University Medical Centre Groningen

Hanzeplein 1 Postbus 30 001, 9700 RB Groningen

Central ethics Review Board
non-WMO studies

Phone: 050 - 3613564
Email: nwmoloket@umcg.nl

To
Mr.Dr. A. Wijsmuller
Surgery department
Internal zipcode: BA11

Kenmerk: 22944

Date: 26/11/2025
Subject: Decision CTc UMCG, amendment
Project title: Empowering nursing newcomers, The EMPOWER study
Research Register number: 22944

Dear Dr. Wijsmuller,

At the request of the Board of Directors of the University Medical Centre Groningen (UMCG), the Central ethics Review Board non-WMO studies (CTc UMCG), in its capacity to review studies that fall outside the scope of the Medical Research Involving Human Subjects Act (WMO), has discussed whether this study (see 'Project title') meets the UMCG's non-WMO Framework Regulations as part of the nWMO system as adopted by the Board of Directors. The UMCG's non-WMO Framework takes into account the 'Toetsingskader medisch-wetenschappelijk niet-WMO-plichtig onderzoek 2023' from the VWS program Regeldruk in Onderzoek as well as other relevant legislation and regulations.

On 21 November 2025, the CTc UMCG has approved the conduct of the study mentioned above, based on the documents submitted before this date including, if applicable, the written responses provided by the applicant.

With this assessment letter, the 'ethical review' component of your study has been successfully completed.
The CTc would like to point out that you may need other forms of permission before you can begin your studies (e.g. department permission, signed contracts). Please note that other legal acts and/or guidelines, such as for medical device, may apply to the scientific research. Contact your department's research coordinator if you have any questions about this.

In addition, the CTc UMCG informs you that this approval only applies to the research activities carried out at the UMCG. If research activities will also be conducted elsewhere, the CTc UMCG advises you to check whether other local assessment procedures must be followed at these sites.

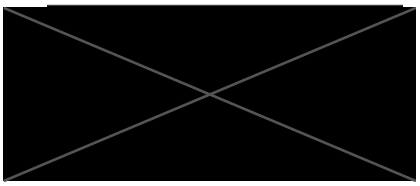
Any amendment to the currently approved study must be submitted to the CTc UMCG for review. Please note that the main applicant (Principal Investigator) remains responsible for complying with the relevant legislation, the UMCG regulations, and for the overall scientific quality of the study.

If you have questions regarding the assessment by the CTc, please contact the non-WMO Office. You can find the telephone number and the e-mail address at the top of this letter.

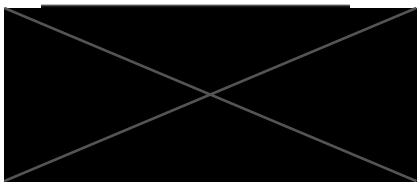
The CTc UMCG wishes you a lot of success with this project.

Sincerely,
on behalf of the CTc UMCG,

Prof. dr. D. de Zeeuw
Chair



M.T. Dreves
Secretary



P.O. Box 30 001, 9700 RB Groningen, The Netherlands

University Medical Center Groningen

Medical Ethics Review Board

Phone (050) 361 4204
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Website http://metcgroningen.nl

To
A.R. Wijsmuller, MD Ph.D.
Department of Surgery
a.r.wijsmuller@umcg.nl

Enclosure(s) --
Ref M25.363484

Date 21 November 2025
METc number METc 2025/606
Title **Empowering nursing newcomers, The EMPOWER study.**
UMCG RR number 22944

The Medical Ethics Review Board of the University Medical Center Groningen (METc UMCG) has discussed the above mentioned protocol and considered whether or not the research falls within the scope of the Medical Research Involving Human Subjects Act (WMO).

Based on the submitted documents the METc UMCG concludes that the above mentioned protocol is not a clinical research with human subjects as meant in the Medical Research Involving Human Subjects Act (WMO).

Furthermore, the committee has concluded that the proposed research does not fall within the scope of the Medical Device Regulation (MDR, EU 2017/745) or Clinical Trial Regulation (CTR, EU 536/2014).

Therefore the METc UMCG has no task in reviewing the protocol and you do not need a full review or approval before you can start the research.

Please note that other legal Acts and/or guidelines, such as the Medical Treatment Agreement (WGBO), Dutch Personal Data Protection Act (Wpb) and codes of conduct of the FEDERA (Federation of Medical Scientific Institutions) may apply to the scientific research.

Before you can start your study/study activities, you must await the favourable opinion of the CTc.

Kind regards,
on behalf of the Medical Ethics Review Board

prof. H.P.H. Kremer, MD Ph.D.
chairman

J. Davids, MSc
official secretary

Empowering nursing newcomers
THE EMPOWER STUDY; 22944

(non-WMO study protocol)

Date of document: 15 -9-2025
Protocol version number: 1

CONTENT

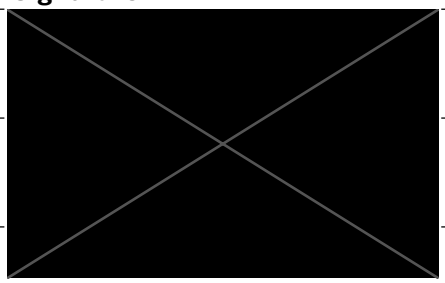
1. Study organization

Study title:	*Empowering nursing newcomers*		
Planned start date and estimated completion date			*1-10-2025 – 1-3-2031*
Members of the *UMCG* study team.	**Information**		**Role in study**
	1	*Dr. F. Loonstra, research assocociate, Human Resources, UMCG*	*Researcher*
	2	*P.M.V.Veltman, projectcoordinator, Human Resources, UMCG*	*Coordinating investigator*
	3	*Dr. A.R.Wijsmuller, surgeon, Department of Surgery, UMCG*	*Principal Investigator*
If applicable: Senior members of the *non-UMCG* study team(s).	**Information**		**Role in study**
	1	*Marjon Tijl, research associate, regioplan* *Laura Brouwer, associate director, Social Finance NL*	*Coordinating investigator* *Coordinating investigator*
Principal investigator , *contact information*	Name		*A.R.Wijsmuller*
	E-mail		*a.r.wijsmuller@umcg.nl*
Corresponding researcher UMCG, *contact information*	Name		*A.R.Wijsmuller*
	E-mail		*a.r.wijsmuller@umcg.nl*
	Telephone		*18643/ 06-25646662*
Sponsor (Dutch: verrichter/opdrachtgever)	UMCG: ☐		Other: ☒
Financial support / subsidy provider			☒
	Organisation name		*Goldschmeding Foundation* *Stichting op Klompen Begonnen*
Collaboration with non-profit Laboratory / research sites (in- and outside UMCG)	NA		☐
	Organisation name		*NA*
	Contact person		*NA*
	Email		*NA*
	Telephone		*NA*
Collaboration with for-profit / commercial parties / companies (in- and outside UMCG)			☒
	Organisation name		*Regioplan* *Social Finance NL*
	Contact person		*Marjon Tijl (regioplan)* *Laura Brouwer (Social Finance NL)*
	Email		*Marjon.tijl@regioplan.nl* *Laura.brouwer@socfin.nl*
	Telephone		*020 - 5315334 (Marjon)* *06 - 83508192 (Laura)*

Is this study connected to a previous nWMO or WMO application	Yes ☐	No ☒		
If yes, please provide the following information and/or documentation regarding the previous application	Please add the name of the previous study	*NA*		
	Please add the panama number of the previous study	*NA*		
	Has the ethical approval of the previous application been added to the current application	NA ☒	Yes ☐	No ☐
	Has the study protocol of the previous application been added to the current application	NA ☒	Yes ☐	No ☐
	Has the patient information (DIF) of the previous application been added to the current application	NA ☒	Yes ☐	No ☐
	Has the Informed Consent form (IC) of the previous application been added to the current application	NA ☒	Yes ☐	No ☐

2. Protocol Signature Sheet

The undersigned principal investigator (NL: hoofdonderzoeker) UMCG and head of department UMCG confirm that the study protocol is compliant with the UMCG researchcode, the nWMO Kaderreglement UMCG and other legislation (such as the (U)AVG and WGBO).

Name	Signature	Date
Principal Investigator UMCG: A.R. Wijsmuller		12/10/25
Head of the department UMCG: J.P.P.M. de Vries		13/10/25
Departmental Scientific review board (if applicable)		
If tissues are requested from a biobank or data from a databank, please add a signature from the biobank administrator (NL: beheerder) here.	NA	Klik of tik om tekst in te voeren.
If tissues are requested from the UMCG biobank pathology, please add a signature from the tissue review board pathology here.	NA	Klik of tik om tekst in te voeren.

3. Study summary

3.1 Introduction and rationale

The increasing shortage of nurses in the Netherlands significantly impacts healthcare capacity[1]. Currently, half of all job vacancies in the Netherlands are in healthcare, trade, and business services[2]. Reports indicate that nursing faces the largest labor market shortages among the healthcare professions, with 10,500 vacancies in 2021 and an expected 24,900 by 2031[3,4]. Enhancing personnel inflow is one of the solutions. In that regard, the Dutch system does not appear to be well-equipped to support the integration of refugees and migrants certified as nurses in their country of origin, into healthcare positions. Recognition of qualifications is characterized by long delays and there is a lack of guidance[5,6]. In practice, it also takes a considerable amount of time to reach a sufficient level of language proficiency, especially if individuals are unable to work and have limited exposure to the Dutch language. This slows down the speed at which the tests for obtaining a declaration of professional competence, required for Dutch healthcare licensure, are completed. Consequently, many qualified newcomers in healthcare are either underemployed or unemployed[5]. In 2022, the UMCG assessed the interest among nursing newcomer in the Northern region to participate in a fast-track integration programme (Appendix 1). As sufficient interest was confirmed, such a programme was developed that includes a vocational language and intercultural communication course, after which participants begin working as assistant nurses, salaried as care assistants, while receiving guidance toward BIG registration before taking the examinations required for BIG registration (appendix 2). In this process, data were prospectively collected on whether the participating newcomers successfully completed the different phases of the program, the duration of these phases, and the stage of integration and employment situation from which they entered, and consent was obtained from participants to store these data (appendix 3). The programme was initially developed at the UMCG and grew into a multicentre initiative. In collaboration with Healthcare of the North ('Zorg voor het Noorden', ZvhN), a regional network across the three northern provinces, it has expanded to four non-academic hospitals. As this improvement process, which was not initially conceived as a research project, appeared to be successful, it was subsequently decided to analyze the outcomes in a scientific manner. The primary objective is to determine the proportion of participants who are either progressing as planned or successfully completed the program. In addition, a qualitative analysis and a societal business case is conducted to identify where the benefits lie, thereby providing guidance for sustainable implementation once philanthropic funding is phased out. Additionally, the study aims to analyze potential racial microaggression in the workplace.

3.2 Design (including population, method, confounders and outcomes)

In March 2022, the first version of the survey was sent to 22 language schools in the Northern provinces and shared via various social media channels, such as the municipality of Groningen and the Foundation for Refugee Students (UAF). The survey included a digital questionnaire available in 17 languages (appendix 1), designed to collect data on professional background, curriculum vitae, credential evaluation, legal status, years of education and work experience, type of clinical experience, entrustable professional activities, and proficiency in Dutch, and English. The entrustable professional activities offer additional insights beyond traditional diploma evaluation.

Since December 2023, the REDCap recruitment process has been optimized (appendix 4) so that, in addition to skills, competencies are more broadly assessed to gain the best possible insight into the various domains identified by the World Economic Forum (WEF) as the most in-demand skills by organizations[7]. These include cognitive skills, self-efficacy, collaboration, ethics, physical skills, management skills, and technological skills. Based on the submitted

data, potential participants have been identified and invited for an application interview with the core team of the programme. Eligibility criteria include being a refugee or migrant residing in one of the three northern provinces with a nursing background, holding at least a diploma equivalent to the Dutch MBO-4 level, and having practical experience, preferably in a hospital setting. Additionally, candidates were required to demonstrate sufficient learning capacity to participate in a language course at the University of Groningen's Language Centre (LC). An intake at the LC is conducted before or shortly after the application interview to assess the candidate's developmental potential, considering factors such as motivation, initiative, intelligence, and communication skills. Throughout the course of the project, this intake was expanded to include a study skills test (appendix 5), a brief assessment designed to measure the speed at which an individual can learn a language. Candidate have been invited to participate if the LC deems the candidate's learning ability sufficient (based on the intake and, if available, a study skills test), and the application interview is successful.

The primary outcome: the proportion of participants who either progressed as planned, successfully completed the program by obtaining a (conditional) certificate of professional competence, or transitioned to employment as care assistants.
Secondary outcomes include:
- a societal business case and a qualitative analysis to assess the impact of the program on participants and departments
- the influence of competencies on the need for additional guidance
- potential unconscious and conscious racial microaggression in the workplace

Factors considered as potential confounders are:
- sociodemographic characteristics: age, gender, time since arrival in the Netherlands, and family situation
- educational and professional background: level and type of nursing qualification, years of work experience, and previous additional training
- language and cognitive capacity: baseline Dutch and English proficiency, learning capacity as assessed by the study skills test, and motivation and initiative
- programme-related/contextual factors: hospital/department, differences in mentorship/guidance during integration, regional labor market demand, adaptations or optimizations implemented within the program over time

3.3 Research questions
What is the proportion of participants who progressed as planned or successfully complete the program at 3, 6, and 10 years after start of the programme? What is the societal business case of the programme and what opportunities for improvement can be identified to optimize its sustainability through a qualitative analysis of the impact on both participants and hospital departments? To what extent do competencies across different domains provide insight into when a participant may require additional support? To what extent do conscious or unconscious racial microaggressions occurs in the workplace and what opportunities exist to address and mitigate the unconscious form?

4. Study design

4.1 Mono- <u>or</u> multicenter study.	Monocenter study ☐	Multicenter study ☒

4.2 Retrospective study or prospective study		Retrospective study ☒	Prospective study ☒
4.3 Cross-sectional or follow-up study		Cross-sectional study ☐	Follow-up study ☒
4.4 Quantitative or qualitative study		Quantitative study ☒	Qualitative study ☒
4.5 Pilot or explorative study?	Not applicable ☐	Pilot study ☒	Explorative study ☒

Explain why it is a pilot or explorative study.
This study can be considered both a pilot and an exploratory study for several reasons. First, the program under investigation was not originally conceived as a research project but as an improvement initiative, meaning that the data were collected prospectively in a real-world setting without predefined hypotheses. Second, the number of participants is still limited, and the program is in an early stage of implementation across centers, which makes the findings preliminary by nature. Third, the primary aim is descriptive, examining proportions of participants who progress through or complete different phases of the program, rather than testing causal relationships. In addition, secondary analyses, such as the societal business case and the qualitative assessment of program impact, are exploratory in character, intended to generate insights and hypotheses for future, more definitive evaluations. Taken together, these features justify the classification of the study as a pilot and exploratory investigation, providing essential groundwork for larger-scale, hypothesis-driven research.
In case of a pilot study, what are the concrete follow-up plans.
The concrete follow-up plan is to expand the program to hospitals at the national level and to integrate data from these additional sites into the analysis. This will allow for larger-scale evaluation, validation of findings across different contexts, and the development of more robust evidence on program effectiveness. Ultimately, the pilot provides the foundation for a nationwide multicenter study aimed at informing sustainable policy and implementation.

5. Population

5.1 Research participants		
Healthy volunteers Patients	☒ ☐	
5.2 Participant classification		
Participants ≥ 16 years	☒	
Children between 12 and 16 years	☐	
Children < 12 years	☒	
Explain purpose limitation ('doelbinding' in Dutch) if you plan to include minors below 16 of age. This means that this data may only be gathered if participation of that age group is utterly essential (Dutch: persoonsgegevens alleen verzamelen met een gerechtvaardigd doel waarvoor die leeftijdsgroep noodzakelijk is). NA		
5.3 Incapacitated adults		
Participants can be incapacitated/decisionally impaired adults	Yes ☐	No ☒

If yes, explain purpose limitation ('doelbinding' in Dutch). This means that this data may only be gathered if participation of this group is utterly essential (persoonsgegevens alleen verzamelen met een gerechtvaardigd doel waarvoor deze groep noodzakelijk is).
NA

5.4 Inclusion and exclusion criteria

• Inclusion criteria:
- refugee or migrant with a nursing background or other paramedical background and sufficient indications that the relevant hospital department is prepared to cooperate in a fast-track integration trajectory
- holding at least a diploma equivalent to the Dutch MBO-4 level
- having practical experience, preferably in a hospital setting
- residence in one of the three northern provinces
- sufficient learning capacity to participate in a language course at the University of Groningen's Language Centre (LC) based on the intake and, if available, a study skills test
- a successful application interview

• Exclusion criteria:
- diploma lower than Dutch MBO-4 level
- refugee or migrant with a background as medical doctor

6. Study data, and analysis

6.1 Data collected

For primary outcomes:
- Background: nurse, nursing assistant, other
- Start date of medical vocational language program
- Start date as assistant nurse
- End date as assistant nurse
- Start date as care assistant
- Early dropout/ withdrawal
- In case of premature exit: 1 during (vocational) language training (months 3-6); 2 during early stages of the employment trajectory (months 7-12); 3 later in the employment trajectory (months 12-18/24)
- Date dropout/ withdrawal
- Date of decision on the application for a statement of professional competence and whether one may begin practicing under conditions
- CBGV decision on the application for a statement of professional competence: 1 decision granting a statement of professional competence allowing conditional registration in the BIG register ("Work in your profession in the Netherlands for three months under the supervision of a healthcare professional with the same profession who is fully registered in the BIG register, to become familiar with the Dutch healthcare system, related laws and regulations, and medical ethics.") Diploma is nearly equivalent. 2 additional internships: X months of internship in a hospital, VVT (nursing and care facilities), and/or GGZ (mental health care). 3 diploma not equivalent: Not allowed to practice as a nurse in the Netherlands.
- Conditional BIG registration date (above profession) with BIG number
- Date of possible meeting with the CIBG committee in case of a failing oral exam result, while results for the knowledge and practical tests are sufficient
- Start date of supervised practice
- End date of supervised practice
- Supervised practice: full-time, parttime
- In case of internships, what type of internships?
- Start date of internships

- End date of internships
- Internships: full-time, parttime
- Theoretical modules
- Knowledge test result: insufficient, sufficient, good
- Knowledge test score
- Profession-specific test result: insufficient, sufficient, good, excellent
- Oral examination result: insufficient, sufficient, good, excellent
- Date of issuance of the statement of professional competence, enabling the colleague to qualify for (unconditional) registration in the BIG register
- Date on which the participant is officially registered in the BIG register after submission and approval of CCPS and CGC, etc.
- Exit position: premature exit, exit as healthcare assistant, exit as BIG-registrered nurse (or achievement of a comparable qualification at the paramedical level with a similar background)
- At exit: healthcare assistant or nurse – type of contract and number of hours: 1 Temporary (eg 1 year); 2 Permanent
- Start date as fully qualified nurse (possibly including onboarding period)
- Program underway and on track? program successfully completed; program still in progress and proceeding as planned; dropped out during the medical language program phase; dropped out during the assistant nurse phase due to insufficient background to continue; decided to stop BIG trajectory during assistant nurse phase and continue/start working as a care assistant; Other

For secondary outcomes and other outcomes:
Data to be completed by newcomer
- Years of education completed
- Country of training
- Attempts to have diploma recognized in the Netherlands
- Level achieved according to the diploma evaluation: A level that corresponds in Dutch terms to: diploma from senior secondary vocational education (MBO), qualification level 4, in nursing and care; 2 years of a nominal 4-year bachelor's program in higher professional education (HBO) in nursing; degree of bachelor in higher professional education (HBO) in nursing; degree of master in higher professional education (HBO) in nursing; other level
- Place of work experience: hospital, nursing home or care home, home care, other
- Years of work experience
- Last country you worked in before arriving in the Netherlands?
- Experience in the following types of hospital departments (multiple answers possible)
- Nursing tasks for which you are qualified: measuring blood pressure, wound care, removing stitches/sutures, preparing medication, venous puncture, inserting IV (intravenous) line, inserting urinary catheter, inserting nasogastric tube, resuscitation / CPR (cardiopulmonary resuscitation)
- As a nurse in the hospital, you have day, evening, and night shifts. Each shift lasts 8 hours. What is your attitude towards evening and night shifts? No problem, I am used to working these shifts; It will take some getting used to, but I think I can manage this with my private life; It is difficult to reconcile with my private life
- Years living in the Netherlands at time of entry
- Socioeconomic status at the time of entry
- Income level (if employed): 1 Less than or equal to minimum wage; 2 Comparable to a healthcare assistant's income; 3 Higher than a healthcare assistant's income
- Receiving healthcare allowance: 1 Yes; 2 No
- At entry EuroQol EQ-5D-5L questionnaire
- At exit EuroQol EQ-5D-5L questionnaire
- Residence and work permit for the Netherlands
- Basis for a residence permit? asylum; residence with partner; study (temporary residence permit); other

- Have you already had a 'Further Hearing' with the IND?
- Completed language/integration course?
- English/ Dutch language proficiency level: 1 A2 to B1; 2 B1 to B2; 3 B2
- Initials, surname, age, email address, phonenumber, current address or name of the shelter
- Domains: self-efficacy (resilience, flexibility, and adaptability; motivation and self-awareness; curiosity and lifelong learning; reliability and attention to detail); working with others (empathy and active listening; leadership and social influence); Ethics (cultural competence); physical skills (manual dexterity, endurance, and precision in the professional field); management skills (quality control); technological literacy (Appendix 4)
- Modified Racial Microaggresions Scale (RMAS) including 6 subscales: invisibility, criminality, dysfunctional culture, sexualization, foreigner/not belonging and environmental microaggressions. This questionnaire was developed by Torres-Harding et al[8] and modified by King et al[9] and appears to be an appropriate tool to assess this on the workplace[10] (appendix 6).

Data to be completed by language center:
- Suitable candidate for 'Newcomers in Their Strength 2.0' program (based on intake)? No, the candidate is definitely unsuitable; yes, this is a suitable candidate; there is doubt about the candidate's suitability
- Score Study Skills Test
- Optional 2nd Score Study Skills Test
- Reason for taking 2nd Study Skills Test?

Data to be completed by study coordinator:
- Is the candidate a refugee or asylum seeker?
- Date of introductory meeting
- Candidate enrolled in newcomers program? no; yes; no, but may be considered in the future if the candidate develops appropriately
- Reason for rejection? different background than nursing; background as midwife/nurse where previous cases show insufficient experience in the nursing domain to participate in the newcomers program; has a nursing/caregiving background but does not have at least an MBO4 diploma equivalence; not sufficiently learnable according to language center / Study Skills Test; too little practical experience; practical experience too long ago; no status yet; residing outside regions participating in the newcomers program; language development not yet sufficient; may be considered later if appropriate language development is shown; too busy to participate in the program due to integration activities, searching for housing, etc.; other reason
- Living situation during the program? already own housing; medical vocational language program started from COA location, moved during the program to linked municipality; not residing at COA location or own housing, other
- Unlinked from previous municipality, linked to the municipality of Groningen? after obtaining status, linked to the municipality of Groningen within the program; unlinking from previously linked municipality, and linking to the municipality of Groningen within the program; already linked to a municipality near the hospital where the participant will start, within the newcomers program; not applicable
- reason for starting as a care assistant instead of assistant nurse (optionally indicate in which hospital as care assistant and where the participant may have worked as assistant nurse)
- Hospital name
- Type of department
- Extra guidance needed
- Type of additional support
- Cause of early dropout/ withdrawal
- Date of application received for a statement of professional competence for the nursing profession

- Date of General Knowledge and Skills test
- Date of profession-specific test

Various durations are automatically calculated, including:
- Working as an assistant nurse
- From start as assistant nurse to date of profession-specific test
- From date of profession-specific test to conditional BIG registration
- Work under supervision
- Internships
- From start as assistant nurse to unconditional BIG registration
- From start of medical vocational language program to date of early dropout
- From start of medical vocational language program to start as assistant nurse

Have all the data for the primary and secondary outcomes been described or the alternatives?	Yes	No
	☒	☐

6.2 Number of participants:
Target total number of participants is estimated to fall within the range: 159-227
Target number of UMCG participants is estimated to fall within the range: 118-147

6.3 Justification of sample size
Based on the observed enrolment rates in the Northern region (3.3 participants per hospital per year) an additional 98 participants are expected to enrol between March 2025 and March 2031 if the 5 hospitals in this region continue to participate. Assuming a similar rate of enrolment in the Randstad, an additional 80 participants are expected in this period across the 4 hospitals located there. This results in a maximum of 227 participants across all hospitals during the entire study period. However, given potential risks such as hospitals discontinuing their participation due to lack of financial resources to cover 4–6 months of above-budget salary costs, a more conservative projection of approximately 30% fewer participants should be considered resulting in an estimated range of 159–227 participants.
The sample size is therefore not based on a formal power analysis but on realistic projections of expected enrolment, as no official national data on the number of nursing newcomers are available. As such, the study follows a pragmatic design in which all eligible participants can enroll, depending on the availability of places in the hospitals involved in their region. This ensures that the sample is sufficiently large to answer the research questions regarding integration success, retention, and professional registration outcomes, while at the same time adhering to GDPR requirements to not include more participants than necessary.

Has the sample size justification been described?	NA	Yes	No
	☐	☒	☐

6.4 Data minimisation

Only the essential baseline characteristics and data, that are required to answer the research question, will be collected:	Yes	No
	☒	☐

6.5 Statistical and/or qualitative analysis

Please specify Statistical Analysis Plan (SAP):

a. Description of study population:
   The study population consists of nursing newcomers who are already enrolled or will enrol in the fast-track integration trajectory at UMCG and participating partner hospitals. This includes both asylum seekers and migrants. Demographic and baseline characteristics include age,

gender, language proficiency, participant status (asylum seeker or migrant), and socioeconomic and employment background. Participants who provide consent for research purposes will be included in the analysis.

b. Description of preparation of the data for analyses:
Collected data will be pseudonymized and direct identifiers removed. Data cleaning will involve checking for completeness, consistency, and plausibility. Variables will be coded according to pre-specified categories (e.g. employment history, language level). Missing data will be handled using appropriate methods such as multiple imputation or sensitivity analyses, depending on the extent and pattern of missingness. For qualitative data from surveys or interviews, responses will be anonymized and transcribed for coding and thematic analysis.

c. Specify all applicable statistical and/ or qualitative methods. This usually requires an extensive description of the planned analyses and covariates:
Primary outcome analysis: Descriptive statistics and inferential analyses (e.g. proportions, means, standard deviations) will be calculated for successful trajectory completion, BIG registration achievement. Associations with baseline characteristics will be explored using logistic regression or other appropriate multivariable models.
Secondary outcome analysis: Qualitative data from the Regioplan survey will be analyzed using thematic analysis to identify patterns, facilitators, and barriers in the trajectory. Quantitative secondary measures (e.g. language progress, employment outcomes) will be summarized using descriptive statistics and, where appropriate, tested with regression models to explore predictors of success.
Subgroup analyses will consider variables such as asylum seeker vs. migrant status, age groups, gender, and baseline language proficiency.

d. Clarify how this analysis plan, study setup, sample size and design will answer the study questions:
This analysis plan ensures that both primary and secondary outcomes are systematically evaluated. The prospective cohort design, together with a projected sample size of approximately 300 participants nationwide (80 in the Northern region), allows for sufficient statistical power to explore patterns of trajectory completion and integration success. Qualitative analyses complement the quantitative results by providing in-depth understanding of barriers, facilitators, and contextual factors affecting trajectory outcomes. Together, these analyses will answer the research questions regarding the effectiveness, scalability, and potential optimization of the integration trajectory for nursing newcomers.

Has the statistical analysis section (6.5) been completed?	Yes ☒	No ☐

7. Recruitment and informed consent/objection

7.1 Data collection

Please check the data source that is applicable to your study, more may apply:		
Data will be prospectively collected (data/ biomaterials from [some] participants will be collected)	☒	
Data will be collected from (electronic) patient records (e.g. 'EPD UMCG')	☒	
Data will be collected from an already existing bio- or databank	☒	
Data will be collected from a previous study (e.g. 'FAIR data' - internal/external).	☐	
7.2 Informed consent procedure		
7.2.1 Participants will be asked informed consent	Yes ☒ *If yes: please complete 7.2.2 and 7.3.*	No ☐ *If no: please complete 7.2.3 and 7.3.*
7.2.2 *If consent is asked* complete this section		
7.2.2.1 *if the potential participant is a patient:*		
First contact with potential participant is made by the treatment provider, either by accompanying letter or in person.	Yes ☐	No ☒
Informed consent procedure, including signing the IC, will be carried out by the researcher/ research nurse (*not the treatment provider).*	Yes ☐	No ☒
7.2.2.2 *For participants that are either patients or non-patients:*		
• Recruitment: Potential participants can register via a custom public survey URL: https://redcap.link/trajectnieuwkomers. This link is shared by organizations such as UAF, COA, and municipalities with their clients. Until now, participants who signed up were asked to provide consent for the processing and storage of their personal data for a maximum of four years. In addition, they could consent to the processing and storage of other data they provided for up to six years (after four years anonymized) for research purposes to analyze how well the trajectory fits the participant and to identify areas where newcomers may need additional support (Appendix 4). With the start of this study, participants who register will: 1 Be asked to provide consent for the processing and storage of personal data for up to four years to determine their eligibility for participation in the trajectory. 2 Receive the attached participant information letter and be asked to digitally sign the consent form, granting permission to use their data for research purposes, the analyses as intended within this study. Although the 49 participants already enrolled have previously provided consent for the prospective storage of their data, they will be asked again to provide consent for the use of their data for research purposes. This seems justified by the societal and scientific value of these outcomes as analyzing these data may help optimize the trajectory for future participants in other hospitals and improve the chances of successful integration for nursing newcomers. Only the data of participants who provide this additional consent will be used to determine the		

results for the primary outcome measure. The number of participants who do not provide consent will also be recorded. For the first analysis of the secondary outcome measures, the UMCG project coordinator invited 17 participants to contribute. These participants completed a survey, developed jointly by Regioplan and UMCG and were asked to participate anonymously (Appendix 7).			
• <u>Information provision:</u> The participant will *only* be contacted via telephone if they have given prior permission for this:	NA ☒	Yes ☐	No ☐
Contact via telephone only serves to provide additional information, it cannot be used to ask informed consent:	NA ☒	Yes ☐	No ☐
If either of the above 2 items are answered with 'no' please elaborate on the reason for this: NA			
• <u>Time to consider:</u> The participant will have at least 14 days to consider participation:		Yes ☒	No ☐
If this is not the case please describe the reason for this and what time is allotted for the participant to consider participation. NA			
• <u>Informed consent recording:</u> Informed consent will be recorded either on paper via signature or electronically:		Yes ☒	No ☐
If no, please elaborate on how will the informed consent be recorded? NA			
• <u>Use of templates</u> Have the UMCG templates been used for both DIF and IC-form:		Yes ☐	No ☐
7.2.3 *If consent cannot be asked* please complete this section:			
Total number of participants who will not be asked informed consent: NA Total number of UMCG participants who will not be asked informed consent: NA			
Which WGBO argumentation applies to your study (see SOP Obtaining Informed Consent nWMO):			
• Asking permission **is reasonably impossible**, because it would burden the patient to such an extent that it might cause psychological distress.			☐
• Asking permission **is reasonably impossible**, because a large part of the participant group is likely deceased or cannot be located.			☐
• Consent **cannot be required** because obtaining it would entail a disproportionate amount of time and effort, such as in the case of large numbers of patients or patients who were treated a long time ago			☐
• Consent **cannot be required** because requesting consent would lead to selective response, thereby potentially biasing the research results			☐
• Consent **cannot be required**, because: NA			☐

Required: In addition to the broad categories above, please clarify why these arguments apply to your specific study: NA			
The objection registry will be checked in case one or more UMCG patients will not be asked informed consent, the data from those who objected will be excluded from the analyses.		NA ☐	Yes ☐
7.3 Linking with (other) bio-/databank			
In case the data will be linked with a /another bio-/databank, informed consent will be/has been obtained for this linkage(s)	Yes, consent ☐	No consent ☐	Data will not be linked ☐

8. Only complete in case of collaboration with parties outside of the UMCG (also called: third parties)

8.1 Which party is in the lead?	UMCG ☒	Not the UMCG ☐
8.2 Is the leading party a commercial party?	Yes ☐	No ☒
8.3 *Only complete if UMCG is not in the lead:* **Is the role of the UMCG limited to supplying data?**	Yes ☐	No ☐

8.4 Description of the cooperation

This study involved collaboration with two external parties:Regioplan and Social Finance NL. The philanthropic organization Golsdschmeding Foundation commissioned Regioplan to perform a qualitative analysis and Social Finance NL to perform a cost-benefit analysis. For these purposes, UMCG provided anonymous participant data, including socioeconomic and employment background at the start of the trajectory, participant status (asylum seeker or migrant), age, gender, and language proficiency.

Additionally, the UMCG project coordinator invited 17 participants to contribute to a qualitative analysis of the trajectory. These participants completed an anonymous developed jointly by Regioplan and UMCG (Appendix 7). All data collection and handling were performed in accordance with GDPR requirements and a code of conduct established by Regioplan as co-founder and member of the Association for Policy Research (VBO) in collaboration with MOA and VSO for policy research compliance. Regioplan is also certified according to the latest ISO 9001:2015 standard and conducts regular internal and external audits to ensure quality and identify improvements.

For future analyses in addition to the existing contracts between the Goldschmeding Foundation and Regioplan and Social Finance NL, a research data transfer agreement will be established between UMCG and the external partners (Regioplan and Social Finance NL) to regulate the use, transfer and storage of study data.

8.5 Data and/or biomaterial management in combination with the partners

Please elaborate on the following aspects:

- Which data (and/or biomaterials) will be shared with the partners

Only anonymized participant data will be shared with the partners including socioeconomic and employment background, participant status (asylum seeker or migrant), age, gender and language proficiency. No direct identifiers are shared. • How is the data (and/or biomaterials) saved and/or destroyed after study end. After the study ends, all shared data remain pseudonymized and are securely stored according to UMCG data management policies. Direct identifiers are either removed or securely destroyed. Access to the pseudonymized data is restricted to authorized study personnel. Any data shared with partners are either returned or securely deleted according to the research data transfer agreements		
8.6 With Informed consent *Please complete only if patients are asked for Informed Consent:* In case of collaboration with *commercial/for-profit* organizations. Has the research participant been informed in the DIF, or will they be informed, about the collaboration with commercial third parties.	Yes ☒	No ☐
Has or will informed consent be(en) obtained for data sharing with the third party?	Yes ☒	No ☐
8.7 Contracts For both with informed consent and without informed consent: will you contact the loket Contract Research to arrange the proper contracts?	Yes ☐	No ☒
8.8 Data Protection Impact Assessment (DPIA) Will a DPIA be drawn up?	Yes ☐	No ☒
If a DPIA will *not* be drawn up please elaborate on the reason for this: A DPIA will not be performed as the processing of personal data in this study does not involve a high risk to the rights and freedoms of participants. This is based on the measures already implemented including pseudonymization of data once all required information is collected, temporary and limited access to direct identifiers by the study coordinator and strict access control for the Principal Investigator and authorized study delegates.		

9. Data Management Plan (DMP)

In this study the data will be collected, processed, and archived in accordance with the General Data Protection Regulation (GDPR) and the FAIR (Findable, Accessible, Interoperable, Reusable) principles under the responsibility of the Principal Investigator, as is required by the GDPR law. Please note that completion of this section is *required*. A separate DMP will not be reviewed.	
9.1 Handling and storage of data	
The following are requirements with regards to handling and storage of data, please mark all that apply:	
• Digital data will be archived following a strict security and back-up policy (akin to UMCG security level).	☒
• Paper source data and study files will be archived according the UMCG policy	☒

• Source data, study files and digital data will be archived 15 years after the study is completed.	☒
• Tooling (eg. software and procedures) used for collecting, processing, analysing, and storing data will be compliant with the UMCG policy and Standard Operating Procedures in the UMCG Research Toolbox.	☒

9.1.1 *If applicable:* Not all items in the above section 10.1 apply to my study. Please elaborate on the reason for this and the solutions.
NA

9.2 Anonymization and pseudonymization

Data will be <u>anonymized</u> during data collection.	Yes ☐	No ☒

If data is <u>anonymized:</u>

- Please explain what procedure is used:

  NA
- Please reflect on the applicability of K1-anonimity on your dataset:
  NA

If anonymized data please skip the rest of section 9.

Data will be <u>pseudonymized</u> during data collection (i.e. data cannot directly be linked back to the participant).	Yes ☒	No ☐

If data is <u>pseudonymized</u>, please explain what procedure is used.
During data collection direct identifiers are temporarily accessible to the study coordinator to complete essential outcome data (e.g. BIG registration). Once all required data are collected, direct identifiers (e.g. names, contact details) are replaced with a unique study code and the code list linking identifiers to pseudonyms is stored separately and securely. From that point onward only pseudonymized data are used for analysis with access restricted to the Principal Investigator and authorized study delegates.

9.3 Pseudonymization requirements

9.3.1 The following are requirements when pseudonymized data is used, please mark all that apply:

• Indirect and direct identifiable information collected will be minimized and only collected for the purpose of this study	☒
• Direct identifiable information (e.g. contact details, code list, encryption key, participant identification log) will be stored separately from pseudonymized data	☒
• Direct identifiable information can only be accessed by the Principal Investigator and study delegates after authorization by the Principal Investigator.	☒
• Pseudonymized data can only be accessed by the Principal Investigator and study delegates after authorization by the Principal Investigator.	☒

• Data roles, responsibilities, access and authorization, during the study and after study completion, will be managed and documented (e.g. in the DMP or study delegation log).	☒

9.3.2 *If applicable:* not all items in the above list of pseudonymization requirements apply to my study. Please elaborate on the reason for this and the alternative solutions.

All pseudonymization requirements apply to this study. The only clarification is that during the data collection phase direct identifiers and research data are temporarily handled together by the study coordinator to complete essential outcome information. Once these data are recorded direct identifiers are removed and replaced by a study code with the code list stored separately and securely. From that point onward, all requirements are fully met: direct identifiers are stored separately, pseudonymized data are used for analysis only and access is restricted to the Principal Investigator and authorized study delegates. Data roles and responsibilities are documented in the delegation log

10. FAIR Data and Data Sharing

10.1 FAIR data

The following statements concern FAIR data, which is the UMCG policy. *Please note that FAIR is not the same as Open Access.*

Data will be made findable by including the description of the study (and type of data (i.e. metadata) in the UMCG FAIR data catalogue and other discipline specific catalogue(s).	Yes ☒	No ☐

If 'no' is answered on the above question , please elaborate on the reason for this.
NA

10.2 Data Sharing

In case data (and biomaterials) will leave or enter the UMCG, will you contact the loket Contract Research to arrange the proper contracts? (Loket_Contract_Research@umcg.nl)	Yes ☒	No ☐	No data will leave or enter UMCG ☐

11. Management of Biomaterials (either newly collected or from an existing biobank)

11.1 Will biomaterials be collected, processed, analyzed and/or stored for the purpose of this study?	Yes ☐	No ☒ *skip and delete rest of section 11*
11.2 Will the biomaterials be collected, specifically for this study, in a prospective manner?	Yes ☐	No ☒ *skip section 11.3 untill 11.6. Continue with section 11.6*

11.3 What biomaterials will be collected:
NA

11.4 How will the biomaterials be collected and processed: *NA*	
11.5 Where and how will the biomaterials be stored: NA	
11.6 What will be done with the remaining biomaterials after study completion (eg. destroyed, returned to biobank/previous study, stored) NA	
11.7 Biomaterials check-list	
11.7.1 The following are requirements for the use of biomaterials, please mark all that apply:	
• Only biomaterials required to answer the research question(s) will be collected (dataminimalisation)	☐
• The biomaterials will be anonimized or pseudonimized according to laws, guidelines and (if applicable) SOPs	☐
• Biomaterials can only be accessed by the Principal Investigator and study delegates, after authorization by the Principal Investigator	☐
• Biomaterials will be stored 15 years after the study is completed	☐
11.7.2 Not all items in the above section apply to my study. Please elaborate on the reason for this and the alternative solutions. NA	

12. Burden, Risks & Benefits

12.1 Burden Is there a (potential) burden for the participant as a result of participating in this study? *For example: feeling tired after performing tests, reliving bad memories*.	Yes, minimal burden ☒	Yes, more than minimal burden ☐	No ☐
If yes, please explain what the burden is/might be The potential burden for participants is minimal. Participation involves completing a short questionnaire of approximately 10 minutes aimed at assessing professional competencies. All other required information overlaps with data that participants are already asked to provide as part of the regular eligibility assessment for the program. Clarify what is done to alleviate the burden To alleviate the burden, data provided by participants for the regular program eligibility assessment (e.g. background information) are directly and secondarily used for research purposes as well. In this way, no duplicate data collection is required, and participation in the study does not add substantially to the effort already needed for program entry			
12.2 Risk Does the participant run a risk of injuries and/or other discomfort as a result of participating in this study? *For example: risk of falling while doing exercises*	Yes, minimal risk ☐	Yes, more than minimal risk ☐	No ☒

If yes, please explain what the risk entails. NA Clarify what is done to alleviate the risk. NA		
12.3 Benefits Does the participant receive benefits/reward/incentives for participating in this study:	Yes ☐	No ☒
If yes, please explain what the benefits/reward/incentives entail. NA		

13. Incidental findings

Is there a risk of incidental findings?	yes, minimal risk ☐	yes, ≥ substantial risk ☐	No ☒
If yes, please explain the nature of the incidental findings. NA Procedure to assess if a finding should be returned to the participant, or not NA Procedure to inform the participant NA			

14. References

Klik of tik om tekst in te voeren.

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4. Baartmans M, Keuper J, Schoten van S, Bosmans M, Wagner C, Batenburg R. Staffing Levels and Patient Safety in Specialist Hospital Care. *Nivel – Netherlands Institute for Health Services Research* 2021: https://www.nivel.nl/sites/default/files/bestanden/1003998_1.pdf (accessed May 12, 2025).
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7. Future of Jobs 2023 Report. *World Economic Forum* May, 2023: https://www3.weforum.org/docs/WEF_Future_of_Jobs_2023.pdf (accessed May 12, 5).
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9. King DD, Fattoracci ESM, Hollingsworth DW, Stahr E, Nelson M. When thriving requires effortful surviving: Delineating manifestations and resource expenditure outcomes of microaggressions for Black employees. *J Appl Psychol* 2023; **108**(2): 183-207.

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15. Appendices

Appendix 1:

To identify the number of nursing newcomers in the region interested in participating a questionnaire was developed in 2021 and processed using REDCap (Research Electronic Data Capture, Vanderbilt University). In addition to indicating whether someone was interested in participating, information could be provided on professional background, credential evaluation, legal status, years of education and work experience, type of clinical experience, entrustable professional activities, and proficiency in Dutch and English. The questionnaire was published in 16 different languages in addition to Dutch: English, French, Spanish, Persian, Farsi, Polish, Syrian Arabic, Kurdish, Ukrainian, Russian, Uzbek, Turkmen, Dari, Pashto, Bahasa Indonesia, and Turkish. It was disseminated online via a public survey link. In March 2022, the first version of the survey was sent to 22 language schools in the Northern provinces and shared via various social media channels, such as the municipality of Groningen, the Foundation for Refugee Students (UAF) and a national platform that supports connections between refugees and local communities, businesses, and organizations (RefugeeStartForce) with the following text: 'Possible job opportunity for asylum seekers or newcomers in the region of Groningen with a background as scrub nurse at an operating theater OR nurse at the nursing ward/ care unit. Are you interested to be guided to a job as a full team member at the operating theatre or nursing ward? In that case please click on the link below and fill in the form (3 minutes) on your smartphone or tablet: www.redcap.link/nieuwkomers. Questionnaire in Dutch, English, Français, Español, زبان فارسي, Polski, العربية السورية, Kurdî, українська,русский, O'zbek, Türkmençe, پښتو ,دری, Bahasa Indonesia, Türkçe.'
The version available through this link is already an updated second version, after it became clear that there were enough potential participants to further shape the program. The questionnaire was updated a third time (December 2023) for scaling up to the other three Northern provinces and then a fourth time for scaling up to four hospitals in the Randstad which can be viewed via www.redcap.link/trajectnieuwkomers.

Appendix 2:

Ontworpen fasttrack integration trajectory: The language centre of the University of Groningen developed a vocational language course as part of this project:

Vocational language course
General Course Outline – Customized Program: The specialized language course for nurses focuses on the essential language skills needed in nursing practice. It is based on the book 'De taal van de verpleging', designed for foreign healthcare professionals at A2 level, with word lists in English, Polish, Lithuanian, and Spanish. The course also incorporates contemporary texts, videos, websites, and other relevant materials.
Practical Information: The course consists of 24 lessons, held twice a week, each lasting 2 hours, for a total of 48 contact hours. Additionally, at least 48 hours of self-study are required. The program runs for approximately 3 to 3·5 months.

Once participants reach the minimum Dutch language level (A2), they are required to successfully complete this 3.5 month course. Additionally, the UAF offers separate intercultural communication courses for both participants and their ward nurse mentors ('buddies'):

Intercultural communication training for newcomers and buddies
For Newcomers
Goal: Communication is essential in healthcare. Whether engaging in a conversation with a client, discussing matters with family members, or handing over information to colleagues, effective communication plays a key role. In any conversation, it is not only the words spoken that matter—facial expressions and body language (non-verbal communication) are equally important. During the intervision meetings, we address questions and challenges from daily work practice, particularly those related to cultural differences, language, and communication. Additionally, we cover the following topics:

- Perspectives on health, illness, birth, and death across different cultures
- Various levels of cultural differences
- Indirect and direct communication styles
- Differences in time perception
- Understanding personal space
- Developing intercultural sensitivity

The training focuses on Dutch workplace culture and provides insights into communication, cultural awareness, and the skills needed to function effectively. It explores written and unwritten rules, direct and indirect feedback, time management, and workplace behavior and attitudes.
The initial training sessions were organized by the UAF in collaboration with the LC. Currently, the training is provided by Leerzorg in partnership with the LC. In principle, each group participates in five intervision sessions over the first eight months, with each session lasting two hours.

For buddies
A training on workplace skills and culture is also provided to buddies and other interested nurses. This interactive training combines knowledge sharing and information exchange with engaging, hands-on activities. The training is a one-time session lasting four hours and covers the following topics:
- Diversity and inclusion
- Cultural self-awareness and understanding of unwritten rules and dimensions
- Employment of refugee professionals/newcomers in the Netherlands: challenges and opportunities
- Guidance and translating knowledge into practice

Those who attain B1-level Dutch and complete the vocational language course begin working as assistant nurses, salaried as care assistants (a hospital role created specifically for this programme). The programme follows a work-study model with task-differentiated development across three hospital-based phases while participants work as assistant nurse:
- Phase 1 introduces the Dutch healthcare system, culture, and practical language use.
- Phase 2 delivers procedural and professional training by the accredited provider Leerzorg preparing candidates for the nursing competence assessment.
- Phase 3 focuses on developing professional nursing skills in practice.

Procedural and professional training in preparation for the nursing professional competence assessment provided by an accredited training organization Leerzorg
A training program to prepare for the professional competence assessment for internationally educated nurses. This assessment consists of three components: (1) a theoretical knowledge test, (2) a practical exam on nursing skills, and (3) an interview focused on clinical reasoning. The preparatory training includes an online program, theoretical foundations based on the book "Niveau 4 onder de knie", the Vilans protocols for nursing procedures, 8 classroom teaching sessions, and individual coaching. Preparation for components:
1 – the knowledge test – includes various elements such as practicing sample questions, completing assignments, attending lessons, becoming familiar with clinical conditions, and gaining understanding of different healthcare sectors, including psychiatry, hospital care, elderly care, home care, and care for individuals with intellectual disabilities.
2 – nursing skills – includes, among others, dosage calculations and practice in the skills lab for procedures such as bladder catheterization, injections, feeding tubes, and peripheral IV insertion. As part of component
3 – the clinical reasoning interview – participants practice with clinical case studies.

The phases last approximately 4–6, 6–8, and 4–6 months, respectively. Participants are paired with one or two dedicated nurse buddies for onward support and to help set learning objectives. Additional support, such as extra language assistance or coaching by a medical content advisor, is available if needed.
In addition to medical guidance, a key aspect of the programme is the tailored support provided in areas such as municipal contact, registration in the Dutch healthcare system, and, where needed, engagement with other relevant organisations. A project leader with expertise in supporting healthcare newcomers was appointed.

Appendix 3:

The first questionnaire, issued in 17 different languages, requested consent to store the data in the following manner: 'The personal data that you enter will be processed. Your data will be stored for a maximum period of 1 year. Do you give permission?'
In the updated version in 2023, consent was requested in the following manner in seven different languages (Dutch, Turkish, English, Arabic, Ukrainian, Russian, and Spanish), because previously the questionnaire had only been completed in these languages and not in any of the other 10: 'The personal data you provide will be processed and stored for a maximum period of 4 years. The other data you provide will be processed and stored for a period of 6 years (anonymized after 4 years). These data will be analyzed to assess how well this program fits your needs and to understand where newcomers may need additional support. Do you give consent for this?'

Appendix 4:

During the first phase of the trajectory, experience was already gained with a skills-oriented recruitment procedure. The questionnaire specifically assessed certain authorized nursing activities in addition to the portfolio and credential evaluation. The aim of the development project is to further expand this approach to include multiple items that provide insight into competencies and attributes across various domains, thereby pursuing a more objective selection process. An additional advantage of an automated approach appears to be a substantial reduction in administrative workload.
Prior to entry into the program, it may be valuable to obtain a more comprehensive assessment of candidates' skills. These outcomes could provide insight into a candidate's likelihood of successfully completing the program or indicate the need for additional support. Such insights could positively influence completion rates. According to the World Economic Forum (WEF), the skills listed in Figure 1 are among the most sought-after by organizations. Starting with the updated version in 2023, additional questions have been developed and included to obtain the most comprehensive understanding across multiple domains: cognitive skills, self-efficacy, teamwork, ethics, physical abilities, management skills, and technological skills.

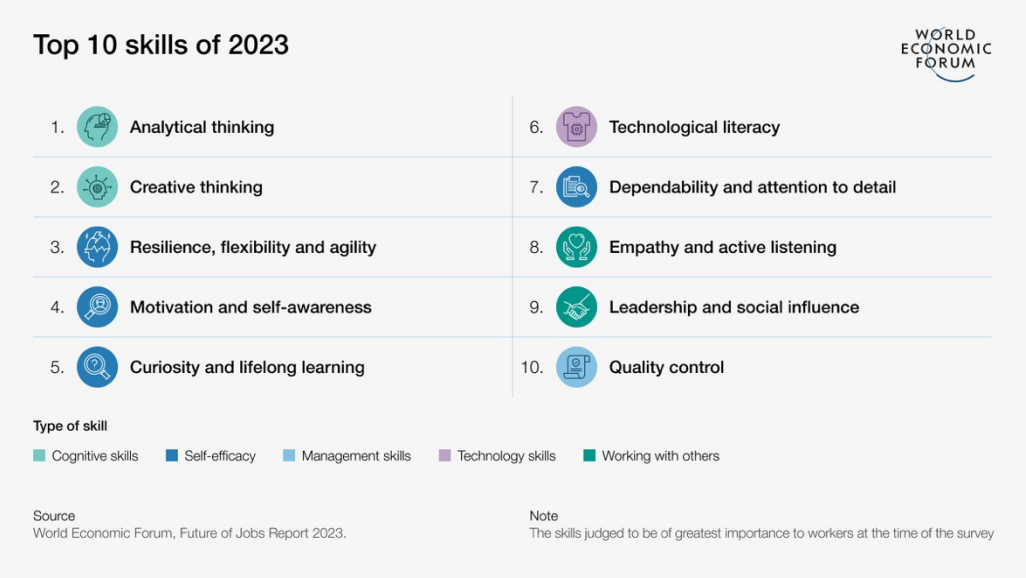

Figure 1

The skills/attributes related to the different domains:

DOMAINS	SKILLS / ATTRIBUTES
Self-efficacy	Resilience, flexibility, and adaptability
	Motivation and self-awareness
	Curiosity and lifelong learning
	Reliability and attention to detail
Teamwork	Empathy and active listening
	Leadership and social influence

Ethics	Cultural competence
Physical abilities	Manual dexterity, endurance, and precision
	Professional field
	Recent practical experience
Management skills	Quality control
Technological skills	Technological literacy

The questions related to the different skills/attributes:

Self-efficacy

Resilience, flexibility, and adaptability

How do you feel about changes in the workplace?	- I am open to changes - I assess whether this change presents opportunities for me or my surroundings, and if so, I am willing to adapt - I am not a fan of change
How do you respond to stressful situations?	- I avoid stressful situations - I remain calm and look for solutions - I try to cope with stress as best as I can
How do you deal with mistakes you make?	- I hide my mistakes from others - I ignore it and hope it goes unnoticed - I acknowledge the mistake, learn from it, and move on
How do you experience dealing with unfamiliar situations?	- I experience excitement and challenge - I don't feel entirely at ease - I feel very uncomfortable
How do you respond to setbacks?	- I tend to lose courage quickly - I actively seek new approaches and persevere - I experience frustration and feel discouraged

Motivation and self-awareness

How important do you consider having a positive impact on others?	- It does have some significance for me - It doesn't hold much value for me - It is very important; I am eager to inspire others
How aware are you of your strengths and weaknesses?	- Reasonably well - I am not consciously engaged in that. - I am well aware; I know both my strengths and weaknesses well
What does success mean to you?	- Material prosperity and status - Recognition and respect from others - Personal growth and happiness
How would you describe yourself when it comes to I set ambitious goals and do everything I can to setting goals?	- I set ambitious goals and do everything I can to achieve them - I set achievable goals and fully commit to them - I set few goals and prefer to live in the present
How do you handle criticism from a colleague?	- I tend to ignore criticism and stick to my own approach - I listen to the criticism, consider it seriously, and am willing to adjust my approach if necessary - I often tend to defend my decisions and may not always be open to extensive discussion
How do you deal with a lack of motivation?	- I consider a lack of motivation as something normal - I wait for motivation to come naturally - I look for ways to motivate myself

Curiosity and lifelong learning

How do you respond to new technological developments?	- I experience confusion and prefer to avoid them - I don't have a strong opinion on this - I strive to understand them and apply them in a meaningful way
What is your usual response when hearing about new ideas or concepts?	- I am curious and would like to learn more about it - My interest varies depending on the topic - I am somewhat hesitant when it comes to change
How often do you seek new information outside your field, assuming you have the time for it?	- Occasionally - Rarely - Regularly
What do you do when faced with something you know nothing about?	- I research to learn more about it - I ask others for clarification - I prefer to avoid the subject
What is your approach to learning new skills, assuming you have the time to learn?	- I don't focus too much on picking up new things - I prefer familiar tasks but am occasionally willing to learn something new - I am enthusiastic and always open to new challenges
What does the ongoing process of acquiring knowledge, skills, and competencies throughout life mean to you?	- A cliché, I don't really believe in it - An essential principle for personal growth - It depends; it can be important in certain situations

Reliability and attention to detail

What does 'reliability' mean to you?	- Essential, others should be able to rely on me - It is important but not crucial for me - It doesn't hold particularly high priority for me
What is your response to repetitive tasks?	- I find it annoying and get bored quickly - I complete them quickly to get rid of them quickly - I carry them out with care
How good are you at organizing your work and tasks?	- I am quite organised - I am not very organized - I am well organised
How do you deal with deadlines in your work?	- I am generally on time - I ensure that I complete tasks within time - I find it difficult to complete tasks within time

Teamwork

Empathy and active listening

What do you think is important for good communication?	- I often speak without waiting for a response - I try to actively listen and respond to the needs of others - I tend to emphasize my position clearly and repeatedly, regardless of what others say
How important do you think good communication is in a hospital setting?	- It is important; I believe that good communication is essential for efficient healthcare provision - It's quite important, but I think individual performance is more important than communication - It's not important; everyone should just do their own work
What is your attitude during a team meeting?	- My attitude is expectant and wait until I am asked a question - I prepare myself for what I want to say but I don't ask questions - I prepare myself for what I want to say and actively participate in the consultation by also asking questions.

How do you respond if you do not understand a question from your colleague?	- I indicate that I do not understand and ask for an explanation - I say yes to the question and don't reveal anything - I ask my colleague to repeat the question again

Leadership and social influence

How do you describe your leadership style in a professional setting?	- I usually let others make decisions - I emphasize the strengths of my team members and guide them to success - I like to give direct instructions and maintain control
What do you think is the most important characteristic of a good leader?	- Empathy and the ability to inspire others - Power and authority - Efficiency and results-oriented
How do you deal with transferring tasks and responsibilities within your team?	- I prefer to do everything myself because I'm afraid that others won't do it right - I know what my colleagues are good at and transfer tasks that suit a colleague who can do that well - If I am too busy, I transfer tasks to a colleague in my team who has time

Ethics - Cultural competence

How excited are you about exploring new cultures, ideas or perspectives?	- Not very enthusiastic - Somewhat enthusiastic, depends on the situation - Very enthusiastic, I like diversity
How do you respond to situations where cultural misunderstandings may arise?	- I try to understand the cultural context, ask questions and look for a common understanding - I rely on my own cultural frame of reference and assume that others think the same - I prefer to avoid such situations to avoid conflict
How do you adapt your communication style when working with people from different cultures?	- I stick to my own communication style, regardless of the cultural background of others - I don't attach much importance to communication style differences - I try to adapt my communication style to the needs and expectations of the person I am talking to
How do you deal with conflicts arising from cultural differences within a team?	- I side with the cultural norms that best fit my own beliefs - I facilitate open communication and try to achieve understanding and compromise - I avoid conflicts and hope they go away on their own

Physical abilities

Manual dexterity, endurance, and precision, professional field

How do you ensure hygiene and sterility when performing medical procedures?	- I follow strict protocols to ensure all procedures are hygienic - I don't pay much attention to it; it is mainly about carrying out the task - I trust my own experience and intuition
How do you maintain your physical and mental stamina during busy healthcare shifts?	- I take regular short breaks to recharge, look after my own health and try to maintain a balanced approach - I ignore my own needs and work without breaks, aiming to complete my tasks quickly - I work constantly and pay little attention to my well-being, often ignoring the need for short rests
How do you feel about wearing short sleeves at work?	- I always wear long sleeves because this corresponds to the norms and values of my religion - According to my religion I cover as much skin as possible, but I realize that from a hygienic point of view it may be desirable to wear short sleeves - I always wear short sleeves for hygienic reasons

How do you train yourself to act both quickly and accurately in healthcare emergencies?	- I practice specific emergency situations to improve speed and accuracy - I trust my natural reactions and move quickly without much attention to precision - I believe my experience is sufficient, and I am not actively engaged in specific training for emergency situations
How do you stay informed of recent developments and trends in your field?	- I rely on my existing knowledge; I don't have time for constant training - I don't think it's necessary to constantly stay informed - I regularly participate in training courses, webinars and read professional literature to keep my knowledge up to date

Management skills

Quality control

What is your response to negative feedback from patients about the quality of care?	- Usually there is little time to think about this - In the event of a real complaint, I take this up with my head nurse/team leader with the aim of analyzing the complaint, recognizing patterns and taking measures for continuous improvement - I indicate that it is annoying if we have fallen short in the quality of care, but I defend the care as it was provided
As a team member, how would you like to be involved in maintaining quality standards?	- The responsibility lies entirely with management - The team is responsible for quality, but nurses do not have to recognize quality issues themselves - I think it is important and would like to follow training in this and involve my team in this
How would you go about implementing new quality I develop and implement a plan for improvement control measures?	- I develop and implement a plan for improvement step by step - I will immediately implement new measures - I avoid changes so as not to disrupt existing processes

Technological literacy

What steps do I take to update and improve my technological technology skills?	- I have no interest in updating technological knowledge - I proactively follow training and courses to stay informed of the latest developments - I'll wait until my employers offer training

Appendix5: **Study Skills Test**

The appropriate developmental potential is assessed by the LC. All applicants have an intake with the LC, where an impression of their developmental potential is formed based on motivation, initiative, intelligence, and communication skills. During the first scaling-up phase, the Study Skills Test was added, a short test that provides information about the speed at which an individual is able to learn a language.
The following information is available for individuals who take the test: The test will assess the skills that make learning a language easier. It will not test your Dutch language skills, so it does not matter whether you already speak Dutch or not. The test will be done on the computer. At the start of the test, you will receive instructions from one of our staff members in English and Dutch. You will have to do the test completely independently, of course, and without any resources. The explanation included in the test is available in many languages. The test is held roughly once every two weeks, in a group setting.
The result:
Within two business days after completing the test, you will receive an email with your test result. There are three options:

- If you score 15 or more points out of the maximum 25, it is very likely that a Language Centre course is suitable for you. We will then invite you to do an online intake interview with a teacher.

- If you score somewhere between 11 to 14 points, our courses are probably too high-paced for you. We will still invite you to do an online intake interview with a teacher, because sometimes it is still possible to do a course with us.
- If you score 10 points or less, a course at a lower pace at a different language institute is probably a better fit for you. We will still invite you to do an online intake interview with a teacher to make sure that your score truly reflects your learning ability and was not negatively influenced by external factors.

https://language-centre.rug.nl/cursus-talencentrum/study-skills-test

Appendix 6: **Racial microaggresions scale, orginal questions**

1. Because of my race, other people assume that I am a foreigner
2, Because of my race, people suggest that I am not a "true" American
4, Other people ask me where I am from, suggesting that I don't belong
9, Other people make assumptions about my intelligence and abilities because of my race
14, Other people treat me like a criminal because of my race
15, People act like they are scared of me because of my race
16, Others assume that I will behave aggressively because of my race
18, I am singled out by police or security people because of my race
20, Other people view me in an overly sexual way because of my race
21, Other people hold sexual stereotypes about me because of my racial background
22, Other people act as if they can fully understand my racial identity, even though they are not of my racial background
23, Others act as if all of the people of my race are alike
26. Other people assume that I am knowledgeable about multicultural issues, simply because I am a member of a racial minority group
27, Others ask me to serve as a "spokesperson" for people in my racial group
28, Others suggest that people of my racial background get unfair benefits
29, Others assume that people of my racial background would succeed in life if they simply worked harder
30, Other people deny that people of my race face extra obstacles when compared to Whites
32, Other people assume that I am successful because of affirmative action, not because I earned my accomplishments
33, Other racial group members expect me to behave in a way that is not consistent with my own racial or cultural values
35, Others hint that I should work hard to prove that I am not like other people of my race
36, Others suggest that my racial heritage is dysfunctional or undesirable
37, Others focus only on the negative aspects of my racial background
39, I am mistaken for being a service worker or lower-status worker simply because of my race
40, I am treated like a second-class citizen because of my race
41, I receive poorer treatment in restaurants and stores because of my race
42, When I interact with authority figures, they are usually of a different racial background
43, I notice that there are few role models of my racial background in my chosen career
44, Sometimes I am the only person of my racial background in my class or workplace
45, Where I work or go to school, I see few people of my racial background
46, I notice that there are few people of my racial background on the TV, books, and magazines
47, Sometimes I feel as if people look past me or don't see me as a real person because of my race
49, I feel invisible because of my race
51, I am ignored in school or work environments because of my race
52, My contributions are dismissed or devalued because of my racial background

The modified RMAS will be used.

Appendix 7: In the context of the qualitative analysis conducted by Regioplan, 17 participants were invited by the UMCG project coordinator to contribute. These participants completed a survey that was jointly developed by Regioplan and UMCG and were asked to participate anonymously. The following consent was requested:

' Beste deelnemer van het UMCG traject 'Nieuwkomers in hun kracht',

Onderzoeksbureau Regioplan is bezig met een evaluatieonderzoek over het traject dat je aan het volgen bent. Hierin willen we meer leren over wat er goed gaat in het traject, en hoe we het traject nog beter kunnen

maken. Om hierachter te komen is jouw mening belangrijk. Daarom vragen wij je om deze vragenlijst in te vullen. Het invullen duurt ongeveer 20 minuten en je antwoorden worden helemaal anoniem opgeslagen. Je kunt dus alles zeggen wat je wil, zonder dat wij weten wie het antwoord heeft gegeven.
Het kan zijn dat je deze vragenlijst al eerder hebt ingevuld. As dat zo is, vragen we je om hem weer in te vullen en hebben we een aantal aanvullende vragen voor je.
Veel dank voor het meedoen aan het onderzoek!'

Multiple choice questions used by Regioplan to survey the participants.

Questionnumber	
3	The program has – so far – met my expectations (1, Strongly disagree; 2, Disagree; 3, Neutral; 4, Agree; 5, Strongly agree; 6, Don't know)
5	How satisfied are you with how the intake at the language center went? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
6	How satisfied are you with the course of the interview to be able to participate in the program at the UMCG? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
8	How satisfied are you with the medical language program you have completed? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
10	How satisfied are you with the support you are receiving on the path to BIG registration? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
12	Have you already started as a nursing assistant? (Yes/ No)
13	How satisfied are you with the level of support/guidance you receive from your buddy while working as a nursing assistant? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
14	How satisfied are you with the level of support/guidance you receive from the other colleagues on the department while working as a nursing assistant? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
15	How satisfied are you with the level of support you receive from your head or lead nurse while working as a nursing assistant? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
17	By already working with Dutch-speaking colleagues and patients before I have my BIG registration, I get to know the language faster. (1, Strongly disagree; 2, Disagree; 3, Neutral; 4, Agree; 5, Strongly agree; 6, Don't know)
19	The work as a nursing assistant gives me the opportunity to apply my nursing knowledge. (1, Strongly disagree; 2, Disagree; 3, Neutral; 4, Agree; 5, Strongly agree; 6, Don't know)
21	The work as a nursing assistant gives me the opportunity to get to know the Dutch healthcare system. (1, Strongly disagree; 2, Disagree; 3, Neutral; 4, Agree; 5, Strongly agree; 6, Don't know)
23	The newcomers program ensures that I can achieve my goal (working as a BIG-registered nurse) in an efficient way. (1, Strongly disagree; 2, Disagree; 3, Neutral; 4, Agree; 5, Strongly agree; 6, Don't know)
25	As a nursing assistant, I am given the opportunity to perform tasks that match my level – currently still under supervision. (1, Strongly disagree; 2, Disagree; 3, Neutral; 4, Agree; 5, Strongly agree; 6, Don't know)
27	I would recommend the program to newcomers with the same background as mine. (1, Strongly disagree; 2, Disagree; 3, Neutral; 4, Agree; 5, Strongly agree; 6, Don't know)
29	Now that I have experience with the program and know what it is like, I would start this program again. (1, Strongly disagree; 2, Disagree; 3, Neutral; 4, Agree; 5, Strongly agree; 6, Don't know)
31	During one of the lessons of the medical language program, the Newcomers team from the UMCG came to the language center to provide information about the program. This was the orientation meeting. Did you attend this 'orientation meeting'? (Yes/ No/ Don't know)
32	How satisfied are you with this orientation meeting? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
34	At the start of your work as a nursing assistant, you took a workplace skills training. How satisfied are you with this training? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)

36	How satisfied are you with the peer review sessions you attended as a follow-up to the workplace skills training? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
38	Are you currently taking the re-entry training, or have you already completed this training? (I am currently taking the training/ I have completed the training/ I have not started the training yet because.../ I don't know)
39_1	This training is in preparation for the Professional Content Exam. This exam consists of three parts: knowledge test, clinical reasoning, and nursing technical skills. How satisfied are you with the insights you gained during the training, specifically regarding the knowledge test? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
39_2	This training is in preparation for the Professional Content Exam. This exam consists of three parts: knowledge test, clinical reasoning, and nursing technical skills. How satisfied are you with the insights you gained during the training, specifically regarding clinical reasoning? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
39_3	This training is in preparation for the Professional Content Exam. This exam consists of three parts: knowledge test, clinical reasoning, and nursing technical skills. How satisfied are you with the insights you gained during the training, specifically regarding nursing technical skills? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
40	How satisfied are you with the training in general? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)4.7 (0.6)
43	To what extent can you apply the insights from the training in your work as a nursing assistant? (1, Not at all; 2, Not good; 3, Neither good nor bad; 4, Good; 5, Very good; 6, I don't know)
46	What do you think of the informal meetings that are occasionally organized to speak with other participants or stakeholders? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)

Open questions used by Regioplan to survey the participants.

Questions
2. What does the program 'Newcomers in their Strength' mean to you?
4. In what ways does the program not meet your expectations?
7. Can you indicate what aspects of the intake and/or the interview to be able to participate in the program you are not or less satisfied with? And how would you improve this?
9. Can you indicate what aspects of the language program you are not/less satisfied with? Do you have a suggestion for improving this?
11. Can you indicate what support you are missing on the path to BIG registration?
16. Can you indicate what support you are missing in your work as a nursing assistant?
18. Can you explain your answer to question 17?
20. Can you explain your answer to question 19?
22. Can you explain your answer to question 21?
24. Can you explain why the program does not contribute to efficiently achieving your goal?
26. Can you explain in what way the tasks are not suitable for your level?
28. Can you explain why you would not recommend the program to other newcomers?
30. Can you explain why you would not start the program again or what makes you hesitant?
33. What could be improved about the orientation meeting?
35. What could be improved about the workplace skills training?
37. What could be improved about the peer review sessions?
41. Can you explain your answer to question 40?
42. What would you have liked to learn more about, or what would you like to learn more about, during the training?
44. Can you explain why you are unable to apply the insights effectively?
45. In what way can the re-entry training be improved?
47. Can you explain why you are not satisfied as answered in question 46?

48. In what way can these informal meetings be improved?
49. What would you like to share about the program, about things that are going well or things that could be improved?

Open and multiple choice questions with which the buddies were surveyed by Regioplan

Questions
1. What does the program 'Newcomers in their Strength' mean to you?
2. What motivates you to participate as a buddy in the program?
3. How many months have you been a buddy?
4. How many participants are you guiding as a buddy?
5. Being a buddy has met – so far – my expectations. (1, Strongly disagree; 2, Disagree; 3, Neutral; 4, Agree; 5, Strongly agree; 6, Don't know)
6. In what ways does the program not meet your expectations?
7. To what extent are you generally satisfied with the development of the participant(s) you are a buddy for? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
8. Can you explain why you are dissatisfied with the general development of these participant(s)?
9. To what extent are you generally satisfied with the language development of the participant(s) you are a buddy for? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
10. Can you explain why you are dissatisfied with the language development of these participant(s)?
11. To what extent are you generally satisfied with the professional development of the participant(s) you are a buddy for? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
12. Can you explain why you are dissatisfied with the professional development of this participant(s)?
13. Where could the participant you are mentoring still grow?
14. How satisfied are you with the communication about the progress of the program towards the buddies? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
15. How satisfied are you with the communication regarding the development goals of the participants towards the buddies? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
16. How satisfied are you with the guide that was created for nursing departments about the program and supporting participants? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
17. How could the information provided to mentors be improved?
18. Have you attended any of the IC training sessions offered by the UAF? (Yes/ No)
19. How satisfied are you with this training? (1, Very dissatisfied; 2, Dissatisfied; 3, Neither dissatisfied nor satisfied; 4, Satisfied; 5, Very satisfied; 6, I don't know)
20. To what extent does this training help in supporting the newcomer on your department? (1, Does not help at all; 2, Helps a little; 3, Neither helps nor hinders; 4, Helps a lot; 5, Helps a great deal; 6, I don't know)
21. Can you explain your answer?
22. How would you assess the interaction between the participant and other colleagues on the nursing department? (1, Very good; 2, Good; 3, Neither good nor bad; 4, Bad; 5, Very bad; 6, I don't know)
23. How would you assess the support within the nursing department to make the program and the guidance of participants a success? (1, Very good; 2, Good; 3, Neither good nor bad; 4, Bad; 5, Very bad; 6, I don't know)
24. How would you assess the interaction between the participant and patients on the nursing ward? (1, Very good; 2, Good; 3, Neither good nor bad; 4, Bad; 5, Very bad; 6, I don't know)
25. How would you describe the attitude of patients towards the participant on the nursing ward? (1, Very good; 2, Good; 3, Neither good nor bad; 4, Bad; 5, Very bad; 6, I don't know)
26. How can the interactions between the participant and patients be improved?
27. Would you be willing to mentor a participant again in the future? (Yes/ No/ Don’t know)
28. Can you explain your answer?

29. How satisfied are you with the following statement: "The ‘Newcomers in their Strength’ program prepares participants well to work on a nursing ward in the future." (1, Strongly agree; 2, Agree; 3, Neither agree nor disagree; 4, Disagree; 5, Strongly disagree; 6, I don't know)
30. Can you explain your answer?
31. How satisfied are you with the following statement: "I see the participant I am mentoring working on a nursing ward after this program." (1, Strongly agree; 2, Agree; 3, Neither agree nor disagree; 4, Disagree; 5, Strongly disagree; 6, I don't know)
32. Can you explain your answer?
33. How satisfied are you with the following statement: "Mentoring a newcomer is educational and has broadened my perspective on my nursing profession." (1, Strongly agree; 2, Agree; 3, Neither agree nor disagree; 4, Disagree; 5, Strongly disagree; 6, I don't know)
34. Can you explain your answer?
35. What would you still like to share about the project, including things that are going well or things that could be improved?