

University Competency-based Courses for Internationally Educated Nurses (IENs) in Ontario: A Pilot Education Pathway to Registered Nurse (RN) Licensure

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Introduction

Effective integration of internationally educated nurses (IENs) into health care organizations is a crucial investment in our health care system's sustainability and in developing nursing capacity in Ontario. In 2019, IENs represented 8.9% of Canada's regulated nursing workforce, and it is estimated half of all IENs are employed in Ontario (Canadian Institutes for Health Information, 2020). Recently, in response to ongoing efforts to address the impact of the COVID-19 pandemic, the Province of Ontario enabled 6000 more internationally educated health care workers, including IENs, to be employed in Ontario hospitals (Thevenot, 2022).

Before the COVID-19 pandemic, a significant nursing shortage was forecasted between 2019 and 2028 (Government of Canada, 2021a). In Ontario, the job prospects for registered nurses (RNs) are considered good because of the increased need for health-related services to support the growing and ageing population in Ontario and the subsequent greater demand on the healthcare system (Government of Canada, 2021a). In 2015–2016, nearly 200,000 immigrants to Canada had been employed in nursing and health care support in their home country. Large numbers of IENs have settled in Ontario as a direct result of the Federal Skilled Worker (Express Entry) (Council of Ontario Universities, 2022) initiative and supporting provincial programs (Government of Canada, 2021b) to register and work as RNs. Federal and provincial ministries, regulatory bodies, and professional associations are invested in transitioning internationally educated health professionals (IEHPs), including IENs, into Canadian health care practice (Atack et al., 2012; Covell et al., 2018). Despite this decision, the Ontario RN registration process includes numerous obstacles for IENs, such that IENs are obliged to take jobs in Canada for which they are overqualified (Cornelissen, 2021). Most recently, the CARE Centre for Internationally Educated Nurses (2021) reported that IENs supported by their programs are highly educated, with the majority holding a postsecondary (60%) and advanced degree (16%), and over half having six or more years of nursing experience in their country of origin (56%).

Despite efforts to streamline registration for IENs to practise in Ontario, more needs to be done to support them (Registered Nurses' Association of Ontario [RNAO], 2022). Because of regulatory changes to entry-to-practice (ETP) related to education and current practice, IENs find it increasingly difficult to become RNs in Ontario. Since the 2013 introduction of the IEN Competency Assessment Process (IENCAP; College of Nurses of Ontario [CNO], 2020), it is estimated that approximately 15,000 IENs are working their way through the competency gap assessment that needs to be completed to meet the RN education requirement. RNAO suggests that over 6000 IENs are presently waiting to register in the province (Office of the Fairness Commissioner, 2020).

The barriers to registration that IENs face in Ontario threaten their ability to integrate into the nursing workforce in a timely manner. Without documentation of the required education and evidence of practice within three years of application, IENs have not been able to close their competency gaps for eligibility to practise as RNs. This has been understood as a failure of the IENs rather than of the Ontario systems (Högstedt et al., 2021). It is more appropriately considered a failure of collective accountability to ensure the health care system is benefiting from IENs' knowledge, skills, and abilities. Facilitating the professional transition of IENs is a crucial strategy to increase Canada's ability to respond to current nursing shortages (Government of Canada, 2021b). A recent analysis of the profile of IENs in Canada suggests that IEN contributions to the field occur over time post-arrival. The lengthy, post-arrival IEN transition bridging programs

prohibit immigration from functioning as an immediate solution to labour shortages (Cornelissen, 2021).

While it is now readily apparent that the barriers to practice for IENs in Ontario have created a crisis point, this was not always understood as an urgent issue before the unprecedented impact of COVID-19 on the nursing profession. In 2014, a team of nurse educators [authors ESM, PB, LP, KW] and leaders in IEN education in Ontario, Canada, facilitated by the Council of Ontario Universities (COU) [author AO], came together as a consortium when the issue of supporting IEN transition to practice was but one route to help address nursing shortages. The team's many years of IEN education experience and collective familiarity with the practice and regulatory issues facing this population made them an important source of expertise for developing additional educational program pathways for IENs in Ontario. The goal of the group was primarily to foster and facilitate an equitable approach to supporting IENs who are settling into Canadian life and obtaining licensure, and to promote an RN workforce that reflects the larger population demographics. However, the team was also acutely aware of the looming provincial nursing shortages and difficult questions facing the nursing profession and their role in addressing an overburdened health care system. Without the prescience of the extent of events to unfold, the team's support for IENs seemingly anticipated the surge in demand for nursing professionals, both with the fallout of the COVID-19 pandemic and the stronger calls to action to promote diversity, equity, and inclusion in the profession and beyond. IEN licensure and practice integration is now a critical issue of political, economic, and sociocultural significance.

With funding from the Government of Ontario, courses were developed to pilot an educational bridging pathway for IENs. The faculty team across the COU—Toronto Metropolitan University (formerly Ryerson University), Trent University, University of Windsor, and York University—used a consortium approach to coalesce province-wide expertise in IEN education. What began as a selection of targeted, competency-based courses, has since evolved into a full Competency-Bridging Program of Study for Internationally Educated Nurses in Ontario, aligned with other IEN bridging program offerings across the province.

Brief History of Factors Impacting IEN Entry-to-Practice

In 2013, the CNO revised IEN regulation requirements for eligibility to practise as an RN. Based on an assessment, CNO determines whether the applicant's nursing education and/or nursing practice (if any) is equivalent to that of a current graduate of a Canadian nursing program. If so, the applicant is eligible to write the registration examination, the National Council Licensing Examination for Registered Nurses (NCLEX-RN). Otherwise, the applicant will move to the next step of the evaluation process, using the Internationally Educated Nurses Competency Assessment Program, the IENCAP. The IENCAP is a standardized evaluation of the knowledge, skills, and judgment of IENs seeking to become RNs in Ontario. To accommodate increased referrals from the CNO, the IENCAP has been steadily administered for nearly 10 years to meet the demand for assessment.¹ In 2016, the IENCAP was revised to align with the revised ETP competencies for RNs and other assessment enhancements, including a new evaluation format. After the IENCAP

¹ The Touchstone Institute administers the IENCAP to assess the knowledge, skills, and judgment of internationally educated nurses seeking registration in Ontario as compared to a recent graduate of a Canadian nursing program. The IENCAP assessment administrations are included in the fiscal year annual report. Administrations are not reported for each fiscal year. The range provided is publicly reported from the lowest ($n = 83$ in 2012–2013; Touchstone Institute, 2014) to the highest ($n = 1002$ in 2014–2015; Touchstone Institute, 2016).

evaluation, the CNO informs applicants whether or not they have met nursing education requirements with a competency evaluation report. If applicants are successful, they can register for the NCLEX-RN. If the requirements are not met, additional education to address any remaining competency gaps will be required before the IENs application to the CNO can continue.

IENs meet their education and recent practice competency requirements through bridging and bachelor of science in nursing (BScN) programs offered through colleges and universities. However, college programs were no longer an option after the 2013 regulatory changes. The CNO required IENs to have their competency gaps addressed at the baccalaureate level from an approved university program. At that time, Ontario colleges could not offer baccalaureate nursing degrees independent of a university.

At the same time, universities had a limited number of educational spaces dedicated to IENs. York University had an 18-month IEN to BScN program that had more applicants than available spaces. Toronto Metropolitan University had a partnership with Centennial and George Brown colleges to integrate IENs into a two-year post-diploma program after completing a year of courses at the colleges. Furthermore, universities were not able to integrate IENs into their regular baccalaureate programs because courses within these programs are not competency specific. Competency-based knowledge and skills are threaded through several courses over a four-year degree or a two-year post-diploma degree program or two-year second-entry program, with specific prerequisite course structures. IENs therefore needed to complete an entire Canadian BScN program, including competing for admission to these with established Canadian applicants, to be eligible to write the national licensure examinations and meet CNO for RN registration requirements. As a result, universities were not able to meet the growing needs of IENs, who were approaching them requesting course offerings to fill specific competency gaps in response to the new CNO educational program requirements for IENs.

In addition to the educational barriers noted above, university nursing leaders also identified that IENs need specialized support and additional faculty preparation to ensure their success (Arain et al., 2017). Most regular baccalaureate programs lacked the resources to put these supports in place.

A final barrier to IEN workforce integration was the revised CNO regulations stipulating that nursing practice evidence had to be provided within three years of application, reduced from the previous five-year period. An IEN's settlement journey typically exceeds the CNO's time allowance, which further limits the number of IENs who can register with the CNO. This exacerbated the difficulties in RN qualification for IENs. These factors greatly reduced Ontario's capacity to bridge IENs into the RN workforce.

The University Response

In 2015, the COU, in partnership with the four universities, assessed existing Ontario university and college offerings for IENs in the RN category, as part of the basis for a business case to government for a new, university-based, competency-based IEN educational pathway that would draw on existing university baccalaureate nursing program content and expertise. As well, COU commissioned a review of Canadian IEN programs to help inform an Ontario approach to meeting needs. They also worked with HealthForce Ontario (now Ontario Health) and the CNO to identify the number of IENs with competency gaps in particular areas, to assess the potential market for a competency-based approach to education. This included identifying the market for IENs with fewer competency gaps that were not clinically oriented, who might be bridged into

practise in a relatively short time. Based on the findings, COU developed and submitted a business case to the Government of Ontario to fund the development of streamlined courses targeted to key IEN learning gaps. Because of the challenges with developing additional clinical education spaces for IENs, the initial proposal was restricted to developing courses for IENs with smaller gaps in English language for nurses, nursing in the Canadian cultural context, ethical practise for RNs, and RN self-regulation and professional practice that could be taught without clinical placements. No clinical practice courses were part of the initial proposal.

Purpose

We will describe the Ontario Internationally Educated Nurses Course Consortium's process to create foundational learning and competency-based courses to meet targeted ETP competencies for RN registration with the CNO. We describe the barriers to IENs in meeting ETP requirements, the gap in the existing Ontario IEN bridging to BScN education to meet regulatory requirements, the innovative courses and approach to address these needs, and the program of study outcomes. The discussion addresses, in part, how Ontario may respond to the increasing nursing shortages and the need to ethically engage and retain IENs in practice. Our discussion of the lessons learned also adds to the growing body of knowledge about IEN program experiences in Canada to enable a greater number of IENs to enter the Ontario nursing workforce.

Scope

Our position is that facilitating the professional transition of IENs to meet ETP competence is a crucial strategy for increasing Canada's ability to respond to current nursing shortages (Government of Canada, 2018). Using this understanding, the definition by Covell et al. (2016) for *professional recertification* is applied, defined as "the process that IENs engage in to meet the requirements for registration with a nursing regulatory college in Canada" (p. 4) However, we acknowledge the limitations in the word recertification. Therefore, we expand the conceptual understanding of adapting to Canadian practice and instead promote transitioning to new practice culture. This is accomplished by combining old skills with new, along with new communication patterns. A successful transition will be understood as a *workforce* transition, defined as "IENs receiv[ing] their license to practice nursing [and...] have secured employed as regulated nurses in Canada" (Covell et al., 2018, p. 3). *Workplace* transition is beyond the scope of this literature review (i.e., working as part of an organization as a nurse). A literature review explored the role of bridging programs supporting IEN transition, the facilitators and barriers that impact ETP, and key attributes to promote IEN success. As a result, the literature supports a deeper understanding of the why and how of the competency-based course development. The literature also identified opportunities to support the evolution of the courses into a more comprehensive program of study. Following the literature review, the process and initial outcomes of competency-based course development are discussed.

Background Literature

Bridging Programs Successfully Support IENs in Reaching Licensure and in Employment

Effective bridging programs provide IENs with up-to-date knowledge, clinical placement opportunities, and job-readiness preparation (Neiterman & Bourgeault, 2013). Investment in program content, delivery format, and infrastructure is the cornerstone to successful program planning, development, implementation, and sustainability. Successful completion of bridging programs allows IENs to, in some cases, earn an academic credential and gain registration or

licensure, as well as to prepare for clinical practice (Neiterman & Bourgeault, 2015). This includes learning English and enhancing English-language proficiency (Atack et al., 2012; Ghazal et al., 2020; Hadziabdic et al., 2021; Hopkins & Stephens, 2021; Lum et al., 2016), promoting IENs understanding of the context of nursing practice in the receiving country (Atack et al., 2012; Gerrish & Griffith, 2004), and increasing practical learning opportunities (Högstedt et al., 2021; Lee & Wojtiuk, 2021).

While nursing curricula differ across bridging programs in Canada, most programs include language courses, academic courses, clinical experience, exam preparation, and counselling or mentorship (Neiterman & Bourgeault, 2013). In 2012, the Canadian Association of Schools of Nursing (CASN) developed an accreditation process for nursing schools, offering bridging programs for IENs. The *Pan-Canadian Framework of Guiding Principles and Essential Components for IEN Bridging Programs* (CASN, 2012) identified best practices for IEN bridging programs related to admission requirements, administration, resources, and delivery. Specifically targeting curriculum and course content, educational programs should prepare nurses to (a) meet the ETP competencies, and (b) standards of nursing practice (including legal and ethical issues). This is achieved by guiding the program curriculum using national and provincial/territorial entry-level competencies.

Recognizing the Barriers and Enablers to Bridging

Hadziabdic et al. (2021) suggest considering prerequisites to successful transitioning. These include a clear and transparent pathway first to understanding the requirements for entry-level practice and the components of bridging pathways, and financial support. These should be considered before program content, delivery, and infrastructure. This further underscores that successful bridging programs start by acknowledging the barriers faced by IENs before contributing to their empowerment (Lee & Wojtiuk, 2021).

Despite curriculum advancement, barriers to bridging must be addressed before programs that bridge IENs' ETP can be developed and sustained, inclusive of support for the pathway to bridging itself (Covell et al., 2018; Ghazal et al., 2020; Lum et al., 2016; Smith & Ho, 2014). These include the stigma associated with "re-education"; English-language proficiency, communication, and language; differences in culture and North American nursing practices; and practical issues like program costs and living expenses. These barriers can result in a "rollercoaster of emotions" categorized as feeling stressed, anxious, uncertain, and frustrated, as well as having feelings of being overwhelmed and exhausted in assuming that nursing was practised "exactly as described" in books and resources (Lum et al., 2016). The culture shock of returning to school and the need to understand the Canadian nursing language and academic literacy challenges exacerbate the stress of IEN transitioning (Tan & Alpert, 2013).

Essential investments are required by educational programs to support the IEN's bridging experience: creating a cooperative and coordinated response between educators, regulatory bodies, and governments, inclusive of English language support; having adequate programming resources and filling the need for mentorship; encouraging support from family and nursing colleagues; building capacity to promote self-efficacy; establishing transparency and clear communication of bridging expectations; and addressing the clinical and cultural gaps with an empathic and committed understanding. Reflecting on the barriers and enablers of IEN ETP, the key attributes of successful bridging programs are summarized in Table 1. While it is critical to acknowledge the components that will promote the success of IEN bridging, both the strengths and the challenges

associated with these components must be stated to appreciate what may be realistic or feasible within what are often limited resources and inherent structural challenges in developing bridging programs. The strengths and challenges are also summarized and reported in Table 1.

Table 1

Key Components of Effective IEN Bridging Programs

Attribute	Strength	Challenge
Developing curriculum tailored to participants' needs	<ul style="list-style-type: none"> Recognizes that “one size does not fit all” Balancing core competencies required with prior learning recognition Directly addresses unique social and cultural transitions 	<ul style="list-style-type: none"> Conceptualizing and developing a comprehensive program that addresses the variety of knowledge gaps Confidence and competence of program designers to implement flexibility
Identifying appropriate format for program delivery (e.g., online, asynchronous learning)	<ul style="list-style-type: none"> Modular format can enhance student's autonomy in selecting elements needed to address specific knowledge gaps 	<ul style="list-style-type: none"> Rigid institutional academic planning, enrollment and budgeting The length of time needed for professional “resocialization”
Obtaining clinical placement for participants	<ul style="list-style-type: none"> Thoughtful placement in settings that aim to expose the complexity in nursing practice to promote critical thinking and cultural competence 	<ul style="list-style-type: none"> Adequate resources to support program staff to obtain, secure, and prepare clinical preceptors
Supporting workforce integration	<ul style="list-style-type: none"> Increased likelihood of navigation in Canadian nursing workforce 	<ul style="list-style-type: none"> Additional support/capacity beyond clinical and cultural competence
Achieving financial sustainability	<ul style="list-style-type: none"> Long-term investment in IENs 	<ul style="list-style-type: none"> Pilot or seed funding can be time or condition limited, requiring ongoing support to apply, secure, and implement project funding
Partnering with stakeholders, like government, professional, and educational associations or systems	<ul style="list-style-type: none"> Leverage support for program accessibility, promotion, and employment support Leverage unique support or regulatory bodies to support design of program curricula, prior learning assessment and recognition (PLAR) integration, program referral, evaluation data (i.e., licensure rates, employment) Support building a diverse and sustainable nursing workforce to maximize contributions from IENs worldwide 	<ul style="list-style-type: none"> Paucity of research that demonstrates integration of evidence-based teaching and learning techniques to assure stakeholders of the return on investment

Sources: Cheng et al. (2013); Covell et al. (2016, 2017, 2018); Cruz et al. (2017); Cusack et al. (2013); Gerrish and Griffith (2004); Ghazal et al. (2020); Hopkins and Stephens (2021); Lee and Wojtiuk (2021); Neiterman and Bourgeault (2013, 2015).

One Size Does Not Fit All—The Need for Flexibility in Bridging

Given the barriers and opportunities to leveraging support for successful transitioning, flexibility and program personnel support are key to an IEN's return to nursing (Cusack et al., 2013). Faculty, program coordinators, and preceptors play an active role in promoting IEN success (Arain et al., 2017; Cruz et al., 2017; Lee & Wojtiuk, 2021). Mentorship provides a source of moral and emotional support for IENs while they attend bridging programs. These also contribute to IEN's professional development, self-confidence, and self-worth. Mentorship fosters cultural competence, communication skills, and critical thinking within the Canadian context (Council of Ontario Universities, 2017). Shen et al. (2014) suggested areas of "small talk," "counselling ability," "encounter closure," and "rapport" are important interpersonal skill gaps among IENs. Providing flexibility in space and time for learning is important for educators and preceptors to consider (Lum et al., 2016).

The Need for Partnerships and Stakeholder Engagement

Active stakeholder involvement early in the planning process is also critical. For example, partnerships with postsecondary institutions, regulators, and professional associations, and the government (that can provide program funding and direct financial support to IENs) improve the program's overall accessibility, promotion, and employment support (Neiterman & Bourgeault, 2013). In addition, developing and enhancing IEN English fluency requires collaboration with stakeholders to leverage continuous language learning opportunities beyond curricular and clinical placement experiences (Neiterman & Bourgeault, 2015).

Cusack et al. (2013) and Neiterman et al. (2018) emphasized the importance of flexibility as a critical attribute of successful IEN bridging programs. Flexibility promotes positive feelings of being supported and autonomous throughout the transitioning journey (Ghazal et al., 2020). Flexibility should be reflected in bridging program design, preceptor skills, prior learning recognition, and responsive workload assignments. Building flexibility into program components also promotes an IENs sense of control (Ghazal et al., 2020). A supportive structure encourages responsibility for one's learning (Cheng et al., 2013).

Discussion

The development of the Ontario Internationally Educated Nurses Course Consortium competency-based courses considers the role of bridging in promoting IEN transitioning, recognizes and attempts to limit barriers that may impact enrollment and completion of courses, and promotes success specific to the IEN experience. Key attributes of bridging programs are also reflected in the competency-based course development, which in turn acted as the stepping stone for further evolution of the courses into a program of study. This is reflected in our selected theoretical framework and educational model; flexibility in course curriculum; accessibility for course enrollment and completion; and integration of stakeholder perspectives to reflect greater diversity, equity, and inclusion. Process findings and course completion outcomes are also reported and discussed.

Theoretical Framework

The provincial regulatory process is complex for IENs, requiring additional baccalaureate-level nursing education to bridge the competency gaps identified during the pre-licensure IENCAP. Therefore, it is critical to investigate alternative IEN to BScN level education pathways

that streamline access to registration and practice. The CASN (2014) framework speaks to the interdependent domains of knowledge, critical inquiry, practice, communication and collaboration, professionalism, and leadership. Furthermore, the framework underscores the importance of multimodal approaches to teaching and evaluating learners. This approach requires IEN bridging to shift nursing education conceptually and philosophically to address the unique learning needs of IENs that contribute to inclusive, successful transitioning (CASN, 2016). Competency-specific courses and approaches are needed to target ETP needs.

Based on our program experience, IENs with competency gaps fall into two groups from an educational programming standpoint. The first group consists of IENs with few gaps in specific competency areas addressed in one to three university courses with no requirement of clinical practice to address these needs. This group might also need intensive fundamentals courses in English language to support learning. The second group consists of IENs with more significant gaps across a spectrum of competencies, who need a robust bridging program, inclusive of simulation opportunities and clinical practice, but who cannot gain access to these programs because of the shortage of space and support. The vast majority of IENs who have completed the IENCAP need to bridge to a degree program that is difficult to access. Most IENs would be included in this scenario.

Education Model

The Ontario Internationally Educated Nurses Course Consortium comprises faculty from four university schools of nursing that proposed the creation of a university-level IEN program in 2015, with support in the initial years from the COU. This group addressed some of the major IEN educational needs in bridging to RN status. This was acknowledged as a pilot program to determine whether foundational and competency-specific gaps for IENs could be addressed to promote IEN ETP. Courses that targeted IENs with a small number of competency gaps that did not require clinical placements were developed by the consortium. The consortium collaborated with the CNO on the required competency-based course criteria for its first cohort intake in 2016.

Together, the consortium expanded IEN bridging pathways outside the Greater Toronto Area region and increased knowledge of the unique educational needs of IENs via the engagement and commitment of four universities and their designated departments. The consortium formed the Program Management Working Group (PMWG), whose role was to lead and steer the project, with reporting responsibilities to the funder. The PMWG hired a project manager to conduct its operational activities such as project planning, budget and financial management, assistance with student registration and admissions at each university, communication with vendors, website development, and human resource management. The main tenets of this model were to develop programming that is flexible, is accessible, and addresses diversity, equity, and inclusion.

Designing Flexible Course Curriculum

The consortium developed three unique intensive fundamentals courses to meet the current CNO IENCAP requirement for bridging educational competency gaps at a baccalaureate level. The fundamental courses differ from existing programs at Ontario college and community-based organizations developed before the 2013 changes to the competency assessment process by meeting the needs of current IENs. Furthermore, the fundamentals courses are offered with individual English-language specialist coaches to work through language-specific needs. These courses are designed to help IENs improve their English language and communication skills and

enhance their capacity to integrate into the culture of nursing in Canada. The fundamentals courses were required prerequisite courses (Table 2) for the baccalaureate level competency courses in ethical practice, professional responsibility and accountability, service to the public, and self-regulation. These competencies were chosen because of their high competency gap prevalence and because they could be taught as discrete courses to meet the required learning outcomes without support from simulation or clinical placement because of program capacity restraints.

Table 2

Consortium Intensive Fundamental and Competency-Based Courses

Intensive fundamental courses (program prerequisites)	Competency-based courses
English Language for Nurses in Canada*	Ethical Practice
Culture of Nursing in Canada*	Professional Responsibility and Accountability, and Service to the Public
Academic and Professional Writing	Self-Regulation

* These courses merged with student cohort 2 into English Language and Culture of Nursing in Canada

The first student cohort received three fundamentals courses. Feedback from the course instructors, language experts, and students indicated that the content overlap between the English Language for Nurses in Canada course and Culture of Nursing in Canada courses was substantive enough to support the merging of the two courses. Therefore, the courses were redesigned to create one English Language and Culture of Nursing in Canada course for student cohort 2.

Ensuring Accessible Program Offerings

The program was tailored to meet students’ bridging and competency needs while ensuring it is affordable to IENs who are likely facing financial constraints as part of their settlement journey (CASN, 2014; Hadziabdic et al., 2021). This was accomplished by first considering the fewest number of courses required, thereby limiting the cost of participating in the program. Second, the time in the program was limited, shortening the period during which IENs were not employed in their chosen profession. To support program tuition and fees, IENs were eligible for several microloans targeted at internationally educated newcomers, including the Windmill Microlending program (<https://windmillmicrolending.org>; formerly the Immigrant Access Fund) and for those who are registered practical nurses in Ontario, the Nursing Education Initiative (<https://www.werpn.com/learn/funding/nursing-education-initiative/>). The courses were developed for online delivery. This feature supported a flexible learning environment for IENs who held familial responsibilities, part-time work, and often lengthy commuting requirements, prohibitive to in-person learning.

Prioritizing Diversity, Equity, and Inclusion in Program Design

Lee and Wojtiuk (2021) identify that developing the “how” of bridging programs is gaining traction, but we have not yet fully considered whether “we are willing to do it.” Addressing racial equity and implicit bias within the workforce must be better integrated into the broader picture of IEN transition to and integration within the practice.

The PMWG hired course-specific instructors with online education experience and experience working with IENs. In addition, an English-language specialist was hired to help with course development. Commitment to reflecting IEN experiences in the program extends further in that the PMWG worked with organizations that amplify IEN voices, including the CARE Centre for Internationally Educated Nurses and HealthForce Ontario. These organizations had direct contact with IENs and had the ability to raise awareness of the program of study among their clientele.

Implementing the Competency-Based Courses

Two cohorts were offered from 2017 to 2018. Cohort 1's intake began on January 9, 2017, and was completed on November 24, 2017, with six course instructors and one English-language specialist. Cohort 2's intake began on November 6, 2017, and was completed on July 27, 2018, with five course instructors and one English-language specialist. The courses were delivered through Carleton University's learning management system. Carleton University managed both cohort delivery, mid-term and end-of-term evaluation, and some of the outcome data collection.

IENs were recruited through program referrals and university networks. As well, CNO made information about the courses available on its website. In addition, the consortium built a website for the courses (<https://rncompetencies.ca>). The courses were also advertised on the consortium website. Students were divided equally among the four universities. Each university created course codes and registered and collected tuition from their students. For students to be eligible for the courses, they needed a letter from the CNO outlining their competency gaps, proof of English-language proficiency, proof of status, and a working knowledge of computer technology. Applications were reviewed by the program manager, and admission into the courses was determined on a competitive basis. Only students who had competency gaps exclusively in ethical practice, self-regulation, professional responsibility and accountability, and service to the public were accepted into the courses in this initial phase of the program.

IENs can select courses that apply to their identified competency gaps, thus streamlining the courses to meet their specific assessment outcomes. Students in cohort 1 could complete all of the courses in less than 11 months. Students who had competency gaps only in the competency area of ethical practice could complete the courses they needed in approximately eight months. IENs would bridge their competency gaps only; they would not bridge to a BScN degree. Success in the competency-based courses subsequently positioned IENs to be ready for ETP by meeting the eligibility to write the registration exam and subsequently become employed as an RN. Students in each cohort were required to complete intensive fundamentals courses and only required to take the rest of the competency-based courses they needed to address the competency gaps listed in their competency evaluation. Students could complete all of the courses in less than eight months. Students who had competency gaps only in the competency area of ethical practice could complete the courses they needed in less than six months. Applications received, determination of eligible applicants, and program of study applicants registered are included in Table 3. Applicants not deemed eligible for the program had competency gaps in the knowledge-based practice competency category, which the program of study was not equipped to address. Two students withdrew from the program of study, and eight applicants had their applications reassessed by the CNO and no longer met program entry criteria. Thirty-six applicants remained in the program, combined from both cohorts.

Table 3*IEN Recruitment and Intake, by Cohort*

	Cohort 1	Cohort 2	Total
Applications received	246	40	286
Eligible applicants	47	20	67
Registered applicants	35	11	46 (10 students did not continue with the program)
Total IENs			36

Outcomes of the Competency-Based Courses

Overall, IENs reported that the familiarity and flexibility of online learning suited their learning style, with the ability to learn at their own pace. However, IENs identified that the course workload was more demanding than they had expected. To improve their learning experience, IENs recommended greater interaction between IEN participants and instructors, as well as greater specificity and transparency in grading requirements. Setting clear expectations with the instructors at the beginning of the course is important to promote successful student outcomes.

Course instructors and the English-language specialist were invited to a reflective workshop after the first cohort, offering to consult on course design, delivery, content, instructor support, and discussion on IEN course feedback. Course instructors emphasized the need to be flexible and work at the pace of the IEN to promote learning and course completion. This includes ample time for the remediation to promote IEN success. While an online learning environment can be challenging, course instructors leveraged online learning tools, including simulations and demonstrations. Suggestions to increase interaction among IENs and instructors included a hybrid of synchronous and asynchronous learning. This provides increased opportunities for IENs to connect about their transition process and cultural connection. This also sets the stage for IENs to create a network outside of the classroom, which can aid in their transition to ETP and settlement.

Instructors suggested that more time for the intensive fundamentals courses is needed, whereas IENs felt these courses acted as barriers to the required competency-based courses. Despite differing perspectives, course instructors observed that IENs were more likely to be at the baccalaureate level upon completion of these courses. A suggestion for improvement is to have less time dedicated to grading evaluations for these courses, which can instead be reinvested into the specific learning needs of IENs. Overall, course instructors felt supported and connected throughout the project and were appreciative of the opportunities to connect and share. Based on IEN and instructor feedback, the two fundamental courses were merged into one to address issues of accessibility and flexibility and to promote integrated and scaffolded learning.

All 36 IENs were successful in completing the competency-based courses. Of those completing the courses, 86% were ready to practice as RNs ($n = 31$). A breakdown of IENs ETP between cohorts is described in Table 4.

Table 4*Program of Study Outcomes for IEN ETP, by Cohort*

	Cohort 1	Cohort 2	Total
IENs who completed the program of study	27	9	36
Registered nurses	23	8	31

Conclusion

The aim of bridging programs (or education) is to enable professional growth and development of competent nursing practitioners (Atack et al., 2012; Cusack et al., 2013). The research informing bridging programs shows that knowledge is insufficient for becoming ready for practice (Smith & Ho, 2014). Deeper investments in supporting the context in which nurses make quality clinical judgments are critical to successful licensure outcomes and safe clinical practice (Lee & Wojtiuk, 2021). The PMWG attempted to do this through our collective knowledge of pedagogy, administration, leadership, and scholarship, while ensuring the CNO education standards, CASN accreditation, and IEN bridging program standards were incorporated throughout the course development and delivery.

Pilot evaluation feedback demonstrated that key bridging attributes of personnel support, program flexibility, and minimized impact of barriers to practice transition promoted successful program completion. Building upon previous recommendations that bridging pathways are transparent, objective, impartial, and fair is crucial to increasing openness for alternative and flexible registration pathways to help ensure fairness in the IEN transition experience (Office of the Fairness Commissioner, 2013). Bridging programs' ability to reach their objective to transition an IEN to Canadian practice can only be as effective as a clear, straightforward system/pathway for the IEN. The longer it takes the IEN to be assessed for educational needs and then determine the right program, the greater the barrier to RN employment (Office of the Fairness Commissioner, 2015).

The collective expertise of four faculty members across four nursing programs in the consortium has created a unique program to meet the ETP requirements. However, funding limitations to develop the program did not allow us to cover all of the required competency areas to meet IEN bridging needs. For this reason, the courses did not include clinical placements or simulation labs, which meant that students could not address CNO's evidence of recent practice requirements. This successful pilot provided evidence to support a proposal to government to obtain further funding to provide courses that address all competencies, inclusive of clinical placements (manuscript forthcoming). This would also help leverage further stakeholder engagement as a necessary criterion to promote IENs' successful professional transition. This points to the need to develop a hybrid (theory and practice) competency-bridging program of study to help prepare IENs to launch their registered nursing careers in Ontario. This would better serve IENs with gaps in the competency area of knowledge-based practice that the original courses did not address.

The PMWG applied for funding from the Government of Ontario to develop a hybrid model, a two-year competency-bridging program of study, including the addition of three competency-based courses, practical education experience through simulation labs and intensive

clinical placements, and NCLEX-RN and job readiness supports. This will address the remaining key components of effective bridging programs referred to in Table 1 that were beyond the scope of the current pilot program (i.e., workforce integration and financial sustainability), as well as widen the scope of eligibility for the program of study to address additional knowledge-based competency areas.

A concept-based and competency-based curriculum has been used to develop the program of study. The aim of offering competency-based courses is to increase the number of IENs who can meet the CNO requirements for RN practice in Ontario, including clinical practice hours, to further expand this program's reach and capacity to meet the needs of IENs. Furthermore, investments in a competency-bridging program will help address the paucity of research and evaluation of program effectiveness (Cheng et al., 2013; Neiterman et al., 2018). This remains a critical factor as nursing shortages persist, heightened by calls to action in Ontario (Umaigba, 2022), along with the acceleration of the global nursing shortage caused by the COVID-19 bed shortages, short staffing in critical care areas, and infection of frontline workers themselves. Furthermore, building a better transition to practice, which includes bridging programs, is ethically crucial for IENs' personal and professional development (Cheng et al., 2013). While Covell et al. (2018) are addressing this empirical gap in measurement of IEN educational programs, evaluating the longitudinal outcomes of successful IEN transitioning is of key importance to support the larger number of IENs who have competency gaps beyond those addressed in the pilot. Long-term outcomes can also inform evidence-based teaching and learning techniques (Atack et al., 2012; Neiterman & Bourgeault, 2015). Future research that aims to monitor and evaluate these long-term outcomes will serve the sustainability and scalability of bridging programming.

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