

**CONTRIBUTION PROGRAM TO IMPROVE ACCESS TO
HEALTH SERVICES FOR OFFICIAL LANGUAGE MINORITY COMMUNITIES**



Faculty of Arts

Training and Human Resources Development Project



**2008-2009
Annual Report**

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TABLE OF CONTENTS

A	Executive Summary	5
B	1.0 Introduction.....	8
	2.0 Assessment of 2008-2009 work plan outcomes	9
	2.1 2008-2009 work plan.....	9
	2.2 Outcomes for individual work plan objectives	9
	First Objective: Document our actions more effectively and establish permanent, ongoing evaluation	9
	Second Objective: Define and implement a research program in order to assist and support implementation and evaluation of Project measures	10
	Third Objective: Provide appropriate communication with target groups and the media.....	13
	Fourth Objective: Increase the number of French-speaking professionals capable of providing services to their English-speaking clients in their own language.....	18
	Fifth Objective: To increase the number of health care and social work students taking up field placement opportunities in the regions of Quebec in order to serve English-speaking clients and who will seek employment in the regions after the completion of their field placement.....	25
	Sixth Objective: To offer distance services so as to provide more health and social services (promotion and prevention) for the English-speaking population in the regions	33
	Seventh Objective: Increase the retention rate for English-speaking professionals in the regions by offering distance support and professional development activities	35
	Unplanned Achievements.....	36
	3.0 Other activities and outcomes.....	37
	3.1 Official languages.....	37
	3.2 Fundraising.....	37
	3.3 Participation of the English-speaking population	37
	3.4 Partnership and intersectoral collaboration.....	37
	3.5 Performance measurement and project evaluation	38
	4.0 Conclusion.....	39

List of Tables

Table 1	Professional second language training - Number of workers trained, by region, 2005-2006, 2006-2007, 2007-2008, 2008-2009	19
Table 2	Professional second language training - Distribution of participants in by activity sector, 2007-2008 and 2008-2009.....	20
Table 3	Professional second language training - Completion rates by level, 2008-2009.....	20
Table 4	Professional second language training - Completion rates by region and incentive measures, 2008-2009	21
Table 5	Professional second language training – Participant promotion, 2008-2009	22
Table 6	Professional second language training - Groups by level and sessions, 2008-2009	22
Table 7	Internships in health and social services institutions and other organizations, by project and institutional category, 2008-2009	28
Table 8	Internships in health and social services institutions and related organizations, by project and professional program of study, 2008-2009.....	29
Table 9	Internships in health and social services institutions and related organizations, by project and educational institution, 2008-2009.....	30
Table 10	Distribution of <i>The Art of Supervision</i> course participants, by discipline and module, 2008-2009.....	31
Table 11	Distribution of students in French for professional purposes courses offered by McGill English and French Language Centre, by professional program of study, 2008-200.....	32
Table 12	Community Telehealth Program: topics, numbers of sites and participants, 2008-2009	34

Graph

Graph 1	Totals for Web page hits, by month, 2008-2009.....	14
Appendix I	2009-2010 ACTION PLAN	40

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A Executive Summary

The McGill Training and Human Resource Development Project contributes to other Quebec government initiatives aimed at ensuring that English-speaking people in Quebec enjoy equitable access, in their own language, to the full range of health and social services available to the general population. Its two main objectives are to ensure effective communication in English between English-speaking Quebecers and the health and social services workers who serve their needs and to increase the number of English-speaking professionals working in the Quebec health and social services system. The Project involves the implementation of four measures in partnership with stakeholders concerned by the issue of access to health and social services in the English-speaking communities. The 2008-2009 year was an extension of the Project which finished in March 2008.

Measure 1 – Language Training Program provides health and social services personnel the opportunity to develop and maintain their professional second language skills with a view to achieving effective communications between the health care provider and the English-speaking client. Year four of the Language Training Program saw another 1781 health and social services workers from every category of institution in 17 regions of Quebec voluntarily take and complete second language training courses, bringing the four-year total to 7112 learners. Close to 1000 health care professionals participated in professionally adapted language training classes as did 437 psychosocial service workers and 269 intake workers. Year end promotion data reported by 11 regions indicates that 89 percent of those who finished the courses moved to a higher proficiency level

Work continued on the production, distribution and evaluation of three modules of self-study workbooks adapted to receptionists, triage nurses and psychosocial service workers and designed to develop and maintain their English language skills. The workbook for receptionists is now in use in a number of regions while the other two are expected to be distributed within the 2009-2010 year once they have passed the content validation phase and production is completed. Through the BEST Project, the McGill team pursued its efforts to have a clearer understanding of the local training provided in terms of course outlines, pedagogical strategies and evaluation methods with a view to sharing the information and identifying winning strategies.

Measure 2 – Retention and Distance Professional and Community Support Program aims at increasing the participation of English-speaking personnel in Quebec's health and social service system and the range of services available in English to Quebec's English-speaking communities.

The Retention component of Measure 2 seeks to increase the number of English-speaking or bilingual health care and social work students who will seek employment in the regions by creating field placement opportunities. In 2008-2009, the program expanded its promotional and outreach activities resulting in 185 field placements, an increase of 43 over the previous year. These internships occurred through partnerships with health and social services institutions, educational institutions and English-speaking community groups in ten different regions of Quebec. Although too soon to know the number of students who have subsequently been employed in the regions, their presence in the institutions during their internship helped improve the institution's capacity to better respond to its English clients.

With the addition of a new module to the online internship supervision course, *The Art of Supervision* facilitated through McGill's Content and Collaboration Solutions Services, registration jumped from 44 last year to 85 in 2008-2009 with course participants coming from eight different disciplines

To equip English-speaking students interested in regional placement, the McGill English and French Language Centre continued providing French courses adapted to job situations in the health and social services field supported by a reorganized online inventory of teacher and learner resources.

In the Distance Community Support component, the McGill Project continues to mandate the Community Health and Social Services Network (CHSSN) to deliver public education and information to the English-speaking community of Quebec. Through collaboration with the McGill University Health Centre (MUHC) for videoconferencing support, CHSSN is able to reach the many regions of Quebec. This highly valued component of the project provided support to eight participating communities on the planning of a series of radio interviews, training in the Community Health Education Program, effective video-conferencing and community facilitation. Ten telehealth video sessions were presented reaching a total of 439 participants.

Measure 3 – Conferences and Seminars is designed for stakeholder networking and the sharing of information. A three-day conference was held in Montreal from September 24th-26th as part of the consultative process for the renewal of the Contribution Agreement with Health Canada. Day one targeted stakeholders in the Language Training Program: representatives from the *ministère de la santé et des services sociaux*, regional agencies, language training organizations and the research field. Feedback received on the program to date and recommendations for improvement guided the work of a Language Training Program Prospectus revision committee put in place later in the year. Days two and three of the conference brought together 66 key players from 11 regions involved in the Retention Program to build knowledge from what has been learned and plan the next steps. Stakeholder feedback was invaluable to the Project renewal process.

Measure 4 – Innovation Support Fund The retention projects of English-speaking community groups that had been included in the first component of Measure 2 were switched to Measure 4, Innovation Support Fund, to simplify Project accountability to Health Canada. However, Retention Program outcomes are described under Measure 2.

Research and evaluation

The Health Care Access for Linguistic Minorities (H-CALM) research team, set up chiefly for basic research into the nature of the language barriers that linguistic minorities must overcome to access healthcare services, continued work on five projects which will make original and innovative contributions to this emerging field of study. A research project was developed to study English-speaking users' perception of the quality and the effectiveness of communication of Francophone interveners with a view to better documenting our actions. The project management team commissioned a secondary analysis of the data collected in the survey entitled *Enquête auprès des intervenants: Phase II* which was part of the broader evaluation reported in *Rapport final d'évaluation du Projet de formation et de développement des ressources humaines de l'Université McGill (Octobre 2007)* from the perspective of second language training, curriculum and program development. The results have been particularly helpful in redefining Language Training Program guidelines in the context of the Project renewal.

Conclusion

In this transition year of the McGill Training and Human Resources Development Project, a total of 130 projects were realized in 17 health and social services regions. As many as 1781 health and social service workers in Quebec were trained to improve their ability to communicate professionally with their English-speaking clients through the Language Training Program. One hundred and eighty-five internships were created for English-speaking students in 16 different health and social services institutions and community organisations in the regions of Quebec with the hope that they would be attracted to stay in the area. McGill University's commitment to the Project remained steadfast throughout 2008-2009 as it brought its academic expertise to bear on the various measures through contributions from the McGill English and French Language Centre, the H-CALM research team, the McGill Schools of Nursing and Social Work and the MUHC Telehealth Centre.

The success of this first phase of the Training and Human Resources Development Project, manifested in the enthusiasm and commitment of the learners and interns, the strength of the partnerships and the quality of the product delivered has convinced us of the importance of pursuing the initiative. We are looking forward to having the opportunity to applying the experience and expertise developed over the past five to improving access to health and social services for the English-speaking community in their language for another five years in the context of the Training and Retention of Health Professionals Project 2009-2013.

B 1.0 Introduction

According to figures from the Statistics Canada 2006 census, 13.4 percent of the Quebec population identifies themselves as having English as their first official language spoken. These 994,720 people constitute Canada official language minority within Quebec. They are distributed throughout eighteen administrative regions where their representation in the population ranges from as little as .07percent in the Bas Saint-Laurent region to as much as 32 percent in the Montreal region. Its aging population and fairly low representation in certain regions, as well as the exodus of young people and weakening social support network, are among the factors that create barriers and disparities in matters of access to services for Quebec's English-speaking community.

The McGill Training and Human Resources Development Project contributes to Quebec's efforts aimed at addressing these barriers and ensuring English-speaking Quebecers have access to the full range of health and social services in their own language. In 2008-2009 the McGill Project received \$4 million from Health Canada's program to support Quebec initiatives for improving access to health care and social services for English-speakers in order to implement measures designed to build and maintain a sufficient complement of health and social services personnel capable of providing services in English.

Sponsored by the McGill University Faculty of Arts and administered by the McGill English and French Language Centre in conjunction with the School of Social Work, the Project has been provided with a management structure enabling it to fulfil its mandate. Two committees assist the Project managers with the planning, delivery, follow up and evaluation of the Project measures and provide the infrastructure necessary for a rigorous management process.

The first group, the Steering Committee, coordinates activities as a whole. It is comprised of McGill's Executive Head of Public Affairs; the Associate Dean, Faculty of Arts Research and Graduate Studies; the principal investigator of the Anthropology Department; the co-investigator of the English and French Language Centre; the co-investigator of the School of Social Work; the Assistant Director of the BN Program of the School of Nursing; an Anthropology Department professor; a representative of the official partner for the Project, the Community Health and Social Services Network (CHSSN); and the Project Coordinator. The Committee met three times in 2008-2009.

The second group, the Advisory Committee, was set up to advise the Steering Committee on Project policies and directions. It is comprised of representatives of the *ministère de la Santé et des Services sociaux* (MSSS), health and social services institutions, professional corporations, educational institutions, organizations originating in the English-speaking community and the *Consortium national de formation en santé* (CNFS). The structure and objectives of this committee are currently under review and its membership is being updated. It did not meet in 2008-2009.

The project has two objectives: 1) to ensure effective communication in English between English speakers and the health and social services workers whose job is to serve their needs, and 2) to increase the participation of English-speaking professionals in Quebec's health and social services system. These objectives are achieved through four distinct measures.

The first measure is a language training program for French- and English-speaking health and social services personnel. The second measure has two components: a) a retention initiative to better equip health and social services institutions in the regions to accommodate English-speaking interns and thus promote their integration and retention in the regions and b) a distance support program for English-speaking professionals and communities in distant areas. The third measure is a knowledge mobilisation program for the organization of seminars and conferences. The fourth complements the retention initiative and involves intake and orientation projects for regional internships sponsored by English-speaking community groups.

2.0 Assessment of 2008-2009 work plan outcomes

2.1 2008-2009 work plan

The 2008-2009 work plan approved by the McGill Project Steering Committee set out seven general objectives to be realized over the course of the year. The first objective was to document our actions more effectively and establish permanent, ongoing evaluation. The second was to define and implement a research program in order to assist and support implementation and evaluation of Project measures. The third objective set out to ensure appropriate communications with target groups and media. The fourth aimed to increase the number of French-speaking professionals capable of providing services to their English-speaking clients in their own language. The fifth was to increase the number of health care and social work students taking up field placement opportunities in the regions of Quebec in order to serve English-speaking clients and who will seek employment in the regions after the completion of their field placement. The sixth was to offer distance services so as to provide more health and social services (promotion and prevention) for the English-speaking population in the regions. And finally, the seventh sought to increase the retention rate for English-speaking professionals in the regions by offering distance support and professional development activities. Each of these seven general objectives has a subset of objectives that are detailed in the following section which deals with outcomes.

2.2 Outcomes for individual work plan objectives

FIRST OBJECTIVE: Document our actions more effectively and establish permanent, ongoing evaluation

2008-2009 Evaluation Objectives

- Ensure appropriate follow-up to the CREXE evaluation report's recommendations
 - Better document our actions
-
- **Ensure appropriate follow-up to the CREXE¹ evaluation report's recommendations**

Contact was established with the Quebec senior official responsible for access to English language services with a view to enhancing the synergy between the Project and related government initiatives in terms of the institutions, staff and English-speaking communities covered. In the same perspective, a Prospectus Review Committee was created composed of representatives from the *ministère de la Santé et des Services sociaux*, the health and social services agencies, the training organizations and the Provincial Committee for the Dispensing of Health and Social Services in the English Language. Two meetings were held.

An expert in social and cultural anthropology was hired to help the Project define impact criteria and design a methodology for field research on language training. This will be beneficial in studying the Project's mid-term and long-term impact.

In order to further investigate the qualitative data gathered by CREXE and to better document the impact of language training on health and social service workers and the English-speaking population, an expert in language didactics from the Faculty of Education of Université de Montréal was hired. A report was submitted and discussed and the results were integrated in the planning of the next phase.

¹ Centre de recherche et d'expertise en évaluation de l'École nationale d'administration publique (ÉNAP)

▪ **Better document our actions**

This year the project set out to a) examine issues and activities related to the retention program in order to make required adjustments particularly in relation to the supervision course; b) to evaluate English-speaking users' perception of the quality and effectiveness of communication with Francophone interveners; and c) to update the review of materials produced by the project.

A preliminary report on the supervision course was produced by an expert in performance measurement in the educational field and has provided direction for future formative and summative evaluations.

A test to evaluate the criteria used by English-speaking clients to describe the quality and effectiveness of the communication skills of personnel in health and social services was developed and is ready to be given to English-speaking people in the second phase.

The three self-study workbooks developed so far for receptionists, triage nurses and psychosocial service providers are undergoing a pedagogical evaluation by members of the H-CALM team. A report is expected in early fall 2009.

SECOND OBJECTIVE: Define and implement a research program in order to assist and support implementation and evaluation of Project measures

2008-2009 Research Objectives

- Evaluate language barriers to healthcare access for Quebec English-speaking community
- Develop a suitable assessment instrument to help inform nurses of their language competence in oral interaction with clients
- Evaluate language teaching models currently used

The Health Care Access for Linguistic Minorities (H-CALM) research team was set up in the fall of 2005 chiefly for basic research into the nature of the language barriers that linguistic minorities must overcome to access healthcare services. Its goal is to make original and innovative scientific contributions to this emerging field of study. Given this, it is also a resource for the Project Steering Committee and Advisory Committee.

The H-CALM team is comprised of experts from Montreal's four universities and a research coordinator. The members of this interdisciplinary team are researchers hailing from a variety of fields: psychology, nursing, education, occupational therapy, language testing and evaluation, linguistics and sociology.

The full-time H-CALM members were:

- Antonia Arnaert:** Assistant Professor, School of Nursing, and Associate Member of the Oncology Department, McGill University;
- Henrietta Cedergren:** Professeure honoraire titulaire, Département de didactique des langues, UQAM;
- Elizabeth Gatbonton:** Associate Professor, TESL/Education, Concordia;
- Eva Kehayia:** Associate Professor, School of Occupational Therapy, McGill University;

Michel D. Laurier:	Doyen, Faculté des sciences de l'éducation; Professeur agrégé, Département d'études en éducation et d'administration de l'éducation, Université de Montréal;
Norman Segalowitz:	Professor, Psychology, Concordia University and Principal Investigator of H-CALM;
Pavel Trofimovich:	Assistant Professor, TESL\Education, Concordia;
Carolyn E. Turner:	Associate Professor and Graduate Program Director, Department of Integrated Studies in Education, McGill University;
Maia Yarymowich:	Research Coordinator.

▪ **Evaluate language barriers to healthcare access for Quebec English-speaking community**

The following is a description of the progress and achievements made in the various projects being conducted by the H-CALM research teams.

Project 1

Talking About Pain: Study of communication between nurses in their dominant and non-dominant languages (English and French) and patients (in their dominant language) during pain assessments

Leading into the 2008-2009 fiscal year, the research team had developed a number of tools including, language background questionnaires; computer based, interview-based and paper&pencil-based fluency/proficiency tasks; a speech acts questionnaire; and a data base system for maintaining data. Data collection began in 2008-2009 involving 30 nurse participants and approximately 40 patient participants. Most nurses have completed all aspects of the testing apart from the patient pain assessment interviews; many have completed the dominant language patient interview and some have completed the non-dominant language interview.

Project 2

“Pain” in the L1 and L2 mental lexicon

Tools developed in previous years included stimulus materials and fluency/proficiency tasks, computer-based talks designed for assessing the ways pain descriptors are mentally represented and the appropriate software was written for administering these talks. These tasks include dissimilarity rating tasks and semantic differential variance, and multiple regression. In 2008-2009 data collection with approximately 20 bilinguals dominant and non-dominant in English and French was completed. The target is to test 30 participants. Completion of the study is expected by December 2009.

Project 3

The development of a speech recognition-based English-as-a-second-language training tool for health care givers to Quebec English-speaking communities

Permission to evaluate and test the Virtual Language Patient (VLP) was obtained both from the Ethics Committees of Concordia University and the Cégep Saint-Hyacinthe. Five francophone female nursing students agreed to participate in the field test sessions. Each participant answered a pre and post-test questionnaire, before and after completing the medical interview with VLP. The data obtained was analyzed extensively by a research assistant as part of his MA thesis, in order to determine the ease of operability of the system, and evaluate its pedagogical fitness.

An abstract entitled *‘She’s not mute – she’s English’: The development and testing of a prototype virtual dialogue system for second language training of healthcare professionals* submitted by the research team, received approval for presentation at the meeting of the Canadian Association of Applied Linguistics held at Carleton University, Ottawa in May 2009. The research team prepared an

article reporting the design and development of the Virtual Language Patient: *Someone to talk to: A virtual patient for medical history interview training in a second language* published by COPAL, Concordia Working Papers in Applied Linguistics, 1, 98-112.

Project 4

Analysis of Communication between Patients with Chronic Obstructive Pulmonary Disease and Nurses via Home Telecare in Second Language Context

The purpose of this home telecare (HTC) project was to test the feasibility of remote monitoring, coupled with interactive video between English-speaking patients at home with Chronic Obstructive Pulmonary Disease (COPD) and a nurse located at a remote site. The aims of this project are to a) identify the frequency of and nursing interventions used; b) describe the nursing interventions used during each month; and c) describe the difference between interventions used by each of the nurses.

As for the process, coordinating the clinical team was complex and it was recognized that effective communication and collaboration was exceptionally fruitful for the success of this type of service. The tele-nurses received three stages of training: 1) an introduction to the concept of HTC and the research components; 2) a training day on COPD and the action plan at the referring hospital and 3) training on the use of the HTC software and its device. Three patients were enrolled with different computer knowledge. Internet connection was provided for one patient. Technology-related issues were addressed. It was found that having a nurse present during the HTC installation, even if a technician is doing the installation, was important and it was a valuable first point of contact in the process of nurse-patient relationship building.

Building on nurse and patient-training in the stages described above is not only useful but essential. Tele-nurses must become familiar with the HTC system. Defining roles and responsibilities for the clinical team has proven to be exceptionally conducive to improving the service and dealing with unforeseen difficulties. Utilizing more user-friendly equipment can improve the relationship between patients and computer. Participants' ability to troubleshoot technological issues was not only limited by lack of computer experience but also by their complicated and severe medical profile. The nursing intervention "Active Listening" represented 30% of the nurses' time. The technology issues decreased from the start to the end, and the use of teaching disease process was relatively stable. The project showed some similarity in nursing interventions regarding vital signs monitoring and surveillance. However, we found that one nurse was more engaged in the usage of teaching disease process than the others. We did also find a difference in an average of interventions (36.6- 46.9- 49.26).

Although we encountered various technology-related issues, our preliminary findings suggest that daily video-interaction by patients with nurses who are knowledgeable about COPD self-management has helped these patients gain confidence and skills in managing their chronic illness at home. In terms of nursing mandate in HTC, there is a need for guidelines, policies and standardized protocols for the provision of nursing care via HTC technologies. It is also paramount that HTC's contribution to the healthcare profession and to patients be integrated into nursing orientation and education.

- **Develop a suitable assessment instrument to help inform nurses of their language competence in oral interaction with clients**

Project 5

Identification and Verification of Language Requirements for Health Services to Quebec English-speaking Communities

Prior work related to this project included the development of a list of speech acts from the literature and the development and administration of a preliminary questionnaire to a focus group of five experienced nurses from a Quebec regional hospital. The results were used to generate a revised

version of a questionnaire, which was, in turn, validated using a verbal protocol. As well, a final questionnaire was developed in two formats, a hard copy bilingual questionnaire and an online MonkeySurvey with French/English versions.

Between the fall of 2008 and winter 2009, 159 participants were recruited for the questionnaire data collection, McGill School of Nursing, CHUS – Sherbrooke -, Jewish Rehabilitation Hospital - Laval and registered nurses affiliated with the professional Quebec nurse licensing body or attending a union meeting.

From January to April 2009 the research team entered participant questionnaire responses into a spreadsheet; conducted Rasch analysis (using the software Facets) and descriptive statistics on 133 of the original participants to examine nurse rating scale use for each of the speech acts (item difficulty and distributions, misfit indices, etc.) and conducted an exploratory and confirmatory factor analysis.

- **Evaluate language teaching models currently used**

The research project on language teaching models (BEST) and development of partnerships continued. The pilot phase is completed. Interviews started in one region and will be resumed in the second phase.

THIRD OBJECTIVE: Provide appropriate communication with target groups and the media

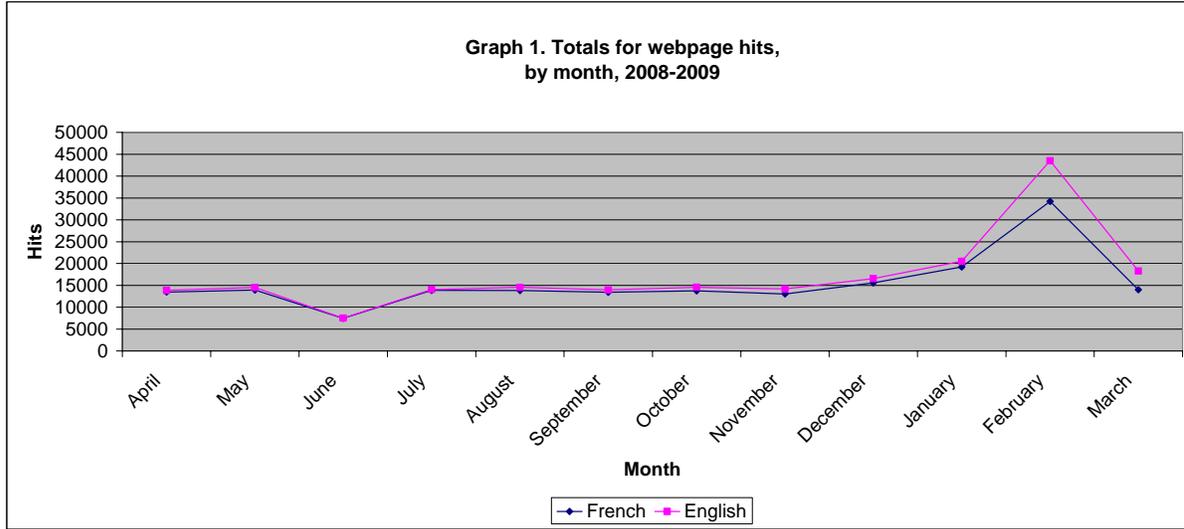
2008-2009 Communications Objectives

- Plan and implement effective communication with McGill University, English-speaking community groups, health and social services network, educational institutions and professional orders
- Maintain liaison with partners : Health Canada, *ministère de la Santé et des Services sociaux*, seventeen regional agencies, health and social services institutions, representatives of the English-speaking community, Health Canada Consultative Committee, Provincial Committee on the dispensing of Health and Social Services in the English language, representatives of professional orders

- **Plan and implement effective communication**

Issue number 3 of *Dialogue* was published in May 2008 and distributed to 3,400 people. Dialogue is the McGill Project's main communications organ designed to inform the health and social service network's English-speaking clients of the widespread desire to improve access to services in their own language and to keep them abreast of the many concrete measures undertaken to achieve this goal. This issue covers a number of interesting developments in the regions, such as an innovative perspective of social services on the Lower-North Shore, an internship program that sews the seeds of change in Thetford Mines, partnership between Vanier College and the CSSS de Sommets, Montreal's East-End initiative and language training in Laval. Issue number 4 of Dialogue is expected to be published and distributed in the first trimester of 2009-2010.

The McGill Project Web site, also called *Dialogue*, has seen a significant increase in visits over 2007-2008.



The site had 391,797 hits in 2008-2009 as compared to 260,123 in the previous year. Of these, 206,103 were on the English-language site and 185,694 for the French-language version. Graph 1 shows the Web site activity by month. A major facelift of the McGill Project Web site was undertaken at the beginning of 2009. Pictures were added and information was updated.

- **Maintain liaison with stakeholders and partners**

Liaison with the project stakeholders remained a key element for the McGill Project in 2008-2009 as it strove to maintain project awareness, receive and provide feedback on project objectives, procedures and outcomes and plan for the future.



On the government level, a number of very productive meetings took place between **Health Canada**, members of the Project management team and McGill University senior officials regarding the future Official Languages Health Contribution Program and issues related to the transition phase. The Project management team met with the newly appointed senior official responsible for access to services in English at the **ministère de la Santé et des Services sociaux** (MSSS) to make his acquaintance, bring him up to speed on the Project and pave the way for future cooperation. As well, representatives of the MSSS attended four videoconferences with partners involved in the Language Training Program (Measure 1) where they were invited to provide their input on a variety of topics. MSSS representation on the committee for the revision of the Language Training Program Prospectus ensured ministerial contribution to the future program.

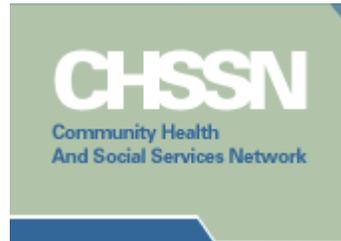


Three videoconferences and one live conference in relation to Measure 1 were held with the **ministère de la Santé et des Services sociaux**, the **regional health and social services agencies** and representatives of the **training organizations**, including CEGEPs, school boards, universities and private training firms. The video conferences were a means of sharing information on a range of topics that included the progress of the BEST project, the prolongation of the Contribution Agreement, the self-study workbooks, reporting tools, lexicon evaluation project and, of particular interest this year, the revision of the Language Training Program Prospectus. The Conference held in Montreal on September 24th was part of the consultative process on the Language Training Program in view of the renewal of the Contribution Agreement. MSSS' *Directrice de la planification et des soins infirmiers* made a presentation to this conference. It provided an opportunity for representatives from regional agencies, language training organizations, and researchers associated with the McGill Project to come together to discuss the various components of the Training and Human Resources Development Project and to provide advice to the McGill Project team concerning adjustments to the 2009–2013 Project. Both the health and social services agencies and the training organizations had representation on the subsequent committee for the revision of the Language Training Program Prospectus, another important forum for receiving valuable partner input.



Liaison with **health and social services institutions** participating in the Retention Program (Measure 2) took place in the form of a conference call, a 2-day live conference, 4 on-site visits and one videoconference. As with Measure 1, the Montreal Conference held on September 25th and 26th was part of the consultation process in preparation for the renewal of the Contribution Agreement with Health Canada. Sixty-six people attended the conference, 21 of whom were institutional partners. Representatives of the McGill Project visited four Measure 2 partner institutions: CSSS du Haut-Saint-Laurent, CSSS d'Argenteuil, CSSS de Laval and West Montreal Readaptation Centre. A fourth quarter videoconference brought partners together to plan the transition between the first phase (2006-2009) and the second phase (2009-2013) of the Retention Program.

Contact with representatives of the **English-speaking community** was maintained throughout the year particularly in relation to the Retention Program (Measure 2) and the Innovation Support Fund (Measure 4). Seven representatives of English community groups joined in the May 29th conference call concerning Measure 4, twelve were present at the September 25th and 26th Montreal Conference to provide insight into the future direction of the Retention Program and eleven attended the fourth quarter videoconference on the planning of the transition phase. The Project management team was in regular contact with the **Community Health and Social Services Network (CHSSN)** through its representation on the Project Steering Committee. Moreover, membership of the **Provincial Committee for the Dispensing of Health and Social Services in the English Language** on the committee for the revision of the Language Training Program Prospectus afforded a valuable opportunity for the English-speaking community to have input into the future direction of this component of the Project.





Ordre des infirmières
et infirmiers du Québec



Ordre professionnel
des travailleurs sociaux du Québec

The relationships established with the **professional orders** in 2007-2008 were maintained and strengthened in 2008-2009 and will continue to be an essential component of our strategy to ensure that the content of the pedagogical materials developed reflects the standards and reality of professional practice. In this regard, meetings were held with the Director of Scientific Research from *l'Ordre des infirmières et infirmiers du Québec* (OIIQ) and the Coordinator of Professional Development Support from *l'Ordre professionnel des travailleurs sociaux du Québec* (OPTSQ) attended the September 25th and 26th Conference. A special project for the professional development of English-speaking nurses in Quebec submitted by the OIIQ received Project approval and funding. The OPTSQ was actively involved in supervising the development of the clinical content of the self-study workbook for psychosocial services providers.



Interaction and exchange with the **Consortium national de formation en santé** (CNFS) was maintained throughout the year. The management team met with the CNFS-University of Ottawa component as provided for in the protocol of agreement signed with them in 2007-2008 regarding *The Art of Supervision* course. The Executive Director of the CNFS-University of Ottawa component made a presentation at the September 25th and 26th Conference.

FOURTH OBJECTIVE: Increase the number of French-speaking professionals capable of providing services to their English-speaking clients in their own language

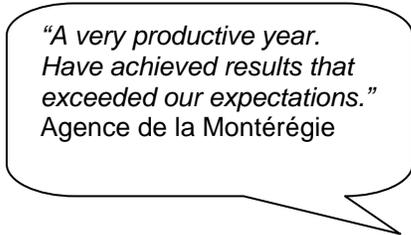
2008-2009 Language Training Objectives

- Provide English courses to 2000 French-speaking professionals
- Review the Language Training Prospectus
- BEST Project
 - Conduct and disseminate results of a survey of training approaches and methods related to local and regional needs in language training
 - Share knowledge
 - Support the process to review and redefine Language Training Program guidelines for purposes of Project renewal
- Review, finalize and distribute self-study workbooks

▪ **Provide language training to 2000 French-speaking professionals**

Year four of the Language Training Program saw another 1781 health and social services workers from 15 regions² take and complete language training courses bringing the four-year total to 7088 learners. As in past years, the course format varied from region to region in accordance with regional priorities and local realities with the majority of the regions offering classes during working hours. In some regions classes ran after working hours and a monetary incentive was offered, usually in the form of a completion bonus. Most students were enrolled in classroom style, content adapted courses ranging from three to twelve learners per group. Regional course completion rates ranged from 51 percent to 100 percent with the average being 79 percent. Year end data reported by the regions indicates that 89 percent of those who finished the courses moved to a higher proficiency level.

A total of **2247** health and social services workers enrolled in language training classes, **1781** of whom completed the training. Table 1 shows the distribution of learners by region. These figures include learners who followed regular classroom training and those in special skills maintenance programs. The published results also include eight English-speaking workers taking French-language training.



*"A very productive year.
Have achieved results that
exceeded our expectations."
Agence de la Montérégie*

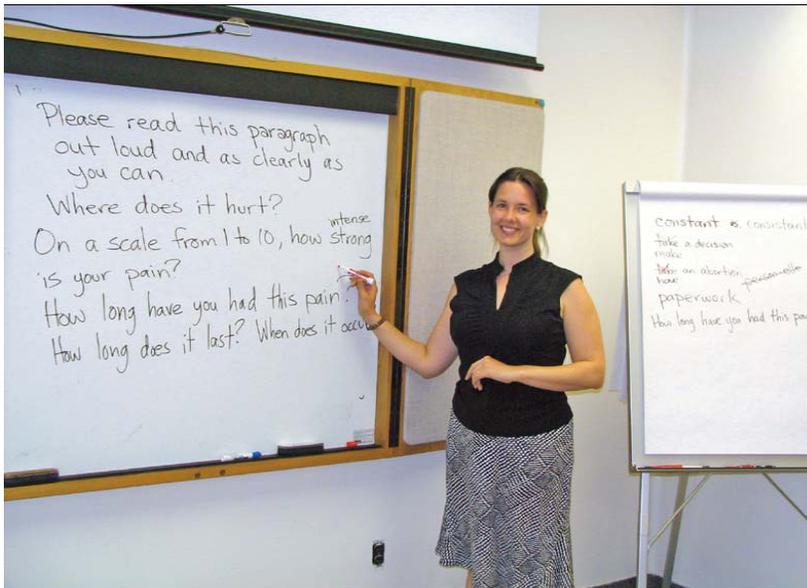
² Two regions are not included in the language training portion of the report. The Mauricie et Centre-du-Québec region did not undertake language training in 2008-2009, opting instead to concentrate on the development of a Bank of Interpreters to facilitate access to services in English. As for the Terres-Cries-de-la-Baie-James region, training data was not available at the time of publication.

Table 1

Professional second language training - Number of workers trained, by region, 2005-2006, 2006-2007, 2007-2008, 2008-2009

Region		Workers trained 2005-2006	Workers trained 2006-2007	Workers trained 2007-2008	Workers trained 2008-2009
01	Bas-Saint-Laurent	30	23	22	23
02	Saguenay-Lac-Saint-Jean	13	36	100	70
03	Capitale-Nationale	255	223	288	208
04	Mauricie et Centre-du-Québec	n/a	n/a	50	n/a
05	Estrie	309	297	182	273
06	Montréal	97	124	137	191
07	Outaouais	111	141	147	175
08	Abitibi-Témiscamingue	18	121	94	105
09	Côte-Nord	8	15	10	8
10	Nord-du-Québec	4	--	6	9
11	Gaspésie-Îles-de-la-Madeleine	88	99	119	92
12	Chaudière-Appalaches	59	132	97	64
13	Laval	32	140	173	151
14	Lanaudière	35	43	51	53
15	Laurentides	100	156	85	107
16	Montérégie	268	419	364	252
18	Terres-Cries-de-la-Baie-James	0	19	3	n/a
TOTAL		1,427	1,993	1,878	1,781

As in past years, the annual training results are characterized by regional differences. Nine regions trained fewer workers in 2008-2009 than in the past year. For example, the number of workers trained in the Capitale-Nationale declined by 28 percent (80), in Saguenay-Lac-Saint-Jean by 30 percent (30), in Gaspésie-Îles-de-la-Madeleine by 23 percent (27) and in Montérégie by 31 percent (112). Other regions enjoyed increased training activity. Enrollment was up in the Estrie region by 33 percent (91), in Montreal by 28 percent (54), in the Outaouais by 26 percent (30) and in the Laurentides region by 20 percent (22).



Robyn Albers from Heritage College in Gatineau uses innovative techniques in her language training classes

Training by activity sector and language level

Health sector employees continue to be the largest participating group again this year representing 56 percent (982) of learners, followed by psychosocial service workers at 25 percent (437), as shown in Table 2. This year 37 percent (652) were beginner level learners, 45 percent (798) were at the intermediate level and 14 percent (271) were in the advanced category. As for fluctuations in levels, a 28 percent (119) increase in participants at the beginner level was noted over last year and participants in the advanced level decreased by 11 percent (35).

Table 2

Professional second language training - Distribution of participants in by activity sector, 2007-2008 and 2008-2009

Level	Intake		Health		Social		Multi-Sector		Other		Total	
	2007-8	2008-9	2007-8	2008-9	2007-8	2008-9	2007-8	2008-9	2007-8	2008-9	2007-8	2008-9
Beginner	125	158	305	351	0	112	87	15	19	16	533	652
Intermediate	87	89	441	478	179	205	63	5	7	21	777	798
Advanced	16	20	94	111	132	116	63	14	0	10	305	271
Mixed	3	2	12	42	4	4	131	0	0	0	150	48
Total	231	269	849	982	411	437	344	34	26	47	1861	1769³
Percentage	12%	14%	46%	56%	22%	25%	18%	2%	1%	3%	100%	100%

Course Completion rates

Table 3

Professional second language training - Completion rates by level, 2008-2009

Level	Total participants enrolled	Participants completing the course	Completion rate %
Beginner	735	581	79%
Intermediate	1011	812	80%
Advanced	324	272	84%
Mixed	149	97	65%
TOTAL	2219	1762	79%
Percentage	100%	79%	

The average completion rate was 79 percent with the highest rate being achieved by the advanced learner group at 84 percent, followed closely by the intermediate level at 80 percent. The beginner level completion rate was 79 percent while the mixed level was 65 percent.

³ This figure differs from the total in Table 1 because in the "other activities" category we are unable to distinguish those enrolled from those who completed by sector of activity. As well, information was not available from the Bas-Saint-Laurent region by activity sector.

Table 4
Professional second language training - Completion rates by region and incentive measures, 2008-2009

Region		Completion rate	Training Model/Incentive measures
01	Bas-Saint-Laurent	97 %	Offered during working hours and staff replacement costs are paid
02	Saguenay-Lac-Saint-Jean	78%	Offered on employee time with no incentive measures
03	Capitale-Nationale	93%	Offered on employee time and participants' parking costs are paid
04	Mauricie et Centre-du-Québec	n/a	
05	Estrie	85%	Offered during working hours and staff replacement costs are paid
06	Montréal	95%	Offered during working hours and staff replacement costs are paid
07	Outaouais	69%	Offered on employee time and attendance bonus are paid
08	Abitibi-Témiscamingue	51%	Varied models. Some institutions offer training during working hours with staff replacement costs being paid while others are offered on employee time with no compensation
09	Côte-Nord	100%	Offered during working hours and staff replacement costs are paid
10	Nord-du-Québec	n/a	Training is offered during working hours and individual study takes place on the employees time
11	Gaspésie-Îles-de-la-Madeleine	78%	Offered on employee time with no compensation
12	Chaudière-Appalaches	85%	Offered during working hours and staff replacement costs are paid
13	Laval	93%	Offered during working hours and staff replacement costs are paid
14	Lanaudière	90%	Offered during working hours and staff replacement costs are paid
15	Laurentides	90%	Offered during working hours and staff replacement costs are paid
16	Montérégie	69%	Offered on employee time and attendance bonus are paid
18	Terres-Cries-de-la-Baie-James	n/a	

As shown in Table 4, the Bas-Saint-Laurent, Capitale-Nationale, Montreal, Laval, Lanaudière, Laurentides and Côte-Nord regions all had completion rates at or above 90%. In these regions, courses are offered during working hours and replacement costs are paid in full or in part through the budget allocated for the training program. The exception to this is the Capitale-Nationale region where courses are offered on employee time and reimbursement for parking is the only compensation offered. Two regions offering attendance bonuses and holding classes outside of working hours posted below average completion rates.

As the above data seems to suggest, regions offering language training courses during working hours in general post better course completion rates. Despite attendance bonuses, course completion rates are lower in regions having to offer courses after working hours on employee time. Further data collection and analysis of the models used and results obtained is required in order to have a clearer picture of the relative effectiveness of each.

Promotion rates

Table 5

Professional second language training – Participant promotion, 2008-2009

Region	Participants completing the course	Participants promoted to the next level
02 Saguenay-Lac-Saint-Jean	70	70
03 Capitale-Nationale	190	105
06 Montréal	191	191
07 Outaouais	175	172
08 Abitibi-Témiscamingue	105	60
09 Côte-Nord	7	7
11 Gaspésie-Îles-de-la-Madeleine	62	59
12 Chaudière-Appalaches	64	64
13 Laval	129	129
14 Lanaudière	53	53
16 Montérégie	231	231
TOTAL	1277	1141
Percentage		89%

Eleven regions reported promotion figures. Of the 1277 learners in these regions who completed their training, 1141 were promoted to a higher competency level which represents an 89 percent promotion rate as shown in Table 5. Data being incomplete, it is impossible to draw conclusion but this tells us that at least 1141 health and social services workers have improved their ability to communicate professionally

Table 6

Professional second language training - Groups by level and sessions, 2008-2009

Level	Groups per session				Total
	A	B	C	D	
Beginner	27	19	24	49	119
Intermediate	23	38	29	49	139
Advanced	16	10	7	4	37
Mixed	2	2	5	2	11
TOTAL	68	69	60	99	308
Percentage	23%	23%	20%	33%	100%

Some 308 groups of French-speaking learners met in 16 different regions of Quebec to learn English for professional purposes. These courses were offered by 28 different training providers: universities, school boards, CEGEPs and private firms.

▪ Review of the Language Training Prospectus

A review of the Language Training Prospectus was undertaken to update and improve it to reflect and meet stakeholder needs. A first consultation was held with representatives from regional agencies and language training organizations at the September 24th, 2008 Conference.



McGill Project team in consultation with network partners at the September 24th, 2009 Conference, from left to right, Heather Clarke, Agence de Montréal, Josée Lecomte, Champlain College Saint-Lambert, Hélène Riel-Salvatore, McGill Project, Rose Gorrie, New Avenues Linguistic Services inc.

An eight-member Prospectus Revision Committee was formed in December 2008 with one member each from the Provincial Committee for the delivery of health and social services in the English language, the MSSS and the training organizations, two members from the regional agencies and three members from the McGill Project. Two meetings were held, one on January 15th and the other on February 10th, and the results were presented at the March 16th videoconference with the regional agencies. Once the final steps in the 2009-2013 funding agreement have been concluded, final revisions will be made and a new Frame of Reference will be released.

- **BEST Project**

The BEST Project aims to collect Language Training Program partners' perceptions of the successes and challenges in the setting up and evaluation of their regional program, as well as the means taken to overcome difficulties and ensure the program's success. BEST seeks to have a clearer understanding of the local training provided in terms of course outlines, pedagogical strategies and evaluation methods. BEST Project activity focused on the following three objectives in 2008-2009:

- Conduct and disseminate results of a survey of training approaches and methods related to local and regional needs in language training

The first three quarters of the year were devoted to continuation of the pilot phase which included the testing of data collection tools in the Outaouais where interviews were pilot-tested with one trainer, 20 learners, three human resources managers and one language training manager. Data was transcribed, organized and codified in a database. Data collection was resumed in the Nord-du-Québec region in the fourth quarter based on the pilot results. Difficulty in finding a researcher specialized in the methodology of health language resulted in further work being postponed to the next fiscal year.

- Share knowledge

The McGill project sought to develop additional contacts with training organizations and instructors, to know how the team can best support instructors and learners and to establish a community of practice for instructors involved in the Project. To this end, an update on tools used in the BEST pilot phase was presented at the September 24th, 2008 conference and a progress report was presented at the March 16th video conference. The results of the BEST project will be disseminated to network partners in the coming phase.

- Support the process to review and redefine Language Training Program guidelines for purposes of Project renewal

Although the BEST Project is still underway, early results helped inform the development of a restructured Language Training Program centered on the educational mission of McGill University which, among other things, foresees the offering of professional development workshops for language training partners in the second phase of the Project.

- **Review, finalize and distribute self-study workbooks**

Work continued on the production of self-study workbooks designed to promote and enhance learning retention once the formal language training has been completed. Three categories of workers are targeted in this first series, receptionists, triage nurses and psychosocial service workers. Four hundred and thirty-five copies of the workbook for receptionists were distributed in 2007-2008. Another 179 copies were sent out in 2008-2009 along with 37 copies of the facilitator's handbook. Feedback continues to filter in as learners complete the workbook.

In 2008-2009 the workbook for triage nurses underwent content revision. In the fall of 2008, scenarios were revised, videos were shot and a unit was presented at the September 24th Conference. By March 31st, 2009, the workbook content was completed, finishing touches were made to graphics and content and 400 DVDs were burnt. Printing of the workbook will take place in the second phase of the Project following validation by the H-CALM research team and approval by the Project management team. A summative evaluation will take place with learners and trainers once the workbook has been distributed in September 2009.

The self-study workbook for psychosocial service workers has passed the professional validation step for content and video scenarios have been professionally reviewed and revised where required. The book is now ready for validation by the H-CALM research team and scenario shooting will resume after the signing of the new Contribution Agreement.

FIFTH OBJECTIVE: To increase the number of health care and social work students taking up field placement opportunities in the regions of Quebec in order to serve English-speaking clients and who will seek employment in the regions after the completion of their field placement

2008-2009 Retention Objectives

- Increase students' awareness of the opportunities for placements in the regions
- Disseminate information on the retention program
- Support the regions in their promotional and recruitment activities
- Continue student placements in the regions
- Develop field placement opportunities in other institutions
- Offer supervision course
- Offer French courses for health care and social services students
- Provide French courses to English-speaking professionals
- Create a network of potential supervisors in the regions
- Share information on best practices and challenges

▪ Increase students' awareness of the opportunities for placements in the regions

Publicity materials for student placements and Faculty of Arts internships were produced and distributed to students in Social Work, Nursing, Physical Therapy, Occupational Therapy, Dietetics and Human Nutrition and Communication Sciences and Disorders at the beginning of the fall and winter semesters. Three students were recruited for summer Arts Internships to Kuujjuaq, beginning on June 10th, 2008 with three more internships completed in July and August.

The McGill Project was presented at the March 28th Youth Employment Forum hosted by Youth Employment Services (YES) Montreal, the Council for Anglophone Magdalen Islanders (CAMI) and the Islands Community Economic Development and Employability Committee (CEDEC).

▪ Disseminate information on the retention program

The Project continued its discussions with professional orders (OIIQ and OPTSQ) in order to reach professionals targeted by our programs. As well, funding was provided for the translation of the online OIIQ course on the Nursing Therapeutic Plan which was posted on the Order's Web site (http://www.oiiq.org/infirmieres/plan/formation_en/index.html) in the fourth quarter. Additionally, the Project Web site was updated to include links to professional orders.

The internship coordinator and one of the interns gave an interview to CBC Radio Québec in May. *Megantic English-speaking Community Development Corporation (MCDC)*

▪ **Support the regions in their promotional and recruitment activities**

Over the year the Project has been gathering materials on local and regional publicity. Photos and other publicity materials from the regions have been posted on our Web site and links have been created to sites that offer interesting promotional materials:

CASA: <http://www.casa-gaspe.com/casa>

CAMI : <http://www.islandodysseyforhealth.com/program.html>

Place aux jeunes : <http://www.placeauxjeunes.qc.ca/fr/>

“By hiring English-speaking nurses who also speak French, the English language services in the hospital have been enhanced.” Regional Association of West Quebecers

The Project continues to support the regions in their promotional and recruitment activities by encouraging and funding educational job fairs. Representatives from Gaspésie as well as Estrie attended a career fair with the McGill School of Communication Sciences and Disorders. These visits have resulted in interest in two possible Pediatric internships and six possible clinical placements.

Additional funding was also confirmed for local outreach to high schools offered through the Centre hospitalier universitaire de Sherbrooke (CHUS), The Coasters Association, and the Council for Anglophone Magdalen Islanders (CAMI).



A brainstorming session with regional partners was held September 25th, 2009 in Montreal to discuss Measure 2 priorities for the coming years

▪ **Continue student placements in the regions**

The Project continues to strengthen links with regional partners, aboriginal communities and professional schools. The Retention Program Coordinator went to Nunavik and had four meetings with health and social services establishment managers to discuss field placements and professional development. The project is exploring the possibility of establishing a more formal partnership with Nunavik. Contacts have been made with the Association of Social Workers in Northern Canada.

Links were established with the Barrie Memorial Hospital (CSSS du Haut-Saint-Laurent) in the Montérégie to include them as a new project partner. On-site consultation took place with the Barrie Memorial Hospital, the CSSS d'Argenteuil, the CSSS de Laval and the West Montreal Readaptation Centre.

In order to support regional partners in planning for and implementing student placements, two videoconferences were held on February 13th, 2009, one with health and social service institutional partners and one with community partners. Twelve participants from English-speaking community groups and fourteen from Health and Social Services institutions attended these videoconferences.

A videoconferencing installation was completed in Val d'Or to facilitate distance supervision of internships (Grand Nord and others). *Université du Québec en Abitibi-Témiscamingue (UQAT)*



Nursing students represented the largest number of interns in 2008-2009 (44 nursing students and 57 practical nursing students).

Table 7
Internships in health and social services institutions and other organizations, by project and institutional category, 2008-2009

Project	CSSS ⁴	CR	CJ	CHSLD	CH	School board	Comm. org. or other	TOTAL
03 Champlain-St.Lawrence								n/a
05 CHUS	1			7		3		11
06 CSSS de la Pointe-de-l'Île	8						4	12
06 West Montreal Readaptation Centre		26						26
06 Grace Dart Extended Care Centre				77				77
07 Regional Assn. of West Quebecers	12			6	15			33
09 Centre de protection Côte-Nord		3						3
09 Coasters Association	0							0
11 CSSS de la Côte-de-Gaspé					3			3
11 CASA	1							1
11 CAMI	1							1
12 MCDC	5							5
13 CSSS de Laval ⁵								n/a
15 CSSS d'Argenteuil	1							1
15 CSSS des Sommets	4							4
16 Townshippers' Association	1		1			4	1	7
16 Townshippers Ass. (Barrie)	1							1
TOTAL	35	29	1	90	18	7	5	185

⁴CSSS: Centre de santé et de services sociaux, CR: Centre de réadaptation, CJ: Centre jeunesse, CHSLD : Centre d'hébergement et de soins de longue durée, CH: Centre hospitalier

⁵ CSSS de Laval underwent an in-depth restructuring of its services and as a result the planned occupational therapy internship did not take place.

Over the last year, **185 placements** took place. Long-term care facilities and CSSS hosted the highest number of interns (90 and 35) while rehabilitation centres hosted 29 students. The other placements occurred in various institutions, school boards and community organizations.

Ninety placements were completed in a long-term care hospital including some mini-stages for high school students. These focused on introducing students to the health and social services field.

Table 8

Internships in health and social services institutions and other organizations, by project and professional program of study, 2008-2009

	Project	Dietetics	Occup. ther.	Speech-lang. path.	Phys ther.	Nursing	Pract. nursing	Social work	Other ⁶	TOTAL
03	Champlain-St.Lawrence									n/a
05	CHUS	7	4							11
06	CSSS de la Pointe-de-l'Île	4				8				12
06	West Mt. Readaptation Centre		1			2		23		26
06	Grace Dart Ext. Care Centre	5				5	54		13	77
07	Reg. Assn. of West Quebecers					33				33
09	Centre de protection Côte-Nord		1		2					3
09	Coasters Association									0
11	CSSS de la Côte-de-Gaspé					3				3
11	CASA		1							1
11	CAMI							1		1
12	MCDC	2							3	5
13	CSSS de Laval									n/a
15	CSSS d'Argenteuil	1								1
15	CSSS des Sommets	1					3			4
16	Townshippers' Association			4	1	1		1		7
16	Townshippers' Association (Barrie)				1					1
	TOTAL	20	7	4	4	52	57	25	16	185

Nursing and practical nursing students represented the largest group of interns (52 and 57 respectively) while social work students (25) were the second-largest group. There were 20 interns from dietetics and a combined total of 15 interns in occupational therapy, speech-language pathology and physical therapy.

*"The remarkable support of McGill University was noted as a determinant of the project's success"
"... McGill University is the best example of such a successful and fruitful partnership".
East Montreal Placement Initiative*

⁶ Other includes: Patient attendants (13), Medical students (3)

Table 9

Internships in health and social services institutions and related organizations, by project and educational institution, 2008-2009

Region	Project	McGill University	Other universities	CEGEPs	High schools	TOTAL
03	Champlain-St-Lawrence					n/a
05	CHUS	11				11
06	CSSS de la Pointe-de-l'Île	12				12
06	West Mtl. Readaptation Centre	25	1			26
06	Grace Dart Extended Care Centre	5		5	67	77
06	Reg. Assn. of West Quebecers			33		33
09	Centre de protection Côte-Nord	3				3
09	Coasters Association					0
11	CSSS de la Côte-de-Gaspé	3				3
11	CASA	1				1
11	CAMI	1				1
12	MCDC	5				5
13	CSSS de Laval					n/a
15	CSSS d'Argenteuil	1				1
15	CSSS des Sommets	1		3		4
16	Townshippers' Association	4	2	1		7
16	Townshippers' Association (Barrie)	1				1
	TOTAL	73	3	42	67	185

McGill University students made up almost 40 percent of the interns (73), CEGEPs 23 percent (42), high schools 36 percent (67) and other universities 2 percent (3).

The McGill project provided financial support to send 26 students to complete internships in the regions.

▪ **Develop field placement opportunities in other institutions**

A new agreement was established with Barrie Memorial Hospital-CSSS du Haut-Saint-Laurent. As well, the Project agreed to extend the number of internships/field placements with CSSS de Laval in the next year.

McGill professional schools clinical placement directors continue to meet regularly with the Retention management team to look for ways to enhance the educational placement program for their discipline.

▪ **Offer supervision course**

Promotional material was created to publicize the supervision course. This material was distributed to 3400 partners via Dialogue and was also posted on the McGill project Web site including an online registration for the course. Additionally, the course was publicized through the Web site of professional orders. As demonstrated in Table 10, the end result was that enrolment in the program went from 44 in 2007-2008 to 85 in 2008-2009 with 44 percent (38) of participants being from the social work field. Module 3, Learning Styles, increased from five participants to 25 in the course of a year.

Table 10

Distribution of *The Art of Supervision* course participants⁷, by discipline and module, 2008-2009

Module	Dietetics	Occup. ther.	Speech-lang. path.	Phys. therapy	Nursing	Social Work	Other ⁸	Total
1. <i>The Basics of Supervision</i>	1	3	1	2	3	12	4	26
2. <i>Building Trust</i>	0	2	1	2	2	7	2	16
3. <i>Learning Styles</i>	1	2	1	2	1	15	3	25
4. <i>Performance Evaluation</i>	2	1	1	1	2	4	7	18
TOTAL	4	8	4	7	8	38	16	85

A meeting was held with an expert in evaluation for the validation of the supervision course. As well, a joint study and evaluation was initiated with CNFS-University of Ottawa component and the evaluator was selected. Ethics approval for research on the supervision course was extended for a year.



The supervision course involves a multidisciplinary team approach. Here are some of the individuals who make it happen: (front row) Caroline Storr, Occupational Therapy, Marcia Beaulieu, School of Nursing, Estelle Hoppemeyer, School of Social Work, Mariette Xenopoulos, McGill Content and Collaboration Solutions Services. (back row) Oonagh Aitken, School of Social Work, Francine Granner, School of Social Work and Mireille Marcil, Coordinator of the McGill Training and Human Resources Development Project. Absent: Jeanne Claessen, Communication Sciences and Disorders.

Presentations on the supervision course were prepared for *l'Association francophone pour le savoir* (ACFAS) and the Canadian Association of Schools of Social Work. These will be presented in 2009-10.

⁷ Participants having completed the course

⁸ Other professional disciplines: Pharmacy, Psychoeducation, etc

▪ **Offer French courses for health care and social services students**

Publicity material on French courses for health care and social services students was distributed to McGill professional schools of Nursing, Physical Therapy, Occupational Therapy, Communication Sciences and Disorders, Social Work and Dietetics.

Table 11

Distribution of students in French for professional purposes courses offered by McGill English and French Language Centre, by professional program of study, 2008-2009

Level	Dietetics	Occup. therapy	Phys. therapy	Nursing	Social work	Speech therapy	Total
Oral French / fall		4	2		2		8
Oral French / winter				3	1		4
Written French 1/ fall	1		2	2	2		7
Written French 2 / winter	1	1	1	1	1	2	7
TOTAL	2	5	5	6	6	2	26

Between September and December 2008 written and oral courses were underway. Eight McGill students in professional program of study related to health and social services were registered in the oral course and seven in the written course. Between January and April 2009, four students were registered in the oral course and seven were registered in the written course.

“The level of confidence of the students increased as did their language acquisition.” Regional Association of West Quebecers (RAWQ)

▪ **Provide French courses to English-speaking professionals**

The Montérégie region identified the need for French language training for English-speaking professionals working in the Foster Pavilion, a drug and alcohol rehabilitation centre with a supra regional mandate for the English-speaking populations. In 2008-2009, two psychosocial services workers participated in courses at the intermediate level and four at the advanced level. All six participants moved to the next competency level.

The Project management team participated in a meeting with human resources directors of Montreal institutions designated in the Act respecting health and social services to provide services in English. Issues were raised about the scarcity of English-speaking professionals able to work comfortably in a francophone environment. Results of the meetings were taken into account in the planning of the second phase of the Project.

▪ **Create a network of potential supervisors in the regions**

Promotional material on McGill professional schools’ placement requirements was finalized and will be distributed in the next issue of *Dialogue* planned for the summer of 2009. A focus group was organized to obtain qualitative data on the supervision course and provide feedback to the interdisciplinary professional school team concerning future directions for the current and proposed modules of the course.

Share information on best practices and challenges

A conference was held on the retention of English-speaking professionals in the regions. Sixty-six persons attended from 11 regions. A DVD of all presentations was prepared and distributed to the Project partners. A summary of the Conference interactive session was written and distributed during a videoconference. Two conference calls and one video-conference were held during the year, offering partners an opportunity to discuss regional issues and strategies.

SIXTH OBJECTIVE: To offer distance services so as to provide more health and social services (promotion and prevention) for the English-speaking population in the regions

2008-2009 Distance Community Support Objectives

- **Provide professional support in the delivery of public health education and information to English-speaking community via videoconferencing, community radio, etc.**
- **Support the English-speaking community in organizing follow-up activities related to the delivery of public health education and information**

- **Provide professional support in the delivery of public health education and information to English-speaking community via videoconferencing, community radio, etc.**

The McGill Project has mandated the Community Health and Social Services Network (CHSSN) to deliver public education and information to the English-speaking community of Quebec. Through collaboration with the McGill University Health Centre (MUHC) for videoconferencing support, CHSSN was able to reach the many regions of Quebec.

In 2008-2009, support was offered to eight participating communities through a conference call to plan the new funding year and assist them in identifying health and social services topics. As well, eight communities participated in the round-table discussion via conference call on the new programming format, focusing on "Let's Talk Health", a series of radio interviews, on local community radio stations, with the previous video-conferencing presenters. Presenters were found based on communities' choices and an individualized schedule of videoconferencing sessions was proposed with each community coordinator. Additionally, the Telehealth toolkit was updated and the CHSSN Web site was modified to add reports.

As shown in Table 12, ten Telehealth video sessions, attended by a total of 439 participants were presented over the year. The average number of participants per session was 44 and the average number of participating sites per topic was four. The best attended session was the one on nutrition which attracted 87 participants. The following topics were covered:

- Stroke – in collaboration with the Heart and Stroke Foundation, Quebec division
- Prostate Cancer 101
- Fall prevention
- Nutrition
- Trauma
- Medication: Ask an Expert
- Kidneys and Bladder Malfunction
- Building Healthy Self-Esteem in Youth
- Achieving Healthy Self-Esteem in Youth
- When they go to work: Separation Anxiety

Table 12
Community Telehealth Program: topics, numbers of sites and participants, 2008-2009

Quarter	Topic	No. of sites	No. of participants
1st quarter April-June	<i>Stroke</i>	6	54
2nd quarter July-September			n/a
3rd quarter October-December	<i>Prostate Cancer 101</i>	5	60
	<i>Fall Prevention</i>	9	60
	<i>Nutrition</i>	6	87
	<i>Trauma</i>	5	36
4th quarter January-March	<i>Medications: Ask an Expert</i>	3	33
	<i>Kidneys and Bladder Malfunction</i>	5	33
	<i>Building Healthy Self-Esteem in Youth</i>	1	7
	<i>Achieving Healthy Self-Esteem in Youth</i>	1	32
	<i>When they go to work: Separation Anxiety</i>	1	2
Average number		4	44
TOTAL			439

- **Support the English-speaking community in organizing follow-up activities related to the delivery of public health education and information**

Support

CHSSN continues to support communities in identifying and delivering follow-up activities. Over the course of the year, a conference call with community radio communities was held to debrief and to highlight use of radio shows on CHSSN Web site. Orientation was also provided as a new pilot to the community of Baie Comeau (North Shore Community Association), resulting in the delivery of two successful specifically requested videoconferencing sessions. As well, advocacy and support for community awareness and involvement in the available English-language health and social resources and services continued (ex.: Care-Ring Voice, Mini-Med, CLS videoconferences, AMI Quebec and other provincial organizations).

Partnership

Partnership and promotion has been established with the Arthritis Society as well as the Heart and Stroke Foundation – Quebec Division to partner for Stroke Month. Links were made by communities to public partners for Fall Prevention regarding the *Stand Up* Program. The Community Health Education Program (CHEP) coordinators visited the Montreal Prostate Cancer Support group to evaluate speakers and obtain resources. As well steps were taken to partners with new groups such as the Alzheimer's Society.

Outreach

Outreach was done by the eight community coordinators to public and private partners (i.e., Canadian Prostate Cancer Network and CSSS *Stand Up Program* in Fall Prevention) to obtain English-speaking resources prior to the videoconferencing session.

Promotion

Promotional activities encouraging the delivery of public health education and information continued throughout the year. The CHEP Web site: http://www.chssn.org/en/health_education_program/index.html was updated and improved and a link was created to the Montreal Children's Hospital (MCH) Continuing Medical Education site for professionals. Some promotional information was sent to communities about the Mini-Med and Care-Ring Voice programs and visits were conducted to Vision Gaspé Percé Now and CASA to promote the CHEP program to communities and schools.

MCH Career Day was promoted via video-conferencing to eight communities to increase communities' awareness of opportunities available in the healthcare field. Seven out of eight communities successfully participated in this videoconference. Also, a videoconferencing session DVD was produced and promoted to eight communities at each videoconference and then via email and Web site. These videos are available at the CHSSN Telehealth DVD Library, found at the following website: http://www.ohssn.org/Resources/OHSSN_ComRes_Videos.html.

The workshop *Bridging the Distance* was presented at 1st Annual Provincial Conference of the Quebec Association for Adult Learning held at Concordia University on March 21, 2009. Additionally, McGill's "Adopt a Stroke" Project was promoted as a follow-up to the Stroke session, at the Network Partnering Initiatives (NPI) retreat.

SEVENTH OBJECTIVE: Increase the retention rate for English-speaking professionals in the regions by offering distance support and professional development activities

2008-2009 Distance Professional Support Objectives

- **Provide professional development activities to English-speaking professionals in the regions**

The Jeffery-Hale-CEFRIO project presented a progress report at the September 25-26 Conference and a final report was submitted in October 2009. The purpose of the study was to examine the possibility of creating a *Carrefour de formation des professionnels de la santé et des services sociaux* providing services to English-speaking professionals in Quebec's Eastern regions. As it was not possible to draw a definite conclusion from the report, the decision was made to undertake an in-depth investigation of this component.

A joint project was undertaken with the *Ordre des infirmières et infirmiers du Québec* (OIIQ) to develop distance professional activities, namely the Nursing Therapeutic Plan. The Nursing Therapeutic Plan was funded, translated and posted on the Order's Web site in the fourth quarter of 2008-2009.

The School of Social Work continued to build distance professional activities around the supervision course with other McGill professional schools: Nursing, Dietetics and Human Nutrition, Occupational Therapy, Physical Therapy and Communication Sciences and Disorders. The Community Liaison Officer for the project visited Nunavik and met with the *Régie Régionale de la Santé et des Services Sociaux du Nunavik* to explore possibilities for distance professional education. A joint project between Nunavik/Nunatsiavut and the McGill School of Social Work to develop a Bachelor of Social Work Program in Nunavik is underway. Additionally, there is a Northern Association of Social Workers being formed that is investigating possibilities of ongoing professional development. The McGill Project will explore the type of contribution it could provide to both initiatives under our distance professional development mandate. The Northern Association of Social Workers intends to participate in the online supervision course next year.

A partnership was developed with CHSSN and Jeffery Hale Hospital – Saint Brigid's in order to facilitate the planning and organization of a Research Forum designed to promote and encourage more research on access to health and social services in the English language. The Forum, organized by the Canadian Institutes of Health Research (CIHR), was held on March 27th, 2009 with a view to opening up new avenues of communication among researchers. About 50 representatives of the English-speaking community and researchers dedicated to the topic came together to discuss the most appropriate research themes and explore funding opportunities.

UNPLANNED ACHIEVEMENTS

▪ Lexicon evaluation

In 2008-2009 the McGill Project reconvened the Lexicon Evaluation Committee first established in 2006 to review existing lexicons featuring health and social services terminology for use by students in the Language Training Program. The present committee consists of the three original members named by our network partners and two new members, both ESL specialists from the McGill Project team. Two lexicons were reviewed in the winter of 2009 and the work will resume in the new fiscal year with the results being posted on the McGill Project Web site.

▪ Special language training projects

Four additional training projects were funded this year through residual funds derived from language training under-spending in some regions. Twelve additional Info-Santé nurses from the Montreal region received 72 hours of English second language training. Three professionals from the Centre régional de la santé et des services sociaux de la Baie-James each received 48 hours of personalized language training by telephone in addition to individual work. Six groups were added for 67 workers from the CSSS Haut-Richelieu-Rouville in the Montérégie region to meet increased demand for services in English with the reopening of the military base in St-Jean-sur-Richelieu. Two more English second language groups were added in the same regions for staff from the CSSS La Pommeraiie. In the Gaspésie-Îles-de-la-Madeleine region a skills maintenance project was funded to facilitate the pairing of English-speaking people recruited by community organizations with French-speaking professionals who received language training in 2008-2009. The project, supervised and structured by the training provider, aims to consolidate the skills acquired in formal language training and to form bonds between the service providers and the English-speaking community. Statistical results of these projects are integrated into the figures presented in Table 1.

▪ Special projects related to the Retention Program

Project underspending also allowed for the funding of six additional projects related to the Retention Program. The CSSS du Haut-Saint-Laurent participated in the hiring of a promotional officer. The Coasters Association has scheduled a Career/Job Fair for September 2009 with the help of a Steering Committee. They created a database of high school students, guest speakers, local businesses and organizations to attend and have recruited volunteers to assist. The Council for Anglophone Magdalen Islanders (CAMI) prepared six Powerpoint presentations explaining the Retention Project (support available, job prospects...) which was presented to 105 students and participated in a Youth Forum in March. Lists of support programs for students and language immersion programs have been compiled, distributed and posted on the Odyssey Health Web site: <http://www.islandodysseyforhealth.com/>. Special funding was allocated to the CHUS to increase the promotion of the Retention Program and present it to key groups and individuals in the Estrie health care sector. The Committee for Anglophone Social Action (CASA) was able to undertake promotional activities with students offering programs in priority sectors.

3.0 Other activities and outcomes

3.1 Official languages

Not applicable.

3.2 Fundraising

There were no fundraising activities in 2008-2009.

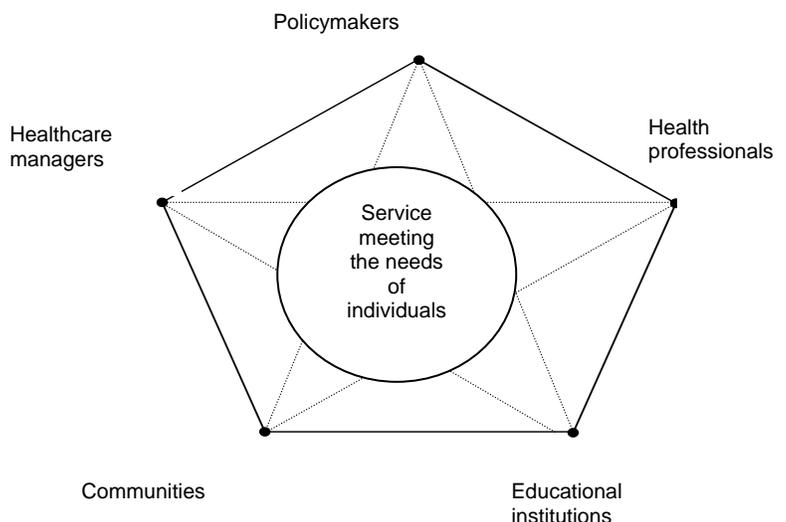
3.3 Participation of the English-speaking population

The English-speaking population continues to play an important role in the McGill Training and Human Resource Development Project at the provincial, regional and local levels. The English-speaking community is represented on the Project Steering Committee by the Community Health and Social Services Network, an organization of 60 member groups striving to ensure access to health and social services in English. It has had input into the revision of the Language Training Program Prospectus through representation from the Provincial Committee on the Dispensing of Health and Social Services in the English Language.

English-speaking community organizations at the regional and local levels have been involved in the planning and implementation of activities related to both the Language Training and the Retention Programs. For example, in the Gaspésie-Îles-de-la-Madeleine region, two community organizations, CASA and Vision Gaspé-Percé Now have teamed up with their local CSSS to organize and support twinning of English speakers with health care personnel in English for professional purposes classes. They meet for conversation on a regular basis in informal settings so the French-speaking workers can maintain and further develop their newly acquired English language skills. Six community organizations are collaborating with public partners to bring English-speaking interns to their regions in the framework of the Retention Program.

3.4 Partnership and intersectoral collaboration

The challenge of setting up a complex initiative such as the McGill Project requires the active involvement of many partners. The five prongs of the partnership pentagon, inspired by the work of Dr. Charles Boelen, show the wealth of possible relationships between the key partners in a common cause, in this case, meeting the needs of English speakers. Who are our partners?



Policymakers: The Quebec and Canadian governments have clearly indicated their commitment and the federal government provided financial support.

Healthcare and social work managers: The Project managers are in constant communication with the *ministère de la Santé et des Services sociaux* (MSSS) through the Director of the *Secrétariat à l'accès aux services en langue anglaise* to ensure that our policies and activities are consistent with MSSS priorities. The health and social services agencies play an important role, being mandated to implement the Language Training Program. Videoconferences are held on a regular basis with the managers of that program, and those officers fulfil a creative leadership role in their respective regions. The managers of the health and social services centres are involved in determining training priorities for their personnel and in deciding to take part in the Retention Program. The McGill University Health Centre is another partner in the Project, with its Telehealth Services taking on responsibilities for distance professional support.

Health and social services professionals: These are catalysts of the health and social services system, for they determine the success of the measures provided to meet the needs of the English-speaking population. Our Project calls on their willingness and commitment to better serve their English-speaking clients. More than 7000 professionals have joined our ranks.

Educational institutions: Language training is offered by 28 training organizations in 17 regions. Nearly ten colleges and universities participate in the regional placement and internship program. Montreal's four universities contribute to the research program for the Project. The partnership established with the *Consortium national de formation en santé*/University of Ottawa component for the translation of *The Art of Supervision* is continuing.

Communities: The Community Health and Social Services Network, the main partner in our Project, is an active contributor, ensuring that the English-speaking communities share in all stages of Project delivery. Additionally, specific partnerships have been established with some of those communities.

3.5 Performance measurement and project evaluation

The recommendations stemming from the CREXE evaluation were the focus of specific attention and it was felt that the raw data gathered during at the time of the evaluation could be a source of further information. Consequently, the Project management team commissioned a secondary analysis of the data collected in the survey entitled *Enquête auprès des intervenants: Phase II* which was part of the broader evaluation reported in *Rapport final d'évaluation du Projet de formation et de développement des ressources humaines de l'Université McGill* (Octobre 2007). This secondary analysis undertaken by Patricia Lamarre aimed at gleaning any further information from the data that could be of particular value from the perspective of second language teaching, curriculum and program development. The comments and recommendations provided by Prof. Lamarre have been particularly helpful in redefining Language Training Program guidelines in the context of the Project renewal.

A joint study and evaluation with CNFS-University of Ottawa was initiated in the third quart of 2009-2010 to build knowledge in best practices related to supporting supervision of interns. The evaluator has been selected and the study will take place in the next fiscal year.

4.0 Conclusion

In this transition year of the McGill Training and Human Resources Development Project, a total of 130 projects were realized in 17 health and social services regions. As many as 1781 health and social service workers in Quebec were trained to improve their ability to communicate professionally with their English-speaking clients through the Language Training Program. One hundred and eighty-five internships were created for English-speaking students in 16 different health and social services institutions and community organisations in the regions of Quebec with the hope that they would be attracted to stay in the area. McGill University's commitment to the Project remained steadfast throughout 2008-2009 as it brought its academic expertise to bear on the various measures through contributions from the McGill English and French Language Centre, the McGill Schools of Nursing and Social Work and the MUHC Telehealth Centre. The H-CALM research team established for basic research into the nature of the language barriers that linguistic minorities must overcome to access healthcare services made steady progress towards its goal of making original and innovative scientific contributions to this emerging field of study.

The success of this first phase of the Training and Human Resources Development Project, manifested in the enthusiasm and commitment of the learners and interns, the strength of the partnerships and the quality of the product delivered has convinced us of the importance of pursuing the initiative. We are looking forward to having the opportunity to applying the experience and expertise developed over the past five to improving access to health and social services for the English-speaking community in their language for another five years in the context of the Training and Retention of Health Professionals Project 2009-2013.

APPENDIX 1

The 2009-2010 ACTION PLAN was submitted to Health Canada in April 2009.