From International Classroom to Clinical Confidence:

Mount Auburn Hospital's Transition-to-Practice Model for Internationally Educated Registered Nurses (IERNs)




Beth Israel Lahey Health
Mount Auburn Hospital

Introduction

Marie Raymond, MSN, RN, CCRN, a Clinical Practice Specialist focusing on Staff Education at Mount Auburn Hospital. A nurse since 2005 and have collected nursing experiences the way some people collect Starbucks rewards, including critical care, emergency nursing, education, and moves through California, New York, Texas, and Massachusetts.
Earned my RN at MSAC (CA) and MSN from CU in 2023.
Spend my days helping new nurses survive orientation, thrive in practice, and occasionally convincing experienced nurses that annual competencies are actually fun.
When I'm not teaching, I'm married to my sweetheart (since 2005), raising three boys, two dogs, and one gecko who contributes very little to household chores. You'll usually find me watching Bravo or BritBox, listening to Audible, reading a good book, or attempting to recreate a TikTok recipe that looked much easier online.
In short: I love nursing education, lifelong learning, and feel good hobbies.

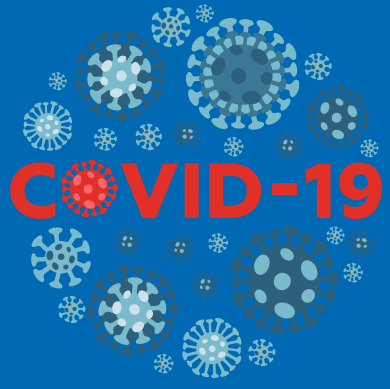
Audience Question

When you think about recruitment and retention strategy, what could be the most innovative?

Your choices are: free swag, pizza parties, wellness rocks, mandatory fun, or internationally educated nurses?

Why Innovative Retention and Recruitment Matters? The Growing Need for IERNs

- Global nursing shortage
- Increased reliance on IERNs
- Workforce sustainability
- Diversity and culturally responsive care



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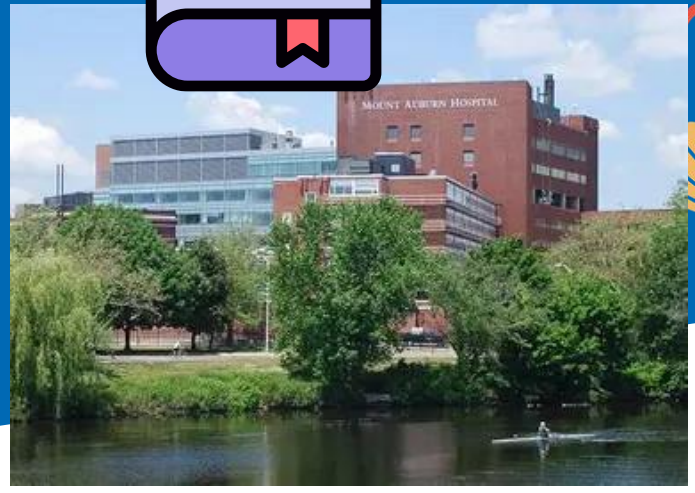
History of the Demand for Internationally Educated Registered Nurses (IERNs)

- IERNs global recruitment for decades to address nursing shortages, workforce aging, and increasing healthcare complexity (Covell et al., 2017).
- Countries including the US, Canada, UK, and Australia increasingly rely on IERNs to fill critical acute care and specialty nursing positions (Covell et al., 2017).
- The COVID-19 pandemic intensified workforce shortages through burnout, workforce attrition, and early retirements, increasing demand for IERNs (WHO, 2020; Buchan et al., 2022).
- Workforce strategies now focus on more than recruitment, emphasizing: Transition-to-practice support, mentorship, profession integration, bridging education and retention (Covell et al., 2017; Cubelo et al., 2024; Trojand & Morgan, 2026)
- Healthcare organizations are investing in: structured onboarding, residency, simulation activities, mentorship. Bridging and integration programs to support successful IERN transition and long-term retention (Buchan et al., 2022; Cubelo et al., 2024; Trojand & Morgan, 2026).

IERNs represent a critical workforce resource. Their successful integration supports workforce sustainability, clinical excellence, patient safety, and culturally responsive care.

International Nurses at MAH: Our Starting Point

- Increasing need to recruit internationally educated nurses
- Many referred through family/friends and Welcome Back Center
- All required to hold Massachusetts RN licensure
- Highly educated nursing workforce



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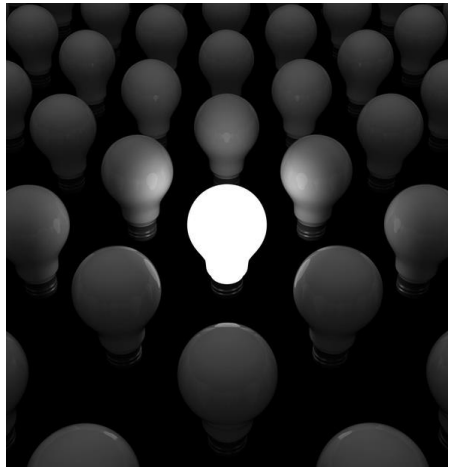
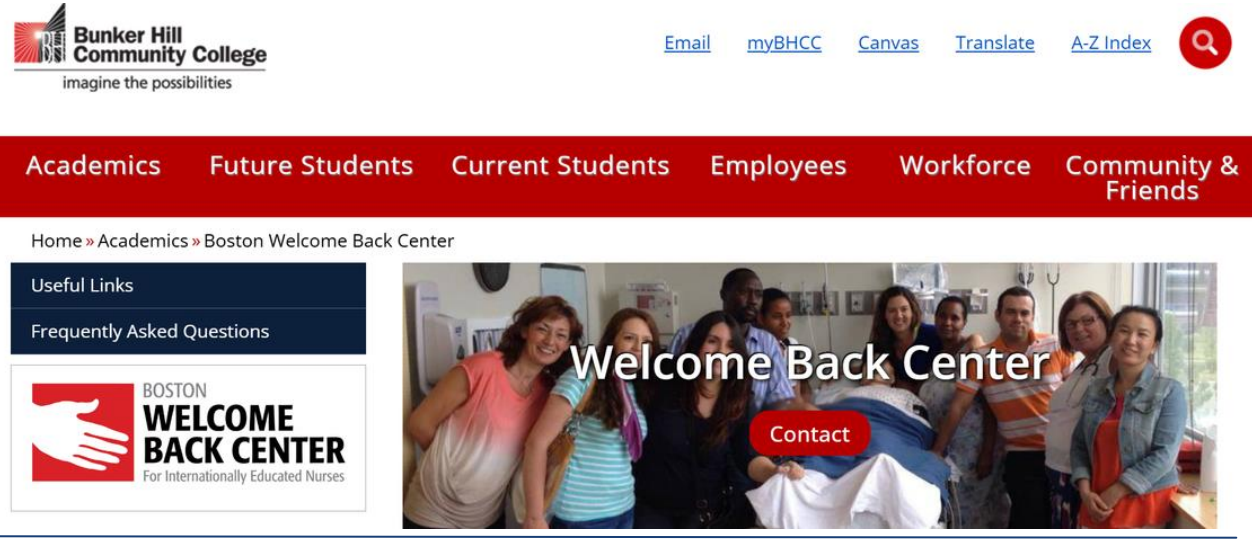
Addressing the Global Nursing Shortage through IERNs Aligning Challenges with Opportunities

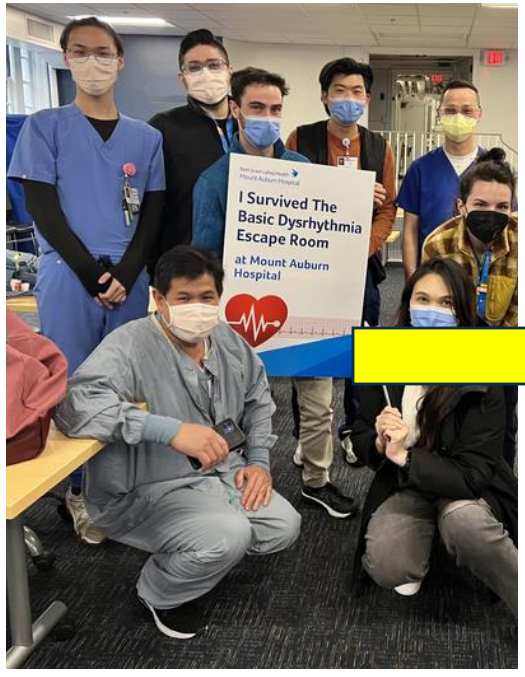
Here's how the challenges and opportunities align with the vital role of IERNs in combating the global nursing shortage. The shortage is estimated to reach 4.5 million nurses worldwide (ICN, 2023). In response to workforce gaps, 32% of U.S. hospitals reported hiring IERNs in 2022 (AHA, 2023) to help tackle this pressing issue.

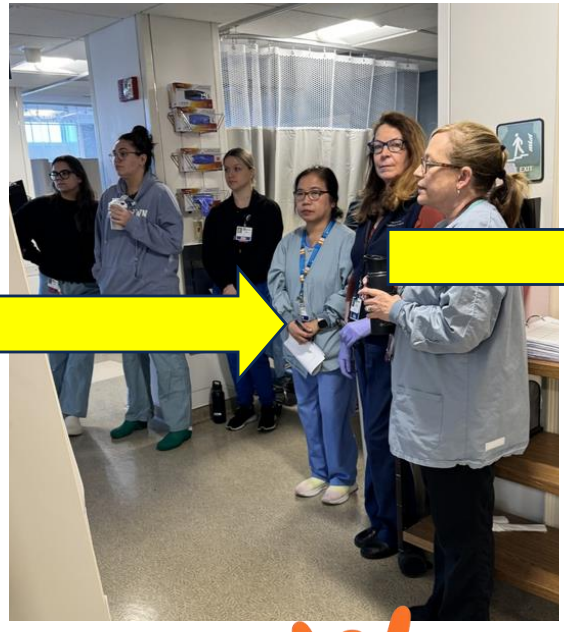


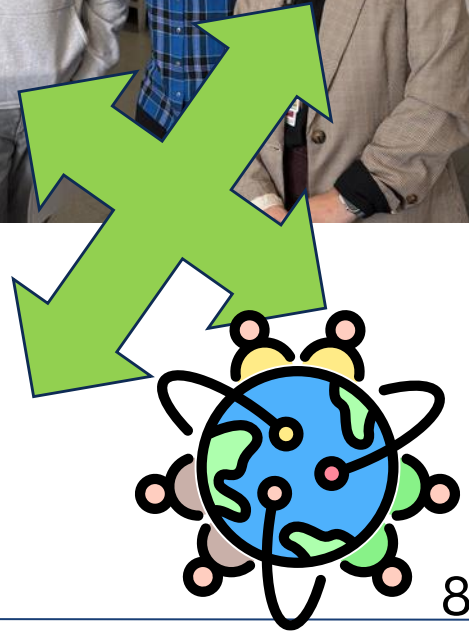


Connections

Upon receiving the IERNs, they usually arrived through referrals from friends and family or via the Welcome Back Center. To apply, candidates must hold a valid MA license.



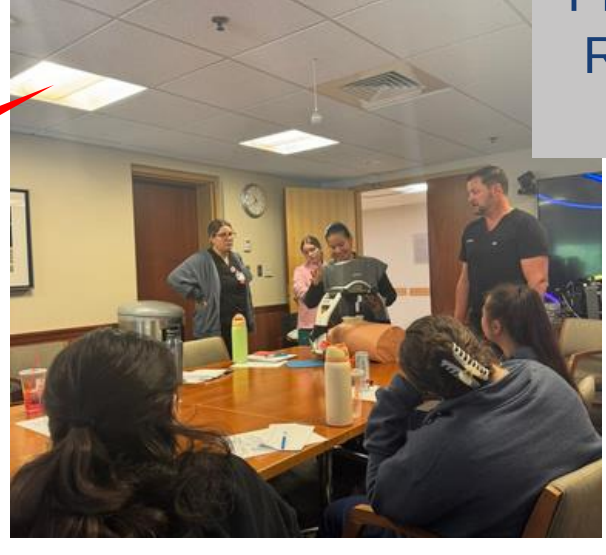




Evolve the Framework of Recruitment and Curriculum

Frame works

Outline Resource for New Graduate Nurse Residency Program			
Week 1: General Orientation			
Class	Review of Literature/ PP	Activities/ Demonstration of Skills	Competency to complete
General orientation Nursing Orie…	Review How to call medical emergency, rapid response, code stroke, and code blue	EPIC training on unit and in HealthStream Start nursing orientation modules in Healthstream Scavenger hunt CARES Rounding Work with preceptor shadowing Review How to call medical emergency, rapid response, code stroke, and code blue	Glucometer Fecal Occult blood Infection Control Fall Prevention Competency Peripheral IV Competency Medication Competency
Week 2: Cardiac			
Basic Dysrhythmia	Cardiac Assessment	Review TR band OR Code and Policy	Defib Competency



Practical and Realistic IERN Recruitment and Retention Journey

What We Observed: Prior and During Orientation

Strengths

- Strong clinical backgrounds
- Diverse healthcare experiences
- Adaptability

Challenges

- U.S. healthcare systems
- Documentation standards
- Escalation pathways
- Communication norms
- Professional role expectations

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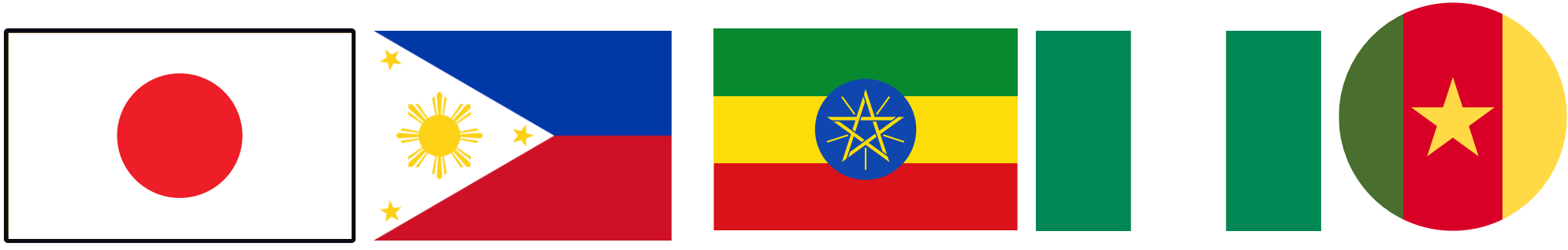
Why Focus on International Nurses: IERN Program (2024-2026)

- 8 internationally educated registered nurses (IERNs) were hired into the Mount Auburn Hospital Transition-to-Practice Program between 2024 and 2026.
- The retained cohort contributed an average of 6.3 years of prior nursing experience (range: 3-12 years).
- Collectively, retained IERNs bring 38 years of prior nursing experience to the MAH nursing workforce.
- The cohort represents a globally diverse nursing workforce with professional experience from Japan, the Philippines, Ethiopia, Nigeria, and Cameroon.



Transition Challenges

Navigating unfamiliar U.S. systems causes role stress and impacts confidence despite clinical competence.

Goal: Targeted onboarding, mentorship, and intentional education help internationally educated nurses translate competence into confidence.

What did MAH Do Differently?

Traditional Orientation Was Not Enough: Gaps We Identified

- Heavy reliance on preceptors
- Variable orientation experiences
- Assumed knowledge of U.S. systems
- Limited reflective learning

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Challenges We Initially Faced

Traditional IERN Orientation Challenges

- Variable preceptor experience and unit culture
- Task-focused orientation with inconsistent learning experiences
- Limited training on U.S. healthcare systems and practice norms
- Increased cognitive load and transition stress
- Lack of structured reflection to integrate prior experience with new expectations
- Challenges in building confidence, belonging, and professional identity

Our MAH Framework: Practical and Realistic IERN Recruitment and Retention Journey

- Recruit & Welcome
- Prepare
- Connect
- Assimilate
- Coach
- Check-In
- Grow & Retain

Goal: Create a supportive transition-to-practice experience that helps internationally educated registered nurses (IERNs) feel **welcomed, connected, clinically supported, and confident**: ultimately improving recruitment, retention, and engagement.

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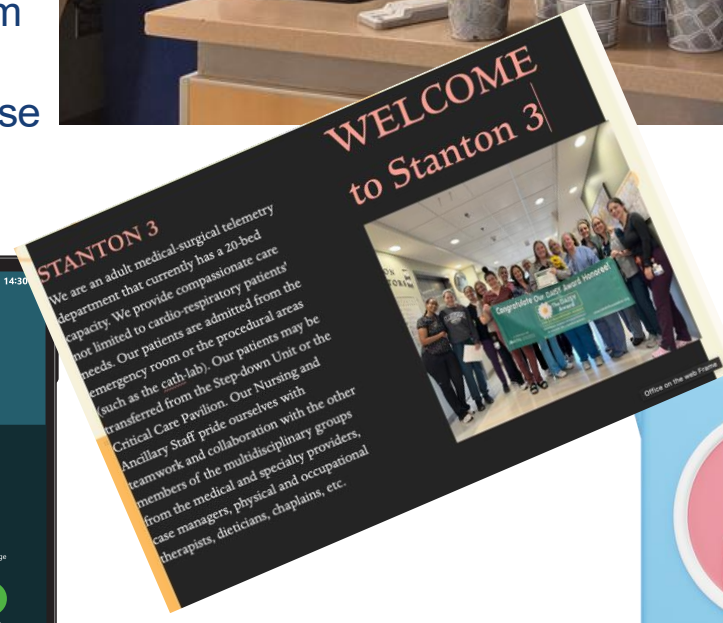
Recruit and Welcome

- Create a welcoming and inclusive recruitment process that recognizes the unique strengths and experiences IERNs bring.
- Clearly communicate expectations, resources, and the RN transition pathway before the first day.
- Assign a consistent point of contact from recruitment through onboarding.
- Begin building belonging before the nurse enters the unit.



Prepare → Preceptor Academy

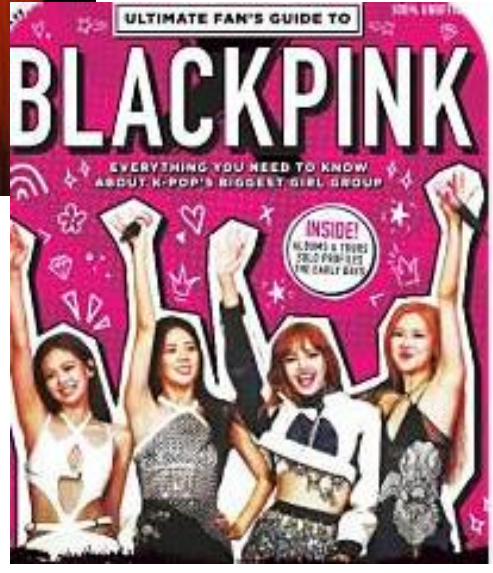
Establish a Preceptor Academy to prepare preceptors to effectively support IERNs.
Key components:
Cultural humility and awareness
Adult learning principles
Recognizing different educational and clinical backgrounds
Effective feedback and coaching
Psychological safety
Managing differences in communication styles
Strategies for supporting confidence without compromising patient safety

Outcome: Preceptors become intentional coaches rather than simply task instructors.

Leininger's Transcultural Theory

Connect → Unit-Based Educator

”Charismatic leader with strong vocals, dance, and rap skills, plus behind-the-scenes songwriting”
A unit-based nurse educator is like the **“all-rounder” of nursing**
Someone who combines clinical knowledge, teaching ability, leadership, communication, adaptability, and teamwork to help the whole team perform at its best



Successful Assimilation: Individual Support

- Language and communication coaching
- Clinical skills validation
- Cultural adaptation education
- Professional identity support

Successful Assimilation:Unit Based Suppport

- Dedicated preceptors
- Structured mentorship
- Peer networking opportunities
- Inclusive unit culture

Successful Assimilation: Organizational Supports

- Extended orientation programs
- Nurse residency models
- Leadership engagement
- Anti-discrimination initiatives
- Career development pathways

Coaching IERNs: Targeted Early Support 1st 90 Days

- **Structured early transition support**
- **Practice Integration**
- **Data-Driven Coaching**
- **Clear milestones and transparent expectations**
- **Equity-Focused Integration**

Outline Resource for New Graduate Nurse Residency Program			
Week 1: General Orientation			
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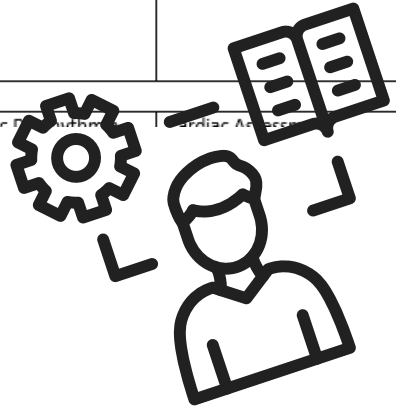
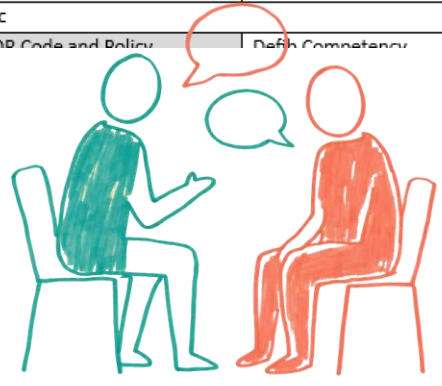
Week 2: Cardiac			
[illegible]	[illegible]	Review TR band QR Code and Policy	Defib Competency





Check in Consistently

Continuous Feedback and Program Evaluation
Participant Voice and Continuous Improvement

Conducted **bi-monthly surveys with each cohort** to assess expectations, learning needs, and program effectiveness.

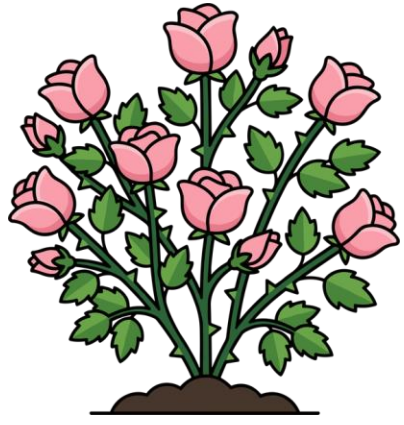
Asked participants:

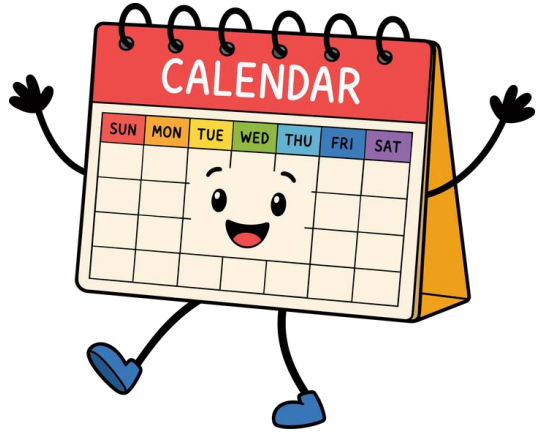
- *What were your expectations coming into the program?*
- *What did you learn?*
- *What additional support do you need?*

Utilized **"Rose and Thorn" feedback sessions** to identify strengths, successes, challenges, and opportunities for improvement.

Gathered feedback through both **anonymous surveys and facilitated group discussions**, promoting psychological safety and honest dialogue.

Used participant feedback to make real-time adjustments to curriculum content, support strategies, and coaching approaches.





Grow and Retain

Our early outcomes demonstrate successful recruitment and retention of internationally educated registered nurses, the impact of the program extends beyond workforce stability. Participants have demonstrated professional growth, leadership development, clinical excellence, and recognition through advancement opportunities, awards, and contributions to nursing practice.

What did We Aim Do Better? Program Purpose and Design

- **Structured Curriculum Within Existing New Graduate Programs-** Equity-Focused Integration
  - Curriculum integrates ilERNs into existing programs, promoting inclusion and shared learning.
- Targeted Early Support
  - Program supports nurses during first three months to reduce stress, build confidence, and prevent attrition.
- Complementing Clinical Practice
  - Curriculum complements unit-based preceptorship by reinforcing clinical experiences and clarifying expectations.
- Scalable Professional Development
  - Embedding curriculum leverages existing resources, enhancing scalability and adaptability for nursing programs

Curriculum Framework:
Four Core Components Supporting Systems Learning and Reflection

- Systems-focused Didactic Learning
  - Explicit instruction covers clinical workflows, documentation, escalation, and safety in U.S. healthcare settings, supporting clinical reasoning.
- Guided Reflective Practice
  - Structured reflection helps learners process experiences, identify needs, and develop professional identity with psychological safety.
- Interdepartmental Exposure
  - Exposure to pharmacy, case management, and rapid response teams enhances understanding of coordinated care across departments.
- Expert-led Interdisciplinary Sessions
  - Sessions with subject experts build trust, clarify roles, and support early professional integration of internationally educated RNs

Orientation, Basic Dysrhythmia, Bi-monthly systems based classes, Orientation Outline, Daily/Weekly Reflections/ Meet ups with manager, educator, amd specialist (consistent)

CCC: Consider, Connect and Communicate

Rotations in OR, GI, ED, Community Health

WOCNs,: NEDS, RT, Pharm, Reps, ED: Trauma Informed Care,/Mand Reporting

Evaluation and Outcomes

Mixed-Methods Evaluation

A mixed-methods approach was implemented to gather both quantitative data and qualitative insights from nursing participants.

Early Retention Outcomes

Preliminary data indicates positive trends in early career retention and engagement among new nursing professionals.

Professional Growth and Recognition

IERN Program Outcomes (Hired 2024-2026)

- **8 internationally educated registered nurses (IERNs) were hired between January 2024 and June 2026.**
- **1 IERN (12.5%) left the organization after more than one year of employment.**
- **1 IERN (12.5%) did not complete orientation and left within the first three months.**
- **6 of 8 IERNs (75%) remain actively employed at Mount Auburn Hospital.**
- **Among nurses who successfully completed orientation (n = 7), 6 remain employed, representing an 85.7% post-orientation retention rate.**
- The retained cohort brought an average of **6.3 years of prior nursing experience** (range: 3-12 years).
- Collectively, retained IERNs contribute **38 years of prior nursing experience** to the MAH nursing workforce.

Retained IERN Cohort

- **R.** (ADN, now BSN) – 5 years experience (HR/WB)
- **W.** (BSN) – 3 years experience (WB)
- **C.** (BSN) – 10 years experience (F/F)
- **T.** (BSN) – 5 years experience (WB)
- **C.** (BSN) – 3 years experience (HR)
- **G.** (MSN) – 12 years experience (WB)

Professional Growth and Recognition

The IERN program has demonstrated success not only in retention, but also in professional growth, leadership development, and recognition.

85.7% retention rate (post orientation rate as of June 2026).

33% (2 of 6) retained IERNs (**R.** and **W.**) achieved **EVOLVE Clinical Ladder Level I** recognition as of Spring 2026.

17% (1 of 6) earned the **2025 Rising Star Award**, recognizing emerging nursing leadership and excellence.

17% (1 of 6) serves as a **Charge Nurse**, reflecting leadership growth and trust from peers and leaders.

17% (1 of 6) serves as a **nurse preceptor**, supporting the onboarding and development of new nursing staff.

17% (1 of 6) became a **Schwartz Rounds speaker**, contributing to interdisciplinary reflection and compassionate care discussions.

33% (2 of 6) received a **DAISY Award** for extraordinary nursing care.

Multiple IERNs have received additional **DAISY Award nominations**, reflecting sustained recognition from patients, families, and colleagues for nursing excellence.

67% (4 of 6) retained IERNs are eligible for and will be mentored toward participation in the **Fall 2026 and Spring 2027 EVOLVE Clinical Ladder Level I**, creating a pathway for continued professional growth and recognition.

Mixed Methods: Quantitative Survey

Out of 8 participants, 6 attended all the classes and completed the evaluation, resulting in a "strongly agree" rating.

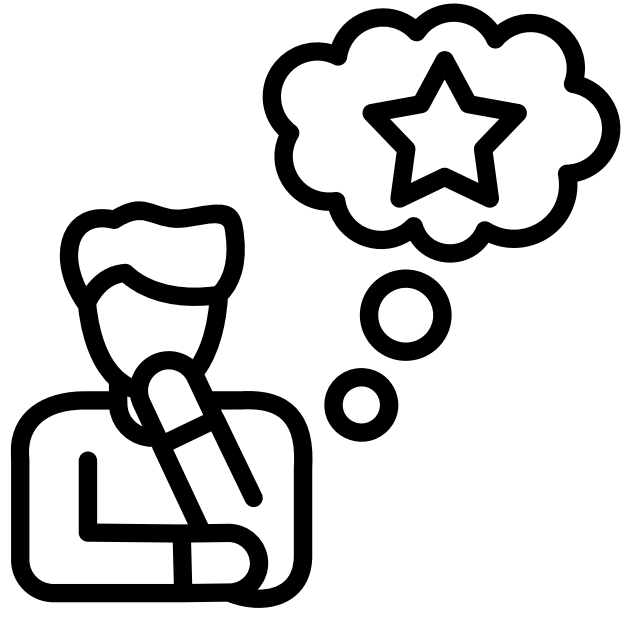
International New Graduate Nurse Program
Post-Program Reflection Survey
Thank you for participating in our International New Graduate Nurse Program. Your feedback will help us improve the experience for future nurses and better support the transition to professional nursing practice.
Rating Scale
For Questions 1-7, please rate your agreement with the following statements:
1 = Strongly Disagree
2 = Disagree
3 = Neutral
4 = Agree
5 = Strongly Agree
Questions
1. The New Graduate Nurse Program helped me successfully transition into my nursing role within the U.S. healthcare system.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. The program increased my confidence in providing safe, high-quality patient care.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. The educational content helped me understand organizational policies, standards of care, and clinical expectations.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. The program enhanced my communication skills with patients, families, and members of the interprofessional healthcare team.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
5. I felt supported in adapting to cultural differences and workplace expectations in the U.S. healthcare environment.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
6. The resources, mentorship, and guidance provided during the program contributed positively to my professional development.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
7. Overall, I am satisfied with my experience in the International New Graduate Nurse Program.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
Open-Ended Reflection Questions
8. What was the most valuable aspect of the New Graduate Nurse Program for your transition into practice?
9. What challenges did you experience during your transition, and how could the program better support future international nurses?
10. What additional topics, resources, or support would you recommend adding to the program?
Final Reflection
In one sentence, describe how this program influenced your growth as a professional nurse.

7 participants provided strong agreement on questions regarding satisfaction with the program elements

Self-Assessment Surveys

Validated surveys conducted during classes and meetings evaluated participants' readiness for practice, confidence in clinical decision-making, and comfort with navigating systems over a three-month timeframe.

Additionally, the surveys underscored the necessity for support in areas including documentation, time management, communication, and understanding the legal aspects of role navigation, revealing notable trends.



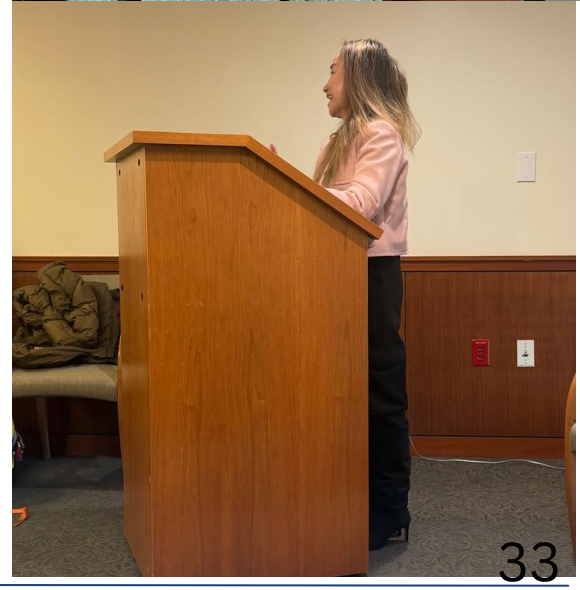
Reflective Narratives

R's refection for Fall 2026 EVOLVE 1

Depicted her journey of as an IERN from Japan who returned to bedside practice after an eight-year absence and successfully adapted to the complexities of U.S. emergency nursing through mentorship, resilience, and reflective learning. A pivotal experience caring for a young patient with fatal gunshot wounds challenged her clinically, emotionally, and culturally, helping her develop trauma care skills, forensic documentation expertise, and greater self-awareness. Through reflection, she recognized the importance of debriefing, psychological support, teamwork, and maintaining patient dignity during high-acuity events

W's reflection for 2025 Winter Schwartz Rounds

This reflection highlights the journey of an internationally educated nurse from the Philippines who found confidence and a sense of belonging while caring for a patient with cancer experiencing pain and anxiety. Through compassionate listening, simple comfort measures, interdisciplinary collaboration, and seeking guidance from experienced colleagues, she learned that nursing extends beyond clinical tasks to include emotional presence and human connection. Reflecting on her transition into U.S. acute care practice, she recognized how teamwork, mentorship, and a supportive unit culture helped her overcome uncertainty and grow professionally.



Conclusion: Scalable Strategies

- Systems-focused Didactic Learning
  - Explicit instruction covers clinical workflows, documentation, escalation, and safety in U.S. healthcare settings, supporting clinical reasoning.
- Guided Reflective Practice
  - Structured reflection helps learners process experiences, identify needs, and develop professional identity with psychological safety.
- Interdepartmental Exposure
  - Exposure to pharmacy, case management, and rapid response teams enhances understanding of coordinated care across departments.
- Expert-led Interdisciplinary Sessions
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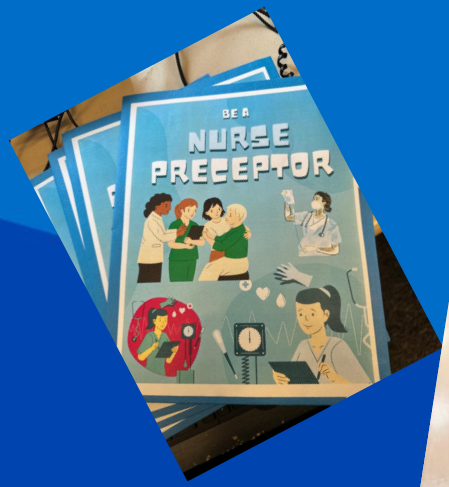
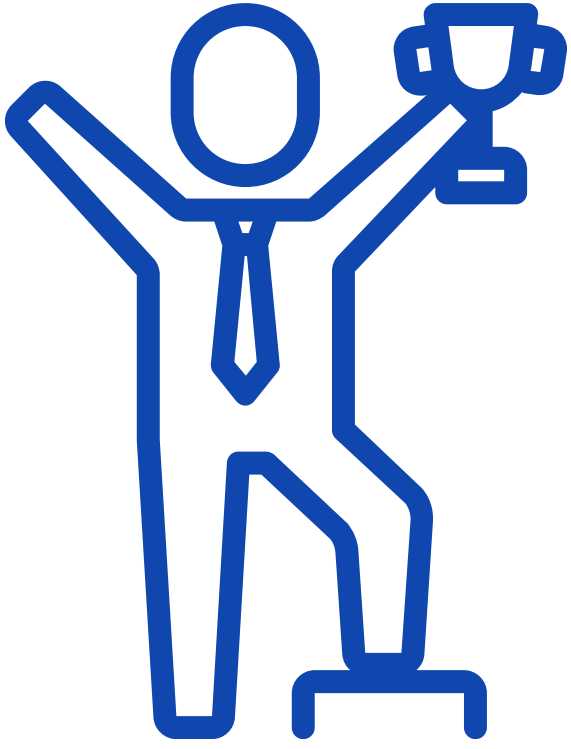


Meet Gilbert



Conclusion: Depicted Outcomes

- Increased retention
- Improved job satisfaction
- Enhanced confidence and competence
- Better team integration
- Reduced turnover within the first year

Discoveries Upholding the IERN Initiative

- **Given your role as a nursing educator, the strongest evidence-based interventions appearing repeatedly in recent literature are:**
- Extended transition-to-practice programs (6-12 months) MAH is 3 months for med surg, 6 months for ED
- Dedicated IERN mentorship/preceptorship models
- Reflective learning, systems, and simulation-based orientation for U.S. acute care practice expectations
- Cultural humility training for both IERNs and receiving staff
- Regular competency and well-being check-ins during the first year

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Danke
Thank you
Merci
ご馳走様
Tack
Спасибо
Obrigado
감사합니다
Köszönöm
Dank u
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Благодаря
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