

ESL Enrichment for NorQuest College's Practical Nurse Re-entry Program for International Students

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The Practical Nurse Re-Entry Program for International Students at NorQuest College assists foreign trained health professionals to fast track into the Canadian health care workplace by becoming Licensed Practical Nurses (LPNs). It is one of six practical nurse programs at NorQuest. Originally, the Practical Nurse re-entry program was designed with the Canadian-trained Licensed Practical Nurse in mind; the target student population consisted of nurses who had been out of the workplace too long to maintain their accreditation. It was not designed with the foreign-trained professional in mind. However, over the years a large number of these professionals have chosen to participate in this reentry program and have done so with a rewarding degree of success.

Immigrants and new Canadians choose this program for a number of reasons. First, the coordinator of the program will assess academic credentials (Prior Learning and Assessment Recognition, or PLAR) and may give credit for certain courses. After assessment, the applicants may then challenge up to 11 of the program's 15 courses over a period of four months. Finally, the program is delivered through self-paced distance learning and offers continuous intake. It can be completed – after the challenge period – within 12 months, with many students completing the program within eight months. While the courses are distance, there are skills workshops that students may attend, and a required instructor-led practicum.

There are two groups of immigrants who participate in the Practical Nurse Re-Entry Program for International Students. The first are foreign trained nurses and doctors whose language of instruction in their home country was English. The second group are those who studied nursing abroad, but not in English. The former group comprises the bulk of the student population. The fact that the nursing program was delivered in English, however, does not necessarily insure success for a nurse in the Canadian work environment. Because the program was not designed for this student population, it became clear to the re-entry coordinator that there were gaps in the students' professional development. As a result, the English Language Training Division has been working with the re-entry coordinator to develop ESL enrichment for nurses. The result is "Canadian Culture and Language for Practical Nurses (CCLPN)," a modular course designed to address linguistic and cultural gaps in the re-entry program specific to the internationally-trained student.

Process

I began working on this project in April 2004. The first three months were dedicated primarily to research. This consisted of reviewing the re-entry program's course materials and familiarizing myself with the issues facing foreign trained professionals (especially health care workers) in Canada and the efforts being made nationwide to address those issues. It also included learning about nursing, the communicative skills needed for nursing, and the difficulties some foreign trained health professionals seemed to have with either developing or applying these skills at work as nurses. During this time, the coordinator of the Practical Nurse Re-Entry program at NorQuest, was available to answer questions regarding the nursing environment. She also offered a great deal of personal and professional insights into the language gaps she saw in her international students, and expressed concerns about how these language gaps may negatively impact their abilities to either find or retain positions as LPNs.

Instructor Feedback

During this time, I interviewed nursing instructors at NorQuest both informally and through an instructor focus group. The instructors confirmed the coordinator's concerns about language and cultural limitations of the international student at NorQuest. To be clear, however, these nurse instructors were working with ESL students who were NOT trained as nurses abroad, but were beginning and completing their nursing education at NorQuest. If these students made it through the program (and unofficial estimates by nursing faculty suggest that 25% of ESL nursing students drop out of the program), then they participate in the practicum at hospital sites and are observed closely by a nursing instructor and the staff at the practicum site. All instructors, like the coordinator, were concerned about certain communicative skills that seemed lacking, and certain cultural knowledge – or behaviour – that was lacking as well.

- *lay terminology used in medical settings*
- *students have difficulty asking questions when they are unsure of something, and do not always admit to a lack of understanding when questioned*
- *students in practicum are unable to pronounce or understand the pronunciation of key medical vocabulary and use inappropriate language and register when interacting with patients (such as calling the elderly “dear”)*
- *students in practicum do not apply communication skills such as attending behaviours, directed small talk, and explanation of process with patients.*
- *students are unable to complete writing tasks in a manner appropriate to the field*
- *students in practicum do not understand the role of the LPN in Canada. They seem either unwilling or unable to understand that the LPN in Canada has certain professional expectations placed on her/him by a licensing board, and do not seem able or willing to work within those expectations.*

Nurse instructors identified these limitations by their own informal observations over time, in which they observed what they perceived as a pattern. These observations were further confirmed through article reviews and conversations (phone and email) with coordinators of nursing departments in other colleges and universities.

Practicum Observations

After speaking with nurse instructors and confirming their concerns through research, I then asked to follow practicum in order to observe the students in the workplace. While my contract mandated that I observe the target population (re-entry international students), the reentry coordinator informed me that there were no students in practicum to observe at that time. Instead, she was able to arrange two practicum visits through the base program. While I was uncomfortable about being unable to observe and interact with the target population itself, I believe the practicum observations were still useful for this project.

The first practicum was a group of base students on the orthopaedic floor of the University of Alberta Hospital and contained no ESL students, but did include two students from outside of Canada. The first was a native-English speaking African immigrant, and the second an immigrant from Scotland. Both spoke with heavy accents and used idiom and slang unusual to Canada. A NorQuest nurse instructor supervised these students. The second practicum was also a group of base students led by a nurse instructor, but this group contained four ESL students. They were assigned to the gynaecological surgery unit at the Royal Alexandra Hospital. The students were immigrants from India, China, Russia and the Philippines.

With each practicum, I observed nursing language used between nurses and between nurses and their patients. All participants were willing, helpful, and inclusive. I was also able to speak somewhat informally with staff at both hospitals, and I distributed the write-up to the floor/charge nurses and to any other nurses I spoke with. After one day of observing the nurse instructor, I arranged to shadow individual students during their shifts. The amount of time I spent with each student varied depending upon circumstances. I used a chart to keep track of different communication tasks and how often I observed the tasks during the students' interactions with patients and staff. I also kept notes on any other relevant observations.

Results of observations

There were a number of interesting results. Firstly, I was able to confirm some of the nursing instructors' beliefs. The ESL students were less likely to engage in "small talk" with the patients, thus limiting the development of rapport. For example, an ESL nurse might have asked the patient, "How are you today?" but upon receiving the answer, "oh, fine," the nurse simply ended the conversation. The Canadian nurses were more likely to pursue it further by asking about breakfast, or if there had been any visitors, etc. This more assertive small talk in nursing situations quite often leads to revelations of patient concerns, discomfort, or problems which, if not disclosed, cannot be remedied. However, this was not limited only to the ESL students, and the term "less likely" is quite relevant here. I observed two students who were particularly good at small talk and attending behaviours: the first was the immigrant from Scotland, and the second was the ESL student from the Philippines.

I also was able to observe the difficulties the ESL students had with charting. On three occasions, I observed the nursing instructor reminding an ESL student to use point form, and to be more selective about what information was included in the charts.

I also, of course, observed variations in pronunciation of medications and medical terminology. The ESL students who had the most difficulty making themselves understood were those from India and China. While the Indian student's grammar was perfect, her intonation and rhythm were characteristically Hindi, which caused comprehension problems for other students in her group. Her buddy nurse was herself an immigrant, and seemed to have no trouble understanding her. The Chinese student had grammatically clipped English, often dropping the -s from the present singular verbs (i.e. "he go" instead of "he goes") and failing to use articles "the" and "a/an"; her pronunciation was also characteristically Chinese (Mandarin). However, she seemed to have no trouble being understood by her patient, while her buddy nurse visibly showed frustration at having to talk with her, and once simply expressed, "I can't understand what you're saying."

Implications for ESL Enrichment

It was clear through observations that students need to be better prepared for the writing tasks of a nursing job. It is also clear that, as a general rule, international students need to develop their small talk skills for nursing purposes. While the observations did not reveal a clear need to focus on pronunciation and assertiveness, it may be safe to predict problems in these areas as students enter the workplace. Thus, the observations supported the concerns of nursing staff at NorQuest, and the curriculum has been developed to improve students' skills in these areas.

Review of Course Materials

The materials delivered to the ESL participants in the re-entry program were never designed for this student population. Therefore, the curriculum designer began by reviewing the course materials to identify gaps in terms of language and culture. These gaps could then be used as entry points for ESL enrichment. We identified the following areas as benefiting from ESL: Interpersonal Communication Skills. ESL enrichment in this area should focus on sociolinguistic skills, such as: small talk; expressing sympathy; active and reflective listening; using language of reassurance; communicating actions and intentions, as associated with touch; giving directions and conveying information; and impartial interview techniques.

Reading and Writing for Nursing Practice: There are job-specific writing tasks that LPNs are required to complete in Canada. Students in the re-entry program often come from countries where they were either not required to complete the same writing tasks, or the skills necessary to complete the tasks were different in that health care setting. Our students need practice and assistance with tasks such as charting and incident reports. The writing skills needed are somewhat different from those in most academic situations, and include use of point form and medical terminology.

While reading has not been identified as a particular weakness amongst these students, it is educationally sound to offer reading with writing. Especially in an English for Specific purposes context, the students should see and analyze examples of *good* charting, *good* summary reports, etc. Reading will also provide an inlet into idiomatic usages of the health care workplace, another potential area for enrichment.

Culture of the Canadian Healthcare System: The internationally trained students in this program would benefit from direct information about the Canadian healthcare system and the culture it is tied to, both in society and in the workplace. Given the original target audience of this program, it is no surprise that the materials used currently do not address this need at all.

The above enrichments, accompanied by the speaking/listening needs identified through practicum observations and interviews with instructors, would address the disparity between courses that are largely designed as a review for Canadian trained LPNs and the needs of foreign trained professionals to learn Canadian nursing expectations and responsibilities for the first time.

Curriculum

Canadian Culture and Language for Practical Nurses (CCLPN) is an English for Specific Purposes course. The content, language, and activities are all nursing-based. Some classes or workshops require an ESL instructor only, while others may require a team of an ESL and a nurse instructor. Overall, this curriculum fully blends nursing, English language and Canadian health care culture.

The re-entry program is a distance learning, continuous intake program. This made delivery of a CCLPN course a challenge. The curriculum has been designed as a hybrid course, incorporating both face-to-face instruction and distance learning. The face-to-face component consists of ESL workshops attached to specific required nursing courses. Many of the language and culture objectives have components that can appropriately be addressed through a distance format, and students will be provided with both print materials and WebCT to prepare for and follow-up on the face-to-face workshops. In-house nursing communication videos can be used in workshops and delivered as distance materials. Assignments can be delivered and completed via distance.

CONCLUSION

NorQuest College is committed to providing quality and timely programs for often underserved segments of Canadian society. The Practical Nurse Re-entry Program at NorQuest welcomes foreign-trained nurses and therefore recognized a need for ESL enrichment to insure these students succeed both in the program and in the workplace. This product should provide a motivated student population with the extra assistance they need to insure their employability and “fit” into the Canadian health care environment. Furthermore, as Canada is choosing to attract foreign-trained professionals to fill an employment need, English for Specific Purposes and Career English curricula that combine ESL with professional skills will become of greater importance; I hope that the process involved in creating this product may be useful to future developers in predicting the challenges involved in such production.