

Dialogue

BETTER COMMUNICATION FOR BETTER CARE

www.mcgill.ca/hssaccess | SPRING/SUMMER 2006 | Version française à l'endos

New McGill University Project

\$11.5 million for better understanding in Quebec's health care system



McGill University's Training and Human Resources Development Project will invest \$11.5 million over four years to improve English language health services in Quebec's regions.

Good communication is essential for quality health care. In a time of crisis, even simple directions to the hospital in another language can become a source of confusion and delay. When discussing a disease or possible therapy, the need for clear, compassionate communication

is even more necessary. That's why McGill University's innovative, \$11.5 million, four-year Training and Human Resources Development Project (THRDP) to improve English language health care services in regional Quebec is so important.

"Research shows that communication is an important part

of the therapeutic and healing process," explains Mireille Marcil from McGill's English and French Language Centre. Marcil, the Project Coordinator for THRDP, has been deeply involved in community health care throughout her career. From 1989-96

SEE \$11.5 MILLION ON PAGE 2

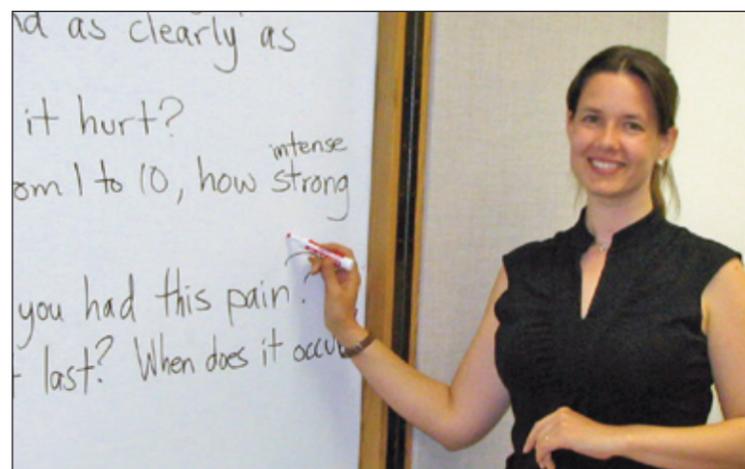
Technology brings essential health information to isolated English-speakers

In February and March of this year, McGill University's Training and Human Resources Development Project provided several interactive Telehealth sessions, delivering health-related information via video-conferencing technology to English-speaking people in the Montréal, Lower North

Shore, and Magdalen Islands regions. Telehealth is an important aspect of the second of the Project's two main areas of focus, bringing health information and community support to Quebec's regional English-speaking communities.

SEE TECHNOLOGY ON PAGE 4

OUTAOUAIS TRAINERS TAILOR LANGUAGE CLASSES TO HEALTH CARE REALITY



Robyn Albers, from Gatineau's Heritage College, uses innovative techniques in her classroom to improve the English language skills of the region's health care workers. DETAILS ON PAGE 3.



Dialogue is published by McGill University's Training and Human Resources Development Project, working to ensure that English-speaking people in Quebec have equitable access in their own language to the full range of health and social services. The Project is developing and implementing a number of initiatives across the province in partnership with health institutions and community organizations. Visit our website at www.mcgill.ca/hssaccess for more information.



05 Why "working English" makes my job easier: Two frontline health care employees share their thoughts

CONTENTS

02 From classroom to lunchroom: Conversation groups in the Montréal help staff improve language skills

03 Access to care in English a priority in Sherbrooke

03 Outaouais trainers tailor language classes to health care reality

04 Researching the healing power of words

05 West Montreal Readaptation Centre: A special kind of caring

05 A commitment to better access in Quebec City

06 113 projects across Quebec supported by McGill University's Training and Human Resources Development Project

\$11.5 MILLION

CONTINUED FROM PAGE 1



Mireille Marcil and Michael Udy, who hold key positions within McGill's Training and Human Resources Development Project, have been involved for a long time in the issue of access to care for Quebec's English-speakers.

she worked for Quebec's Health Minister on the development and implementation of English language social services to fulfill the requirements of Bill 142 which guarantees English-speaking Quebecers access to English language services. Marcil's experience in developing second language training programs taught her how essential good communication between health care service providers (including administrative and governmental bodies) and minority communities is to understanding and meeting each sector's needs.

"Health services depend a great deal on words, social services even more so," says Michael Udy, Executive Director of Batshaw Youth and Family Centers in Montreal. "The comfort level and effectiveness of the technology available in modern medical services is enhanced by the ability of people to ask questions or explain themselves clearly. Issues related to language can influence a person's decision to seek services and their ability to benefit from them. We see evidence of that in the health and social services field, where access is a challenge in many regions."

Initiated by the Consultative Committee for English-speaking Minority Communities (CCESMC) and the Community Health and Social Services Network (CHSSN), McGill's THRDP is part of a \$100 million Health Canada initiative to improve services for linguistic minorities across Canada. The university provides the context and structure to administer a project that is being implemented through two measures (see sidebar), with McGill's English and

French Language Centre acting as the central hub for a province-wide network of partners. These partners include the CHSSN and regional community groups, local health and social services agencies along with the Ministère de la Santé et des Services sociaux, institutions, the McGill Réseau Universitaire Intégré de Santé (RUIS) and the MUHC's Telehealth Services, the McGill Schools of Social Work and Nursing, and multi-institutional research teams managed through McGill.

The project's mandate is overseen by a steering committee composed of Jim Carter from the CHSSN and McGill University's François Carrier, Estelle Hoppmeier, Jo Ann Lévesque, Mireille Marcil and Hélène Riel-Salvatore. The steering committee coordinates partnerships and programs, allocates funding to regional groups, and guides the evolution of the projects with input from an advisory committee. The advisory committee is chaired by Michael Udy and is composed of other representatives from THRDP's partner organizations including Professor Norman Segalowitz, Nathalie Beaugard, Serge Bélisle, Germain Chevarie, Gilles Clavel, Julie Desjardins, Marjorie Goodfellow, Line Lacroix, Jocelyne Lalonde, Dr. Carolyn Turner, Sheila Moore and John Topp.

By engaging regional communities and a broad network of partners, McGill's THRDP is creating access to equitable health and social services for English-speaking people across Quebec that will extend well beyond the project's four-year mandate. ♦

TWO AREAS OF FOCUS TO IMPROVE ENGLISH-SPEAKING HEALTH CARE SERVICES IN THE REGIONS

McGill University's Training and Human Resources Development Project consists of two measures, or areas of focus, at this time.

MEASURE 1: LANGUAGE TRAINING PROGRAM

THRDP is investing a total of \$5.75 million in the creation of specialized language training programs for health and social services professionals across Quebec. The initiative offers French-speaking professionals (mostly frontline personnel) English second language training as well as French second language training to English-speakers. To date, 15 of Quebec's 17 administrative regions have decided to participate through each region's health and social services agency.

"Patients have to feel they can trust the person they're with, that their questions are being answered," says Measure 1 Coordinator Hélène Riel-Salvatore on the importance of such training. "And if the answers are not welcome news, they need to know that help and understanding are available to them."

MEASURE 2: RETENTION AND DISTANCE PROFESSIONAL AND COMMUNITY SUPPORT PROGRAM

THRDP has earmarked \$3.375 million to develop innovative projects proposed by regional groups and institutions aimed at increasing the number of English-speaking health and social services personnel in their areas, as well as the flow into these regions of health-related information in English.

"It's very much a decentralized model," explains Measure 2 Coordinator Estelle Hoppmeier. "Each of the different communities puts forth something that will be of particular benefit to them in their region."

Thus far, many of the Measure 2 projects in development are internships for English-speaking health and social services students, complete with online supervision and support. Distance support and professional development activities for English-speaking professionals outside of Greater Montreal are also being developed and implemented, along with Telehealth sessions aimed at public health education and prevention for regional English-speaking communities. ♦

From classroom to lunchroom

Conversation groups in the Montérégie help staff improve language skills

It's one thing to learn a language in the controlled environment of a classroom; it's a whole other challenge to apply what you've learned in a real life setting.

"It was clear that the individuals following our program needed to practice what they were learning in a more informal setting," says John Britton, Coordinator of English Language Services at the Agence de santé et de services sociaux de la Montérégie. In 2005-06, with the support of



Lorraine Torpy organized South Shore volunteers.

McGill University's Training and Human Resources Development Project (THRDP) the Agence arranged for English as a Sec-

ond Language (ESL) courses to be taught by educators from the area's Champlain Regional College. The courses were attended by 273 health care workers in the region.

To respond to the need to practice speaking English, the Agence set up conversation groups in its facilities and arranged for English-speaking volunteers from the University Women's Club of the South Shore to visit students in their workplaces. With the guidance of the

Agence's Lise Blondeau, groups of five or six students working in the same health care facility met regularly for lunch with a volunteer to chat and practice their English.

"The whole point of the program was to interact on an informal basis," explains Lorraine Torpy, President of the Access Committee at the Agence and the community liaison for THRDP who organized the volunteers. "We wanted to give them a chance to practice by discussing

what they did during their day and what each individual had to cope with in English."

Students can learn specific vocabulary and can practice scenarios in the classroom, but they need the experience of speaking English to really feel comfortable with their second language. "We don't need to assist them in being better psychologists or in conducting therapy," explains Britton, "but rather how to comfortably carry on a conversation." ♦

Access to care in English a priority in Sherbrooke

The Centre hospitalier universitaire de Sherbrooke (CHUS) is a teaching hospital in what is predominantly a francophone city of 150,000 people. About 8,000 people, or just over 5 percent of the population, have English as their mother tongue. The CHUS is the fourth largest hospital in Quebec, and is comprised of four institutions that merged in 1995, but are currently located on two different sites. It employs approximately 5,000 people in positions that range from basic services to advanced surgery. Over 70 percent of these positions are directly involved in patient care. The CHUS has 682 beds that serve the Estrie region. In addition, the CHUS serves the central Quebec and Montérégie regions (nearly 30 percent of people in Montérégie are primarily English-speaking).



The Director General of the Centre hospitalier universitaire de Sherbrooke (CHUS), Patricia Gauthier, is committed to improving access to her hospital's services for the region's English-speakers. As she says, "it's very important that they can communicate and explain their symptoms in English to staff that can understand and ask appropriate questions."

Easy access to quality health care is a priority at the CHUS, and this includes having the capacity to treat an estimated 23,000 English-speaking patients from the Estrie region in their mother tongue. "The anglophone community has many older people who we know are more likely to be unilingual," explains Patricia Gauthier, Director General of the CHUS. "It's very important that they can communicate and explain their symptoms in English to staff that can understand and ask appropriate questions, especially since being in a hospital environment is already stressful."

PROVIDING LANGUAGE TRAINING FOR MANY YEARS
"Last year, at the request of our Board and with the help of McGill's Training and Human Resources Development Project, we did a study on client satisfaction and the level of linguistic competence of our staff," says Gauthier. The CHUS is a teaching hospital and English is required for advanced professional training, so most members of staff can understand written English. Also, because of the specific needs of their region, the CHUS has been training staff in English second language skills through Centre de Langues Internation-

ales Charpentier (CLIC) for many years. "What came out of the study," says Gauthier, "was that the level of satisfaction was generally good with the more technical or professional aspects of care received."

The joint study helped pinpoint the areas most in need of improvement and revealed that staff working in frontline capacities, from security guards to receptionists, had the most difficulty communicating in English.

The CHUS in collaboration with McGill then provided 141 staff members with English language courses, bringing the total amount of people at the CHUS

to receive such training since 2001 to over 750.

ACKNOWLEDGING THE IMPORTANCE OF COMMUNICATION

Marjorie Goodfellow has been involved in English-language health care advocacy for more than 20 years and has served as an elected community representative on the CHUS board for over 11 years. She brings this depth of experience to her position on McGill's Training and Human Resources Development Project's Advisory Committee, and is proud of the evolution of anglophone services at the CHUS.

Goodfellow says that the feedback from the English-speaking community has been large and positive. "It's thrilling to me to hear, most importantly because it shows that the hospital is open and acknowledges the necessity of good communication as an element of quality care." ♦



Patricia Gauthier, Director General of the CHUS

OUTAOUAIS TRAINERS TAILOR LANGUAGE CLASSES TO HEALTH CARE REALITY

In the Outaouais region, approximately 54,000 individuals claim English as their first, and sometimes only, language. Through McGill University's Training and Human Resources Development Project, health care professionals in the region were offered English as a Second Language (ESL) courses taught by ESL teachers at Heritage College in Gatineau. In order to provide training for this particular environment, teachers had to go a step beyond teach-

ing regular ESL. "It's English for Special Purposes (ESP)," explains Robyn Albers, one of the teachers involved in the innovative language-training program.

Each of the program's classes involved ten students, an ESL teacher providing ESP lessons, and a facilitator. "The facilitators are people who have been in a health profession for many years," says Albers, "Usually bilingual, but definitely anglophone, who are able to assist the teachers with specialized vocabulary."

REFLECTING ACTUAL HEALTH CARE SITUATIONS

Every second week, the facilitators would also provide lessons and practice scenarios so students could use their English skills in a context that reflected health care situations that they would be likely to encounter in the workplace. "They had case studies and engaged in direct interventions with the facilitators who then coached them in using the right expressions," explains Gail Hawley-McDonald, who is responsible

for access to English services at the Agence de santé et de services sociaux de l'Outaouais.

Classes were further tailored for two specific professional groupings. The priority group was health care professionals who provide psychosocial interventions, including social workers, psychologists and psycho-educators. The second group to receive specialized training was providers of personal support services in home settings—health professionals like nurses and physical

re-adaptation therapists.

"The program was designed for health care workers who are in a one-to-one situation," says Hawley-McDonald. The courses were offered to francophone health care professionals with a minimum of intermediate proficiency in English. They were already providing English language health care in the region and had expressed a desire to improve their ability to communicate effectively with their English-speaking patients. ♦

Researching the healing power of words



Professor Norman Segalowitz heads a research program at McGill University that is trying to understand better the way health care workers and patients communicate. Results will help enhance second language training for these workers.

Professor Norman Segalowitz heads the McGill University Training and Human Resources Development Project's [THRDP] Research Team, which brings together nine professors from four Montreal universities. They are researching and developing second language training strategies for distance and classroom learning—whether that second language is English or French—that address the unique needs of regional communities and the specific requirements of the health care professions. For Segalowitz, McGill's THRDP presents a unique opportunity for linguists, psychologists, educators and health care professionals. "The Project has an incredible network in 15 regions of Quebec," he says.

"The first and main goal of this project is to give better services to the community," says Jo Ann Lévesque, Director of the Office of Research Opportunities in McGill's Faculty of Arts and THRDP Research Advisory Panel member, adding that the practical aspects of the ongoing research will contribute to that objective.

UNDERSTANDING COMMUNICATION WITH PATIENTS

"The focus of the research is to understand the special nature of communication that takes place between health care providers and receivers. Health care workers and patients negotiate with each other. There are fears and sensitivities involved, so these conversations take on a very special nature," explains Segalowitz. "It's not like buying a pair of shoes at a store. What they have to talk about is very intimate and very personal."

"Traditionally these problems have not been dealt with from the health professional's point of

view," says team member Professor Carolyn Turner of McGill's Faculty of Education. "It's normally been the patient who's been made responsible for the communication by bringing in someone who's bilingual. This is a refreshing approach." THRDP's research into improving second language training for health care workers is unique and promises to bring a new understanding of the way health care workers and patients communicate, and insights into the healing power of words.

"It's normally been the patient who's been made responsible for the communication by bringing in someone who's bilingual. This is a refreshing approach."

EFFECTIVELY TREATING SUFFERING

Segalowitz believes that understanding the meanings of words—and in particular their special meanings when used in health care situations—is vital to treating physical and emotional

suffering effectively. One of the five projects being undertaken studies the language and vocabulary of pain. This means trying to understand how words in our language that describe pain are related to each other," he explains. "Are words clustered and linked together the same way in English and French? We may have dictionary translations of these words but they may not actually be used in exactly the same way."

While this can seem highly abstract, the team is convinced this type of research will help health care workers better understand a patient's experience. *How* health care workers and patients communicate is just as important as the words used, says Segalowitz. Feeling heard and understood is an important aspect of patient care that helps reduce frustration and anxiety for both patients and health care workers. THRDP's Research Program aims to help unlock this healing power of communication for health care professionals and their patients. ♦

TECHNOLOGY

CONTINUED FROM PAGE 1

In these communities, local citizens and health care and community workers gathered to participate in the sessions at clinics, educational institutions and even in local hotels that could supply the necessary technology. Jo Ann Jones, a nurse and Community Coordinator of the Telehealth Distance Community Support program, says community response to the sessions has been overwhelming. "For the first one, Cancer101, we had 80 participants at six different sites. We did five Telehealth sessions in three months and had over 361 participants."

These sessions involved 45-minute information seminars by an expert speaker that were each followed by a 45-minute question period. Topics ranged from cancer, palliative care and grief to drug and alcohol information for teens. "It's contagious," says Jones, "the more questions asked, the more questions came out."

CREATING A SENSE OF INTERCONNECTION

The regions were linked through video-conferencing so that participants in one region could see and hear participants in the other regions. This helped create a sense of interconnection, especially for the teenagers, who had the opportunity to see that others grapple with the same issues that they're facing. "They deal with problems we actually have around

here," explains Tyler Burke, facilitator and co-ordinator of the English-language Telehealth sessions in the Magdalen Islands, "so everyone could relate."

Community needs were an important consideration when choosing the topics covered in the sessions. Their development and implementation were the result of collaboration between MUHC Telehealth Services, Community Health and Social Services Network (CHSSN) and THRDP.

LEARNING TOGETHER

The benefits of the community sessions are already evident to local health care professionals. "We had a group of home-care students participating who learned a lot from the sessions," explains Burke. Jo Ann Jones says the sessions also provided francophone health care workers studying English with an opportunity to practice their new skills. "They're learning together," she observes.

Whether it's gathering together health care professionals, community groups and individuals with shared concerns, connecting the regions of Quebec, or providing a way for regional health care workers to continue their education, bringing people together is the key. THRDP, CHSSN and MUHC Telehealth Services are using that key to open the door on a new era of health care for English-speaking Quebecers. ♦



Telehealth sessions recently held by McGill's Training and Human Resources Development Project helped bring essential health information to isolated English-speakers in three regions of Quebec.

West Montreal Readaptation Centre A SPECIAL KIND OF CARING

The West Montreal Readaptation Centre (WMRC) provides adaptation, rehabilitation and social integration services for people with intellectual disabilities in a region that has the highest rate of autism in Quebec.

The WMRC has been providing services for the English-speaking community in its region for years. It will be sharing this expertise as it participates in Measure 2 of McGill's Training and Human Resources Development Project (THRDP) which focuses on developing internships in public institutions to promote retention of professionals providing English-language services.

"We are the largest English institution for the handicapped in Quebec," explains Katherine Moxness, the WMRC's Director of Professional Services and Interim Director of Child and Family Services. "We're actually quite unique in the fact that other re-adaptation centres often

borrow our English services."

The internship program WMRC has developed with McGill's THRDP will enable health care professionals still in training to undertake English-language internships. This will prepare them to work in English institutions while also bringing English-speaking services to the French institutions that may hire them. Students in social work and other health care fields will also get valuable experience with intellectually handicapped clients.

GETTING PROFESSIONALS TO STAY

"Getting professionals trained and interested and then convincing them to stay in our domain is a primary objective," explains Suzanne

Kennedy, Consultant for Coordination of Quality and Planning at the WMRC. With a distinct lack of trained professionals specializing in the field of autism, access to appropriate services in either official language is an issue for children who need early intervention to develop the skills needed to function in an integrated setting.

"The end result was that they were going to need far more support and care from our establishment as adults," says Moxness. The aim of the partnership between the WMRC and McGill's THRDP is to offer tomorrow's health care professionals the opportunity to gain experience in an English-speaking environment, as well as to investigate a very special and rewarding field of health care. ♦

A COMMITMENT TO BETTER ACCESS IN QUEBEC CITY

Louis Hanrahan, Executive Director of the Jeffery Hale Hospital and Saint Brigid's Home in Quebec City, is well versed in the nuances of access to English language services. The two institutions provide services in English, and Hanrahan was once in charge of this very issue at what is now the regional health and social services agency. He has been involved in English as a Second Language training programs in the Quebec City region since the early 1990s. With his extensive experience in the field, Hanrahan has a good idea of the approaches that work best.

"You want to focus on people who are actually going to be using [English] on a relatively regular basis, so there's motivation on their part to actually learn," he says. "The idea that we can take somebody who's only middling functional in English and make



Louis Hanrahan, Executive Director of the Jeffery Hale Hospital and Saint Brigid's Home

them into a person who can actually interact professionally in that language with one or two courses is a bit of an illusion."

INSTITUTIONAL SUPPORT IS ONE OF THE KEYS

It takes a variety of elements to set the stage for successful learning. These include a desire to learn, the students' basic abilities, opportunities for students to practice their language skills and ongoing institutional and educational support to help

maintain these skills. "If you focus on professional needs as far as vocabulary and the type of situations in which they use it, there are quite a few instances where there's been considerable gain and positive impact," says Hanrahan.

Hanrahan believes, however, that bringing more bilingual and English-speaking people into Quebec City's health care system is an important challenge. With the help of funding from McGill's Training and Human Resources Development Project, Hanrahan is working to create opportunities for English-speaking young people living in Quebec City to receive training and find employment in health care within the region. "In our situation it's very clear that we have to be responsive to the English-speaking community and if we're not, they remind us very quickly!" ♦

Why "working English" makes my job easier

Two frontline health care employees share their thoughts



Solange Poirier, receptionist at Hôtel-Dieu de St-Jérôme Hospital



Serge Drolet, nurse's aid at Rimouski Hospital

In health care facilities, there are many instances where information needs to be communicated clearly. Often, the first person encountered by patients or their families is a health care worker like Solange Poirier. Poirier is a receptionist at the Hôtel-Dieu de St-Jérôme Hospital and her job is to give information over the telephone, and to receive people when they first arrive at the hospital.

"We're the first people that someone will meet or speak to on the telephone, so it's important to calm them and supply the right information to diminish their stress and suffering," explains Poirier. Before taking the English course offered by her employer, Poirier had found that her lack of fluency in English was adding extra stress to her job. "There were moments when I really had the impression that I wasn't reaching someone and couldn't find the way to give them the right information in a way they'd understand. I found this very difficult." Poirier's job revolves around giving out information quickly, accurately and effectively.

"If I have to take five minutes to find the right words to be understood it means I'm late and have to go faster to try to please everyone. Since I've had the English course I'm proud of myself because I know I give really good service. I find I'm less tired after my working day because I've been less anxious." ♦

MAKING PATIENTS FEEL MORE SECURE

A nurse's aid at Rimouski Hospital, Serge Drolet was excited and surprised when he found out he was one of those chosen from fifty applicants to improve their English. "I was shy speaking English before because I made mistakes," says Drolet. "I found that the teacher helped take away a lot of the stress. I participated a lot and really enjoyed it." In fact, Mr. Drolet intends to continue taking classes and improving his skills in English. He feels that being able to understand and speak to patients when he's transporting them to surgery for an operation allows him to perform his job better. "I think the person who is sick will feel more secure and at ease."

Both Drolet and Poirier feel that they've benefited professionally and personally from the English training. "It's a good course and a big bonus to be able to take it. I didn't think I'd be chosen and I'm very happy so I will give it my all to be able to continue for the next three years. I want to get even better," says Drolet. Poirier agrees, "I feel my boss gave me a gift by providing me with English courses."

English second language courses at both the Hôtel-Dieu de St-Jérôme and Rimouski Hospitals, along with courses at some 80 other health institutions around the province, are financed by McGill University's ongoing Training and Human Resources Development Project. ♦