

**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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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 objectivehe

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

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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.

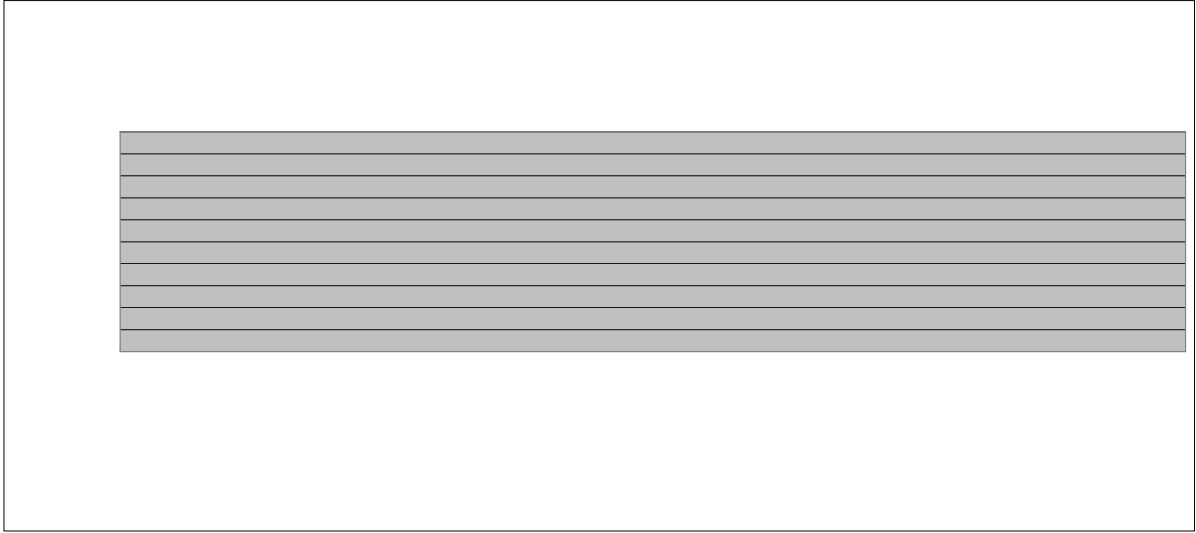
f Develop a suitable assessment instrument to help inform nurses of their language competence in oral interaction with clients

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

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



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**

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.

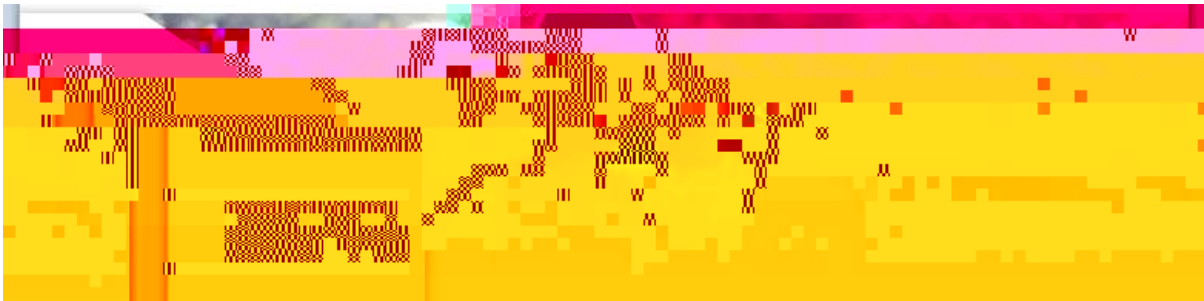


Ordre des infirmières
et infirmiers du Québec



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:

Table 1
Professional second language training - Number

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,

Table 4

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

Region	Completion rate	Training Model/Incentive measures
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Promotion rates

Table 5

Professional second language training – Participant promotion, 2008-2009

Region	Participants completing the course	Participants promoted to the next level
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McGill Project team in consultation with network partners at the September 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.

f **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

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

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

f 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/>



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

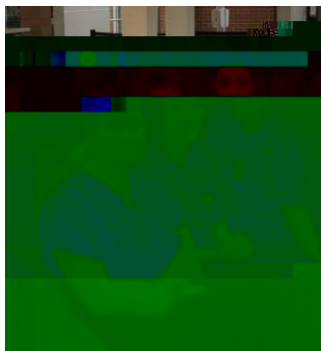
f Continue student placements in the regions

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	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								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 d'adaptation, CJ: Centre jeune

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

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

- f* **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
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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

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

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-

4.0 Conclusion

In this transition year of the McGill Training and Human Resources Development Project, a total of

APPENDIX 1

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