS
1	Afternoon	<p>IEN arrives and is picked up by IEN educator or assigned employee.</p> <p>IEN to settle into housing:</p> <ul style="list-style-type: none"> Provide tour of dwelling (house, apt, etc) Review how to work the phone, mail and email (provide phone book and list of emergency phone numbers) Give IEN a map of town Give a copy of newcomers guide to NL to review so they can have questions prepared for this week. Give overview of household appliances <p>Bring IEN to the Grocery Store to purchase necessities.</p>	CCE lead
	Morning	<p>CCE assists:</p> <ul style="list-style-type: none"> Obtain SIN number/Identification MCP ID tags (corporate office) / Human Resources Birth Certificates / Passports / Signed Appointment Letter Ensure interim licensure is valid Visit Bank (have appointment arranged) 	
2	Afternoon	<p>Complete Educator Community Integration Checklist</p> <p>Review pre-arrival survey with IEN to address any outstanding community integration needs</p> <p>Meet with settlement and immigration officer (if applicable)</p> <p>Review copy of Newcomers Guide of NL and Community Resources</p> <p>Presentation on “Life in the Community”</p> <p>Pre Orientation Evaluation: http://fluidsurveys.com/s/ien-pre-orientation/</p> <p>Greetings From Administration</p> <ul style="list-style-type: none"> Nurse managers Director of Nursing Chief Nursing Officer <p>Provide and Review Organizational Chart</p>	<p>This tool is for the educator use only.</p> <p>Immigration Office: (709) 729-6607</p> <p>Hard Copy: Association for New Canadians Living in Newfoundland & Labrador</p> <p>A Newcomers’ Pocket Guide</p> <p>RHA specific PowerPoint Presentation IEN to complete</p> <p>RHA Specific</p>
	Morning	<p>Newfoundland & Labrador Culture “Life in Newfoundland and Labrador”</p> <p>Newfoundland Expressions Review Newfoundland Expressions</p> <p>Navigate NL Practice Website: www.practicenl.ca</p> <p>Complete Module: Communications in Nursing</p>	<p>PowerPoint Presentation Activity</p> <p>Document available upon request</p> <p>CCE to review website with IEN and help IEN create login/account</p> <p>Print certificate of completion</p>
3	Afternoon	<p>Meet with Association for New Canadians representative (if applicable) www.ancnl.ca</p> <p>Meet with Human Resources (HR)</p> <ul style="list-style-type: none"> Discuss the role of HR Policies <p>Meet with Financial Representative:</p> <ul style="list-style-type: none"> Payroll / Pay schedule Scheduling Required Forms Deductions Benefits <p>Educator to review how to apply for:</p> <ul style="list-style-type: none"> Vacation leave Annual leave Family Leave Sick leave <p>Personal Health Information Act</p>	<p>(709)754-4407</p> <p>CCE to review Personal Health Information Act and assist IEN in obtaining required training</p>

DAY	TIME	ACTIVITY	INSTRUCTIONS
4	Morning	Tour of the Community <ul style="list-style-type: none"> ■ Shopping (Groceries, Supplies) ■ Recreation Facilities ■ Schools ■ Churches ■ Day care centres ■ Health Clinics 	CCE gives IEN tour of the community
	Afternoon		
5	Morning	General Orientation	RHA specific (scheduling is subject to availability)
	Afternoon		

WEEK 2

DAY	TIME	ACTIVITY	INSTRUCTIONS
1	Morning	Complete Module: Canadian Health Care System	Print certificate of completion
	Afternoon	CCE to review resources on nursing in Canada and Nursing Associations <ul style="list-style-type: none"> ■ Canadian Nurses Association www.cna-aiic.ca <ul style="list-style-type: none"> ▫ Review NurseOne website ■ Canadian Nurses Protective Society www.cnps.ca ■ Association of Registered Nurses of Newfoundland and Labrador www.arannl.ca ■ Licensure Requirement ■ Clinical Competency Program ■ Meet with Workshop Representative ■ Newfoundland and Labrador Nurses Union www.nlnu.ca ■ Meet with Shop Steward ■ Complete Union Application ■ Review Contract 	
2	Morning	Review Professional Practice Issues: <ul style="list-style-type: none"> ■ Standards of Practice www.arannl.ca <ul style="list-style-type: none"> ▫ Code of Ethics www.arannl.ca ■ Dress Policy 	
	Afternoon	Review Regional Health Authority Policies and Procedures Complete Module: Jurisprudence: The Legislation of Rules Governing the Practice of Nursing in NL - RN Mask Fit Testing Ensure CPR Certification is up to date	CCE to help IEN identify and locate policies and procedures Print certificate of completion
3	Morning	Complete Module: Scope of Practice - RN Complete Module: Scope of Practice - LPN Therapeutic Relationships	Print certificate of completion Print certificate of completion PowerPoint Presentation
	Afternoon	Telephone Communication within the Hospital Telephone communication with the Physician Interdisciplinary Team	CCE to review Various communication tools used: -SBAR PowerPoint Presentation

DAY	TIME	ACTIVITY	INSTRUCTIONS
4	Morning	Complete “Clinical Competency Evaluation Checklist” with Clinical Educator Complete IEN Module 2: Communication and Conflict Management for Nursing Leader	Print certificate of completion
	Afternoon	Job Shadow in the Clinical area with IEN Educator Goals: <ul style="list-style-type: none"> ■ Tour of unit ■ Meet Staff members ■ Assignment sheet ■ Charting system 	
5	Morning	Complete Module: Nursing Process: A Framework for Nursing Care Complete IEN Module 1: What’s Needed to Become a Leader in Nursing Today	Print certificate of completion Print certificate of completion
	Afternoon	Orientation to equipment <ul style="list-style-type: none"> ■ Vital sign monitors ■ Glucometers Meet with Infection Control Role of the PCA	Document

WEEK 3

DAY	TIME	ACTIVITY	INSTRUCTIONS
1	Morning	Assigned with PCA to Clinical area Goals: <ul style="list-style-type: none"> ■ Understand PCA role ■ Communicate with Staff members ■ Provide patient care with PCA ■ Communicate with Patients ■ Equipment: Tubs, mechanical lifts 	
	Afternoon	Assigned with PCA to Clinical Area Continued	
2	Morning	Meditech Training	Scheduling subject to availability
	Afternoon		
3	Morning	CCE to review provincial occurrence reporting system: <ul style="list-style-type: none"> ■ Client Safety Reporting System (CSRS) 	This session may be completed by risk management, dependent on health authority
	Afternoon	Health Assessment Clinical Practice Scenarios Primary Health Care & The Role of Community Health Nurses	PowerPoint Presentation CCE presents case simulation/scenario for IEN to verbally practice/apply Health Assessment knowledge PowerPoint Presentation
4	Morning	Job Shadowing: Community Health Nurse Goals: <ul style="list-style-type: none"> ■ Understand role of clinic and home care nurse ■ Learn about programs available from community health and residential services. 	
	Afternoon	Job Shadowing: Community Health Nurse Continued	

DAY	TIME	ACTIVITY	INSTRUCTIONS
5	Morning	Complete Module: Medication Administration Document to review: <ul style="list-style-type: none"> ■ ARNNL Medication Administration Document http://www.arnnl.ca/documents/publications/Medication_Standards_Jun_2005.pdf ■ ARNNL Medical Directives and Preprinted orders http://www.arnnl.ca/documents/publications/Medical_Directives_and_Pre_Printed_Orders_Jan_08.pdf ■ Medical Directives: Health Authority Specific ■ Dangerous Abbreviations: ISMP http://www.ismp-canada.org/download/ISMPCanadaListOfDangerousAbbreviations.pdf 	Print certificate of completion
	Afternoon	Medication Reconciliation: Best Possible Medication History Controlled Substances and Narcotic Safety Medication Administration Record (MAR) <ul style="list-style-type: none"> ■ Codes for the MAR ■ Rewriting a MAR ■ Transcribing Orders ■ Automatic Stop Orders ■ Practice Intramuscular and Subcutaneous Injections Orientation to Pharmacy Department <ul style="list-style-type: none"> ■ Tour ■ Night Cupboard 	PowerPoint Presentation PowerPoint Presentation PowerPoint Presentation

WEEK 4

DAY	TIME	ACTIVITY	INSTRUCTIONS
1	Morning	Admission/Discharge Planning <ul style="list-style-type: none"> ■ Admission Assessment ■ Initiate Care Plan Exercise: <ul style="list-style-type: none"> ■ Admission & Discharge Practice Scenarios CCE to review and assist the IEN to complete practice: <ul style="list-style-type: none"> ■ Interagency Referrals ■ Community Health Referrals ■ Transferring patients from unit to unit ■ Ambulance Escort ■ Discharging patients ■ Medically Discharge patients ■ Special Passes for Patients 	CCE to give RHA specific overview of Admission / Discharge Process Document
	Afternoon	Documentation and Charting Review complete chart Review RHA specific policies <ul style="list-style-type: none"> ■ Chart Checks Documents to Review: <ul style="list-style-type: none"> ■ Documentation standards ARNNL http://www.arnnl.ca/documents/publications/Documentation_Standards_for_Registered_Nurses_2010.pdf ■ Charting Do's and Don'ts ARNNL http://www.arnnl.ca/documents/pages/Charting_March2003.pdf 	CCE to give overview of mock chart
2	Morning	Aseptic Technique: <ul style="list-style-type: none"> ■ Practice setting up sterile field Elimination: <ul style="list-style-type: none"> ■ Review equipment/supplies Specimen Collection: <ul style="list-style-type: none"> ■ Review equipment/supplies 	PowerPoint Presentation PowerPoint Presentation PowerPoint Presentation
	Afternoon	Wound Care & Management <ul style="list-style-type: none"> ■ Review wound care products ■ Review ostomy supplies ■ Demonstration / Return Demonstration 	PowerPoint Presentation

DAY	TIME	ACTIVITY	INSTRUCTIONS
3	Morning	Job Shadow LPN in Long Term Care Goals: <ul style="list-style-type: none"> Understand LPN role Communicate with Staff members Provide patient Care with LPN Communicate with patients Equipment 	
	Afternoon	Job Shadow LPN in Long Term Care	
4	Morning	Job Shadow LPN in Acute Care Goals: <ul style="list-style-type: none"> Understand LPN role Communicate with Staff members Provide patient Care with LPN Communicate with patients Equipment 	
	Afternoon	Job Shadow LPN in Acute Care	
5	Morning	Complete IEN Module 3: Decision Making, Assignment and Delegation for Nursing Leaders	Print certificate of completion
	Afternoon	Review the IEN experience of job shadowing LPN in both acute and long term care Review Clinical Competency Checklist Provide opportunity for IEN to practice skills and assessments that have been identified through job shadowing and clinical competency checklist	

WEEK 5

DAY	TIME	ACTIVITY	PRESENTER
1	Morning	IV Therapy <ul style="list-style-type: none"> Equipment IV pumps IV medication IV infusions Secondary Lines Policies Complete IV Therapy Scenarios Central Venous Access Devices <ul style="list-style-type: none"> Review Equipment for flushing, locking, and dressing changes 	PowerPoint Presentation CCE to present case scenarios to IEN for practice using pumps and equipment PowerPoint Presentation
	Afternoon	Heparin Infusion <ul style="list-style-type: none"> Protocol (RHA Specific) Practice Scenarios Artificial Nutrition: Enteral & Parenteral <ul style="list-style-type: none"> Equipment Feeding Pump Blood Administration <ul style="list-style-type: none"> Consent Algorithm RHA policies 	Document PowerPoint Presentation PowerPoint Presentation
2	Morning	Oxygen Therapy <ul style="list-style-type: none"> Review Equipment Policies/Procedures Paracentesis, Thoracentesis, and Chest tubes <ul style="list-style-type: none"> Review equipment Assisting with Emergency Intubation <ul style="list-style-type: none"> Review equipment 	PowerPoint Presentation PowerPoint Presentation PowerPoint Presentation
	Afternoon	Tracheostomy: Care of the Client <ul style="list-style-type: none"> Review equipment Practice 	PowerPoint Presentation

3	Morning	The Cardiac Patient <ul style="list-style-type: none"> Equipment / Monitors EKG Policies / Procedures 	PowerPoint Presentation
	Afternoon	Hemodynamic Monitoring: ART and CVP lines <ul style="list-style-type: none"> Review equipment Code Blue Management <ul style="list-style-type: none"> Nurses role Overview of Crash Cart Calling a Code Blue 	PowerPoint Presentation CCE to provide overview of Code Blue Procedure
4	Morning	Patient Education and Advocacy <ul style="list-style-type: none"> Review the pamphlets available to help with patient teaching Diabetes <ul style="list-style-type: none"> Meet Diabetic Educator Stroke Care for the Acute Stroke Patient <ul style="list-style-type: none"> Review policies/procedures Meet rehab team 	PowerPoint Presentation PowerPoint Presentation
	Afternoon	The Perioperative Patient: <ul style="list-style-type: none"> Review the pre-op checklist Equipment Practice care of tubes/drains 	PowerPoint Presentation
5	Morning	Mental Health: Nursing Care <ul style="list-style-type: none"> Meet with Mental Health Nurse in MH department Review Mental Health Act Review Policies and Protocols Least Restraint Policy 	PowerPoint Presentation
	Afternoon	Provide opportunity for IEN to practice skills and assessments. Dependant on identified needs of IENs	

WEEK 6

DAY	TIME	ACTIVITY	PRESENTER
1	Morning	Pregnancy and the Prenatal Record Labour and Delivery <ul style="list-style-type: none"> Monitors Documentation / Charting for Live Birth Tour of case room 	PowerPoint Presentation PowerPoint Presentation
	Afternoon	Postpartum Hemorrhage Caring for the Normal Newborn	PowerPoint Presentation PowerPoint Presentation
2	Morning	The Paediatric Patient <ul style="list-style-type: none"> Assessment Normal Findings 	PowerPoint Presentation
	Afternoon	Paediatric IV Therapy Paediatric Medication Administration <ul style="list-style-type: none"> Medication Calculations 	Reading CCE to develop practice questions on paediatric medication calculations
3	Morning	The Geriatric Patient	PowerPoint Presentation
	Afternoon	Complete IEN Module 4: Managing Change, Your Time and Your Team	Print certificate of completion

DAY	TIME	ACTIVITY	PRESENTER
4	Morning	Palliative Care Nursing Considerations: <ul style="list-style-type: none"> Advanced Health Care Directives DNR/No Code Blue RN to Pronounce Death Legalities Post Mortem Care Certificate of Death 	PowerPoint Presentation
	Afternoon	Chemo In-service <ul style="list-style-type: none"> Visit Cancer Clinic or Outpatient Department Make sure CPR is up to date prior to mentorship Complete Module: Mentorship: Nurses Mentoring Nurses	Print certificate of completion
5	Morning	Job Shadow with RN Goals: <ul style="list-style-type: none"> Understand the RN role Community with Staff members Communicate with patients Familiarize yourself with the daily routine of RN on this unit 	
	Afternoon	Job Shadow with RN cont'd	

WEEK 7

DAY	TIME	ACTIVITY	INSTRUCTIONS
1	Morning	Job Shadowing RN	IEN to job shadow on unit
	Afternoon		
2	Morning	Job Shadowing RN on the Med/Surg. Unit	
	Afternoon		
3	Morning	CRNE preparation <ul style="list-style-type: none"> CRNE prep guide SIAS course Include overview of CRNE competencies CNA Practice Exams Mock Exam 	
	Afternoon		
4	Morning	IEN assigned care of patients Goals: <ul style="list-style-type: none"> Communicate with staff members Provide all aspects of patient care Communicate with patients Interdisciplinary communication 	CCE to assign 1-2 patients to IEN and observe / support Will enable CCE and IEN to identify learning needs
	Afternoon		
5	Morning	IEN assigned care of patients Goals: <ul style="list-style-type: none"> Communicate with staff members Provide all aspects of patient care Communicate with patients Interdisciplinary communication 	CCE to assign 1-2 patients to IEN and observe / support Will enable CCE and IEN to identify learning needs
	Afternoon		

WEEK 8

DAY	TIME	ACTIVITY	INSTRUCTIONS
1	Morning	IEN assigned care of patients Goals: <ul style="list-style-type: none"> ■ Communicate with staff members ■ Provide all aspects of patient care ■ Communicate with patients ■ Interdisciplinary communication 	CCE to assign 1-2 patients to IEN and observe / support CCE and IEN to identify learning needs CCE to determine whether further observation days required
	Afternoon		
2	Morning	Review Clinical Competency Evaluation Checklist Post Orientation Evaluation	
	Afternoon	Educator to meet with Mentor <ul style="list-style-type: none"> ■ Discuss expectations ■ Review Schedule Educator to meet with IEN and Mentor <ul style="list-style-type: none"> ■ Discuss expectations ■ Review Schedule ■ Review Clinical Competency Evaluation Checklist 	
3		IEN starts Mentorship	Mentorship length may vary Suggest 8 to 12 weeks, dependent on progress of IEN CCE to communicate regularly with mentor and IEN to provide support as necessary

Post Orientation Notes

As outlined in the framework mentorship may last for three to four months depending on the timing of the Canadian Registered Nurse Exam and the needs of the IEN. CCE should meet weekly with the IEN and mentor to address any concerns and observe progress.

One year following the arrival of the IEN, the IEN outcomes survey should be administered.

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APPENDIX C:

Department of Health and Community Services Newfoundland and Labrador Clinical and Community Educator (CCE) Position Description

Clinical and Community Educator – Internationally Educated Nurses

Health Canada Project

DATE: October 2012

General Accountability

The Clinical Educator positions are accountable for providing leadership and coordination in the development, implementation and ongoing monitoring and support of a workplace and community integration strategy for Internationally Educated Nurses (IENs). The incumbents will provide direct clinical instruction and facilitate clinical mentorship for IENs, develop manuals/ processes for IEN orientation, develop information guidelines and recommended resources for IENs. This includes planning, developing, organizing, leading, directing and delivery of orientation, peer mentorship, resources and knowledge transfer of previous community retention projects. The incumbents will also participate in a comprehensive evaluation of this work. This work will be accomplished through the collaborative efforts of the three clinical educators.

The incumbents will work closely with the internationally educated nurses and nursing staff to support successful integration into the workplace. The incumbents will also closely with the IEHP-I Steering Committee and key stakeholders such as the Department of Health and Community Service, Office of Immigration and Multiculturalism and the Association of Registered Nurses in Newfoundland and Labrador.

These professional positions are accountable for the research, development, implementation and management of the provincial strategy for the integration of IENs, including policies, programs and services and strategy development. Environmental scans as well as best practices and clinical practice knowledge and primary and secondary research would be expected in any research activities.

These are dynamic and challenging positions that are responsible to demonstrating provincial leadership and innovation in all aspects of IEN integration.

Reporting Structure

These positions will report to managers as deemed appropriate by the RHA. These positions are also accountable to the IEHP-I Steering Committee.

Nature And Scope

The primary goal of these positions is to develop pathways with the intention of increasing Newfoundland and Labrador's ability to recruit and retain IENs. The intention is to set a standard for best practices in integration and retention. The proposed work brings stakeholders together to learn, develop and implement strategies to improve the provincial and regional approach to attracting, supporting and retaining internationally trained health professionals.

In a project report by the College of Nurses of Ontario, a review of published literature indicated that the first two years after immigration and entry into the nursing workforce are the most difficult for IENs. It is in this period when the new recruit experiences culture shock that impacts him/her personally and professionally. Socialization, past experiences and the vulnerability of being in a new country without social supports can lead to passive behaviour in the workplace, alienation, self-doubt, lack of confidence and reluctance to ask for help. In order to support new recruits, extensive orientation, including ongoing coaching and support from peers, is required. The differences in practice were identified and resulted in a lack of confidence and anxiety. Anxiety about clinical expectations is often further compounded by the stress of relocating, including finding housing, transportation and adjusting to the community. RHAs confirm that these issues are currently presenting in NL workplaces.

Challenges

Providing leadership and support to ensure a successful integration into the workplace and community for IENs will be the main challenges for these positions. Clinical Educators are expected to develop and champion the orientation, mentorship and community integration process. The following challenges require creativity, flexibility, diverse and specialized knowledge and skills on the part of the incumbent:

1. Liaising with IEN clinical educator counterparts to identify common issues and jointly plan, problem-solve and promote the integration of IENs. Strong interpersonal, communication and organizational skills are required to foster collaboration. A consensus-building participatory approach is necessary.
2. Creating solutions in situations where there is no precedent requiring the development of new approaches and management is a major challenge as these are new and unique positions.
3. Managing the expectations of IENs, mentors, management and other staff during the IEN orientation process.
4. Adoption of the provincial integration strategy by all RHAs and other stakeholders.
5. Introducing concepts of cultural awareness and competency to locations not familiar with diversity in the workplace.
6. Access to appropriate training for the incumbents, IENs and mentors.
7. Maintaining best practices across the province as initiatives are delivered in multiple facilities.
8. Balancing competing priorities and demands for limited resources and making difficult decisions on the best course of action. This requires investigative, analytical, problem-solving, facilitation and decision-making skills.

Control of Freedom to Act and to Solve Job Problems

Work is performed with a high degree of independence, initiative and professional judgement and is reviewed through consultation, analysis of best practices and observations. The Clinical Educator acts in the best interests of IENs, patients, clients, residents, health professionals and other stakeholders.

These positions must be able to adapt quickly to changing circumstances to identify and act upon solutions.

Internal Contacts

These incumbents has frequent contact with IENs, other clinical staff, management, human resources. There is daily contact with staff in other divisions and departments.

External Contacts

External to the Regional Health Authority, the incumbent has regular contact with the following:

- other regional health authorities clinical educators and managers
- Department of Health and Community Services
- IEHP-I Steering Committee
- ARNNL
- Centre of Nursing Studies
- post-secondary educational institutions
- Newfoundland and Labrador Health Boards Association
- Professional Development Conferencing Services – MUN
- Health Canada

Specific Accountabilities

1. Provides leadership in the clinical orientation and workplace integration of IENs:
 - Researching and developing the extension of the current provincial orientation framework
 - Researching, developing and delivering orientation content including:
 - Presentations
 - Clinical labs
 - On the job training
 - Delivering general orientation and orientation to nursing units
 - Completing competency assessments and ongoing evaluation of the IENS skills and abilities throughout the orientation process
 - Providing clinical instruction, direction, supervision and leadership to IENs
 - Problem solving and determining action plans for identified clinical gaps
 - Assisting in the development and conducting of comprehensive evaluation of the IENs' orientation experience and of the orientation program overall
 - Assisting the IENs in preparing for the Canadian Nurses National Exam
 - Assisting with issues pertaining to culture differences and expectations on the nursing unit
 - Assisting with the fostering of relationships between staff members, educators, managers and IENs on nursing units
 - Facilitating the ongoing assessment, support and integration of the IENs in the workplace following orientation
2. Oversees the mentorship process by:
 - Matching IENs with appropriate mentors
 - Ensuring the IEN is ready for mentorship and determining the appropriate length of mentorship required
 - Developing supports for mentors
 - Discussing particular roles and responsibilities with mentor
 - Providing ongoing leadership and clinical support to the mentor and IEN throughout the mentorship process
 - Facilitating the sharing of clinical experiences between mentor and mentee Evaluating IENs mentorship experience

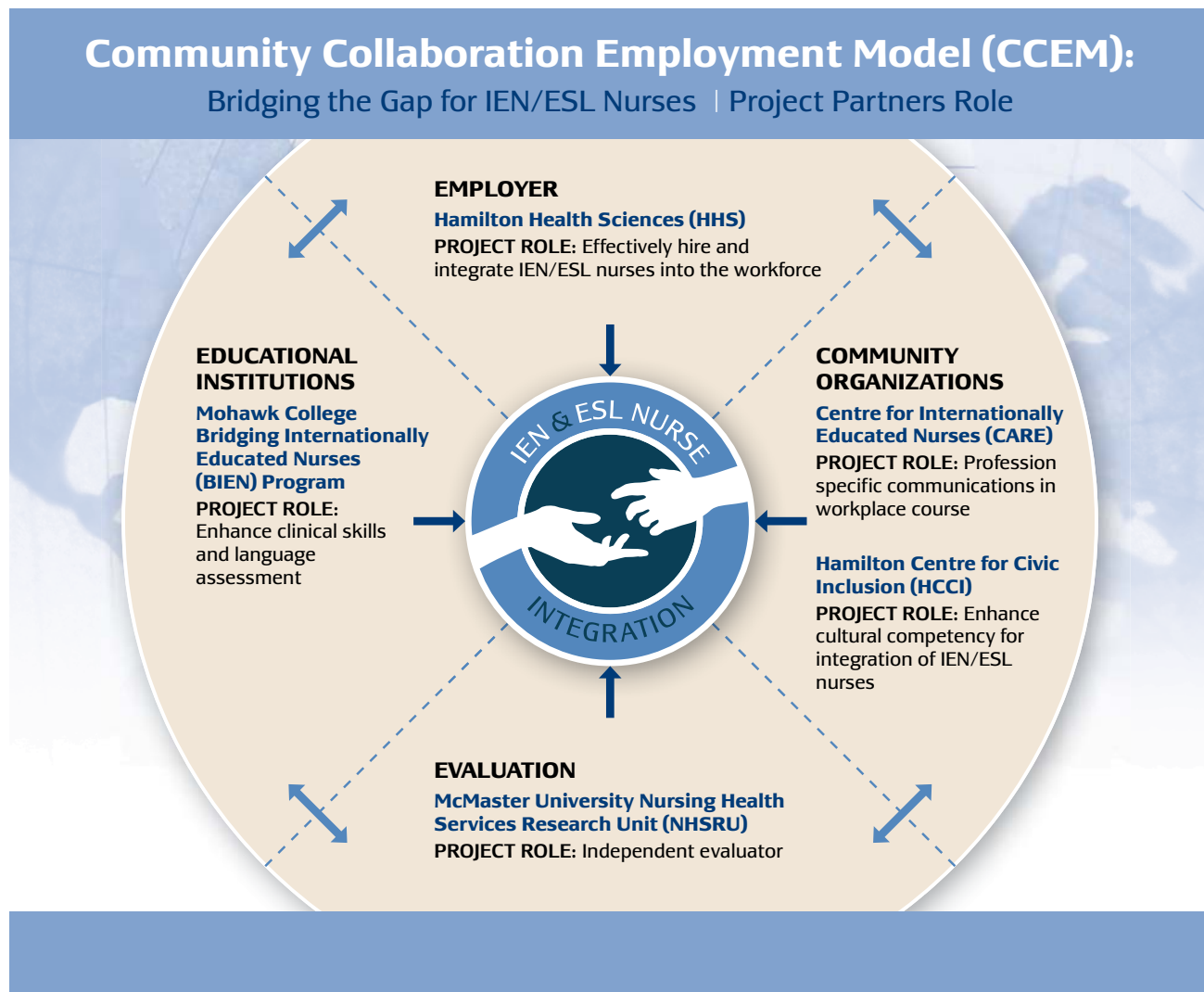
3. Provides leadership in the development and implementation of community integration including:
 - Researching, developing and supporting the provincial community integration strategy for IENs
 - Establishing a relationship with the IEN prior to arrival to prepare for the needs of the IEN
 - Ensuring IENs have sufficient support to get established within the community upon arrival
 - Connecting with individuals in the community to help facilitate community integration
 - Liaising with Office of Immigration and Multiculturalism, the Association for New Canadians and other relevant organizations to develop programs/systems to assist with community integration
4. Assisting human resources with the recruitment process of IENs including the evaluation of potential candidates, review of interview questions and providing input where required
5. Participating in regional and/or provincial committees pertaining to IEHP initiatives as required
6. Providing feedback on other IEHP projects/initiatives in the province as requested
7. Uses evidence from surveys, the literature and best-practice research to develop strategies and corresponding interventions to address problem areas

Qualifications

1. A baccalaureate degree in nursing and current registration with the A.R.N.N.L.
2. Five (5) years current adult medicine clinical experience within the last seven (7) years in nursing.
3. Advanced education qualifications as an educator, with preference given to masters level preparation in either nursing, or education with an adult or vocational education focus would be considered an asset.
4. Proven skills in areas of interpersonal, team participation, critical thinking, advanced clinical proficiency, expert oral/written communication, knowledge or program development and evaluation, computer proficiency (Meditech and PC applications), teaching/presentation skills in adult environment, leadership, research, self motivated creativity.
5. Understanding and knowledge of principles of adult learning.
6. A satisfactory record of work performance is required.

APPENDIX D:

Hamilton Health Sciences Community Collaboration Employment Model (CCEM)



Based on HHS' experience with IENs and in collaboration with partners, the Community Collaboration Employment Model was developed. It has proved successful for tapping into the expertise of major stakeholders providing effective workplace tools and interventions.

APPENDIX E:

Hamilton Health Sciences

CARE Centre Language & Communication for Nurses 3 Course Outline



LANGUAGE & COMMUNICATION for NURSES 3

This 96 hour course is designed to assist participants of the IEN/ESL Integration Program in developing effective workplace communication skills within a nursing context. The course emphasizes skill development in:

- verbal reporting
- telephone communication
- effective interaction with colleagues and clients
- assertiveness
- reading comprehension/summarizing information
- listening and processing information

The unique e-learning lounge provides participants access to highly interactive audio and video clips focused on improving speaking rhythm, intonation and fluency as well as vocabulary for health care reporting.

The ‘hands on’ activities and role playing will help develop confidence and skills that can be used immediately in the workplace.

Class discussion on cultural differences between Canada and other countries will prepare participants to better meet workplace challenges.

As this is a language course, there is a minimum attendance requirement. Participants must be able to commit to attending 85% of the course in order to receive a certificate of completion.



APPENDIX F:

Pinecrest-Queensway Community Health Centre Policy Statement

Client Services-101: HEALTH EQUITY

POLICY STATEMENT

POCHC recognizes that the health inequities within its community are caused by the unequal distribution of resources, whether power¹, income, goods and services, which unfairly impact the circumstances within which people live. Whether it is access to health care, schools and education, the conditions of work or their homes, these circumstances affect the chances of leading healthy and productive lives. These structural determinants along with the conditions of daily life constitute the social determinants of health. They are responsible for health inequities.

POCHC programs and services serve broadly diverse communities predisposed to health inequities. These diversities are based upon, but not limited to, income level, racial and ethnic origin, age, sexual and gender orientation, status in Canada, religious and spiritual beliefs, and physical and mental capacity.

POCHC recognizes that members of diverse groups can be more vulnerable. They may be subjected to forms of discrimination and encounter barriers to their full and equal access to the benefits of society. Discrimination is behaviour based on prejudiced feelings and attitudes that lead to differential and unfavourable treatment of persons. Discrimination can be systemic referring to the pervasive structures and practices that exclude groups on the basis of race, ethnicity and/or other forms of oppression. Discrimination may be intentional or unintentional, verbal or nonverbal, subtle, passive or overt in nature.

Health equity is a concept that arises from the substantial differences experienced in health, in access to health and in health outcomes as a result of social disadvantage.

POCHC is committed to health equity. The Center acknowledges the inextricable link of health equity with social justice and fairness and is committed to advancing health equity and social justice within the community and as a core component of the organization.

POCHC aims to achieve an equity-based approach to its services by adopting and monitoring policies and procedures to ensure equal and equitable access to its services for all members of its staff and its community.

POCHC proactively works toward inclusion by ensuring our programs and services are structured and delivered in ways that are mindful and respectful of diversity and equity. This includes but isn't limited to paying attention to geographic and physical accessibility, timing and language of service delivery.

POCHC strives to create an environment free of discrimination by taking an anti-discrimination approach to its governance, hiring and service delivery policies and

¹ "Power is the unearned and often hidden ability for individuals from the dominant group to exert their influence over other individuals as a result of their social position. Power is often afforded to individuals through social structures and social institutions, which is also how power is often exercised and perpetuated as well." *The Child Welfare Anti-Oppression Roundtable, Anti-Oppression in Child Welfare: Laying the foundation For Change*, October 2008.

practices. This approach is reflected in PQCHC's commitment to eliminate barriers that prevent equitable participation. Reference Diversity and Inclusion HR policy

PQCHC strives to achieve health equity as an organization and promote health equity in the community by:

- ensuring consistency with the Ontario Human Rights Code across all organizational policies and procedures;
- developing and maintaining an inclusive, equity-based, justice-based, fair, anti-oppressive organizational culture in which respect for diversity is a practised value;
- ensuring anti-discrimination values, attitudes, knowledge and practices to build an environment free from discrimination in which Board, staff, volunteers, students and community can participate in and benefit from programs and services which are responsive and sensitive to the needs of diverse groups;
- striving to have a board, volunteer and staff base which is reflective of the community it serves;
- ensuring that programs and services are structured and delivered in ways that address the social determinants of health and barriers to access, such as geographic and physical accessibility, timing of service delivery, and language;
- ensuring that this commitment to equity, justice, fairness and diversity are integrated into all policies and practices, training, service delivery and partnerships; and
- assuming a pro-active role in identifying barriers to health equity and advocating for change both internally and externally.

PROCEDURE, TOOL OR ACTIVITY TO MONITOR COMPLIANCE		RESPONSIBILITY
1	Health Equity Policy: annual report to the Board through the Chief Executive Officer's Executive Limitations Report (June of each year). This includes a review and summary of compliance with the policy.	Chief Executive Officer
2	Regular review (every 4 years) of policies and procedures to ensure consistency with Health Equity Policy.	Board of Directors, CEO, Program Directors and Managers
3	Board recruitment process alignment with the policy.	Board of Directors
4	Inclusion of health equity principles in human resources practices.	Program Directors and Managers
5	Programs regularly review their service delivery models to ensure they are: <ul style="list-style-type: none"> ■ Accessible ■ Culturally appropriate ■ Sensitive to race, cultural, age, disability and gender differences ■ Free from prejudice, bias and discrimination ■ Proactively involving members of the community in the process of social change through education ■ Building on strong reciprocal links with other community groups providing culturally and/or racially specific services and/or working on the issues of racism, homophobia, transphobia or other issues of diversity and inclusion ■ Advocating with culturally and racially diverse people to remove barriers preventing their full participation in Canadian society. 	Leadership Team
6	Monitoring of feedback received from clients through client experience surveys, and taking action at program, policy, and advocacy levels as needed.	Program Directors and Program Managers
7	Monitoring and responding to changing community and client demographics as a component of strategic planning.	Board of Directors
8	Regular meetings of the Health Equity Committee to support the implementation of the Health Equity Policy, and to monitor and identify barriers to health equity and recommend solutions.	Chair of the Health Equity Committee

Human Resources-102: EQUITY & INCLUSION

POLICY STATEMENT

Pinecrest-Queensway Community Health Centre recognizes that diversity among residents of our catchment area and participants of our Programs and Services has brought cultural, social and economic enrichment to the organization, the community and to the City. It also recognizes that members of diverse groups often encounter barriers to their full participation in society.

PQCHC defines diversity as the unique differences and similarities that our employees, clients, volunteers, students and communities bring to our environment. It is a variety of characteristics, visible or not, that include, but are not limited to age, culture, religious beliefs, health status, sexual orientation, gender, race, marital status, family status, and disability.²

We define inclusion as ensuring our programs and services are structured and delivered in ways to ensure that we are respectful of the diversity of the clients and communities we work with, and that we optimize their participation. This includes paying attention to geographic and physical accessibility, times, languages, etc., and that communications for clients and participants is understandable, respectful and inclusive. We also ensure that our policies, procedures and organization culture fosters an inclusive environment for staff, students and volunteers.

In acknowledging that discrimination³ exists systemically, PQCHC, as an organization, takes an anti-discrimination approach to its governance, hiring and service delivery policies and practices. This approach is reflected in PQCHC's commitment to ensure that its mission and operations embrace the entire community by eliminating barriers that prevent equitable participation. *HR-103: Health Equity Policy*

To this end, PQCHC strives to ensure equity and non-discrimination and achieve cultural competency⁴ as an organization by:

- ensuring consistency with the Ontario Human Rights Code across all organizational policies and procedures,
- developing and maintaining an inclusive, equity based, justice based, fair, anti-oppressive organizational culture in which respect for diversity is grounded in our values
- embracing the diversity of our workforce, our clients, volunteers and students and the clients and communities we serve by developing and maintaining an inclusive, equity-based organizational culture in which respect for diversity is a practiced value,
- encouraging anti-discrimination values, attitudes, knowledge and practices to build an environment free from discrimination in which Board, staff, volunteers, students, clients and community can participate in and benefit from programs and services which are responsive and sensitive to the needs of diverse groups,

2 **Ontario Human Rights Code** R.S.O. 2005, c. 5., s. 32(1) Every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, employment status, health status, family status, disability or record of offenses.

3 **Discrimination** is behaviour based on prejudiced feelings and attitudes that lead to differential and unfavourable treatment of persons based on factors such as sex, race, culture, class, religion, age, health status, sexual orientation, gender identification and disability. Discrimination can be systemic referring to the pervasive structures and practices that exclude groups on the basis of race, ethnicity and/or other forms of oppression. Discrimination may be intentional or unintentional, verbal or nonverbal, subtle, passive or overt in nature.

4 **Cultural Competency** is a set of congruent behaviours, attitudes and policies enabling an organization and/or individuals to work effectively in a cross-cultural environment. It is a developmental process that evolves over an extended period. An organization's capacity to be culturally competent is based on the degree of awareness, sensitivity and knowledge among staff, board, volunteers and students. In order to support cultural competency, organizations need to have a defined set of values and policies which reflect a commitment to diversity and practices which demonstrate the intent of this policy.

- striving to have a board, volunteer and staff base which is reflective of the community it serves,
- ensuring that this commitment to diversity is integrated into all policies and practices, training, service delivery and partnerships, and,
- assuming a pro-active role in identifying barriers to service and advocating for change both internally and externally.

Procedures, tools, activities to monitor compliance

- Diversity and Inclusion Policy: Annual report to the Board through the Chief Executive Officer's Executive Limitations Report (June of each year). This includes a review and summary of compliance with the policy. *Responsibility: Chief Executive Officer*
- Regular review (every four years) of policies and procedures to ensure consistency with diversity policy. *Responsibility: Board of Directors, Chief Executive Officer, Managers.*
- *Regular review and monitoring of CS – 101 Health Equity Policy*
- Annual review of staff composition assessing degree of diversity among staff. *Responsibility: Chief Executive Officer*
- Inclusion of diversity in Human Resource practices. *Responsibility: Managers*
- Monitoring of feedback received from Workplace Culture Survey *Responsibility: Leadership team.*

REFERENCES

- AOHC Model of Health and Wellbeing (2013). <http://aohc.org/model-health-and-wellbeing>
- AOHC Health Equity Charter
- *Ontario Human Rights Code*, R.S.O. 2012, c. 7, s. 1
- World Health Organization (WHO), 1996. Health Systems: Equity. <http://www.who.int/healthsystems/topics/equity/en/>
- World Health Organization. 2008. *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*. http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf

APPENDIX G:

St. Michael's Hospital

Internationally Educated Professionals Integration and Transition Program Presentation



SMH IEP Integration and Transition Program

Agenda

- Share experiences about St. Michael's Hospital (SMH) Internationally Educated Professionals Integration and Transition Program
 - What is the program?
 - What are our learnings?
 - What resources are needed?



SMH IEP Integration and Transition Program

What is the IEP Program?

- A program to build SMH capacity for the effective transition, integration, and retention of IEPs
 - Two year **post-hire** pilot project
 - Partnership between human resources, nursing, and health disciplines
 - Funded by the Government of Ontario, and Citizenship and Immigration Canada

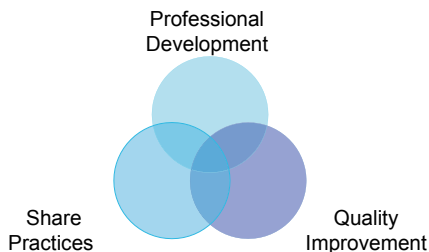


SMH IEP Integration and Transition Program

- **SMH Commitment to Program**
 - Professional development opportunities for IEPs, staff mentors and managers
 - Mentorship program targeting IEPs and mentors
 - Balanced scorecard for evaluation and continuous improvement
 - Workforce planning toolkit
 - Communication best practice toolkit



SMH IEP Integration and Transition Program

Program ComponentsSt. Michael's
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SMH IEP Integration and Transition Program

Professional Development

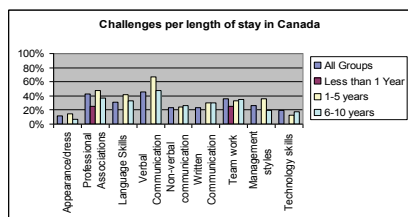
- **Internal scan**
 - Perceptions of SMH IEPs with regard to their personal integration and transition
 - Perceptions of SMH managers with regard to IEPs integration and transition
 - Current strengths, weaknesses, and realistic opportunities to improve supports
- **External scan**
 - Current practices of other organizations

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SMH IEP Integration and Transition Program

SMH IEP perceptionsSt. Michael's
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SMH IEP Integration and Transition Program

SMH Manager perceptions

- Challenges managers have faced with IEPs
 - Cultural awareness
 - Communication skills
 - Hesitancy of IEPs to take initiative
 - Knowing scope of practice
- Barriers preventing managers/team from assisting IEPs
 - Lack of knowledge re different cultural norms and behaviors
 - Lack of time and resources
 - Competing needs and priorities

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External scan

- Professional development opportunities
- Reciprocal mentorship
- International club for networking
- Diversity training for employees

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SMH IEP Integration and Transition Program

Participant inclusion criteria

- IEPs
 - Permanent or temporary full-time/part-time SMH employee
 - Canadian citizen or landed immigrant
 - Within the first 3 years of hire at SMH
 - Obtained professional education outside of Canada related to current occupation
 - Employed in a regulated or non-regulated professional role
- Staff Mentors
 - Permanent or temporary full-time/part-time SMH employee for a minimum of 1 year
 - At least 3 years of professional Canadian work experience
 - Employed in a regulated or non-regulated professional role
 - Enthusiasm and commitment to colleagues' learning experiences

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SMH IEP Integration and Transition Program

- **Participant inclusion criteria**
 - Managers
 - Demonstrated interest in participating in program
 - Champions
 - Willing to speak well of the program and support employees' participation

SMH IEP Integration and Transition Program

- **Professional development opportunities**
 - Implemented September to December, 2010
 - Time commitment for workshops

IEPs	50 hours
Managers	10 hours
Mentors	10 hours
 - Time commitment for mentorship program

IEPs/mentors	16 hours
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SMH IEP Integration and Transition Program

- **IEP workshops**
 - Communication skills
 - Interprofessional collaboration and teamwork
 - Organizational culture
 - Canadian/business culture
 - Scope of practice
 - Professional associations and standards
- **Mentorship relationship**
 - Developed individual learning plan
 - Focused on achieving professional goals

SMH IEP Integration and Transition Program

- **Mentor and Manager workshops**
 - Cultural diversity
 - Understanding the IEPs experiences
 - Communication

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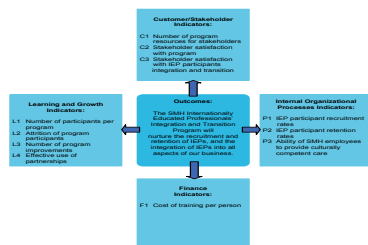
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SMH IEP Integration and Transition Program

Quality Improvement

Draft Balanced scorecard



SMH IEP Integration and Transition Program

- **Workforce plan**
 - To ensure a future supply of health care professionals and to integrate IEPs into all aspects of our business practices
 - Determine current number of IEPs at SMH
 - Determine goals for numbers of IEPs at SMH
 - Implement specific strategies to source, recruit, and support IEPs
 - Evaluate IEP workforce plan for long-term use

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SMH IEP Integration and Transition Program

Share Practices

- **Communication Toolkit**
 - Marketing for IEP recruitment
 - Communicating to internal stakeholders
 - Information for external colleagues

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SMH IEP Integration and Transition Program

Learnings

- Dedicate sufficient human and financial resources to the project...and then dedicate some more....
- Allow for lots of preparation time, stakeholder involvement, flexibility, and communication
- Be brave: "It's a pilot"

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SMH IEP Integration and Transition Program

Resources

- **Organizational culture**
 - Mission and values
 - Leadership champions for support and resources
- **Employee engagement**
 - Mentor and manager early adopters
- **External sources**
 - Other organizations and associations expertise
 - Government funding and support

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APPENDIX H:

St. Michael's Hospital

The Path to Integration Presentation



The Path to Integration St. Michael's Hospital Experience - IENs

Hospital Overview

St. Michael's Hospital is a large academic health sciences centre fully affiliated with the University of Toronto, and is a major tertiary and quaternary referral centre.

- \$552 M operating budget
- 465 acute adult inpatient beds
- 26,725 inpatient visits (average length of stay 6.1 days)
- 70,508 emergency visits annually
- 30,789 surgeries (inpatient and surgical day/night care)
- 456,071 ambulatory visits
- 285,137 diagnostic, therapeutic and other visits
- 5,392 staff and 1,600 nurses

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The Path to Integration St. Michael's Hospital Experience - IENs

Maximizing the Brain Gain of Internationally Educated Nurses at SMH – Success Factors (2007)



1. Establishing the strategic focus on the recruitment of Internationally Educated Nurses (IENs)
2. Leveraging existing corporate initiatives and building on successes
3. Developing evidence-informed integrated strategies

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The Path to Integration St. Michael's Hospital Experience - IENs

Nursing Supply

- In 2005, Ontario had the second highest percentage of internationally educated RNs (11.9%) in Canada but the highest actual number (10,684) (Canadian Institute for Health Information, 2006).
- From 2000 to 2005, the number of internationally educated RNs in the Ontario workforce rose from 8,563 to 10,684.
- The number of internationally educated RNs entering the Ontario workforce annually increased to 1,532 in 2005 from a low of 223 in 1998.
- In 2005, internationally educated RNs comprised 34.1 % (1,115) of new RN members in Ontario. Ontario produced only 52.4% of new RNs entering the workforce that year. The remaining 13.5% (441) were from the other provinces.
- Approximately 50% of migrant nurses entering the workforce over the past decade have been under 35 years of age. These nurses help to counter the trend of aging nurses in Ontario.

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The Path to Integration St. Michael's Hospital Experience - IENs

Corporate Strategic Alignment & Building on Our Successes

- Strategic Plan 2009:
 - Strategic Direction: Investing in Our People "Investing in programs aimed at nurturing international / foreign trained professionals and providers as key to ensuring the future supply of our healthcare workforce".
- Renewed focus on strategic recruitment of internationally educated nurses
 - External Scan
 - Internal Current State Analysis
 - Leadership Retreat
- Leveraging existing nursing priorities and initiatives

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The Path to Integration St. Michael's Hospital Experience - IENs

Why IEPs are valued at St. Michael's Hospital

- St. Michael's Hospital serves one of the most diverse communities in Canada. The Hospital's approach to celebrate our diversity has been one of integration. The goal is to shape the "culture" of St. Michael's Hospital to reflect the diversity of the communities that we serve.
- Creating an environment in which all employees, including IEPs, professionally grow and develop St. Michael's core values: compassion, community of service, human dignity, excellence, social responsibility, and pride of achievement.
- IEPs are a key to ensuring the future supply of the healthcare workforce.
- Investing in our people for the organization and for patients helps quality patient care.
- The hospital highly values and recognizes the skills, experiences, and perspectives that internationally educated professionals bring to our organization, the health care system, and the country.

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The Path to Integration St. Michael's Hospital Experience - IENs

IEN Strategies – Integrated Solutions

Recruit:	Retain:	Professional Growth:
➢ Recruitment process <ul style="list-style-type: none"> ▪ Professional Partnership initiative with the CARE Centre for Internationally Educated Nurses ▪ Partnership building with Health Force Ontario Access Centre for Internationally Educated Health Professionals ▪ Partnership with CareerBridge ▪ Capitalizing on our students, including IENs completing clinical placements at SMH 	➢ Orientation ➢ Rewards Programs <ul style="list-style-type: none"> ▪ SMH Nursing Internship Program ▪ New Graduate Reinvestment Funds ▪ Nursing Excellence Awards Program 	➢ CareerPathing ➢ Learning and Development ➢ Mentoring <ul style="list-style-type: none"> ▪ Participation in all nursing career development opportunities ▪ Nursing Fellowship ▪ Mentorship Capacity Building - "Nurses nurturing nurses"

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The Path to Integration St. Michael's Hospital Experience - IENs

Workplace Communication for Internationally Educated Nurses

- Workplace Communication for Internationally Educated Nurses was delivered by the CARE Centre in winter 2009 and 2010 to internationally educated nurses (IENs) at St. Michael's Hospital (SMH).
- Workplace Communication provided advanced communication strategies for working/workplace-ready IENs. Main areas of focus included: Introducing, Managing and Ending a Nurse-Client Interview, Intercultural Communication Skills, Documentation and Reporting, Communicating Assertively with Clients and Colleagues, Lay vs. Technical Vocabulary, Telephone Communication Skills, Therapeutic Communication Skills, and Health-Teaching.

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The Path to Integration St. Michael's Hospital Experience - IENs

Workplace Communication for Internationally Educated Nurses

Overall Conclusions:

- 100% of participants who attended received Certificates of Completion
- 80% of supervisors surveyed observed some to significant change in the communication skills of their employees
- 100% of participants surveyed observed some to significant change in their communication skills
- 100% of supervisors surveyed would like to see *Workplace Communication for Internationally Educated Nurses* offered at St. Michael's Hospital in the future

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The Path to Integration St. Michael's Hospital Experience - IENs

IENs at SMH

- MOH New Graduate Guarantee Initiative reinvestment funds are used to aid in initiatives that support IENs e.g. extended orientation, backfill for workshop attendance
- Approximately 15-18% of nurses at SMH are IENs

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The Path to Integration St. Michael's Hospital Experience - IENs

IEN Workshops at SMH

- In collaboration with the Registered Nurses Association of Ontario, SMH will offer a workshop specifically tailored to Internationally Educated Nurses in February 2013.
- The workshop will address the cultural shifts of practicing in Canada with a focus on clinical leadership, collaborative practice and client centred learning.
- Backfill funding will be provided.

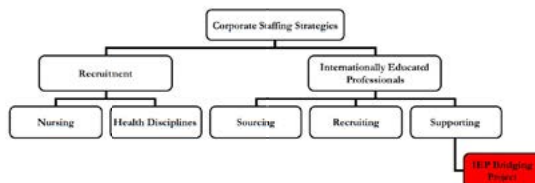
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The Path to Integration St. Michael's Hospital Experience - IENs

Building Employer Capacity for Effective Integration and Retention of Internationally Educated Professionals (IEPs)

Funded by: Ministry of Citizenship and Immigration

Project Goal: To build SMH capacity for effective transition integration and retention of IEPs

Funded by:
Ontario
CanadaSt. Michael's
Inspired Care. Inspiring Science.Corporate Staffing Strategies:
Framework

The Path to Integration St. Michael's Hospital Experience - IENs

Project Objectives

- Develop and implement a customized orientation and transition program for IEPs during their first three years of employment
- Enhance IEP mentorship capacity targeting IEPs, mentors and managers through education workshops
- Create a communication best practice toolkit promoting recruitment and retention of IEPs/share experiences with others

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Participation Criteria

- IEPs
 - Canadian citizen or landed immigrant
 - First three years of SMH employment
 - Permanent full-time or part-time status
 - Obtained professional education outside of Canada related to current occupation at SMH
 - Regulated or non-regulated professional role
 - EG: Registered Nurse, Health Disciplines, Financial Analyst, Engineer, Web developer, Information Technology Specialist, HR Specialist

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Participation Criteria

- Mentors – interested and manager approval
- Managers – interested in participating in workshops
- Champions- interested in supporting program

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The Path to Integration St. Michael's Hospital Experience - IEPs

Internationally Educated Professionals (IEPs) Integration and Transition Program

IEPs learned about:

- Organizational culture
- Canadian workplace environment
- Communicating effectively
- Teamwork and taking initiative
- Networking and building professional relationships
- Fulfilling responsibilities within professional scope



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The Path to Integration St. Michael's Hospital Experience - IEPs

Curriculum Overview

- Manager sessions focused on:
 - Understanding the IEP/Challenges/Goals
 - Communication
 - Cultural diversity



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The Path to Integration St. Michael's Hospital Experience - IEPs

Curriculum Overview

- Mentor sessions focused on
 - Transition and integration supports
 - Communication
 - Cultural diversity



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The Path to Integration St. Michael's Hospital Experience - IEPs

Program Details

- Curriculum was implemented during 4-5 month period starting September, 2010
- Approximate time commitment:

IEPs	50 hours
Managers	10 hours
Mentors	10 hours
- Funding available for employee backfilling



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The Path to Integration St. Michael's Hospital Experience - IEPs

Outcomes: Internationally Educated Professional Integration and Transition Program

- Met IEP learning needs through professional development and networking opportunities
- Supported managers with recruitment and retention strategies related to IEPs
- Provided staff mentors with the knowledge and resources to support IEPs



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The Path to Integration St. Michael's Hospital Experience - IEPs

Benefits of Curriculum

- Enhanced corporate support for integrating IEPs into the workforce
- Increased efficiency of IEP transition into professional role
- Improved retention rate of new IEP employees
- IEP, manager, and mentor personal satisfaction
- Improved patient experience



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The Path to Integration St. Michael's Hospital Experience - IEPs

Internationally Educated Professionals (IEPs) Integration and Transition Program

IEPs also benefited as a result of managers' and mentors' enhanced understanding of:

- IEPs experience, credentials, challenges, and barriers
- Cultural diversity and communicating across cultures
- The mentoring relationship



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Outcomes: Mentorship Component

"I found the mentorship extremely valuable. It provided me insight into Canadian work etiquette. I understand the importance of verbalizing the right words in the workplace. I now also understand the value of non-verbal communication."

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Jogesh Dhir,
Project Manager



Lessons Learned: Mentorship

- Mentorship Program evaluation
 - Strengths
 - Network with a different type of health professional
 - Learn more about other cultures in a safe environment
 - Demonstrated support of program by Hospital leaders
 - Areas for improvement
 - Communication about mentorship purpose
 - Clarity of role descriptions
 - Support of project team for staff mentors

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The Path to Integration St. Michael's Hospital Experience - IEPs

St. Michael's IEP Achievements

- **St. Michael's Making Connections – Newcomer Mentoring Program.** The IEPs gain an understanding of the Canadian health care system. St. Michael's is showcased as an employer of choice.
- **Specialist, Internationally Educated Professionals** implements innovative approaches for recruiting, sourcing, and retaining foreign-trained professionals.
- **Career Bridge Program** helps IEPs in non-regulated professions gain valuable Canadian workplace experience.
- As a founding member of the **CARE Centre for Internationally Educated Nurses (IENs)** we provide a wide range of opportunities for IENs including bursaries, mentoring, job shadowing, and work related learning opportunities.
- St. Michael's many accomplishments have been recognized. Examples of awards include **Canada's Best Employers for New Canadians**, **Career Bridge's Leadership Award**, and the **Toronto Star Immigrant Success Award for Excellence in Workplace Integration**.



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The Path to Integration St. Michael's Hospital Experience - IEPs

In Conclusion: Key Success Factors

- Understanding the need for IENs/IEPs to sustain our human resources for a quality health care system. We serve a culturally diverse patient population – We need a culturally diverse staff!
- Corporate Strategic Priority – commitment to hiring IENs/IEPs
- Align decision-making with the strategy across all departments
- Provide education programs for management and staff with focus on recruitment, integration and retention of IENs/IEPs
- Create a healthy work environment for all
- Celebrate Diversity (i.e. Multi-faith room/include religious and cultural holidays in corporate news letter)



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APPENDIX I:

St. Michael's Hospital

Statement on Diversity, Equity and Access, Inner City Health Program

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Inner City Health Program

Statement on Diversity, Equity and Access

What?

The St. Michael's Hospital approach to recognizing and celebrating diversity has been one of integration. The main goal is to continuously monitor and shape the culture of the hospital to reflect the diversity of the communities we serve. This will ensure that our health care services are delivered in accordance with our mission and values, which promote human dignity, compassion, excellence, community, social responsibility and pride of achievement. Diversity is the responsibility of everyone who is part the organization, including patients, visitors, staff, physicians, health disciplines, students and volunteers. To maintain our tradition of providing the best care possible, it is one of our goals to ensure care is culturally and linguistically appropriate.

Why?

St. Michael's Hospital serves one of the most diverse communities in Canada. This extends far beyond ethno-racial or linguistic diversity, but to the many cultural groups that live or work in downtown Toronto. Ethno-racial communities are only one focus of our work in this area: there are also faith based groups; people who are homeless or under- housed; people of all genders and sexual orientations; seniors, youth and children; and people living with mental illness, HIV/AIDS, disabilities, poverty and addictions are all considered cultural groups.

How?

St. Michael's Hospital recognizes that within each of these communities, there are specific cultural based beliefs concerning health and the health care system. We continuously monitor the attitudes and experiences of patients, visitors, community partners and hospital personnel; address language, communication and structural barriers; increase cultural awareness; and address systemic inequities within the Hospital and the wider health sector.

Some Patient Diversity, Equity & Access Initiatives

- Cultural sensitivity training is provided to all staff upon entering the organization and through on-going educational opportunities.
- Language interpretation is available free of charge via telephone or face to face when you visit a doctor. If face to face interpretation is required, please ask your doctor's office to reserve this service at least five days in advance of your appointment.
- Foods from specific ethno-cultural or religious communities can be requested. Food services will attempt to meet these requests whenever possible.
- Comprehensive spiritual care is provided in house. This department can also make arrangements to have spiritual leaders visit you from a variety of faith groups.
- Development of an Urban Health Strategy in partnership with the Aboriginal community
- Collecting socio-demographic data to ensure a patient-centred approach to care and to better measure equitable access for all patients
- Periodic review of structural and other barriers for people with physical or mental disabilities.
- All-Genders abuse screening in the Emergency Department

Contact Us

If you have a compliment or complaint, please approach the hospital department that you visited. The Patient Relations office is also available to assist you. Please also see the Affirmation Statement.

Patient Relations Phone: 416-864-5215

For more information about diversity, equity and access initiatives, please contact:

Anthony Mohamed, senior specialist, equity and community engagement,
inner city health program at mohameda@smh.ca or 416-864-5087.

(Updated October 18, 2013)

APPENDIX J:

St. Paul's Hospital, Providence Health Care, British Columbia

Mentee Questionnaire

Mentee Questionnaire – Part 1 of 2 – CSICU

1. Gender:

☐ Male
 ☐ Female
2. Age:

☐ Under 30
☐ 40-50

☐ 30-40
☐ 50 & above
3. Do you have children?

☐ Yes
 ☐ No
4. If you do have children, what age category do they fall into:

☐ Preschool
 ☐ School age
 ☐ Young adult
5. Do you plan to commute to St. Paul's Hospital?

☐ Yes
 ☐ No

 If yes, where will you be commuting from?
 Mode of transportation:
6. Is English your second language?

☐ Yes
 ☐ No

 If yes, what other language(s) do you speak, please list:
7. From the following list, please indicate how important each element is to you during your mentorship experience at St. Paul's Hospital?

Clinical Skills	Somewhat important <input type="checkbox"/>	Important <input type="checkbox"/>
Critical thinking	Somewhat important <input type="checkbox"/>	Important <input type="checkbox"/>
Orientation to unit	Somewhat important <input type="checkbox"/>	Important <input type="checkbox"/>
Learning about community	Somewhat important <input type="checkbox"/>	Important <input type="checkbox"/>
Friendship	Somewhat important <input type="checkbox"/>	Important <input type="checkbox"/>
Receive Feedback	Somewhat important <input type="checkbox"/>	Important <input type="checkbox"/>
Set work related goals	Somewhat important <input type="checkbox"/>	Important <input type="checkbox"/>
8. Describe the ideal mentor for you:
9. What types of issues would you feel comfortable discussing with a mentor (check all that apply)

☐ Work
 ☐ Life outside work
 ☐ Advice
10. What are your concerns in anticipation of your first few months on the CSICU unit? Please describe:

Mentee Questionnaire – Part 2 of 2 – CSICU

1. Have you ever had a mentor?

☐ Yes

☐ No

If yes, can you describe the overall experience?

2. List three hobbies/ activities you like to do during your free time:

1.

2.

3.

3. What is the best way for your mentor to reach you?

☐ Home phone

☐ Cell phone

☐ Text messaging

☐ Web-based messenger

☐ Facebook

☐ Mail

4. Please check all that describe your personality:

☐ Outspoken

☐ Good listener

☐ Enjoys outdoor activities

☐ Enjoys indoor activity

☐ People oriented

☐ Assertive

☐ Outgoing

☐ Reserved

☐ Confident

☐ Introverted/ Quiet

☐ other –specify:

5. Please check all that described you as a professional:

☐ Works well in groups

☐ works well alone

☐ Comfortable receiving feedback
roles

☐ recognize professional team

☐ Organized

☐ prefers routine

☐ Adapts easily to change

☐ Other –specify:

6. Please check all that describe your learning style:

☐ Seeks out learning experiences

☐ learn by doing

☐ Learn by observing first, & then doing

☐ learns by reading

☐ Prefers lectures

☐ prefers group discussions

☐ Comfortable with public speaking

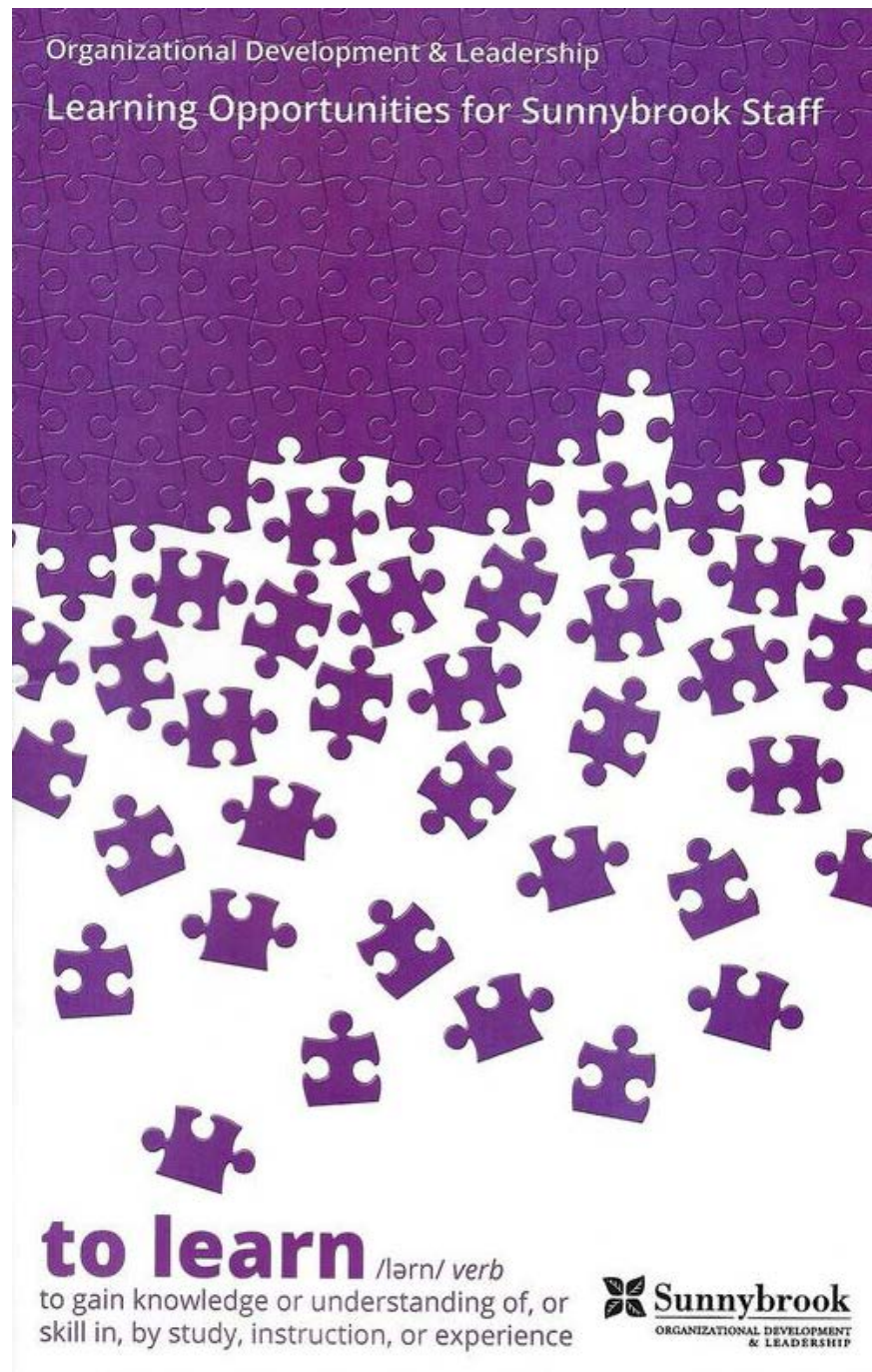
☐ Other – please specify:

*Thank you for completing this questionnaire! We will try our best to match you with a mentor that complements your personality and learning style.
We hope you will enjoy your mentorship experience in our CSICU!*

APPENDIX K:

Sunnybrook Health Sciences Centre

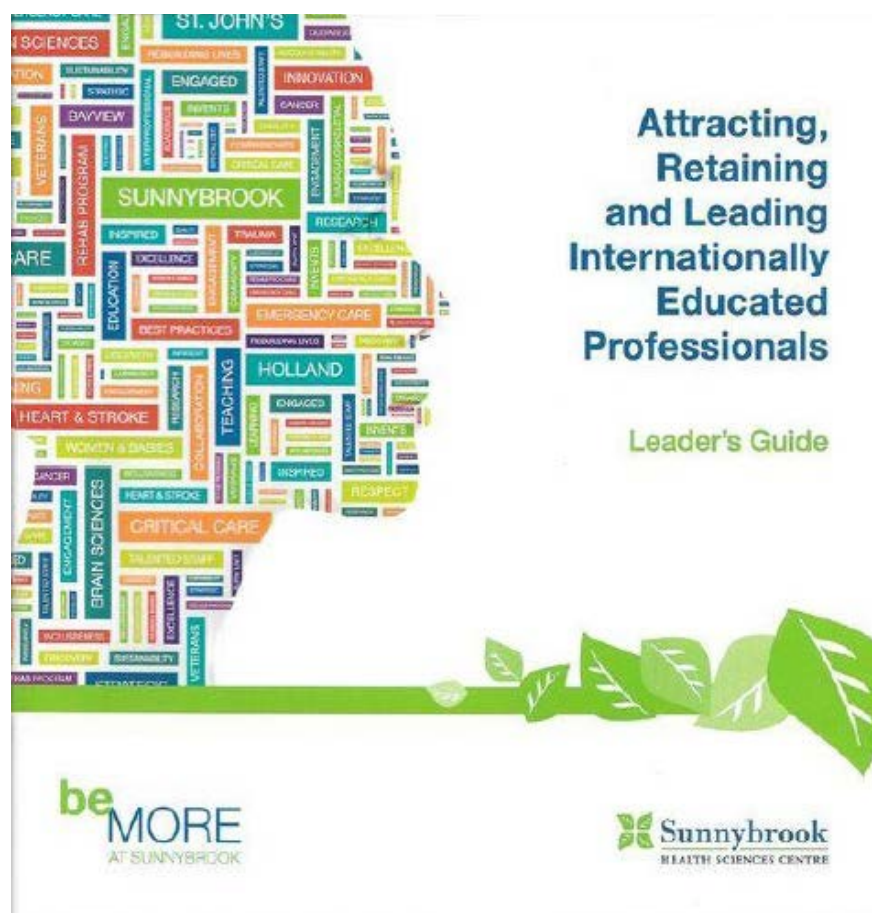
Organizational Development and Leadership: Learning Opportunities for Sunnybrook Staff



APPENDIX L:

Sunnybrook Health Sciences Centre

Attracting, Retaining and Leading Internationally Educated Professionals: Leader's Guide



APPENDIX M:

The Scarborough Hospital Leading a Diverse Workforce: A Workshop for Leaders

Overview:

Through discussion, individual reflection and scenario-based group activities, participants will:

1. Reflect on their experiences and own views and become **bias-aware**.
2. Reflect on their **role and responsibilities** as a leader.
3. Leave with an understanding that **Diversity + Equity = Inclusion** and feel empowered to pursue it.

APPENDIX N:

The Scarborough Hospital

Coaching & Mentoring Skills Training: Partnering for Performance and Growth

TSH worked closely with coaching expert Jennifer Britton (Potentials Realized) to develop this training. Embedded throughout this two day course were scenarios-based exercises which focused on IEP employee related situations. During the mentoring portion of the course, specific mention was made of IEPs when discussing the four types of mentoring relationships at TSH. The learning outcomes for participants included to:

- Understand what coaching and mentoring mean in the context of The Scarborough Hospital
- Describe how coaching and mentoring are different
- Identify coaching and mentoring moments
- Identify the four key steps for coaching and utilize the GROW Model of Coaching
- Select the appropriate tools, conversations, skills and resources to create powerful coaching and mentoring conversations
- Hold a constructive feedback conversation
- Differentiate between coaching, mentoring and performance feedback
- Monitor and evaluate the goals and outputs of the coaching and mentoring process

APPENDIX O:

The Scarborough Hospital eLearning

TSH has rolled out two eLearning courses (that were developed by TRIEC) to all staff. These two courses are:

1. **Cross-Cultural Communication in the Workplace:** The objectives of this course are to make learners:

- Explore cross-cultural communication challenges between individuals and across groups.
- Analyze their own style of communication and its impact on intercultural relationships.
- Generate strategies to enhance both one-on-one and team communication in their department.

2. **Culture and Workplace Interactions:** The objectives of this course are to make learners:

- Recognize how culture impacts work styles, rapport building amongst colleagues, teamwork, and role expectations.
- Identify strategies to address intercultural misunderstandings and conflict due to cultural differences.
- Build effective workplace relationships and teams in culturally competent ways.

APPENDIX P:

The Scarborough Hospital Employee Opinion Survey

Diversity Survey included questions related to foreign credentials:

- What is the highest level of education and/or training you have attained?
- Where did you receive your highest level of education and/or training?
- Are you using your highest level of education and/or training at your work in TSH?
- Please identify why you are not currently using your education in your work at TSH.

Notes

Notes

A series of horizontal dotted lines for taking notes.



FUNDED BY:

