



Canadian Midwifery Regulators Consortium
Consortium canadien des ordres de sages-femmes

*National Midwifery Assessment Strategy:
Multi-jurisdictional Midwifery Bridging Project*

Research Phase: Best Practices Report

Prepared by Danielle Bisnar and Wendy Martin
For the Canadian Midwifery Regulators Consortium
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PREFACE

There is an acknowledged and growing maternity care provider crisis in Canada, with shortages of midwives, obstetricians and family practitioners in an increasing number of communities across the country. For midwifery, this need is evidenced by the number of midwifery practices across the country that are consistently fully booked and turning away women wanting midwifery care. In addition to the general need for more midwives, there is also a dire need to increase the diversity within the midwifery profession to better serve the needs of specific ethno-cultural communities (CMRC Research Plan, 12).

As in all health professions in Canada today, there is increasing pressure from many sources to reduce or eliminate unintended barriers to registration for internationally educated midwives (IEMs) (CMRC Research Plan, 11). Canadian midwifery regulators pioneered Prior Learning and Experience Assessment processes to assess IEMs and a significant number of midwives have been registered via these processes. However, in most parts of Canada there remain IEMs who are unable to successfully complete the process due to discrete gaps that cannot currently be addressed. The lone midwifery bridging program in Canada, the International Midwifery Pre-Registration Program, requires in-person attendance in Toronto, Ontario, and cannot accommodate IEMs who are unable to relocate or travel to Toronto, and/or who want to prepare for registration in another province (i.e. are not served by Ontario specific curriculum).

In response to this situation, the Canadian Midwifery Regulators Consortium (CMRC) launched the National Midwifery Assessment Strategy (NAS) project in 2003 to identify ways to decrease barriers to registration while still ensuring safe care for Canadian childbearing women and babies. The NAS project produced a National Assessment Strategy and new assessment tools. It also resulted in a conceptual framework¹ for a multi-jurisdictional midwifery bridging program accessible to IEMs in multiple provinces and territories.

The Multi-jurisdictional Midwifery Bridging Program (MMBP) envisioned by the CMRC will provide access to IEMs that are geographically dispersed across the country. It is expected to include a cultural orientation to Canadian health care and midwifery, access to Canadian clinical experience, and training to address discrete competency gaps in skills or knowledge. We hope that it will enable more IEMs to meet Canadian competency requirements for registration as midwives in Canada, and that it will have a positive impact on the growth and cultural diversity of the profession and its ability to respond to Canada's maternity care crisis.

The **Midwifery Bridging Project** was launched in September 2006 to begin the development and implementation of the MMBP. A research phase to April 2007 was funded by Health Canada in collaboration with the Western and Northern Health Human

¹ Available at www.cmrc-ccosf.ca/node/6.

Resources Planning Forum and by members of the Forum and the CMRC. Its goal was to gather relevant information and create a workplan for the implementation phase. Five areas of research took place:

1. **Needs Assessment** to identify common gaps that will need to be addressed by the bridging program;
2. **Environmental Scan** of courses, modules, or workshops that may be able to be used or adapted for use;
3. **Best Practices Review** of key aspects of existing professional bridging programs;
4. **Review of Adult Education Principles and Distance Education Technologies** and their use with internationally educated professionals;
5. **Stakeholder Consultations** during the annual conference of the Canadian Association of Midwives.

The information obtained in these five research areas will be used to inform the design and development in the implementation phase of the Multi-jurisdictional Midwifery bridging project. This report is the result of the third area of research, a review of Best Practices in bridging programs.

1. INTRODUCTION

The purpose of this report is to identify and present best practices in current bridging programs in Canada and internationally that were identified in the course of project research. Its goal is to use this information to inform the development of the CMRC's Multi-jurisdictional Midwifery Bridging Program (MMBP) for internationally educated midwives.



Research was conducted into current practices in the following areas:

- Governance structures
- Curriculum content
- Program delivery formats
- Eligibility criteria
- Assessment tools
- Program evaluation
- Other

The researchers anticipated that this would enable the identification of best practices to be recommended to the CMRC.

Unfortunately, this has proven difficult due mostly to the fact that the bridging programs reviewed are relatively new, with most still in pilot phases, so that long-term and comparative evaluations of practices are not yet available in most cases. The lack of a clearing house of information about bridging in Canada means also that, even when conclusions are available, this body of knowledge is still quite small, disparate, and difficult to access.

This report has therefore evolved into a description of the diversity of current practices presented alongside a wide range of advice regarding good practices obtained from a variety of relevant sources.

In the relatively few cases where there is consensus on what is best practice, this has been highlighted with a symbol of a treasure chest . Practices that are identified as innovative by one source are highlighted with symbol of a 

DEFINITIONS

For the purposes of this report, “**bridging program**” is defined as a program designed to provide internationally educated professionals (IEPs) with the orientation and skills/knowledge upgrading needed to bridge from their professional training and experience gained outside of Canada to what they need to successfully practice their profession in Canada. The assessments needed for entry and successful registration are included within this definition.



“**Best practices**” are practices that have led or are expected to lead to successful outcomes vis-à-vis a key aspect of planning or administering professional bridging programs. Best practices have been identified by more than one source.



“**Innovative practices**” are those that have been identified as a best practice by one source only.



“thumbs up” 👍 . Recommendations provided in the conclusion are based on practices that, upon analysis, appear to have the most potential for the MMBP.

Note: Due to the nature of this report, a large number of acronyms are used to identify specific bridging programs. Please refer to Appendix One for a full list of acronyms used in this report.

2. METHODOLOGY

2.1 Data Collection

Given the large number of professional bridging programs that exist in Canada and elsewhere, it was necessary to restrict this review to key programs. The researchers focused on finding information about bridging programs that were pan-Canadian or multi-jurisdictional in scope (and ideally were bilingual), that had distance education technologies incorporated, and/or that were designed for health professionals.

Information was collected through internet search and direct email and phone communication with staff at bridging programs. Where information on the existence of bridging programs was sought, CMRC's contact network, regulatory bodies, educational institutions, immigrant professional networks, community agencies and government staff were contacted.

Types of written information collected directly from bridging program staff included: basic program information, newsletters, grant proposals, policy manuals, reports, and "how-to manuals" related to setting up and/or administering bridging programs. In addition, relevant reports were gathered from other stakeholders, including government bodies and internationally educated professionals' networks. Finally, academic reports related to the use of distance education in bridging programs were obtained from their authors.

Overall, some form of documentation was obtained relating to over 45 bridging programs in seven Canadian provinces (BC, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia) and to a dozen bridging programs in other countries (New Zealand, Australia, United Kingdom). See Appendix Three for a list of these programs. Broader stakeholder reports commenting on a myriad of additional programs were reviewed. In addition, four key informant interviews and a number of email dialogues were also held with program providers to obtain additional information beyond what was available in written reports and websites.

The bridging programs reviewed were from many different sectors and professions, including construction, engineering, veterinary medicine, counselling, social work, and teaching as well as a variety of health professions including midwifery, medicine, nursing, and pharmacy. A small number of general or multi-sector bridging programs were also reviewed. The majority of occupation-specific programs reviewed were in regulated professions, while 2 were in unregulated areas. The majority of programs were designed primarily to facilitate the licensure process, while a few were designed to facilitate labour market integration.

The majority of programs were within the first 2-3 years of existence and still in the pilot phase. One notable exception to this is the International Midwifery Pre-registration Program at Ryerson University which is in its 5th year of operation.

The majority of programs reviewed were delivered primarily via in-person instruction, while a minority used distance education to varying degrees.

Only one multi-jurisdictional program was located and one program that offered services in both English and French.

2.2 Data Analysis

A large volume of information was reviewed and coded by key categories. Key information on relevant topics was entered into an Excel Spreadsheet designed for this purpose. This allowed for comparison and for significant details to be retained in spite of such a large volume. It also allowed researchers to ascertain gaps in information.

2.3 Limitations

The research process faced several limitations. The most significant was the difficulty in locating relevant bridging programs and reports. It appears that there are a lot of similar projects taking place but there is no central clearinghouse of information. In its absence, the research process was labour intensive and uneven as it relied on internet searches and personal contacts to get good data. This appears to be a consistent issue for research of this type, and many reports recommend the development of regional or national databases to facilitate the efficient sharing of information about new and current programs. Such a database would be useful to IEPs and immigrant serving organizations seeking information about educational options, as well as to program managers seeking current information relevant to their own planning. It would also support the evolution of common guiding principles or best practices for bridging programs.

The willingness of bridging programs to share information was also uneven. Some institutions include it in their mandates to share information, and allocate resources to facilitate this goal. Others are unable to share information due to a philosophy of ownership or a lack of resource allocation to be able to do so.

The research tended to favour British Columbia and Ontario, as information on programs in these areas was more easily accessible due to high numbers of programs and existing contacts with the research team.

This report was unable to meet some of its intended goals, due to both lack of information and lack of programming. No national bridging programs were found. Few programs using distance components were found, and those that did were often in the early stages of incorporating distance technology into existing in-person programs. Only one program was located that offered services in both French and English.

3. SUMMARY OF PROGRAM CHARACTERISTICS

3.1 Goals

The overall goals of all the bridging programs reviewed was to assist participants to move from the competencies and experiences gained outside of Canada to those required for practice in Canada. However, a more detailed look at programs shows that programs do differ in their focus.

A small number of the programs reviewed focus on examination preparation, these prepare participants for the assessment processes leading to registration/licensure in their field. One example is the Australian Medical Council Bridging Program that was developed to “meet the needs of doctors with overseas qualifications who are preparing to sit the Australian Medical Council’s examinations”. Like other programs of this nature, it focuses on learning strong exam-taking skills and incorporates experience taking practice exams (Gplearning).

A slightly larger number of programs aim for effective labour market integration by focusing on access to local experience, learning about local workplace culture, and/or job finding support. These include general introductions to the Canadian labour market, such as Metropolitan Immigrant Settlement Association’s (MISA) New Beginnings Online, and bridging programs for unregulated occupations, such as Immigrant Skilled Trades Employment Program (ISTEP) for construction workers in BC.

Quite a few programs focus on one or two specific gap areas, the most common being language and professional communication. Four programs were found that provide language and communication training for health care professionals, for example the Canadian Communication for Physicians-Trained-Abroad program at Red River College in Manitoba. One BC report found more than sixty programs that include both language and labour-market components (Circa Enterprises SR, 2). Several programs were also identified that offer only an orientation to the Canadian health care system, such as the University of Saskatchewan’s International Medical Graduates Orientation Conference.

The majority of programs found offer an integrated approach and include gap training, labour market bridging, and examination preparation, usually with considerable language supports built in. Examples include the International Midwifery Pre-registration Program (IMPP) at Ryerson University, and the Veterinary Skills and Training Enhancement Program (VSTEP) at the University of Guelph.

3.2 Governance

There were a variety of models for planning and making decisions related to the bridging programs reviewed, including university or college-led, regulator-led, multi-stakeholder initiatives, self-governing programs, and the not-for-profit model. These are described in more detail below in 4.1 “Governance”.

3.3 Program Frameworks

While each program is different, there are basic elements that were commonly found in the bridging programs reviewed. These include: information provision, prior learning assessment, educational courses/workshops, assessment, employment counselling, and personal support. Very few programs include all of these elements however. For example, while every bridging program reviewed was offering potential students some level of information about the program (via an information session, website, telephone, and/or written documentation), very few offered personal supports such as financial advising and referrals to childcare supports. It does appear to be quite common for a prior learning assessment process to be integrated into the admission process, or early in the program with an aim to determine specific gaps that need to be addressed.

All programs offered some type of educational component designed to upgrade skills or knowledge and/or to orient participants to Canadian culture. Educational components include formal academic courses, professional development style workshops, short full-time “intensive” programs, work placements, and other learning opportunities. Programs usually have some mandatory components and some optional or individualized components that enable participants to be exempt from topics that they already know.

There is often some kind of assessment included in each educational component, and sometimes there are assessments that test a participant’s overall competency for their profession. Finally, quite a few bridging programs include employment counselling, including mentorship, networking opportunities, and/or job search clinics.

Some programs, such as École Polytechnique de Montréal’s offer certificates to those who successfully complete the program. A few, such as the University of Manitoba’s International Dentist Degree Program, integrate IEPs into the regular professional program and lead to the granting of a local professional degree.

3.4 Program Providers

Most programs reviewed are delivered primarily by one organization, although several programs incorporate delivery by more than one. For example, CARE for Nurses is a non-profit organization that provides some services directly (e.g. personal and career counselling, specific workshops) but which contracts with several different educational institutions to offer the substantive educational pieces. They note that a choice between colleges provides students with both full-time and part-time options as well as geographic accessibility. Teach in Ontario provides services to participants via three different “consultation centres” run by different organizations. Montreal’s Engineers Project, is offered by a partnership between the Order of Engineers which determines requirements, École Polytechnique de Montreal which offers the education partnership, and the Agence montrealaise pour l’emploi which provides support services.

Outside of Canada, it appears that it is common for curriculum and other standards for professional bridging programs to be set by national regulatory bodies and then

programs are offered by approved organizations (MCNZ). For example, the Nurses Board of Western Australia has established accreditation standards described in detail in *Accreditation Process for Education Providers and Courses Leading to Registration with the Nurses Board of Western Australia (NBWA Accreditation Process)*.

Amongst the programs reviewed, academic institutions were by far the most common organization type to deliver bridging programs. The number of programs reviewed that are delivered through colleges is roughly equal to the number of programs delivered through universities. Of the programs delivered at universities, approximately three quarters are affiliated with the corresponding undergraduate program, faculty, or professional school. For example, the Internationally-Educated Engineers Qualifying Pilot Program (IEEQ) is administered by the Faculty of Engineering at the University of Manitoba, and IEEQ students share some courses with undergraduates. A few of the university-based bridging programs reviewed are affiliated with schools of continuing education. For example, the Internationally Educated Social Work Program (IESW) is managed by the G. Raymond Chang School of Continuing Education at Ryerson University.

Other organizations that delivered some of the bridging programs reviewed include professional associations, employer-association partnerships, health boards, government, and non-profit organizations. For example the Association of Engineers and Geoscientists of BC delivered a pilot project for BC engineers, while the Metropolitan Immigrant Settlement Association in Halifax has offered programs for internationally educated health care professionals and engineers (MISA Interview).

3.5 Finances

The majority of programs surveyed were in the pilot phase and they still operated primarily through government funding. Pilot funding was usually one-time seed money disbursed throughout a 1-3 year period. All programs face or have faced significant challenges securing funding beyond the pilot phase.

According to PROMPT, some program providers reported that the development of a financial sustainability strategy was an essential part of their funding commitment, whereas others did not have this obligation (PROMPT 41). Most programs were committed to working towards financial sustainability. Unfortunately, some programs, such as UBC's Canadian Healthcare Practice for Nurses, have had to discontinue programming when pilot funding came to an end.

Program costs to participants range from free to tens of thousands of dollars. For example, the ISTEP program, run by the BC Construction Association and the Construction Sector Council, operates at no cost to students or employers (ISTEP). The Prescription for Learning communication course for Manitoba pharmacists charges \$150 to students and \$200 to their sponsoring employers (A Prescription for Learning). In contrast, Dalhousie's Doctor of Dental Surgery Qualifying Program charges students around \$70 000 (AUCC, 51). The typical cost of a bridging program to participants is

approximately \$5000-\$6000. For example, the IMPP costs \$5400, including tuition, textbooks and clinical equipment (IMPP Website). The IEEQ program for engineers charges students \$5900 (IEEQ Website).

Financial assistance is often available to program participants in the form of bursaries, sponsorships, or loans. In some cases, the program has arranged that bank loans be available specifically for their students. For example, participants in the Canadian Pharmacy Practice Programme (CP3) can access professional lines of credit from Scotia Bank. In other cases, participants access loans via special loan programs targeting internationally educated individuals in a range of professions. For example, Alberta's Mennonite Central Committee has set up a fund that offers micro-loans to immigrant professionals. Additionally, when a program is an approved education program, participants can access government student loans. A variety of bursaries are often available from the educational institutions that offer programs. Finally, sponsorship by an employer is another way that some bridging program participants obtain financial assistance (for example, in pharmacy).

3.6 Curriculum Content

A wide range of topic areas were included in the programs reviewed. They tend to be selected based on the competency requirements for the relevant profession. They can be divided into the following broad curriculum areas:

1. *Profession-Specific Knowledge and Skills*: including systems overview (e.g. the Canadian Health Care System); orientation to local professional culture; knowledge upgrading; clinical and/or technical skills; law and ethics; professional standards; working with specific populations (e.g. special needs populations).
2. *Language and Communication*: including general language fluency in listening, speaking, reading, and writing; professional and technical terminology; cross-cultural communication; telephone skills; presentation skills; and professional communication skills such as providing appropriate written and verbal information to clients and colleagues.
3. *Career counselling*: including providing labour market information; exam preparation and study strategies; stress management; career development support; and job search training.
4. *Work Experience*: including observational placements, mentorships, and supervised practice placements.

3.7 Educational Delivery Methods

Most programs reviewed were offered in an in-person classroom format, using a variety of educational techniques including lecture, role-playing, megasimulation² and others. Some offered parts or all of their program via distance education techniques. The majority of these used paper-based curriculum supplemented by email, but a few used

² A megasimulation is a simulation that takes place over a longer period of time than usual (e.g. a day or more) and that includes a series of events/tasks so that the participant must integrate all skill and knowledge areas and in many cases multi-task as in a real job situation.

on-line learning platforms such as WebCT. The use of distance education technologies appears to be new for most if not all of these programs.

The bridging programs reviewed were offered in full-time or part-time formats. In the case of a few bridging programs, such as the Academic and Professional Bridging Program for Internationally Educated Teachers (IET), there is an option to study full-time or part-time. Full-time programs range from 4 – 5 days a week for periods of a few months to 2 years. Part-time programs range from 1-3 days per week for periods of a few weeks to 2 years. Part-time programs that have longer, less frequent days tend to be longer overall. For example, the Internationally Educated Social Work Program is scheduled for one full day and one morning once a week (IESW) over a period of 12 months, while the Canadian Healthcare Practice Pilot for Nurses at UBC met for 3 six-hour days per week for a period of 6 weeks (UBC, 14).

Only a small number of programs were found that rely heavily on distance education technologies. These include programs using a variety of instructional methods. For example, a pilot program for Occupational Therapists in Ontario used a paper-based format; Nova Scotia's New Beginnings On-line is offered via a simple on-line learning platform; and Western Australia's Midwifery Registration Program is offered in a mixed mode stream that includes distance learning and a short intensive as well as supervised clinical practice.

The remainder of the programs identified (5) that used distance education used it to complement ongoing face-to-face instruction. For example, the International Midwifery Pre-registration Program (IMPP) has included an on-line Canadian Health Care course in their curriculum as well as paper-based distance learning activities to introduce various topics. The Bridge to Canadian Nurses Program (BCN) includes some learning modules in a distance format (paper or online) while the bulk of the program uses face-to-face workshops, small group discussions, tutorials and lab practice sessions (PLAR Nursing Project, Appendix I).

While a few programs, such as IMPP, have used distance technologies for a number of years, most of the programs appear to still be in development or piloting phases for at least some of their courses. For example, CARE for Nurses offered one of their core courses, Nursing in Ontario, by distance for the first time in 2006. It was offered by an external educational institution via the WebCT online platform with the goal being to provide access to internationally educated nurses in a wider geographic area (CARE Interview). IMPP too is still evaluating the impact on learning outcomes of having incorporated self-paced paper modules on specific topics to the program (Circa Enterprises [ES](#), 17).

3.8 Midwifery-Specific Bridging Programs

Few midwifery-specific bridging programs were found, and only one of these is in Canada. However since these programs are particularly relevant to the development of the MMBP, detailed information is below.

3.8.1 International Midwifery Pre-Registration Program, Ontario

The International Midwifery Pre-registration Program (IMPP) is currently the only midwifery bridging program in Canada. Since its inception in 2002, it has been administered by the G. Raymond Chang School of Continuing Education at Ryerson University in Toronto. Graduates of the IMPP are eligible to apply for registration with the College of Midwives of Ontario without further competency assessment.

The IMPP is a part-time, primarily in-person program designed for IEMs seeking to practice as midwives in the province of Ontario. IMPP offers orientation, skills and knowledge upgrading, and assessment over three terms and takes approximately 9-12 months to complete. It offers the following components:

- Prior Learning Assessment
- Effective Professional Communication for Midwives in Ontario
- Individualized Skills and Knowledge Enhancement for Midwives
- The Canadian Health Care System
- Orientation to Midwifery Practice in Ontario
- 3-month Clinical Clerkship Placement in the Midwifery Community (IMPP [Bridging the Gap](#), 6).

An English for Midwives course is also available via Ryerson for those IEMs that need English language instruction.

3.8.2 Registration Competency Programmes for Overseas Midwives, NZ

The New Zealand Midwifery Council requires most IEMs to successfully complete an approved “registration competence programme” (MCNZ). This program includes modules designed to orient IEMs to the New Zealand model of practice and to help them develop cultural competency in the New Zealand healthcare environment. The program is module based, with the various modules being offered by polytechnics and one by district health boards. While the latter module is only available in an in-person workshop format, others are available in distance formats, including paper-based and on-line. Courses range from two days to 12 weeks, although one course reviewed can be completed over a period of up to one year.

3.8.3 Adaptation to Midwifery Programme, UK

The Nursing and Midwifery Council of the UK requires “overseas” midwives (IEMs from outside of the EU) to take an “Adaptation to Midwifery Programme”. Although no such courses are currently being offered in the UK, their purpose is to “prepare and assess [the IEM’s] ability to practice in a UK health environment” to the same standards as those required of locally educated midwives (NMC Registering,16). They include 450 to 900 hours of training divided equally between theoretical education and clinical practice. Programs would be offered by post-secondary educational institutions at a minimum of

diploma level (NMC “Draft Standards and Guidance for Midwives applying to join the NMC Register who trained outside of the UK/EAA”, 2).

3.8.4 Registration Bridging Programs, AUS

A variety of midwifery bridging programs is available for IEMs in Australia. They are referred to by different names including “registration bridging program” and “initial registration program”. State nursing and midwifery boards set the standards for these programs and they are offered by other institutions such as hospitals and post-secondary institutions. Programs appear to include both theoretical and clinical modules and assessment of competence, and last from 12 to 24 weeks of full-time participation. In some cases, certain modules may be taken in a distance learning format. For example, with Western Australia Health’s Midwifery Bridging Course, there is choice between “Full Attendance” and “Mixed Mode”, where the former involves in-person attendance for two weeks and the latter involves in-person attendance for only one week of theory courses. Both modes require some courses in a “distance learning” format as well as a week of clinical observation and a supervised practice placement. Western Australia also offers a “Challenge” option whereby eligible applicants can challenge certain academic components of the bridging program via a portfolio review, and a “theoretical assessment (examination)” (WADH, 4).

3.9 Evaluation Results

Statistical data related to the success of bridging programs is not easily accessible, partly because it is difficult to track down but largely because many bridging projects are quite new and this information is simply not yet available. A few programs reviewed did indicate some statistical success as reported below.

- The 2003 *CARE Final Evaluation Report* notes that the initial goal of the project was to convert the 66% failure rate on registration exams to a 66% pass rate for internationally educated nurses, and that this goal was met and exceeded with a pass rate of 74% for their graduates (CARE and Shea, 2; 40) In their 2005/06 Annual Report, CARE reported a pass rate of 80% on the national registration exam for their graduates, which, they noted, was double the overall pass rate for internationally educated nurses in Ontario. As well, over 90% of CARE participants have secured employment as nurses within 3-6 months of completing the program (CARE Annual Report, 5).
- CP3 reported an 86% pass rate for their participants taking the pharmacy registration exam (CP3 Interview). While we do not have access to the pass rate for all applicants, the program director noted that they are aware that where their candidates pass the exam on their first attempt, it is routine for other candidates to “attempt these exams (both MCQ & OSCE) 3 or 4 times before succeeding” (CP3 Email)

- In their 2005 *Bridging the Gap* report regarding the first two years of the program, IMPP reported a 100% exam pass rate and an 88% employment rate for graduates (IMPP Bridging the Gap, 4). IMPP also reported that of those who obtained funded midwifery positions, 86% obtained employment within 2 months of completing the program, and that 100% of employed graduates were still working at the time of the report's publication (5).

Many bridging programs did comment on the success of their programs, however, as measured through non-statistical factors such as increased self-esteem, motivation to work towards getting registered, and other similar factors. For example, the *Final Report* for the Canadian Healthcare Practice Pilot for Nurses offered by UBC's Centre for Intercultural Communication comments that while they did not yet have statistical information regarding registration and employment rates of their graduates, "the success of the course [is indicated by] the increased confidence and cultural awareness of the participants, all of whom felt that the course had been a valuable learning experience for them, and were eager that it should be made available to other internationally educated nurses" (UBC, 12).

Other important impacts of bridging programs identified in multiple reports are listed below:

- Increased diversity within professions;
- Improved attitudes of employers towards IEPs' abilities;
- Increased awareness of IEPs' role in addressing skills shortages.

4. FINDINGS

4.1 Governance

In planning a bridging program, the first step is to decide who will make which decisions. It is apparent, from the reports reviewed and interviews conducted, that the governance (decision-making) structure is key to the successful design of a bridging program.

The programs surveyed exhibit a range of governance models as indicated in Chart One below. Most programs were governed by several groups working in partnership, often with one lead partner. A minority of programs were self-governing, working in partnership with other organizations, but solely responsible for all programming decisions. Some possible models identified in this review are listed below.

Table One: Governance Models	
1. University or College-led	
Programs are initiated and administered by an educational institution with full decision-making power, although often with consultation from other stakeholders.	Example: The development of the Internationally Educated Teachers Program was initiated by the Associate Dean of the University of Manitoba's Faculty of Education. Other stakeholders, including a broad range of organizations concerned with education and immigrant access, collaborated on the design of the program. The Faculty of Education was designated the lead decision-maker for this program although other stakeholders have continued to be involved via an advisory board. Some external stakeholders, such as the Winnipeg School District, are also partners in delivery (AUCC, 56); (IET).
2. Regulator-led	
Decisions are made independently by the professional regulatory body. In many cases, this is via standard-setting and an approval or accreditation process.	Example: The Nurses Board of Western Australia has established accreditation standards that apply to bridging programs. They outline acceptable program providers, basic curriculum content areas that must be included, entry and exit requirements, type of learning methods acceptable, and other standards that must be met by all nursing and midwifery bridging programs. Bridging program providers must apply for accreditation as only graduates from accredited courses are eligible for registration (NBWA <u>Accreditation Process</u>).
3. Non-profit led	
These programs are run by independent not-for-profit organizations that are governed by a Board	Example: CARE for Nurses evolved from an initial pilot project into a not-for-profit organization with both a governing Consortium and an Advisory Committee. As of 2006, the consortium included representation from two community organizations, a hospital, and a centre for

<p>of Directors. The Board holds decision-making power. There may also be an Advisory Committee that provides specific feedback and expertise. Regulatory agencies may or may not be involved.</p>	<p>geriatric care. The Advisory Committee includes the College of Nurses of Ontario, relevant professional organizations, a charitable foundation that provides support to immigrants, and the Nursing Secretariat of the Ontario Ministry of Health and Long-term Care. The role of the Advisory Committee is to provide CARE with advice from the perspectives of multiple stakeholders. Advisors are contacted individually more often than as a group.</p>
<p>4. Multi-stakeholder</p>	
<p>All key decisions are made by a coalition of key stakeholder groups.</p>	<p>Example: As of 2006, the Veterinary Skills and Training Enhancement Program (VSTEP) was governed by a Steering Committee consisting of 2 representatives from each of the College of Veterinarians of Ontario, the Ontario Veterinary Medical Association, and the Ontario Veterinary College of the University of Guelph. Their relationship was formally defined by a Memorandum of Understanding. The College of Veterinarians of Ontario is the lead recipient of funds and has significant reporting duty to the provincial government (VSTEP Email).</p>
<p>5. Self-governing</p>	
<p>Programs that are housed within relevant organizations but that are able to run independently, making decisions in-house. There are no formal external decision-making bodies associated with these programs. There may be some monitoring by the educational institution.</p> <p>Reports may be provided to stakeholders, especially regulatory bodies, regarding any significant changes.</p>	<p>Example One: As of 2007, the Canadian Pharmacy Practice Programme (CP3) operates with the cooperation and support of the Faculty of Pharmaceutical Sciences at UBC, under the umbrella of the division of Continuing Pharmacy Professional Development, a department jointly funded by the Faculty and the College of Pharmacists of BC. The support includes use of the Faculty's facilities for offices and classes, as well as use of curriculum materials. The program staff makes decisions independently of these bodies. The program is funded by candidate fees and external grant funding (CP3 Email).</p>



Despite the variety of different governance models, consistent advice was provided by the sources reviewed regarding the critical aspects of a successful governance structure. They include:

1. All stakeholders should have a role, although not all need to be involved in all decisions;
2. Roles should be as distinct and specific as possible, and should be related to organizational strengths;
3. Roles should be clarified as early as possible;
4. Regular and clear communication is paramount to maintaining good relationships and a functional governance structure.

CARE for Nurses noted that “pressure to sign contracts may rush this process [of clarifying roles], but clarifying goals, values and what each partner will contribute to the project saves time over the long term” (CARE Lessons Learned, 15). This “will help to ensure that partners share commitment, values and analysis of situation, and are focused on an obtainable goal” (5).

The ideal roles of various stakeholders is often prescribed by their mandate and the resources to which they have access. In their *Final “How-to” Process Guide* (IPG How-To, 4), the International Pharmacy Graduate (IPG) program identified four main stakeholders for their program, and each of their key functions:

1. Academic institutions “provide access to curricular and assessment materials and provide assurances to the public and the profession at large that bridging education is on-par with education provided to domestic students”.
2. Regulatory body “ensures standards of practice for public protection are being maintained”).
3. Employers “provide access to structured training programs and post-program employment opportunities”.
4. Community Agencies: “facilitate settlement issues . . . and contribute curricula related to workplace skills, English-as-a-second-language, etc”.

Clearly, there are many different roles that different stakeholders can take on, from being a primary decision-maker to a provider of advice and/or materials. Teach in Ontario notes that it is important to ensure that the workload, responsibility, recognition and money are divided equitably (Teach in Ontario, 13). The IPG program, on the other hand, notes that all partners must contribute meaningfully but that “it must be recognized that each partner may not be able to contribute equally, but that each contribution is important and valued” (IPG How-To, 4).

IPG recommended designing a governance structure to balance each organization’s needs and responsibilities (IPG How-To, 4), for example, by having an Advisory Committee in addition to the decision-making body. The IMPP also pointed out that “a large [decision-making] consortium can be unwieldy in terms of administering meetings, gaining consensus and time-efficient co-working” (IMPP Bridging the Gap, 5).



Most of the bridging programs reviewed have responded to these concerns by having a smaller group with decision-making authority and a larger advisory group with consultative status.

Teach in Ontario noted that “choosing the right partners is critical” (Teach in Ontario, 11). They, as well as several other sources, note specifically that having the cooperation of the regulatory body is critical for success. For example, Mount Royal College’s PLAR Nursing Project developed a close partnership with the College and Association of Registered Nurses of Alberta (CARNA). The project benefited from this by having CARNA review the project’s processes and content throughout the development phase, champion the program at the national level, and advertise the program to eligible IEPs. Subsequent to the pilot, Mount Royal College has entered into an agreement with CARNA to officially provide CARNA’s internationally educated nurse assessment service (PLAR Nursing Project, 5).

Other pertinent comments related to the involvement of specific stakeholders are below:

- Program graduates should be involved in governance to ensure that there is “an ongoing participant perspective at the table” (CARE and Shea, 38).
- Employ a multi-stakeholder, province-wide approach that includes employers, in order to facilitate the labour market integration of IEPs (PLAR Nursing Project, Appendix L).
- Involve community agencies as “no project to assist internationally educated individuals would be successful without community agencies –front-line organizations that are often the first point of contact with newcomers (Teach in Ontario, 11).
- Ensure the professional association is engaged with the program. Teach in Ontario noted that “no bridging project for teachers would be successful without the advocacy organization that represents all teachers in the province” (Teach in Ontario, 11).
- Developing relationships with educational partners is time-consuming. Allow enough time to build these relationships (CARE Lessons Learned, 15).
- In addition to formal partnerships with stakeholders and advisors, informal partnerships are also valuable and allow new programs to access institutional resources and to benefit from the expertise of more experienced program providers. PLAR Nursing Project, for example, benefited from informal partnerships with the Calgary Health Region’s Departments of Nursing, Recruitment and Retention and Diversity Services. It also drew upon the experience and curriculum materials of the Collaborative Nursing Programs of BC and Ontario bridging programs for internationally educated nurses (PLAR Nursing Project, 15).
- “No single organization has the expertise or resources to provide all components of bridging education, and even if one did, the need for transparency and internal

checks-and-balances favours development of a broadly based partnership structure” (IPG How-To, 3).

A number of ideas were presented in bridging reports reviewed regarding how to nurture and sustain good partnerships. They include the following:

- Value each partner’s expertise, “especially in situations where two organizations do the same work” (Teach in Ontario, 13).
- Ensure regular communication, including face-to-face meetings, teleconferences, and information emails so that partners and staff have “opportunities to talk, problem solve, share best practices and develop a sense of ‘team’” (Teach in Ontario, 13).
- Maintain regular, open communication with consistent key contacts (CARE Lessons Learned, 13).
- Employ a formal conflict resolution strategy (Teach in Ontario, 11).
- Adhere to clear standards and guidelines (AUCC, 7).
- Have government agencies facilitate communication among partners when there are political challenges in working with large numbers of partners and in negotiating difficult relationships between professional organizations (IPG How-To, 4).
- Develop champions within relevant organizations, such as government bodies, professional associations and educational institutions (AUCC, 7; CARE Lessons Learned, 4). AUCC notes that university deans and directors of continuing education are particularly key figures in university involvement in bridging programs (AUCC, 7). Teach in Ontario notes that Advisory Committee members can become important “champions for the project within their own professional communities” (Teach in Ontario, 12).
- As the project evolves, include new players to maintain the energy of the project (CARE and Shea, 38).

Finally, the staff support for the governance and administration of a bridging project can also be crucial. Based on his experience with the Western Alliance for the Assessment of International Physicians (WAAIP) project, Forum Executive Director Peter Gibson suggests that having an efficient project coordinator is crucial and that having two co-chairs share the work of coordinating the governing body may help keep work on track (NAS Minutes). Mount Royal College’s PLAR Nursing Project suggests that it is important to “develop a change management strategy and conduct periodic staff readiness assessments in order to help manage potential gaps and barriers within the institutional organization (PLAR Nursing Project, 20).

4.2 Planning for your Audience

“The course component for bridging projects should bridge a gap between participants’ previous experience and the requirements in [Canada] and should not duplicate what participants already know. The model for the Teach in Ontario employment preparation course was flexible enough to allow facilitators to assess each group of participants and tailor the course to meet their needs” (Teach in Ontario, 18).



It is clear from the reports and other material reviewed that it is crucial to keep in mind the audience that the program is being designed for – namely internationally educated adults – when making decisions about all aspects of the program, from teaching strategies, to length of the program, cost, and other factors. Both adult education principles and factors related to equity and intercultural diversity must be taken into account at all stages of development and implementation.

4.2.1 Adult Education

The importance of adult education teaching techniques was emphasized in many reports and interviews, as well as in the researchers’ training session with Life Strategies Inc.. The key concepts noted include acknowledgement of prior learning, ensuring relevance, offering choices, and catering to different learning styles. Comments on each of these areas are below:

a) Acknowledgement of Prior Learning

A key principle of adult education is the recognition of a person’s knowledge and skills, no matter how it was obtained. The concept of Prior Learning Assessment and Recognition (PLAR) was borne of this principle and involves assessing a person’s competencies to ascertain any gap areas.



Sources reviewed agreed that it is critical to recognize the education and experience that an internationally educated professional brings to Canada in order to quicken access to their profession and benefit from their knowledge and skills. As the International Pharmacy Graduate (IPG) program notes, bridging programs should not replicate or replace previously gained education or experience, but rather should focus on providing the bridge between previous experience and Canadian practice. Unfortunately, it can be challenging to design appropriate programs. In a 2006 study to determine opportunities for their members to be involved in supporting IEPs, the Association of Universities and Colleges of Canada (AUCC) noted that a key challenge identified is to design PLAR programs for IEPs that are able to "validate the experience, expertise and knowledge of fellow professionals . . . rather than focusing narrowly on problems of assessment and recognition of foreign qualifications" (AUCC, 4).

👉 In order to meet this challenge, the IPG program committed to the following principle of competency-based assessment: “If a candidate can pass the final examination for a course before actually taking the course, the candidate should be exempted from course enrollment if s/he chooses” (IPG [Proposal](#), 7). They note that in practice this means that a person’s prior education or experience will not hold them back or give them an advantage with regards to bridging course modules, as only candidates who are able to “meet all course outcomes” are eligible for exemption from taking a given course.

Acknowledging an IEM’s background and experience and incorporating their knowledge into the learning experience itself is also important in establishing a respectful and effective learning relationship. It adds valuable experience for all involved, from instructors and students to employers and preceptors (PROMPT, 53). In addition, Canadian-educated professionals can benefit. For example, CP3 notes that Canadian-educated professionals taking their integrated return-to-practice/IEP bridging program benefit from learning side by side with internationally educated professionals (CP3 Interview).

b) Relevance

For adults to be motivated to learn, they need to be engaged in the process and understand the relevance of the program components, both to their immediate goal of achieving registration and to their overall goal of working in Canada.

Staff from UBC’s Canadian Healthcare Practice Pilot for Nurses reported that their participants “were anxious about spending class time on issues and topics not directly related to the RN exam” (UBC, 10), but that feedback after the course revealed that some students realized that the knowledge gained about “cultural practices and health care procedures in Canada” (UBC, 10) was ultimately useful in answering exam questions. 👉 Having had a similar experience, staff at the CP3 program advised that when students are overly focused on passing the registration exam, program providers should emphasize that participants are learning the skills they need to practise successfully, which is ultimately what is being tested by the registration exam (CP3 Interview).

In adult learning, it is equally important to allow students to integrate their learning with previous experiences so that they can best understand it. Staff at the CP3 program suggested that relevant assignments should be incorporated throughout to encourage the integration of skills and to allow students to see their own learning (CP3 Interview). Life Strategies Inc.. suggested providing examples of how other students have made links between the study material and their profession (Life Strategies Inc. [Adult Ed](#), 11).

c) Choice

Adults like to be in control of their own learning; providing choices allows them to take control and individualize their learning experience. A review of BC bridging programs concluded that programs should be able to be tailored to individual needs as much as possible, and should allow IEPs to shape the curriculum to meet their career goals

(Circa Enterprises [SR](#), 6). Life Strategies points out that choices can be provided within assignments (e.g. you can write about x or y), with different assignment options (e.g. group exercise or individual project), or in the program as a whole (e.g. students choose some or all courses, or on-line or in-person delivery) (Life Strategies Inc. Training).

👉 CARE noted that working with participants to develop an individual learning contract has been helpful in ensuring participant buy-in to the learning program (CARE Interview).

d) Learning Styles

There are a variety of different learning styles. Life Strategies noted that it is very important to accommodate the diverse personalities and learning styles of program participants in order to ensure that at least some components of each course will meet the unique needs of each type of learner (Life Strategies Inc. [Adult Ed](#), 12). 👉 They suggested using one of the many “learning style assessment tools” to better understand students. Other reports and interview informants agreed with this. For example, CP3 staff suggested that learning should be interactive and hands-on to suit adult learning needs, and that programs should recognize that instructor flexibility and responsiveness to students’ needs and requests are important contributors to students’ success (CP3 Interview).

4.2.2 Equity Issues

Different stakeholders, including the CMRC, have recognized the increasing importance and significant challenges of addressing issues of accessibility, equity and diversity in the creation and administration of credential recognition processes and bridging programs. 👉 The CMRC has adopted a National Midwifery Assessment Strategy that includes the principles of transparency, fairness, consistency, flexibility, effectiveness, efficiency, and collaboration to guide related work, including the development of the multi-jurisdictional bridging program (see Appendix Two). This strategy is a critical support to ensure equity in all of the CMRC’s programming. Already, the CMRC has committed to including intercultural diversity training for IEMs, staff, preceptors, examiners, and others involved in the bridging program, whenever possible.

However, the challenges of designing bridging programs that are relevant and responsive to an intercultural and diverse audience are significant. Design suggestions are presented in a series of academic papers and bridging reports that are summarized below.

4.2.2a PROMPT Review of Bridge Training Programs

Policy Roundtable Mobilizing Professions and Trades (PROMPT), an Ontario based network for internationally educated professionals (IEPs), recently conducted an assessment of Ontario bridging programs using an equity framework that included the following key principles:

- Accountability through transparency and outcomes;

- Unbiased acknowledgment of differences and diversity, and creation of unique opportunities;
- Equitable opportunities, benefits and outcomes;
- Equitable distribution of human capital and resources;
- Negotiation and administration of collaborative multi-stakeholder approaches;
- Provision of good quality, relevant and timely information and support.
(PROMPT, 9)

The PROMPT report concludes that bridging programs have had limited success in the ultimate goal of helping IEPs obtain employment in their field. According to the report, this means that the assumptions on which bridge training programs have been based are erroneous and need to be reviewed. Specifically, the report notes that all bridging programs should be designed with the express goal of enabling IEPs to obtain employment in their fields and that this is the one valid criterion for determining success. In saying this, PROMPT emphasizes the principle of relevance, stating that bridging programs “must be relevant to a range of [IEP] needs, address systemic barriers to labour market participation and facilitate the securing of employment in an [IEP’s] field of expertise” (PROMPT, 49-50).

👍 In addition, PROMPT states that it is critical that bridging programs involve an equal sharing and transfer of knowledge between host and immigrant populations to better acknowledge the IEP’s experience and increase knowledge of all players, including IEPs, mainstream professionals, employers, and others (PROMPT, 53).

Other feedback from this report includes:

- Policies should differentiate between those who need upgrading and support via bridging programs and those who are capable of directly entering the workplace (PROMPT, 55). Job-ready IEPs should be able to access their profession directly while individualized upgrading should be available to those who need it (56).
- Resources should be devoted to support/train employers, program providers, and other relevant players to learn from IEPs and other sources, so as to be able to better fulfill their role (55).
- A multi-stakeholder consultative approach, that includes IEPs, should be undertaken in designing, implementing, monitoring and evaluating bridging programs (55).
- Bridging programs should be financially accessible with no fees or with financial assistance available, and additional financial support should be available to support IEPs until they are integrated into employment (56).
- Entry requirements should be competency-based (56).

4.2.2b Research on Distance Education in Bridge Training Programs

Dr. Lillie Lum, a researcher in the Atkinson School of Nursing at York University, has reviewed bridging programs to determine how they are succeeding in providing effective

distance bridging education for internationally educated health professionals in Ontario. Lum’s research highlights the impact of culture on learning styles and on success in any particular educational environment. She notes that cultural differences refer not simply to ethnicity or nationality but to “patterns of thought, attitudes and behaviours, which vary according to the ‘sameness’ shared by distinct groups” (Lum "Distance Education", 3). These differences include “learning and communication styles, attitudes toward conflict, different approaches to completing tasks, decision making styles, different attitudes towards disclosure and ways of knowing” (3).

Lum argues that any “lack of academic success [by IEPs] may not be directly as a result of lack of ability but attributed to differences in learning style, studying approaches and instructional format preferences” and that “learners demonstrating stress or failure may not have the flexibility or resources to bridge from their usual patterns of practice to those that are more appropriate to new circumstances” (Lum "Distance Education", 115).

Lum reminds us that bridging programs must be designed to incorporate teaching methods for a variety of styles, and must validate IEPs’ previous experience and ways of learning, acknowledging the context-dependent nature of learning styles. They must also promote students’ ability to work within the dominant society. This approach “recognizes and envisions international students learning in a bi-cultural setting so that they can effectively function in both minority and mainstream contexts” (Lum "IEHPs", 120-121).

👉 Lum proposes a “multiple cultures approach” as described in detail below.

Table Two: Multiple Cultures Model	
Instructional strategy	Explanation
Creating pluralistic learning communities	Integrate the skills, values, cultural traditions, problems and issues of the community to create an authentic learning environment. <i>e.g. Assign a group-based activity that mixes students from different cultural backgrounds to provide an opportunity for students to use “structured shared workspace” (121).</i>
Flexible communication configurations	Use a flexible assortment of communication tools and formats to allow for different learning styles. <i>e.g. Include opportunities for students to interact with both faculty and peers. Allow for cultural considerations in evaluating participation; more communication is not necessarily better than less. Note: Anonymity of responses should be an option to promote respectful and safe learning spaces.</i>
Situated dialogue and higher-order thinking	Promote critical thinking. <i>e.g. Create a supportive learning environment through</i>

	<i>“problem-based task design, a space for posting frequently asked questions, and threaded discussion forums for posting responses to learning tasks” (121). Encourage learners to question, demonstrate criteria for judgments, and cooperate to develop and apply problem-solving strategies.</i>
Constructive faculty roles and expertise	Assist students to apply learned skills by having faculty model appropriate processes. <i>e.g. Model techniques like reflective observation and problem solving.</i>
Matching learning styles and activities	Individualize learning activities to suit different learning needs. <i>e.g. Provide assignment options. Offer students a choice in learning methods and course assessments.</i>
Evaluation strategies	Employ comprehensive approaches to evaluation that incorporate cognitive and experiential learning. <i>e.g. Include different types of assessments.</i>
Policy perspectives	Provide faculty development and training. <i>e.g. University/college reward structures should recognize development work on IEP courses and programs as scholarly and provide faculty incentives to encourage it.</i>

Adapted from: (Lum "IEHPs", 121-124)

4.2.2c Feedback on Equity from Bridging Program Providers

Two program-specific reports offered direct feedback about equity issues to consider, UBC’s Canadian Healthcare Practice Pilot and CARE for Nurses. While the UBC project’s focus was on cultural training for internationally educated nurses, CARE’s equity initiatives encompass training for both internationally educated nurses and other health care staff. Issues and recommendations identified by each of these programs are detailed below.

In 2002, the University of BC piloted a program entitled *Canadian Healthcare Practice: Cultural Issues for Internationally Educated Nurses Writing the Canadian RN Exam*. The design of this pilot project was based on the assumption that the success of internationally educated nurses on the registration exam depends upon their having an understanding of “the larger and culturally defined approaches to health care in BC and Canada” (UBC, 4). The components of the curriculum that addressed culture and communication included: “a) development of a common language to explore issues of culture, b) awareness of one’s own cultural values, c) sensitivity to and respect for cultural diversity of Canadians, and d) strategies for communicating cross-culturally and for delivering culturally compassionate care” (UBC, 5).

The Final Report concluded that the program was a success. Some learnings include:

- “Discussing the explicit standards for nursing practice in Canada proved useful in identifying some of the cultural assumptions of the Canadian healthcare system . . . that differ from [those of] other healthcare contexts” (6).
- Having a better grasp of the cultural assumptions of nursing practice in Canada also helped participants to understand the rationale and assumptions of the questions on the registration exam (7). Program staff noted that this was particularly helpful for questions with a psychosocial component “even for those nurses whose general nursing skills, medical knowledge, and English language abilities [met] the requisite standards” (12).
- Learning how to approach and understand Canadian communication styles, and learning about expectations from different client groups (ages, cultures) was confidence-boosting for candidates in preparing for the exam and for future work in Canada (23-28).

In 2005, CARE for Nurses expanded its mandate to include working with employers to “create culturally competent workplaces that facilitate the integration and promotion of immigrant nurses” (CARE Annual Report, 10). CARE embarked on a number of equity related initiatives with funding from a City of Toronto Access and Equity Grant, beginning with a research project to identify “barriers faced by IENs in the workplace and practical ways that employers might facilitate IENs’ smooth integration” (10).

Key barriers identified in the final report for this equity project included:

1. general negative attitudes from both patients and co-workers who seem to assume that immigrant nurses have a lower skill level;
2. difficulties communicating both verbally and in charting at the level expected by employers and co-workers, and consequent performance issues and undermining of self-confidence;
3. challenges negotiating interprofessional relationships appropriately due to different expectations, relationships between professionals, and means of communication than internationally educated nurses are used to;
4. lack of knowledge of diverse cultural practices and consequent difficulties supporting clients appropriately;
5. inexperience with technology used in Canadian healthcare;
6. reluctance to ask for assistance due to fears of job loss or further negative reactions from co-workers (CARE “Workplace Equity”, 2-5).

To address these issues, the following recommendations were made by employers and internationally educated nurses contacted in the course of this equity research:

- Ensure workplace orientation programs are concrete, practical (CARE “Workplace Equity”, 5) and outcome-focused (6). Include role playing, case-based scenarios, and practice with technologies. Provide information about how to communicate with other disciplines, contact details for internationally educated nurse support and patient resources, and practice with documentation (5-6).
- Provide one-to-one support for internationally educated nurses as they integrate into the workplace (5). Individual learning plans are recommended (6).

- Preceptors should be good listeners and be willing to answer lots of questions and demonstrate skills and procedures. They should be trained about their role, “including the importance of being non-defensive when asked questions” (6) and should have “up-to-date knowledge about technical skills and equipment” (6).
- Ensure all staff receives diversity training. In particular, nurse managers need to understand how to handle difficult situations faced by internationally educated nurses (3).
- Hold staff accountable for their actions in order to begin addressing systemic barriers (3).
- Set up a workplace culture of “openness and inclusiveness” (7).
- Address the isolation faced by internationally educated nurses by assigning workplace buddies (potentially more experienced internationally educated nurses) (7).
- Provide additional training to internationally educated nurses regarding working with multicultural clients, interprofessional communication, and orientation to technologies (7).
- Utilize more in-depth screening tools for language to identify any major communication issues so they can be appropriately addressed (7).

As a result of this research, CARE implemented three equity initiatives in 2005/2006. These include:

1. planning a conference for Ontario hospitals to share human resources practices and workplace innovations that support internationally educated professionals (CARE [Annual Report](#), 10);
2. working with a hospital to develop orientation tools and procedures for new internationally educated nurses and to offer on-site nursing language classes and diversity training for staff (10); and
3. creating opportunities for internationally educated nurses to draw on their experiences to speak publicly and advocate for change (10).

4.3 Designing a Successful Program Framework

Taking the audience into account is an important overarching strategy but there are also a myriad of other components to consider when designing a successful bridging program framework. Fortunately, the sources consulted in this research offer a wealth of information regarding choosing the overall approach and key components, considering the impacts of logistical choices, choosing educational partners, and setting up a program for long-term financial sustainability and fair access. This information is provided below.

4.3.1 Bridging Components

There are many different approaches to what to include in bridging education and what overall framework to adopt. CARE suggests that it is important to start by assessing

your own organization's needs and goals so that the framework chosen fits well; they stress that it is particularly important not to replicate another model without first understanding your own organization's particular needs (CARE Lessons Learned, 5).

As noted earlier in this report the specific components included in bridging programs vary somewhat and not all include assessment, educational components, work experience, and personal supports.



However, the research suggests that integrating all of these components does make a stronger program with more chance of successfully assisting participants to obtain employment in their fields. The Association of Universities and Colleges of Canada proposes that programs for IEPs should use “a holistic approach in design and delivery” that combines a core curriculum of general and technical subject matter with “diverse components to link participants to their communities and the labour market” (AUCC, 4).

A 2006 research study by the Nursing Board of Western Australia summarized IEM and preceptor feedback from focus groups and noted that “the recognition of individual difference was seen to be highly desirable in order to allow participants to fast track and/or challenge elements of the education process” (NBWA Registration, 5).



This capacity to individualize programs appears to be a commonly agreed upon goal, and many programs are working to meet this need.

For example, several organizations, including CARE for Nurses, contain both mandatory components as well as some individualized content modules that are required of participants who are not able to otherwise prove their competency in the particular topic areas addressed by these modules. This combination of mandatory courses and individualization enables these programs to acknowledge IEMs' competencies while also assuring regulatory bodies that graduates have completed a consistent program that ensures graduates meet entry-level competency standards (CARE Interview).

Some bridging programs, such as the Midwifery Registration Bridging Course in Western Australia, allow participants to gain exemption from certain portions of the course via a challenge process. This allows participants to avoid taking courses on topics they are already competent in (WADH, 5-6).

Finally, CARE reminds us that in the early years of programming, it is likely that there will be a need for changes and that it is important to “allow for the program design to change over time as staff implement program improvements” (CARE and Shea, 5).

4.3.2 Practical Considerations

Two of the key logistical decisions in designing a program are scheduling and location, both of which have an impact on the program's accessibility to its potential participants as well as on learning approaches and chances of participant success.

4.3.2a Location

In terms of geographic location, reports from PROMPT, Health Canada, and Circa Enterprises cited geographic coverage and the dispersion of potential bridging students as key factors that limit program accessibility. For example, in Health Canada's review of Canadian orientation programs for internationally educated health care professionals, the author notes:

"Most programs currently offered require on site attendance and this greatly restricts the ability of [IEPs] to access the information. As well, most jurisdictions do not offer any program. Utilization of distance education programs is one option to address this challenge" (Health Canada and Hague, 5).

In a 2006 discussion paper on the topic, the Nurses Board of Western Australia concludes that "transnational education"³ is another viable option for preparing internationally educated nurses and midwives to practise in Australia if an Australian-based clinical experience component is included:

"within a framework of quality assurance . . . there appears to be no reason why theoretical components of a nursing/midwifery program for [IEPs], leading to registration in Australia, should not be successful. It should also be possible to include components of simulated clinical practice through role play and the use of Australian documentation and equipment, which should assist the enculturation process. It appears arguable, however, that a planned block of clinical practice within an Australian environment is an essential component so as to transmit and assess socio-cultural competence within the Australian health care setting". (NBWA Accreditation: Transnational Programs, 10)

4.3.2b Scheduling

There are many scheduling options for bridging programs, and decisions need to be made regarding how often participants attend (e.g. full-time versus part-time), the overall length of the program, and when in the year it will be offered. There was no consensus on these issues, other than a reminder from two organizations to take into account the timing of registration processes (CP3, Canadian Healthcare Practice Pilot for Nurses).

Some additional feedback on scheduling issues is below:

- The overall length of the program must balance the need to provide a specific amount of education with the needs of students and employers (CP3 Facilitating, 8).

³ Education provided in another country, usually involving face-to-face delivery.

- Program timing should take into account access issues related to the time of year that a program is offered. For example, a lack of language programming between June and September restricts access for some IEPs (Circa Enterprises [SR](#), 4).
- Courses should be offered both in the daytime and evening to accommodate the variety of students' work schedules (Teach in Ontario, 29). Daytime scheduling can make programs inaccessible to IEPs with work or family commitments; night school could help students attend programs and still be able to support their families (Circa Enterprises [SR](#), 4).
- Full-time programs enable the reinforcement and integration of learning and prevent the loss of ability that can occur after even short breaks. It also allows the program to take place over a shorter period of time, which some students may find less disruptive to their lives (CP3 Interview).
- Typical participant learning challenges should be taken into account when planning the program timetable. These challenges may include slow reading abilities (due to reading in a second language) and limited time for study outside the class due to family responsibilities (CP3 [Facilitating](#), 12).
- The availability of necessary facilities and the needs of students may mean that classes must be scheduled at non-traditional times (VSTEP Email).

4.3.3 Engaging Employers

It is critical for any bridging program to establish cooperative links with workplace and professional communities. (IMPP [Bridging the Gap](#), 19)

Employer engagement enables access to work experience, a component of bridging education that has been identified by most sources as critical to the success of bridging programs. For example, IMPP emphasizes that “all bridging programs must have an awareness of employment possibilities for program participants and develop appropriate ways of . . . supporting graduates in achieving employment” (17). Participant work experience can include mentorship with registered professionals, observation placements, job shadowing, access to professional development activities alongside Canadian professionals, and supervised work experience placements (see 4.4.1c for more information on types of work experience).

Unfortunately, many programs have difficulty engaging employers to provide work placement opportunities for program participants. In PROMPT's estimation, “employer risk averseness” is the main reason (PROMPT, 45). The IMPP appears to agree as they note that clinical preceptors tend to prefer students who are the most advanced and require the least support (Circa Enterprises [ES](#), 20).

Several strategies for engaging employer support and participation were identified.

👉 The IMPP focuses on doing outreach to ensure that any concerns are addressed directly with preceptors (IMPP [Bridging the Gap](#), 19). They also strive to be responsive

to feedback by taking these concerns into account in ongoing curriculum development (19).



It can be useful to emphasize the benefits to the employer or preceptor/mentor. CARE has established partnerships with employers who see CARE as part of their recruitment strategy – thus it is directly benefiting them. The IPG notes too that the opportunity to recruit potential employees is one of the benefits for their mentors, along with the opportunity to learn by teaching and to “give back” to the profession (IPG How-To, 10).

The IMPP sums up the importance of engaging with employers by saying “Professionals in the workplace may need to face challenges regarding their own perceptions of internationally trained professionals, but they also bring a ‘front-line’ perspective and are necessary partners in enabling employment and acceptance of international professionals into Ontario communities” (IMPP Bridging the Gap, 19).

4.3.5 Program Delivery Institutions

It is important to carefully consider what organization or organizations will take the lead in delivering the educational components of the program. CARE notes that the success of the program is largely dependent on developing strong partnerships with the institutions that will be delivering these educational components. The key requirements of potential educational partners will differ depending on the specific framework of a given bridging program. However, below are the necessary requirements as articulated by CARE in their *Lessons Learned* report:

- “Experience in customizing programs to meet needs of [the target group];
- Willingness to share the details of the developmental process and curriculum with other educational partners and stakeholders;
- Proven experience and ability to co-ordinate clinical placements;
- Ability to offer courses in accessible locations and to adapt the delivery system to accommodate emerging needs;
- Experience working with community organizations in delivering flexible and specialized employment-preparation programs;
- Commitment to access and equity issues;
- Commitment to creating and implementing long-term systemic changes to enhance access to the profession” (CARE Lessons Learned, 13).

There is no consensus regarding the best type of organization to deliver a bridging program, but the majority of programs are delivered by post-secondary educational institutions. The IMPP indicated that it has benefited from its placement in Ryerson University’s Chang School of Continuing Education due to its “experience with innovative program development and delivery for adult learners and expertise in flexible and online learning approaches in Canada’s most multicultural university environment” (IMPP Bridging the Gap, 10). Flexibility and the ability to make quick changes were

cited as key benefits to being housed within a continuing education department rather than in another part of a university setting (Tyson). On the other hand, CP3 is located within the University of BC's Faculty of Pharmacy, and has found it useful to share curriculum resources with the undergraduate program (CP3 Interview).



Wherever in an educational institution a bridging program is placed, there are benefits to partnering with the relevant undergraduate programs. For example, IEEQ, IMPP and CP3 each have resource-sharing relationships with the correlating undergraduate programs at their institutions. IEEQ students access regular undergraduate courses, while IMPP and CP3 access undergraduate program resources in administering clinical placements for students.

Most of the programs identified in the UK, New Zealand, and Australia are fully or partially offered through educational institutions. 👉 Several institutions may be accredited by the relevant regulator to offer the same course or module.

Being located within a college or university is not the only option. Other organizations, such as not-for-profits and healthcare institutions, can and do deliver all or part of bridging programs.

In Western Australia, the King Edward Memorial Hospital offers the theoretical components of their midwifery bridging program. In New Zealand, district health boards are additional program deliverers offering one of the required components of the Midwifery Council of New Zealand's "competence program for overseas midwives" (i.e. bridging program). The Professional Integration Program of the Order of Nurses of Quebec is designed to be delivered specifically in a clinical setting with an on-site nurse coordinating an Order-approved theoretical and clinical program and clinical assessment.

In Canada, the Metropolitan Immigrant Settlement Association is a not-for-profit organization that delivers most components for several general and profession specific bridging programs. The components include individualized career counselling and a range of in-house training modules. MISA has also worked in partnership with another non-profit, the Halifax Immigrant Learning Centre (HILC), to arrange work placements and provide language training for IEPs (MISA Interview).

CARE is another not-for-profit that delivers some educational components itself, while contracting other components to colleges. In their *Final Report*, CARE evaluators note that being able to offer components in-house proved an advantage to the CARE program as they were able to do things that educational institutions may not have been able to do (CARE and Shea, 36). For example, CARE provided more robust support services than educational institutions would have been able to do, and they were able to access preceptorships that were not previously available to nursing students. Some

CARE participants consequently received job offers from these latter employers (CARE and Shea, 36).

Finally, it is important to point out that the staff within the delivery institutions are very important players in ensuring the success of any program. Feedback from reports includes:

- Develop strong commitment from faculty members and high-level support from administration (AUCC, 7).
- “The role of the atmosphere that is created by truly dedicated and caring staff should not be underestimated or forgotten as people look at this model and attempt to duplicate it elsewhere. Staff who can listen to clients and truly understand their needs, develop solutions to meet those needs and then facilitate access to those solutions [are invaluable]” (CARE and Shea, 29).
- “Courses are only as good as the instructors who teach and give life to them. Finding instructors who appreciate the particular needs and diverse learning styles of IENs and are committed to the goals of the project has been very important” (CARE Lessons Learned, 15).
- Ensure facilitators are experienced and knowledgeable in the professional field, are familiar with the special needs of adult IEPs, and are skilled in the field of career counselling” (Teach in Ontario, 19).
- Support instructors' professional development. This will improve the students' education and increase instructors' investment in the program (MLTAP Interim Report, 4).

4.3.7 Publicizing the Bridging Program

4.3.7a Marketing to Potential Participants

Ensuring that IEPs learn about the bridging program is obviously of critical importance for a successful program. Programs reviewed disseminate information through various outlets, including: program websites, letters from the regulatory body, word of mouth, language programs, referrals from immigrant services and other community agencies, immigrant-serving publications, media, newspaper ads, conferences, brochures, posters and information sessions.

👍 CP3 suggests that it is important to “begin publicizing at least 8 months in advance of the initial start date to allow the potential registrants to incorporate the program into their long range planning” (CP3 Facilitating, 6).

4.3.7b Sharing Program Results

Documenting and disseminating program information has been identified as a priority by PROMPT which notes that “programs and outcomes [should be] communicated in a publicly accessible format . . . [including] a comprehensive and disaggregated database showing year wise applications received, enrolments, completion of courses, receipts of

licensure, work placements, mentoring and other offers and acceptance of employment and drop out rates” (PROMPT, 54).

While a number of programs reviewed were mandated by funders to create final reports and/or “how-to” guides, CARE for Nurses included the dissemination of information as part of their program objectives and actively worked to do so by presenting at a large number of conferences and meetings, and by sharing information in other useful manners, such as inclusion in Ontario Hospital Association’s on-line HR database (Final Report, 13-17).

However, this is not the case for most of the programs reviewed. Most programs reviewed did create and disseminate information to prospective participants by websites and other publicly accessible means, but program reports that outlined successes and challenges were often difficult to obtain.

4.3.8 Financial Planning

As CARE notes, a first step in designing a successful bridging program is to secure financial and information resources “to help clarify [the] project goals and concept” (CARE Lessons Learned, 4). A critical next step is to plan for long-term financial sustainability. Both are discussed below.

4.3.8a Initial Project Funding

Little information was identified in this review regarding obtaining initial project funding, other than the guidance provided by CP3. In their 2005 report, they point out that funding is generally obtained from relevant federal or provincial government sources and that it should be solicited early “to allow substantial time for the settlement of contracts and other details” (CP3 Facilitating, 10). The development of a network of appropriate government contacts is also critical for successful fundraising since government agencies can be very helpful (10-11).

When developing program budgets, CP3 noted that it is important to be aware of hidden costs, such as institutional fees and taxes on contracts (11).

4.3.8b Financial Sustainability

Financial sustainability was one of the biggest challenges identified by programs in the reports reviewed. Program directors were challenged by the need for significant funding for successful programs and by the knowledge that participant access would be impacted by high fees.



The vast majority of programs reviewed have developed strategies that include both student fees and other sources of funding

Planning for Sustainability

In planning for program sustainability beyond the pilot phase, IMPP notes that it is critical to create a “sustainability plan” (IMPP Bridging the Gap, 26) and to identify key challenges and establish overall goals for the program’s ongoing success. In *Bridging the Gap* the IMPP notes its commitment to the following goals for ongoing program sustainability:

- Ensuring accessibility [to IEMs].
- Operating on a cost-recovery basis.
- Developing excellence in the delivery of education and prior learning assessment.
- Becoming integrated into the Ryerson University community of programs and developing a shared vision of program delivery and mutual support within a grouping of linked programs.
(IMPP Bridging the Gap, 27)

The Association of Universities and Colleges of Canada recommends developing “a business case to establish feasibility and return on investment for universities and employers” (AUCC, 9).

CARE began their process of moving towards financial sustainability by contracting a consultant to explore financial sustainability options, and then following up on their recommendations with research on the feasibility of two different options (CARE and Shea, 17). CP3 supports doing market research saying that “any projected retraining program will need to ascertain both the demand for the retraining by potential students and the job potential for those students when they are ready to integrate into their profession” (CP3 Facilitating, 5).

Student Fees

There are varying and contradictory recommendations regarding student fees for bridging programs. Some program managers, such as CP3 administrators, argue that with the lack of funding for bridging programs, tuition must be set to allow total cost recovery. Others, such as program managers for the PLAR Nursing Project, argue that most IEPs are “not in a financial position to cover costs” of programming, and that governments “need to create a funding model” (PLAR Nursing Project, 24). Similarly, the Canadian Healthcare Practice Pilot for Nurses noted that given that many participants are “in financially vulnerable situations”, tuition must be subsidized or participants must have access to other similar funding arrangements (UBC, 14).

Overall, most sources appear to agree that programs are likely going to have to charge some fees but that they should also explore alternate funding possibilities in order to keep fees as low as possible and access as high as possible. CARE notes that bridging programs should research accessible “price points” for program participants (CARE and Shea, 17) to locate the fee that appropriately balances participant access and financial viability for the program.



Reports also agree that a program should offer potential participants information about available loans, bursaries, and employer sponsorship opportunities. Some programs, such as CARE and CP3, believe that bridging programs should go further and actively explore and seek out financial supports for their participants (CARE Interview; CP3 Interview). Possibilities include seeking corporate sponsors for student awards and scholarships, soliciting support from foundations, establishing arrangements for professional student loans and lines of credit with financial institutions, and lobbying governments for increased program funding and access to student loans for bridging students.

Other Sources of Funds

In addition to charging various levels of participant fees, most bridging reports acknowledge a need for additional funds in order for the program to be financially viable. Strategies for obtaining these funds included seeking additional grant funding for further course development, placing the program within a larger institution that can provide supports at low or no cost (i.e. classroom space, marketing support, etc.), and opening courses, services and/or lab space (e.g. simulation lab) to other professionals, including those needing refresher courses. The AUCC suggests designating regional centres to administer programming in specific fields, outsourcing elements (e.g. language training) to other institutions, and franchising successful programs (AUCC, 9). On another tack, the IPG suggests that, given the opportunity, “employers will recognize the value of employing well-qualified individuals, and are often willing to contribute in a financially meaningful manner” (IPG How-To, 13).

👍 The CP3 program has successfully integrated refresher training for BC registered pharmacists with their bridging program for internationally educated pharmacists. This has allowed them to access funds from the Continuing Pharmacy Professional Development program of the College of Pharmacists of BC, and has the added benefit of increasing the networking and learning opportunities for participants (CP3 Interview).

👍 The IMPP has developed a simulation laboratory by designing it both for use by the program and also for other professions, as a strategic source of funds for the program.

4.4 Curriculum Content

In addition to the principle of planning for your audience described in detail above in 4.2, a number of other general principles related to curriculum content are put forward in the reports reviewed. They include the following:

- Developing interdisciplinary content for orientation and communication training may reinforce the team approach to healthcare in Canada (Health Canada and Hague, 5).

- The educational content should be compatible with the content in professional education programs for the local population in order to build confidence in IEPs (IMPP quoted in Adam Consulting, 16).
- A regular schedule of similar assignments helps students recognize the development of their own critical thinking. For example, weekly case studies and role plays with standardized patients (CP3 Interview).
- Bridging programs should allow IEPs to become proficient in necessary profession- or sector-specific vocabulary and skills, without requiring them to meet broader general standards, such as Grade 12 English. (Circa Enterprises SR, 18).

4.4.1 Curriculum Topics

There is a wide range of specific topics covered in the various bridging programs reviewed as can be expected given the different professions they are designed for. However, there are several areas which appear to be key to almost all programs: language and communication, orientation to the local workplace, and work experience.

These topics are discussed in detail in sections 4.4.1a to 4.4.1c following the description below of midwifery-specific curriculum topics.

Curriculum Topics in Midwifery-Specific programs

Most of the midwifery bridging programs reviewed include both academic courses or modules and a period of supervised practice, although the New Zealand program appears to be the exception with no clinical practice component⁴. All programs are primarily focused on providing IEMs with the competencies and experience they need to successfully register as a midwife, although the IMPP does also consider employment a goal of the program. Most of the bridging program general topic areas are mandated by the relevant regulator.

Topics appear to be fairly standardized, although there is some capacity to provide some individualized content. Topics covered in all the programs reviewed include:

- Orientation to the culture and system of health care in the given jurisdiction
- Orientation to the model and scope of midwifery practice, to community standards of practice, and to relevant legislation
- Discussion of woman-centered care and informed choice
- Pharmacology and prescribing

Other topics covered in some programs, but not all, include:

- Overview of indigenous culture and health care needs
- Prior learning assessment and self-identification of learning needs
- Clinical skills training
- Professional communication skills

⁴ The New Zealand program does, however, include registration with restrictions in place until the bridging program is successfully completed.

4.4.1a Language and Communication

Language and communication were identified as crucial curriculum areas that must be addressed for a successful program. The IPG report states that a key finding of their pilot project was “the clear link between communicative competency and practice-readiness; that is individuals who do not possess adequate communicative competency are not ready for independent professional practice” (IPG How-To, 8). This is supported by many other sources, including a government Backgrounder which states “research has shown that language proficiency is a determining factor in how quickly immigrants integrate into the labour market” (HRSDC).

Availability of advanced language fluency training

IEPs need an advanced level fluency in the language of their new jurisdiction in order to be successful in a professional bridging program, professional registration exams, and in practice. Many IEPs arrive in their new country with a low or intermediate level fluency and require upgrading to be eligible for professional bridging programs and exams. A July 2004 report by the Centre for Canadian Language Benchmarks revealed that at that time across Canada there were “significant gaps in the delivery of language training for newcomers with advanced language skills” (CCLB, 3). Most of the labour market focused language programs reviewed in this research project provided training at an intermediate level from Canadian Language Benchmark (CLB) 5 to 7 (43). Very few programs provided advanced level English language training beyond CLB 7 (38).

The research described above lent further support to the Canadian government’s Enhanced English Training (ELT) initiative that had been launched in 2003/2004⁵. The ELT initiative was designed to fund job-focused English or French language training projects at the CLB 7 to 10 levels. All projects must include both advanced language instruction and “bridge-to-work opportunities such as work placements, mentoring, cultural orientation to the workplace, preparation for licensure exams, and internships” (Integration-Net). In 2005/2006, there were ELT-funded projects in Alberta, British Columbia, Manitoba, Nova Scotia, New Brunswick, Newfoundland and Labrador, Ontario, Prince Edward Island, and Saskatchewan as well as several related national initiatives. A wide range of fields was addressed including those in business, trades, and the professions. Many of these ELT initiatives are bridging programs by our definition, or are linked to bridging programs providing access to language training that is not otherwise available. For example, Bredin Institute’s International Pharmacy Bridging Program is a full-time 41 week integrated bridging program that includes enhanced language training as well as other pharmacy related topics.



Many integrated bridging programs, such as the pharmacy program, mentioned above, include language fluency training. This training can be offered as an integrated component of the program that all participants take or as an “add-on” that is required

⁵ Due to the Canada-Quebec Accord, Quebec is responsible for all settlement funding in that province and thus Quebec is not involved in the ELT initiative nor in any similar federally funded French language initiative.

only of those who don't meet a high entry-level language benchmark. Some programs, such as IMPP, include an add-on advanced fluency course for those who need it, and they also integrate language fluency within the overall program.

Since funding is always an issue and courses normally need to be offered on a cost-recovery basis, it can be challenging at times to ensure adequate enrollment to offer profession-specific language courses. For example, Teach in Ontario developed a language upgrading course for internationally educated teachers (Teach in Ontario, 22) but needed 20-25 students at the same language level to offer it. These numbers have been challenging to fill and access to the training has been impacted (22).

To increase numbers of participants and make offering language fluency courses more viable, some bridging programs have developed or incorporated courses designed for more than one profession. For example, Ryerson University offers a computer-based English language learning module to IMPP applicants who have been identified as strong enough in midwifery competencies to enter the program but who are yet too weak in English skills. IMPP notes that, "while [the English module] is not midwifery specific, it is aimed at professionals and has been very helpful" (Circa Enterprises ES, 19).

Another way that some programs meet their need to provide language fluency training is to partner with other departments within their organization or with external institutions who then offer the language and communication courses directly. This way, bridging programs can benefit from the expertise of specialists even when they are not available within the program. For example, a program offered for nurses through York University's School of Nursing, includes "Intensive EFL for Health Care Professionals" through the York University English Language Institute. Manitoba's English for Engineering Professionals is an external course that provides language training needed for potential participants of the IEEQ (Internationally- Educated Engineers Qualification) bridging.

Several of the programs, including the IEEQ, include one-to-one tutoring support in their program.

One program reviewed employs a combination of these various approaches. CARE for Nurses includes nursing-specific English courses delivered by educational partners and also offers some language programs directly, including workshops on effective telephone skills, charting, and workplace communication. CARE also directly provides one-on-one language tutoring, and employs a language support staff-person to offer "customized language assessments and support to CARE participants (CARE Annual Report, 8).

Language and Communication Curriculum topics

Language fluency curriculum, in the bridging programs reviewed, generally included advanced level instruction in all four areas of reading, writing, listening, and speaking. This often included training in grammar, pronunciation, sector-specific vocabulary,

idioms, listening, reading comprehension, and writing as well as mannerisms and other non-verbal communication. These topics are taught using profession-specific examples in order to make the learning as relevant as possible to the participants' goal of employment in their field. Health Canada's report concurs, noting that the communication programs they reviewed incorporated training on "medical terminology; writing health care reports/forms; inclusive/exclusive language; expressing opinions; apologizing/complaining; providing solutions; small talk in health care setting; networking; interview techniques; working as a member of the healthcare team; patient teaching and counselling" (Health Canada and Hague, 5).



In addition to language fluency, most bridging programs included professional communication in their curriculum. The latter is unrelated to language fluency ability; rather it is designed to assist all participants to learn how to communicate as a professional in the Canadian environment. This often includes role playing, group discussions, and practice writing and presenting, as is appropriate for their profession. Participants learn how to communicate with their "clients" as well as with co-workers and other professionals. Skills taught might include note-taking and documenting, reflective listening, counselling, reading by skimming, learning about communication styles, developing the ability to use lay or professional language as appropriate in a given situation. Skills may extend to conflict management, decision-making, prioritizing, and professional judgment. The IMPP's megasimulation is an example.

One example of a bridging program that includes both fluency and communication training is the Prescription for Learning: Communication Skills for the Practice of Pharmacy bridging program for Manitoba pharmacists. This was a 50-hour course offered over seven weeks, and it included the following modules:

1. Canadian Workplace Culture: includes diversity training, idioms, mannerisms, communication styles, impact of values in workplace.
2. Problem Solving: negotiation skills, critical thinking, decision making, professional judgment, priority setting, organizing, multi-tasking, resolving common errors.
3. Interpersonal Communication: non-verbal, enunciating, listening, clarifying/paraphrasing, comprehension, patient counselling, appropriate language, resolving conflict, asking questions.
4. Written Communication: writing practices, note writing, email etiquette, document navigation.
5. Systems Overview: Canadian health care system, Manitoba Health in relation to pharmacy, role of pharmacists, legalities and ethics of professional practice.
(A Prescription for Learning)

4.4.1b Orientation to the Local Workplace

Orientation to the local workplace was identified by all sources as a crucial component in all bridging programs, even when a specific course is not designated to address this issue. This includes both larger system overviews (e.g. to a national health care

system), orientation to local workplaces (e.g. to a specific hospital), and in some cases orientation to working with specific client groups (e.g. aboriginal people). This finding is consistent with Health Canada's report that notes the programs they reviewed included information about "the structure of the health care system in Canada, including federal and provincial jurisdictions, funding, primary health care, long term care [and] public health" (Health Canada and Hague, 3). This report further notes that "For the most part, this material is very straightforward and can be effectively offered through print materials or web information" (Health Canada and Hague, 4).

Most programs also include a profession-specific orientation as well, including such items as roles and responsibility, standards of practice, legal and ethical standards, as well as practical issues such as the organization of workplaces and work schedules.

4.4.1c Work Experience

As identified under 4.2 "Planning for your Audience", there is general agreement that work experience is a critical component of most professional bridging programs. However, there is no consensus on exactly what type of work experience is best, nor how long it should be. There appear to be three main types of work experience, as outlined below:

1. Observerships: Participants spend a brief time observing the practice of an experienced professional in their field. It can be guided by a requirement to report back on certain topics. Participants do not actually do any work themselves at the placement. Also known as 'job shadowing'.
2. Mentorships: Participants are matched to an experienced professional in their field who then provides them with advice and support, generally over a period of several months. Often mentors are people who have retired from the field. Mentors do not assess their mentees.
3. Supervised practice: Participants gain a work placement where they work in their field under the supervision of an experience professional in their field for a period of months or years. Generally, it includes ongoing and/or periodic assessment of the participants' competencies in the job. Participants are usually unpaid. Also known as "preceptorships" or "clerkships" in health care fields.



There is consensus that it is very important to train employers, preceptors, mentors, and others involved in the work experience component of a bridging program. For example, the multi-profession *Connections to Action: 2006 Internationally Educated Professionals Think Tank Report* highlights the need to "develop and deliver effective employer education programs . . . [to] ensure that employers are ready with tools and understanding and are willing to work with immigrants" (Turnball and Brown, 7). Other comments in reports reviewed include:

- Clinical preceptor education should be developed for all nurses and midwives who act as preceptors for students undertaking the clinical component of

- nurse/midwifery education programs leading to registration” (NBWA [Registration](#), 7).
- There is a need to “decouple the mentorship and preceptor role[s]. . . mentors and preceptors may have similar educational needs and interests, but the roles and responsibilities should be clearly delineated and described to avoid confusion” (IPG [How-To](#), 12).
 - Training is required for both mentees and mentors “in order to better equip individuals for the unique dimensions of the mentoring relationship” (IPG [How-To](#), 11). 🖱️ IPG developed a structured series of training workshops for mentors to develop their skills in “negotiation, effective listening, feedback, verbal/non-verbal communication, and dispute resolution” (IPG [How-To](#), 10).
 - Both participants and staff in organizations hosting program participants’ observational placements should receive proper orientation and training. Referring specifically to classroom observations, Teach in Ontario noted that “the host teachers, schools and participants need more training before taking part in the observation. [Participants] need more specific information about their role in the classroom placement. Schools and teachers need more information about [the program] and specifically, about the role of the host” (Teach in Ontario, 29).

There are differing opinions regarding whether participants should be paid for work experience placements. The Nurses Board of Western Australia has the following position statement: “With the current shortage of nurses, [the] Board is concerned that industry may view the employment of student nurses as an attractive option to overcoming staffing problems. [The] board does not support the payment of nursing students in any program, either as students in traineeship programs, or as nursing students employed during free university contact time” (NBWA Accreditation Process, 4). Conversely, participants in the UK Overseas Nursing Program are required to be employed during the program and thus potential participants are referred to the NHS Trust, the recruitment agency for healthcare jobs in the UK. Similarly, Manitoba’s Internationally educated Engineers Qualification (IEEQ) program includes a paid, four-month co-op work experience. Many other Canadian programs reviewed appear to consider participants as students and placements are set up as courses for which participants pay a fee.

4.4.2 Curriculum Materials and Resources



Due to funding issues described in 4.3.8, there is agreement that using existing resources and materials and finding innovative and low-cost ways to access already existing curriculum supports is fundamental to the feasibility of bridging programs. There are several strategies for doing so, some of which are outlined below:

- Locating bridging programs within large educational institutions typically enable programs to benefit from institutional resources, such as access to laboratories and libraries and direct access to courses.

- Partnering with relevant undergraduate programs can enable bridging programs to have access to relevant curriculum material, lecturers, and other resources.
- Inviting local professionals to provide guest lectures, participate in role plays, etc. at relevant points in the curriculum.
- Relationships with other organizations, such as hospitals and immigrant-serving agencies. For example, the Medical Laboratory Technologist Accelerated Program (MLTAP) at the Northern Alberta Institute of Technology reported that the simulation portion of their program “would not have been successful without the cooperation and willingness” of clinical laboratories (MLTAP [Second Interim Report](#), 3) to provide “biological specimens, test histograms, microscopic slides and . . . laboratory tours” (MLTAP [Interim Report](#), 3).

When it is necessary to create curriculum and support materials, sufficient time (at least 8-12 months) should be allowed for the creation of necessary materials and components (CP3 and PLAR Nursing Project). 👉 Teach in Ontario noted that an activity plan should be created as soon as the workload and responsibilities of partners have been established (Teach in Ontario, 13). They also cautioned that “it is wise to allow ample time for the development stage, as it frequently takes about twice as long as initially expected” (13).

On another topic, CARE emphasized that it is important to make arrangements between all involved educational partners to ensure continued accessibility of curriculum materials (CARE Interview). 👉 Peter Gibson, Executive Director of the Forum, noted that it may be advantageous for copyright of curriculum materials to be held by government with a written commitment to provide stakeholders with a royalty free license for the use and modification of the products. This can ensure that the curriculum materials are accessible on an ongoing basis by all relevant parties rather than being restricted by being owned by a specific institution. He noted that it is important that stakeholders agree that any modifications made to the original curriculum be shared with all the other stakeholders so that the curriculum can be maintained as a standardized product across the province/region over time (NAS Minutes).

4.4.3 Information & Counselling

4.4.3a Access to Information

There is a recognized lack of information about available programs and options aimed at integrating internationally educated professionals into the Canadian workforce⁶. In its report, Health Canada proposed “creating a ‘one stop’ shop for information” about bridging programs noting that currently “where orientation information is available, it takes time to find it and many [IEPs] would not even be aware what they should be looking for” (Health Canada and Hague, 6).

⁶ See NAS reports at www.cmrc-ccosf.ca for more background.

Once applicants are aware of a program, they can access variable amounts of information about it, from very basic information such as an outline of the program framework and eligibility criteria, to detailed written information on curriculum, expectations, instructors, etc. Programs housed within educational institutions generally provide information on the institutional website. Information sessions are offered by some bridging programs. Brochures and posters are commonly used. Once programs are more established, word-of-mouth seems to be an important way that potential participants learn about programs.




Many programs rely on attracting participants via the relevant regulatory body who will provide information to eligible participants. The PLAR Project strongly recommends this tactic saying “it is a necessity that the work be conducted in close conjunction with the provincial or territorial [regulatory] associations who bear the ultimate responsibility for ensuring safe and competent practice” (PLAR Nursing Project, 14).

4.4.3b Support Services

A few programs reviewed identified a need for support services, including career and settlement counselling, for program participants. The PLAR Project notes in its Final Report that “personal support measures and case management approaches are needed” (PLAR Nursing Project, 12).

👉 In our survey of bridging programs, it appeared that only CARE for Nurses provided a case management approach that included comprehensive support services. Supports included in-person counselling to assist with settlement, finances, child care and other personal issues that affect the IEPs’ chances of successful integration into their profession. CARE noted that providing these supports has been a critical factor in their success (CARE Interview; CARE Lessons Learned, 16).

👉 Quebec’s Engineers Project (bridging program) provides support to participants via a partnership arrangement. Agence montréalaise pour l’emploi (AMPE), a not-for-profit organization, has taken on this specific role. AMPE offers information sessions, assistance with applications to the Order and the École Polytechnique (which offers the educational component), employment counselling, and networking opportunities. It also offers ongoing support via group meeting and personal interviews, depending on the need of the individual participants.

A few of the other programs reviewed also provide some support services.  One of the more common was to provide general career information to assist potential participants to decide if the bridging program is right for them. For example, IMPP offers career advice to potential applicants, generally by having staff contactable by telephone and by ensuring that marketing is “carefully designed and implemented so as not to create false impressions about employment possibilities” (IMPP Bridging the Gap, 18).

👉 IMPP emphasizes the particular importance of providing applicants with a clear picture of the history and context of their profession in Canada so that they can make informed choices about their careers:

International midwives need to understand that, unlike most countries in the world where midwives attend more than 75% of births, midwifery is a new and still controversial profession in Canada. Midwives are small in number, work exclusively in community practices with a single regulated model of care provision, and provide care to 5% of childbearing women. They are not permitted to work as employees of hospitals or clinics. They are required to provide care in both home and hospital settings, and extensive on-call time is required, as is continuous access to a vehicle. This kind of groundbreaking role and unfamiliar system is appealing for some IEMs, but unacceptable for others. Marketing information needs to make these kinds of factors clear to potential participants, so that they can make informed choices. (18)

Teach in Ontario has Intake Consultants to provide “general and specific information about the certification and employment processes” to any internationally educated teachers requesting this information (Teach in Ontario, 20). They found that intensive training was needed for intake counselors to be able to provide the assistance needed but that once the service was in place it “significantly decreased the frustration that [IEPs] expressed about certification processes and procedures” (21).

Teach in Ontario also noted the need for continued support services after the end of the program, in the form of follow-up networking sessions, a group email list, mentorship (19), and continued information and counselling (28).

4.5 Educational Delivery Methods

In creating a bridging program, one of the key decisions relates to choosing the method of delivering the curriculum. Traditional programs are delivered in-person, generally in a classroom type environment. Nearly all programs surveyed are delivered primarily in person. However, a small minority of bridging programs reviewed are now utilizing some form of distance delivery methods to offer all or part of the program. This section outlines the instructional delivery methods identified in the sources reviewed, and it outlines innovative tools and important considerations.

4.5.1 In-person Delivery

4.5.1a Types of Face to Face Learning Methods

Most bridging programs surveyed were offered exclusively or primarily via in-person learning environments. Programs delivered a wide variety of topic areas through in-person instruction. The variety of teaching methods described includes:

- Lectures and seminars
- Presentations from guest speakers

- Class-based discussions
- Practice written exams
- Simulations and role plays
- Case studies
- Group exercises
- One to one instruction
- Written and oral assignments
- Individual and group assignments.
- Laboratory work
- Tours of work sites
- Work experience

👍 One innovative method used is the IMPP’s “megasimulation”. IMPP participants are each provided with “client files” for 5-6 clients and are required to follow their client by reviewing regular written updates provided by the program and making decisions about care. At the end of the term, they “meet” several of their clients in a simulated clinic day that involves standardized clients. This megasimulation enables participants to practise charting, communication, and to integrating many aspects of professional practice (IMPP Megasimulations).

👍 Another similar innovative idea is the weekly use of case studies by CP3. In this case, students are provided with a new case study each week and they then engage in related role plays and case management based on different client files. This provides opportunities for problem-solving and integrating knowledge and skills in a Canadian environment (CP3 Interview).

The IPG program noted that, in their experience, it can take time for IEPs to adapt to other group-based delivery methods but that “over time these methods are effective and appreciated” (IPG How-To, 9). They suggest providing additional assistance to help participants adapt to these new learning styles.

Observation and mentorship are two other learning strategies that have garnered positive reviews in the reports reviewed. For example, mentorships are an integral part of the IPG program. In its “How-to Manual”, IPG has identified peer mentorship as a “surprisingly important and resilient component of learning” (IPG How-To, 12) for internationally trained pharmacists. 👍 IPG’s mentorship model is based on the following principles:

- *One mentor to one mentee*: “This prevents burnout on the part of the mentor, increases engagement on the part of the mentee, and encourages optimal development of a relationship between the two” (10).
- *Face-to-face relationships rather than e-mentorship*: Face-to-face contact helps mentees to develop their communicative competency and offers opportunities for direct feedback in a safe and supportive environment (10).

- *Unstructured mentoring*: Unstructured mentoring allows the customization of the relationship between mentor and mentee in a way that is limited by more structured event-based mentoring (11).
- *Unengineered relationships rather than engineered partnerships*: Feedback from mentors and mentees suggests that matching parties by gender or culture can diminish the value of the mentorship and limit the mentee's opportunities for experiencing the diversity of Canadian society. In some circumstances, particularly relating to professional aspirations, it may be beneficial to match mentors and mentees according to specific criteria, like a hospital work setting. (11-12).



As noted earlier, most programs include some type of placement where participants gain work experience while under the supervision of an experienced professional. Most of these placements occur after the completion of all course work, but a minority combines work placements and theory classes in an effort to enable participants to best integrate theory and practice. For example, this was the case with Alberta's IMG Medical Language and Clinical Communication Skills Development Program, which ran a class parallel to the work placement in order to specifically target language arising from the students' actual experiences (University of Calgary).

In their professional bridging programs, the Michener Institute offers simulated clinical experiences that were developed in response to difficulties finding clinical placements (Adam Consulting, 19). The Medical Laboratory Technology program involves 300 hours of simulated experience in clinical chemistry, hematology, histotechnology, transfusion science, and microbiology (Michener Institute "Medical Laboratory"). The Radiological Technology program includes 15 hours to allow participants to practise clinical skills prior to the clinical education portion of the program (Michener Institute "Radiological Technology").

4.5.2 Distance Education Delivery

4.5.2a Types of Technologies

It appears that the distance education technologies used in the bridging programs reviewed consist mainly of print-based materials and online learning programs. Some examples are outlined below.

Print-based

Print-based materials are not well described in the reports and other materials reviewed but they appear to include a variety of reading material provided to students, as well as written assignments (e.g. worksheets, essays) and quizzes.

The IMPP has used paper-based distance modules to supplement in-person delivery. Students were sent home with clearly defined written assignments which had to be

completed and sent in within a set time frame. For example, they gave students six virtual cases, provided weekly updates, and expected written responses. Because of the mixed mode format where there was an in-person component, homework was graded and reviewed in class which gave the students the opportunity to ask questions and get clarification at that time.

Although some sources mentioned other bridging programs that used paper-based delivery, none were able to be confirmed other than a bridging program for occupational therapists was offered as a pilot project by McMaster University in 2005. And although print materials were used in this latter pilot, it was actually designed for interactive delivery through a website and it may be delivered in a different format next time. McMaster received funding to relaunch the program in early 2007 (Baptiste).

On-line

Online learning platforms, such as WebCT and Blackboard were used by several programs surveyed. Courses on these platforms are facilitated by an instructor who posts required readings and assignments, and monitors and responds to student questions and discussions. These formats offer various interactive features, including both synchronous (real-time) and asynchronous (not real-time) modes of interaction. Activities include discussion forums on prescribed topics and readings where students post comments to a discussion board, but are not necessarily online at the same time. Other activities include live text and voice chats, text-based role plays, workshops, watching videos, and participating in videoconferences. Group projects can be included where members of the class work together via email, teleconference, and text-based discussion and/or chat forums. Life Strategies commented that students can also engage with their local communities through interviews or research activities.

👉 New Beginnings Online is one example of a bridging program using online delivery. It is offered via a platform called “Learning Manager” that was developed by a local community college. Participants take three modules on Job Search; Interview Skills; and Working in Canada. They complete written assignments, engage in group discussions, watch videos and communicate with a course facilitator and employment counselor via phone and email. This program was designed in consultation with plain language and English language experts. Program staff reported that the program works well by distance education and that students exhibit a high level of interaction. The distance education platform makes the program accessible to students who are unable to make it to the classroom due to physical distance, scheduling conflicts and/or work and family commitments (MISA Interview).

4.5.2b Curriculum covered

Overall, quite a variety of different curriculum areas were addressed using distance technologies including self-assessment and exam preparation, professional context and theory (e.g. the Canadian Health Care System, Professional Issues for Midwifery Practice), and knowledge and skill focused courses (e.g. Pharmacology and Prescribing, Complex Issues in Midwifery).

Many sources indicated that effective communication classes should be taught face to face, as this allows “more effective feedback on pronunciation, mannerisms, voice tone and innuendo” (Health Canada and Hague, 4). Health Canada pointed out that there are, however, many multimedia resources for teaching communication, including videos and exercises that could provide enough feedback for students to learn effectively in conjunction with a “creative e-learning environment” (4). E-learning programs, such as Horizon Wimba and Pronunciation Power, can be used.

There are currently a few bridging programs that do include on-line language and communication training. For example, the Pronunciation Enhancement Pilot for Pharmacists includes the use of “Pronunciation Power” online software as well as telephone-based group interactions. Manitoba’s Canadian English for Professionals provides on-line “language and cultural communication training” for nurses, engineers, and teachers. These courses for IEPs are offered in an on-line format, where weekly assignments are posted on-line and students are required to engage in on-line discussions. Other elements of some of these courses include web-chatting, participation in real time classes with guest speakers, and individual support via email and telephone. Although not specifically designed for IEPs, another example of a distance-based language class is UBC’s beginner’s Korean course which supports the use of Horizon Wimba voice technology for distance-based language learning. This technology enables the development of verbal language skills by having learners respond regularly and participate in dialogue in the target language on the free talk board. Individual feedback and comments on student performance are delivered through oral and/or text channels. Instructor and courses developer Sunah Cho stated that “the students’ improvement is found through both the quality of their language on the practice boards and their positive feedback about the use of Wimba as part of the course component” (CADE, 27).

4.5.2c Advantages and Disadvantages with Distance Delivery Methods

Program staff at the International Pharmacy Graduate program (IPG), CARE for Nurses, and IMPP reported significant challenges for both providers and learners with the use of distance education. Lillie Lum, a researcher at the Atkinson School of Nursing, York University, who studied the use of distance education in multicultural bridging programs for IEPs in Ontario, agrees that there are challenges and provides insight into some of the related issues to consider.

These challenges are summarized below, along with some comments on advantages:

Technology

Students and program staff reported frustration with online learning platforms. In particular the time “wasted” at the beginning of the course learning how to use the software was a concern. For example, program staff at CARE reported frustration with WebCT, and noted that an instructor had to provide extensive in-person support for the students taking the distance course to assist in learning

both the technology and the program content. They suggested though that with additional support and a different learning platform that includes video conferencing, distance formats could be successful. CARE staff speculated that video conferencing formats could replicate the trust created by face-to-face interaction that is so necessary for much of the settlement counselling CARE provides (CARE Interview).

Lum's research focused on the use of distance education delivery methods in bridging programs. Her research found that while many students reported relatively high levels of computer literacy in general, they faced challenges in learning how to use distance education software effectively. Faculty in Lum's study noted that learner readiness can be a barrier to effective learning and that 👍 choosing a simple, accessible learning platform is important. They also noted that they refrained from using full features because of a recognition that students might not be comfortable with an overuse of the technology (Lum, Nestel and Hagey, 29).

However, faculty and students in Lum's study did report positive experiences with the use of discussion boards in particular, and with the distance technology overall. Faculty identified a need to assist students to develop skills in synthesizing information. They felt it was important to individualize discussions, including live one-on-one discussion and separate emails. 👍 They also reported the need for specific strategies to guide and encourage participation, such as assigning people to start particular discussions. As was discussed above in 4.2.2, Lum concludes that ultimately the effectiveness of a course is "highly contingent upon the adaptability of the course to students' learning needs and styles" (Lum, Nestel and Hagey, 29).

Mohawk College's Bridging for International Educated Nurses (BIEN) project incorporates distance delivery into some of its courses. They require basic computer skills prior to enrollment but have still found "that there was a wide variation in the computer skills of the participants and many did not know how to use the internet" (Circa Enterprises ES, 27). As a result, BIEN developed a required Nursing Informatics course that enables participants to become proficient in clinical information systems, online e-health resources, patient monitoring systems, and "devices found in the clinical setting" (Mohawk College "Health Sciences"). Similarly, staff at George Brown College's bridging program for nurses have found it important to devote the first week of an on-line course to supporting students to get comfortable with the technology and learning how to navigate the system, and assume that little content will get covered during that first week (Circa Enterprises ES, 29).

Language and Communication Issues

There is some disagreement as to whether the text-based nature of communication in distance delivery methods is a significant disadvantage for second language learners or is rather an advantage. Staff at CARE concluded that professional and academic jargon poses a particular problem for internationally educated students, particularly those with second language concerns. They reported that their distance education students were confused due to inaccessible instructional language, such as “brainstorm” and “concept map” (CARE Interview). Lum cites research that suggests that this issue can lead students to be reluctant to participate in online discussions and that this can result in a lack of integration into the learning processes (Lum "Distance Education", 3).

However, contrary to this conclusion, Life Strategies Inc. reports that in their experience, an asynchronous print-based format can “level the playing field” by enabling second language learners to take the time they need to formulate their postings (Life Strategies Inc. "Training"). The Delta Health Education Partnership, an education program for nurse-midwives and other health professionals in the USA, also found that on-line discussion groups “decrease the tendency for some to dominate or interrupt as occurs in some classroom settings” (Adam Consulting, 11). They point out that the written record of participation created in online discussions can be helpful to students (11). They conclude that with online asynchronous learning,

- Communication between faculty and students is more frequent and timely;
- More collaboration occurs among students;
- Students have access to a broader range of materials and people;
- Computers enable more interaction, collaboration, and customization and consequently better learning. (11)

Difficulties arising from the lack of clarity about course expectations related to assignments can also be an issue. For example, CARE for Nurses reported that unclear course expectations required the frequent intervention of a regional counsellor to provide hands-on, in-person support to the students taking the distance course (CARE Interview). One faculty member in Lum’s study also reported multiple student requests for more time, which they ascribed to longer processing and translation times (Lum, Nestel and Hagey, 28). IMPP noted that they received “reports [from students that] were uniformly poor. The program concluded that the students did not take this distance-based exercise seriously. There were better results when students had to deal with the scenarios in a classroom setting” (Circa Enterprises ES, 17).

Isolation

One significant challenge for a distance education based program is the need to ensure that IEPs do not feel isolated. IPG candidates reported that “being part of

a community of learners is essential in facilitating knowledge and skills acquisition. . . The opportunity to meet others who are in a similar situation is of significant importance in reducing feelings of isolation and loneliness that may compromise learning and performance” (Austin, 13).

Lum pointed out that technology-enhanced bridging cannot be viewed as value-neutral. It carries within its structure Euro-American cultural assumptions about modes of communication and interaction and about the social role of technology itself. Creating a community of online learners and a learning environment that is supportive to various personal and cultural learning styles is a major challenge (Lum "Distance Education", 2-3).

Life Strategies stressed that it is feasible to create a community of learners using on-line technology such as Moodle, and that indeed, with well-developed courses, this is not overly challenging. They noted that tools that help to develop an online community include the conventions for students introducing themselves at the start of classes, the requirement for group projects and class discussions, and the café where students can chat about off-topic items, including informal personal conversations (Life Strategies Inc. "Training").

Resources and Support to Students

Students in Lum’s survey reported difficulties accessing the resources needed to support their online learning. This included a lack of technical support to assist with the substantial learning curve in adapting to new software and learning environments, and the lack of access to required technologies and to hard copies of long reading materials (Lum, Nestel and Hagey, 25-26).

Students in Lum’s study did, for the most part, feel comfortable approaching faculty for assistance, but some reported “significant difficulty in comprehending course content, hesitancy to communicate on-line and distress with the lack of face-to-face contact with professors” (Lum "Distance Education", 3-4). Lum’s research concludes that “without specific supports and policies, distance education presents barriers to those who do not fit the traditional profile of Westernized, English speaking students” (3-4).

Other sources also emphasized the critical role that support to students plays in the success of distance learning. 👉 Life Strategies recommended that technical support be available via written materials, practice lessons using the technology, and email communication with support staff (Life Strategies Inc. "Training"). They stressed that instructors should respond to emails within 24 hours and that being available by telephone is also helpful for those students who seek this type of help. 👉 Delta Health Education Partnership noted that it is important to have back-up contingency plans and materials to deal appropriately with technical failures (Adam Consulting, 11). 👉 Staff at George Brown College’s nursing

bridging program indicated that it is important to clarify when students have access to the teacher and can expect responses (some of their students thought that teachers were available 24 hours per day when this was not the case (Circa Enterprises ES, 29).

Faculty Needs

It appears that it is important that faculty are well oriented to the technology as well. Lum reported that faculty perceptions of the effectiveness of distance education courses were mixed partly due to frustrations with the technology itself because of their own lack of proficiency and access to technical support in using the technology to its full potential. In addition, they did not feel prepared to understand what should be required of IEPs and they desired clear policies regarding expectations for reading times and assignments, particularly when courses were not designed specifically for IEPs (Lum, Nestel and Hagey, 29-33).

Impact of Cultural Differences

Lum noted that lack of knowledge about their students’ backgrounds can limit instructors’ abilities to provide a culturally-sensitive and inclusive learning environment. She argued that there are cultural impacts that must be kept in mind when designing and teaching courses; the following table outlines some of the important implications of distance learning methods.

Table Three: Cultural Implications of Distance Learning Methods	
<i>Web-based course features</i>	<i>Implications</i>
E-mail, chat, peer dialogue	Expectation to communicate may impose burdens on participants, especially if volume of communication is assigned a graded value
Lectures, information presentation	Cultures vary in the amount of information or degree of detail desired or required; some cultures may prefer implicit messages, others more explicit
Collaborative assignments/projects	Variations in understanding of task sharing and context; leadership role often assumed by dominant native-speaking English students; unequal sharing of burden and outcomes
Resource sharing and prescribed content	In many Western cultures, students seek control over their environment, while in some other cultures individuals try to accommodate the external environment
Social networks and relationships	Groups may have relationship or task focus; therefore online tasks are perceived differently by group members.

“Web design issues that are open to cultural interpretation” (Lum "IEHPs", 118)

4.6 Admission Criteria

All bridging programs set criteria that must be met in order for candidates to be eligible for admission. Although they do differ by program, there are some criteria that are required by most programs. These include:

- educational credential assessment to confirm that the applicant has been educated in the relevant field and at an appropriate level;
- proof of legal status in the country in question (i.e. the ability to work) or proof of residency in the country or in a specific province; and
- a certain level of language fluency in the language used in the jurisdiction (sometimes this is lower than the language fluency requirement for registration).

In addition, it is fairly common for bridging programs to require a letter from the regulator indicating that the applicant has met basic eligibility criteria set by the regulator. These eligibility criteria are often related to educational background and/or clinical experience, and they may outline the gaps that must be filled before the applicant can be registered.

For example, applicants to the University of Manitoba's Academic and Professional Bridging Program for Internationally Educated Teachers (IET Program) must "have received a written evaluation of teaching credentials from the Manitoba Professional Certification Branch. The assessment must conclude that additional coursework in Education is required to be certified to teach in Manitoba" (IET).

Currency of practice is an admission criterion for the BIEN program, where nurses must have "practiced as a nurses in the last ten years" (Mohawk College "BIEN"). The IMPP reported that although assessments have shown that IEPs who are more than 5-10 years out of clinical practice have more difficulties, setting requirements in this area was challenging. The IMPP noted that "while it might be tempting to impose a strict limit . . . , there is little evidence to justify such rules and they limit access, particularly for applicants who have been refugees and kept from practise . . . due to situations beyond their own control" (IMPP Bridging the Gap, 13). They have addressed this issue via pre-program counselling and a competitive entry process.



A handful of sources indicated that access to bridging should be restricted to those who have the best chance of success. In some cases, this appears to be addressed by requiring the applicant to pass certain examinations before being admitted to the bridging program. For example, the CP3 program requires participants to have passed the Pharmacy Examining Board of Canada's Evaluating Exam prior to gaining admittance, and the VSTEP participants must have passed the North American Veterinary Licensing Examination (NAVLE) for admission to be granted.

In other cases, the program's admission process is merit-based (competitive) and includes examinations or other assessment processes. For example, applicants to the Alberta International Medical Graduate (AIMG) program "are assessed on standard

criteria utilizing tools including an OSCE exam & interviews. A ranked list of eligible candidates is generated to provide Program Directors and their Residency Selection Committees a list from which they will select candidates for further interview. Successful individuals will proceed to a 4 month orientation/clinical assessment period” (AIMG).

Finally, other less frequent criteria include letters of reference, employment, and offer of employment or work experience placement.

4.7 Assessment Tools & Procedures

A range of assessment tools are used in a variety of combinations at various stages of the bridging programs for a variety of reasons including:

- to determine whether an applicant is eligible for the program;
- to identify the specific course or path that a participant will follow (i.e. what courses she or he needs to take);
- to assess the learning accomplished in each course or program element;
- to determine whether a participant has successfully met program goals and outcomes; and
- to confirm that a participant has all the competencies required for safe practice.

The table below outlines the types of tools that were used at various stages in the bridging programs reviewed. Note: no programs used all tools.

Table Four: Assessment Tools	
Stage	Tools
Determining eligibility	<ul style="list-style-type: none"> • Language assessment (standardized testing, essay, oral interview) • Academic credential evaluation • Prior learning assessment (PLA) • Objective structured clinical exam (OSCE)
Before program begins	<ul style="list-style-type: none"> • Self-assessment against employer-identified core skills and against technical competencies • Needs assessment to identify learning gaps, generally via examination(s)
During program	<ul style="list-style-type: none"> • Written assignments • Presentations • Tests and quizzes • Case studies • Interviews • Work placement assessments • Objective structured clinical exam (OSCE)
Final program assessment for successful completion	<ul style="list-style-type: none"> • Taking average of course grades • Written examinations

	<ul style="list-style-type: none"> • Clinical competency assessment (related to supervised practice)
Post-program	<ul style="list-style-type: none"> • Registration exam administered by regulatory body

A few interesting assessment tools identified in this review are detailed below:

- 👉 The PLAR Nursing Project uses the “Triple Jump” assessment tool to evaluate critical thinking skills. Participants are given a brief client scenario and are then expected to ask specific questions to develop a more comprehensive picture of the client and to plan care interventions. The project reports that Triple Jump is “a strategy that is helpful in identifying candidates’ abilities to determine what it is they need to know and how they go about gathering and organizing information, identifying salient problems and conceptualizing a plan of care” (PLAR Nursing Project, 18).
- 👉 The Professional Engineers and Geoscientists of BC have created an on-line self-assessment tool that provides potential applicants with an idea of whether they are likely to meet requirements. Applicants provide basic information regarding the country of education and type of qualification as well as number of years of practice. The program then provides an individualized response explaining the likely process that the applicants will need to take (APEGBC Website).

Assessments are carried out by a variety of players, including regulatory bodies, program delivery institutions, and external testing and assessment organizations.

Generally, when regulatory bodies are involved, they carry out some kind of eligibility assessment and/or the post-program registration exam. Language testing is often carried out via a range of tests run by external organizations. For example, Educational Testing Service offers the TOEFL test of English language fluency. Credential evaluation is sometimes done by external bodies such as the International Qualifications Assessment Service (IQAS) or World Education Service (WES). In these cases, the participants deal directly with external agencies but the assessment results are sent from the external agency to the bridging program delivery institution.

Assessment related to educational courses and workshops are usually done in-house by the program that is delivering the education. However, clinical or workplace assessment is often carried out by the workplace supervisor using evaluation tools and procedures provided by the program provider. In the latter cases, the program will approve the supervisor and oversee the process.



Given the number of assessments involved, several of the bridging programs reviewed advocated a “tiered” approach whereby a candidate must pass one level

before proceeding to the next assessment. The advantage of this is that the process can be designed so that the more complex, difficult, and costly assessment processes are later in the process thus limiting access to only those applicants who have a good chance of success. See below for an example of the PLAR Nursing Project's assessment process.

Pre-Admission: Document Evaluation

Regulator determines whether candidates have an approved nursing degree, identifies eligibility gaps and processes candidates' required language test scores.

Level 1: Language Assessment.

Determines candidates' language benchmarks and refers to language upgrading courses if necessary. If language benchmarks are adequate, candidates proceed to the next level of assessment.

Level 2: Preliminary Diagnostic Assessments.

Determines whether candidate has general nursing knowledge via multiple choice test and an in-person interview. If candidates are successful, they proceed to Level 3. If not, a program plan of course work is created to address problem areas.

Level 3: Assessment against Nursing Standards and Competencies. Determines whether candidates are competent to practise nursing in Canada via a range of tools, including "case management situations, modified OSCE testing, clinical judgement testing, and modified Triple Jump to test nursing decision-making and critical thinking" (Appendix H). Candidates are tested against the CRNE's Nursing Standards and Competencies.

(PLAR Nursing Project, Appendix H)

There are particular challenges with assessing language skills due to a lack of assessment tools specific to each particular context. In fact, there are few profession-specific language tests available. Most programs require participants to take a general language fluency test, such as the TOEFL or IELTS tests of English language fluency. Unfortunately, these tests were developed for other purposes and don't necessarily indicate how well a person will communicate in their professional context. A recently developed language test by the Centre for Canadian Language Benchmarks may be more appropriate – the Workplace Language Assessment is designed to assess "higher level language proficiencies (CLB 7-10) of clients seeking entry into workplace-related training opportunities such as bridge to employment programs."

Lack of language fluency can be a problem in assessment because it can be difficult to determine whether apparent gaps are related to professional knowledge or language abilities (PLAR Nursing Project, 4).

A variety of additional comments and feedback was provided by several sources about the assessment of bridging participants, as noted below:

- “Assessment for purposes of admission to further study and for the purposes of professional certification requires very different approaches. . . For programs designed to address gaps in knowledge and skills, it is most effective to use flexible, stepped assessment and monitoring that acknowledge and respect the professional background of IEPs in order to tailor the curriculum to their needs and talents and to place them in appropriate learning environments” (AUCC, 11).
- Incorporate the concept of “assessment as intervention” into the design process. This means that assessments should give assessors knowledge about candidates’ abilities, and also to give candidates insight into their own strengths and challenges in order to help them direct their own learning (PLAR Nursing Project, Appendix K, 2).
- One source of data is not enough; triangulation of data from a number of assessment tools ensured “a more valid and reliable picture of the candidate’s skills and knowledge base” for the PLAR project (PLAR Nursing Project, Appendix K, 1).
- Competency-based assessment using university-benchmarked assessment tools provides the objectivity required, while portfolio-based PLA does not (IPG How-To, 7).
- “Utilize the same assessment tools used in undergraduate education, as a way of preventing dilution of the curricular content” (IPG How-To, 9).
- “Bridging program providers should ensure that all preceptors . . . are competent to . . . assess student competence and complete student assessment documentation” (NBWA Registration, 7).
- Clinical preceptor education should be completed by all nurses and midwives acting in the role of preceptor for bridging programs, and a regulator-approved evaluation tool should be used (NBWA Registration, 7-8).
- Plagiarism can be an issue thus explicit guidelines should be provided regarding Canadian expectations in this regard (IPG How-To, 9).

4.8 Evaluation

All bridging programs reviewed carried out some form of internal evaluation, including obtaining evaluation feedback from participants and other stakeholders via questionnaires, interviews, and/or focus groups, as well as a staff analysis of what worked and what did not. In two cases reviewed, external consultants were also contracted to carry out an evaluation (CARE for Nurses, PLAR Nursing Project).

Pilot projects often evaluated both project outcomes and the development process itself. In most cases, the projects used feedback to improve the program and this was often done on a continuous basis (i.e as the feedback was received).

The Pilot Project for Internationally Trained Engineers Executive Summary report reminds us of the importance of evaluation in light of the role of a pilot project in

designing a solid ongoing program: “It is tempting to judge the Pilot solely by the number of participants that became professional engineers and landed jobs. However, lessons were learned from every aspect of the Pilot Project, and in some circumstances apparent failures proved to be as instructive as successes” (APEGBC Executive Summary, iii).

Designing Evaluation

Evaluation is generally integrated into the original design of the program due to funder requirements and the desire to improve the program from its initial design. CARE specified that consultants should be hired “early in the process to help design program logic and an evaluation framework” (CARE and Shea, 3). They noted that designing and implementing evaluation takes significant time and resources and that this must be “taken into account when developing project budgets and timelines” (CARE Lessons Learned, 23).

In designing an evaluation for a bridging program, CARE suggested identifying the kinds of reports that are needed and then “working backwards” to determine the data that needs to be collected (CARE Lessons Learned, 23). The PLAR Nursing Project noted that they used the criteria of validity, reliability, authenticity, currency, and sufficiency in their program evaluation (PLAR Nursing Project, 1). A report entitled *Benchmarking Bridging Programs* suggests using “a combination of types [of evaluation tools] for both formative and summative purposes – i.e., impact analysis (what has changed?), ROI calculation (costs and returns?), quality assessment (effectiveness, efficiency and adequacy?). . . Formative evaluation, then, at the end of years one and two seeks to know if the targets are being met and if immediate outcomes are being achieved, and if not, why not (adequacy of activities and inputs). Summative evaluation seeks only to know if the program has been a success compared to standards – internal, comparative and/or excellence” (FuturEd Inc., 17-18).

👍 One specific evaluation tool used and identified as a good practice was the European Framework for Quality Management Excellence Model (EFQM) used by consultants carrying out an external evaluation of the PLAR Nursing Project. The EFQM Excellence Model is a framework that is built around nine components, five of which are “Enablers” (what the project does) and four of which are “Results” (what the project achieves). This evaluation framework was used to evaluate the PLAR Nursing Project due to its “strength and multi-level applicability” (PLAR Nursing Project, 21).



Another evaluation tool used by both CARE for Nurses and the Pilot Project for Internationally Trained Engineers is the Logic Model (CARE and Shea, Appendix 1). The Logic Model maps out the relationships between the situation the project is designed to ameliorate, the purpose and program objectives, the inputs and outputs, as well as the short and long term outcomes.

Issues in Evaluation

PROMPT identified significant concern with the “lack of well defined measurable indicators for program success in terms of project outcomes (both successes and gaps)” (PROMPT, 33). It does appear that although most programs reviewed incorporated some elements of evaluation, there is little consistency in terms of what data was collected or the methods used to do so, and many programs do not include long-term success indicators such as employment rates and retention. This lack of consistency means that cross-program evaluation is difficult (33). PROMPT proposed that “there is an immediate need to develop a unified and standardized database . . . to get a full and clear picture of the outcome of bridge training programs and whether or not, and how well, they provide access to the labour market at skills commensurate levels for [IEPs]” (33).

CARE for Nurses noted that it is important to keep the evaluation database as simple as possible to “increase the probability that staff will use it consistently and accurately and ensure better quality data” (CARE Lessons Learned, 23).

Tight timelines have been identified as one reason for a lack of evaluation. The PLAR Nursing Project, for example, noted that due to a lack of time, some objectives were not evaluated. These included measuring participants’ employment rates, grades and persistence through to program completion (PLAR Nursing Project, 23).

5. CONCLUSIONS & RECOMMENDATIONS

As noted in the introduction, it is difficult to determine real “best practices” for professional bridging programs because programs are, for the most part, quite new and there is therefore not enough data to identify which practices determine success. However, the description of practices in this paper, along with the comments and recommendations on key topics from various sources, provide a rich source of information from which to begin to build the Multi-jurisdictional Midwifery Bridging program.

The following recommendations provide a summary of the key issues. It is recommended when making final decisions about program elements, that the detailed reasons behind the recommendations be reviewed.

Recommendations for a Multi-Jurisdictional Midwifery Bridging Program

1. The governance structure should include a smaller decision-making body and a larger advisory committee that includes representatives of all key stakeholders. All players should have clearly-defined roles related to their organizational strengths. A written agreement should clarify roles, responsibilities, and conflict resolution strategies.
2. The program design must take into account the audience (adults who are internationally educated). Specifically, it should:
 - a. Recognize prior learning and experience;
 - b. Assess learning styles of participants and ensure that all styles are catered to;
 - c. Consider adopting the merits of a “multiple cultures model”;
 - d. Ensure program content is relevant and perceived as relevant;
 - e. Individualize learning as much as possible;
 - f. Recognize personal context of learners and need for longer time for assignments that in regular programs;
 - g. Have participants sign a “learning contract”.
3. The program should be “integrated” and include individualized assessment, education modules, work experience, and career counselling.
4. The scheduling and location of program elements should be carefully considered in terms of site/resources availability, timing of registration examination, and impact on candidates.
5. Strategies for actively engaging potential employers/midwifery practices should be developed.

6. The choice of program delivery institution should be carefully considered to ensure the right “fit” to the values and goals of the MMBP, and to maximize access to relevant resources such as classroom space, curriculum materials, marketing, etc. A program “champion” within the institution is an asset.
7. Consideration should be given to the merits of an approval or accreditation structure whereby the regulators approve a program that may be delivered by more than one provider.
8. Program staff and instructors must have expertise and experience in their field as well as training in adult education methods. They should appreciate the value that IEMs bring and be willing to provide some degree of general support and career counselling. The program staff/instructors should be highly valued by the program and their professional development should be supported.
9. The bridging program must be advertised as early as possible and at least six months before it begins.
10. Planning for long-term sustainability should begin immediately and be integrated into the pilot phase. Considerations should be given to the following strategies:
 - a. Charging participant fees;
 - b. Integrating refresher or remedial midwifery course participants;
 - c. Designing and offering courses for an interprofessional audience;
 - d. Making program resources available to other professions on a fee-for-service basis;
 - e. Sharing resources with another program or institution;
 - f. Finding on-going financial supports for students to cover program fees.
11. The bridging program curriculum should, at a minimum, address the following:
 - a. Ensure language supports are available for second language learners both via a separate module and by integrating language supports throughout the curriculum.
 - b. Ensure that practice using professional communication skills is included in the curriculum for all participants.
 - c. Include an orientation to the healthcare system and to the profession of midwifery.
 - d. Consider including a module on indigenous culture and health care needs.
 - e. Ensure the program includes as much access to work experience as possible. Consider including observational placements and mentorships as well as a supervised clinical placement. Some workplace simulation may need to be incorporated to make up for restricted availability of placements, but this should not replace actual work experience.

12. All work supervisors/mentors/preceptors should have access to training regarding their roles and responsibilities and those of the participants. They must also be educated regarding what to expect and how to work with internationally educated individuals.
13. Use or adapt existing curriculum content whenever possible. When creating new curriculum, ensure adequate time is allocated. Copyright on new curriculum should be held by an institution that will provide royalty free access to all users. Copyright on intake and exit assessment tools should be held by the regulators.
14. A mixed-mode program delivery approach should be implemented, where both in-person and distance delivery methods are used. In-person delivery should include the use of megasimulations and/or case studies, as well as work experience. Distance-delivery should make use of a simple, asynchronous online platform.
15. Training for instructors and participants must be incorporated and should cover technical issues as well as responsibilities and expectations from each party.
16. Technical support and back-up plans, for when equipment fails, must be in place.
17. Significant attention must be paid to ensuring that a “community of learning” is developed and that participants do not feel isolated. One-on-one instructor support should be available. Group discussions are a critical component.
18. Consider implementing a case management approach to ensure that each participant has access to the personal, educational, and career planning supports that she needs. This may be done in partnership with the delivery providers and/or immigrant-serving organizations.
19. Implement a tiered approach to assessment, with multiple tools used. Consider the merits of an on-line self-assessment tool and the “Triple Jump” assessment.
20. Entry criteria should be set so that participants have a good chance of success.
21. Create a program evaluation plan at the project start, including both formative and summative, short and long-term evaluations. Consider using the Logic Model tool. Implement a continuous improvement model.

APPENDIX ONE: ACRONYMS

APEGBC: Association of Professional Engineers and Geoscientists of BC
AUCC: Association of Universities and Colleges of Canada
CARE: Creating Access to Regulated Employment for Nurses (ON)
CIC: Citizenship and Immigration Canada
CIQ: Conseil interprofessionnel du Québec
CLB: Canadian Language Benchmarks
CMRC: Canadian Midwifery Regulators Consortium
CP3: Canadian Pharmacy Practice Programme (BC)
EFL: English as a Foreign Language
HRSDC: Human Resources and Skills Development Canada
IEEQ: International Educated Engineers Qualification Pilot Program (MB)
IEHP: Internationally Educated Health Professional
IEM: Internationally Educated Midwife
IEN: Internationally Educated Nurse
IEP: Internationally Educated Professional
IMG: International Medical Graduate
IMPP: International Midwifery Pre-registration Program (ON)
IPG: International Pharmacy Graduate Program (ON)
MLTAP: Medical Laboratory Accelerated Program, Northern Alberta Institute of
Technology
MMBP: Multi-jurisdictional Midwifery Bridging Program
NMC: Nurse Midwifery Council (UK)
OSCE: Objective Structured Clinical Exam
PLA: Prior Learning Assessment
PLAR: Prior Learning Assessment and Recognition
PROMPT: Policy Roundtable Mobilizing Professions and Trades (ON)
VSTEP: Veterinary Skills and Training Enhancement Program (ON)

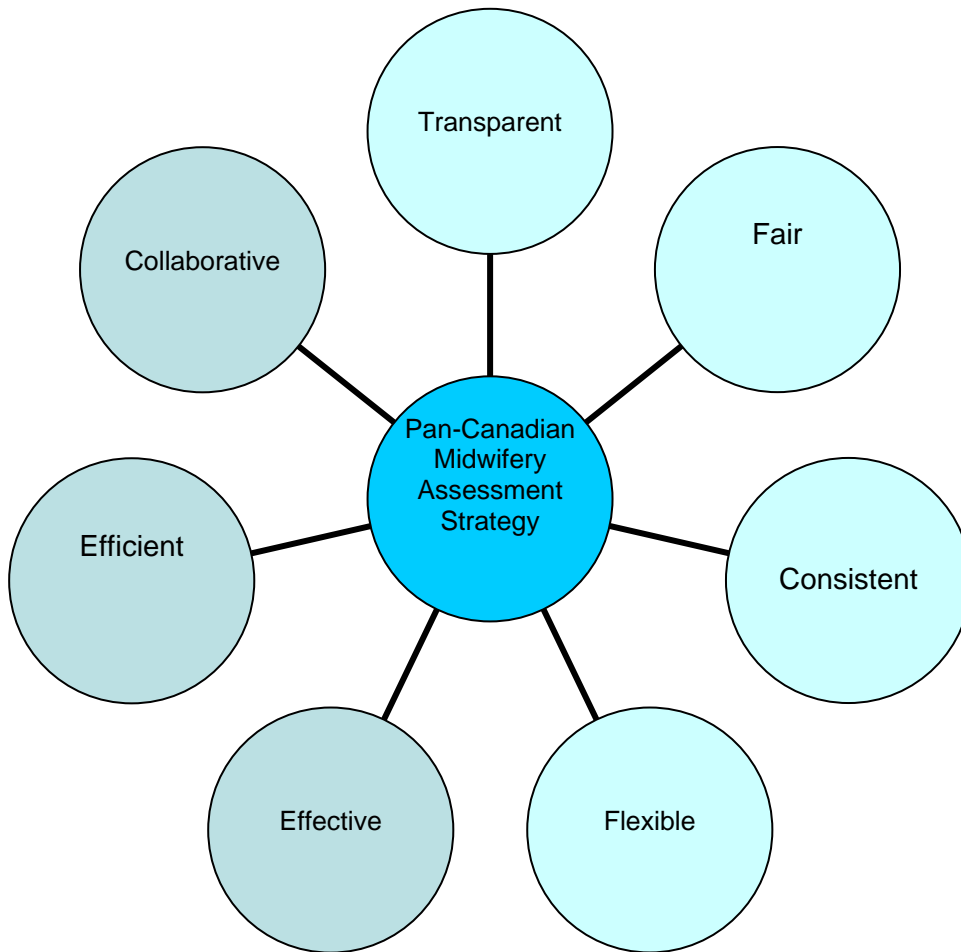
APPENDIX TWO: NAS STRATEGY

National Midwifery Assessment Strategy

Over the course of the NAS project, the Canadian Midwifery Regulators Consortium and its member regulators adopted a pan-Canadian strategy for the assessment of internationally educated midwives.

Principles

The strategy, and the assessment tools used to implement it, must adhere to the principles of good assessment illustrated in the diagram and narrative descriptions below.



Transparent

The path to becoming a registered midwife in Canada must be clear to internationally educated candidates.

Information should be accessible to IEMs prior to their arrival in Canada to assist them to determine if their skills and experience fit, if they want to practise in the Canadian model of practice, and if they have the financial and personal resources to complete the assessment process for registration.

All information should be clear, easily accessible, and comprehensive. While provincial and territorial regulators must provide detailed information on their specific processes, information should also be provided from a national perspective in order to assist IEMs who may not know in which province they wish to settle.

Fair

Assessment tools and processes must be fair to internationally educated midwives. They should follow industry standards or better. All those involved in carrying out assessment processes should provide respectful and culturally competent support to IEMs.

Consistent

Assessment processes should be as consistent as possible from one jurisdiction to another. Wherever possible, policies and procedures should be harmonized, and regulators should consider harmonizing assessment tools when this is viable.

Flexible

Assessment processes should be as individualized as possible. They should be offered in as many locations and as often as resources will allow. Provinces and territories should consider accepting assessments or partial assessments from other jurisdictions once harmonization has taken place.

Effective

All assessment tools must be able to effectively identify candidates who can practise safely in Canada, and conversely must enable identification of those who are incompetent for Canadian practice.

Efficient

The pan-Canadian strategy should decrease each regulator's workload by ensuring that duplication in tasks between provinces/territories are avoided.

Collaborative

Provinces and territories should collaborate to ensure the best assessment of internationally educated midwives. This may include sharing of information, co-offering certain assessment processes (eg national exam), and/or working to ensure processes are as harmonized and in keeping with industry standards as possible. It is noted however that provinces and territories will maintain coordination of their provincial processes, candidates will continue to apply to the province or territory they wish to

practise in, and regulators will continue to set requirements and make decisions about all applicants for registration accordingly to their provincial legislation.

APPENDIX THREE: PROGRAMS REVIEWED

The following bridging programs were reviewed in the course of this research phase. Varying amounts of information were identified and examined regarding each program, ranging from brief one-page summaries to lengthy evaluation reports.

Canada

Alberta

1. Alberta International Medical Graduates Program (AIMG). University of Calgary.
2. Directions for Immigrants in Trades and Professional Careers.
3. Engineering and Technology Upgrading Program: A Comprehensive and Practical Approach to Employment.
4. IMG Medical Language and Clinical Communication Skills Development. University of Calgary.
5. International Engineer Bridging Program. Bredin Institute.
6. International Pharmacy Bridging Program. Bredin Institute.
7. Medical Laboratory Technology Accelerated Program (MLTAP). Northern Alberta Institute of Technology.
8. Nurse Credentialling. Grant MacEwan College.
9. PLAR Nursing Project. Mount Royal College.
10. Practical Nurse Equivalency Program. Bow Valley College.
11. Work Experience for Immigrants Program. Bow Valley College.

British Columbia

1. Canadian Healthcare Practice: Cultural Issues for Internationally Educated Nurses Writing the Canadian RN Exam. University of British Columbia.
2. Canadian Pharmacy Practice Programme (CP3). University of British Columbia.
3. Immigrant Skilled Trades Employment Program (ISTEP).
4. Pilot Project for Internationally Trained Engineers
5. Dietetic Canadian Experience Program. Langara College.

Manitoba

1. Academic and Professional Bridging Program for Internationally Educated Teachers (IET). University of Manitoba.
2. Canadian Communication for Physicians-Trained-Abroad. Red River College.
3. Internationally educated Engineers Qualification Pilot Program (IEEQ). University of Manitoba.
4. A Prescription for Learning: Communication Skills for the Practice of Pharmacy.

Nova Scotia

1. New Beginnings Online. Metropolitan Immigrant Settlement Association (MISA).

Ontario

1. Bridging for Internationally Educated Nurses (BIEN). Mohawk College.
2. Bridging to University Nursing. Centennial College.
3. CARE for Nurses.
4. Career and Work Counsellor Program for Internationally Educated Professionals. George Brown College.
5. Enhanced Language Training for Business Project Management. Centennial College.
6. Fast Track Engineering Technology Programs. Centennial and Sheridan Colleges
7. International Massage Therapy Bridging Program (IMTBP). Centennial College.
8. International Midwifery Pre-registration Program (IMPP). Ryerson University.
9. International Pharmacy Graduate Program (IPG). University of Toronto.
10. Internationally Educated Social Work Professionals Certificate in Canadian Social Work Practice (IESW). Ryerson University.
11. International Optometric Bridging Program (IOBP). University of Waterloo.
12. Medical Laboratory Sciences/Diagnostic Cytology. The Michener Institute.
13. Medical Radiation Technology. The Michener Institute.
14. Occupational Therapist Program. McMaster University.
15. Orientation for Internationally Educated Health Professionals. University of Toronto.
16. Post-RN Bachelor of Science in Nursing for internationally educated nurses. York University.
17. Projet d'intégration pour les immigrants formés à l'étranger dans le domaine de la construction. La Cité Collégiale
18. Teach in Ontario.
19. Veterinary Skills Training and Enhancement Program (VSTEP). University of Guelph.

Quebec

1. Intégration à la Profession Infirmière au Québec. Cégep du Vieux Montréal.
2. Transition to Nursing in Quebec for Internationally Educated Nurses. Cégep John Abbott.
3. Programme de perfectionnement en ingénierie des diplômés en génie de l'étranger. École Polytechnique de Montréal.
4. Analyse intégrée de la conception et de la réalisation d'ouvrages en génie civil : volet infrastructure – Attestation d'études collégiales EEC.1F. Cégep du Vieux Montréal.

Saskatchewan

1. Orientation to Nursing in Canada for Internationally Educated Nurses. Saskatchewan Institute of Applied Science and Technology.
2. International Medical Graduates Orientation Conference (2007). University of Saskatchewan

International

Australia

1. Midwifery Registration Bridging Course. Western Australia Health and King Edward Memorial Hospital.
2. Australian Registered Midwife Training Program. University of South Australia
3. Registration Bridging Program (for nurses). Curtin University of Technology
4. Pre-registration Course for Overseas Qualified and Re-entry Nurses. Victoria University.
5. Undergraduate Award Program (Bridging Dentistry). University of Adelaide.
6. Graduate Diploma in Clinical Dentistry – Overseas Dentist Training Program. University of Adelaide.
7. PMIT Bridging Courses, Postgraduate Medical Institute of Tasmania Inc..
8. Australian Medical Council Bridging Program. Royal Australian College of General Practitioners

New Zealand

1. Registration Programmes for Overseas Midwives. Otago Polytechnic School of Midwifery.
2. The Legal, Professional and Cultural Environment for New Zealand Midwives Learning Package, Massey University

United Kingdom

1. Overseas Nursing Programme. Anglia Ruskin University.
2. Overseas Nurses Programme. University of York.
3. Adaptation Programme for Overseas Nurses. Swansea University
4. Overseas Nursing Programme. University of Paisley.

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