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Bright future ahead – an online educational and vocational training program design for foreign-trained occupational therapist in the U.S.

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BOSTON UNIVERSITY
SARGENT COLLEGE OF HEALTH AND REHABILITATION SCIENCES

Doctoral Project

**BRIGHT FUTURE AHEAD – AN ONLINE EDUCATIONAL AND
VOCATIONAL TRAINING PROGRAM DESIGN FOR FOREIGN-TRAINED
OCCUPATIONAL THERAPIST IN THE U.S.**

by

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Submitted in partial fulfillment of the
requirements for the degree of
Doctor of Occupational Therapy

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ABSTRACT

Foreign-trained healthcare professionals consist of a sizable and important portion of the United States healthcare workforce (Chen et al., 2013; Farkas, 2003; Lowell, 2012). Foreign-trained healthcare workers often encounter various challenges in acclimating and integrating into the American society and workforce. Even though foreign-trained occupational therapists are considered essential, and their difficulties in adjusting are well-recognized, there are very limited bridging and training programs designated solely for this population that incorporate a comprehensive approach and meets their unique needs. Therefore, this doctoral project aimed to understand the barriers to integrating into the local workforce and proposed ways for supporting these highly-educated and experienced professionals in their new country.

The resulting solution is A Bright Future Ahead, an online educational and vocational program designed for new foreign occupational therapists. The program's content and structure are based on existing programs for adjacent health professionals while customizing the program's layout and content to target occupational therapists. A

Bright Future Ahead suggests a multi-layered solution that requires an enormous investment in the program's development and implementation; however, this program can be expanded in the future to other professions that share similar professional credentialing processes and experience akin barriers.

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LIST OF ABBREVIATIONS

BU BOSTON UNIVERSITY

OT OCCUPATIONAL THERAPY

US UNITED STATES

CHAPTER 1: INTRODUCTION

I moved to the U.S. with my family seven years ago. The first two years were exciting, confusing, and mostly overwhelming. I started a new professional life as a developmental specialist in an early intervention program as I did not have a U.S. license to practice OT. The experience working there was very different from my experience working in Israel. The cultural environment and language barriers I faced caused frustration and job dissatisfaction. I didn't have anyone to share my feelings with; therefore, I felt very alone.

Over the years, I often wanted to obtain my OT license, but when I looked into what I would need to do, the information I found wasn't well organized and clear to me. I didn't know where to start, and I didn't know who I should talk to in order to get the information. In the process of searching, I revealed new weaknesses and strengths in me that either hinder or endorse my personal and professional adjustment in the new country. In a way, transitioning to working as an occupational therapist in the U.S. required me almost to build a new identity, a new concept of self. Receiving help from others who were facing the same challenges as I was priceless.

The challenges I faced have motivated me to explore this issue more in-depth. I discovered that this issue has three main parts:

First, lack of organized data and information sources that address the challenges OTs face when transferring their licensure to a new country. Second, inadequate knowledge and skills that obstruct integrating successfully in the American workforce and last, the more meaningful and significant aspect, a limited support system for OTs

relocating to the U.S.

My goal for this project is to create an online training program for OTs who have moved to the United States that will help them navigate the pathway to professional credentialing and integrate successfully into the local workforce in their new country. The online training will consist of both educational and vocational aspects that will equip the foreign-trained occupational therapists with knowledge, skills, and resources imperative to overcoming various barriers that foreign-trained face upon their move to the U.S. Further, the online educational and vocational training program will provide the participants with an ongoing support group that will allow them to share with their peers and instructors their thoughts and feelings that are embodied in their transition.

I believe that the problem of lack of foreign-trained OTs integration is relevant and important to foreign-trained OT practitioners, their families, colleagues, and also OT clients. I truly think that if an individual feels contained and supported, it impacts his or her confidence and can positively affect all aspects of their life, including relationships with their partner, close family, and the people they work with. Further, the online training program will help with decreasing OT scarcity and ensuring a more culturally aware service. In the future, this project can be expanded to other professional groups who share similar professional credentialing processes and experience akin barriers, such as speech pathologists, social workers, and physical therapists. This project could also be expanded to include resources for other western countries, for example, Canada or England. While there are some similarities, each country has a different culture and pathway to practice, and may be beneficial to investigate how OTs make a professional

transition there.

According to Law (2002), occupations are central to a client's identity and sense of competence and have a particular meaning and value to the client. Law (2012) explains that occupational therapy practitioners recognize that health is supported and maintained when clients can engage in the home, school, workplace, and community life. Law's assumptions are strongly supported by the participation framework. Thus, practitioners are concerned not only with occupations but also with the variety of factors that empower and facilitate a client's engagement and participation in positive health-promoting occupations. Looking at the OT practice framework, The Model of Human Occupation (MoHO) (Kielhofner, 1985) and the Occupational Performance Model (Chiang & Carlson, 2013), it isn't a surprise that OTs, in particular, recognize the importance of occupation in a person's life, and that, in many cases, the client's participation in their job will help them to live their lives to the fullest. The Ecology of Human Performance (Dunn, Brown & Mcguigan et al., 1994) serves as a framework for considering the effect of the context. Context is described as a lens from which persons view their world (Dunn, Brown & Mcguigan et al., 1994). This framework also acknowledges the essentiality of understanding the context and how it influences a person's engagement, engagement and participation in an occupation within the social and physical environment situated within context, understanding the environment and contexts in which occupation occurs and providing practitioners with insights into their overarching, underlying and embedded influences of engagement (Dunn, Brown & Mcguigan, 1994).

For my project, the context of cultural and linguistic aspects in a new environment is to be marked. The linguistic and cultural diversity may cause confusion and be a burden on the OT practitioners. I hope that this educational and vocational training program will bridge and connect between the different cultures - the origin culture and the hosting or new culture and that it will ease the adjustment to a different OT work environment.

Below are the factors which are considered to contribute to the problem:

- Cultural context, the way it reflects in OTs' work environment and support -what is the big difference between the countries? And why exactly do we feel that we need support?
- The way OT services are provided in different countries.
- The language and communication barrier
- Unfamiliarity with job searching process
- Limited and disorganized information on the web regarding professional credentialing and licensing process

For the purpose of the discussion, I will use the state of Israel to demonstrate how some of those forms influence the outcome.

Cultural context and support: While the U.S. and Israel share many characteristics and Israel has grown increasingly "Americanized," cultural differences also exist between the two countries. For example, in the workplace, which reflects Israeli society as a whole, informality manifests itself in the tendency to ignore hierarchical roles. In the U.S., there is a certain manner of speaking and behavior appropriate between bosses and

subordinates. However, this doesn't exist in Israel. Everyone in Israel considers themselves a manager; no one identifies themselves as subordinate. While these behaviors seem disrespectful, it is just a different type of interaction between the authority figures and subordinates.

Living in a culture that is different from your own can be both an exciting adventure and a challenging process. Going through a period of cultural adjustment is common. Understanding this adjustment process and getting support through this transition may help to have a more fulfilling experience. "Culture shock" is a common experience that describes the feeling of confusion, stress, and disorientation when entering an unfamiliar culture. Many people find it helpful to discuss their concerns with others who are going through similar transitions. Talking with others about their adjustment to a new culture can provide ideas and insights about your own experience.

OT practice in Israel versus the U.S.: health care in Israel is universal. All Israeli residents are entitled to basic health care as a fundamental right. The Israeli care system is based on a law that mandates all citizens and residents in the country to join one of four official health insurance organizations that are run as nonprofit organizations. Different organizations provide health care in the United States. Health care facilities are primarily owned and operated by a private sector business. The United States doesn't have a universal health care program; at least some individuals don't have health insurance or coverage, unlike some comparable nations. The way the healthcare system is set up in both countries might affect the way that OT services are provided in both countries.

The language and communication barrier: cultural diversity makes communication difficult as the mindset of people of different cultures is different. The language, signs, and symbols are also different. Different cultures have different meanings of words, behaviors, and gestures. It forms the way people think and behave. When people from different cultures communicate, these factors can become barriers. People are comfortable communicating in their language and may have to work hard to learn a new language in their new country. Even when people try to express their thoughts in their own language, many misunderstandings can arise. This becomes even more profound between people speaking different languages, when one may not be perceived as always speaking fluently or adequately.

Unfamiliarity with the job searching process: One of the biggest challenges of foreign-trained professionals upon moving to the U.S. is learning all aspects of the job searching process in the new country, i.e., how to write a resume, how to write a cover letter, and so forth. Further, learning new vocabulary related to the employment world, developing a professional network, and understanding all the behavioral codes unique to the U.S. work environment might take the foreign-trained occupational therapist a longer time than expected and very often necessitates professional guidance.

Limited and disorganized information on the web regarding professional credentialing and licensing process: the information available for OTs relocating to a new country is very limited, with a big portion of it being "dry" facts about work permits, etc. Even after searching many resources to gather information, many times the data isn't well organized and clear to the user, which is, even more impactful for people that speak

English a second language. While there are social media groups for OTs moving to the States, none are comprehensive enough to be an umbrella source for all the changing needs of these practitioners.

My vision is to build an online educational and vocational training program for new OTs to help them ease the transition to a new workplace in the USA. The first step will be to gather data regarding foreign-trained OTs' challenges and adjustment processes via a statewide survey for OTs who are new to the country. The definition of a new occupational therapist will be an occupational therapist who moved to the U.S. up to five years ago. In parallel to analyzing survey responses, evaluating relevant literature and other evidence sources will be done. Synthesis of the results taken from all resources will help identify foundational categories to address with the online educational and vocational training program. As mentioned earlier, the extent of the barriers that foreign-trained OTs encounter when the U.S. is very broad; therefore, it necessitates generating a multilayered and comprehensive training program that will address the various needs of this unique population. Armed with U.S. healthcare knowledge, greater communication skills, cultural awareness, familiarity with job searching processes and more personal and professional confidence, their future in the U.S. looks more promising.

CHAPTER 2: THEORETICAL AND EVIDENCE BASE TO SUPPORT THE PROPOSED PROJECT

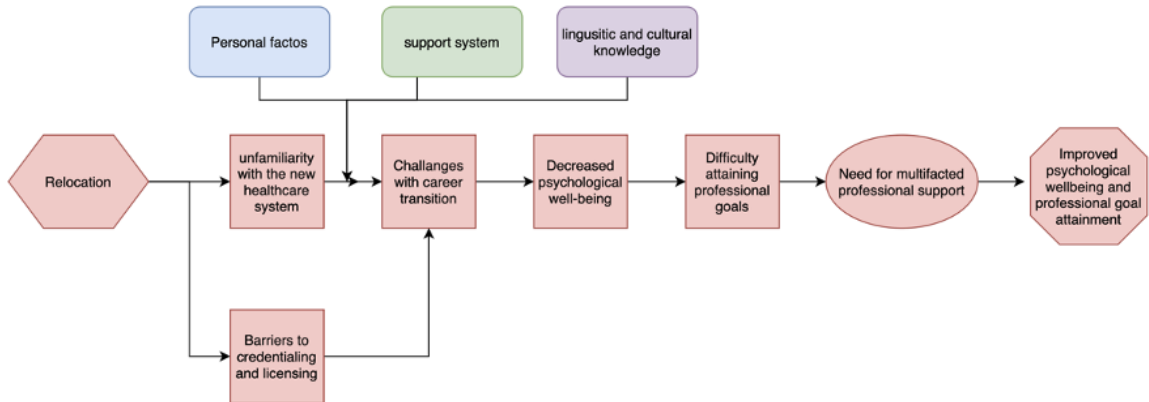


Figure 2.1 Simplified Visual Model

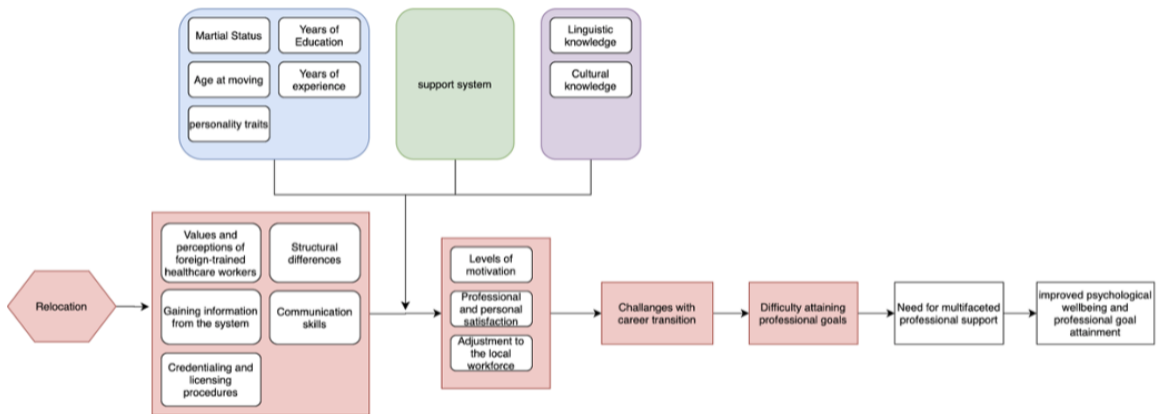


Figure 2.2 Detailed Visual Model

The United States is currently experiencing a shortage of health professionals, and growth in this employment gap is predicted to grow 36% between 2012 to 2022 according to the Bureau of Labor Statistics (McCabe, 2012). The increasing demands for health professionals in the United States has been attributed to several factors, including an aging population, the need to address mobility problems related to chronic diseases, and widespread interest in health promotion. Immigration of foreign-trained health professionals has been identified as one component of the workforce supply picture and a potential solution to work-force shortages (Cornwall, Keehn, and Lane, 2016).

Foreign-educated and foreign-born healthcare workers constitute a sizable and important portion of the U.S. healthcare workforce (Farkas, 2003). Among the 12.4 million workers employed in a healthcare occupation in 2015, 2.1 million (17%) were foreign-born (Farkas, 2003). In many states, the rate is much higher. For example, Florida has 28% of foreign-born workers in its healthcare industry (Farkas, 2003). However, many foreign-educated and foreign-born healthcare workers face incredible personal and professional challenges when migrating to the U.S.

Once in the United States, foreign-trained and foreign-born healthcare workers encounter challenges navigating between cultures of their native and adopted countries. They often report discrimination, poor treatment within the medical hierarchy and difficulty in communication related to both language differences and misinterpreted nonverbal cues from peers (Chen, Aurebach, Muench, Curry, and Bradely, 2013). Kalu, Abaraogu and Norman (2019) also claim that foreign-trained and foreign-born healthcare workers often experience lack of confidence when moving to a new country, which often

impacts them while seeking professional registration and/or after attaining it. Zubaran (2012) examined how internationally educated occupational therapists transitioned to practice in Canada. Similarly to Chen et al. (2013) and Kalu et al. (2019), Zubaran noted that internationally educated occupational therapists struggle to integrate into the Canadian workforce for many reasons including cost, difficulty passing a certification exam, lack of professional contacts in the host country, difficulty obtaining documents from the source country, limited understanding of the new practice setting and limited personal and professional support. The researcher also notes that communication may be problematic, even among English speakers, due to accents and profession-specific vocabulary (Zubaran, 2012). These work-related negative experiences may further contribute to decreased job satisfaction and a low morale, which may result in a decrease in psychological well-being and professional goal attainment. In order to understand and address the multitude of barriers to professional participation and success for foreign-born healthcare workers, we first must understand why these clinicians decide to make such a significant and challenging move. For many, what drives them to move abroad is an inner sense of adventure, a desire to travel and see the world, to meet career goals or to escape from current circumstances (Doherty, 2012). Moran, Nancarrow, and Butler (2005) examined what motivates healthcare and social workers who were trained outside of the U.K. to move to the U.K. Like Doherty (2015), they demonstrated that the primary motivations to work in the U.K were opportunities to travel, make more money and advance in their careers. However, their study introduced another reason healthcare professionals and social workers move abroad: greater access to continuing professional

development, accessibility to the latest research, and the opportunity to increase skills and confidence as professionals (Moran et al., 2015).

A global mobility survey that was conducted by the Canadian Employee Relocation Council (2017) investigated reasons for relocating globally, and it concluded that the most preferred destinations were the U.S., Canada, the U.K., Australia, and Germany. Global employees are most likely to relocate to a country that has a high quality and accessible healthcare system, is friendly to immigrants, has a good social security system, a high quality and accessible education system and a low tax burden (CERC, 2017). Although the data presented here discusses global employees including healthcare and social workers in the U.K., it can be inferred that occupational therapists who moved to the U.S. could have similar motivations to relocate based on the similarities between the US and UK cultures.

Cerdin, Dine, and Brewster (2013) presented two factors that affect the immigrants' level of motivation to migrate and integrate — what led to the decision to migrate and what organizational integration policies are in place. They hypothesize that the motive for migrating may have an impact on a person's efforts to integrate into the American society and workforce. Additionally, the immigrants' motivation to integrate can also be influenced based on experience and support (Cerdin, Dine & Brewster, 2013). Motivation is likely to increase when they are positively surprised by their new surroundings, and likely to decrease when they are negatively surprised. Negative surprises are devastating and diminishing to efforts to integrate. However, the surprise one feels is also influenced by what the previous expectations for the experience would

be. (Cerdin, Dine & Brewster, 2013). Additionally, immigrants who feel supported by their organizations are likely to be more motivated to integrate than those who feel that they are alone in dealing with the process of integration. When structured supports are embedded in an organizations policies and practices, a newly migrant worker is more likely to connect with the organization and invest more in their experience and ability to retain their employment with the organization.

As mentioned previously, healthcare workers who move to the United States face various challenges in acclimation and integration into American society and the workforce. In addition to motives and confidence in their ability to integrate, many may be unfamiliar with the western culture of the U.S. healthcare system. This barrier is multi-layered because healthcare services are delivered differently in different countries. Many western countries' economies are based on more socialist values than in the U.S., and healthcare is viewed as a "universal good" which society is responsible for making available to all citizens. However, the U.S. economy is founded on capitalist values, and healthcare is an "individual good" that is organized largely through market forces and includes many non-profit actors (Rosen & Kanel, 2010). Further, even highly-educated professionals who are well trained in searching for career-related information in their originating countries often experience intimidation when searching for this data in the United States. Searching for information in English, which is for many a second language, remains a problem for foreign-trained health professionals (Caidi, Komlodi, Abrao & Martin-Hammond, 2014).

Foreign-trained healthcare workers' lack of familiarity with the U.S. health

profession and system is widely acknowledged in the literature. Fernández-Peña (2012) provided a report from the field regarding integrating healthcare professionals into the U.S. healthcare workforce. The author stated that participants consistently reported a desire to learn more about the intricacies of the U.S. healthcare delivery systems and healthcare professions. Many participants were not aware of the breadth of specialized and allied health professions in the United States irrespective of their English or medical language skills, and many immigrant healthcare professionals required a greater understanding of the types of healthcare professions at work in the U.S. healthcare system and the relationships between healthcare professions (Fernandez-Pena, 2012). Mulholland, Dietrich, and Bressler (2013) reinforced the previous argument by demonstrating that internationally educated occupational therapists who relocated to Canada expressed confusion over differences between public and private practice, the purpose of professional liability insurance as well as insurance coverage for clients and difficulty finding information. Yi and Jezewski (2000) claim that in the initial stage of adjustment of Korean nurses working in the U.S. (this stage spans between 2 to 3 years), nurses experienced severe psychological stress due to cultural differences that they encountered in the work environment. The process of adjustment is a dynamic process beginning with relieving psychological stress to adopting styles of American interpersonal relationships. To alleviate the psychological stress, all Korean nurses sought support from other Korean nurses. Evidence of the importance of social support is apparent in one of the nurse's statements" if she (a Korean nurse) was not there to listen to me, then I might have gone to a psychiatric hospital" (Jezewski, 2000, p. #). This

statement reflects the reality of many foreign-trained healthcare workers when moving to the United States and adjusting to the new environment with a limited support system.

Additionally, many immigrants will face barriers with licensing and credentialing upon arrival to North America. Ngo and Este (2006) reported that immigrant professionals in Canada are often unable to secure employment relevant to their professional training. According to the researchers, the rates for immigrant professionals in obtaining suitable employment in their professional field ranges from 19%-40%. Altorjai and Batalova (2017) claim that it is hard to assess how many foreign healthcare professionals arrive annually, whether via temporary or permanent channels because visa data are not broken down by occupation. Similarly, since most occupations in healthcare in the U.S. require a professional license, relatively few foreigners meet the requirement unless they obtain training from credentialed programs within the U.S. (Altorjai & Batalova, 2017). It is therefore understandable how the societal factors (lack of recognition of foreign credentials, unfair requirements in the professional accreditation process, lack of local experience, and so forth) influence the course of action of the healthcare professionals and their personal and professional satisfaction.

In addition to training, licensing, and credentialing barriers, newly immigrated healthcare workers may face additional personal challenges when transitioning their careers. The first and foremost barrier may be inadequate communication skills. Communication skills are comprised of both language and cultural competency. Cultural competency involves self-understanding and knowledge of cultural values that are often different from one's identified culture. Language competency is defined as the

knowledge and use of language codes, such as grammatical rules, vocabulary, pronunciation, and spelling. Language competency is often evaluated through formal English tests like The Use of English Test for English language competency (Kalu, Abaraogu, & Norman, 2019). Language-based abilities and culture-based abilities are often described in the literature as the main barriers to the successful adjustment of foreign-trained healthcare workers. Kalu, Abaraogu, and Norman (2019) reviewed 13 studies mostly conducted in Canada among internationally educated Doctors. The authors concluded that either language competency or cultural competency alone is not enough for improving communication and, as a result, a greater adjustment in the local workforce. For the foreign-trained health workers to effectively communicate in their new countries, having basic language competency is a good foundation but understanding the cultural differences, specifically those that pertain to communication, such as colloquial and body language, is essential for successful integration into their new country. The authors also argue that programs that foster cultural acclimation and language proficiency at the same time are the most successful. Furthermore, we must consider not only verbal communication but also nonverbal communication. Understanding the cultural specific norms like gestures, body language, and norms of personal space, touch, eye contact, and the tone of communications is necessary for successful registration and smooth transition of healthcare professionals in their new country of practice (Kalu, Abaraogu, & Norman, 2019).

Other personal factors, such as marital status, age of moving, years of experience and so forth may also influence the professional transition of a newly migrated healthcare

worker to the U.S. Yet, the literature doesn't provide sufficient data exploring the relationship between these personal factors to professional outcomes in this population. However, the literature does broadly review these attributes in relation to levels of motivation, adjustment, and satisfaction (Altorjai & Batalova, 2017; Farkas, 2003). Healthcare professionals who succeed in integrating into the local workforce share several common attributes. They take pride in their professional competence, they have impressive track records in educational training and work experience in their home countries, and have a high level of personal commitment to their professions (Ngo & Este, 2006). Throughout their professional re-entry process, these professionals maintain a positive attitude, a hopeful outlook on life, and a positive self-image which further bolsters their successful professional transitions (Ngo & Este, 2006). Additionally, when encountering challenges, healthcare professionals who transition successfully often exhibit self-identified traits and behaviors of patience, determination, courage, adaptability, and strength (Ngo & Este, 2006). Porter and Tansky (1999) also theorize that expatriates with high learning orientation will have better performance in a new work environment. This, they say, is because people with higher learning orientation are able to face situations in which the outcome is unclear without withdrawing. They will persist with the task even if they are not initially successful and if little feedback is received, and they will keep trying new approaches to complete the task successfully (Porter & Tansky, 1999). Although learning orientation is not necessarily a personality trait and the study was conducted on expatriates in general and not healthcare professionals specifically, it enriches the understanding of factors of a successful adjustment that migrating healthcare

workers may experience.

Lack of confidence can be another debilitating barrier facing immigrant healthcare workers as they transition to a new country. As has been noted above, perseverance through many other challenges that one may encounter when transitioning to the U.S. may be greatly influenced by the innate confidence the clinician has. However, many foreign-trained professionals demonstrate a high level of anxiety when relocating to a new country which can make the transition even more difficult (Silbiger & Pines, 2014). International moves are not only initiate the work role transitions but can be in and of themselves a major source of stress (Brett, 1980; Mendenhall & Oddou, 1985). New work role expectations can be unfamiliar and ambiguous and individuals may feel uncertain of the consequences if they apply familiar work behaviors in the new context of their job and may not be sure what behaviors are appropriate for many new work situations. Moreover, international transfers for work can also create a great degree of uncertainty and ambiguity within one's personal life based on the degree of cultural change the professional experiences with the move. (Mendenhall & Oddou, 1985). Thus, international transfers - an important component of work role transitions - are also a major source of both work and non-work stress (Black, 1990).

A lack of a support system can also make a move to a new country very difficult. Social support has been broadly defined as the availability of helping relationships that a person can draw upon during stressful times and that come from sources at work and outside of work (Leavy, 1983). Social support can have a direct effect on stress, on outcomes and it may have a moderating effect on the relationships between stress and

outcomes (Black, 1990). Human beings have a fundamental need to belong, which motivates the establishment of significant interpersonal relationships and frequent contact with other people (Baumeister & Leary, 1995). Expatriates entering foreign countries will often experience deprivation in relation to this need since they may have been cut off from interpersonal relationships and established social networks in their home country. This deprivation, in addition to the perception of uncertainty in a new local environment, could significantly threaten the expatriate's psychological well-being, and may even cause severe illness (Kuo & Tsai, 1986; Wang, 2002). Further, foreign-trained healthcare professionals speak about the problems inherent in not having professional contacts to support and guide them through the process of becoming integrated and eventually credentialed to practice (Baptiste, Blais, Brenchley, Sauve, McMahon, & Rangachr, 2010). The lack of available courses or bridging programs to fill in education gaps and provide orientation to Canadian professional practice encouraged the Canadian government to develop programs that can provide the foreign-trained healthcare professionals with learning opportunities, peer and professional contact and sense of professional inclusion that might support their efforts toward registration (Baptiste et al., 2010).

An important avenue that is often ignored in the literature, but leads to a better understanding of international adjustment, is the role emotions play in the intercultural experience and one's status as a foreign worker. Gullekson and Dumaisnil (2016) examined literature from the 1990s to 2016 about expatriate workers around the globe. They argued that emotion and emotional behavior are likely to play crucial roles in the

international experience of expatriates, especially when the norms of emotional behavior are different in the host culture as compared to the norms in an expatriate's home culture. Furthermore, they claim that status is a key variable in influencing behavior; that emotion and status are related and that expatriates and other sojourners are often perceived by themselves or by the host society as lower status individuals because of their nationality and sometimes temporary status in the host country (Gullekson & Dumaisnil, 2016). According to Chen et al. (2013) enhancing immigrants' adjustment in the host country requires comprehensive consideration that encompasses two general aspects, namely, personal/social and vocational adjustment. Immigrants are often unable to reach their professional potential in their new professional life, and often experience a loss of career identity, leading to a "role shock" in their vocational life (Lee & Westwood, 1996). For many, this loss of occupational role and career identity, either through unemployment or underemployment, is a loss of meaning and the total selfhood in life. Consequently, an array of psychological difficulties may emerge, including, but not limited to feelings of frustration, bitterness, anger, loss, worthlessness, and hopelessness, should the immigrant workers lack the internal coping and/or external helping resources to handle the difficulties (Lee & Westwood, 1996).

According to Morar, Macarow & Rutler (2015), many foreign-trained healthcare workers don't perceive themselves as belonging to the American workforce. They often report on discrimination, racism, and marginalization. They might experience poor recognition or respect as professionals from their American born counterparts. According to Fernández-Peña (2012), among the most challenging aspects of working with

immigrant healthcare professionals is dealing with the emotional and psychological sequela following immigration, including the loss of country, family, work, and professional identity associated with a career and social networks. Immigrant healthcare professionals often have challenges with redefining themselves in a new social context. The loss of professional identity is closely aligned with loss of status and has a tremendous impact on the professionals' emotions (Fernandez-Pena, 2012). Additionally, levels of confidence have been identified by multiple authors as being an important factor that facilitates foreign-trained healthcare professionals' job seeking and attainment. It is likely that most of the professionals have the necessary skills and knowledge to practice in a setting different from their previous practice; however, they were often reported not to have the confidence to communicate findings to patients and during interprofessional meetings (Kalu et al., 2019).

Aycan and Berry (1996) examined the process of acculturation of one hundred and ten highly-educated Turkish immigrants into Canada with a specific emphasis on the impact of economic integration on psychological well-being and adaptation. The researchers demonstrated that employment-related experiences had a significant role in predicting both psychological wellbeing and adaptation. Results showed that a large gap between socio-economic status in Turkey and in Canada was associated with high acculturative stress. Also, those individuals who experienced a greater loss in their status were less satisfied with their lives in Canada, and less likely to describe themselves as accomplished in economic life. Despite the inability to regain their departure status, gradual improvement in Canada led immigrants to perceive themselves as competent and

successful, and to describe their conditions as just as privileged as others in the society (Acyan and Berry, 1996).

The barriers and challenges described above directly influence the foreign-trained professionals' success, quality and satisfaction with their career transition to the U.S. The foreign-trained healthcare workers dissatisfaction and the challenges associated with such a major life and career transition, often results in negative impacts on the person's overall well-being. According to Lee and Westwood (1996), immigrants who decided to settle in a new country are likely to be motivated to adapt themselves to a new socio-cultural environment. However, despite a strong motivation to succeed in this transition, adjustment is generally more difficult than anticipated and, as Mark (1991) found, can be highly devastating personally.

Many studies support the notion that foreign-trained professionals' experience can be a great resource for North America. However, appropriate services and resources are needed to support the process of migration and integration in the labor market. When U.S. trains professionals who move abroad, many go through cross-cultural training prior to or upon arrival in the host country to ease the intercultural adjustment. Such training programs are designed to increase the likelihood that the expatriate will be successful in his or her international assignment. Cross-cultural training programs are thought to facilitate international adjustment by enabling the individual to learn both content and skills that will facilitate effective cross-cultural interaction by reducing misunderstandings and inappropriate behaviors (Black & Mendenhall, 1990). There are many approaches existing in the field of training programs for expatriates, some

programs recommend providing a mentor from either home or host country. However, despite the general consensus that such programs are effective, many cross-cultural training programs have been largely developed using a broad framework and little empirical foundation (Gullekson & Dumaisnil, 2016).

Mulholland, Dietrich, Bressler, and Corbett (2013) explored the experiences of three primary stakeholder groups involved in the integration of internationally educated occupational therapists (IEOTs) into British Columbia, Canada. They affirmed that more support is needed to facilitate successful transition for IEOTs. Further, the authors highlighted the importance of enabling IEOTs to access services or resources that will assist with their settlement in Canada, particularly, those without social support. Additionally, all stakeholder groups indicated that IEOTs needed a better understanding of the provincial and Canadian healthcare systems, including occupational therapy practice, and guidance to relevant cultural resources. The authors noted that the provision of this information in a more accessible format could increase the success of IEOTs transitioning into Canada (Mulholland, Dietrich, Bressler & Corbett, 2013). This study's findings shed light on ingredients to success and stumbling blocks for an effective program. Although it took place in Canada, it is the only study that focuses solely on foreign-trained occupational therapists. Because Canada and the United States share many similarities, its recommendations are highly appropriate for this project as well.

A professional and personal support system is essential to overcoming the various barriers and challenges and ensuring greater levels of motivation, adjustment, and satisfaction. These will ultimately provide occupational therapists with a better

opportunity to attain professional goals and a greater psychological wellbeing. The professional and personal support system has two main purposes: the first one is to educate the newcomers, and the second one is to meet their unique social-emotional needs. A multifaceted support system should acknowledge some significant findings from professional literature that might dictate the development of an intervention program for newcomers.

A project that was developed and implemented in Canada in order to support entry or re-entry to active practice for occupational therapists and physiotherapists exhibits the value of a multifaceted support scheme. All respondents unanimously and strongly agreed that the SEPP(Supporting (Re)Entry to Professional Practice) project had made them feel less isolated while going through the (re)entry process and would recommend this process to others seeking to (re)enter professional practice. Perhaps most telling is that many (re) entry candidates reported wanting to “give back” by becoming mentors themselves once they were registered and practicing in Ontario. Foreign-trained healthcare professionals that feel supported will then be more motivated to attain professional goals and might experience an improvement in their psychological wellbeing (Silbiger & Pines, 2014).

In the U.S., there has been only one program implemented, on a very limited basis to address the needs of this population. The Welcome Back Initiative is a participant-centered educational and case management program model that somewhat addresses these needs for foreign-trained healthcare professionals entering the country. A participant-centered approach strives to meet participants wherever they are in the

spectrum of career readiness. An Educational Case Manager (ECM) works with each individual to develop and plan a career path that builds on their professional and educational background and enables them to obtain the necessary education or credentials to enter the healthcare workforce (Fernandez-Pena, 2012). Prior to the inception of the WBI, there was not a place at the table for immigrant healthcare professionals in the professional and educational circles that employ, credential and regulate healthcare workers in the U.S. By sharing salient assessment and program data with key local, regional, and national stakeholders, WBI established the need for and the value of its program and the contributions of foreign-trained healthcare professionals to healthcare industries and American society as a whole (Fernandez-Pena, 2012). However, WBI has been implemented on a very limited basis. Since 2001, the WBI has been active in only 10 US cities (Fernandez-Pena, 2012). Additionally, when looking into the WBI participant profiles, there is no representation of occupational therapists or other healthcare professionals aside from Doctors or nurses, including psychologists, speech-language pathologists, pharmacists, midwives, social workers, or lab technicians (Fernandez-Pena, 2012).

Although the U.S. is facing a major shortfall of healthcare providers and has been relying on foreign-trained immigrants as part of the solution to this shortage, the current medical education infrastructure is unable to meet the needs of these qualified, culturally aware, experienced clinicians. Foreign-trained professionals integrating into the American workforce face various obstacles, and occupational therapists are no exception (Cornwall, Keehn and Lane, 2016). There is a need for more multifaceted support for

immigrant healthcare workers, and occupational therapists especially, as they enter the U.S. workforce.

CHAPTER 3: OVERVIEW OF CURRENT APPROACHES AND METHODS

Introduction

Shortages in healthcare professionals are described globally. The World Health Organization claims that there is currently a global shortage of more than seven million health workers and that number could rise to nearly 13 million by 2035. The U.S. is no exception to this shortage (World Health Organization, 2021) As per a recent report by CNN, the United States will need to hire 2.3 million new healthcare workers by 2025 to be able to take care of the aging population qualitatively. Additionally, the National Center of Health Workforce Analysis fact sheet published in 2012 argues that healthcare occupations will experience an increase in demand between 2012 and 2025. A report of U.S. Bureau of Labor Statistics supports the data presented above and specifically refers to the supply and demand of occupational therapists in the U.S. and reports that the demand for occupational therapists is rising, with job growth expected to increase 27% from 2014 through 2024.

The 44.7 million immigrants currently live in the U.S. constitutes 17 percent (28.4 million) of the civilian labor force (164.9 million), among these immigrants many are foreign-trained professionals. The immigration of foreign-trained health professionals has been identified by the U.S. government as one component of the workforce supply picture and a potential solution to workforce shortages (Cornwall et al., 2016). Although the U.S. government strives to integrate the foreign-trained healthcare professionals, in particular, doctors and nurses, into the local workforce and invests great efforts into their integration, this integration of immigrant health professionals is connected with multiple

barriers. (Chen et al., 2013).

There are several types of barriers faced by immigrant health professionals when they arrive in the United States, communicative, cultural, personal barriers, educational and structural educational barriers. The communicative barriers include lack of fluency in English and difficulty with understanding nonverbal cues such as gestures. The cultural barriers include challenges navigating between cultures of the immigrant's native and adopted countries. Educational barriers include unfamiliarity with the American healthcare system's procedures and standards, and personal barriers include lack of coping strategies and personality traits that might impact the adjustment process and structural barriers that include the complexity of the licensing process, complex bureaucracies (in the United States and abroad) that incorporate inconsistent messages from agencies, institutions, and employers regarding the credentialing process. These barriers hinder the integration process and may lead to deskilling, loss of confidence, and high levels of frustration (Bloch, 2008; Chen et al., 2013; Humphries et al., 2013; Jirovsky et al., 2015; Mozetic, 2018; "Welcome back initiative," n.d.).

All the barriers and challenges described above directly influence foreign-trained health professionals' success and satisfaction with their career transition to the United States. According to Mark (1991) and Lee (1996), such a major life and career transition often causes a loss of the professional identity and results in a negative impact on a person's overall wellbeing. Investing in training/bridging program for foreign-trained occupational therapists would not only reduce barriers and improve the foreign-trained occupational therapists' adjustment and psychological wellbeing but would also

contribute to the much larger goal of facilitating immigrant integration into the fabric of American society, making it richer and more culturally diverse. In this paper, I will examine the prevalence and efficacy of training bridging programs for immigrant health professionals, and in particular the existing training programs for foreign-trained occupational therapists. Further, in the last section of this paper I will present solutions offered by foreign-trained occupational therapists who moved to the United States, their insights strengthen and complement the findings discussed in the literature and contribute to a greater understanding of the challenges and the presented solutions.

Literature Review

In order to gather information regarding the prevalence and efficacy of training/bridging programs for foreign-born occupational therapists, I conducted a literature review on foreign-trained healthcare professionals and, in particular, on occupational therapists. The following six questions served as a guide for the literature search:

1. Are there programs in the United States that currently provide support to foreign-trained healthcare workers transitioning into the U.S. workforce?
2. Do other English-speaking, Westernized countries (Canada, Australia, UK, etc.) offer programs to support foreign-trained healthcare workers transitioning into their workforce that produce positive outcomes on personal and professional wellbeing? What aspects of these programs make them the most impactful?
3. Is there evidence that personal factors such as age, marital status, personality traits, etc. influence the outcome of online education and vocational training on professional

success and satisfaction?

4. Is there evidence that training programs improve adjustment and wellbeing for newly relocated foreign-trained professionals transitioning to the United States?
5. Is there evidence that in-person mentoring is more effective than a virtual or online support group for foreign-trained professionals transitioning to the U.S. workforce?
6. What is the impact of interning prior to employment on goal attaining and professional wellbeing for foreign-trained professionals transitioning to the U.S. workforce?

This research was focused on occupational therapists who relocated to the United States and training programs that were designated to meet their unique needs. However, it is worth noting that the initial search included other English-speaking, westernized countries, mainly Canada, Australia, and the U.K. for the reason that Canada and Australia are well-known for managing an immense number of newcomers, many of them are highly educated. These countries have gained considerable experience with working with immigrants and supporting them in their transition; these studies provide a more comprehensive understanding of transitioning programs, the United States can surely learn from other countries' knowledge and experience.

The initial literature review yielded inadequate results; therefore, I broadened the search to other populations and included programs for other healthcare professionals, such as nurses, doctors, and physiotherapists, who obtained their education and training abroad. Expatriates, mostly managers who held senior positions and highly educated professionals from other fields, were also included in the literature search. In fact, most

of the programs presented in the literature review investigated common practices for foreign-trained physicians and international medical graduates (Alkan, 1998; Porter et al., 2008; Sullivan et al., 2002), foreign-trained nurses (Xu et al., 2010), and expatriates (Waxin & Panaccio, 2005). Although these programs don't relate directly to occupational therapists, these programs exhibit various platforms of learning that can also be applied to programs for foreign-trained occupational therapists.

The literature review consisted of three main methods. First, I repeated searches across several databases, including CINAHL, PsycInfo, and PubMed. The literature search was completed using a combination of the following terms: foreign-trained healthcare professionals, foreign-trained occupational therapists, foreign-trained physiotherapists, training programs, bridging programs, support system, online support, acculturation, adjustment, psychological wellbeing, successful immigration, satisfaction, personality traits, personal factors, linguistic barriers, communication barriers, cultural barriers, employment, pre-employment, online learning, remote learning, face to face, in-person learning, physical learning. Second, I conducted a non-research investigation of websites related to organizations such as UCLA Health (Rivero, 2017), Upwardly Global (Career Skills Program, n.d.), and Welcome Back Initiative (English Health Train, n.d.). Lastly, I collected data collected from six Israeli occupational therapists who currently live in the United States via an online questionnaire.

The evidence obtained through the three search methods is organized by themes and subthemes and summarized in the following sections.

Programs Characteristics

In the following section, I will discuss the program characteristics. Program characteristics consist of the length and main purpose of the program and its content.

Length and Main Purpose

The programs offered for foreign-trained healthcare workers differ by their length and their main purpose. Their length can range from two days to 2.5 years in cases of special forms of residency (Stenerson et al., 2009). The literature identified three main categories of programs. The first category refers to programs that combine teaching and clinical practices; these programs are often called “one-stop shopping” bridging programs. An example of such a program is one conducted in Canada for internationally educated nurses. Nurses that participated in the program reported that they had been given both theoretical and practical skills that were very helpful to make a smooth transition to the workplace (Atack et al., 2012).

The second category refers to programs only offering teaching. These programs usually focus on one area of knowledge or specific skills, for example, a program that was conducted in Canada and provided foreign-trained physicians with cultural sensitivity knowledge (Majumdar et al., 1999). Another example is of a program that was designed for doctors who graduated overseas and practice in the United States. This program emphasized language and communication skills (Baker & Robson, 2012).

The third category of training program includes programs that offered elements of social support, such as mentorship (Daniel et al., 2016; Greig et al., 2013), peer support (Harris & Delany, 2013), case management and counseling (Fernandez-Penna, 2012),

career advice (Cheung, 2011), and social support or group activities. One example is of a program that was conducted in the U.K for overseas-trained doctors, consisted of pastoral support that was offered in the form of education and career opportunities, as well as information on personal issues, such as accommodation, permits, visas, and counseling services. In addition, a peer support system was developed to encourage volunteers from among the current staff to act as “buddies” for the overseas trained doctors. The cohort of volunteers consists of doctors who have previously been in the same situation as the current delegates and who, therefore, could provide first-hand experience on difficulties and provide guidance as needed (Cheung, 2011). Another example of a bridging program is one that was developed in Canada for internationally educated [physiotherapists (IEP)]. Thirty-five mentors were trained and paid for a maximum of 10 hours per IEP to provide one on one support and expertise during the exam preparation (Greig et al., 2013). As a result of a growing understanding that social support is essential, social support elements were combined with most programs. (Neiterman et al., 2018).

Content

The programs also differ by the teaching content. Most programs focus on improving language and communication skills, such as the San-Francisco Welcome Back Center program for internationally trained healthcare workers living in California. This program provides a curriculum that integrates the English language skills (listening, reading, speaking, writing) based on themes, issues, and situations of direct relevance to foreign-trained health professionals in the United States and diverse communities they may serve through various roles (“English Health Train,” n.d.). Furthermore, The

Perspectives Latinas Chicago, Bilingual Nurse Consortium program, is located in Chicago, and serves internationally educated nurses from 66 different countries. The program has developed English workshops for internationally educated nurses who seek to practice in the United States. These workshops emphasize vocational vocabulary and conversational skills important for interacting with patients and doctors (CAN TV, 2014).

Other programs' main focus might be on cultural and ethical aspects. A program that was conducted through the University of Toronto aimed to assist foreign-trained physicians while transitioning into the local workforce. The researchers claim that foreign-trained physicians who experience barriers to practice often lack medical literacy skills and understanding of Canadian culture. The web-based communication and cultural competence program incorporates communication, culture, legal, ethical and organizational aspects of medicine important to practicing medicine in a Canadian context (Lax et al., 2009). Further, Waxin and Panaccio (2005) examined whether engaging in cross-cultural training would facilitate expatriates' adjustment. The respondents were expatriated in the area of New Delhi, India, and held general management positions or were high-level executives in their home countries. The study's results clearly showed that cross-cultural training, in all its forms, facilitated expatriates' adjustment. However, it is worth noting that there are many cross-cultural programs available for expatriates, and the programs are found to be most beneficial when the training is experimental, where the trainer gets the trainees to participate by simulating real-life situations, and when they focus on the host country's culture.

Frequently programs will combine both linguistic and cultural aspects in their

teaching content. A pilot intervention was conducted in a sample of international nurses working in two community hospitals in southern Nevada. The intervention, called Speak for Success, comprised of two phases: Phase 1 was a 10-week phonological training course delivered by a certified speech pathologist with expertise in foreign accent reduction to improve pronunciation and reduce foreign accent. Phase 2 was a series of four workshops focusing on socio-cultural dimensions of communication presented by intercultural communication experts (Xu et al., 2010).

Lastly, other programs might target a specific area of knowledge or set of skills deemed most vital for the integration of foreign-trained professionals into the local workforce. For example, Upwardly Global (UpGlo) provided top quality job search training, assistance in compiling resumes, drafting cover letters, and practicing interview and networking skills (“Your U.S. Career,” n.d.). Another bridging education program developed in Ontario, Canada, assisted foreign-trained pharmacists in obtaining their local license. The researchers created a curriculum that underlines key components of North America healthcare, such as autonomy of patient decision making, teamwork, negotiation of healthcare outcomes, etc.; these components were very different, if not quite the opposite of the foreign-trained pharmacists’ previous experience and practice. Further, the program improved their familiarity significantly with the North American health system and, as a result, facilitated their adjustment (Austin & Dean, 2004a). Furthermore, Sullivan et al. (2002) examined a pre-employment program for overseas-trained doctors entering the Australian workforce. It consisted of 66 overseas trained doctors who successfully completed their AMC (Australian Medical Council) exams and

applied for provisional medical registration in New South Wales, Australia. Overseas trained-doctors have limited access, and formal interaction with the Australian healthcare system prior to joining the Australian Medical Workforce, any of them are potentially disadvantaged when compared to local graduates at the entry to the Australian workforce. The four-week program was designed to familiarize OTDs (overseas-trained doctors) with the Australian healthcare system and to facilitate and create a more equitable basis for entry of OTDs into the Australian workforce. After the completion of the program, the participants reported greater confidence in communication and workplace skills. The four-week program gave the participants time to form their own peer group, new friendships, and an informal network, which continued into their supervised year.

Common Practices for Bridging Education and their Effectiveness

In this section I will review common practices for training programs and their effectiveness, I will focus on two substantial methods of teaching the online and the physical and how they incorporate in these programs. Further, I will examine three different components often embodied in training programs for foreign-trained professionals: mentorship, case management and clinical practice and their impact on the programs' success.

Online versus Physical Programs

Verkroost et al. (2008) indicated that learning activities can take either place at a distance by using technology to connect people and consult resources, or face-to-face in a classroom or a group setting. The majority of the training and bridging programs that were found by the author contained a central element of remote learning (Knouse, 2001;

Philippart & Gluesing, 2012; Verkroost et al., 2008).

Some of the training and bridging programs that were found by the author used the term remote learning itself, other programs used different terms to describe the same scheme of learning, such as e-learning (Philippart & Gluesing, 2012), online learning (Johnson et al., 2000) and virtual learning (Knouse, 2001). In this paper, I will use “remote learning” and “online learning” interchangeably.

There is a general agreement within the literature that the choice between face-to-face education or online education is often guided by preconditions such as personality traits, personal perceptions toward learning, working and learning situation of the learner, and travel distance (Harrison, 2003; Verkroost et al., 2008). Harrison (2003) states that individuals who are more introverted, young, and technology oriented thrive using the Internet and significantly benefit from the online platform, whereas students who are older and more traditional in their educational perceptions often require a real teacher–student interaction in order to be successful. Nevertheless, for students who live at a distance or study part time, a face-to-face approach might be impossible, and remote learning will be necessary and perceived as more natural (Verkroost et al., 2008).

Neiterman et al. (2018) collected data from seven bridging programs offered in Canada for internationally educated health professionals. The authors argued that bridging programs varied significantly in the delivery format, ranging from exclusively in-person programming to solely remote, with the blended approach being most common. A blended, or hybrid, model is often described as consisting of the best of two worlds: the traditional learning and online learning. It is supposed to offer the convenience of fully

online courses without the loss of face-to-face contact (Verkroost et al., 2008). The blended format was identified as a solution that can offer flexibility in content, cost-saving, online learning and also the opportunity of face-to-face interactions.

The online format was perceived as an inevitable, albeit not necessarily a preferable, feature of some bridging programs. According to Neiterman et al (2018) participants might often prefer fully in-person or hybrid programs as enhancing the togetherness feeling, allowing them to make more friends and increasing the networking which eventually will be helpful with finding jobs. However, participants understand that the in-person programs have an enormous cost, and that online model, which has a significantly lower cost is going to be the way that these programs are going to occur in the future (Neiterman et al, 2018).

Mentorship, Case Management, and Clinical Practice

Mentorship and case management are significant components that are often incorporated in a training program for foreign-trained healthcare professionals. Mentorship and/or case management can occur either virtually or in-person. However, the added value of face-to-face communication is often expressed by the mentees. Austin and Dean (2004a) presented a bridging model designed for foreign-trained pharmacists living in Canada. In the researchers' effort to address issues related to self-conceptions of professional role and lack of connectivity to the broader pharmacist and healthcare provider communities, they constructed a mentorship network, pairing foreign-trained pharmacists with pharmacists already licensed and working in the community. Within the context of the international pharmacy graduate (IPG) program, mentors have the

important role of not only providing modeling, support, advice, and a sympathetic ear, but in addition, they must also provide a context for understanding broader social and cultural norms and nuances that are essential for practice. The Austin and Dean (2004) study supports former studies' results, as mentees expressed their preference that the relationship, wherever possible, should be based on face-to-face availability, complemented by technology if needed. They also emphasized the value of face-to-face relationship in building a sustainable platform for mentorship. Additionally, the mentees highlighted that the nature of the relationship should be as open and unstructured as possible and that mentorship experience should last a minimum of six months to facilitate social and professional connections (Austin & Dean, 2004b).

Similarly, the Welcome Back Initiative (WBI) assigned each participant in the program a case manager who works with her to develop and plan a career path that builds on her professional and educational background and enables the participant to obtain the necessary education or credential to re-enter the health workforce (Fernandez-Penna, 2012). The participant and the case manager work together as a team. Participants meet periodically with their case manager to develop learning plans, check-in about progress and challenges, and obtain information about events, workshops, courses or relevant opportunities (Fernandez-Penna, 2012).

Some authors suggest that the most important element in a bridging training program for foreign-trained healthcare professionals is the opportunity for internationally educated health professionals to practice in a clinical environment, as they may experience difficulty in clinical practice. These programs incorporate a clinical practice

facilitator role in order to meet their unique needs (Dickson et al., 2006). For example, the Ontario Internationally Educated Physical Therapy Bridging Program (OIFEB) focused on encouragement, providing clinical advice, assisting with a clinical resolution, and maximizing communication (Daniel et al., 2016). Another example is a bridging program that was developed by Alkan and Meyerstein in 1995 designed for physicians who emigrated from the former Soviet Union to Israel. Since 1990 over 12,000 doctors have come from the former Soviet Union to Israel. The magnitude of the immigration of physicians in absolute numbers as well as in proportion to veteran existing physicians. The immigrant doctors were schooled in a system that is different from the Israeli system. Adjustment to a new system, a new language, and a different clinical approach, on top of their absorption in a new country, all contributed to a poor end result: Immigrant physicians didn't succeed in passing their specialty board examinations in rates that were acceptable compared with Israeli graduates (Alkan, 1998). Alkan (1998) examined a four-year special residency program designed with a goal that Russian immigrant graduates would be as successful as their Israeli peers in their specialty boards. Alkan (1998) concluded that the most important components of professional, social, and psychological absorption are professional equity, employment, and social acceptance. Further, the success of this program lies in the combination of the opportunity to accumulate new knowledge with a hands-on apprenticeship as a clinical clerk. Forty-six out of 47 participants of the program found jobs as specialists in their field of expertise, and their excellent performance is the best proof of the program's success (Alkan, 1998).

Personality Traits and Personal Factors and Programs' Success

In this section I will refer to the role of personality traits and personal factors in training program's success.

Within the literature, there is consensus that personal factors and personality traits shape or influence the course of action of foreign-trained professionals (Laurence et al., 2016; Ngo & Este, 2006; Schuster et al., 2017). Wojcieszek-Arjomand (2015) examined the meaningful experiences of foreign-born professionals in the United States. The author presented a question to all participants in the study (participants were highly skilled immigrants who completed their education in their country of origin): Did they notice any personal characteristics that helped them in their career transition process? All participants agreed that their personal characteristics were strong contributors to their success; among these characteristics were passion, drive, motivation, perseverance and having an easy-going personality. Additionally, an adventurous type of personality, openness to the unknown, and new opportunities were also often described by the participants as contributors to their success. It is worth noting that while many traits were listed, "hard work" characteristics dominated their responses and were some of the most influential factors in reaching their career transition goal (Wojcieszek-Arjomand, 2015).

Schuster et al. (2017) analyzed the impact of personality traits and mentorship on expatriates' psychological wellbeing. The author concluded that expatriates who are extraverted, emotionally stable, and open to experience show greater psychological wellbeing compared to expatriates who are characterized by introversion, lack of direction, neuroticism, and closeness to experience. Further, the author presumed that

personality factors should be considered even more, or at least equally, than task-related skills, knowledge, and abilities since personality traits enable expatriates to cope with stress and make sense of their environment. Kehoe et al. (2016) argued that the transition of internationally medical graduates to a new country is likely to be influenced by the personality of individuals and how resilient they are. Laurence et al. (2016) described the personality profiles of internationally medical graduates (IMGs) undertaking general practice training in Australia. The author sought to have a better understanding of the personality characteristics of IMGs in order to inform their training and enhance their support. The study compared two groups: international medical graduates and Australian medical graduates. All the medical graduates shared a personality profile in which all traits were organized and mature. However, the author found that IMGs were lower on two temperament traits—novelty seeking and persistence—and two character traits—self directedness and cooperativeness. These findings are not aligned with the findings presented above that argue that foreign-trained professionals demonstrate great levels of perseverance and often hunt for challenges and adventures. One plausible explanation for these findings might be that the differences observed between the Australian and IMGs might reflect the IMGs' cultural background, prior training experience, and personal assimilation to a new country. The healthcare system might, in turn, influence their expectations and subsequent adjustment to their new life (Laurence et al., 2016).

Although the majority of data found in the literature referred primarily to highly educated immigrants and not specifically to healthcare professionals, the premise that different personality characteristics might affect the individual outcomes and satisfaction

of any training program offered to them is true in healthcare population as well and might be useful when designing a person-centered training program for this population.

Kehoe et al. (2016) referred to the role of personal factors in successful training programs for healthcare professionals. They claimed that there might well be differences in individual circumstances that can impact adjustment, for example, the nature of migration, barriers faced in gaining employment, and length of time living in the host country. The process of migration itself may be stressful, both practical issues and lack of a social network. For example, if the individual has a spouse that has moved with her, or family and friends already living in the host country, she may be able to adjust more quickly. Acculturation can also be hindered by family issues, such as spouses or children finding it difficult to adjust.

When examining the evidence obtained regarding the relationship between personal factors and programs' success, it is worth acknowledging the study conducted by Lau (2008), who demonstrated the effects of personal characteristics on online learning. The study included 304 students who enrolled in different courses at the Curtin University of Technology in Malaysia. The author indicated that personal characteristics, such as gender, ethnicity, and financial aid status, significantly affect students' learning preferences. Further, students' ethnicity and financial aid status had a significant effect on technical skills and attitudes toward computers. It was argued by previous researchers that online learners with relevant technical skills and constructive attitudes achieve reasonable results, while students with a lower level of technical skills and unproductive attitudes may either avoid online education or experience difficulty accessing course

content (Pillay et al., 2007). Identifying the personal factors can give educational institution administrators with the ability to identify characteristics of students that may have a negative influence on their likelihood to persist in their online courses. In the same way, identifying personal factors and personality traits of participants can be beneficial when generating an online or hybrid training program for foreign-trained occupational therapists.

Factors Predicting Success in Training Programs and Barriers to a Fruitful Implementation of Programs

In the following section I will explore various factors that promote and hinder a successful implementation of training programs. Successful training programs might consist of a client-centeredness and holistic approaches, employ relevant content to the program's participants, incorporate different educational courses and clinical practice, and provide the participant with adequate support during the program. Among the barriers to a successful implementation of training programs are participants' lack of financial resources and time to attend classes, the discrepancy between states regarding accreditation and licensure which makes creating a unified training program very challenging, and unpredictable number of students enrolling to these programs. According to Fernandez-Pena (2012) one of the main principles leading to greater success among foreign-trained healthcare professionals is its service model. The Welcome Back Initiative service model is a non-linear, non-"one size fits all" service model offering a menu of educational and employment options and client flow pathways. The participant-centered approach is embedded in the model and strives to meet

participants wherever they are in the spectrum of career readiness (Fernandez-Penna, 2012). Similarly to Fernandez-Penna (2012), Luckmann (2001) and Butschek and Walter (2014) argued that program content must be relevant to the foreign-trained professionals and reflect issues of concerns to them, being learner-focused and meeting individual needs. Foreign-trained health professionals like to engage with the content if the rationale for learning is identified.

Couser (2007) supported the findings presented above regarding the importance of implementing a client-centered approach and as he claimed that programs must be tailored to individuals and local conditions. Additionally, he argued that involving international medical graduates in the planning and development of programs that ultimately affect and assist them promotes a sense of ownership of the program (Couser, 2007). Further, once the program has been developed and implemented, it is essential that the program be able to respond to new developments as they arise (Couser, 2007).

A literature review of interventions for foreign-trained health professionals revealed various programs, and often these programs have a single objective. Some programs' goal is to increase English vocabulary, which will, in turn, allow participants to build professional-level English skills and to fill gaps in their vocational vocabulary and to adjust to their new work environment (McHugh & Marawski, 2012). For example, The Welcoming Center of New Pennsylvanians offers targeted courses to help foreign-trained professionals build English language skills for a variety of academic and professional settings (McHugh & Marawski, 2012). Other programs focus on developing "soft skills" necessary to obtain skilled employment in the United States (McHugh &

Marawski, 2012) For example, Upwardly Global provides assistance in compiling resumes, drafting cover letters, and practicing interview and networking skills, as well as individualized support from employment coaches and mentors (“Your U.S. Career,” n.d.).

However, there is a consensus within the literature that a bridging program for foreign-trained healthcare professionals is a complex task, and that the breadth of the problem makes single solutions impractical (Alkan, 1998; Couser, 2007; Fernandez-Penna, 2012; Neiterman et al., 2018). Therefore, an effective bridging program should be comprehensive and multilayered. The program should not only prepare the foreign-trained professionals for obtaining professional licensure but also enhance their social and cultural capital and improve their employment outcomes (Bourgeault et al., 2013)

Neiterman et al. (2018) interviewed Canadian Bridging programs for allied health professional participants and stakeholders (program representatives, instructors, employers, and professional regulators) to identify factors that should be taken into consideration when creating a bridging program and are essential for ensuring that bridging programs will achieve their key goals. According to Neiterman et al. (2018), an effective bridging program should strive to incorporate as many key factors as possible. Neiterman et al. (2018) stated the importance of the clinical experience, which provides international health professionals with an opportunity to learn the local culture of practice, build networks with practicing clinicians, and improve cultural competence and communication skills. Additionally, considerable emphasis was placed on the ability of bridging programs to provide clinical placements or, at a minimum, high-quality clinical

simulation for participants (Bourgeault et al., 2013; Sullivan et al., 2002).

Another important feature of an effective bridging program is the incorporation of communication courses and the development of language skills, including workplace readiness skills (McHugh & Marawski, 2012; Neiterman et al., 2018). Further, stakeholders working collaboratively is another key factor that promotes the effectiveness of the training/bridging programs. Working with employers and regulators enables bridging programs to identify the key competencies needed for successful integration into the workplace. Another example of working collaboratively is partnering with post-secondary institutions, private, and governmental organizations that, by providing funding such as educational loans, improve the programs' accessibility and flexibility. The Welcome Back Initiative (WBI) realized that in order to achieve the best result, it must go beyond the individual health professional level of service. The WBI works with educational and licensing entities as well as with professional associations to explore the feasibility of creating accelerated programs that will prepare participants to meet the licensing criteria of specific health professions while building on their previous professional experience (Fernandez-Penna, 2012). Moreover, administrative and infrastructure support-committed staff, faculty, and supervisors, as well as accessibility and affordability of the offered program, was seen as paramount. Educators and administrators who have experience working with internationally educated health professionals, preferably with first-hand experience or at minimum, received cultural sensitivity training, were defined by the participants as pivotal for the program's success (Neiterman et al., 2018).

Lastly, support is often marked in the literature as an imperative factor for the programs' success (Eisen et al., 2014; Greig et al., 2013; Taherian & Shekarchian, 2008; Webb et al., 2013). There is a general agreement that ongoing support to IMGs helps them to manage stress and adjust in a healthy manner (Seritan et al., 2007, Greig et al., 2014). Several authors argue that a high level of support at an early stage would be most beneficial, as it will help identify any initial problems and prevent escalation of the situation (Lockyer et al., 2010; Taherian & Shekarchian, 2008). It is well documented in the literature that the initial move to a host country can cause a cultural shock and difficulties in cross-cultural adjustment (Zubin, 2005). As time goes by and the individual has been living in the country for some time, they are likely to have developed personal resources, social supports, and adequate coping strategies (Kehoe et al., 2016).

Couser (2007) summarized twelve tips for developing training programs for international medical graduates in Australia. Couser (2007) argued that moving to a new country and culture can be difficult for not just doctors but their families as well. Providing information for doctors and for their families in terms of day-to-day living advice such as banking, accommodation, obtaining a driving license, and introductions to local cultural groups can not only provide much-needed practical assistance but can also enhance settlement process for all concerned. Providing such support can improve the experience for the doctor and make life in the new country much easier.

There is a growing body of evidence presenting that implementing a mentoring scheme is an effective way to provide ongoing support, enhancing the efficiency of an initial program without being costly (Baldacchino, et al., 2009; Ballard & Laurene,

2004). Further, having a personal “buddy” who can provide information when necessary reduces stress and anxiety and supports cultural health capital (Fleming et al., 2015; Nigah et al., 2012). Also, an increase in self-efficacy is likely to result from this support; this confidence will ultimately be applied in the learning environment (McGrath & Henderson, 2009).

Barriers to Full Implementation of Bridging Programs

Many programs are started with pilot funding, but once the program is running, it is expected by the investors to become self-sustaining. This means moving towards cost-recovery models that rely on student tuition fees, but high tuition fees can pose a significant hurdle to IEHP enrolling in a program (Neiterman et al., 2018). Fernandez-Penna (2012) identified time and economic issues as barriers to participation in training/bridging programs. Lack of financial resources and time to attend classes were consistently identified by the stakeholders as barriers to participation in The Welcome Back Initiative. Individuals often didn't have time to go to school because they held two or three jobs in order to support their families; therefore, finding time to go to school frequently implied a significant reduction in income or lost time with family (Fernandez-Penna, 2012).

The sustainability of the programs was also impacted by student demand, which is influenced by factors outside the programs' control, such as immigration policies or the labor market demand. For example, President Trump’s administration anti-immigration policy might cause a direct and immediate damaging effect on the healthcare workforce, by banning immigration from seven Muslim countries, the number of foreign-trained

professionals moving to the United States is expected to decline and as result the demand for this program might decrease. Fluctuating enrollment numbers make long-term planning difficult (Neiterman et al., 2018).

Further, in the United States, many professionals and occupations are licensed by the state but not by the federal government. Every state has its own rules, regulations, and fees. Credential recognition, certification, and license procedures also differ widely, depending on the profession. As a result, conceptualizing and developing a national comprehensive bridging program that addresses a variety of knowledge gaps and takes into consideration the discrepancy between states regarding accreditation and licensure can be difficult. In addition to academic preparation, states often require professionals to serve in internships, residencies, or apprenticeships in order to obtain practical experience. However, securing clinical placements is also a key challenge. Often the training programs are part time, and employers prefer to work with regular, full-time programs. Employers may also be reluctant to work with IEHPs, unsure about their readiness to be in the workplace (Rabben, 2013).

We Have All Been There

The author of the program is a foreign-trained occupational therapist who moved to the United States 7 years ago. The author had experienced many of the challenges that foreign-trained occupational therapists encounter upon moving to the United States firsthand. Over the years, the author has met other occupational therapists who moved to the United States and have had similar challenges. The purpose of the last section of this

paper is to present solutions that are brought by the author's colleagues. These solutions are aligned with the solutions discussed in the literature and shed more light on the necessity of creating a tailored program for this population. In order to get a sample of the occupational therapists' thoughts about optional solutions, an online questionnaire was administered by the author to 12 Israeli occupational therapists who completed their education in Israel and currently live in the United States. Out of the 12 occupational therapists, 6 replied and filled the questionnaire. The first part of the questionnaire focused on the challenges that they were facing upon their arrival. One of the participants, Nadya commented on that part: "there were so many challenges. On a personal level, I had to adjust to everything: the culture, the language, the slang, the cold weather, the bank system, and so forth. On a professional level, I had to prove that my education is equivalent to the education system, understanding the politics of the professional field, and so forth.

Another participant, Meirav, elaborated on that topic:

"The scope of challenges that I faced personally, and we, as a family, was huge. I believe that if I had known all consequences before moving here, our decision to relocate might have been different, but I assume this the nature of the adventure. On the personal side, I had to adjust to a new housing situation, supporting kids in the transition to new daycares, lack of social support, family and friends are far away, adjusting to new weather, culture, expressing myself in a foreign-language understanding bureaucracy. On the professional level, studying for the NBCOT test, learning all aspects of job searching in the United States, limited time and

energy to invest in professional vendors and so forth”.

The second part of the questionnaire focused on the resources and strategies that helped them during the initial period. Their strategies and resources included receiving social and emotional support, reaching out to local professionals, educating themselves and preparation prior to the transition.

Nadya replied: “Connecting to people that have been going through similar things was helpful, I wished there was more support from locals to welcome us, guide us through, explaining how things work.” Sigal commented on the same topic:

While I was waiting for more than one year before the right funding for my doctoral program became available, I had to be proactive, initiating meetings with several faculty members at Boston University OT department and sharing my experience, thanks to these encounters I was invited to serve as a guest lecturer several classes.

Meirav mentioned the following as resources and strategies: “Support from the spouse and colleagues back home, hours of online reading and searching, connecting to local OTs, self-work, positive thinking.”

Several OTs prepared themselves prior to their arrival to the United States. Sigal said, “I took the GRE class, and it helped me to improve my writing skills.” Others noted taking care of documenting their papers from Israel. All the OTs mentioned that they spoke with other professionals prior to the move. Inbal said, “I spoke on the phone with an Israeli OT who studied in the United States.” Sigal added: “Prior to my relocation, I connected with potential mentors to learn about different doctoral programs. I also spoke

with colleagues from Israel, who obtained their PhD in the United States.”

Lastly, the third part of the questionnaire focused on the essential components that a bridging program for foreign-trained should include. There was a general agreement among them that a support system should be put in place for foreign-trained occupational therapists. Nadya explained: “Having a supportive group, having a person whose job is to HELP foreigners with the licensing process.” Inbal commented on the same question: “What first comes to mind is creating an occupational therapist network, maybe a mentorship program.” Sigal elaborated on the mentorship program: “I would provide a mentoring system utilizing the experience of other immigrants, preferably from the same country of origin, who went through this path.” Creating an outline of different job and/or educational opportunities was also expressed by some of the participants as a significant segment of a valuable program". I would offer the participants with a map of stages that you need to do in order to acquire a license, education platform, such with O.T.s who did the transition “ (Nadya), another participant commented: “I would also provide support for writing a CV, and training for a job application and interviewing. There are so many cultural differences in what is expected that people are not aware of", Sigal.

Conclusion

Although very limited data regarding bridging/training programs for foreign-trained occupational therapists relocate to the United States was found within both research and non-research resources, its necessity is unquestionable. Most of the extant programs are designated for foreign-trained doctors and nurses. Thus, the training programs for occupational therapists should drive its core components from existing

programs for adjacent professions such as doctors and nurses while considering the unique needs of the subgroup of occupational therapists.

An effective program should include a community's needs assessment, frequently evaluating the participants' progress toward their outcomes, while refining the program goal. In order for the participants to receive the most benefit and satisfaction from the program, it ought to provide social and emotional support. Peer groups have been proven to provide participants with greater support than other formats and to increase self-confidence and overall adjustment in the new country. Finally, these programs should incorporate some key features such as conversational and vocational English, knowledge of the American healthcare system, cultural and pre-employment training, with an emphasis on "hands-on" experiences. Such a program, tailored to the needs of foreign-trained occupational therapists, will allow these OTs to regain their professional identity, to better integrate into the local workforce, and to increase their psychological wellbeing.

CHAPTER 4: DESCRIPTION OF PROPOSED PROGRAM

Introduction

Emily has been practicing Occupational therapy for the last ten years. She earned her Bachelor's and Master's degree from the Hebrew University located in Jerusalem. She had worked in various Occupational Therapy settings over the years. She loves the profession and feels very secure with her skills and knowledge. A year ago, Emily's husband got a job offer that required the whole family to move to the U.S. They were very excited as they believed it would be a great experience for all of them. The transition was relatively easy for their young children and the husband as they immediately started school and work, respectively. However, Emily experienced the transition very differently; she had concerns before their relocation regarding acclimating to the new country and finding a job, and these concerns intensified when she realized that it would be much harder than she expected. She started to research online about her credentials, the requirements for licensure in her state, and job opportunities; she even considered to work as an occupational therapy assistant, and got very confused and overwhelmed about what she read. Through social networks, Emily located colleagues that have had firsthand experiences with moving to the U.S. and were in the same situation; she was hoping that they could shed some light and guide her through the process. Emily found comfort in knowing that many overseas occupational therapists shared similar experiences. However, for the first time in her professional career, Emily felt depressed and insecure with what she had to offer as an occupational therapist and a human being.

This scenario represents the position of many foreign-trained occupational therapists during the initial period of moving to the United States. Among the various barriers that foreign-trained face upon moving to the U.S., they often report on lack of confidence in their skills and abilities as healthcare professionals who are working in a new country (Austin, 2007). All professionals' transition, and in particular, international transitions, challenge the person's ability to adapt (Austin, 2007). During professional transitions, a person is at risk for occupational dysfunction and will face challenges when beginning to work in an unfamiliar environment Austin, 2007). The professionals will have to respond in their own unique ways to the physical, social, and cultural subsystems of the environment (Somani, 1998). Further, a transition to a new country often creates a culture shock; the culture shock often results in moderate to high levels of anxiety (Silbiger & Pines, 2014). The magnitude of the culture shock, however, is likely to be influenced by the personality of the individual and how resilient they are (Keohe et al., 2016).

This project focuses on developing an online practitioner training program that will enhance foreign-trained OTs' personal and professional confidence and provide them with tailored vocational training that will help to optimize their personal and professional success and satisfaction. The proposed online educational and vocational program will be beneficial in many ways. On a personal level, increasing the OTs' integration into the U.S. workforce through educational and vocational training will have a direct impact on the foreign-trained OTs' self-esteem and therefore might enhance their psychological well-being. On the organizational level, the program will also benefit service providers

such as hospitals that hire occupational therapists who are equipped with broad international knowledge, diverse experience, and cultural competency. Clients will also benefit from receiving culturally appropriate health services from highly qualified practitioners. It has been well documented in the literature that when clients do not understand what their healthcare providers are telling them, and providers either do not speak the client's language or are insensitive to cultural differences, the quality of health care can be compromised (Fernandez-Penna, 2012). Culturally competent healthcare systems, those that provide culturally and linguistically appropriate services - have the potential to reduce racial and ethnic health disparities. (Anderson, Scrimshaw, Fullilove, Fielding & Normand, 2003). Lastly, on a national level, this program will provide an adequate response to the predicted shortage of healthcare professionals and the growing demand for occupational therapists (United States Bureau of Labor, 2014).

Presented in this chapter is a description of the design and content of the Bright Future Ahead training program. This chapter also includes a discussion of intended program outcomes, as well as potential barriers and challenges impacting program implementation.

Program Design

Bright Future Ahead is a theory-driven, and evidence-based program for foreign-trained OTs. It will rely heavily on occupational therapy foundations, in particular, two substantial values: helping the person to live their lives to the fullest, and being client-centered. The program will also incorporate several main principles of adults' education, Andragogy. For example, it is well known that adults' learning is more problem-centered

than content-related (“Andragogy,” 2020); adults are often most interested in learning subjects having immediate relevance to their work and/or personal lives (“Andragogy,” 2020). Further, the program will draw upon the holistic approach that perceives the person as a whole and focuses on promoting his or her wellness in all areas of life. Therefore, the training program for foreign-trained occupational therapists not only endorses the gaining of knowledge but also supporting the social-emotional well-being of its participants. The content of the training program will be highly relevant to the lives of foreign-trained occupational therapists program, hence, it will be tailored to the unique needs of each practitioner to enable them to reach their potential fully. The Bright Future Ahead derives its core components from existing programs designed for adjacent professions while customizing the program's layout and content to target occupational therapists.

Target Population	<ul style="list-style-type: none"> • Internationally educated OT practitioners. • OTs who have an entry-level master's degree in occupational therapy or a bachelor's degree in occupational therapy with a post-professional master's or doctoral degree in occupational therapy from an accredited program. • OTs whose education, including fieldwork, meets the eligibility requirements to apply for the OTR certification exam. Their education and fieldwork must be deemed comparable to current U.S. entry-level educational standards.
Problems Addressed by the Program	<ul style="list-style-type: none"> • Increased levels of stress and anxiety among foreign-trained OTs. • Inadequate communication (verbal and non-verbal) skills. • Lack of understanding of the U.S. healthcare system and its bureaucracy. • Significant cultural differences that hinder a successful integration • Lack of a supportive system upon arrival to the U.S. • Loss of professional identity.
Focus of Program Content	<ul style="list-style-type: none"> • Preparation for the OT licensure exam • Communication skills • American healthcare system familiarity • Job searching skills • Emotional support • Interning as OTs • Social network
Theoretical grounding of the program	<ul style="list-style-type: none"> • Andragogy, adults' education • Occupational therapy. • Holism
Intended Timeframe for Participation	<ul style="list-style-type: none"> • Within 6 months of entering the U.S. (ideal) • Any time after migrating to the U.S.
Goal of Program	By enhancing various skills and providing emotional support, the program will improve the foreign-trained OTs' well-being and contribute to successful integration into the local workforce.

Table 4.1 Program design

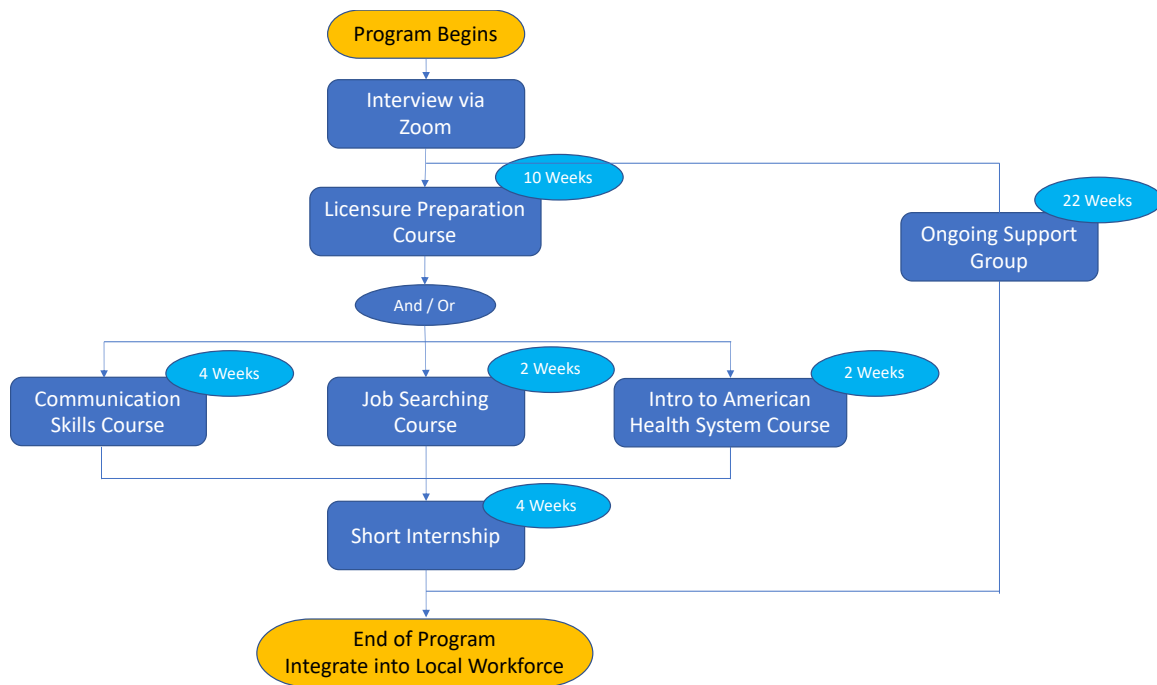


Figure 4.1 Program Design

There is consensus within the literature that a bridging program for foreign-trained healthcare professionals is a complex task and that the breadth of the problem makes single solutions impractical (Alkan, 1998; Couser, 2007; Fernandez-Penna, 2012; Neiterman et al., 2018). The training program should, therefore, not only prepare the foreign-trained professionals for obtaining professional licensure but also to enhance their social and cultural capital and to improve their employment outcomes (Bourgeault et al., 2013). The uniqueness of this program is that it is a comprehensive and multilayered program that takes into consideration the participants' educational, vocational, and social-emotional needs.

Upon entering the program, participants will be interviewed via zoom. The goals of the interview are to examine their English proficiency, to gain a better understanding

of their needs, and to learn more about where they are at in the spectrum of career readiness. Although it is believed that all parts are equally important for the program's success, the program will utilize a flexible pathways framework where there is a non-linear, non-"one-size-fits-all" service model. While participating in the support group and interning are mandatory, the other components are part of the educational menu and are optional and participation is based on the individual's goals, experience, and values. For example, a foreign-trained occupational therapist who is an English native speaker might decide not to take vocational English for occupational therapists.

The program consists of four main parts; educational courses, preparation course for the licensure exam, support group, and short-term internships (see Figure 1). All the parts but the short-term internship take place virtually. The licensure course should be taken prior to the educational courses. After passing the licensure exam, the participant can decide which educational courses they wish to take. The short-term internship should be taken after the completion of all the previous parts and will be held on the site according to their preferences with the service providers affiliated with the program.

The program is 22 weeks long and will offer courses during evenings and weekends to accommodate the busy schedule of many participants and to allow them to keep their jobs. Further, being an online program enhances its accessibility for many occupational therapists; the participant's physical location in the U.S. is not a consideration for not joining the program.

The program's complexity necessitates creating a multidisciplinary team to execute it. The multidisciplinary team will include educators, occupational therapists,

case managers, a marketing group and a program coordinator.

- Educational sessions will be led by experts and or educators in the field.
- Support groups will be led by occupational therapists (preferably those with firsthand experience relocating to the United States and finding suitable employment).
- Case managers will be responsible for helping the participants with refining goals, providing information about the program and responding to personal concerns and issues along the way (each case manager will have between 2-4 participants that are assigned to them).
- A marketing group will be responsible for advocating for the program, publicizing it and looking for all potential participants showing interest in being part of the program.
- A program coordinator will be responsible for locating potential short-term internship fieldwork locations to ensure hands-on experience and connecting all the program's personnel.

The program will be introduced to the foreign-trained occupational therapists mainly via existing social networks in the immigrant community and the healthcare professional community. For example, Israeli OT in the U.S.A. and Israeli therapists around the world. It will also be introduced via the AOTA website and national occupational therapy conferences. Hopefully, it will keep attracting participants as time goes on. Later on, in sequential programs, word-of-mouth publicity will be the primary referral source of new participants.

In order to ensure the success of the program, the program ought to go beyond

only providing services to the foreign-trained occupational therapists themselves. A major piece of the program is to create the educational and employment pathways for its participants to rapidly and easily integrate into the U.S. healthcare workforce; it can only be done by persuading the potential stakeholders of the program's necessity. Prior to contacting the stakeholders and offering them to take part in the program, several actions should be taken:

1. The program coordinator must identify and approach influential occupational therapists in both academia and practice that might be interested in promoting this program.
2. The program coordinator must develop a presence on and use social media platforms (via OT and immigrant or relocation Facebook groups) to locate socially active foreign-trained occupational therapists who have been practicing as occupational therapists and can increase awareness of the program and its benefits.
3. The program coordinator must gather data regarding the needs of occupational therapy services in different organizations (preferably organizations that are nationally spread) and find the best-suited people in the organization to discuss the program with.

Program Content

The educational part of the program will consist of two major components, a preparation course for the licensure exam and courses that address the specific needs of both the program. Many online courses that train occupational therapists to pass the

licensure exam exist in the market. However, the added value of the preparation course offered by this program is that it takes into consideration that most participants are not English native speakers and that they might have completed their education years before their move to the U.S.

This program's course will consist of both one-on-one and group tutoring and will take into account the slower pace that the participants might display due to the reasons described above. In addition, the instructor will assist the participant in creating a study plan that is individualized and customized to meet their unique needs. It might include tools such as insights into personal strengths and weaknesses, ways to master and apply content knowledge based on individual cognitive styles, and so forth.

Aside from the licensure preparation course, education training consists of the following courses: communication skills, introduction to the American health system, and job searching. The curriculum design is unique; the participant can attend one course at a time or attend all courses simultaneously as each course is autonomous; each course provides a specific area of knowledge and skills and contributes to building greater confidence personally and professionally.

The first and foremost barrier for better acclimation and integration in American society and, in particular, in the American workforce is inadequate communication skills. Communication skills comprise of both language and cultural competency (Kalu, Abaraogu, & Norman, 2019); therefore, the program emphasizes the importance of both linguistic and cultural skills by offering a comprehensive course that focuses on improving communication skills. The course is designed to develop communication skills

that are necessary for successful employment in the U.S. healthcare workforce. It increases cultural awareness among the participants, and it has direct relevance to situations that foreign-trained healthcare professionals encounter and to the populations they serve. The communication course content is based on the English proficiency level of its participants (which is determined by their initial interview).

Course Objectives	Course Goals	Example of the group content/activities
<ul style="list-style-type: none"> • Participants will communicate effectively and appropriately with patients and families in healthcare settings. • Participants will communicate effectively and appropriately with other healthcare professionals. 	<ul style="list-style-type: none"> • By the end of the course, the participants will be able to introduce themselves confidently and comfortably. • By the end of the course, the participants will be able to use small talks with their colleagues and clients to build positive relationships • By the end of the course, the participants will discern how others process communication. • By the end of the course, the participants will recognize and address signs of discomfort and displeasure. • By the end of the course, the participants will increase their English language knowledge incorporate explicit healthcare and OT vocabulary in their daily interactions. 	<p>In a lesson that focuses on making small talks with colleagues and patients, the instructor will provide the participants with an example of a healthcare professional that shared something very personal with a client; the instructor asks all participants to partake in the discussion and express their opinion on that matter. Then the instructor provides the participants with a survey that has a list of optional topics for small talk with colleagues and patients; the participant should mark yes or no. For the <i>items that the participant marked</i> as a NO, he or she is asked to consider why you think these are inappropriate topics to discuss with patients. For all items, the participant marked as YES, the participant should write what exactly can he or she ask a patient about this topic when he or she first meets with him or her. The participant is asked to write at least one example for each topic. Among the topics are: family life, work-life, political opinions, the weather, stories in the news, and so forth (see Appendix A).</p>
<p>Participants will understand how cross-cultural beliefs, traditions, and behaviors impact everyday</p>	<ul style="list-style-type: none"> • By the end of the course, the participants increase their knowledge about culture and communication in health care. • By the end of the course, the participants will 	<p>In a lesson that focuses on cultural diversity in healthcare settings, the instructor focuses on defining terms of discrimination, the participants will be asked to complete a worksheet with a partner. The worksheet will provide them with a box consists of words that</p>

communication in healthcare.	<p>increase their knowledge about cultural diversity.</p> <ul style="list-style-type: none"> • By the end of the course, the participants will be more capable of working with multicultural healthcare professionals. • By the end of the course, the participants will be more capable of serving multicultural patients. • By the end of the course, the participants will be more capable of analyzing the needs of cultural communities. 	<p>are all related to discrimination; the participants should find how all these words related and to define the irrelative words, for example, bias, prejudice, ageism, sexism, and so forth. The participants will then be provided with statements that describe different types of discrimination, and the participant should determine the type of discrimination described in the statement. For example: "All of the people working in environmental services are people of color except the supervisor who is white"-racism. Then the participants are asked to think of an example from their personal experience and to discuss it with their partner (see Appendix B).</p>
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Table 4.2 Program content, communication course sample

Many foreign-trained healthcare professionals state that a significant barrier to successful integration is their unfamiliarity with the American healthcare system; in comparison to other western countries, the healthcare services in the U.S. are delivered differently. The second course of the education and vocational training program contributes to a greater understanding of American healthcare and, as a result, enlarging the foreign-trained occupational therapists' confidence to partake in the local workforce.

Course objectives	Course Goals	Example of the course content/activities
The participants will increase their understanding of the U.S. healthcare system.	<ul style="list-style-type: none"> • By the end of the course, the participants will be able to compare different healthcare systems, the advantages, and disadvantages of each system. • By the end of the course, the participants will gain a better understanding of how the insurance operates and its costs. • By the end of the course, the participants will better understand how the American healthcare system is trying to meet the needs of different populations (i.e., elderly, chronic patients). • By the end of the course, participants will gain more knowledge about legal and ethical issues in American healthcare. 	<p>In the lesson that focuses on community clinics and uninsured patients, the participants are asked to read two short newspaper articles and to consider how the issue addressed in the articles is compared to their experience in their native country. After reading, the participants are asked to discuss in small groups possible solutions to this problem (uninsured adult patients). (see Appendix C).</p> <p>In a lesson that focuses on legal and ethical issues in healthcare, the participants are asked to watch a medical drama show on TV (for example, ER, Grey's Anatomy, House), to describe (in a designated chart) the type of dilemma and the people involved and to note how those involved in the ethical or moral dilemma handled the situation and resolved it, if applicable. The participants are asked to present their chart to the whole class in the following lesson.</p>

Table 4.3 Program content, Introduction to healthcare course sample

The last course of the educational part of the training program focuses on job search training in the local workforce. The goal of this course is to provide the participant with practical tools, as one of the interviewees called them tips and tricks that foreign-trained occupational therapists can use while searching for a job in their profession. Most of the occupational therapists that responded to the survey initiated by the author (see Appendix D) expressed their frustration from the process of job search as newcomers, as Meirav argued: “One of my biggest challenges upon moving here was about learning all aspects of job searching in the U.S. - how to write a resume, cover letters, job searching

process, learning new terms - "per diem", "fee for service", develop a professional network, understanding "behavioral codes" such as how to get dressed for a job interview, writing a thank you letter after my interview and understanding that this is a very long process!"

Course objectives	Course goals	Examples of course content/activities
The participants will be able to navigate the job market more easily and will feel more confident within the process of job searching in the new country.	<ul style="list-style-type: none"> • The participants will be able to craft a U.S.-style resume that will market their skills and experience to U.S. employers, • The participants will improve their interviewing skills while presenting relevant work experience. • The participants will be more familiar with available online resources and networks to promote finding a desirable job. 	One of the sessions will focus on drafting cover letters to potential employers. The participants will be provided with templates of cover letters; they will then be asked to use the templates and make their own cover letter. In another session, participants will role-play interviewing for a job; getting constructive feedback from a peer might improve communication skills and build more confidence.

Table 4.4 Program content, job searching course sample

A professional and personal support system is essential in overcoming the various barriers and challenges and ensuring greater levels of motivation, adjustment, and satisfaction; these ultimately will promote a better goal attaining and occupational therapists' psychological wellbeing. The online educational and vocational training for foreign-trained occupational therapists emphasizes the importance of participating in a support group; the number of participants in the support group will be limited to up to 10 participants, to allow an intimate environment. The group will be professionally-led, the participants will meet with the occupational therapist once a week, for the whole duration of the program.

The Group Objective	The Group Goals	Example of the group content/activities
Meeting the participants' social-emotional needs and making occupational therapists feel more supported.	<ul style="list-style-type: none"> • Bringing together occupational therapists who are going through similar experiences. • Providing an opportunity for occupational therapists to share their personal experiences, emotions, coping strategies, and firsthand information about their transition. • Forming and deepening the connections between participants. • Creating a professional network between the participants. 	One or more sessions will focus on the culture shock that many of the foreign-trained occupational therapists experience when they move to the U.S. the four stages of the culture shock, honeymoon, frustration, adjustment, and acceptance will be discussed with the group members. Some sessions will focus on decreasing stress, for example, via mindfulness. Other sessions will focus on creating an accepting environment in the group, via different methods, that will allow the participants to share their struggles, their hopes, their successes, and so forth. The counselor will refer the participants to online resources that might facilitate their networking and adjustment to the new environments.

Table 4.5 Content program, support group sample

Lastly, many training programs often underline the importance of clinical experience in the integration of foreign-trained occupational therapists into the local workforce. The clinical experience provides international health professionals with an opportunity to learn the local culture of practice, build networks with practicing clinicians, as well as improve cultural competence and communication skill (Neiterman et al., 2016). The content of the short-term internship fieldwork will be determined according to the occupational therapy field that the foreign-trained occupational therapist wishes to work after obtaining the OT license. The foreign-trained occupational therapist will have an opportunity to get a taste of the nature of occupational therapy in the U.S. Further, the foreign-trained occupational therapist might integrate both the knowledge and skills acquired from the training program into the clinical practice. Each foreign-trained occupational therapist will be assigned to a mentor from the organization that they

intern at; this will allow the foreign-trained occupational therapist to feel more secure in their clinical abilities and to enhance their personal and professional relationships.

Objectives and Expected Outcomes

Despite the increase of foreign-trained health professionals immigrating to the U.S. and the growth in the demand for occupational therapy services, most training programs are not specified for occupational therapists but doctors and nurses. Further, many of them do not encompass all essential aspects of a transition program and often are not accessible for many of the foreign-trained occupational therapists as they require them to attend the classes physically.

The short-term outcomes for participants in this program include:

- Gaining more knowledge regarding the U.S. healthcare system
- Improving communication skills in English
- Improving cultural awareness
- Building personal and professional networks
- Gaining personal and professional support
- Passing the licensure exam.

Armed with more knowledge, skills, self-confidence, and legal permission to work as an occupational therapist, the OTs will find jobs either in the organizations in which they interned or will be in the process of looking for employment. Subsequently, the participants might experience greater personal and professional life satisfaction, which will, in turn, impact the various environments where the occupational therapist's functions at.

Long-term outcomes for this program might include improving cultural diversity amongst American occupational therapists and decreasing OT scarcity. As a result of more licensed and qualified occupational therapists in the workforce, waiting lists for services will be shorter, the services will better meet the needs of a variety of clients, and the clients will demonstrate a greater satisfaction from the services given to them. Additionally, another long-term outcome might be a greater life satisfaction amongst foreign-trained OTs, which will have a direct impact on the occupational therapist family's well-being and in other environments in which the occupational therapist functions.

Barriers and Challenges to Implementation

Several challenges to implementation can be anticipated for the online educational, vocational training program. The program's success depends on the commitment of the various stakeholders involved in the program, amongst them are private organizations, colleges, OT experts in both academia and the field, and the foreign-trained occupational therapists themselves. The first and foremost barrier to this program might be inadequate support and lack of funding from the private organizations that provide the occupational therapists with internship opportunities. These organizations, for example, hospitals, play a major role in funding the program; consecutively, they directly benefit from hiring qualified and experienced occupational therapists into their organizations. If there is no demand for occupational therapists within the organizations, they will have no interest in investing and funding the program. Locating organizations that are countrywide distributed and that are in constant need of

healthcare professionals might be a significant challenge. Further, since the majority of the program is online, but the internships occur in an actual physical setting, the program should provide its participants with internship locations that are relatively close to their residence and that are of their interest. This might be easier to accomplish in metropolitans and harder to do in smaller or distanced places.

Another barrier to this program might be attracting influential occupational therapists in both academia and practice that might be interested in promoting this program; without their support, the program will not be able to exist; they must see the importance of such a program to the profession as a whole and its individuals. Further, finding a college that will work cooperatively with the author and other experts to develop the online educational curriculum within a limited budget might also be a barrier; most participants cannot afford high tuition. High tuition will set up the program for failure as the low enrollment rate will not justify the opening of such a program.

Lastly, the program might perceive by the occupational therapists as too long; although it is designed to meet the needs of people with families who might also work, it requires people to be invested in it for almost six months. For people to be invested for an extended time, they must understand what they can get out of it; advocating for the program by advertising in professional social networks is essential for obtaining enough participants to open the program.

Conclusion

This online educational and vocational training program is a unique program designed for foreign-trained occupational therapists who recently moved to the U.S.

Foreign-trained occupational therapists face various hurdles in their efforts to integrate into the local workforce. The breadth of their personal and professional challenges necessitates creating a comprehensive multilayered program. The program's values originate from three main disciplines; Occupational Therapy, Education, and in particular, Andragogy and Holism, respectively, it encompasses the participants' educational, vocational, and social-emotional needs.

The 22-week program consists of four main parts; educational courses, preparation course for the licensure exam, support group, and short-term internships. The participants must complete the licensure course and pass the exam prior to participating in other educational courses and interning. It is worth mentioning that while other educational courses offered by the program are highly recommended but optional, participating in the support group and the internship are mandatory. It allows the participants to choose the courses that they deem the most beneficial for their career. The training program requires a notable investment from the occupational therapists; however, it paves the way for a much smoother transition to the local workforce. The partnerships with other stakeholders that were mentioned earlier are imperative; similarly to the occupational therapists, organizations, and other stakeholders are also required for a considerable investment of time and money. However, they should keep in mind the golden opportunity that was given to them if they take part in the program, they can create a more equitable society by improving cultural diversity amongst American occupational therapists and decrease OT scarcity, especially in rural areas.

CHAPTER 5: PROGRAM EVALUATION RESEARCH PLAN

This project seeks to address the lack of inadequate integration of foreign-trained occupational therapists into the U.S. workforce. An educational and vocational training program will equip the foreign-trained occupational therapists with knowledge, resources, and skills, thus enabling the foreign-trained occupational therapists to overcome various barriers that they face upon their move to the U.S. and facilitate a successful transition.

The objectives of the Bright Future Ahead program are: 1) Increasing foreign-trained OTs' knowledge of the U.S. healthcare system 2) Improving foreign-trained OTs' communication skills 3) Increasing foreign-trained OTs' cultural awareness 4) Feeling supported in their new country 5) Increasing networking and familiarity with job searching process. 6) Passing the OT certification exam. In accordance with these objectives, targeted short and long-term outcomes of the program are 1) An increase in foreign-trained OTs' psychological wellbeing 2) An increase in the cultural diversity amongst the American occupational therapists. 3) An improvement in client satisfaction from receiving OT services. 4) A decrease in OT scarcity in the U.S. This evaluation plan will discuss a proposed approach to measure the effectiveness of an educational and vocational training program designed for foreign-trained OTs on these targeted outcomes.

The logic model in figure 5.1 provides a visual illustration of how the proposed program inputs, resources, and theory link to program activities, outputs, and outcomes.

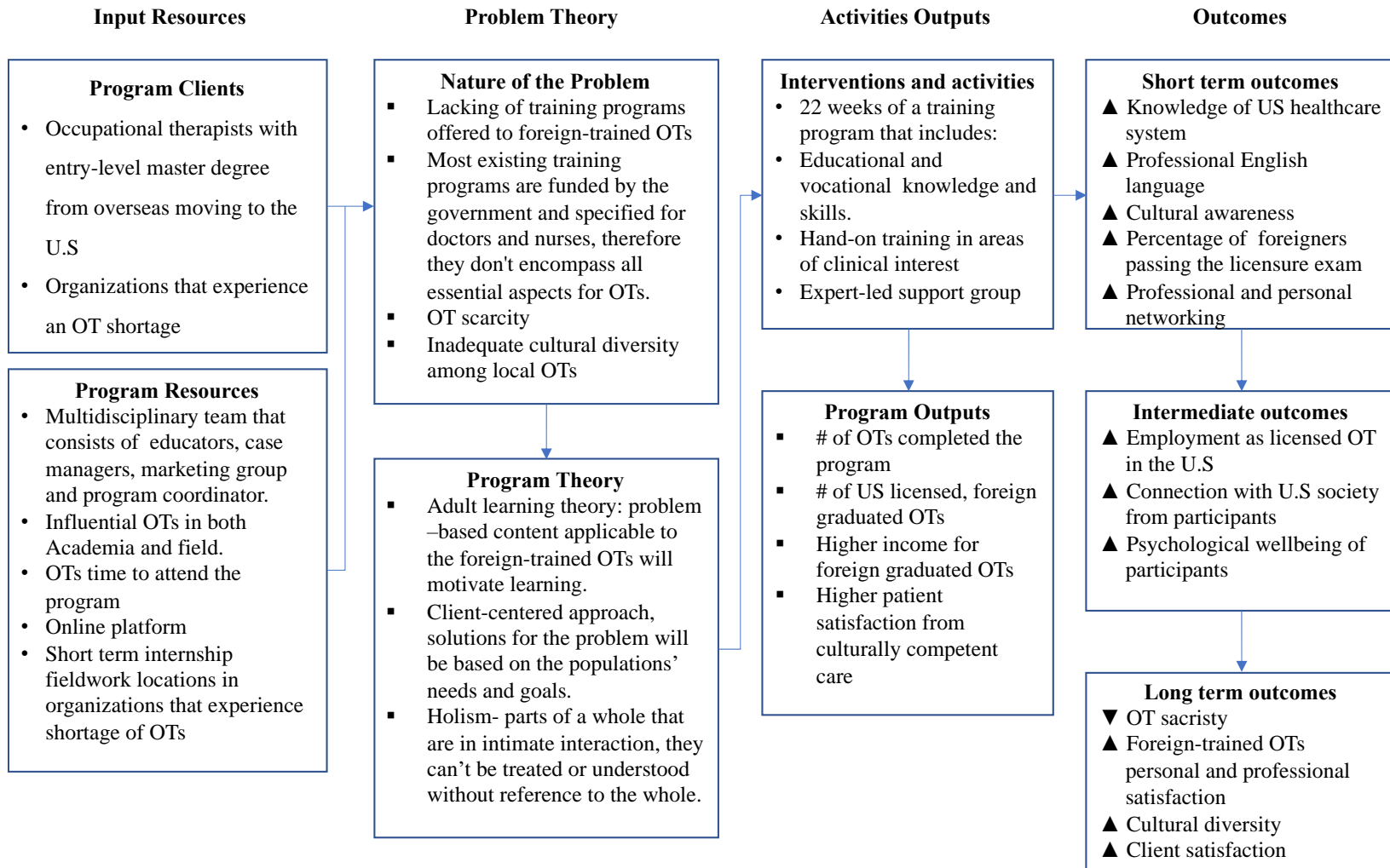


Figure 5.1 Logic Model

Overall Vision

This evaluation is needed to determine the effectiveness of an online educational and vocational training program designed for foreign-trained occupational therapists. Prior to launching and evaluating the program, I will perform a statewide needs assessment, the assessment will include representatives of three main stakeholder groups: foreign-trained occupational therapists, employers in the healthcare sector, and OT experts in both Academia and the field. The assessment will provide a foundation of knowledge upon which to structure the program to meet best the unique needs of foreign-trained occupational therapists and healthcare providers that would hire them afterward. Based on their feedback, I will be able to review the program planning, refine its goals, and omit or add other segments in the program before launching and evaluating. Following the needs assessment, and prior to launching the program on a large scale, I will conduct a pilot on a small number of participants at one site only; it will allow me to make accommodations (if needed) before implementing it in various settings.

I will implement a mixed-method study with both summative and formative approaches. Summative evaluation will be used to measure program outcomes and changes in the dependent variables after program completion. The formative assessment data will be used to improve the delivery of services (Newcomer et al., 2015). Through a formative approach, I would like to tap into perceived strengths and weaknesses of the program; I would like to know if the participants found the program beneficial for them, if there were some aspects that were more useful than others, and if there are other aspects that should be added to the next program. Through the summative approach, I

would like to explore the change in the foreign-trained OTs communication skills, knowledge on the topic of the American healthcare system, occupational therapists' perceived competence of working in the profession in the U.S., cultural awareness, OTs' psychological wellbeing, percentage of occupational therapists passing the licensure exam and the percentage of the occupational therapists recruited by the organizations participating in the program. Additionally, a follow-up evaluation that will take place six months after the completion of the program will examine the level of satisfaction of clients treated by foreign-trained OTs who took part in the training program.

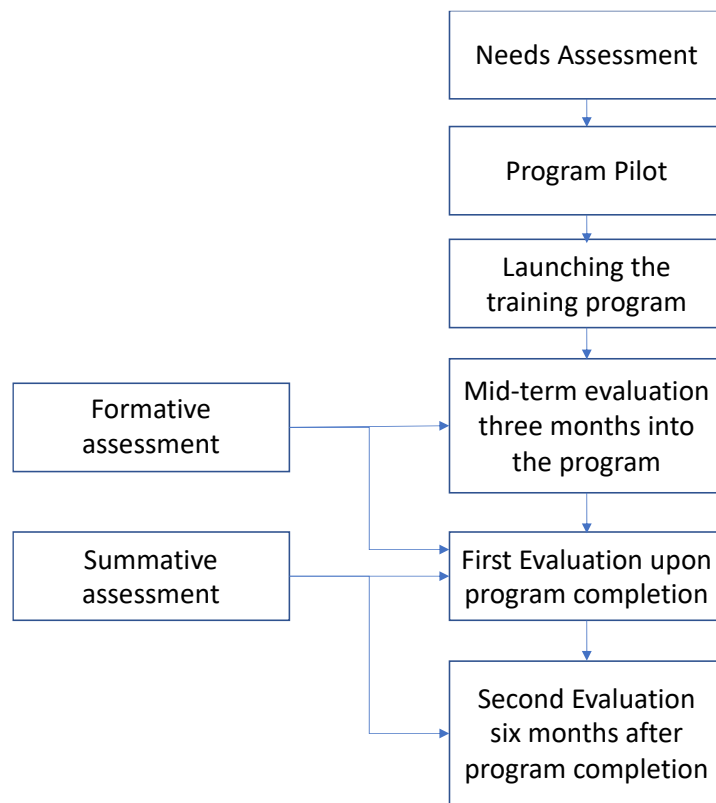


Figure 5.2 Program's Evaluation Flow

Evaluability Assessment

The multi-step design of the evaluation provides comprehensive data about the content being covered in the program and the ways of delivering the program's services. The information gathered will be used to improve the program and make it more effective for all participants. The stakeholders that would be integral to the evaluability assessment will include the participants in the program, major employers in the healthcare sector who might be interested in recruiting foreign-trained occupational therapists, AOTA and state OT professional organization administrators, and influential OTs in both the Academia and the field. The involvement of key stakeholders enhances the designing and implementation of evaluations, and the use of evaluation results in decision making (Bryson & Patton, 2008). According to Gladwell (2000), evaluators must find strategically located people who are committed, competent, and connected.

Several actions should be taken by the program designer prior to contacting the key stakeholders. First, by reviewing data on AOTA conference lectures and the American Journal of Occupational Therapy, the program designer might locate occupational therapists whose research is relevant to the training program and might be interested in contributing to the program. Second, the program designer will use social media platforms (via OT, healthcare professionals, therapists, educated immigrants, or relocation groups) to find socially active foreign-trained OTs who might be interested in promoting the program on social media. Third, the program designer will gather data regarding the needs for OT services in organizations with a nationwide distribution; the program designer will look for the most-suited people in these organizations. Fourth, the

program designer will look for existing OT licensure exam program directors and contact them directly to offer partnership. Lastly, after finding the key stakeholders, the program designer will collect data about the stakeholders' professional and personal background and ways that she can use this data in order to sell the program to them, thinking ahead of the aspects of the program that they will deem important.

Meeting with the stakeholders will take place via zoom or in-person. The program designer will share a presentation with the stakeholders; the presentation will include the logic model describing the program outline of the problem supported by statistics and reasons to address it, and examples of successful bridging programs that were created for adjacent foreign-trained healthcare professionals. Further, the program designer will share with the audience her first-hand experience of moving to the U.S. as a foreign-trained occupational therapist. The personal story would illustrate the importance of creating a unique program for this population. Through the stakeholders' meetings, the program designer will strive to convince the stakeholders that their involvement in carrying out the program is critical for the program's success. Meetings with the stakeholders must leave room for raising concerns, brainstorming ideas, and answering questions. Meetings with stakeholders can be done one on one or in a small group format; keeping the group small will allow more involvement of those who don't speak in front of big crowds and assure that most stakeholders' voices are being heard. At the end of the meeting, participants will receive a packet with detailed information about the program and a list of resources, including a reference list with the most current researches supporting the necessity of the program.

Core Purpose of the Evaluation

The program will be both descriptive and causative to acquire necessary data for implementation. The descriptive part would be formative and would be used to obtain detailed descriptive information on the program's processes and its impact on the participants through open-ended questions. Possible questions could be: what content was useful for you? What else could be added to the program? Did you like the program? Would you recommend it to your colleagues? A pre-test-posttest would be applied for the causative, summative part of the program evaluation, as it will seek to establish a preliminary cause and effect relationship between participating in the program and an increase of knowledge, competence, psychological wellbeing, and integration into the local workforce.

Scope of the Evaluation

The evaluation will take place over twelve months. Baseline ("pre") data will be collected at the beginning of the training program, and outcome ("post") data will be collected during two touchpoints, immediately after the program completion and six months after completion. Similarly, qualitative interviews with the stakeholders will take place twice, after a three-month interim period and upon the program completion.

Measuring Times	Variables Measured
Immediate after the program completion	Knowledge of the American healthcare system, communication skills, cultural awareness, perceived competence of working as an occupational therapist in the U.S., percentage of occupational therapists passing the licensure exam.
Six months after the program completion	OTs psychological wellbeing, percentage of participants working as OTs, clients' satisfaction.

Table 5.1 Evaluation touchpoints

Conducting a follow-up after six months is essential to aggregate more information from various stakeholders and to learn about future implications and directions of the program. The evaluation will take place in the virtual context via online surveys, questionnaire and a quiz. Further, interviews will be held via telephone calls or zoom meetings.

The number of participants in the evaluation will be based on the number of the program's participants.

Inclusion criteria	Exclusion criteria
Graduated an entry-level master's degree in the country of origin	Hold a degree from a non-western country (where the curriculum is significantly different)
Moved to the U.S. in the last five years	Not being able to commit to a long program (almost six months in length)
Worked as occupational therapist in the country of origin	Not being able to pay affordable tuition to participate in the program
	Not being able to use technology
	Not being able to communicate effectively in English, both in speaking and writing.
	limited or no access to the internet

Table 5.2 Inclusion and exclusion criteria

Evaluation Questions

The program evaluation research questions are based on the information that was gathered on key stakeholders' needs, priorities, concerns, and perceptions. These questions will link back to the program objectives that were described in the overall vision section above. These questions will eventually derive decisions on appropriate data collection and analysis. The way we formulate the questions dictate if it is going to be qualitative research, quantitative research or mixed-method design combines elements of

both qualitative and quantitative methodology. The Bright Future Ahead complexity generates complex research questions that cannot be answered by simple numbers and therefore necessitates using mixed methodology.

Below are the evaluation questions organized by the stakeholder or stakeholder group and by the type of the research, qualitative or quantitative.

Stakeholder or Stakeholder group	Program Evaluation Research questions Qualitative	Program Evaluation Research questions Quantitative
Foreign-trained occupational therapists	<ul style="list-style-type: none"> • Was the program beneficial to the occupational therapists participated in the program? • Were some aspects of the program more or less useful or effective? • Were there other key issues or problems that are unique to this population and were not addressed in the program? • Was the program duration adequate, or should it be shorter or longer? • Was the delivery of the program aligned with attaining the program's goals? • Are you experiencing a change in your personal satisfaction after attending the program? • Are you experiencing a change in your professional satisfaction after attending the program? 	<ul style="list-style-type: none"> • Did occupational therapists gain needed knowledge consistent with the program goals? • Did the participants gain needed skills consistent with program goals? • Did the level of professional satisfaction of occupational therapists increase after participating in the program? • Did the level of personal satisfaction of occupational therapists increase after participating in the program?
Private healthcare providers/ organization (future employers)	<ul style="list-style-type: none"> • Was the program easy to implement and cost-effective? • Were any miscommunications or issues between the multidisciplinary occurred? How were they addressed? • Were there unanticipated external factors that impeded meeting the program's goals? • Were clients who treated by occupational therapists who graduated this program reported a 	<ul style="list-style-type: none"> • The program increase the number of services given by occupational therapists in the organization? Is this a significant change? • Has the program positively impacted foreign-trained OTs' job-satisfaction? • Has the program positively impacted clients' care satisfaction?

	<p>favorable experience with the care they had received?</p> <ul style="list-style-type: none"> • What are the unique contributions of this program to your organization? Further, moneywise, is it worth the investment? 	
Representatives of both Academia and field	<ul style="list-style-type: none"> • How did the representatives who took part in the program promoted the success of the program? • Is the curriculum consisted of proposed theoretical justification? • Are the OTs report an increased understanding of their role as a U.S. occupational therapist? • Are the outcomes reflect the desired change in occupational therapists' confidence when working in the States? • Were program participants sufficiently prepared for the licensure exam? 	<ul style="list-style-type: none"> • Did more OTs pass the licensure exam due to participating in the program? Is this difference significant? • Did more foreign-trained OTs incorporate into the healthcare workforce after completing the program? Is this difference significant? • Did the research data demonstrate the importance of providing training to foreign-trained OTs? Did it distinguish between the different components of the program and each component's relative addition to its success? • In the light of globalization is the program been justified based on the study findings? • In the light of cultural awareness and competency is the program justified based on study results?

Table 5.3 Evaluation questions by stakeholders groups

Research Design and Methods

For this evaluation program, a mixed-method study implemented with both qualitative and quantitative approaches is the most appropriate. It is qualitative in the sense that through the administration of in-depth interviews, I will be able to tap into the perceived strengths and weaknesses of the program and aspects that need changing. The quantitative data will focus on Likert scales, surveys, and knowledge quizzes. The independent variable is the participation in the educational-vocational training program.

Further, I will collect data via a questionnaire on participant characteristics such as age, gender, marital status, years of education, years of experience, number of years in the U.S. prior to the beginning of the program, level of English proficiency both in writing and speaking. It might be an interest of the program evaluator to learn if there are correlations between one or more participants' characteristics and the desired outcomes; for example, is there a correlation between the years of experience as an occupational therapist prior to the U.S. and incorporating into the healthcare workforce.

A Planned Approach to Data Gathering

The methods that will be used for the evaluation program include in-depth interviews for qualitative data and the use of surveys, a questionnaire, and a quiz for quantitative data. Semi-structured in-depth interviews will be held either in the traditional face to face way as much as possible or online. The interviews will be recorded and transcribed via zoom. Verbal comments from interviews will be analyzed qualitatively for commonalities; consequently, the main themes will be identified, for example, suggestions for improvement. In order to ensure the trustworthiness of findings, a percentage of the data will be coded twice by different researchers, the program developer, and her colleague. The surveys and quiz that I will employ will evaluate if the program achieved its goals. (see Appendix E) I will exercise this by providing pre and post-test measurements that focus on knowledge, perceived competence, occupational therapist psychological wellbeing, and client satisfaction. Knowledge is defined as the factual information regarding the U.S. healthcare system that was acquired by the participant through the training program and will be measured using a knowledge-based

computerized quiz created by the program developer. Each question in the quiz would be carefully selected to make sure that core concepts are covered. The perceived competence is defined as the participants' self-belief that they qualify to work as an occupational therapist in the U.S.; this will be measured by a competency rating scale, consisting of ten electronic competency questions that are rated from 1 (poor) to 5 (excellent), this tool will also be created by the program developer.

Further, the occupational therapist's wellbeing is defined as the state of being happy, healthy, or prosperous. This will be measured through a survey that will combine items with a five-point Likert scale and open-ended questions. The items in the survey will ask individuals about the frequency, intensity, strength of agreement or truth of specific and non-specific thoughts, feelings, and statements. In addition, the participants will be asked to provide personal examples by answering the survey's questions. This tool is prevalent in human science, and it will be adapted to the specific population's characteristics by the program developer. Additionally, the clients' satisfaction from OT services is defined as the extent to which the client is contented with the healthcare services that they received from the health provider. Similarly to the variable of OTs' wellbeing, clients' satisfaction will combine items with a five-point Likert scale and open-ended questions. Examples may include responsiveness of staff and clinician communication.

As participants will have had to register for the training program online, the surveys and quiz will be sent via email. As part of the survey, the participants will have the opportunity to provide contact information and indicate their consent to participate in

a follow-up qualitative in-depth interviews. The evaluator will randomly select participants to take part in the evaluation. Administration of the pre-test and post-test will involve completion of the surveys and the quiz before the program begins, immediately after the program completion, and for some variables, six months after the completion of the program.

Data Management Plan

The data would be collected and analyzed online as the program is planned to be solely online. Various ways would be established to analyze both quantitative and qualitative data. For the quantitative part of the evaluation, nominal data would be collected on participant characteristics through a questionnaire consists of a set of open-ended questions related to descriptive information, such as demographics, qualification, and previous experience. Ordinal data would be collected by using a five-point Likert scale for perceived competence, OTs' psychological well-being, and clients' satisfaction from OT services. Interval coding would be necessary to develop a knowledge quiz about knowledge of the U.S. healthcare system, professional English proficiency, cultural awareness, and familiarity with the employment process gained after the program's completion. The program evaluator will use a set of paired t-tests that are appropriate for parametrical data that was collected and would be analyzed using SPSS. For coding the qualitative data, verbal comments from semi-structured in-depth interviews will be analyzed and will be added to the Access database as the theme dimension table for analysis. All data received would be stored and backed up on Google docs.

The program designer will be the main person who gathers, analyzes and

summarizes the report. The final evaluation report will consist of an executive summary of the findings and recommendations for following steps. It will be shared by email with stakeholders and discussed via a face to face if applicable or online meeting.

In conclusion, providing a comprehensive program evaluation is important for several reasons. First, it will allow the author to determine if the program attained its goals, in other words, if the program worked. Second, it will advise us if the program possesses generalizability, meaning it is applicable for other populations as well or it cannot be applied beyond the group or context because the sample was too small or the results didn't demonstrate significance. Third, it will ensure that incorrect and missing data are minimized. Finally, it will examine if the methods that we chose for the statistics were appropriate for the program's evaluation.

CHAPTER 6: DISSEMINATION PLAN

A Bright Future Ahead is a unique program designed for foreign-trained occupational therapists (OTs) who recently moved to the U.S. A Bright Future Ahead seeks to address the lack of adequate integration of foreign-trained occupational therapists into the U.S. workforce. Upon their move to the U.S., foreign-trained occupational therapists face various barriers; cultural, communicative, personal, educational, and structural barriers hinder their integration process and might lead to deskilling, loss of confidence, and high frustration among immigrant health professionals (Bloch, 2008; Humphries et al., 2013; Jirovsky et al., 2015).

The 22-week program consists of four main parts; educational courses, preparation course for the licensure exam, support group, and short-term internships. Some features of the program are mandatory to all participants, such as participating in the support group and the short-term internships. Other features, such as communication and job searching, are optional; however, they are highly recommended. The program's structure allows the participants to choose the components that they deem the most beneficial for their careers.

A Bright Future Ahead's objectives are:

- 1) Increasing foreign-trained OTs' knowledge of the U.S. healthcare system.
- 2) Improving foreign-trained OTs' communication skills.
- 3) Increasing foreign-trained OTs' cultural awareness.
- 4) Helping foreign-trained OTs feeling supported in their new country.

- 5) Increasing networking and familiarity with the American job searching process.
- 6) Increasing the number of foreign-trained OTs passing the OT certification exam.
- 7) Increasing the number of foreign-trained OTs employed in the local workforce.

Upon the completion of the program, foreign-trained OTs will be armed with more knowledge, skills, self-confidence and legal permission to work as occupational therapists. Further, they will have the choice to either stay and work in the organization that they were interned at or will be in the process of looking for employment somewhere else. Subsequently, OTs who completed the training program might experience greater personal and professional life satisfaction, which will, in turn, positively impact the various environments where the occupational therapists function at.

The dissemination plan consists of four steps. First, the dissemination goals and target audiences will be specified. Second, the interests and the needs of each target will be discussed. Third, key messages, activities related to these key messages and sources to best deliver the messages will be examined. Lastly, a budget and evaluation plan for dissemination activities will be presented.

Dissemination Goals

Long-term goal: The findings from A Better Future Ahead will validate the program's unique contribution to the psychological wellbeing of its participants. Subsequently, it will illustrate greater clients' satisfaction from receiving more culturally diverse OT services and will decrease OT scarcity nationwide.

Short-term goals: 1) Dissemination of the program's results will equip other foreign-trained OTs in the U.S. with the program value and encourage more participants to enroll in future training programs.; 2) Dissemination of the program's results will be presented to healthcare organizations, colleges and universities that offer degrees in occupational therapy in order to create a growing number of partnerships via scholarships; 3) Dissemination of the program's results will increase understanding of the importance of providing a more culturally aware service among both clients and providers; and 4) Ongoing course evaluation will be conducted to improve the course and monitor dissemination's outcomes.

Target Audience

The program itself targets foreign-trained occupational therapists who recently moved to the U.S. This specific group is the primary audience for the dissemination plan. However, a broader population that consists of other healthcare professionals, such as physical therapists, speech and language pathologists, and social workers might be the target audience in the future. The secondary audience includes organizations that provide healthcare services on a national scale, i.e., Partners. Colleges and universities that offer occupational therapy programs, i.e., Boston University, are also part of the secondary audience. Ideally, the program will start as a pilot that will take place in a university or a college in the Greater Boston Area that can use its fieldwork places in healthcare settings in favor of the foreign-trained OTs.

Primary Target Audience: Foreign-Trained OTs

Although there is an array of training programs designated for foreign-trained nurses and doctors, very limited data regarding training programs for foreign-trained occupational therapists who relocate to the U.S. was found both in research and non-research resources. Foreign-trained healthcare professionals often experience negative feelings such as homesickness, loneliness, sadness, and confusion upon moving to the U.S.; these emotions are highly related to multiple challenges they encounter upon their transition (Lee & Wetwood, 1996). Among these challenges are lack of social-emotional support, difficulty adjusting to a new culture, a problem with understanding the American bureaucracy, and expressing themselves in a foreign language, and so forth (Chen et al, 2013; Kalu et al 2019; Leavy, 1983) Consequently, this audience might be interested in participating in a program that provides them with practical knowledge, a comprehensive social-emotional support system, and pre-employment training which focuses on a “hands-on” experience. Thus, A Better Future Ahead will allow foreign-trained OTs to regain their professional identity, to better integrate into the local workforce, and to increase their psychological well-being.

Key Messages

- A Better Future Ahead is the only program designed solely for foreign-trained OTs; therefore, it knows best to meet your needs.
- A Better Future Ahead realizes that the “one size fits all” approach cannot be administered when working with this population. The various challenges that OTs

face upon moving to the States require a comprehensive, multilayered program that takes into consideration educational, vocational, and social-emotional necessities.

- The Bright Future Ahead provides foreign-trained OTs with all information regarding the licensure exam. Also, it offers them an online course which is designated for international OTs who completed their education prior to their move to the U.S.
- A Bright Future Ahead provides foreign-trained OTs with great opportunities to enhance their knowledge on topics such as The American Healthcare system, cultural norms, and the job searching process. A Bright Future Ahead believes that different people have different needs and allows attending one course at a time or all courses simultaneously as each course is autonomous.

Sources/messengers

Most spokespersons will be previous A Bright Future Ahead participants. The participants can speak first-hand about their experience and testify regarding the program's personal and professional benefits. Word of mouth publicity will be the primary source of future referrals. Therefore, it will be essential to collect testimonials throughout the program and ask for the participants' permission to use their testimonials to inform future participants about the program's value. The program will be advertised mainly via posting the testimonials on various existing social media platforms used by this population, for example, Israeli OTs in the U.S., Israeli therapists around the world, PTs in the U.S., and so forth.

Secondary Target Audience: Healthcare Organizations

As mentioned previously, the secondary audience includes nationwide healthcare organizations and colleges/universities that train occupational therapists. Healthcare organizations seek opportunities for growth, efficiency and profitability, typically in a competitive environment. Further, many organizations acknowledge the importance of enhancing their customers' satisfaction as a vehicle to carry out their vision and strategic plans. Taking part in the program will enable the organizations to hire occupational therapists equipped with broad international knowledge, diverse experience, and cultural competency. Clients may also benefit from receiving culturally appropriate health services from highly qualified practitioners.

Key Messages

- Being part of A Better Future Ahead will help your organization solve the prolonged problem of OT shortage and shorten the waiting list for OT services.
- Investing in A Better Future Ahead will grant you international, qualified, and experienced healthcare personal.
- Taking part in the program ensures that your clients will benefit from receiving culturally appropriate health services from highly qualified practitioners and experience greater satisfaction. It has been well documented that when providers either do not speak the clients' language or are insensitive to cultural differences, the quality of healthcare can be compromised (Fernandez-Penna, 2012).

Sources/messengers

The primary spokesperson for this target audience is the healthcare organizations who took part in the program and experienced its value (either in the pilot phase or after implementing it on a wider scale) and can recommend other healthcare organizations to participate too. Further, objective evidence such as the number of people who completed the program and found a job in the organization that trained them can indicate the effectiveness of the program. Professional associations, i.e., the American Occupational Therapy Association (AOTA), professional marketing companies that specialize in the healthcare industry, and policymakers, all of these sources can impact key decision-makers when they appraise the potential of the program to their organization.

Secondary Target Audience: OT Programs at Universities and Colleges

The other secondary audience includes occupational therapy programs at universities and colleges, preferably programs that already offer online programs and have the infrastructure and experience of working remotely. As described previously, there is an increasing demand for health professionals in the United States. The immigration of foreign-trained health professionals has been identified as one component of the workforce supply picture and a potential solution to workforce shortage (Cornwall, Keehn, and Lane, 2016). However, foreign-trained healthcare workers encounter various challenges upon moving to a new country and often describe high levels of anxiety and depression. It is, therefore, problematic for foreign-trained OTs to be expected to adjust to a new country without providing them with professional and personal resources. Hence, it is vital that influential OTs in academia will be committed to A Better Future

Ahead and contribute from their knowledge, skills, and personal and professional influence to promote occupational justice by allowing greater integration of educated immigrants.

Key Messages

- Accepting multicultural and multilingual OTs may enrich your personal and professional experience.
- Supporting A Brighter Future Ahead might provide you with more publicity and add to your prestige as an institution that is qualified in developing a curriculum for international students.
- Supporting A Brighter Future Ahead reflects one of the core beliefs of the profession that people should live their lives to the fullest; allowing foreign-trained OTs to work as OTs in the States strengthens that conception.

Sources/messengers

Sources of effective spokespeople include the key persons that were involved in implementing the program in the university/college; key persons in the academia are experts in their realms and therefore can be very persuasive and successful in promoting the program to other colleagues.

Dissemination Activities

To target both primary and secondary audiences, activities including electronic social media, person-to-person, and written information will be completed by the program developer, local resources, and collaborators.

Primary Target Audience: Foreign-Trained OTs

- Electronic/social media: create a short video starring past program participants to present the Bright Future Ahead program, to be posted in a designated YouTube channel. Links to the YouTube video will be posted in various FaceBook (FB) groups and professional associations websites, such as The American Association of International Healthcare Professionals via LinkedIn.
- Person-to-person: 1) Conducting short online presentations to introduce the program during planned meetings via zoom or face to face for prospective candidates; 2) Informal conversations via phone or email to explain more about the program's structure and its content; 3) Presentations in conferences, such as the ISOT (Israeli Society Occupational Therapy) convention, the AOTA, the World Federation of Occupational Therapists (WFOT) conference, and so forth; and 4) A Brighter Future Ahead will include a unit on ways of advocating and advertising the program, it will encourage and teach the program's participants how to become ambassadors of a Brighter Future Ahead within their social network (in-person and online).
- Written information: an electronic brochure that includes key elements of the program will be developed and emailed or mailed to potential applicants.

Secondary Target Audience: Healthcare Organizations

- Written information: Develop a written fact sheet presenting evidence supporting A Bright Future Ahead with testimonials from OTs who completed the program, providers, and the professional staff who took part in the program, sharing their perspective on the benefits of Bright Future Ahead.

- Person-to-person: 1) Develop and deliver a presentation to introduce the Bright Future Ahead, including supportive evidence that demonstrates how it can support organizations' strategic plan. This may be operated by the program's developer or by professional marketing which specializes in marketing directly to health organizations; 2) Gathering data via professional regarding the needs for OT services in various healthcare organizations that are nationally spread, finding the best-suited people in the organization, scheduling an in-person (if possible) or zoom meeting to do discuss the program with; 3) Use personal networking to establish a relationship with influential occupational therapists in the field that might be interested in promoting the program by providing key persons to contact within their organizations; and 4) Locating with the assistance of a marketing company that specializes in the healthcare market, conventions that might be beneficial to present the program and yield the best results.

Secondary Target Audience: OT Programs at Universities and Colleges

- Person-to-person: 1) Network to establish relationships with influential key persons, including professional associations, such as AOTA, APTA, American Physical Therapy Association ISOT, Israeli Society of Occupational Therapy, and policymakers, such as Massachusetts Health Department, to advocate A Bright Future Ahead as a recommended program; and 2) Identifying and approaching via email or phone call influential OTs in Academia, particularly foreign-trained OTs who hold key roles and have experienced the challenges first-hand and endorse such a program's value.

- Written information: 1) Preparing an electronic brochure that includes summarized data about the program, the brochure will be sent to stakeholders before meeting with them in person; and 2) Publishing a peer-reviewed journal article of program evaluation.

Dissemination activity	Cost	Explanation
Establishing contact with future candidates	\$0.00	Time only
Establishing contact with healthcare organizations	\$0.00	Time only
Establishing contact with colleges/universities	\$0.00	Time only
Networking with others interested in the promotion of Bright Future Ahead	\$0.00	Time only
Development of an online brochure, fact sheet, presentations	\$0.00	Time only
Development of an online video	\$4,000	Video producing costs include fees for the photographer and editor
Conferences presentation (i.e., AOTA annual conference, APTA annual conference).	\$4,000 \$1,000 for travel and other expenses for a 3 day conference: 2 nights * \$200 per night (\$400), \$300 flight cost and 3* \$100 (\$300) food and transportation per day.	Includes 4 annual conferences (for OTs, PTs, SLPs, and Social Workers)
Working with a marketing company to help introduce the program to healthcare organizations	\$1,500 (\$150 per hour *10 hours).	Pay hourly to an advisor
Writing posts in electronic media	\$0.00	Time only
Publishing a peer-reviewed article	\$0.00	Time only
Total	\$10,000 (US\$)	

Table 6.1: Budget Needs

Evaluation

The following criteria will measure the success of the dissemination activities:

- An increase of 50%–75% in the number of foreign-trained OTs showing interest in registering to the program following the dissemination activities, this can be tracked by any correspondence between the program developer and OTs.
- An increase of 25%–50% in the number of foreign-trained OTs registered to the program as a result of the dissemination efforts.
- An increase of 50%–75% in the number of healthcare organizations showing interest in the program, this can be tracked any correspondence between the program developer and representatives of healthcare organizations.
- An increase of 25%–50% in the number of healthcare organizations that joined the program.
- An increase of 50%–75% in the number of colleges and universities demonstrating interest in the program, it can be tracked by any correspondence between the program developer and representatives of colleges and universities.
- An increase of 25%–50% in the number of colleges and universities that joined the program.
- Conference presentations: proposal will be accepted for presentation in at least two conferences.
- Video clips on YouTube channel will receive an increasing number of views.

- Written online posts on A Brighter Future Ahead will be followed and shared by foreign-trained OTs and program's providers will continue to develop communication threads in social media groups.
- Peer-reviewed article will be accepted within one year following A Brighter Future Ahead pilot phase completion.

Conclusion

A Bright Future Ahead is a 22-week training program for foreign-trained occupational therapists. The program's main goal is to provide foreign-trained occupational therapists who recently moved to the U.S. with knowledge, skills, and emotional support to ease their transition to the local workforce. Assuming that the program is successfully implemented and that its evaluation suggests successful attainment of the targeted outcomes, the next step is to disseminate results to the primary audience of foreign-trained occupational therapists who moved to the States in the last five years, and to the secondary audience, including healthcare organizations and colleges and universities that offer OT programs.

Through dissemination activities such as developing an online brochure and video, presenting at AOTA, APTA, and ASHA, American Social Health Association conferences, and posting in online OT forums, this plan seeks to validate the unique contribution of this program to the psychological wellbeing of its participants, to decrease OT scarcity nationwide and to increase culturally diverse OT services across the country. It is necessary to complete the dissemination activities in a timely and organized manner to achieve appropriate contact with all audiences, without use of dissemination, it will be

difficult to acquire participants to future programs.

CHAPTER 7: FUNDING PLAN

A Bright Future Ahead is a multilayered, comprehensive program that seeks to address new foreign-trained occupational therapists' various needs. New foreign-trained occupational therapists are considered as professionals who moved to the United States up to five years ago. The program's values originate from three main disciplines: occupational therapy, education, particularly andragogy, and holism, respectively, it encompasses the participants' vocational, educational, and social-emotional needs. The program derives its core components from existing programs for adjacent health professionals; nonetheless, it is tailored to this population's unique needs.

A Bright Future Ahead is a 22-week online educational and vocational training program; the program incorporates some key features, such as conversational and vocational English, knowledge of the American healthcare system, and cultural and pre-employment training, emphasizing "hands-on" experiences. Further, the program provides social and emotional support via peer groups to increase the occupational therapists' self-confidence and overall adjustment to the new country.

The presented funding program reflects resources and funds required for A Bright Future Ahead training programs' development, evaluation, delivery, and dissemination. Available local resources, the budget of needed resources, and potential funding sources are discussed next. The funding opportunities are described according to the two phases of A Bright Future Ahead implementation. In phase 1, the pilot phase, A Bright Future Ahead, will be evaluated to examine the training program's effect on a small number of foreign-trained occupational therapists in two sites: The Greater Boston area and the New

York City area. In the second phase, the program will be nationally distributed and offered to all foreign-trained occupational therapists currently living in the U.S.

Available Local Resources

A Bright Future Ahead was developed as part of the post-professional occupational therapy doctorate (PP-OTD) program at Boston University. The university program's doctoral project and its related course assignments provided the structure and resources for the development of this training program. The circle of advisors, the doctoral project academic and peer mentors within the PP-OTD program, provided continuing support and shared vital feedback to improve the training design and content. Further, the following local resources have expressed their willingness to contribute to a Bright Future Ahead with no cost:

1) **Volunteer colleagues:** Foreign-trained occupational therapists who moved from Israel and either already practicing as occupational therapists or in the process of obtaining their license, will review and provide feedback on different aspects of the training program.

2) **Sigal Vax, PhD, MSCOT:** Sigal is an Israeli occupational therapist who works with Dr. Marriane Farkas and Dr. Kim Mueser on her Ph.D. Sigal lives in the Greater Boston Area, and we belong to the same community; she can contribute from both her personal and professional experience and provide guidance regarding the programs' content.

3) **Amia Waldman-Levi, Ph.D.:** Amia is an associate professor at the occupational therapy department at Long Island University. Amia is also an Israeli

occupational therapist who moved to the States more than ten years ago; she can share her personal and professional experience and provide guidance on marketing and dissemination activities in the NYC area.

4) **Chaya Schwartz, Ph.D.:** Chaya was the previous head of the school of social work at Bar-Ilan University, Israel. Chaya is a leading researcher and will provide guidance on evaluation methods for programs.

Resources needed: course development, instruction, publication, and delivery require additional resources.

Resources	Phase 1 (pilot phase)	Phase 2	Justification
Program Development	The program developer is expected to work for 3 months and to earn \$30,000 for his work. (100% FTE of program developer salary is estimated to be 120,000).	The program developer is expected to work for 2 weeks, assuming that his salary is \$10,000 per month, he will receive \$5,000 for two weeks of work.	Program development includes: 1) Developing a preparation course for the licensure exam designated for foreign-trained occupational therapists. 2) Continuing to develop the educational courses, some development has already been made as part of the OTD program; however, each course consists of multiple modules, therefore, require a great investment in developing the curriculum for each course. 3) Continuing to create the content and ways to best meet the participants' needs via a peer support group. 4) Creating the content, activities and objectives of the short-term internship fieldwork according to the various OT internship fields (pediatrics, mental health, and so forth). In phase 1 the program developer should incorporate feedback obtained from the need's assessment; in phase 2, the program

			<p>developer should incorporate the feedback from phase 1. The program developer will work collaboratively with the professional consultants of the program.</p>
Consultation	<p>\$120 per hour * 10 hours for each consultant = \$1,200 for each consultant</p>	No cost	<p>Consultants will be hired to work with the course developer in different areas, such as experts in employments for highly educated immigrants, experts in teaching English as a second language, experts in cultural diversity and American healthcare, and so forth. Further, an expert in designing an online course and adapting it to different learning styles will be hired.</p>
Administration, Case Manager	<p>1 hour per week * 22 weeks.</p> <p>The case manager is expected to have about 10 participants in the pilot phase, therefore, the expected salary for his or her work is \$10,000, as this work is estimated to be as 25% FTE (100% FTE for case manager for 22 weeks is estimated as \$40,000)</p>	<p>1 hour per week * 22 weeks * the number of participants. The case manager is expected to double the number of his participants and have at least 20 participants, therefore his or her position is expected to be increase to 50% FTE for 22 weeks, consequently he or she will be paid \$20,000 (100% FTE for case manager for 22 weeks is estimated as \$40,000)</p>	<p>The case manager will provide professional resources and respond to personal needs.</p>
Administration, Program Coordinator	<p>In the pilot phase the program coordinator will be hired for 25% FTE for 22 weeks. A 100% FTE for a program coordinator for 22 weeks is estimated</p>	<p>50% FTE for 22 weeks, \$12,500 (100% FTE for a program coordinator for 22 weeks is</p>	<p>The program coordinator will be responsible for coordinating between all staff members taking part in the program and also the key person to all organizations and</p>

	around \$25,000, consequently the program coordinator will earn \$6,250.	estimated around \$25,000)	academic institutions participating in the program.
Administration, Marketing Team	No cost	Two marketing professionals in the healthcare field will be hired for 25% FTE for 22 weeks. A 100% FTE for 22 weeks is estimated around \$60,000, consequently each marketing person will earn \$15,000.	A marketing team consisting of two people will be responsible for publicizing the program and looking for potential participants showing interest in the program.
Instruction, Educator	Language and communication: 4 hours * 4 weeks. Job searching: 4 hours * 2 weeks. Intro to American healthcare system: 4 hours * 2 weeks. The educator will be hired for 8 weeks, each week the educator has 4 hours of direct instruction via zoom and hours for prep and communication with students. For 6 hours a week * 8 weeks, the educator will be hired for 20% FTE and will earn \$1,200. (100% FTE for 8 weeks is estimated as \$6,000.	Language and communication: 4 hours * 4 weeks. Job searching: 4 hours * 2 weeks. Intro to American healthcare system: 4 hours * 2 weeks. The educator will be hired for 8 weeks, each week the educator has 4 hours of direct instruction via zoom and hours of prep. For 6 hours a week * 8 weeks, the educator will be hired for 20% FTE and will earn \$2,400. (100% FTE for 8 weeks is estimated as \$6,000).	An educator with relevant background and expertise will lead all educational sessions.
Instruction, Support Group Leader	2 hour * 22 weeks. 1 hour of direct instruction and 1 hour of prep and communication with participants. The support group leader	In this phase the support group leader is expected to run two support groups, therefore he or she will have 4 hours a week at a rate of	An occupational therapist, preferably with firsthand experience, will lead the peer support group.

	will receive \$200 per week (for both hours), therefore, his salary is expected to be \$4,400 for 22 weeks.	\$100 per hour (2 direct instruction and 2 prep and communication \$400 (per week) x 22 weeks of the program = \$8,800	
Instruction, Licensure Exam Tutor	4 hours a week of direct instruction * 10 weeks (2 one on one sessions and 2 group sessions each week), and 2 hours a week for prep and correspondence with course participants 50% FTE for 22 weeks at the rate of \$20,000.	4 hours a week of direct instruction * 10 weeks (2 one on one sessions and 2 group sessions each week), and two hours a week for prep and correspondence with course participants 75% FTE for 22 weeks \$30,000. The increase in the FTE is due to expected increase in the number of participants and providing them with one-on-one instruction (as part of the course).	Both one on one and group tutoring will be offered to the programs' participants.
Equipment	Cost of a laptop to all instructors and administration staff. 5 staff * \$800/laptop = \$4,000	No cost	Equipment needed for online teaching includes a personal laptop.
Software	No cost	No cost	Various teaching technologies tools are available at no cost, participants and instructors will use google docs, sheets and slides.
Communication	\$15 for each participant for zoom subscription * 6 months * 10 users = \$900	\$15 for each participant for zoom participation * 6 months * 20 users = \$1,800	Written communication with program participants will be conducted via email. Verbal and visual communication with stakeholders will be conducted via using video conferencing,

			Zoom, with a monthly subscription of \$15 per participant.
Rental Facilities	No cost	No cost	No facilities are required for programs' implementation.
Office Supplies	\$500	\$500	For instructors and administration.
Travel	The pilot phase requires 2 trips for the program developer and 2 trips for the program coordinator to the internship sites, the trip to NYC costs \$700, therefore, the total cost for two people to NYC is \$1,400 and the trip to Boston costs 200\$, therefore, the cost for 2 people is \$400. The total cost for both trips is \$1,800 that includes transportation and personal expenses.	2 trips of program developer and program coordinator to each internship site. In this phase there are expected to be more internship sites. 10 (5 sites * 2) * \$500 = \$5,000. The \$5,000 includes transportation and personal expenses.	The program requires trips of both program developer and program coordinator to internship sites, they are expected to visit the participants during the program at least once. In the pilot phase there will be two internships sites, one in the Greater Boston and one in the NYC area.
Evaluation	No cost	No cost	Programs' evaluation cost: the program coordinator will collect and analyze data to evaluate program's effectiveness. Survey software (survey monkey)
Dissemination Plan	The total cost of the dissemination activities is estimated around \$8,300, that consists of the development of an online video at the cost of \$4,000, conference presentations \$2,800 and working with a marketing company to help introduce the program to healthcare organizations \$1,500.	No cost	The majority of marketing and promotion of the program will be conducted by a marketing team. Dissemination via scholarly and professionals' venues will be conducted by the program developer. Please see the breakdown of dissemination activities in chapter 6, table 6.1.

Total cost	\$87,350 + the number of consultants * 10 hours for each consultant * \$120	\$101,000	\$189,050 + the number of consultants * 10 hours for each consultant * \$120
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Table 7.1 Budget Needs

Funding Opportunities

The funding plan for A Bright Future Ahead consists of three main sources. First, the healthcare organizations that take part in the program will be the primary source for funding the training program, as they will benefit directly from hiring the participants after the program completion. In turn, the foreign-trained occupational therapists are committed to working in the organization for at least one year or compensating the organization if leaving earlier. Second, the foreign-trained occupational therapists will pay tuition that will be determined according to their family income. Scholarships will be available for participants who are in need. Third, sources may include grants from federal, state and local resources as well as fundraising using crowdfunding.

Funding type	Funding Source and Description
Federal Grant	<p>NOT-TW-20-003: Environmental health, NIH Office of Research on Women's Health and International Research and Research Training, the grant is intended to reissue hubs of interdisciplinary research and training in global and environmental and occupational health research. https://www.grants.gov/web/grants/search-grants.html?keywords=occupational%20therapy.</p> <p>PA-17-232: The overall goal of AHRQ- Agency for Healthcare Research and Quality is to support career development programs and to help ensure that a diverse pool of highly trained health services researchers are available in adequate numbers and in appropriate research areas to address the mission and priorities of AHRQ. https://www.ahrq.gov/funding/fund-opps/index.html</p>
State Grant	<p>Massachusetts Department of Higher Education, Nursing and Allied health Initiative, the goals of this grant are: building direct care worker pathways, creating recognized transferable training to support pathway advancement investing in the development of core competencies, development/adoption of competency-based leadership training for managers of DCW's. https://www.mass.edu/na/hi/grants/alliedrfp.asp</p>
Foundation Grant	<p>The American Occupational Therapy Foundation (AOTF) awards Intervention Research Grants as part of its mission <i>to</i> advance the science of occupational therapy to support people's full participation in meaningful life activities. The purpose of this grant program is to lay the necessary groundwork for larger intervention studies and support the profession's Centennial Vision of occupational therapy as science-driven and evidence-based. The intent of the IRG program is to provide seed funding for the development of new and/or novel ideas in order to generate preliminary data as proof of concept. https://www.aotf.org/Grants/Intervention-Research-Grant</p> <p>WFOT-World Federation of Occupational Therapy, Thelma Cardwell Foundation Award for Research's goal is to provide funding to support pilot projects or small-scale feasibility projects that can build and /or strengthen research capacity in occupational therapy. This award specifically supports contextually relevant and culturally sensitive projects that support the occupational needs of the local communities and individuals. file:///C:/Users/netas/Downloads/WFOT-Thelma-Cardwell-Foundation-Award-for-Research-guidelines-2019.pdf</p>
Local Grant	<p>Massachusetts General Hospital, Determination of Need (DoN) Community Health Initiative (CHI): Workforce Development Programming (WFD) - this grant aims to support workforce development programs, with a focus on resume building, job readiness, skills training, education, ESOL and through the cultivation of relationships with employers, trades and unions. https://www.massgeneral.org/community-health/cchi/news/mass-general-grant-funding</p>

Fundraising	Crowdfunding is a process by which individuals pool money and other resources to fund different projects. Different crowdfunding platforms provide a platform for promoting the project and pledging funds. This platform can be used to match or supplement grant funding if needed. An example of a company that provides such a platform is Kickstarter
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Table 7.2 Funding Opportunities

Conclusion

The value of A Bright Future Ahead has yet to be recognized by the healthcare organizations that participate in the program. This program's complexity requires from its stakeholders a deep understanding of both program's different phases, from needs assessment, curriculum development, piloting the program, implementing the program on a larger scale, evaluating and disseminating, and the contribution all program's positions holders, i.e., case managers, program coordinator to its future success. The value of A Bright Future Ahead has yet to be recognized by the healthcare organizations that take part in the program.

Health care organizations that find this program suitable for their needs will perform as the program's main funding source. Other funding opportunities consist of federal and state grants, local resources and fundraising will, in turn, provide the program developer with more opportunities to better support the participants via scholarships and additional services.

CHAPTER 8: CONCLUSION

An online educational and vocational training program has been developed for foreign-trained occupational therapists who moved to the U.S. up to five years ago. My first-hand experience as an occupational therapist who immigrated to the U.S. inspired me and incited me to investigate the challenges foreign-trained occupational therapists face upon their transition to the U.S. and the existing solutions for this population; this exploration led to the creation of A Bright Future Ahead.

The program's need was identified through the evidence literature, which revealed that immigrant health professionals face communicative, cultural, personal, educational, and structural barriers. These barriers hinder this population's integration process and may lead to deskilling, loss of confidence, and high levels of frustration. (Bloch, 2008; Chen et al., 2013; Humphries et al., 2013; Jivorsky et al., 2015; "Welcome back initiative," n.d.). The various barriers and challenges that foreign-trained occupational therapists experience during their transition impact their adjustment to their new career and their satisfaction from their personal and professional life in their new country.

Although the necessity of such a training program is unquestionable, the literature review yielded very limited data regarding bridging/training programs for foreign-trained occupational therapists in the U.S. Most of the existing training programs are designated for foreign-trained physicians and nurses. Therefore, A Bright Future Ahead derives its core components from existing programs for adjacent professions while tailoring it to occupational therapists' unique needs. Existing training programs highlight the importance of providing social and emotional support to its' participants (Eisen et al.,

2014; Greig et al., 2013; Taherian & Shekarshian, 2008; Webb et al., 2013). Further, key features such as conversational and vocational English, knowledge of the American healthcare system, and cultural and pre-employment training with a "hands-on" experience were identified as main predictors to the program's success and greater integration into the local workforce (Bourgeault et al., 2013; McHugh & Marawski, 2012; Neiterman et al., 2018; Sullivan et al., 2002).

There is a consensus within the literature that a bridging program for foreign-trained healthcare professionals is a complex task and that the breadth of the problem makes single solutions impractical (Alkan, 1998; Couser, 2017; Frenandez-Pena, 2012; Neiterman et al., 2012). The program's uniqueness is that it is a comprehensive, multilayered program that takes into consideration the participants' educational, vocational and social-emotional needs.

The program will be comprised of four main parts; educational courses, preparation course for the licensure exam, support group, and short-term internship. All the parts but the short-term internship will take place virtually. Although it is believed that all parts are equally important for the program's success, the program will utilize a flexible pathways framework; while participating in the support group and interning are mandatory, other program components are optional and participation is based on individual goals, experience and values. Upon completing the training program, the participants will be equipped with more knowledge, self-confidence, and legal permission to work as occupational therapists; they will find jobs either in the organization that they were interned in or will be in the process of looking for employment; subsequently, they

might experience greater personal and professional life satisfaction. Further, it is expected that A Bright Future Ahead will improve cultural diversity amongst American occupational therapists and promote services that better meet the needs of various clients. It is also expected that the program will decrease OT scarcity as there are more licensed and qualified occupational therapists in the workforce.

The program's evaluation will consist of several steps. First, a statewide needs assessment will be conducted to provide a foundation of knowledge upon which to structure the program to meet best the unique needs of the foreign-trained occupational therapists and healthcare providers that would hire them after the program completion. Second, the program will be launched and evaluated on a small number of people at two sites only and will be used as a pilot. Third, the program will be implemented and evaluated on a larger scale in various settings across the country. Lastly, a follow-up evaluation will take place six months after completing the program to examine the satisfaction of clients treated by foreign-trained occupational therapists who participated in the program. The evaluation consists of both formative and summative approaches. The formative approach will be used to improve the delivery of the program's services; it will tap into the program's perceived strengths and weaknesses, for example, if the participant found the program beneficial for them, if some aspects should be added to the program and so forth. The summative approach will be used to measure program's outcomes after the program's completion; it will explore the changes in the foreign-trained occupational therapists communication skills, knowledge on the topic of the American healthcare system, occupational therapists' perceived competence of working

in the profession in the U.S., cultural awareness, OTs' psychological wellbeing, percentage of occupational therapists passing the licensure exam and the percentage of the occupational therapists recruited by the organizations participating in the program.

Potential barriers to implementing A Bright Future Ahead might be dissemination efforts that are not successful and lack of funding. A major obstacle to the program might be attracting influential occupational therapists in both academia and practice that might be interested in promoting the program; without their support, the program will not be able to exist. They must see the importance of such a program to the profession as a whole and its' individuals. Further, the foreign-trained occupational therapists themselves might perceive the program as too long and demanding; for them to be invested for an extended time, they must understand what they can get out of it; advocating for the program by advertising on social media platforms is essential for obtaining enough participants to open a program. Finally, healthcare organizations play a major role in funding the program. If there is no demand for occupational therapists within the organizations, they will have no interest in investing and funding the program. Locating organizations that are countrywide distributed and that are in constant need of healthcare professionals might be a significant challenge.

Assuming this program is successful, it could expand to other professionals who share similar professional credentialing processes and experience akin barriers, such as speech pathologists, social workers, and physical therapists. Further, this project could also be expanded to include resources for other western countries, for example, Canada or England. While there are some similarities, each country has a different culture and

pathway to practice, and it may be beneficial to investigate how OTs make a professional transition there.

APPENDIX A: A SAMPLE OF COMMUNICATION LESSON PLAN

Below is an example of a lesson taken from the communication skills course. This lesson focuses on communicating with patients and their families.

Appropriate topics for small talk:

I think it is appropriate to talk to a patient and/or their family about:			
Topic			If not appropriate, explain why not?
The weather	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Commute to work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Work-life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Family life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Marriage life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hobbies and interests	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Personal problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Financial situations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Stories in the news	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sports	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Political opinion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

For the items that you marked as no, please provide a short explanation of why you consider these topics inappropriate for small talk. For the items that you marked as yes, please provide an example for each topic.

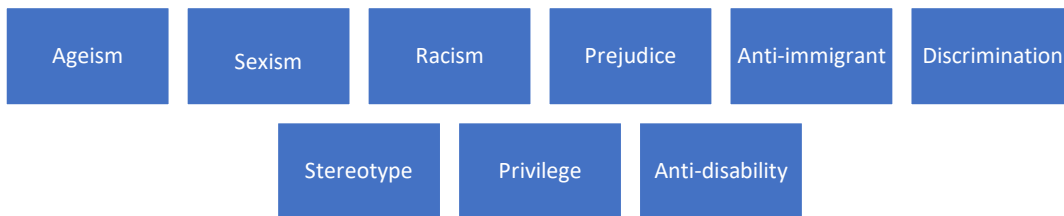
Below are some questions that you might find useful when initiating small talk with a patient, family member, or colleague.

- Do you like ____? For example, do you like cold weather? Do you like holiday season?
- How do you like ____? For example, how do you like living in Boston?
- What do you think of ____? For example, what do you think of the Celtics winning the championship?
- How long have you ____? For example, how long have you been working as a second-grade teacher?

APPENDIX B: A SAMPLE OF CULTURAL AWARENESS LESSON PLAN

Below is an example of a lesson taken from the communication skills course. This lesson focuses on cultural awareness, in particular discrimination.

1. Look at the words in the boxes and answer the following questions:



How are all the words related? How are the words different? Look up their definitions if needed.

2. Read the sentences and put a check next to the sentences that are an example of discrimination. What type of discrimination do you think the example represents?

A medical school professor encourages only male students to become surgeons	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An elderly patient receives fewer screening tests than a younger patient	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A father refuses to let a gay male nurse take care of his son	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the cafeteria, employers having lunch with members of their language and converse in their native language	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A big hospital has only male chief departments, no woman was ever chosen to be the head of a department	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An Islamic woman refuses to let a male nurse help her to take a shower after surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A patient's family asks to be seen by an Asian physician because they believe they are more qualified and intelligent than other doctors	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Share one or more examples of discrimination from your own experience.

APPENDIX C: A SAMPLE OF INTRODUCTION TO HEALTHCARE SYSTEM

LESSON PLAN

The below lesson is taken from the American healthcare system course.

Read the excerpt from a newspaper article and consider how the issues in the article are addressed. Compare it to your experience in your native country.

"More than 25 million Americans use community health centers; now they are caught up in congress funding fight".

Jossie Gutierrez's four years old son sits on his lap in an exam room lined with a curious George wallpaper, wailing after the last in a series of shouts that will vaccinate him against measles and polio. Gutierrez, 31, has relied on this place, neighborhood health, community health in Alexandria, Virginia, for years. He has two jobs to support his three sons ages 2, 4, 6, and their mother, and says that the discounted services and the clinics help his healthcare costs down." I hope they don't cancel the program, "he said as he slid on his toddler's navy coat.

It is very helpful for our kids, he added, saying he wasn't sure how he'd access healthcare without it.

Basim Kha, a physician who serves a community health center network that serves 18,000 patients across four clinics in Northern Virginia, including Neighborhood health, says that facilities like this give adults without health insurance some sense of security around their medical care.

“We provide a really critical role in their lives”, Khan said what the clinics provide ranges from routine checkups to discount asthma inhalers and intrauterine devices for birth control, which cost \$18 for patients of neighborhood Health but could be \$1,000 or more elsewhere for patients without insurance. “Even though they don’t have the means to affordable health care, we can help them get access to medication for very low cost or for free”. Khan said.

Answer the following questions:

- Why do you think that people use the services of community clinics? What are some examples of people who go to the community clinics?
- What choices do some people face regarding health insurance?
- Are you familiar with free community clinics in the area where you live? If so, what do you know about these clinics and the services that they provide?

Discuss with you peers the followings: How is this issue addressed in your home country? What are the possible solutions, in your opinion, to this problem?

APPENDIX D: PRE-PROGRAM ONLINE QUESTIONNAIRE FOR OTS

Dear _____

My name is Neta Schwartz. I have been living in the Greater Boston area for the last seven years. I'm a Post-Professional Doctor of Occupational Therapy student at BU. My doctoral project focuses on creating a program for foreign-trained occupational therapists who relocated to the U.S. As I'm still developing the program, I would like to hear your input about your transition to the States. Your input is highly important as it will help me refine the program's goals and might add other aspects that I might not have considered.

This online questionnaire has two parts. Part A consists of demographic information, part B consist of six open-ended questions. It would be greatly appreciated if you could expand your answers.

Part A: Demographic Information

Name: _____
Age: _____
Gender: _____
Marital Status: _____
Years of Experience: _____
Years of Education: _____
Country of origin: _____
Year in the U.S.: _____

Part B: Open-ended Questions

1) Are you aware of any programs in the U.S. that currently provide support to foreign-trained occupational or physical therapists transitioning into the U.S. workforce?

Yes | No

2) Have you ever participated in a training program/bridging program designated for foreign-trained OTs in the U.S.? If your answer yes, can you please elaborate on your experience?

Yes | No

3) What are the challenges that you were facing when you first entered the U.S.? Please refer to both professional and personal challenges? Were there any surprises, either good or bad that you encountered during the move?

4) What were your resources and strategies that helped you during the initial period?

5) Did you prepare yourself prior to your move to the U.S.? What actions did you take that you found useful?

Yes | No

6) If you were to create a program to ease the transition of occupational therapists to the U.S. and to promote their integration into the American workforce, what would be the key elements of such a program?

Thank you for taking the time to complete the questionnaire,

Neta Schwartz

**APPENDIX E: WARWICK EDINBURGH MENTAL WELL-BEING SCALE FOR
OTS**

The Warwick-Edinburgh Mental Well-Being scale is used to measure psychological well-being. Psychological well-being relates to a person’s psychological functioning, life satisfaction, and the ability to develop and maintain mutually benefiting relationships. Psychological well-being includes the ability to maintain a sense of autonomy, self-acceptance, personal growth, purpose in life, and self-esteem.

The Warwick-Edinburgh Mental Well-Being scale would be filled out by the program’s participants before and after the completion of the program.

The scale consists of 14 items on a 1 to 5 Likert scale; scores can range from a minimum of 14 to a maximum of 70 points; higher scores are associated with higher levels of mental well-being.

Question #	None of the time	Rarely	Some of the time	Often	All of the time
1. I’ve been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I’ve been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I’ve been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I’ve been feeling interested in other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I’ve had energy to spare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I’ve been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. I've been feeling good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I've been feeling confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I've been feeling loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I've been interested in new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I've been feeling cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

“Warwick Edinburgh Mental Well-Being Scale (WEMWBS)
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EXECUTIVE SUMMARY

Introduction

Foreign-trained healthcare workers constitute a sizable and important portion of the United States (U.S.) healthcare workforce (Chen et al., 2013; Farkas, 2003; Lowell, 2012). Given the increasing demand for and an expected shortage of, healthcare professionals, foreign-trained healthcare workers are essential to the workforce (McCabe, 2012).

Foreign-trained healthcare workers encounter various challenges in acclimating and integrating into the American society and workforce. Barriers described in the evidence-based literature include: communication difficulties that relate to both language differences and misinterpreted nonverbal cues from peers (Chen et al., 2013); difficulty passing the certification exam; lack of professional contacts in the host country; difficulty obtaining documents from the source country; limited understanding of the new practices and healthcare system; and little professional and personal support (Zubaran, 2012). These may result in emotional difficulties, including but not limited to feelings of frustration, bitterness, and hopelessness that might lead to a decrease in the foreign-trained healthcare professionals' psychological wellbeing.

A Bright Future Ahead is a 22-week online educational and vocational program for new foreign-trained occupational therapists (OT) designed to address the needs of foreign-trained health care professionals as they transition to a new work environment in the U.S. Given the barriers that foreign-trained occupational therapists face, a multilayered and comprehensive training program that will address this population's

unique needs is needed. Foreign-trained occupational therapists who complete the training program will develop culturally-specific communication skills, cultural awareness, familiarity with the job search process and the American healthcare system. It is anticipated that this program will lead to more personal and professional confidence, and that program's participants will have more success in obtaining a position as occupational therapists in the future.

Theoretical Frames of References

A thorough review of the evidence-based literature identified four meaningful frameworks upon which A Bright Future Ahead is predicated: The Person-Environment Occupation (PEO) Model, the Ecology of Human Performance, the holistic approach, and the Adult Learning Theory (andragogy). The PEO model defines occupation as “self-directed meaningful tasks and activities engaged in throughout a lifespan”. The PEO model recognizes the importance of occupation in a person's life and how participation in a meaningful job might help the person to live their lives to the fullest (Chiang & Carlson, 2013). Further, The Ecology of Human Performance (Dunn, Brown & McGuigan et al., 1994) framework acknowledges the importance of understanding context and how it influences the person's engagement and participation in an occupation within the physical and social environment. For foreign-trained occupational therapists, the context of cultural and linguistic aspects in a new environment is to be acknowledged; the linguistic and cultural differences from their home culture may impede the foreign-trained OT practitioner from integrating into the host work environment.

Additionally, A Bright Future Ahead will draw upon the holistic approach that

perceives a person as a whole and focuses on promoting the person's wellbeing in all areas of life, such as physical, social, emotional, and spiritual wellbeing. A Bright Future Ahead treats the foreign-trained occupational therapist as a whole; therefore, the training program aims to support the foreign-trained OT in developing a knowledge base and improving their skills in addition to providing them with social-emotional support. Lastly, the Adult Learning Theory is pivotal to the foundation of the proposed program. A Bright Future Ahead identifies adult learners' characteristics and designs educational interventions based on these specific considerations. Adult learning is argued to be more problem-centered than content-related (Knowels, 1970); adults are often more interested in learning subjects that have immediate relevance to their work and/or personal lives. Therefore, the training program's content will be highly relevant to the professional and personal lives of the foreign-trained occupational therapists, and it will utilize a flexible pathways format where each participant can choose the courses they deem beneficial for them.

Best Practices for Intervention

The initial evidence-based literature review that examined the prevalence and efficacy of training and bridging programs designated for foreign-trained occupational therapists yielded very limited results. Therefore, the literature review was extended and included adjacent professions such as physical therapists, speech pathologists, nurses and physicians who obtained their education and training abroad and other English-speaking countries, mainly Canada, Australia, and the U.K., that manage a large number of highly-educated newcomers. Training programs offered for foreign-trained healthcare workers

differ significantly by their length, main purpose, and content. Some programs only offer to teach and focus on one area of knowledge or specific skills. Other programs combine teaching and clinical practice. Lastly, many programs offer elements of social support, such as mentorship (Daniel et al., 2016; Greig et al., 2013), peer support (Harris & Delaney, 2013), case management and counseling (Fernández-Peña, 2012), career advice (Cheng, 2011), and social support activities. The content of A Bright Future Ahead supports recommendations from multiple studies and incorporates factors that were found to be relevant, such as clinical expertise that is highly advantageous in building networks with practicing clinicians, improving cultural competence and communication skills (Bourgeault et al., 2013; Sullivan et al., 2002). Further, A Bright Future Ahead's content is based on a training program that consists of communication courses and the development of language skills including workplace readiness (Mchugh & Marawski, 2012) and programs that offer ongoing support to foreign-trained healthcare workers, i.e., having a personal "buddy" in the program, preferably a healthcare professional who has a first-hand experience with immigration who can share meaningful information and help to reduce the newcomers' anxiety (Fleming et al., 2015).

Assessments and Outcome Measures

A Bright Future Ahead will use mixed-methods with both summative and formative approaches. It will take place in the virtual context via online surveys, questionnaires, and quiz. Further, interviews will be held via telephone calls or zoom meetings. The program will be evaluated through five main phases: the first phase will take place prior to launching and evaluating the program; a state-wide needs assessment

will include representatives of three main stakeholder groups: foreign-trained occupational therapists, employers in the healthcare sector, and OT experts in academia and field. The second phase is a pilot phase and will consist of delivering the program in two sites only, the Greater Boston Area and the New York City Area; it will also consist of a small number of participants (no more than 10 participants). The pilot phase will allow the program developer to make accommodations (if needed) before implementing it on a much larger scale. The third phase will take place three months into the program and will include the training program participants (both OTs and healthcare representatives). It will provide data regarding the program's strengths and weaknesses, its' overall efficiency, and other components that the program's participants think should be added to the program. The fourth stage will take place upon program completion and will consist of all program participants. It will explore changes in the following measures: foreign-trained OTs' communication skills, knowledge on the topic of the American healthcare system, foreign-trained occupational therapists perceived competence of working in the profession in the U.S., cultural awareness, OTs' psychological wellbeing, percentage of OTs' passing the licensure exam, and the percentage of OTs recruited by the organizations that they were interned at. Lastly, the fifth phase will take place six months upon the program's completion and include the clients that were treated by the occupational therapists who took part in the program and will examine the clients' level of satisfaction.

Funding Plan

There are expenses related to developing, evaluating, delivering, and disseminating the program. The expenses involve the program's personnel, equipment, materials, communication, and travel. The personnel expenses are projected to employ the majority of the funding for the proposed program. The personnel expenses involve hiring many staff members such as the program developer, consultants, instructors, and so forth. Other expenses include equipment to create the program such as computers, office supplies, purchasing a monthly subscription to all participants to a video conferencing format, such as zoom, and travel expenses of both program developer and program coordinator to all internship sites. Further, the funding plan consists of dissemination activities such as developing an online video, presentations at annual conferences, and so forth. A Bright Future Ahead's primary funding source is the healthcare organizations that find the program suitable for their needs. Other funding opportunities include federal and state grants, local resources, and crowdfunding.

Conclusion

Although A Bright Future Ahead requires an initial investment to develop, implement, and evaluate, the program will provide a comprehensive solution to a far-reaching problem: the lack of integration of foreign-trained OTs in the local workforce. The roadmap detailed in A Bright Future Ahead can be leveraged and expanded to other professions that share similar professional credentialing processes and experience similar barriers, making this an impactful project with the potential to improve health care delivery in the U.S.

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FACT SHEET

**BOSTON
UNIVERSITY**

A Bright Future Ahead – An Online Educational and Vocational Training Program Design for Foreign-Trained Occupational Therapists in the U.S.: Resources for Occupational Therapy Practitioners

Neta Schwartz, MS OT

The Problems

1. Foreign-trained occupational therapists face various hurdles in their efforts to integrate into the American workforce. Among these difficulties are communicating in a foreign language and navigating between the cultures.
2. Existing programs for foreign-trained healthcare professionals are:
 - Mostly designated for doctors and nurses and are not specified for occupational therapists, and therefore don't encompass all essential aspects of a transition program
 - Are not accessible for all foreign-trained occupational therapists as they require physical attendance.



What Foreign-Trained OTs Think About the Problem?

“ The scope of challenges that I faced personally and we as a family was huge. I believe that if I had known the consequences before moving here, our decision to relocate might have been different. Among the challenges were adjusting to new weather, culture, expressing myself in a foreign-language understanding bureaucracy, lack of social support, studying for the NBCOT exam, learning all aspects of job searching, and so on ”

Meirav, a foreign-trained OT.

Influencing Theories

Occupational Therapy recognizes the importance of occupation in a persons' life. Participation in a job that meets their expertise and skills will help them live their lives to the fullest.

The Ecology of Human Performance

The Ecology of Human Performance acknowledges the importance of understanding the physical and social context that a person is situated in and how it influences the person's engagement in their job.

Holism

Holism perceives the person as a whole and believes that wellness in all areas of life should be promoted.

Andragogy

Andragogy (Adults' learning) claims that adult learning is more problem-centered than content-related. Adults are most often interested in learning subjects that have immediate relevance to their work or personal life.

Evidence Based Interventions



Literature Review Suggests That:

Bridging program for healthcare professionals is a complex task. The breadth of the problem necessitates creating a comprehensive and multilayered program. A one size fits all service model is not applicable.

Effective programs should employ

- Client-centered approach
- Relevant content to the program's participants
- A variety of educational courses
- A clinical practice
- Adequate support.



Proposed Program: A Bright Future Ahead

An Online Educational and Vocational Training Program for Foreign-Trained OTs.



Format	A 22-week long online educational and vocational training program for foreign-trained OTs.
Focus of Program Content	Preparation for OT licensure exam, communication skills, American healthcare system familiarity, job searching skills, emotional support, intern network and social network.
Goal Program Outcomes	<ol style="list-style-type: none"> 1. Enhancing various skills and knowledge. 2. Increasing personal and professional self-confidence. 3. Creating social networks and employment opportunities. 4. Passing the OT licensure exam. <p>Armed with more knowledge, skills, self-confidence, and legal permission to work as an occupational therapist, their future in the U.S looks much brighter.</p>
Evaluation	Qualitative and quantitative data will be collected and analyzed via interviews, quiz, and surveys.
Funding	Healthcare organizations that find the program suitable for their needs are the main funding source. Other funding sources include grants and fundraising.
Dissemination	The primary audience includes foreign-trained OTs who moved to the U.S in the last five years. The secondary audience includes healthcare organizations and colleges, and universities that offer OT programs.

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CURRICULUM VITAE

