Health Human Resource Connection

Welcome to the third edition of the HHR Connection from the Health Human Resource Strategies Division of the Health Care Policy Directorate of Health Canada. An archive of this newsletter is listed on the HHRSD website at www.health-human-resources.ca

A Pan-Canadian Approach

In response to the 2003 Accord on Health Care Renewal, the federal government established the *Pan-Canadian Health Human Resource Strategy* (the Strategy) to address pan-Canadian and jurisdictional health human resource needs. The Accord noted that appropriate planning and management of health human resources is key to ensuring that Canadians have access to the health providers they need.

The Strategy has three key initiatives: Pan-Canadian Health Human Resource (HHR) Planning, Interprofessional Education for Collaborative Patient-Centred Practice, and Recruitment and Retention. First Nations and Inuit Health Branch (FNIHB) leads the First Nations and Inuit component of the HHR Strategy.

Click the cover to view our 2005-2006 Annual Report website.

Update on Health Human Resource Planning

In the 2003 First Minister's Accord on Health Care Renewal, the provinces, territories and federal government made a commitment to work together to improve health human resources (HHR) planning. The Conference of Deputy Minister's of Health tasked the Advisory Committee on Health Delivery and Human Resources (ACHDHR) to develop a framework for pan-Canadian HHR planning. The ACHDHR is comprised of senior representatives from federal/provincial/territorial governments and experts in the field of health care and health human resources.*

Based on advice from all jurisdictions and key stakeholders, and recent reports on the health care system (e.g., Romanow, Kirby, Fyke, Clair and Mazankowski), the ACHDHR has developed a pan-Canadian framework and action plan that will help shape the future of HHR planning and health service delivery. The Framework and Action Plan sets out an innovative approach that is driven by population health needs and health system design and provides the flexibility to deploy HHR differently in new health care delivery models. The first edition of the Framework and Action Plan was approved by federal/provincial/territorial Ministers of Health in October 2005.

In October 2006, stakeholders, including ministries of education, research entities, national Aboriginal groups, health sector organizations, health professional associations, and professional regulatory bodies, were consulted to find out how they can support and contribute to the implementation of the Framework and Action Plan. This engagement process has strengthened the commitment of governments and stakeholders to work together in addressing HHR challenges. For a copy of the Framework and Action Plan, please refer to our website.

* Quebec considers health human resources planning its exclusive provincial responsibility. It does not participate in ACHDHR initiatives nor does it intend to participate in implementation. However, Quebec remains open to sharing information and best practices with other jurisdictions.

Save the Date!
Call for Session Proposals

Collaborating Across Borders

Collaborating Across Borders:
An American-Canadian Dialogue on Interprofessional Health Education

October 24 - 26, 2007 University of Minnesota - Twin Cities Campus
Minneapolis, Minnesota

Please join us at "Collaborating Across Borders: An American-Canadian Dialogue on Interprofessional Health Education," on October 24 – 26, 2007, in Minneapolis, Minnesota. Together, across national and health professions borders, we will explore the link between interprofessional education (IPE), policy, and collaborative patient-centered practice. We think it's time to ask the "tough questions" about interprofessional education. At the end of the day, are we making a difference in the way health professionals are educated and practice? Share your ideas: Submit a proposal for a session today!

Co-sponsored by the
University of Minnesota Academic Health Center
and the Canadian Interprofessional Health Collaborative.

To learn how to participate, visit:
www.ipe.umn.edu

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Recruitment and Retention

As the health workforce continues to age and the population becomes increasingly diverse, the demand for health care increases, and the need to appropriately recruit and retain health care providers becomes progressively critical.

This section of the newsletter outlines projects within the Recruitment and Retention (R&R) initiative that seek to address the following objectives: increase interest in health careers, increase diversity of health care providers, increase the supply of health care providers - when and where needed, reduce barriers for internationally educated health care providers, improve the utilization and distribution of existing health care providers and make sure current workplace environments are healthier for health care workers (as part of the Healthy Workplace Initiative under R&R - see pg. 5).

As of 2006, Health Canada funded 36 agreements under Recruitment and Retention. For more information on R&R funding, contact Lise Labonté at lise_labonte@hc-sc.gc.ca

Canadian Nurses Association presents a vision of nursing for 2020

A funding agreement between the Office of Nursing Policy, Health Canada and the Canadian Nurses Association has enabled researchers to look at the future of health care in Canada and what roles the nursing profession could play in a fundamentally changed health services world. The findings are compiled in a new report called *Toward 2020: Visions for Nursing* by principal researchers Michael Villeneuve and Jane MacDonald.

Currently, Villeneuve is making presentations across Canada. Since June 2006, he has shared the content of the report with more than 5,000 nurses and other health professionals across Canada and has plans to continue through until this fall.

"It's important to look at the profession within the global context. We don't have enough nurses to meet the demand we have right now. It's important to note that there seems to be a shortage of about 4 million (or more) health workers worldwide and that many countries are not meeting the demand for nurses," says Villeneuve. "Canada is not unique in this respect, and our solutions will have to take into account all sorts of economic and social forces beyond nursing and within Canadian borders."

Source: Michael Villeneuve, CNA, 2006.

Michael Villeneuve.

While Villeneuve believes the need for more nurses is very real, he says while creating the report the investigators were compelled by the evidence to re-frame the discussion away from the constant focus on shortages and the call for 'more nurses.' Instead, they examined how the system could change to meet the needs of Canadians with the level of human resources it is reasonable for Canada to achieve by altering the distribution, mix and scopes of practice of nurses.

Continued on page 3.

Canadian Nurses Association presents a vision of nursing for 2020

The Canadian Health Care System Trends:

Canadians are living longer, healthier lives.

Environmental problems (eg. water and air quality) are being recognized as major health influencers.

The number of Canadians living with chronic diseases is increasing due to medical advances that are keeping many more people alive, as well as social and lifestyle choices.

Improvements in technology, surgical techniques and anaesthesia mean that surgeries previously requiring a three or four-day stay in hospital are now outpatient procedures.

Demographic evidence suggests that shortages of health care workers lie ahead in all categories of health delivery.

Although Canada does not support recruitment drives in countries already struggling with professional shortages, internationally educated nurses and other professionals will continue to be an important component of the health system.

Retirement of baby boomers will affect many health professions.

Based on:
Toward 2020: Visions for Nursing, Canadian Nurses Association, 2006.

"Because of the access problems we have with respect to primary health care, we really need to re-evaluate everyone's scope, dismantle barriers to care, and create what we call in the report, 'gate-ways to care'" says Villeneuve. "A child with an earache does not require the skills of a physician, at least not as the first line of assessment. We know that 50 percent of cases in the emergency room could be effectively, safely treated by a registered nurse. We need to change the nursing practice significantly to meet that reality, but medicine and others will need to change too. This is about ramping up everyone's practice, not just nurses."

By 2020, Villeneuve predicts that many more health care services will finally be provided in the community and at home, away from acute-care institutions which are currently constantly driving up the costs of systems across the OECD. The report suggests that in 2020, health care priorities will have to be focused on pri-mary services and preventative programs to reduce the demands for acute and tertiary care. (see Figure 4 below - from *Toward 2020: Visions for Nursing*).

"Canada graduates between 8,000 and 9,000 registered nurses per year. To meet present demands we would need to graduate more like 18,000. Even if we had the dollars today, there aren't enough teachers, physical seats in schools, or training facilities to make that happen," he says.

"The way nurses have to be educated will change significantly," says Villeneuve. He cites as one example of a strategy, the United Kingdom's model, which changed in April 2006 to allow RNs and pharmacists with additional training to provide prescriptions. "It has improved access to care at a lower cost so you might imagine in the future, you might even want all nurses to have that as their basic education - and there are all kinds of implications from this."

"Canada has just under 10,000 nurses per million citizens - ahead of Sweden, the U.S., Denmark, New Zealand and Germany and just less than Switzerland, Australia and Ireland."

(Source: *Toward 2020: Visions for Nursing*, Canadian Nurses Association, 2006).

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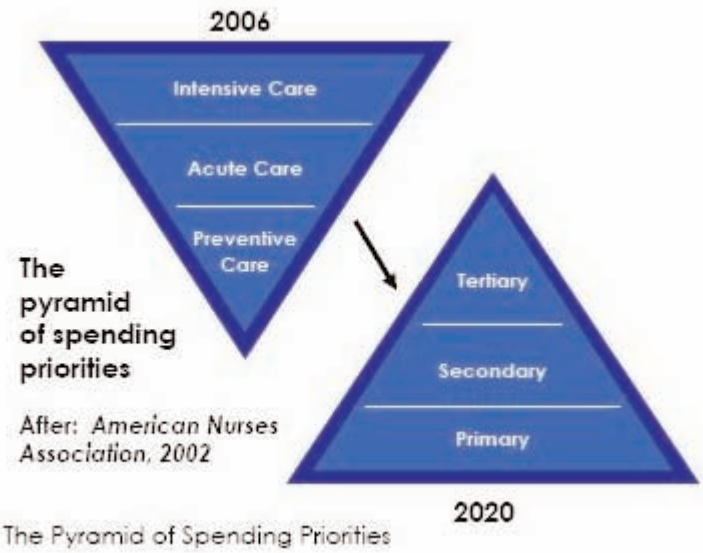

Figure 4. The Pyramid of Spending Priorities

Canadian Nurses Association presents a vision of nursing for 2020

Possible Scenarios in 2020: Some highlights

The system:
Self care and patient-led care dominate the system as there is a shared-care responsibility between the patient, health care professionals and families. Various professionals provide 'gateways' to primary care. Funding and resources are directed to communities.

Roles, Scopes and Practice settings:
Nurses will co-ordinate care, deliver direct services, and help patients understand their options. RNs and Psychiatric nurses have an enhanced role in primary care and LPNs play a greater role in long-term and transitional care. Nurses will not carry out tasks that can be done by the patient themselves, technology (e.g. robot aids), personal support workers, or families and community members.

Nursing Human Resources:
Interdisciplinary teams include all categories of nurses. RNs and registered psychiatric nurses work outside acute c are settings in the community. More LPNs are in acute care, reversing some of the patterns of the 1990s.

Nursing Education:
There will be revolutionary changes in curriculum, education and the use of clinical placements. A national application centre will track all nursing school applicants until their graduation. Professional Masters and Doctoral degrees will be offered to nurses to meet the changing leadership expectations in health care.

Ensuring Responsiveness, Quality and Patient Safety:
A Pan-Canadian or multi-jurisdictional license will be granted after graduation to nurses from accredited schools. No additional licensing exam will be required after graduation from a diploma program in practical nursing or a degree in nursing or psychiatric nursing.

Diversifying Nursing:
At least 20 percent of leaders in nursing will come from Canada's Aboriginal or visible minority populations and out reach programs will proactively recruit Aboriginal peoples, men and visible-minority Canadians.

(Source: *Toward 2020: Visions for Nursing*, Canadian Nurses Association, 2006).

"If you talk about trends and major changes within the system that are going to have an impact, it makes everyone feel a little bit uncomfortable. But this is also about opportunity. Change is in order," says Villeneuve, noting that the Office of Nursing Policy is talking about hosting a think tank to discuss the future of nursing and the health care system.

"The Canadian Nurses Association's centennial is in 2008, and at CNA we are all thinking about the past, the present and the future. It would be nice to use this time of transition to start mapping on paper the next 100 years of nursing so we can be ready for the future," concludes Villeneuve.

For a complimentary English copy of the full report in pdf format you can contact the CNA at 2020@cna-aiic.ca with your return e-mail address or visit: http://www.cna-nurses.ca/CNA/documents/pdf/publications/Toward-2020-e.pdf

Healthy Workplace Initiative

Healthier work environments are the cornerstone to improving the recruitment and retention of health care workers. Workplaces that recognize and support the long term needs and safety of staff have shown enhanced overall effectiveness that can be seen in improved delivery of health services, workforce renewal and operational cost effectiveness. As the centrepiece of the Recruitment and Retention component of the Pan-Canadian HHR Strategy, the Healthy Workplace Initiative (HWI) supports current actions by health care organizations to create and maintain healthy work environments. HWI provides direct funding to support innovative local-level healthy workplace initiatives.

In 2005/06, Health Canada funded 15 agreements under the Healthy Workplace Initiative. For more information on HWI, contact Robin Buckland at robin_buckland@hc-sc.gc.ca

November Knowledge Exchange Days brings together healthy workplace stakeholders from across Canada

On October 19, 2005 Health Canada hosted its first Knowledge Exchange workshop to promote the exchange of knowledge related to healthy workplace practices among stakeholders. Based on feedback from that one-day workshop, a second two-day workshop was held on November 28th and 29th of 2006.

During the Knowledge Exchange (KE) days, HWI funding recipients shared their experiences by providing progress updates on their projects while sharing knowledge gained from the latest research on Knowledge Utilization for improving the quality of worklife in health care.

Co-ordinating the days was Melissa Barton from the Quality Worklife - Quality Healthcare Collaborative; one of HWI's complementary national projects that is located at the Canadian Council of Health Services Accreditation.

Day One

Participants attending the workshop included more than 40 representatives from 20 different HWI projects, as well as Helen McElroy, manager, from the Health Human Resource Strategies Division, Health Canada and Robin Buckland from the Office of Nursing Policy.

As part of the KE days, representatives from each project created a presentation, which allowed the participants to ask questions, provide any insights they had gained following their own work and to have a dialogue with each presenter. Included in the first day, was a presentation by Health Canada representatives to the recipients about the structure and process for project evaluations and final report requirements.

"The evaluations being done by HWI projects are critical on a number of levels. They're building the evidence base for what works in promoting healthy workplaces. These evaluations will feed right into each project's final report," says Buckland. The final reports will be modelled after the Canadian Health Services Research Foundation (CHSRF)'s 1:3:25 approach, she says. "It allows for key messages to be front and centre for decision makers."

Canadian Health Services Research Foundation's 1:3:25 approach. (CHSRF website, 2001) Click to view pdf.

A large group discussion presented key lessons to address barriers and challenges and how to promote sustainable HWI work. The group identified '10 Levers for Success'.

Objectives of the HWI Knowledge Exchange Days:

To exchange knowledge related to HWI projects and generate deeper learning amongst participants;

Discuss the evaluation process and final report related to each HWI project;

Exchange knowledge related to Health Policy Research Program Projects;

Identify challenges and enablers to implementing quality of worklife strategies; and

Explore future directions of the Pan-Canadian Health Human Resource Strategy.

(Source: Report of HWI Knowledge Exchange Days - Melissa Barton, 2006)

10 Levers for Success in Implementing Health Workplace Initiatives

1. Evaluation/Data collection:Need for standardized indicators; important to ask the right questions; demonstrate value and return-on-investment to employers; and ensure data evaluation is a full-time position within the health care team.

2. Collaboration/Creative partnerships should be fostered among unions, "competitors"; private/not for profit sectors, and U.S. facilities.

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November Knowledge Exchange Days bring together healthy workplace stakeholders from across Canada

10 Levers for Success in Implementing Health Workplace Initiatives (continued...)

3. Communication Strategy: Use technology, newsletters, and "care cards" to recognize outstanding examples of HWI.

4. Front-line employee engagement: Need to develop personal one-on-one interactions to build trust and work with employees that are ready to change their behaviour.

5. Management buy-in/Creation of champions: Support front-line and middle managers with their adoption of a HWI.

6. Change management approach: Allow managers to be flexible and adapt to feedback.

7. Link HWIs to business planning for sustainability: Focus on investment in human resources.

8. Recognize culture shift is involved: e.g. Important to respect and value, critical inquiry and learning - they are all linked to better patient care outcomes.

9. Networking/Sharing of knowledge and experiences/Working Together: Develop templates/tools and share on a cost-recovery basis. Continuity of this workshop group, conferences, and on-going support of provincial/national networks.

10. "The answer is in this room": Don't underestimate the personal commitment and impact of people who are present within conferences, workshops, etc...

(Based on: Report of HWI Knowledge Exchange Days - Melissa Barton, 2006)

Day Two

On the second day, participants discussed how to translate knowledge into practice and examined the 'Ten challenges to uptake of healthy workplace initiatives' that were identified in the 2005 Knowledge Exchange day.

The challenges include:
- the business case for healthy workplaces is not being articulated;
- the focus on population health doesn't always include caregivers and staff;
- the traditional medical model of thinking promotes treatment over prevention
- an overall lack of support from managers and leaders;
- staff are over-worked, tired and/or cynical;
- lack of system-wide commitment and limited resources;
- HWI are not government-endorsed in some jurisdictions; and insufficient/ineffective communication

Participants discussed some of the gains made over the past year in these areas and contributed ideas on what needs to happen now to assist in addressing these challenges at the system level.

Suggestions included:
- continued education of decision-makers;
- implementation of an 80/20 model (allowing staff to schedule 80 per cent of their time for work and 20 per cent for professional development);
- workload measurements to begin to benchmark and measure the quality of worklife among health care workers;
- stronger links between business planning and a training and development budget; and
- more 'piggy-backing' off each other's good practices to maximize the effect of each initiative

During a research roundtable, Dr. Michael Leiter, a psychology professor from Acadia University, presented information on nurses as knowledge sharers in Atlantic Canada.

Dr. Leiter specializes in organizational psychology and his project focused on point-of-care nurses and the extent to which they were aware of federal health reports. "Decision-makers tend to be much more aware of this knowledge than point-of-care nurses. That difference becomes interesting because a lot of the initiatives that hospitals want to action in order to improve the quality of worklife require the active participation from the staff."

His project surveyed Maritime nurses about their opinions on work being done by health care decision makers to improve workplace health and leadership development.

"As far as they knew, nobody was doing a whole lot. They hadn't read these reports, they didn't have an information base that told them anything different," he says.

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November Knowledge Exchange Days bring together healthy workplace stakeholders from across Canada

HWI Project leaders from Saskatchewan, Newfoundland and the CFNU discuss how to better translate knowledge into practice.

Source: Donna Lynne Erickson, East Centrel Health, 2006

Dianne Parker-Taillon facilitates a large group discussion about workplace issues.

If staff are unaware of national reports examining worklife issues, it can slow down the level of co-operation, he says. "You can't really change any kind of social system in a meaningful way without the active co-operation of the individuals who make up that system," says Dr. Leiter. "If you consider this active participation important, we're not getting there very fast."

There is a real challenge for front-line workers to change the attitudes of their bosses to allow for professional development in a formal way, he says. "A lot of nurses would say that in very general terms , being a professional means they should stay up-to-date on things, but that their job is structured in such a way that every single minute is taken up with patient care. The culture within a typical nursing unit is that if you're reading a book on the floor while your fellow nurses are providing care, you're not seen as carrying your weight. You're seen as slacking off in a major way. If you're looking at a computer screen, you're seen to be playing."

If managers would allow staff to formalize their time for professional development reading, developing ideas or participating in a task force, then that changes the culture of work in a very important way, he says.

"The conference gave me a chance to learn about initiatives across the country and talk to people who are interested in workplace change," he says. "They're the kind of people I like to talk to."

Summary

KE Days provided a forum to acknowledge good work and progress happening through the HWI.
Participants recognized the need to share this work across Canada.
HWI will continue to focus on KE in 2007/08.

Canadian Federation of Nurses Unions report suggests strategies for keeping older, more experienced nurses working

A troubling statistic faces many hospital settings across Canada. On average, nurses are retiring sooner than all other health professionals and a large proportion of them are 50 to 54 years old and are already eligible for retirement. For nursing, the supply and shortage issue remains dominant. Policy decision and health care system restructuring in the 1990s has led to a situation where Canada is now confronted with real shortages of nurses in some areas.

A snapshot of Canadian society reveals that many Canadians are living longer, healthier lives than ever before. Immigration and a racially diverse population will continue to change the face of Canada. The aging and increasingly complex patient population will exert its full impact on Canada by 2020. By then, half of Canadians will be over the age of 44 and the number of people aged 65 and over will double from nearly 4 million in 2000 to 8 million in 2026 (Statistics Canada, 2001). This is a critical time in the evolution of Canadian society and more specifically, the Canadian health care system. As a result, health human resource planning has become an area of intense interest in Canada, and worldwide.

In 2006, the Canadian Federation of Nurses Unions (CFNU), with $100,000 in funding from Health Canada, conducted research into how all the stakeholders involved in nursing could develop collective approaches to alleviate the early retirement issue.

"When we talk about R&R, I always say it's Retention and Recruitment because if you can't retain your current level of staff, then there is no way you're going to be able to attract anyone to our profession," says Linda Silas, the president of CFNU.

"For every Registered Nurse aged 35 or less in Canada, there are 1.6 RNs aged 50 or greater."

(Souce: *Taking steps forward: Retaining and Valuing Experienced Nurses*, CFNU, 2006)

The research report included a literature review, which focused on the relationship between retention and healthy workplace environments stretching back to 1960. In addition, the report looked at a series of opinion research tools to gain perspectives from employers, nurses, unions and government officials (including a survey, two focus groups and telephone interviews).

Input and insights were obtained:

- at the 12th Biennium Convention of the Canadian Federation of Nurses Unions (June 2005), 285 surveys were completed. (31% of respondents were 45 years old or younger, 43% were 46 to 55 and 26% were 56 or older).

- through a series telephone interviews with 30 individuals (unions, employers and government officials were asked for their views on current practices and possible solutions).

"What came out from the report and surprised everyone was that it wasn't just a scheduling and money issue," says Silas about the suggestions to improve the retention of experienced nurses who are 45+ years old. "These nurses want control over what they do and want to feel valued for their experience by being able to give back to the profession."

"In the 56+ age group, 70% of nurses noted that they were very interested in solutions to reduce the workload of older nurses by providing mentorship and preceptorship and 42% in the same age group said compensation for mentoring would influence their decision to keep working."

(Source: *Taking steps forward: Retaining and Valuing Experienced Nurses*, CFNU, 2006)

Many of the findings within the CFNU report reiterate the findings found in the Canadian Institute for Health Information's 2005 report on Workforce Trends of Registered Nurses in Canada, says Arlene Wortsman, a Health Human Resource consultant who prepared the report. "The largest number of nurses are between the ages of 50 and 54," she says. "The question we asked ourselves was: 'What would appeal to these nurses that would make them want to extend their working life?'"

To view CIHI's Workforce Trends of Registered Nurses in Canada (2005), in pdf format, click this box.

To view CFNU's Taking steps forward: Retaining and Valuing Experienced Nurses (2006), the complete report in pdf format, click this box.

Wortsman says the report looked at both the needs of the nurse and the employer because sustainability depends on mutual support. "There are a series of recommendations that address the needs of all stakeholders," she says.

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Canadian Federation of Nurses Unions report suggests strategies for keeping older, more experienced nurses working

Suggestions to Improve Retention of Experienced Nurses

1. Flexible Scheduling (e.g. options in terms of shift hours and weekend/evening availability, initiatives/strategies to provide full-time employment for new graduates, extra staff positions for mentoring and clinical leadership).

2. Flexible Work Arrangements (e.g. job sharing, deferred salary leaves, various alternative compensation practices, and option for temporary job placements across Canada).

3. Flexible Workplace Practices (e.g. examine appropriate nurse to patient ratios and also ensure workplace environment meets the occupational and safety needs of experienced nurses.

4. Respect and Recognition for Nursing (e.g. allow nurses' roles within the design of the workplace and provide clinical support roles for older nurses that can be temporary yet not lose benefits or seniority under the collective agreement).

5. Professional Development, Skills Development and Training (e.g. use of education programs to develop the teaching skills of experienced nurses, budgets should allow for career path development of nurses and links should be developed between nursing schools, regulatory bodies, employers and unions to facilitate the transfer of knowledge on this topic).

6. Adjustment of Organization and Management Structure (e.g. allow nursing voices to be heard and actively participate in decisions that affect their workplaces, nursing staff to manager ratio should be examined to ensure nurses have adequate leadership support, especially to front line nurses.

7. Pre-Retirement and Post-Retirement Strategies (e.g. ensure that nurses are aware of work arrangement options available to them at all stages of their nursing careers. Information should also be timely and comprehensive.

8. Employers (e.g. employers need to encourage local union level involvement during the development of new strategies or workplace practices. Employers should encourage managers and front line supervisors not to view collective agreements as a barrier to change.

9. Unions (e.g. need to work towards local flexibility to meet needs and interests on behalf of their members)

10. Government (e.g. should develop multi-year strategic plans that provide sustained and meaningful changes in the nursing workforce and establish a national task force on workplace issues and the aging nursing workforce).

(Based on: *Taking Steps Forward: Retaining and Valuing Experienced Nurses*, CFNU, 2006)

"When you look at a healthy 55 year old - why are they retiring?" asks Linda Silas. "They're retiring because they're not enjoying their work anymore, when the rest of society is working way past 55 and nurses are counting the years. How can you get someone like that to change their mind? They need to start seeing nursing as a long-term career with different facets."

"In general employers and provincial governments acknowledged that continually evolving models of care and nursing shortages impact the work environment contributing to nurses feeling overworked, under resourced and stressed… Both groups generally agree that patient load has increased; shorter stays, outpatient procedures, day surgery and increased patient acuity has resulted in increased challenges and intensity within the workplace and increased workload of nurses."

(Source: *Taking Steps Forward: Retaining and Valuing Experienced Nurses*, CFNU, 2006)

Silas says CFNU is planning a series of projects to bring research to action by building partnership with employers, governments and other health care partners. These will produce workplace pilot projects such mentoring and continuing education for all nurses but specifically for those aged 45+.

Only 42% of nurses aged 56+ and 36% in the 46 to 55 age group said increased benefits and salaries would greatly influence their decision to continue working.

(Source: *Taking Steps Forward: Retaining and Valuing Experienced Nurses*, CFNU, 2006)

"We have to find ways to entice or encourage nurses to continue practising, maybe not in the same way," says Wortsman. "We should give them new options because we need them."

Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP)

In his 2002 report on the *Future of Health Care in Canada*, Roy Romanow recommended that the education and training of health care professionals needed to focus on building a stronger, interdisciplinary team approach to providing health care to Canadians.

The Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) initiative embodies that approach. The IECPCP initiative provides direct funding to develop interprofessional curricula that will facilitate the adoption of a professional team approach across all health care settings where many professions can interact, explore, and develop shared solutions to individual patient care. There is active participation not only between each profession providing patient care but also with the patient. IECPCP seeks to promote and demonstrate the benefits of this form of education, facilitate networking and best practices approaches, and ensure interprofessional collaboration is present in both educational institutions and practice settings.

In 2005/06, Health Canada funded 29 IECPCP agreements. For further information on IECPCP, contact Sue Beardall at sue_beardall@hc-sc.gc.ca

Canadian Interprofessional Health Collaborative holds national meeting in Toronto

On November 27th and 28th 2006, more than 90 participants involved with Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) attended a meeting in Toronto to share experiences and plan the future of the Canadian Interprofessional Health Collaborative (CIHC).

The Collaborative is a two-year initiative funded by Health Canada and is made up of representatives from the health and education sectors. The goal is to build effective health care teams and improve the experience and outcomes of patients by enabling all health professionals to share best educational approaches for collaborative patient-centred practice.

"Our intent through the CIHC is to pull together initiatives from coast to coast into a formal, national organization because the sustainability of IECPCP is dependant on having that in place," says John Gilbert, the project's lead and meeting host. "You need mechanisms in place so that the information and data being generated goes on for the greater good and moves forward and doesn't sit on a shelf."

CIHC Inaugural Meeting Objectives:

1. Provide an opportunity for the exchange and sharing of information about promising practices among cycle one and cycle two IECPCP learning projects.

2. Promote an understanding of curriculum evaluation and research to all members of CIHC.

3. Identify what steps need to be taken by CIHC sub-committees to move forward with their mandate.

4. Integrate the role of the patient as a theme throughout all CIHC activities.

(Source: CIHC Inaugural Meeting, Overview, 2006).

The two-day meeting established six CIHC sub-committees to examine issues related to IECPCP and also provided networking opportunities.

"The committees have developed their mandates and they have a timeline to get there. The idea is that by the end of the funding lifecycle for the CIHC, we will have a very good idea of how programs at universities and colleges should develop curriculum for IECPCP and good ideas about the direction research should take," says Gilbert. "We'll have a lot of experience with evaluation, because at the end of the day, we want to know if this is effective across many different dimensions, including its cost-effectiveness and whether it's changing the quality of care for the patient."

CIHC website
http://www.cihc.ca
Click to view.

CIHC brings together the broad cross-section of work being done in Canada to promote and construct Interprofessional Education for Collaborative Patient-Centred Practice.

Continued on page 11.

Canadian Interprofessional Health Collaborative holds national meeting in Toronto

CIHC Sub-committee Leads:

Curricula
Vernon Curran, Newfoundland; Carole Orchard, Ontario

Partnerships
Keith De'Bell, New Brunswick; has since been joined by Carol Elizabeth (Betty) Brown, New Brunswick

Evaluation
Ruby Grymonpre, Manitoba; Judith McFetridge-Durdle, Nova Scotia

Knowledge Translation
Liz Harrison, Saskatchewan; Grace Mickelson, British Columbia

National Health Sciences Students' Association
Steven Hoffman, Ontario

Research
Jennifer Medves, Ontario; Hassan Soubhi, Quebec; Esther Suter, Alberta

(Source: CIHC, 2006).

"There are many people across the country coming together to make this work," says Gilbert. "It's been a very difficult and elusive area for the last 40 years" but, he says stakeholders now realize the need for a single national co-ordinating body.

Comments from conference evaluation forms as provided by Brenda Sawatzky-Girling include:

"Really enjoyed having more and in-depth information about all the other projects in IECPCP, and [it] gave me much optimism in terms of what eventually will be produced by all projects. Very exciting."

"The involvement of students provided insights and further directions on the project that I am involved with. I appreciated their very active/visible participation. I come away feeling that I do belong to a national community. There was not a single person in the assembly with an agenda that wasn't collaborative. There is a synergy created that can't be manufactured artificially. The CIHC & Health Canada personnel have an authenticity about them and a commitment to the collective goal that provides me with positive enthusiasm."

"I would like to particularly comment on how impressive all of the students have been and how exciting that is for the future."

Ruby Grymonpre, Geriatric Pharmacy professor from the University of Manitoba and co-chair of the Evaluation sub-committee with Judith McFetridge-Durdle, says the meeting was a wonderful opportunity to learn with, from and about various Health Canada funded projects. "I found it especially invaluable to learn about the projects through poster presentation sessions and note the gaps and share the challenges as we work on developing IECPCP," she says. "Through the facilitated sessions, Judith and I had the opportunity to hear from participants about their perspectives on program evaluation and how to identify key issues and solutions, which help inform our mandate."

Although a second national CIHC meeting has not been scheduled, Gilbert says the collaborative will probably organize several regional meetings during 2007 fusing together formal relationships between the provinces in Western Canada and the provinces that make up Atlantic Canada.

"We'd like to fund some regional meetings in Ontario and Quebec," he says, "we'd also like a lot of our folks to go down to a meeting in Minneapolis later this year and show our American colleagues what's going on up here."

Topic discussed:

1. Evaluation of strategies to evaluate IECPCP

2. Develop research measurement theories and instruments related to IECPCP

3. Develop curricula for three primary IECPCP groups: students/learners, practice settings/practitioners and faculty

4. Communicate the progress and benefits of IECPCP strategies/projects (i.e. knowledge translation)

5. Expanding innovative partnerships with stakeholders

(Source: CIHC Inaugural Meeting, Agenda - Day 1, 2006).

IECPCP was established in 2003 as part of Canada's Health Human Resource Strategy in response to the need for interprofessional team-based care. Given the changing roles and responsibilities of various health care providers, it was determined that by changing the way health care providers are educated, that they would then have the necessary knowledge and skills to work effectively in interprofessional teams.

For more information on the inaugural 2006 meeting, you can contact Brenda Sawatzky-Girling at info@cihc.ca or visit CIHC's 'Our Work' webpage to see how the committees are working with knowledge gained from this meeting.

Internationally Educated Health Professionals Initiative

An objective of the federal government's Pan-Canadian Health Human Resource Strategy is to support initiatives that will increase the recruitment and retention of health professionals. An integral approach in achieving this objective is to reduce barriers to practice for internationally educated health professionals to enable them to successfully integrate into the Canadian workforce. The Internationally Educated Health Professionals Initiative (IEHPI) was launched on April 25, 2005.

Through the Internationally Educated Health Professionals Initiative (IEHPI) Health Canada is providing $ 3,510,038 from 2005-2010 to the Nova Scotia Department of Health and Health and Social Services of Prince Edward Island for seven collaborative projects. Two of the seven projects are featured in this issue of HHR Connection.

In 2005/06, Health Canada funded 14 agreements under the Internationally Educated Health Professionals Initiative.
For more information on IEHPI, contact Helga Loechel at helga_loechel@hc-sc.gc.ca

Internationally Educated Health Professionals Initiative Nova Scotia Projects

1. Environmental Scan and Gap Analysis
Identifies the needs of Internationally Educated Health Professionals (IEHPs) by examining gaps and opportunities to better support the recruitment and retention of IEHPs in Atlantic Canada.

2. Web portal for Internationally Educated Nurses (IENs) (www.nursingatlanticcanada.com)
Project establishes a web portal for welcoming and providing information to internationally educated Registered Nurses (RNs). The portal features accounts from nurses talking about their experiences as well as information on the licensing process, Canada's health care system and living in Nova Scotia and P.E.I.*

3. Assessment Centre for IENs (featured on page 13)
The College of Registered Nurses of Nova Scotia, in collaboration with the Registered Nurses Professional Development Centre and the Association of Registered Nurses of PEI, is establishing an assessment process for internationally educated RNs who do not meet the eligibility criteria for writing the Canadian Registered Nurse Examination (CRNE).*

4. Bridging Program for Internationally Educated Nurses
Project allows IENs to acquire skills and knowledge necessary to meet eligibility requirements to practice as an RN in Canada.*

5. Bridging Program for Licensed Practical Nurses (featured on page 14)
Project assists IEHPs in meeting professional education requirements necessary to practice as licensed practical nurses (includes establishing a bridging program, screening applicants, identifying learning gaps, and academic support. Outcome will be a two-year diploma program for up to ten IEHPs annually through the Nova Scotia Community College.

6. Orientation to the Canadian Health Care System and Professional Practice
(http://www.cdha.nshealth.ca/education/announcements/orientationHealthCareSys.html)
Project assists IEHPs to understand the system using a ten-week orientation program and its outcome will be that IEHPs are prepared personally and professionally to adapt and integrate into new health care practice settings in Nova Scotia and P.E.I.

7. Welcome to Nova Scotia
The Halifax Immigrant Learning Centre and the Metropolitan Immigrant Settlement Association are providing a program to support, welcome, inform and educate IEHPs in Nova Scotia using welcome packages (designed for ten professions) and delivering an 18-week English for IEHPs training program (offered twice a year).

* RN focused.

Assessment Centre in Nova Scotia to assist Internationally Educated Registered Nurses

While speaking on the phone from Nova Scotia, Lesley Marfleet, a pediatric nurse from the United Kingdom, has a hint of excitement in her voice, perhaps in part due to moving to a new home less than a week ago.

"I had been working in the United Arab Emirates for the past five years, and while I was out there, I met my husband Eugene who is Canadian," says Marfleet, who did her original general nurse training at Westminster Hospital in London, England in the early 1980s, when nurse training was connected with 'schools of nursing', not university based as they are now. She is now taking steps to meet educational requirements in order to be eligible to obtain licensure in Nova Scotia and is taking a Nurse Credentialling 'refresher' program through distance education with Grant MacEwan College in Alberta.

In the U.K., some RNs were streamed early in their nursing education into a particular area of nursing (i.e. pediatrics or mental health). However, nursing education programs in Canada prepare RNs at the general registered nurse level, which includes five areas: medical, surgical, pediatric, psychiatric/mental health and obstetrics.

"Therefore, some nurses applying for licensure are missing experience in one or more of the key areas of nursing. They may also come from a country where they're missing practice hours needed to meet eligibility requirements here in Canada," says Ruth Whelan of the Registered Nurses Professional Development Centre (RN-PDC) and the project's lead.

"I think time is always a concern," says Marfleet, referring to the situation many Internationally Educated RNs (IENs) face once they come to Canada. "All my life I've worked in nursing and I'm quite eager to get working as soon as possible but, obviously the transition and immigration process, they take time which you don't have much control over. You just have to wait until things happen and start the training."

Much of the anxiety about waiting to work should be alleviated due to federal funding of an IEN-focused Atlantic initiative set to assess international RNs in Nova Scotia and PEI and help prepare them for writing the Canadian Registered Nurses Exam (CRNE).

Since 2002, the College of Registered Nurses of Nova Scotia (CRNNS) receives on average about 32 applications per year from IENs, says Whelan.

"Close to half of those nurses submitting applications aren't getting registered. Some of them have gaps in their theory or clinical experience and until now, there hasn't been a way to clearly identify and meet those gaps," she says.

"By having an assessment centre in place, IENs do not have to rely solely on credentials and documents to meet eligibility requirements," says Whelan. Regulatory colleges will be able to ask for an in-depth competency assessment that will consider all of the IENs previous learning from education, past work, and life experiences in relation to the national competencies for an RN working in Canada. "If IENs have worked for ten years, they have probably gained a lot of knowledge and skills that will help them meet the competencies," notes Whelan.

Linda Hamilton, Executive Director of the CRNNS says communities within Halifax, Nova Scotia and in Canada as a whole are becoming increasingly diverse. "By having the assessment centre, the nursing community becomes almost a representation of the face of society as a whole. It increases diversity and helps the profession provide culturally competent care. Canada can learn from other countries, in terms of the different kinds of health care systems around the world," says Hamilton.

At the moment, Whelan says she is finalizing the assessment plan and methods with hopes to start a pilot project in 2007. Currently, a one to two day assessment that could include exams and simulated patient exercises to assess IEN competencies related to RN practice is being considered. The tentative plan is to have the assessment centre within RN-PDC in Halifax. As need increases in PEI, consideration will be given to creating a satellite assessment centre. "It's still being discussed," says Whelan, noting that regulators in New Brunswick are also interested in the project.

Once a candidate completes the assessment, a report is issued by RN-PDC to the regulatory body. If the regulatory college determines the IEN doesn't meet the requirements, the IEN can be streamed into a bridging program which combines specific theory with clinical learning under a supervised preceptorship. The program will include self directed study, classroom and skills labs, which precede the clinical practicum. In addition, an Orientation to the Canadian Health Care System (developed by RN-PDC) and a national exam preparation workshop are available.

"One of the things we're finding anecdotally is that there are nurses here working as homecare workers rather than as RNs because some are unaware of the regulatory body and licensing requirements or financially they need to support

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Assessment Centre in Nova Scotia to assist Internationally Educated Registered Nurses

their families and/or need to develop proficiency in English. I think one of the key pieces is making IENs aware of the role of the regulatory body and educating them on the licensing process," says Whelan, noting that IENs are under a time frame where if they haven't practiced within a five-year period, then they have to take a refresher program.

"We need to make internationally educated RNs aware of the process before they come to Canada. By keeping them within the timeline we can help prevent duplication of education, decrease costs to the IEN, and get them out in the workforce and integrated," she says.

"Eventually, we'd like to develop collaborative relationships with other provinces to look at how to view IEN integration across Canada, not just from a regional perspective," concludes Whelan.

For more information on this project you can contact Ruth Whelan at Ruth.Whelan@cdha.nshealth.ca

FACTS:

Definition: Licensed Practical Nurses

"Licensed practical nurses (LPNs) provide nursing care usually under the direction of medical practitioners or registered nurses. They are employed in hospitals, nursing homes, extended-care facilities, rehabilitation centres, doctors' offices, clinics, companies, private homes and community health centres. Operating room technicians are included in this unit group."

Definition: Registered Nurses

"This group includes registered nurses, registered psychiatric nurses and graduates of a nursing program who are awaiting registration (graduates awaiting registration - GAR). They provide direct nursing care to patients, deliver health education programs and provide consultative services regarding issues relevant to the practice of nursing. They are employed in a variety of settings including hospitals, nursing homes, extended-care facilities, rehabilitation centres, doctors' offices, clinics, companies and private homes or they may be self-employed."

(Source: PEI Job Futures - www.pei.jobfutures.org)

Nova Scotia Community College (NSCC) bridges Internationally Educated Health Professionals

Six internationally educated health professionals (IEHPs) with varied experiences are being assessed and placed in NSCC's four-semester Practical Nursing Program as part-time students. During the pilot project phase, IEHPs were evaluated based on their prior learning. At the completion of this project NSCC will have a sustainable process for assisting IEHPs gain the necessary competencies to practice as Licensed Practical Nurses in the province.

"Foreign-trained health professionals should be recognized for their previous experiences and their potential contribution to our health care system", says Karen Sigouin, program manager for Practical Nursing at NSCC. "These individuals have enriched our Practical Nursing (PN) classroom; I can only imagine how they will enrich a practice setting.

Source: Nova Scotia Community College, 2007.

Judy Morrow (far left) with students Zarghone Hashemi, Xiowen Ge, Shakila Jalili and Yury Stubeda.

"Internationally educated health professionals come to Canada with expectations of practicing in their chosen profession and they are very often disappointed when they discover their credentials aren't recognized, so NSCC has committed to crediting them for their previous learning," says Sigouin talking about the Recognition of Prior Learning courses that Practical Nursing faculty at NSCC are taking to increase their competence in assessing and evaluating the IEHP students.

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Nova Scotia Community College (NSCC) bridges Internationally Educated Health Professionals

Kelly McKnight co-chair of the Atlantic Advisory Committee on Health Human Resources says their situations can be tenuous. "Some of them have had a difficult time since immigrating to Canada. They believed that they would be recognized as a nurse or a physician and they've found they are not for various reasons," says McKnight. "A lot of them have spent their savings while pursuing professional recognition. In the meantime they have also been raising their families, and finding other work to make ends meet. Their dream of coming to this country and working in their field has become, for many, a very difficult reality."

The bridging program provides an opportunity for these individuals who have an interest in becoming an LPN and in their country of origin practised as health professionals (e.g. Registered Nurse, Physicians or Medical Technicians). The College of Licensed Practical Nurses and the Metropolitan Immigrant Settlement Association (MISA) are helping NSCC by referring IEHPs to NSCC.

"There's a huge demand," says Mohja Alia, an employment counsellor at MISA. The Association already has 20 IEHPs interested in the program. "The bridging program lets them get in, in a relatively short period and gives them a chance to practice," she says. "It's a really great program."

The benefit of using Prior Learning Assessment tools to evaluate these students is that each person benefits individually from their past experience. Recognition of their prior learning can, in some cases, reduce the number of courses an they are required to take. "NSCC is able to fill seats that are available due to naturally occurring attrition early on in the program. It's almost impossible to backfill those seats unless you have someone with the appropriate credits, so we are providing these opportunities by placing the internationally educated health professional in those seats," says Kelly McKnight, senior consultant with the Nova Scotia Advisory Board on Colleges & Universities. McKnight worked with Jennifer Murdoch, project manager at the Nova Scotia Department of Health, on the IEHP proposal submitted to Health Canada. "These people have not jumped the cue. It is because of their previous health care background that they are able to catch up quickly and they also have a remarkable work ethic."

Practical Nurses that have been out of the field due to raising their families go through a re-entry process similar to these IEHPs and take classes they require on a part-time basis. "It just involves tweaking the process a little bit," says Judy Morrow, faculty member at the NSCC.

The project is specifically designed to assist IEHPs in meeting the professional education requirements set out by the College of Licensed Practical Nurses (CLPNNS) of Nova Scotia.

"NSCC is giving people an opportunity that they would not have had otherwise and that's a good thing because a vast majority of these students have families, they've immigrated to this country and they want to stay here. This program opens a door for them, so they're happy, really happy. They change the dynamic in the classroom - big time" says McKnight.

The students come with diverse cultural and academic health care backgrounds. Shakila Jalili was born in Afghanistan and did her training in the Ukraine before working in Russia. "I noticed that since I've come here my English has improved and I've learned many things," she says. Classmate Yury Stubeda trained as a physician in Belarus and worked as an anaesthesiologist for seven years in a hospital before immigrating to Canada in May 2004. "I'm very happy that I'm in this program and my goal is to graduate and [go on to] maybe pursue the RN program," he says.

Sigouin says she's witnessed first hand the enthusiasm that IEHPs bring to the classroom.

"They're motivated learners and they support the learning environment in the classroom. It is a mutually beneficial arrangement for both IEHPs and the other PN students," says Sigouin. "Students ask the IEHP students questions because the students recognize the wealth of diverse experience these individuals bring with them to the classroom. They've become another resource in the classroom," she says. "They've really enriched the experience of students and faculty."

Although the college's faculty are aptly suited to helping these students, and many of them are consulted as experts nationally, a lot has been learned since the project started in the fall of 2006, she says. "We are moving slowly and taking time to reflect on each step in the process so that we learn for the next group of IEHP students. If we were to rush these individuals through, I doubt that we would be learning as much," says Sigouin. "We want a quality process at the end of the project."

NSCC has partnered with Holland College in PEI to deliver the same program. While the recognition of prior

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Nova Scotia Community College (NSCC) bridges Internationally Educated Health Professionals

learning for the two colleges may look different, they will "achieve similar outcomes, although the way we get there may be different," says Morrow.

Even though the students have only completed one of the four semesters and do not expect to graduate until June 2008, she says she's overwhelmed by their enthusiasm and, progress.

"When I met them the first time, they wouldn't meet my eyes. They had so many doors closed to them. They were looking at working in other professions, not related to health," she says. "Now, they're seeing that they will be able to contribute to the health care of Canadians. They're feeling valued, that they can contribute to the health of Canadians and bring a wealth of unique knowledge. The project is invaluable."

"They will be amazing caregivers once they are able to practice in our health care system. I hope they don't get frustrated because they know more than their scope of practice allows in Nova Scotia," says Morrow. "They will have mobility and we really hope they want to stay in Nova Scotia."

The project officially ends in 2010.

For more information on the program contact Karen Sigouin at Karen.Sigouin@nscc.ca

FACTS:

Out of approximately 600 applications, the NSCC admits 180 Practical Nursing students per year. NSCC is the sole educational provider for Practical Nursing in the province.

Based on information from CLPNNS and NSCC, 10 IEHPs per year express an interest in becoming LPNs in Nova Scotia.

The regular Practical Nursing program is taught at the Dartmouth Waterfront Campus, Marconi Campus, Pictou Campus Burridge Campus, Kingstec Campus and Lunenburg Campus.

NSCC serves over 9,000 full time and 25,000 part time students. The College has 5 academic schools, 13 campuses and 5 community learning centres.

MISA is a community-based organization, founded in 1980, which offers programs and services to help newcomers recognizes their essential role in Canadian life.

International Conference 2007

November 4-7, 2007. Sheraton Wall Centre. Vancouver, British Columbia, Canada.

For more information:
http://www.rebootconference.com/practicemakesperfect2007

First Nations and Inuit Health

The objective of the First Nations and Inuit component of the *Pan-Canadian Health Human Resource Strategy* is to develop and implement an HHR Strategy that will meet the unique health service needs of First Nations and Inuit, respond to the current, new and emerging health services issues and priorities, and integrate with the Health Human Resource Strategy wherever appropriate.

HHR Connection has expanded in not only include FNIHB initiatives under The Strategy but, also under Aboriginal Health Human Resources Initiative (AHHRI).

In 2005/06, Health Canada funded 10 projects under the First Nations and Inuit component of the *Pan-Canadian Health Human Resource Strategy*. For further information contact Maureen Sweeny, manager of AHHR at maureen_sweeny@hc-sc.gc.ca or Simon Brascoupe, senior manager of AHHR at simon_brascoupe@hc-sc.gc.ca

Kawacatoose First Nation practical nursing program is underway

In June 2006, the Kawacatoose First Nation and Saskatchewan Institute of Applied Science and Technology (SIAST) agreed to create a Practical Nursing program in a training facility in Quinton, Saskatchewan, just north of Regina, for students on the Kawacatoose reserve and from neighbouring bands. Through the Aboriginal Health Human Resource Initiative, $100,659 in funding, roughly 21percent of the total cost to establish the program was provided by the First Nations and Inuit Health Branch of Health Canada. The Province of Saskatchewan, Indian and Northern Affairs Canada and SIAST paid for the remainder of the cost.

Source: SIAST, 2006.

The first group of Aboriginal students in the practical nursing program.

The 18 Aboriginal students who were accepted into this two-year program are expected to graduate in the spring of 2008. "Since we started the program, I get phone calls at least three times a day requesting information about the next program. It's generated a lot of interest," says Stan Asapace, the post-secondary co-ordinator for Kawacatoose First Nation. The program will be offered a second time in 2008 with the same class size.

Asapace says having a nursing program close to home will improve student success rates and as a model could lend itself to developing other health programs for Aboriginal students, such as home care. "The success rate of Aboriginal students studying in cities was getting low and we thought we could make the program better by offering it on the reserve where students could feel a sense of ownership and would have support from family and their own community," he says.

"We've had requests from other First Nations groups to offer the practical nursing program using a similar arrangement, and we are exploring these options," says Netha Dyck, SIAST's Dean of Nursing. SIAST has a similar arrangement with Montreal Lake Cree Nation for Natural Resources training at Candle Lake, Saskatchewan. "We're seeing these kinds of arrangements becoming popular not only for health training but other sectors," she says.

At the training facility in Quinton, Erinn Poorman, 23, is taking medical theory classes and doing practical laboratory work. "I like the practical part of nursing and applying the skills you learn through lab work to care for patients. We just had our first practicum a few weeks ago and it was a really great learning experience," she says.

The clinical component of the program is taking place at hospitals and long-term facilities in Yorkton, Raymore and Wynyard, and at the Fort Qu'Appelle All Nations Healing Hospital.

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Kawacatoose First Nation practical nursing program is underway

Based on the agreement between the college and the province, once students complete the program, they are obligated to stay within the province for two years. Poorman says it's one really attractive aspect of the program. As far as future plans, she says her goal is to become a registered nurse.

"I'd like to stay around here," she says, "giving back to our community is important because there are a lot of health issues that First Nations people face and they might have a better understanding of it if their own people are giving them care and teaching them what they need to know."

FACTS:

Kawacatoose First Nation has a population of 2,642, which includes 874 people living on reserve.

The Saskatchewan Institute of Applied Science and Technology's student population is roughly 12,000 with campuses in Moose Jaw, Prince Albert, Regina and Saskatoon. Distance education is also an option.

For more information on the program you can contact the Dean of Nursing at SIAST, Netha Dyck at netha.dyck@siast.sk.ca

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