

Integrating Internationally Educated Nurses into Community Practice

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National Community Health Nurses of Canada Conference
June 19, 2013 - Kelowna, BC

Revera Home Health (RHH)

- One of Canada's largest home health providers offering home support, nursing and rehab services
- We serve more than 25,000 clients every week across seven provinces with more than 4,000,000 community care hours annually
- Canadian owned and operated for 50 years
- Accredited by Accreditation Canada in March 2013 with Exemplary Standing
- Committed to quality, client-centred care and excellence in care and service delivery



CARE Centre for Internationally Educated Nurses



- A non-profit organization, that provides immigrant nurses with the one-on-one support, language and communication skills and exam preparation to be successful in the nursing profession
- CARE Centre recognizes the value of nurses with diverse education & experience and is committed to advocating for their full contribution to Ontario's healthcare system
- In 2011-12, > 250 IENs were supported to pass their CRNE exam (87) or CPRNE exam (179); > 400 IENs were newly enrolled in CARE Centre's program
- CARE Centre collaborates with educational and community partners to provide IENs with services and supports that are unique to their educational and professional needs
- Funded as a Bridge Training Program by the Ontario Ministry of Citizenship and Immigration



Revera & CARE - Common Goals

- Excellence in the delivery of safe client care
- Successful integration of internationally educated nurses into the community practice setting

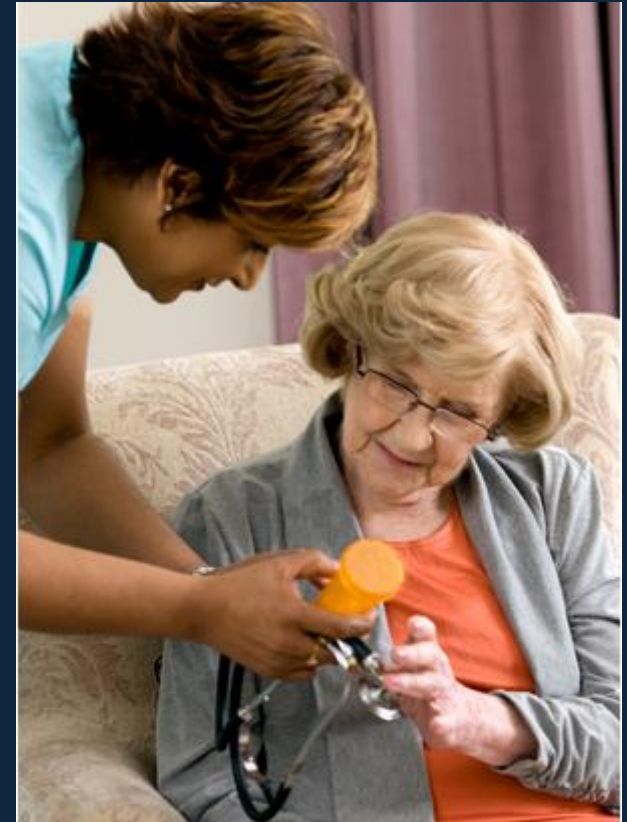


How Did We Get Here?

- An RHH branch in a very large city in Ontario was experiencing difficulty with nurses related to communication, comprehension, accountability and documentation
- A review showed that one trait many of the nurses shared was that English was not their first language, they were internationally educated and they had never worked in community nursing before
- Nurses were receiving support, but not necessarily the right kind

Community Nursing – Unique Challenges

- Scope of community nurses must be very broad
- Independent nature of community work requires highly developed communication and coordination skills, as communication is frequent, complex and rarely face to face
- Little opportunity for direct supervision or peer practice constraint
- Practice is very autonomous, but also very isolated
- Technology is now ubiquitous
- All of these challenges are also risks



The Changing Place of Healthcare



- Home health not often a “first choice” practice setting
- Few have exposure to what community nursing is truly like
- This is especially true for IENs who may not be familiar with the more Western concept of home care
- Canada itself continues to be increasingly diverse, and a diverse client population requires a diverse caregiver population

The Revera Home Health and CARE Centre Partnership



Objectives of the Partnership

- **Observational Job Shadowing**
 - Provide opportunities for IENs to observe home health nursing first hand
- **Education Opportunities**
 - Connect IENs currently employed at Revera with opportunity to enhance language and communication skills
- **Information for Underemployed IENs**
 - Introduce IENs who may be underemployed at Revera to the CARE Centre and the services it offers
- **Community Nursing Readiness Assessment**
 - Building on work done by CARE, and considering the challenges of the community setting, develop a tool that assesses the “soft skill” competencies required to be a successful home health nurse

Community Nursing Readiness Assessment

- Current orientation and learning needs assessments were too focused on “hard skills”
- The “soft skills” present just as many challenges, if not more, and they are more difficult to quantify and address
- Preceptorship choices need to be better informed
- CARE was already using a tool to assess readiness for nursing in Ontario, so how could we build on that?



Goals for The Readiness Assessment

- **Retention** – make the onboarding process positive, so that nurses want to stay
- **Preceptorship & Orientation** – provide an orientation and preceptorship that is informed and targeted
- **Quality & Safety** – ensure client safety and high quality care by ensuring staff are competent across all domains
- **Client-Centred Care** – strive to be client-centred and culturally competent through successful integration of IENs into the community nursing roster to support diverse client population
- **Alignment** – the tool had to align with the best-practice community nursing competencies already embedded in other tools in use at RHH

Steps In The Process ... So Far

- ✓ Competencies Review
- ✓ Focus Groups
- ✓ Tool Development
- ✓ Pilot
- Platform and Process
- Implementation



Competencies Review

- Several sources were consulted to validate the baseline competencies for community nursing
 - Canadian Community Health Nursing Standards of Practice
 - CNA Certification Exam for Community Nursing
 - Canadian Registered Nurse Exam
 - Clinical leadership at Revera Home Health
 - Other community nursing literature

Focus Groups

- Focus groups were held at the three largest RHH nursing programs
- Focus groups included IENs and domestically trained nurses
- Separate focus group held for clinical nursing supervisors
- Focus groups looked at a few things:
 - What were the challenges you faced when first coming to community nursing?
 - What are the competencies, or “soft skills” required to be a successful community nurse?
 - For supervisors, what challenges do you face integrating the new community nurse (IEN or not) into safe, successful practice?

Focus Groups Outcomes

- Focus group members shared many of their stories that for them illustrated the importance of some of the competencies
- Some of these stories were aligned with the competencies and used as case studies on the tool itself
- But, the focus groups also offered some other really interesting food for thought

Focus Groups – Food For Thought

- Don't Assume I Don't Know
 - One IEN in a leadership role at RHH shared that her perceived inaction or deference to others in decision making is not a function of her not knowing the right thing to do. Instead, culturally, she is so ingrained with a respect for authority that she would not challenge the actions of someone she perceived as an authority figure
- Language Barriers with Clients
 - Another IEN shared that when the nurse has a language barrier or heavy accent, that they often find it less of a challenge to communicate with another non-English speaker than with someone who's first language is English

Focus Groups – More Food For Thought

- Arm Me With Information
 - An IEN indicated that when she is not armed with adequate information about the client, she is put at a greater disadvantage because in addition to not being able to be ideally prepared for the interventions, any lack of knowledge or understanding on behalf of the “foreign” nurse is often interpreted by the client as a lack of competency
- Us and “Them”
 - Managers and nurses spoke of how often “cliques” are formed by nurses who share a cultural background, and these groups are often quite exclusionary. This results in nurses approaching those in their cultural group for help when they may not be the best, or appropriate resource. While the members might feel safer approaching their peers, managers raised concerns over client safety if the appropriate resources are not being accessed and nurses do not see themselves as a team

Focus Groups – Other Themes

- Autonomy
 - The autonomous practice of community nursing can give way to the isolation of community nursing
- Rejection
 - Peers, clients and families can make IENs feel less wanted and less competent
- “Nurses Eat Their Young”
 - Nurses as a whole are often not welcoming to newcomers, so IENs face a double whammy integrating

The Community Nursing Readiness Assessment (CRNA) Tool



- A case-study based assessment that is designed to identify gaps in the “soft skills” in the following competency domains:
 - Assessment, Monitoring and Clinical Decision Making
 - Care Planning and Coordination
 - Health Maintenance, Restoration and Palliation
 - Teaching and Education
 - Communication
 - Relationships
 - Illness Prevention and Health Protection
 - Professional Responsibility

- Influenced by competencies and focus groups
- Combination of short answer and multiple choice

Sample Question:

You are the visiting nurse for Mr. Jones who is seen for diabetic monitoring. Clients blood sugars for the past 2 weeks have been >15 . The client takes his blood sugar every morning knowing that the nurse is coming to see him, but is inconsistent throughout the rest of the day. You review daily the appropriate diet for his diabetes and monitoring his blood sugar routinely. You walk into the client's home and see an empty ice cream container on the counter and the client is eating Smarties out of the pocket of his sweater. What would be the best option to consider next?

Four Components of the CRNA Tool:

1. Assessment tool itself
2. Answer key to guide supervisors in marking tool
3. Legend for aligning numerical score with level of competence
 - Modeled after Benner's framework and the RHH "Pathway to Excellence"
4. Feedback tool for the nurse with incorporated performance plan

The Pilot

Pilot ran in RHH's largest nursing branch for 6 weeks in the spring of 2012



- Tool was completed at general orientation, then graded by the supervisor and a targeted learning plan created
- Learning plan was shared with the preceptor (with consent) to inform the preceptorship period
- Supervisor, new employee and preceptor provided feedback on learning goals and adjustments were made accordingly

The Pilot – Lessons Learned

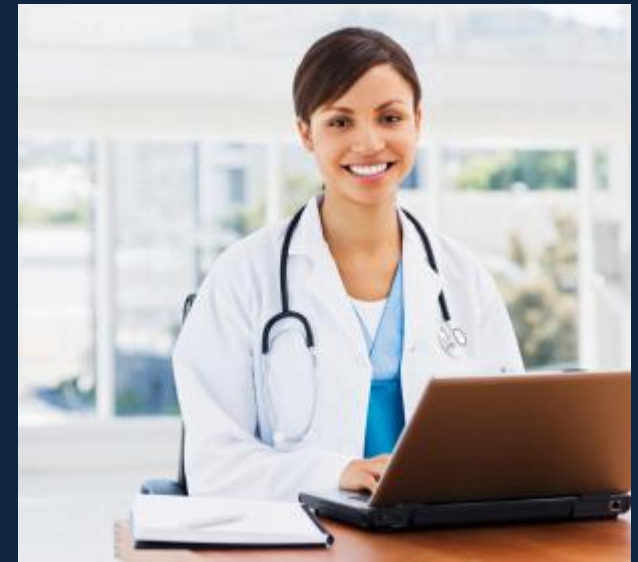
- Not just for IENs – tool is valid for all nurses entering community (and not necessarily for the first time)
- Tool identified “red flags” before they can impact a client
- An electronic platform to complete and score the tool is required in the future

Next Steps

- Original goal was to use tool for new IEN hires, however team members saw the value very early on in the project of assessing all new hires across RHH as a standard part of orientation, and the pilot validated this
- Some supervisors have also expressed interest in assessing current employees who have gaps
- Align tool with existing RHH orientation tools and assessments and roll out to all nursing programs

Go Electronic!

- During the pilot, it was identified that in order to make administering the tool operationally manageable, it had to go electronic
- Currently reviewing platforms that would be user friendly and cost effective



To Hire or Not to Hire?

- One of the process questions that needs to be answered is do we administer the tool before we commit to hiring?
- Pros and cons to both



What Questions Do You Have?





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CARE Centre for Internationally Educated Nurses

www.care4nurses.org