



Montgomery County Department of Health and Human Services

**Latino Health Initiative
Pilot Program for Licensure of Foreign-Trained Nursing Professionals:
Preliminary Evaluation Report**

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Pilot Program for Licensure of Foreign-Trained Nursing Professionals: Preliminary Evaluation Report

Background

The current statewide nursing shortage poses a great challenge. According to Federal Health Resource and Services Administration and Baltimore's Center for Health Workforce Development of the University of Maryland, by 2012 the State of Maryland will have a shortage of 17,000 nurses. A recent report from the Maryland Hospital Association indicates that the continuing nursing shortage in Maryland compromises assuring healthcare effectiveness and quality. An average vacancy rate of 13 percent was reported by Maryland hospitals in 2006, and projections show the shortage could grow to over 10,000 Registered Nurses (RNs) by 2016, if action is not taken.

Current evidence supports the notion that greater workforce diversity may lead to improved public health, primarily through greater access to care for underserved populations and better interactions between patients and health professionals.^{i, ii} Despite the fact that many immigrants in Maryland are highly educated and experienced health professionals, many of them are currently under-employed and are not utilizing their full intellectual potential. Based on this knowledge, the Latino Health Initiative's (LHI) *Blueprint for Latino Health in Montgomery County Maryland 2002-2006* identified the need to increase the number of Latino healthcare professionals working in the county as a priority to improve the health of Latinos.ⁱⁱⁱ

In 2004, the LHI of the Montgomery County Department of Health and Human Services (DHHS) embarked on a seven-month assessment to study the status of foreign-trained Latino nursing professionals residing in Maryland and assess the potential for facilitating their nursing licensure, with the potential goal of incorporating these professionals into the County's healthcare workforce. The results of the assessment confirmed the availability of a large pool of highly skilled nursing professionals who were willing and committed to practice nursing in the State, if given the opportunity to overcome specific challenges. The assessment also found that initiatives by local hospitals and other healthcare industry employers to address the nurse shortage gap had not considered the available pool of unlicensed foreign-trained nursing professionals living in the area as a viable opportunity to address the nursing shortage. The information obtained during the assessment also provided insights that helped structure the development of a pilot program to facilitate the Maryland licensure process of foreign-trained nurses.

ⁱ Smedley B, Stith A, Nelson A. (2002). *Unequal treatment: confronting racial and ethnic disparities in health care*. Institute of Medicine. Washington.

ⁱⁱ *Missing Persons: Minorities in the Health Professions*. A report of the Sullivan Commission on Diversity in the Healthcare Workforce. 2004

ⁱⁱⁱ *Blueprint for Latino Health in Montgomery County Maryland: 2002-2006*. Montgomery County Department of Health and Human Services. Silver Spring, MD: 2002.

Program for Licensure of Foreign-Trained Nursing Professionals Model

In March 2006, the LHI developed and launched the *Pilot Program for Licensure of Foreign-Trained Nursing Professionals* (Nurses Pilot Program). The Nurses Pilot Program is an evidence-based model developed by borrowing key elements of successful programs across the country which were identified in the comprehensive assessment conducted by the LHI.^{iv} The model seeks to diversify the health workforce and to address the nursing professional shortage by increasing the supply of registered nurses working in Montgomery County by providing services that facilitate the Maryland licensure process for nurses trained outside the United States. The services revolve around the steps required to obtain the Registered Nurse (RN) license in Maryland. These steps include completing credential evaluation, passing an English oral proficiency exam, and passing the nursing board exam (NCLEX-RN).

The program model has four primary components:

- *Guidance and support* with group interventions and individualized in-depth case management provided by a Client Assistance Specialist to assist the participant in developing an individualized plan of action that includes time-oriented goals, providing social support, and facilitating access to financial assistance resources.
- *Academic training* including curricula development in contextualized ESL for healthcare professionals, nursing instruction, leadership and advocacy skills, and preparation courses for the nursing board examination.
- *On-the job practical exposure to the U.S. healthcare system and mentoring* at Maryland hospitals and other healthcare facilities.
- *Pre-employment services* for nursing job positions, career development support, and job readiness training.

Spearheaded by the LHI, the program combines the synergy of various institutions including County Government (Departments of Health and Human Services and Economic Development, and Montgomery Works One-Stop Workforce Center), the academic sector (Montgomery College, and Welcome Back Initiative of City College of San Francisco and San Francisco State University), and the private sector (Holy Cross Hospital, Washington Adventist Hospital, Montgomery County Workforce Investment Board and Montgomery Works Career Transition Center).

Each partner, according to its expertise and focus area, is responsible for a specific program component. The LHI provides overall coordination and oversight of the program and maintains close communication with program partners, provides guidance and support serving as a focal point to assist participants in navigating Maryland's RN licensure process, and offers comprehensive case management for each participant. The LHI and the Montgomery Works Career Transition Center facilitate access to financial assistance support for English as a Second Language (ESL) instruction, academic courses, credentialing fees, and child care and transportation expenses. Montgomery College provides academic instruction such as ESL in the

^{iv} "Status of Licensure of Foreign-Trained Latino Nursing Professionals in the State of Maryland." Latino Health Professions Workgroup. Latino Health Initiative, Montgomery County Department of Health and Human Services. November 2004.

context of nursing (ESL for Healthcare courses were developed specifically for the program participants and subsequently were made available for the general Montgomery College enrollment), ESL pronunciation and communication courses, a nurse refresher course, and nursing board exam preparation courses. Partner hospitals, Holy Cross and Washington Adventist, hire participants as Nurse-in-Training, provide participants the opportunity to shadow an English speaker RN, and allow release time for access to courses appropriate for nursing board exam preparation. Through a partnership between the LHI and the Welcome Back Initiative, the program receives on-going technical guidance and support regarding best practices, state-of-the art curricula, and program tools and evaluation.

The integrated and coordinated collaboration of the various services provided by partners and the financial assistance provided to participants allows the program to effectively address the needs of participants and decreases the challenges and barriers the nurses face while obtaining their nursing licensure in Maryland.

From the beginning, the LHI established minimum selection criteria to participate in the program requiring: graduation from a two year nursing program from an accredited foreign nursing school; an intermediate or higher English competency level in reading, writing, and oral communication, as assessed by Montgomery College; and the participant's commitment to work in Montgomery County after obtaining licensure.

Nurses Pilot Program staff included a full-time program coordinator who was responsible for the day-to-day operations of the program, including regular communications with program partners and provision of guidance and support to participants, and a part-time administrative assistant. In addition, the program was supported by the LHI Manager who provided general oversight and direction for all program activities and established collaborative relationships with program partners and by two LHI staff who assisted with financial management and program evaluation and monitoring activities.

Evaluation of the Nurses Pilot Program

Continual evaluations were conducted from the start of program activities in March 2006 through August 2008. Evaluation was crucial to monitor the program implementation process and to improve outcomes through timely interventions to better respond to the needs of the participants.

Internal monitoring instruments and processes used to evaluate the program included comprehensive satisfaction surveys about each program component which were administered to participants every six months, logs documenting participant's progress in the licensure process, summary notes of feedback provided by participants during group sessions, and a comprehensive qualitative evaluation to receive feedback from program partners and participants. The qualitative evaluation was conducted during FY08 by an outside consultant who performed 13 in-depth interviews with staff from partner organizations involved in program activities. In addition, the consultant conducted two discussion groups with 13 program participants to gain insight and understanding of their experiences, opinions, and perceptions regarding the Nurses Pilot Program.

About the Participants

The pilot program started with a group of 25 Latino women representing 11 Latin American countries (46% were from Central America and 50% were from South America). All participants had a minimum of a two-year Nursing degree with the group averaging 4.1 years of study and 9 years of working experience as nurses in their countries of origin. Almost half were recent immigrants and had been in the US for less than 6 years. Sixty-two percent of the nurses worked outside the health field as babysitters, house cleaners and providing care for the elderly. Those who were working in the health field worked as Patient Care Technician, Geriatric Nursing Assistant, Medical Assistant, Dental Assistant, Health Educator and Medical Interpreter. The average wage of program participants when they started the program was \$12 per hour.

Program Outcomes

Between March 2006 to August 2008, 11 foreign-trained nurses, from the initial cohort of 25, had successfully completed the program and obtained an RN license in Maryland and secured employment in the State. The remaining 14 continued working towards their RN licensure and 10 of them will likely obtain licensure in 2008.

A cost analysis conducted during a 30 month period (March 2006 to August 2008) among the 25 program participants indicates that the average training and support expense was \$4,250 per participant. The Nurses Pilot Program average training and support expense is significantly lower than the total estimated cost of an academic nursing degree in Montgomery College of \$15,575 for 3 years including study and licensure and the average total estimated cost of \$40,000 for recruiting nurses from abroad.

The average training and support expenses included financial support for English as a Second Language (ESL) and nurse refresher instruction, nursing board exam reviews and test preparation courses, fees for the certification process, and participant support such as childcare and public transportation stipends.

To date, for the 11 nurses who completed the program, the average training and support expenses per participant from enrollment to licensure ranged from \$2,100 in 10 months to \$4,600 in 30 months. Furthermore, the average time required to obtain the RN licensure was 17 months. It is important to notice that these are not the program's final averages. As the remaining participants from the initial cohort of 25 obtain their licensure, we project that these values will increase.

The program participants who started working as Nurse-in-Training at the partner hospitals have increased the number of Latino healthcare professionals working in the County. For the 14 participants who were hired as Nurse-in-Training, the average time from enrollment in the program to the time when they began working as Nurse-in-Training was 13 months and their average training and support expenses ranged from \$1,000 in 4 months to \$4,500 in 27 months

Adding 11 fully certified registered nurses who comply with U.S. standards, presents an opportunity for economic development and growth for the individuals as well as for the

healthcare workforce and industry in the State of Maryland. Data collected from the program indicate a 28% increase in wages from the time participants entered the program until hired as Nurse-in-Training and a 150% average increase in wages from the time participants entered the program until hired as RNs.

Satisfaction surveys and qualitative evaluations results clearly validate the enormous benefits gained by program participants and partner institutions during the pilot program. The great majority of partners involved with the program reported positive personal experiences and considered the program to be a great success. Likewise, program participants declared that the program was a “complete success” and expressed no second-thoughts about having applied. They expressed their appreciation and excitement for the opportunity to be part of the program and praised the LHI and partner staff for their dedication and assistance.

The following chart summarizes overall quantitative program results (March 2006 to August 2008):

Nurses Pilot Program Measures	Overall Results
Outputs: - Number of participants - Number of hours of individual Case Management - Number of hours of group guidance and support	25 288 Hours 61 Hours
Service Quality: - Percentage of participants retained - Percentage of participants satisfied	100 % 94 %
Outcomes: - Percentage of participants completing Credentials Evaluation - Percentage of participants passing English oral proficiency exam - Percentage of participants passing nursing board exam (NCLEX-RN) - Percentage of participants who worked as Nurse-in-Training - Percentage of participants working as RNs - Percentage average change on wages from time participants entered program until hired as RN	52 % 52 % 44 % 56 % 40 % 150 %

Other Findings

Participant recruitment proved to be crucial for the success of the program; during the in-depth interview process, program partners stated that “this was key, they got the right people in the program and that made it a success,” “having such a motivated cohort of student nurses...LHI must have played a key role in this...it was outstanding.” Furthermore, success in the recruitment process is reflected by a 100% retention rate throughout the Nurses Pilot Program.

Participants consistently rated their satisfaction with the program as very high. The support and guidance component was rated the highest (average rate of 4.9 with 5 being the highest rating). Participants were satisfied with the quality and clarity of the information they received and support in general. A critical aspect of this component was providing individualized case management to help program participants establish a realistic individual plan toward obtaining the RN license. As one participant said “they were great support... they inspired me to go on.” When asked what factors facilitated their participation and progress, most responses mentioned support as crucial: “the group of colleagues and friends with whom we share the challenges as a group.”

Because participants identified having an effective process to get financial assistance from the LHI as an essential step for their continued participation in the program, the LHI established the Financial Assistance Committee to assist in expediting this process. Continued access to financial assistance through the LHI and the Montgomery Works Career Transition Center helped maintain a high level of satisfaction with the program among participants as demonstrated by the 4.7 average satisfaction rating given to Montgomery Works Career Transition Center.

Satisfaction with most academic courses was high. Ninety-three percent of the courses were rated as good or very good. It was no surprise that the courses especially developed for the nurses participating in the program were the ones rated highest. Montgomery College’s ESL for Healthcare course was rated above average at 4.7 and the ESL pronunciation course, contracted by LHI from MS Associates to help participants with their English communication skills in a healthcare setting, also rated above average at 4.8. The flexibility shown by the program partners in addressing the participants’ needs resulted in a greater number of opportunities for improvement. One example is how Montgomery College changed their policy to allow participants to register in the Nurse Refresher course, initially open only to nurses with an expired Maryland nursing license. This course has been invaluable for many participants to better prepare for the board exam.

To assure the success of the practical exposure to the US healthcare system component, the LHI worked closely with hospital partners to plan and execute the hiring process of program participants. When the hospitals initiated the interview process they discovered the participants’ impressive level of work experience and professionalism. As a result, the hospitals created the new job position of “Nurse-in-Training,” hired the participants as full-time hospital employees with benefits and provided them with the necessary practical exposure to the US healthcare system to better prepare them for the nursing board exam. The average satisfaction rate given to this program component was above 4.5. The areas identified as needing improvement included

greater group support for the participants, especially at the beginning of the program as they interacted with the hospitals. This finding led the LHI to organize a support group in March 2007. The group was a success and participants reported 100% satisfaction with the support group. In addition, during group sessions with participants, individuals mentioned that "... we needed a structured program at our hospital that includes a coordinator." During partner meetings, staff commented on the need for "more care in placing the nurses...coming into a hospital is hard if you go into critical care...it would be good if they go into a medical/surgical unit first." To address the need for a coordinator at the hospital to address these issues, a five-year funding grant was obtained from the Health Services Cost Review Commission Nurse Support Program to pay for Coordinators at Holy Cross and Washington Adventist Hospitals starting in July 2007. Work continues to fine-tune this innovative program component that has not been implemented and tested anywhere.

Managing the program's partner network required continuous attention as evidenced by comments from individuals representing partner institutions who expressed that they "would like more opportunities to interact with other partners to learn about program progress." Partners also mentioned the need of having clear processes and mechanisms for communicating information and expressed the desire to receive more information in writing with clearly outlined steps to help guide them. Some partners expressed experiencing difficulties at the beginning of the program, which were resolved over time. One individual in particular said: "It took a while to get things going...at the beginning it was a bit rough, but things are great now." Partners who had direct contact with program participants reported it as a very rewarding part of their experience, as evidenced by some of their comments: "wonderful, I learn so much from them...I didn't think it would be this way," "the experience with them has been wonderful...we built such a great relationship...their dedication and hard work is inspiring."

During the in-depth interviews, when individuals representing partner institutions were asked about LHI staff, without exception, they praised their dedication, commitment and professionalism. Comments included: "One of the benefits has been getting to know them [LHI staff] and seeing how committed they are to making this work;" "we ran into some problems, but thanks to them we always seemed to find solutions."

In 2006, the Healthcare Workforce Report from the Montgomery County Workforce Investment Board singled out the Nurses Pilot Program as an innovative and effective mechanism to respond to the demand for an increase in the cultural and linguistic competency in the County's health workforce.^v In May 2008, the Pilot Program for Licensure of Foreign-Trained Nursing Professionals was awarded a 2008 NACo (National Association of Counties) Achievement Award, and was also designated "Best of Category" as one of the most outstanding county model programs submitted to the awards competition.

^v Healthcare Workforce Report: A report from Montgomery County Workforce Investment Board. 2006. <http://www.montgomeryworks.com/pdf/HealthcareReportFinal092006.pdf>

Lessons Learned

Overall, the different components of the program and the strongly committed program staff have proven essential for the well-functioning, success, and effectiveness of the Nurses Pilot Program. The multi-institutional collaboration has yielded excellent results and brought to the table a wide-array of players working together to achieve a common goal. Specific lessons learned during the pilot phase of the program include:

- ✓ The comprehensive assessment conducted prior to the development and implementation of the program was essential to put in place an evidence-based model tailored to the specific needs of the target population. This work helped to identify the necessary partners and resources needed for the proper implementation of the program.
- ✓ Careful recruitment of program participants, using adequate minimum selection criteria, proved to be a very effective tool to achieve retention of program participants by assessing their readiness to commit to a highly intense effort to succeed.
- ✓ Guidance and support, in the form of individualized case management is critical to guide participants through the process of obtaining RN licensure, and to assist them in meeting their needs and facing challenges. In addition, a cohort of participants proved to be most effective to foster camaraderie and sharing valuable knowledge to succeed in obtaining RN licensure. Conducting quarterly group meetings with participants to provide on-going feedback helped to identify needs and challenges and resolve them in a timely manner.
- ✓ Even though a cohort of participants starts together, participants' individual progress depends on their beginning ESL level and life circumstances. Some participants face personal situations that prevent them from fully participating in the program and force them to advance more slowly.
- ✓ Having resources to provide financial assistance to participants is an indispensable element to support progress towards licensure. This process needs both to be in place from the program's inception and streamlined to make sure that the financial assistance is provided in a timely fashion and that a person is available to answer questions about the financial assistance process.
- ✓ Specifically designed ESL for Healthcare courses (contextualized ESL) developed for program participants served as one of the most effective tools to enhance their English-language skills. In addition, it was essential for the LHI and Montgomery College to maintain close communication to achieve an adequate provision of guidance and support to participants.
- ✓ Practical exposure to the U.S. healthcare system is a unique and innovative component of the LHI program. The hospitals' commitment to create the full-time Nurse-in-Training jobs was crucial for the incorporation of program participants into a healthcare setting that supports their preparation for the nursing board exam while holding at the same time a job needed to support their families.

- ✓ The multi-institutional collaboration was pivotal for the success of the program and brought about synergy that resulted in a cumulative effect bigger than each of its parts alone. Having regular partners meetings was critical for sharing information, assessing progress of participants, learning how to integrate the various services provided by program partners, and obtaining feedback.
- ✓ The ability to adjust and be flexible is very critical for success. Keeping an open mind to adjust to the needs of the participants being served and having the flexibility to adapt to serve the client is essential. This includes offering program activities at times that are appropriate for program participants and the willingness to try new ways to deliver these services. It is important to continue strengthening communication among partners as well as internally within each partner's institutions to achieve optimal provision of services to participants.
- ✓ Program evaluation from the onset of the program is fundamental to monitor progress and identify strengths and weaknesses. Offering alternatives to address challenges in a timely manner was essential.
- ✓ Adequate program staffing and infrastructure at the coordinating agency (LHI), including a coordinator, case manager, and administrative/financial assistant, are essential elements to the effective operation of the program.
- ✓ Leading the program from the Montgomery County Department of Health and Human Services was important to connect participants to needed health and human services and to provide participants one central entity to support and advocate for them.
- ✓ The establishment of a close working relationship with the Maryland Board of Nursing to strengthen the relationship with program partner organizations is very important. Similar relationship must be created with the Commission on Graduates of Foreign Nursing Schools (CGFNS), since both the CGFNS and the Maryland Board of Nursing are key institutions in the process to obtain RN licensure in Maryland.

Conclusion

The results achieved during the pilot phase of the program showed that this has been a highly successful program that builds on the assets of immigrant populations. The nursing licensure process is a complex, lengthy and costly process requiring multi-institutional collaboration to provide the adequate guidance and support to participants to succeed in this effort. Recruiting a cohort of participants who move through the program together and support each other has proven to greatly benefit the participants themselves. It is essential to take into consideration that each participant starts at a different point in the process and progresses at a different pace depending on life circumstances. Despite the differences, participants' average time to complete the program to date is still below the 18 months average established in other jurisdictions. Final results will be calculated after the remaining participants complete the program.

It was crucial that Montgomery County Government recognized the program's potential to yield very positive outcomes and invested in this innovative and enlightened new model. This program for foreign-trained health professionals provides a win-win opportunity for partners and participants. The program is a cost-effective model that could be replicated in other parts of the state and the country by those interested in diversifying their health workforce and providing high quality culturally appropriate care.