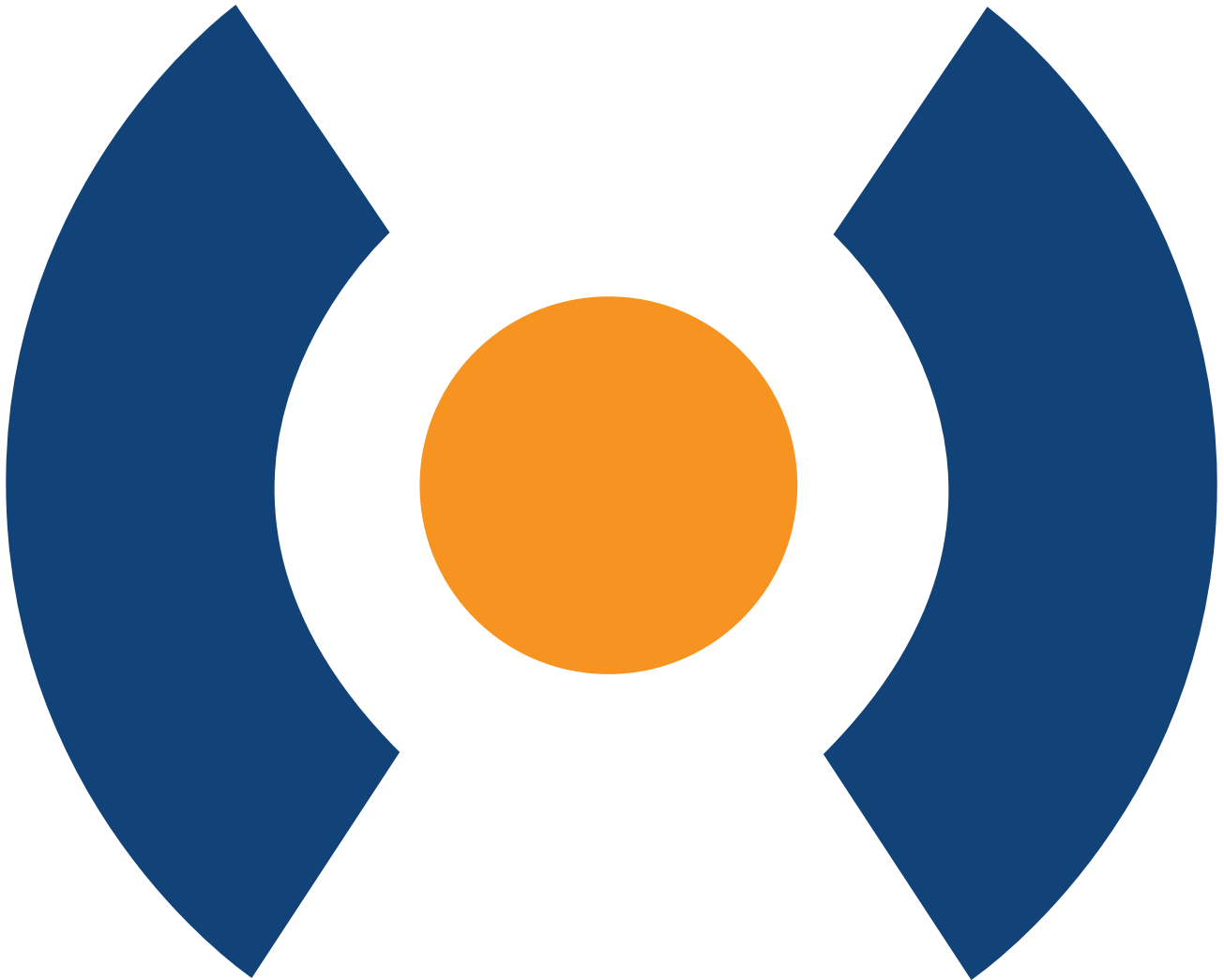


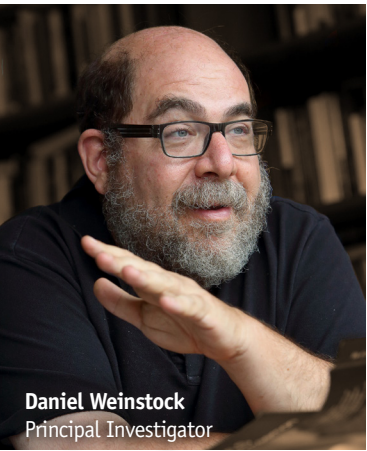
Dialogue McGill

Better Communication for Better Care



MAIN ACHIEVEMENTS
2014 | 2018

DIALOGUE MCGILL: THE TEAM 2014-2018



Daniel Weinstock
Principal Investigator



Mireille Marcil
Director



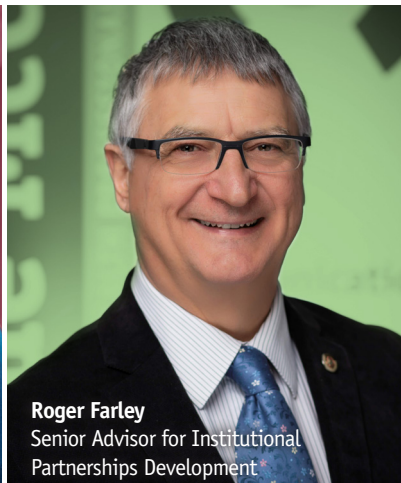
Gail Hawley-McDonald
Senior Project Officer



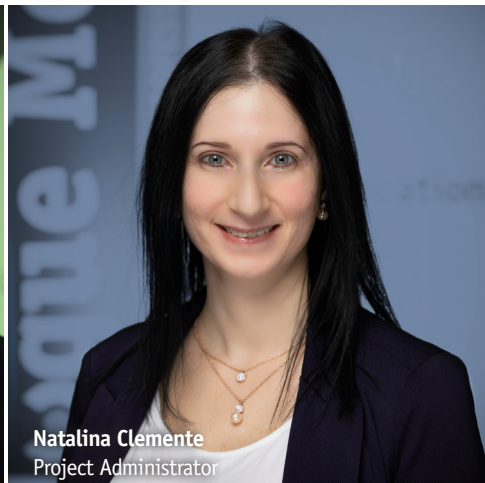
Caroline Storr
Director for the Retention Program,
Education Component



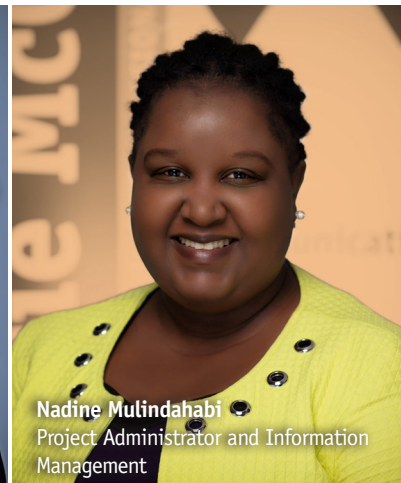
Sue Harrison
Coordonnator of French Courses
for Students in Health and Social
Services, FLC



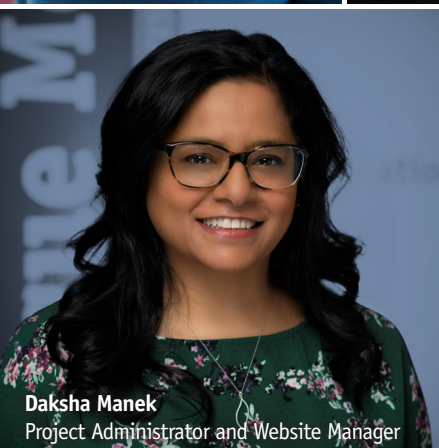
Roger Farley
Senior Advisor for Institutional
Partnerships Development



Natalina Clemente
Project Administrator



Nadine Mulindahabi
Project Administrator and Information
Management



Daksha Manek
Project Administrator and Website Manager



Claude Béland
Communication Advisor



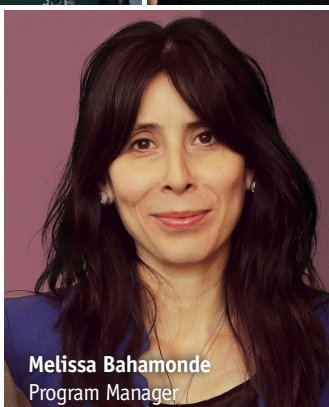
H el ene Riel-Salvatore
Senior Advisor for Didactics of Languages
and Cultures



Jean Robert
Senior Advisor for Partnerships
Development in Education



Yael Peled
Research Assistant, Research
Development Program



Melissa Bahamonde
Program Manager



Sarah Shaughnessy
Project Administrator and
Information Management



Charlotte Forss
IT Assistant



Denise Lussier
Senior Advisor for Linguistic
Profiles Development

Were also part of the Dialogue McGill team during the 2014-2018 period: Teri Baloukas, Administrative Officer 2015 • Jonah Batist, Administrative Officer 2015 • Taline Ekmekjiane, Project Assistant 2015 • Nandini Srivastava, Project Assistant 2016

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Design and Layout: Impact création graphique

Writing: Claude Béland

Photos: Owen/Dufour

Dialogue McGill
Institute for Health and Social Policy
550 Sherbrooke Street West
West Tower, Room 775
Montreal, Quebec H3A 1B9
Tel.: 514-398-8494

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www.mcgill.ca/dialoguemcgill/documentation-centre

Le présent document est disponible en français, sous le titre Profil des réalisations 2014-2018, sur le site web de Dialogue McGill à l'adresse suivante: www.mcgill.ca/dialoguemcgill/fr/centre-de-documentation



The challenge linked to providing healthcare for patients in a language that they will understand is not specific to Quebec or Canada. Throughout the world, there are minority language communities whose access to healthcare and social services is limited by linguistic or cultural barriers. To meet the needs of these populations, positive and clear actions are required. Funded by Health Canada, as part of its Official Languages Health Contribution Program, the Dialogue McGill project has been participating since 2004 in Quebec's initiatives to reduce these obstacles.

What is wonderful about this project and what enables us to attain our objectives is the number, quality, and determination of its partners. There are more than 50 to date: health and social services facilities,

community networks for English-speaking communities, and educational institutions spread throughout all regions of Quebec. Our work, as the Dialogue McGill team, is to channel and pool all this energy as part of our three programs, i.e. language training, retention, and research development.

The following pages constitute a summary of the actions carried out during the 2014-2018 period. They illustrate our determination, in Phase 3 of our development, to strengthen ties with and between our partners, standardize our programs, and refine the measurability of their impact. The numbers can be found on all pages of this report, and we invite you to consider them for what they represent. They are young people studying in health and social services, and wishing to return to work in their regions after their studies who benefited from a bursary to encourage them or financial support for an internship far from their place of study. They are health professionals who work in French-speaking environments and are taking part in an English language training program to make sure to effectively meet the needs of all their clients. They are cegep or university students registered in English language health and social services programs who take special French courses enabling them to meet the linguistic requirements of their future work and of their professional orders, and who will thus be able to stay and work in Québec.

In short, these numbers, as well as their history and the examples that illustrate them, reflect all the efforts and advances

made to provide safe access to health and social services for our English-speaking citizens, regardless of the size of their community and where it is located in Quebec.

Enjoy your read.

Daniel Weinstock
Principal investigator
Dialogue McGill

KEY FIGURES 2014-2018



5 DAYS OF EXCHANGES between Dialogue McGill and its partners



TOTAL:
3061
REGISTRATIONS

ENGLISH COURSES FOR HEALTH AND SOCIAL SERVICES PROFESSIONALS

- Elementary level: 771 registrations
- Intermediate level: 2010 registrations
- Advanced level: 280 registrations
- More than 2000 professionals trained

COMPLETION RATES

Intermediate level **70%**
Advanced level **80%**

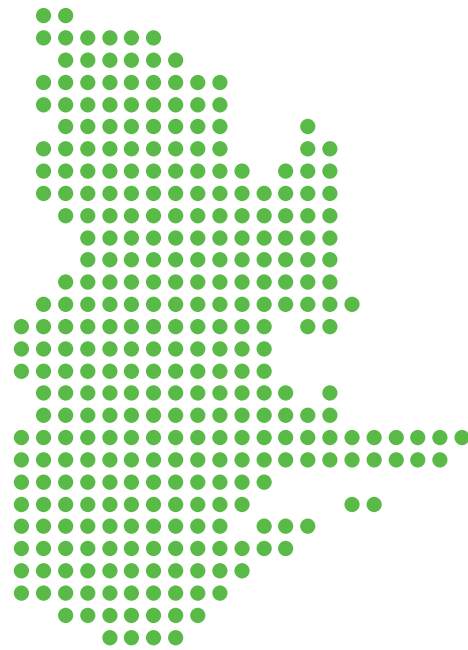
224 INTERNSHIPS FUNDED

**Language and Health Research Program for students:
15 projects funded**

125 BURSARIES

WITHIN THE HEALTH AND SOCIAL SERVICES COMMUNITY
LEADERSHIP BURSARY PROGRAM

01 Bas-Saint-Laurent	9
03 Capitale-Nationale	18
04 Mauricie et Centre-du-Québec	3
05 Estrie	9
07 Outaouais	10
08 Abitibi-Témiscamingue	8
09 Côte-Nord	16
11 Gaspésie-Îles-de-la-Madeleine	36
12 Chaudière-Appalaches	12
14 Lanaudière	1
16 Montérégie	3



290 CEGEP STUDENTS ENROLLED IN FRENCH COURSES

187 STUDENTS FROM MCGILL
PROFESSIONAL SCHOOLS
ENROLLED in French
courses
FOCUSED ON THEIR
PROFESSIONAL NEEDS

32 RESEARCH PROJECTS
in partnership with
10 UNIVERSITIES and
RESEARCH CENTRES

2 international research CONFERENCES



LANGUAGE AND
HEALTH – ETHICAL
AND POLICY ISSUES



LANGUAGE AND HEALTH –
ETHICAL AND POLICY ISSUES
(WITH A SPECIAL FOCUS
ON CONSENT)

BACKGROUND

Since 2014, Dialogue McGill,¹ the McGill Training and Retention of Health Professionals Project, has contributed to Quebec's initiatives geared toward ensuring that English-speaking Quebecers have access to the full range of health and social services in their own language, through various measures designed to build and maintain a staff complement capable of meeting their needs. The project is an additional tool to support the implementation and enhancement of access programs to health and social services in English, provided for in the Act respecting health and social services.

Dialogue McGill's mission is to provide training and retention initiatives so that health and social services professionals have opportunities to improve their ability to provide services in English and to practice where they can meet the needs of the English-speaking population of Quebec. It also seeks to promote research and information sharing on approaches to reducing barriers to health and social services access for English-speaking Quebecers.

Dialogue McGill, now in its third phase, is also in line with the priorities expressed by the English-speaking community as outlined in the document entitled *Improving Access to Health and Social Services for Quebec's Population—Development Priorities 2013-2018*, namely, increasing the number of health and social service professionals who can provide service in English at the local level; increasing the emphasis on opportunities

for integration so that language skills acquired in the classroom can be more readily transferred into the workplace; and getting young English speakers trained in health and social services professions back working in their regions.

Over a four-year period, from 2014 to 2018, Dialogue McGill pursued the development of the three measures of the project framework:

- **Language Training Program:** aims to provide results-focused, sustainable English for professional purposes courses tailored to the needs of health and social services professionals so they can attain the language competency threshold levels in their professional category.
- **Retention Program:** seeks to increase participation of English-speaking personnel in Quebec's health and social services system in areas where needs are the greatest through offering bursaries, creating and supporting internships in the regions, and offering French for professional purposes for students. The Program also sponsors community initiatives that encourage linguistic and cultural adaptation of services.
- **Research Development Program:** builds upon the knowledge gained through the work conducted in the first two phases of the McGill Project, develops new research projects that investigate potential means to overcome identified barriers to healthcare and social services access for English-speaking Quebecers. The Program also increases knowledge

transfer regarding strategies and best practices to address the health concerns of English-speaking communities.

In April 2014, McGill University and the Ministère de la Santé et des Services sociaux (MSSS) agreed on a framework for implementing the Official Languages Health Contribution Program in Quebec. The framework sets out the roles and responsibilities of the partners in carrying out the activities described in the three measures of Dialogue McGill. It also provides for the formation of a Tripartite Steering Committee mandated to ensure the implementation and monitoring of the Project measures. The member organizations are McGill University, the MSSS, and the Community Health and Social Services Network (CHSSN) representing the English-speaking communities of Quebec.

The contribution agreement between Health Canada and McGill University was signed on March 3, 2015, 28 days before the end of the 2014-2015 fiscal year. The late signing of the agreement had an impact on the launch of the call for proposals to partners and, consequently, on the completion of projects in the first year of Phase 3. This delay is reflected in the statistical results for 2014-2015. The three programs and their various components hit their stride during 2015-2016.

ORIENTATIONS FOR 2014-2018

At each stage of its development and by consolidating the results obtained in previous phases, Dialogue McGill forges ahead in the pursuit of better access to healthcare and social services for

¹ McGill's Training and Retention of Health Professionals Project is now promoted and known to its partners and target populations as Dialogue McGill. You may find more details on this on page 11 of the introduction: *A name we remember, a logo we recognize.*

the English-speaking communities of Quebec in their own language.

During Phase 3, Dialogue McGill focused on standardizing the language training provided and the measurability of results. It also worked on strengthening ties with its partners, including health and social services institutions, educational institutions, and community networks, most of which have been involved in Dialogue McGill's activities for several years. By adjusting each partner's role in the overall project and providing them with better tools, Dialogue McGill was determined to maintain their enthusiasm and leverage the work accomplished by increasing opportunities for dialogue and transfer of knowledge and experience.

This document provides an overview of the strengths of Phase 3 in each of the three programs that constitute Dialogue McGill by outlining the programs' details and how they will be continued or implemented in terms of the orientations for 2018-2023.

PARTNERS THROUGHOUT QUEBEC

Dialogue McGill counts on the commitment of its partners to implement each of its three key measures, funding the projects they propose in order to attain each measure's objectives. Many of them have been partners since the beginning and during the 2014-2018 period have been able to build on the experience gained in previous years. Dialogue McGill is comprised of three broad categories of partners, with each type of partner assuming a specific role in Phase 3.

Health and social services institutions are responsible for recruiting and selecting participants in the English Language Training Program from among their French-speaking employees. They are also responsible for ensuring that these learners acquire the language skills they need to provide safe and quality services in English. Their role is also to welcome students from their region as interns and to hire graduates (interns and bursary recipients from the region) who are able to offer services to English-speaking people in their own language.

Educational institutions certainly play a leading role in the training of future health and social services professionals and technicians. Following the licensure requirements established by regulatory bodies, educational institutions determine the internship requirements for each program of study. Educational institutions create regional internships for students from the regions and offer language courses to health and social services professionals and students in these fields.

Apart from McGill University, which is largely involved in the project through its health and social services professional schools, French Language Centre, and School of Continuing Studies, Dialogue McGill also includes all university-level educational institutions in Quebec among its partners, particularly in its Research Development Program and the Health Care Access for Linguistic Minorities Network (HCALM-Network).

The **English-speaking community networks**, members of the Networking Partnership Initiative program, are

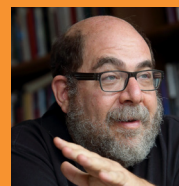
responsible for promoting health and social services careers in their region, coordinating and promoting the Health and Social Services Community Leadership Bursaries program, providing students from their region with easier access to internships at institutions in the region, and the recruitment of graduates.

Dialogue McGill also develops partnerships with organizations that work with young people, such as Place aux jeunes en région, as well as with school boards. In Phase 3, Dialogue McGill has generated, endorsed, and supported projects from more than 50 partners. The map, published in issue No. 7 of *Dialogue McGill*, illustrates the role of each, and the wide dissemination of the three key measures of the Dialogue McGill project across all regions of Quebec (see Dialogue McGill Partner Map pages 12 and 13).

A STRUCTURED AND STRUCTURING TEAM

Professor Daniel Weinstock, Professor at McGill's Faculty of Law, was the Project Principal Investigator since the beginning of Phase 3. For several years, he was a professor of philosophy at Université de Montréal, as well as holder of a Canada Research Chair on Ethics and Political Philosophy at Université de Montréal, and Director of the Research Centre of Ethics and Political Philosophy at Université de Montréal (CRÉUM), of which he is the founder.

Daniel Weinstock is currently Director of the McGill Institute for Health and Social Policy (IHSP). His appointment as principal investigator linked Dialogue



TRIPARTITE STEERING COMMITTEE

From left to right:
 Jim Carter, CHSSN;
 Jennifer Johnson, CHSSN;
 Mireille Marcil, Dialogue McGill;
 Iannick Martin, MSSS;
 Daniel Weinstock, Dialogue McGill.

McGill to the IHSP—a synergy that benefits the project. The IHSP was in fact created to conduct and support world-class research on how social conditions impact population health and welfare, and also to translate research findings into public policies and programs that address these conditions. Due to its link with the IHSP, Dialogue McGill now falls under McGill's Faculty of Medicine.

In addition to the Tripartite Steering Committee mentioned above, continuity of operations, from one phase to the next, from one year to the next, as well as the liaison with our partners, is based to a large extent on the expertise and diversity of a team that, in Phase 3, achieved the desired balance.

The regular meetings (22 during Phase 3) of the Planning and Operations Committee bring together the team that works daily on the administration and management of the Project, including its director and three project managers, as well as the project administrators for the three Programs, a communications consultant, and more recently, a senior advisor for partnerships in education and a senior advisor for partnerships—institutions. These new contributions have significantly strengthened links with Dialogue McGill partners, which, as we will see later in this document, have had their roles clarified and refined, resulting in more efficient planning and organization of funded projects and more easily measurable benefits.

A NAME WE REMEMBER, A LOGO WE RECOGNIZE

From a promotional point of view, in order to clarify its visual image to gain better visibility and also to encourage its partners to clearly identify the tools and activities it has funded, the Training and Retention of Health Professionals

Project has simplified its name and has adopted a distinctive logo.



The Dialogue McGill name was easily adopted by everyone involved. It has always been part of the Project's vocabulary, and since the start of its activities, it has been used in various ways in its communications. It has become the official name of the Project. Once this choice was made, it was then possible to create an easily identifiable logo with its different variables that could, depending on the context, meet the needs of the partners and the Project. A user guide for the Dialogue McGill logo and name is currently being developed. However, the benefits of this innovation are already evident and appreciated.

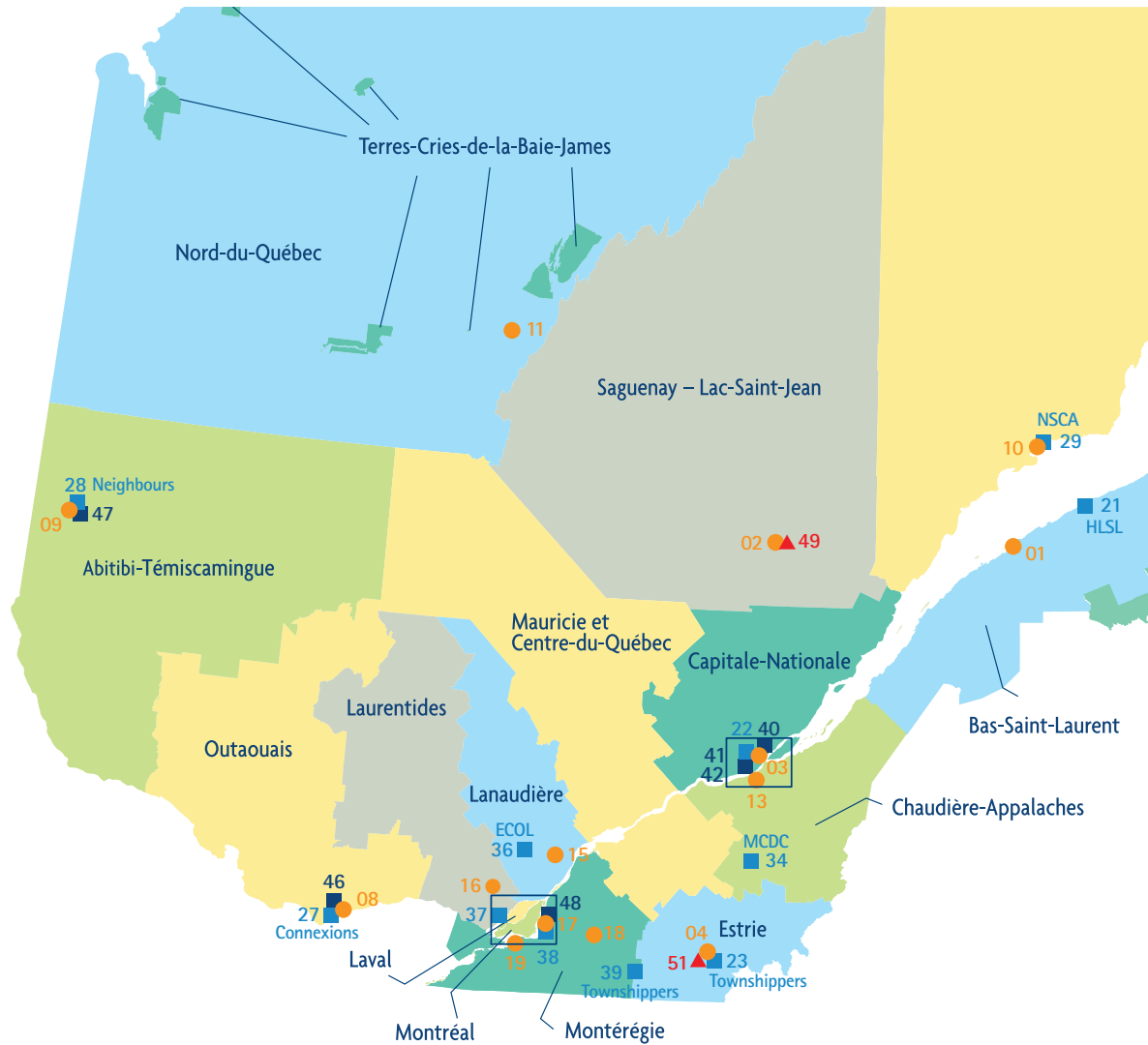
To ensure constant and consistent dissemination of information to the partners and all stakeholders, the Dialogue McGill newsletter has been resumed after being discontinued for a few years; three issues have been produced since the summer of 2016. Its paper version is sent to all partners, as well as to a network of specific individuals and organizations. It is also distributed during events. The electronic version is posted on our website. [Dialogue McGill Issue No 7](#) presented, among other things, a McGill Dialogue partner map, which showed the reach of the project across Quebec.

Finally, for the next phase, the Dialogue McGill team has been planning a complete redesign of its website over the past year. Over the years and until now, the website looked more like a documentation centre than a dynamic tool for information,

exchanges, and administrative communications (support tools, guides, forms, etc.). As a first step, its content was completely cleaned-up, and the News and Calendar sections were reorganized with a simpler presentation. The website should have a new structure in 2019. This will take into account each type of user: students, health and social services institutions, educational institutions, community networks, sponsoring agencies, etc. A special effort will be made to share tools and best practices.

Dialogue McGill

Training and Retention of Health Professionals Project
 Projet de formation et de maintien en poste des professionnels de la santé



MEASURE 1  Language Training Program (CISSS, CIUSSS, RRSST)
MESURE 1  Programme de formation linguistique (CISSS, CIUSSS, RRSST)

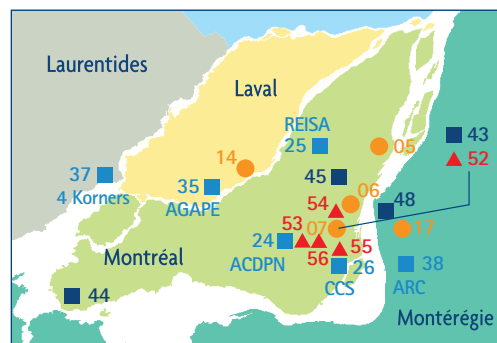
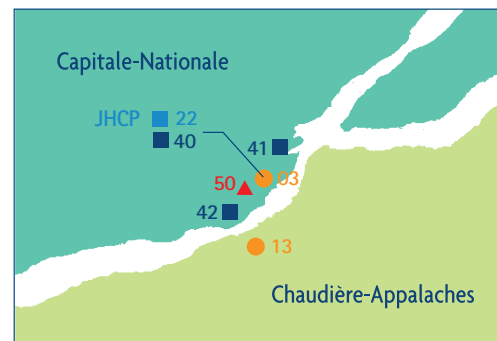
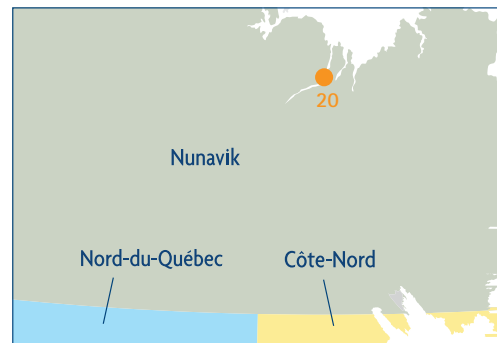
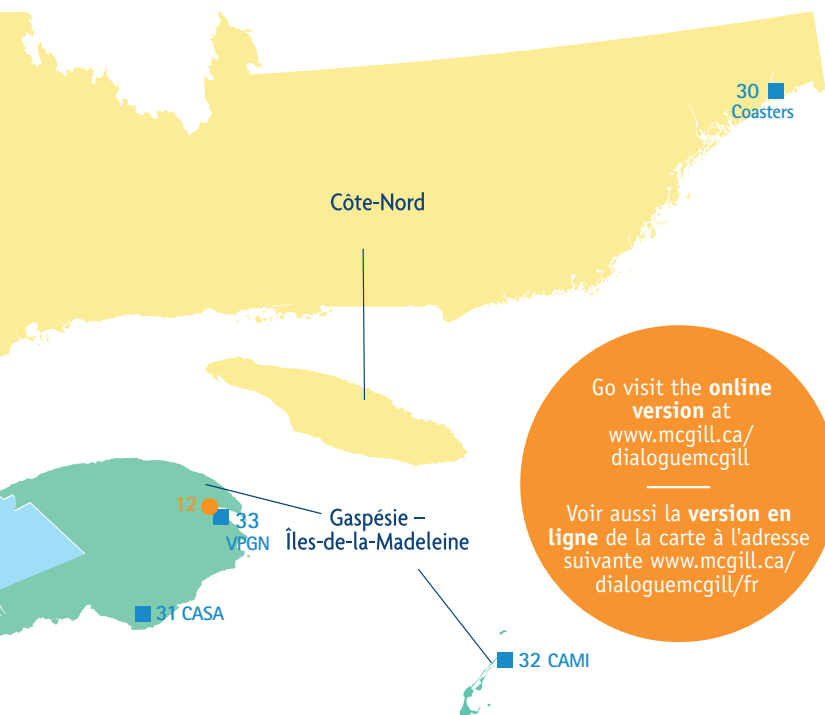
MEASURE 2 
MESURE 2 

- BAS-SAINT-LAURENT**
01. CISSS du Bas-Saint-Laurent
- SAGUENAY-LAC-SAINT-JEAN**
02. CIUSSS du Saguenay-Lac-Saint-Jean
- CAPITALE-NATIONALE**
03. CIUSSS de la Capitale-Nationale
- ESTRIE**
04. CIUSSS de l'Estrie - Centre hospitalier universitaire de Sherbrooke
- MONTRÉAL**
05. CIUSSS de l'Est-de-l'Île-de Montréal
06. CIUSSS du Centre-Sud-de-l'Île-de Montréal

- 07. McGill University
- OUTAOUAIS**
08. CISSS de l'Outaouais
- ABITIBI-TÉMISCAMINGUE**
09. CISSS de l'Abitibi-Témiscamingue
- CÔTE-NORD**
10. CISSS de la Côte-Nord
- NORD-DU-QUÉBEC**
11. CRSSS de la Baie-James
- GASPÉSIE**
12. CISSS de la Gaspésie
- CHAUDIÈRE-APPALACHES**
13. CISSS de Chaudière-Appalaches

- LAVAL**
14. CISSS de Laval
- LANAUDIÈRE**
15. CISSS de Lanaudière
- LAURENTIDES**
16. CISSS des Laurentides
- MONTRÉGIE**
17. CISSS de la Montérégie-Centre
18. CISSS de la Montérégie-Est
19. CISSS de la Montérégie-Ouest
- NUNAVIK**
20. RRSST Nunavik

- BAS-SAINT-LAURENT**
21. Heritage Lower Saint Lawrence
- CAPITALE-NATIONALE**
22. Jeffery Hale Community Partners
- ESTRIE**
23. Townshippers' Association (Estrie Network)
- MONTRÉAL**
24. African Canadian Development and Prevention Network
25. The East Island Network for English Language Services
26. Collective Community Services



Better Communication for Better Care Mieux communiquer pour mieux soigner

Financé par Santé Canada
Funded by Health Canada



Retention Program (Community Networks)
Programme de maintien en poste (Réseaux communautaires)

OUTAOUAIS

27. Connexions Resource Centre

ABITIBI-TÉMISCAMINGUE

28. Neighbours Regional Association of Rouyn-Noranda

CÔTE-NORD

29. North Shore Community Association
30. Coasters' Association of the Lower North Shore

GASPÉSIE

31. Committee for Anglophone Social Action
32. Council for Anglophone Magdalen Islanders
33. Vision Gaspé-Percé Now

CHAUDIÈRE-APPALACHES

34. Megantic English-speaking Community Development Corporation

LAVAL

35. Youth and Parents AGAPE Association Inc.

LANAUDIÈRE

36. English Community Organization of Lanaudière

LAURENTIDES

37. 4 Korner Family Resource Center

MONTÉRÉGIE

38. Assistance and Referral Centre
39. Townshippers' Association (Montérégie-East Network)

MEASURE 2 MESURE 2



Retention Program (Education Institutions)
Programme de maintien en poste (Maisons d'enseignement)

CAPITALE-NATIONALE

40. Place aux jeunes
41. Cégep Limoilou
42. Central Quebec School Board

MONTÉRÉGIE

43. McGill University

44. John Abbott College
45. Cégep à distance (Collège de Rosemont)

OUTAOUAIS

46. Cégep Heritage College

ABITIBI-TÉMISCAMINGUE

47. Université du Québec en Abitibi-Témiscamingue (UQAT)

MONTÉRÉGIE

48. Champlain College Saint-Lambert

MEASURE 3 MESURE 3



Research Development Program (Universities and CHU)
Programme de développement de la recherche (Universités et CHU)

SAGUENAY-LAC-SAINT-JEAN

49. Université du Québec à Chicoutimi (UQAC)

CAPITALE-NATIONALE

50. Université Laval

ESTRIE

51. Bishop's University

MONTÉRÉGIE

52. McGill University
53. Centre hospitalier universitaire Sainte-Justine

(CHU Sainte-Justine)
54. Centre hospitalier de l'Université de Montréal (CHUM)

55. Concordia University
56. Université de Montréal

MEASURE 1

**LANGUAGE
TRAINING
PROGRAM**

In 2014-2018, the Language Training Program made great progress despite the major shake-up that affected the Quebec health and social services network when Bill 10 was adopted coinciding with the first year of the third phase of funding for Dialogue McGill.

1 English Courses Designed Specifically for Health and Social Services Professionals

1.1 Ensuring quality and consistency in training

There were major challenges. The experience of having a decentralized approach, in which each regional agency was responsible for organizing its language training program with the option of choosing its training organization, revealed its flaws. Despite some interesting results, albeit uneven and difficult to measure, it became clear that standardized training was needed to be able to gauge the results, as well as training that could be adapted to different regional contexts.

Dialogue McGill established a partnership with the McGill School of Continuing Studies and entrusted them with the academic responsibility to develop and offer an English language learning program specifically for professionals in the Quebec health and social services network.

Composed of 8 levels, each including a 24-hour online training program and a 16-hour complementary conversation course, the [Anglais Santé](#) program is adapted to 3 categories of professionals: reception staff, health professionals, and psycho-social services staff.

Health and social services institutions that wanted to propose a language train-

ing project for health and social services professionals in their region were able to choose from three options:

Option 1: The complete training package as offered by the McGill School of Continuing Studies with the SCS as the online and on-site/in-class training provider.

Option 2: The 24-hour online program delivered by the McGill School of Continuing Studies combined with a 16-hour conversation course offered onsite by a training provider using the SCS in-class program along with McGill's materials.

Option 3: Courses offered in the region using a training provider of their choice.

anglais[®]santé

Whichever option chosen, students were monitored through the same online placement test and post-program diagnostic test developed by the SCS.

The Language Training Program was delivered under agreements with 19 of the new Integrated Health and Social Services Centres (CISSS).² A total of 100

health and social services professionals completed the pilot courses in 2014-2015. The full program was available starting in the fall of 2015-2016. The results of a survey of 377 learners who completed the online portion of the program in winter 2016 showed a high level of satisfaction: 94% of respondents said the course was excellent; 83% said the course had met their professional needs; and 90% would have recommended the course to their colleagues.

TWO EXCELLENCE AWARDS

In June 2017, the *Association canadienne d'éducation des adultes des universités de langue française* (ACDEAULF) awarded the [Prix d'excellence](#) to the *Anglais Santé* program. This prize is awarded to a Francophone or bilingual Canadian university for a particular achievement or for a contribution aimed at the development of adult French-language education.

In 2018, the SCS won a second *Prix d'excellence*, this time from the Canadian Association for University Continuing Education (CAUCE).

2 For brevity, the acronym CISSS also refers to the five *University Integrated Health and Social Services Centres*, to the *James Bay Regional Health and Social Services Centre*, and to the *Nunavik Regional Board of Health and Social Services*.

1.2 What the numbers say

During the first full year, the Language Training Program had 675 enrolments and a completion rate of 72%. Over the following 2 years enrolments increased to a total of 3,061 for Phase 3 yet the completion rate hovered at 67%. (See tables 1 and 2 below.) Access to this data, essential for determining the relevance of our actions and their impact,

is one major consequence of standardizing the Language Training Program.

During the 2014-2018 period, we were unable to meet the planned enrolment target of 1,500 per year. However, we got closer to this figure in 2017-2018 (1,453 enrolments). The reorganization of the health and social services network structure partly explains these results: new administrative entities, the CISSSs and CIUSSSs becoming the partners in the Program instead of the

now disbanded regional agencies, new respondents, a high turnover rate among these respondents and staff in the institutions, etc. The formula itself has had a trial stage and improvements have been made, particularly in the enrolment process. Continuous administrative improvements were made to maximize resources efficiency.

TABLE 1: LANGUAGE TRAINING PROGRAM. COMPLETION RATE BY REGION – 2014-2018

REGION	2014-2015*			2015-2016			2016-2017			2017-2018			2014-2018		
	Enrolments	Number of Completions	Completion Rate	Enrolments	Number of Completions	Completion Rate	Enrolments	Number of Completions	Completion Rate	Enrolments	Number of Completions	Completion Rate	Enrolments	Number of Completions	Completion Rate
01 Bas-St-Laurent	-	-	-	-	-	-	25	18	72%	39	27	69%	64	45	70%
02 Saguenay–Lac-St-Jean	2	2	100%	52	37	64%	80	50	63%	93	70	75%	233	159	68%
03 Capitale-Nationale	5	4	80%	30	20	67%	81	42	52%	218	125	57%	334	191	57%
05 Estrie	-	-	-	107	82	77%	66	46	71%	255	152	60%	427	280	66%
06 Centre-Sud-de-l'Île-de-Montréal	-	-	-	18	9	50%	51	40	78%	83	54	65%	152	103	68%
06 Est-de-l'Île-de-Montréal	-	-	-	90	60	67%	84	60	71%	74	42	57%	248	162	65%
07 Outaouais	43	26	60%	-	-	-	5	5	100%	99	68	69%	147	99	67%
08 Abitibi-Témiscamingue	20	15	75%	54	33	61%	45	22	49%	52	34	65%	171	104	61%
09 Côte-Nord	10	9	90%	32	24	75%	62	42	68%	45	30	67%	149	105	70%
10 Nord-du-Québec	9	6	67%	21	15	71%	18	11	61%	12	7	58%	60	39	65%
11 Gaspésie-Île-de-la-Madeleine	-	-	-	39	24	62%	20	7	35%	37	18	49%	96	49	51%
12 Chaudière-Appalaches	-	-	-	-	-	-	-	-	-	105	69	66%	105	69	66%
13 Laval	13	12	92%	40	27	68%	41	31	76%	64	37	58%	158	107	68%
14 Lanaudière	1	1	100%	13	10	77%	33	24	73%	23	16	70%	70	51	73%
15 Laurentides	-	-	-	20	11	55%	27	18	67%	26	17	65%	73	46	63%
16 Montérégie-Centre	-	-	-	53	48	91%	64	52	81%	64	36	56%	181	136	75%
16 Montérégie-Est	-	-	-	25	24	96%	44	39	89%	40	28	70%	109	91	83%
16 Montérégie-Ouest	-	-	-	75	65	87%	73	52	71%	106	69	65%	254	186	73%
17 Nunavik	-	-	-	-	-	-	12	10	83%	18	9	50%	30	19	63%
TOTAL	103	75	73%	675	489	72%	830	569	69%	1453	908	62%	3061	2041	67%

* The 2014-2015 period was one of development. The levels offered for the winter session were pilots.

TABLE 2: LANGUAGE TRAINING PROGRAM. COMPLETION RATE BY LEVEL – 2014-2018

LEVEL	2014-2015*			2015-2016			2016-2017			2017-2018			2014-2018		
	Enrolments	Number of Completions	Completion Rate	Enrolments	Number of Completions	Completion Rate	Enrolments	Number of Completions	Completion Rate	Enrolments	Number of Completions	Completion Rate	Enrolments	Number of Completions	Completion Rate
Elementary	24	15	63%	192	100	52%	219	123	56%	336	157	47%	771	395	51%
Intermediate	79	60	76%	438	349	80%	541	387	72%	952	619	65%	2010	1415	70%
Advanced	-	-	-	45	40	89%	70	59	84%	165	132	80%	280	231	80%
TOTAL	103	75	73%	675	489	72%	830	569	69%	1453	908	62%	3061	2041	67%

* The 2014-2015 period was one of development. The levels offered for the winter session were pilots.

Another notable fact: the completion rate, once assessed, revealed that elementary-level completion rates are between 40% and 50% while intermediate-level rates easily reach 70% and 75% and advanced-level rates reach 80% and 85%. Is this a matter of motivation or of alignment between the courses and the needs of the participants? The question has been asked, and efforts have been made by McGill Dialogue, the CISSSs, and the SCS to come up with an approach better suited to the needs of elementary-level learners.

TRAINING MONITORING

In order to measure the impact of the Language Training Program, a post-training diagnostic test was created for participants who took one course or more. This test was designed to determine where learners were about one year after they last participated in the Program and to get to know about participants who did not complete the program.

Originally scheduled for 2016-2017, the test was finally implemented in 2017-2018. Some 833 health and social service providers who took at least a single course that year were invited to participate and 216 accepted the invitation. The test consisted of a 60-minute

online questionnaire available for two weeks (from March 9, 2018 to March 25, 2018). The results revealed participants' strengths and weaknesses in terms of their ability to communicate in English and showed that participants could benefit from the addition of knowledge review units to the program.

1.3 Working together: the strength of partnership

ASSESSMENT OF THE NEW APPROACH

A telephone survey was conducted in the fall of 2017 with respondents from CISSSs participating in the Language Training Program. As stated in the [Report on Interviews with Health and Social Services Network Respondents](#), these interviews revealed that the overall formula is satisfactory; respondents acknowledge the effectiveness of the orientation chosen by Dialogue McGill and the work of the SCS.

The survey also revealed a wide diversity as regards the role of respondents in implementing the Language Training Program in their region. Without a doubt one of the factors that influences the respondent's role is the demographic weight of the English-speaking population served by its CISSS, as well as the

presence in the region of facilities and institutions identified to provide services in the English language. The interviews also allowed us to discover that a large majority of respondents work in the human resources sector related to employee training, with a few exceptions working in the communications sector. We also noted that even though the respondents had a certain number of common duties and tasks such as communication with McGill, planning, and accountability, other tasks such as training promotion, placement tests, and course enrolment follow-up varied from one CISSS to another.

As for the difficulties they have encountered, respondents tend to blame the reorganization of the network, their workload, budget forecasts and often random enrolment, technical problems, and finally the complexity of the enrolment process and placement test.

The survey report was sent to all stakeholders and two telephone meetings were held to discuss it. Respondents were satisfied with this consultation. The Guide and Project Submission Form 2018-2023 for Health and Social Services Institutions will reflect these exchanges.

The 2014-2018 period thus accomplished the standardization work on both the placement tests and the training that is offered. Given the situation outlined above, the tools that will allow the transfer of acquired skills to the workplace or assess the impact of language training on patient-caregiver communication have not yet been developed. A new component designed to transfer the knowledge, skills, and competencies acquired through language training to daily work practice will be implemented in Phase 4. This component, as well as the increase in the annual target from 1,500 students to 1,650, are orientations for 2018-2023 with respect to which the MSSS plays a leading role. Institutions will also need to pay particular attention to increasing the number of enrolments for language training courses and the completion rates. Finally, in order to support employees who have completed training, they will be asked to put strategies and measures in place to maintain acquired language skills and especially to integrate this knowledge into their work environment.

2016 AND 2018 SYMPOSIUMS: LAUNCH PADS FOR PROGRESS

In February 2016 and again in February 2018, the coordinating team for the *Anglais Santé* program and its respondents from the CISSSs and CIUSSSs came together to take stock of the process adopted, the results achieved, and any adjustments to be made.

February 11 and 12, 2016 were devoted to feedback on the pilot project for the first three sessions (spring and fall 2015 and winter 2016). The topics selected for the two days were the role of motivation in learning a language and the factors involved in successfully teaching a language. Those present had the opportunity to hear and discuss presentations given by two experts, Kimberly A. Noels from the University of Alberta and

Jean-François Bertholet, advisor and lecturer at HEC Montréal. Attendees also shared their experience with the program and offered their suggestions for the future.

The 2018 Symposium, planned as a two-day event for sharing our successes and discussing the proposed orientations for 2018-2023, was above all intended as a forum for consultation with those whose role it is to keep the objectives of Dialogue McGill up-to-date on a daily basis.

[Day 1](#) of the Symposium, February 1, 2018, was devoted to the Language Training Program. The School of Continuing Studies invited CISSS and CIUSSS respondents in charge of coordinating the Program at their institution to reflect and share their knowledge about the transfer of learning acquired to the workplace. The guest expert, [Jean-François Roussel](#), CRHA, MBA, Ph.D., Full Professor at Université de Sherbrooke and author of *Gérer la formation, viser le transfert* [Managing training, aiming for transfer], outlined the main set of principles underlying the transfer of learning to the workplace. The presentation was followed by two round table discussions. The first addressed the transfer of acquired skills. The second, entitled Ensuring the Sustainability of the Language Training Program, touched

on the key points for the 2018-2023 period, namely the learner selection criteria, tools for retention and language skill integration based in a compilation of CISSS action plans, and incentive measures for learner participation. This meeting also served as an opportunity to bring the partners up to speed on the reporting schedule and the proper use of related administrative documents.

Day 2 agenda of the Symposium was devoted to retention activities and is presented at section 6.2 on this document.



2018 Symposium, Day 1—A meeting of Language Training Program partners

2 Beyond the Classroom: A Portal as a Tool for Retention of Acquired Skills and to Support Learners and Trainers

Since the first year of Phase 3, setting up a portal was being considered. The goal of this portal is to support learners providing them with access to resources and discussion forums while also giving them opportunities to put their new skills into practice, to maintain and strengthen them, to forge contacts, and to share ideas and experiences. Research on existing portals and on which formulas to use had been underway since the first half of the 2015-2016 period. A working plan was created and a contract was signed with the firm tasked with creating the portal. The [portal](#) was finally launched

in December 2016. Furthermore, participants have been encouraged to be active on [Instagram](#) and [Facebook](#) as a way to retain the skills they acquired. In the last year of Phase 3, a series of [3 webinars](#) on elder care was tested by 27 participants who were able to post their comments to a discussion board. The pilot was a success and will be repeated during each session. Additional footage has been filmed and edited to produce three new webinars available as of winter 2018. The portal is accessible to both current learners and those who have already participated in the courses. The webinars are

also available to external audiences.

At the same time, the McGill SCS developed a portal to support [trainers](#), providing access to tools for exchange, training videos and professional development webinars, learning methods, proven strategies and practices, teaching materials, and a social network accessible to their community of practice.

2014-2018 MEASURE 1 HIGHLIGHTS – LANGUAGE TRAINING PROGRAM

- A new program standardized across Quebec delivered under agreements with 19 of the new Integrated Health and Social Services Centres (CISSS)
- A completion rate of 70% to 85% for intermediate and advanced levels
- Over 2,000 professionals trained despite a period of large-scale change in the health and social services network
- Two national awards of excellence granted to the SCS's Anglais Santé program
- Positive assessment of the program by CISSS respondents
- Two large symposiums bringing together the CISSS respondents, the Anglais Santé team, and the Dialogue McGill team

MEASURE 2

**RETENTION
PROGRAM**

The Retention Program draws its strength from a combination of strategies. Phase 3 led, here again, to a strengthening of ties with our partners, in some cases through a restructuring of programs and an increased offering of resources, the overall focus being to refine the program assessment and to measure their impacts.

1 Internships: The Stepping Stone to Employment

1.1 Internship creation: new approach

Support for creating internships underwent significant restructuring during the 2014-2018 period. In 2014, the MSSS informed Dialogue McGill that health and social services institutions would no longer develop internships within the specific framework of the Project, but that they would continue their partnership with educational institutions in order to provide the proper conditions for internships. The decision was made in response to the complex nature of creating internships. Indeed, it involves pre-existing coordination bodies, integrated health and education information systems, and RUIS territorial organizations.³ The institutions found themselves confronted with insurmountable obstacles. As a result, during Phase 3, the health and social services institutions ceased to receive direct funding for this purpose and coordination for the creation of internships for retention is now handled by the educational institutions.

Dialogue McGill has also been able to rely on the efforts of several community networks that have promoted the creation of internships within community organizations in their region: Heritage Lower Saint Lawrence, Townshippers' Association (Estrie), African-Canadian Development and Prevention Network, REISA, and Vision

Gaspé-Percé Now. REISA's initiatives in this area, which has helped create dozens of internships since 2011, were the topic of a [presentation](#) given during the Golden Share conference in 2015.

Dialogue McGill has thus supported the creation of 224 internships in total over the course of the 2014-2018 period (see Table 3).

The Internship Creation component also funded six projects carried out in partnership with five organizations: Place aux jeunes en région, the Central Québec School Board, the McGill School of Physical & Occupational Therapy, John Abbott College, and Champlain College. These projects cover a range of activities that include promoting the Bursary Program in the regions, supporting the clinical equivalency program for physical therapists trained abroad, creating online materials to assist nursing internship supervisors, and coordinating health-oriented activities with students in related programs.

1.2 Support for interns and supervisors

The Support for Interns and Supervisors component made it possible to fund projects supporting students and serving the

specific requirements for supervision. The Student Support projects offset the costs of transportation and accommodation for students who choose to do an internship at an institution located in a region of Quebec far from their place of study. Projects categorized as Special Supervisory Needs allow health and social service institutions or associated organizations to hire clinical supervisors when it would be otherwise impossible. McGill's professional schools have been key partners for these projects.

One major challenge was measuring the impact of these activities in terms of retention of healthcare professionals residing in the province. A survey of the internship coordinators at McGill's various schools of health was launched and will be completed once student beneficiaries of Dialogue McGill support during Phase 3 have graduated. For the time being, the study is producing results that vary according to the professional field.

In total, 51 students at the McGill School of Communication Sciences and Disorders, 23 at the School of Social Work, and 49 at the School of Human Nutrition were tracked by their internship coordinators, and additional information was collected in the databases of various professional orders: the Ordre professionnel des diététistes du Québec, the Ordre des travailleurs sociaux et des thérapeutes con-

3 Réseau universitaire intégré de santé [University Integrated Health Network]

TABLE 3: NUMBER OF INTERNSHIPS CREATED BY FIELD OF STUDIES AND YEAR

Field of Study	2014-2015	2015-2016	2016-2017	2017-2018	2014-2018
Physical therapy	52	2	1	2	57
Human diet and nutrition	22	8	17	4	51
Speech-language pathology	8	19	14	8	49
Social work	3	7	14	3	27
Nursing	-	-	12	1	13
Occupational therapy	-	-	4	-	4
Others*	3	5	8	7	23
TOTAL	88	41	70	25	224

* Includes Youth and adult correctional intervention 4, Substance abuse treatment 3, Diagnostic radiology 2, Psychology 2, Pre-hospital emergency care 2, Home assistance 2, Dental hygiene 2, Medical administration 1, Pharmacy 1, Public and community affairs 1, Mental health 1, Special education 1, and Nursing assistant 1.

jugaux et familiaux du Québec, and the Ordre des orthophonistes et audiologistes du Québec.

Preliminary results indicate that 47% of human nutrition students who benefited from financial support for their internships are currently employed in Quebec.⁴ We were not able to obtain data that indicates that the other 53% are working in Quebec (see Table 4).

With respect to students from the School of Communication Sciences and Disorders, 27% of those who received financial support are registered and work in Quebec and 46% work in another province. The other 27% are not registered with any professional association in Quebec and their place of work could not be identified. The majority of graduates employed in Quebec work in the Montreal region (see Table 5).

In sum, at the time of the study, 50% of social work students who received financial support for their internships submitted a request for a practice licence in Quebec while 50% have not yet submitted any request. The order has not provided any details concerning the place of work of these graduates. However, the fact that they have requested a licence indicates their intention to remain in Quebec (see Table 6).

Preliminary data does not allow us to determine whether graduates from the various schools work with an English-speaking client base. The next phase of the analysis will allow us to determine whether this is the case, to target our actions, and to track the students more diligently once they have entered the labour market. Thus, for the 2018-2023 period, this component will prioritize support for students of the health and social services sector who come from peripheral regions, making it possible for them to do internships in their home region with the goal of facilitating their employment.

Support for the creation of internships, for interns, and for supervisors will be revised with this in mind. Universities, cegeps, and school boards will be called on to participate in this revamped component, and community networks will be invited to contribute on a regional and local level.

1.3 Taking action upstream: John Abbott College student survey

Students from regions are more inclined to want to remain in or return to their home region for work. Several Dialogue McGill initiatives operate on this premise, derived from World Health Organisation

global policy recommendations entitled [Increasing access to health workers in remote and rural areas through improved retention](#).

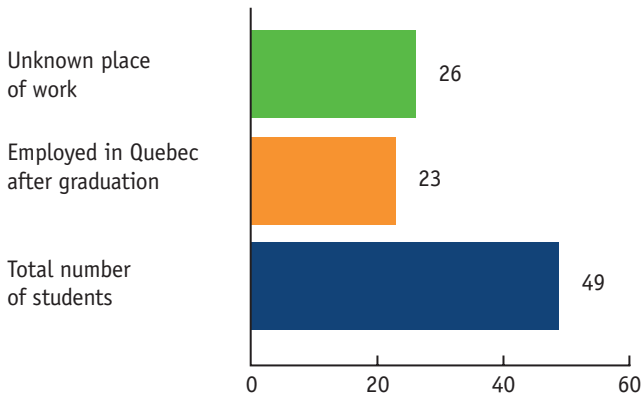
To test the validity of this premise, Dialogue McGill funded a survey of John Abbott College health and social services students from regions targeted by the Program to assess their interest in returning to their home region for an internship and possibly for work. More than 700 of these young people responded to the questionnaire, thus providing data invaluable both to Dialogue McGill and to the college for the planning of potential internships. Of these young people, 47% of respondents came from outside the region of Montreal, and of them, 73% expressed interest in working outside of Montreal after finishing their studies. The desire to go back was primarily motivated by family and friendship ties, as well as the lifestyle in the peripheral regions. The complete [results of the survey](#) were presented at the 2018 Dialogue McGill Symposium. This survey also enabled the John Abbot team to take note of the considerable number of students enrolled who come from various regions of Quebec.

This indicates that the majority of cegep students from peripheral regions wish to return there. In order to encourage and support these intentions, Dialogue McGill

4 This data, along with the information provided in tables 4, 5, and 6, outlines the situation as of March 2018.

TABLE 4: SUPPORT FOR INTERNS—McGILL SCHOOL OF HUMAN NUTRITION

Students Who Received Financial Support



Graduates Working in Quebec, by Region

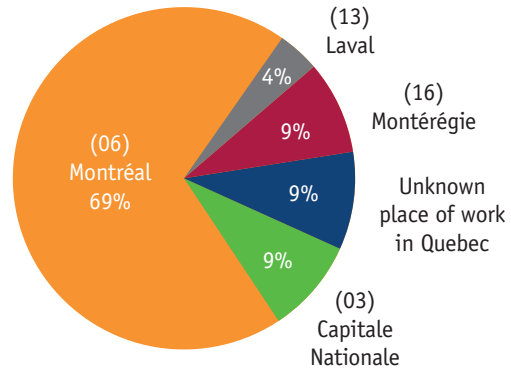
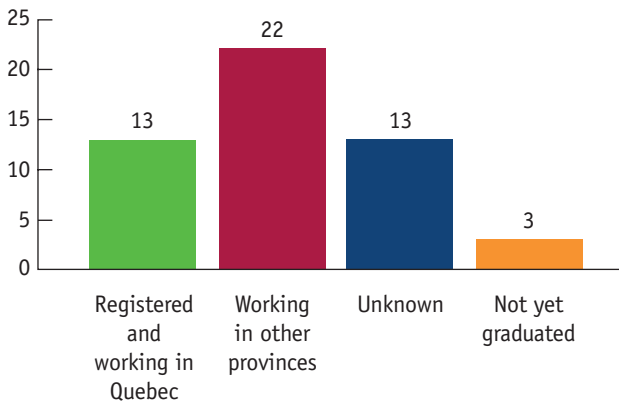


TABLE 5: SUPPORT FOR INTERNS—McGILL SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS

Students Who Received Financial Support, Place of Work



Graduates Working in Quebec, by Region

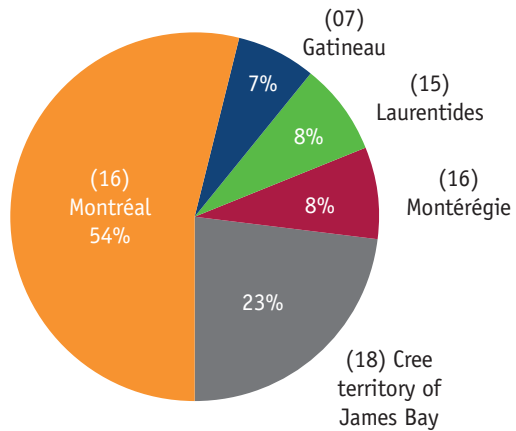
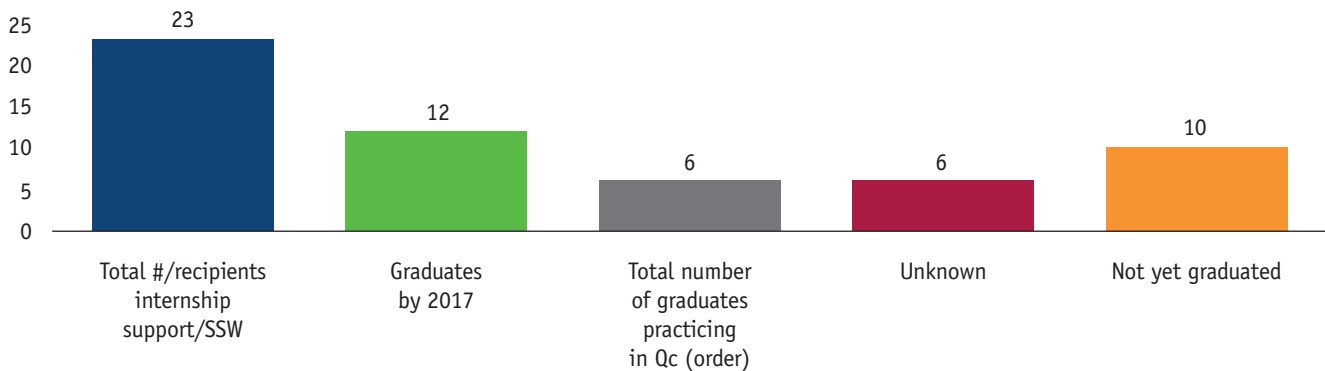


TABLE 6: SUPPORT FOR INTERNS—McGILL SCHOOL OF SOCIAL WORK

Students Who Received Financial Support



will provide financial support to students who want to complete an internship in their region of origin. This assistance will begin in 2018.

1.4 Resources at your fingertips

In Phase 3, Dialogue McGill expanded the toolbox geared toward supervisors and those who would like to become one. [These tools](#) are available on the Project’s website. They were produced by Dialogue McGill or in collaboration with other organizations. Some examples can be seen here:

E-Tips modules were created by the University of British Columbia to provide free training tools to internship supervisors. The project consists of eight online, open-access, inter-professional modules that can be completed independently at the learner’s own pace. Translation of the modules into French as [E-Tips en français](#) was made possible with financial support from the “Supporting the Workplace” program of the Ministère de l’Éducation et de l’Enseignement supérieur du Québec (Quebec’s Ministry of Education and Higher Education) and Dialogue McGill. The modules can be accessed from Dialogue McGill’s website.

The [Supervisory Practice Modules](#) are made up of five online modules geared toward building and reinforcing supervision skills. A tool for training and independent study, these modules are the result of a collaboration with the Consortium national de formation en santé (national consortium for health training)—University of Ottawa. The first four modules are a translation of the French version developed by the Consortium with some revised content by Dialogue McGill. Module 5 was prepared exclusively by Dialogue McGill, produced in collaboration with McGill’s professional health and social services schools.

La supervision de stagiaires

Ça vous plaît?
Ça vous tente?
Ça vous intrigue?

E-Tips en français
À l'intention des professionnels de la santé et des services sociaux

Un cours de supervision en ligne composé de 8 modules
Sans aucune contrainte
À votre rythme

- 1 **Module 1**
Comment préparer un stage
- 2 **Module 2**
Comment on apprend
- 3 **Module 3**
Comment améliorer vos compétences d'enseignement clinique
- 4 **Module 4**
Comment façonner le raisonnement clinique
- 5 **Module 5**
Comment donner de la rétroaction
- 6 **Module 6**
Comment évaluer l'étudiant
- 7 **Module 7**
Comment soutenir l'étudiant
- 8 **Module 8**
Comment résoudre les conflits

McGill

Excerpt from promotional for E-Tips en français

McGill Clinical Education

Supervisory Practice Modules

5 Online Modules
To Build and Reinforce your Skills in Supervision

- Module 1
Basics of Supervision
- Module 2
Building a Climate of Trust
- Module 3
Learning Styles
- Module 4
Performance Evaluation
- Module 5
Advanced Supervisory Practice

Excerpt from promotional for Supervisory Practice Modules

LET'S TALK ABOUT SUPERVISION

Short video talks on line
FOR CLINICIANS who need
quick tips TO ENHANCE THEIR
COMPETENCIES in supervision
and mentorship

Always available with a simple click at:
www.mcgill.ca/hssaccess/trainers/resources-supervisors

This initiative was funded by McGill University Training and Retention of Health Professionals Project through a financial contribution by Health Canada.

McGill

Excerpt from promotional for videos for supervisors

The McGill School of Physical & Occupational Therapy has also produced four video talks available only in English and accessible on our website, that are part of a series of training tools for staff who

are preparing to become clinical trainers or who would like to develop their clinical mentoring skills. This initiative has received support from Dialogue McGill.

2 Language Training for Students in Health and Social Services Programs⁵

Over the course of the 2014-2018 period, the following student language training projects received funding: Cégep Limoilou, Cégep à distance (Collège Rosemont), Heritage College, Champlain College St-Lambert, McGill French Language Centre, and McGill Ingram School of Nursing. Activities included training in French for professional purposes and the creation of courses targeting English-speaking students in health sciences and social work programs, French workshops and the creation of a peer support group for nursing students, the integration of French vocabulary terms in regular nursing education, and subsidies for English courses offered to nursing students.

Among others, 20 Cégep Limoilou nursing students attended English as a second language courses with the financial support of Dialogue McGill. As part of Dialogue McGill, the Cégep also produced 12 video clips linked to the English courses offered. At Heritage College, 290 students were given French classes geared toward professional needs (see Table 7).

2.1 Going digital

English for professional purposes self-study workbooks were created during Phase 2 by Dialogue McGill for receptionists, nurses, and psycho-social professionals and are still in demand today (see Table 8). In total, 578 copies were requested and distributed without charge.

This figure includes 511 self-study workbooks and 67 facilitator's guides. The recipients were cegeps (49), universities (10), health and social service institutions (27), and others (5). The workbooks were the topic of a presentation given to 15 cegep professors at the RASCALS Colloquium (Gathering of CEGEPS—ESL) in June 2015. The participants unanimously acknowledged the very high quality of the material. Today, more than a dozen cegeps use these documents.

During Phase 3, Dialogue McGill converted and adapted the self-study workbooks for nursing staff to digital format. The online modules will serve as teaching material for cegep health and social services programs conducted in French. There are 79 training videos in English which are currently hosted on a new server, and editing of the video descriptions and the metadata is complete. Five online learning units for nurses have also been recently migrated to a new platform, including interactive modalities and automatic display adaptation that allows for use on various types of screens (phones and tablets).

Dialogue McGill has developed a communication plan that aims to promote these resources to cegeps, and a joint press release will be published at the start of Phase 4 to announce a series of orientation sessions for using these resources. A presentation on these tools is also planned as part of the annual RASCALS conference (June 2018).

Challenges associated with this component consisted of increasing the visibility of the resources available to educational institutions to provide language training specifically for students in the health and social services sector, as well as raising awareness among institutions about the importance of meeting the linguistic training needs of their health and social services students. A senior partnership development advisor was hired, and his efforts resulted in the establishment of relationships with new partner cegeps. Over the course of the last two years of Phase 3, the advisor devised an initial approach for cegeps, in order to gauge their interest in this type of resource. Early in Phase 4, in collaboration with the Cégep à distance, he will conduct a tour to promote digital learning resources. The objective will be to inform ESL teachers about the availability of these videos produced by McGill, which can be easily integrated into their lessons using current learning management systems, such as Moodle.

Dialogue McGill has forged a strong relationship with the Cégep à distance. This accomplishment opens up new opportunities to share our experience to the benefit of the English-speaking clientele. Not to mention that the partners wish to collaborate on other projects.

TABLE 7: HERITAGE COLLEGE STUDENTS WHO RECEIVED FRENCH CLASSES GEARED TOWARD PROFESSIONAL NEEDS

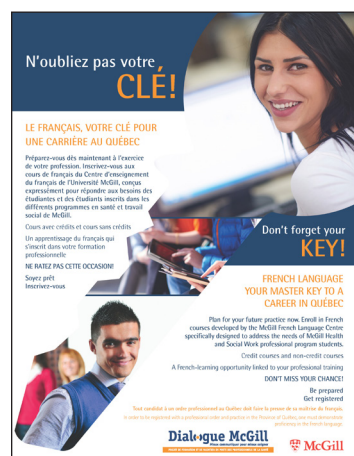
	2014-2015	2015-2016	2016-2017	2017-2018	Total
Number of students	-	53	107	130	290

⁵ Starting in Phase 4, this activities component will be included in the Language Training Program.

TABLE 8: DISTRIBUTION OF SELF-STUDY WORKBOOKS BY MODULE

	2014-2015	2015-2016	2016-2017	2017-2018	Total
Module 1—Receptionists	26	25	17	116	184
Module 2—Triage nurses	26	165	17	83	291
Module 3—Psycho-social professionals	26	29	22	26	103
Total	78	219	56	225	578

2.2 The key to a career in Quebec: French courses at the McGill French Language Centre



Excerpt from promotional literature

The McGill French Language Centre has developed a series of courses for students enrolled in McGill’s professional schools of health and social services. The courses take a multimodal educational approach and use material based on elements of discourse common in routine verbal exchanges between healthcare professionals or social workers and their clients. The tools utilized include role playing, case studies, language lab exercises, and analysis and observation based on texts and real-life situations. Interdisciplinary groups and knowledge sharing reinforce learning with situations that arise in the workplace. Both oral and written French are part of the program in order to provide the students with the skills they need to complete their internships, take their exams for registration in professional associations if they did not complete high school in Quebec, and finally practice their profession in Quebec (see Table 9).

Dialogue McGill provides financial support for these courses. It produced an annually updated [promotional document](#) that includes a [video testimonial](#) in which four students relate how these courses impacted them. During Phase 3, 187 students have taken these courses.

As part of another initiative based on a mentorship approach, 47 McGill nursing students participated in French workshops conducted in peer support groups. The [Nurse Peer Mentorship Program \(NPMP\)](#) was the topic of a presentation given during a meeting of the Retention Program partners, *Golden Share 2015*. (See Section 6.1 for details about this meeting.)

TABLE 9: MCGILL PROFESSIONAL SCHOOL STUDENTS WHO TOOK COURSES AT THE MCGILL FRENCH LANGUAGE CENTRE, BY FIELD.

Field of Study	2014-2015	2015-2016	2016-2017	2017-2018	Total
Human diet and nutrition	-	17	8	8	33
Communication sciences & disorders	-	-	6	4	10
Nursing	4	2	11	14	31
Speech-language pathology	2	1	-	-	3
Physical & occupational therapy	4	20	23	13	60
Social work	2	11	16	17	46
Medicine	1	-	-	-	1
Psychology	-	1	2	-	3
Total	13	52	66	56	187

3 Health and Social Services Community Leadership Bursaries

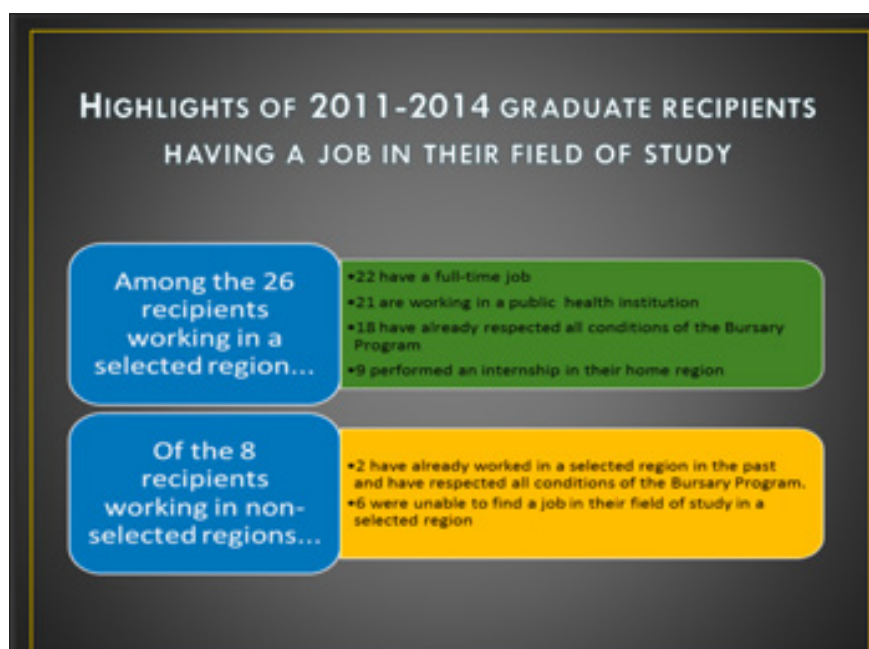
The goal of the Bursary Program is to increase the number of health and social services professionals who are capable of providing English-speaking communities with services in their own language in the regions of Quebec targeted by the Program. This is achieved by providing a financial incentive to students coming from the regions of Quebec targeted by the Program in order to encourage them to return to their region once their studies are complete. The bursaries are intended for students with sufficient knowledge of French and English who are pursuing full-time studies in the field of health and social services, outside their region (category 1) or within their region (category 2) at a government recognized educational institution. Students who receive a bursary commit to returning to or remaining in one of the regions targeted by the Program after the end of their studies to work, for one year for each bursary received, at a public health and social services institution or related organization.

Since its creation in 2011, the Health and Social Services Community Leadership Bursary Program has awarded 213 bursaries, amounting to a total of \$1,048,750. Coordinated on a regional level by the RCSSS-affiliated community networks, the Health and Social Services Community Leadership Bursary Program has attracted the participation of 13 community networks representing 10 regions. The role of the community networks is to promote the Bursary Program, evaluate candidates, ensure that students provide all requisite documents, submit the applications to Dialogue McGill, distribute the awarded amounts, ensure that recipients uphold their commitments, and find solutions should recipients fail to do so.

During Phase 3, Dialogue McGill awarded 125 bursaries under the Community Lead-

ership Bursary Program. More than 14 targeted bursaries were granted to meet specific needs (see Section 4 below). The Gaspésie-Îles-de-la-Madeleine region is the most highly represented with 36 bursaries granted in approximately equal proportion over the 4-year period. The regions of Capitale-Nationale, North Shore, Chaudière-Appalaches, and Outaouais received 18, 16, 12, and 10 bursaries respectively (see Table 11).

it important to measure the impact of the Bursary Program and to ensure that it aligned with its primary mission, namely the increase and retention of personnel capable of providing English-speaking persons with services in their own language in the various targeted regions in Quebec. Dialogue McGill therefore commissioned researcher Marie-Pierre Gagnon, Ph.D., Professor in the Faculty of Nursing at Université Laval, to conduct a biannual



Excerpt from the presentation on the impact of the Bursary Program for the 2011-2014 period

More than one third of the bursaries awarded were granted to nursing students. The other bursary recipients represent more than 20 health and social services professions (see Table 11).

3.1 Continuous assessment process

Bearing in mind the priorities set for the 2014-2018 period, Dialogue McGill found

periodic follow-up with bursary recipients and with the community networks that sponsored them, beginning with an impact assessment of the Program from its creation until 2014.

The initial assessment focused on the 60 students who had received a bursary during the 2011-2014 period. Of these 60 recipients, 49 completed the follow-up questionnaire. At that time, 41 had graduated and 8 were still pursuing their studies. Of the 41 graduates, 34 were em-

TABLE 10: HEALTH AND SOCIAL SERVICES COMMUNITY LEADERSHIP BURSARIES AWARDED BETWEEN 2014 AND 2018, BY REGION AND COMMUNITY NETWORK

Region	Community Network	2014-2015	2015-2016	2016-2017	2017-2018	2014-2018
01 Bas-Saint-Laurent	Heritage Lower Saint Lawrence	3	1	3	2	9
03 Capitale-Nationale	Jeffery Hale Community	1	4	5	8	18
04 Mauricie et Centre-du-Québec	Megantic English-speaking Community Development Corporation (MCDC)	-	-	-	3	3
05 Estrie	Townshippers' Association Inc. Estrie Region	-	2	3	4	9
07 Outaouais	Connexions Resource Centre	2	3	-	5	10
08 Abitibi-Témiscamingue	Neighbours Regional Association of Rouyn-Noranda	1	3	2	2	8
09 Côte-Nord	Coasters' Association	3	3	3	3	12
	North Shore Community Association (NSCA)	-	1	2	1	4
SUB-TOTAL		3	4	5	4	16
11 Gaspésie-Îles-de-la-Madeleine	Committee for Anglophone Social Action (CASA)	4	3	3	3	12
	Council for Anglophone Magdalen Islanders (CAMI)	3	3	3	3	12
	Vision Gaspé-Percé Now (VGPN)	3	3	2	3	11
SUB-TOTAL		10	9	8	9	36
12 Chaudière-Appalaches	Megantic English-speaking Community Development Corporation (MCDC)	2	3	3	4	12
14 Lanaudière	English Community Organization of Lanaudière (ECOL)	-	1	-	-	1
16 Montérégie	Townshippers' Association (Montérégie-East Network)	-	2	1	-	3
TOTAL		22	32	30	41	125

ployed, 26 of them in a region targeted by the Program, the vast majority in their home region. Of the 7 unemployed recipients, 4 had returned to continue their studies, 2 had changed their career path, and one person was on sick leave.

Analysis revealed that among the recipient graduates who found employment in a region targeted by the Program, the majority exceeded their commitment to work there for one year. This highlights the fact that for 95% of recipients who had not yet graduated at the time of the study and for 67% of recipient graduates, the bursary represented or has represented a major factor in their decision to stay

in or return to their regions. The analysis also highlighted the impact of internships in peripheral regions during the course of study on the students' decision to settle in their region and on the likelihood of finding employment there; it emphasized the need to establish a formalized long-term recipient follow-up process and to develop a database for regional institutions, indicating the presence of recipients in each of the regions. The results of this initial stage motivated Dialogue McGill to maintain the broad strokes of the Program in Phase 3 and to fine-tune it based on the suggested additions.

This initial assessment, entitled *Programme de bourses de McGill pour le maintien en poste – Rapport d'évaluation*, is available on the Dialogue McGill website, under Documentation Centre/Evaluations. Results were also presented at Symposium 2018. On this occasion, more was learned about the recipients' career paths, and shortcomings with respect to follow-up of graduates were highlighted. This observation will lead to the provision of enhanced instructions to community networks for Phase 4.

A comprehensive analysis of the Bursary Program's impact for the entire period 2014-2018 is not yet available. Nonethe-

less, [biannual assessments](#) confirm that we're on the right path. An overview of the impact of the Bursary Program on regional staff will not be available for another three or four years, when Phase 3 bursary recipients have graduated.

3.2 Regional directory of bursary recipients— pilot project

Dialogue McGill carried out a pilot project during the final year of Phase 3 designed to amplify the impact of the Bursary Program in terms of internships and recipient employment in peripheral regions, to inform institutions of the bursary recipients present on their staff and therefore of the resources capable of serving English-speaking patients, and to promote the bursary program among regional institutions that will ultimately benefit from this human capital and which are in a position to direct interns or students from their region to the Program. In collaboration with the MSSS, Dialogue McGill developed a *Regional Directory of Bursary Program Recipients* available online. The North Shore region was chosen for this experimental exercise being home to a large number of recipients and the respondents at the local CISSS having long been familiar with the Dialogue McGill project. The many steps that resulted in the development of the pilot version made it possible not only to fine-tune the form

and the function of the tool itself but also to determine requirements for recipient follow-up.

The Recipient Directory is designed primarily to be posted on the CISSS or CIUSSS intranet in the regions targeted by the Program. It is intended for all institution staff and human resources in particular, as they are responsible for recruiting and hiring staff. An English version is provided to the community network(s) of the region participating in the Bursary Program. Its content includes a description of the Program, its objectives, and how it operates. The Recipient Directory clearly identifies the community networks that coordinate the Program in the region, as well as the contact persons within these networks and from the CISSS. It also includes a short testimonial statement from a recipient, with a photo. Finally, the Directory displays in two separate tables a list of the region's graduate recipients currently working in the region or who are seeking employment, as well as recipients who are still pursuing their studies, who are potentially seeking an internship, and who will be seeking employment upon finishing their studies.

In the case of graduates, the table includes the recipient's name, the logo of the network that sponsored him or her, the diploma received, the educational institution attended, the year of graduation, whether or not the student completed an internship in the region, and

finally the position he or she currently occupies at a health and social services institution in the region. In the case of students who have not yet graduated, the Directory includes their names, the logo of each student's sponsor network, their study program, the level, the educational institution, the expected graduation year, and finally whether the student is currently completing or has already completed an internship in the region. The Directory will be updated annually, in the fall.

The pilot version of the Directory is posted since June 2018 on the North Shore CISSS intranet. The person in charge of the English services Access Program and the person in charge of communications are tasked with follow-up. In the spring of 2019, the tool will be extended to two other regions. In Phase 4, all regions targeted by the Health and Social Services Community Leadership Bursary Program will have their own Directory of Bursary Program Recipients for promotion and recruitment purposes.

TABLE 11: HEALTH AND SOCIAL SERVICES COMMUNITY LEADERSHIP BURSARIES AWARDED BETWEEN 2014 AND 2018, BY REGION AND FIELD OF STUDY

Field of Study	01 Bas-Saint-Laurent	03 Capitale-Nationale	04 Mauricie et Centre-du-Québec	05 Estrie	07 Outaouais	08 Abitibi-Témiscamingue	09 Côte-Nord	11 Gaspésie-Îles-de-la-Madeleine	12 Chaudière-Appalaches	14 Lanaudière	16 Montérégie	TOTAL
Audiology	-	-	-	-	1	-	-	-	-	-	-	1
Biomedical analysis	-	-	-	-	-	-	1	-	-	-	-	1
Criminology	-	-	-	-	-	-	-	2	-	-	-	2
Dentistry and dental hygiene	-	1	-	-	-	1	-	1	-	-	-	3
Environmental determinants of health	-	-	-	-	-	-	1	-	-	-	-	1
Special education	-	-	-	1	-	-	1	1	-	-	-	3
Occupational therapy	-	-	-	-	-	2	-	3	-	-	-	5
Youth intervention	-	-	-	-	-	-	-	1	-	-	-	1
Kinesiology	-	-	-	-	-	-	1	1	-	-	-	2
Medicine	3	5	-	-	1	-	1	-	-	-	-	10
Microbiology & immunology	-	-	-	-	1	-	-	-	-	-	-	1
Nutrition	-	1	-	-	-	-	2	-	-	-	-	3
Speech-language pathology	1	-	-	-	-	-	-	-	-	-	-	1
Pharmacy	-	2	-	-	-	-	2	-	-	-	-	4
Physical therapy	-	-	-	-	-	-	-	-	2	-	1	3
Psychoeducation	-	-	1	-	-	-	-	-	2	-	-	3
Psychology	-	1	-	1	-	-	-	5	1	-	-	8
Radiology	-	1	1	-	-	-	-	1	-	-	-	3
Community health	-	-	-	-	-	-	-	1	-	-	-	1
Home care	-	-	-	-	-	-	-	-	1	-	-	1
Pre-hospital emergency care	-	-	-	-	-	-	-	1	1	-	-	2
Nursing	1	6	1	6	7	3	4	15	3	1	2	49
Diagnostic imaging techniques	-	1	-	1	-	2	1	4	1	-	-	10
Social work	4	-	-	-	-	-	2	-	1	-	-	7
TOTAL	9	18	3	9	10	8	16	36	12	1	3	125

4 Targeted Bursaries

Wide-ranging, the Health and Social Services Community Leadership Bursary Program is aimed at all future service providers who come from the regions targeted by the Program and are capable of providing services to the English-speaking communities of Quebec in their own language. However certain gaps in human capital deserve special attention. Bearing this in mind, Dialogue McGill developed a targeted Bursary Program in 2015-2016, intended for students enrolled in fields determined to be problematic with respect to access to services in English.

4.1 Situation in Laval— A key precedent

The AGAPE community network, having long been aware of the gaps in mental health services available in English in Laval, a region not selected for the regular bursary program, submitted the project entitled *Laval Targeted Bursary*, for the purpose of providing financial support to

mental health students who commit to returning to Laval to work for one year. AGAPE worked closely with the McGill School of Social Work to identify students whose profile corresponded to the bursary requirements and to make it easier for these students to get internships at Laval health and social services institutions. Three out of the four recipients now work full-time in Laval and the fourth remains in school. These results led Dialogue McGill to integrate the Targeted Bursary Program into the Phase 4 activities.

4.2 Speech-language pathology student bursaries—A targeted response to a glaring shortfall

Linguistic minority access to speech-language therapy often is particularly problematic, and lack of resources in this field was determined to be severe in most regions of Quebec outside of Montreal.

This dearth of personnel was emphasized by both community networks and health and social services institutions. Against this backdrop, the Speech-Language Pathology Student Bursary Program granted four bursaries to students capable of intervening in both English and French, enrolled full-time in the master's (applied) program at the McGill School of Communication Sciences and Disorders. The students commit to staying in Quebec after successfully completing their studies to work at a public health and social services institution or at a related organization for a minimum of one year for each bursary received. It is still too early to measure the impact of these bursaries; the first two recipients are currently finishing their studies. Depending on the needs identified, other courses of study may be offered targeted bursaries.

5 The Digital Library—Sharing Resources

Bearing in mind the goal of ensuring that all Dialogue McGill partners can benefit from each other's experiences and wishing to avoid funding the development of redundant promotional tools, Dialogue McGill created the [Digital Library over the course](#) of 2014-2018. It consists of a collection of items and digital resources produced by the community networks and other Retention Program partners. It compiles informational and promotional material of various types: texts, images, documents, and more. Based on a content management system hosted by McGill

University, the Library enables various operations, such as long-term organization of information, retrieval of information, advanced searches, and importing and exporting documents.

The Dialogue McGill Digital Library also creates a space for exchange and collaboration among its users. It is accessible to our partners, and their members have access which allows them to view or modify its contents and to add or remove information, depending on the member's role and responsibilities.

The Library will enable our partners to develop low-cost promotional and informational material by eliminating the need to "reinvent the wheel" in each region. It will provide a platform for collaboration and an exchange of ideas. It will boost efficiency and ensure that the funds granted will have a tangible impact.

6 Meetings with Partners—Pivotal Moments

Dialogue McGill brought together its Retention Program partners in Montreal on two separate occasions during the 2014-2018 period.

6.1 Golden Share 2015— Building on a solid foundation

The first meeting took place on November 18, 2015. The goal was to bring together education and community sector partners from the Retention Program for the purpose of pooling experiences and achievements. The event, which took place in the Faculty Club at McGill University, was attended by 65 representatives from community networks, cegeps, McGill professional schools, regional networks, and school boards. To conclude the day's events, the community networks were invited to draw inspiration from the presentations given and to design projects that could be added to ongoing ones and that would directly contribute to achieving the goals of the Retention Program, i.e. to in-

creasing the presence of English-speaking professionals in the Quebec health and social services network.

[Projects](#) presented by 15 community networks across Quebec were funded this way. Known as *Golden Share* projects, they are a direct result of this meeting, including an exchange between partners, a transfer of experiences, and a sharing of best practices.

EXAMPLE 1: REGIONAL CATALOGUE OF CAREER OPPORTUNITIES

From among these 15 projects, we would like to highlight the project led by the Townshippers' Association. One of the dimensions of the Retention Program is promoting careers in health and social services to young English speakers. Bearing this in mind, the Townshippers' Association produced and distributed a catalogue of career options in health and social services that includes a wealth of information: a description of duties, required skills, education programs, and job prospects. The catalogue is available on

the [Townshippers's Association](#) website. It is also distributed at job fairs and other events attended by young people. Other community networks have followed suit, adopting this initiative in their region. This document has received widespread praise for its excellent quality, and our French-speaking partners have requested a French version.

Dialogue McGill strongly encourages exchange among its partners. Sharing best practices, adopting them, fine-tuning them, enhancing them—this is what allows each entity to avoid reinventing the wheel and reduces the risk of funding the same initiative twice. In that respect, the meetings with partners during Phase 3 played a key role.

EXAMPLE 2: THE HEALTH CARAVAN PROJECT

This is another example of a project resulting from the *Golden Share* meeting, launched by the 4Korners community network and John Abbott College. The Health Caravan is made up of third-year John Abbott College students enrolled in the nursing, dental hygiene, pre-hospital emergency care, and youth and adult correctional intervention programs. The goal of the project is to provide students with the opportunity to become familiar with the English-speaking communities outside of Montreal. The Caravan visited eight locations including Lachute, Gore, Kanusetake, and Arundel. Under the supervision of professionals in each of their fields, the students responded to health questions and identified health problems, such as an irregular heartbeat or high blood pressure.



Golden Share Conference 2015— A meeting of Retention Program partners



*The Health Caravan in action
Photo: John Abbott College*

EXAMPLE 3: INTERNSHIPS IN SPEECH-LANGUAGE PATHOLOGY

We also wish to highlight the work of the Vision Gaspé-Percé Now (VGPN) community network, which fostered the creation of an internship in speech-language pathology at the Gaspésie CISSS for students of the McGill School of Speech-Language Pathology. After three years of sustained efforts by the head of retention at VGPN to establish a connection between the CISSS human resources department and the head of internship coordination for

McGill's Speech-Language Pathology Program, the first student started the highly-anticipated internship in winter 2018. Now the stage is set for the continuation of this internship and for a potential offer of employment.

[The meeting's agenda and main presentations](#) are posted on the Dialogue McGill website.

6.2 2018 Symposium— Day 2—A Short Walk to Phase 4

The second meeting of the Retention Program partners took place on February 2, 2018, following the February 1 meeting that brought together the CISSS and CIUSSS respondents from the Language Training Program. By organizing the two events in this way, Dialogue McGill ensured that not only its Retention Program partners were present for the February 2 events, but also its health and social service network partners, who are likewise affected by the Retention Program activities. Though the retention projects (internship creation, bursary programs, etc.) are indeed derived from educational institution and community network project proposals, they directly

impact health institutions and are dependent on the support of these institutions.

This event, entitled A Short Walk to Phase 4, was attended by over 80 people and was meant to serve as a bridge between the results of the 2014-2018 period and the orientations set for the next years. It was a forum for all partners to express and exchange ideas and to be on the same page as we embark on the next phase. Thanks to Dialogue McGill's longstanding presence, our organization can rely on strong and well-functioning partnerships and on proven tools to measure the effectiveness of its programs and the impact of partner funding. After having developed the tools enabling us to standardize our programs and measure their results, it became clear that the next step going forward was to orient our efforts and our strategies towards the direct impact of funded projects on the services, such as the integration of acquired language skills into the workplace and the hiring and retention of graduates.

[The meeting's agenda and main presentations](#) are posted on the Dialogue McGill website.

2014-2018 MEASURE 2 HIGHLIGHTS – RETENTION PROGRAM

- Restructuring the Internship Creation Support Program
- 224 financially supported internships
- 290 cegep students in health and social services enrolled in French courses for professional purposes
- 187 students from McGill's professional schools enrolled in French Language Centre courses geared to their professional needs
- 125 bursaries awarded as part of the Health and Social Services Community Leadership Bursary Program whose recipients committed to remaining in or returning to the region for at least a year to work at the end of their studies
- A Regional Directory of Recipients of the Health and Social Services Community Leadership Bursary Program posted on the institutional intranet for staff to encourage recruitment of bursary recipients in the region
- Creation of targeted bursaries to meet specific shortfalls
- Creation of a Digital Library to provide partners with various promotional tools or others developed as part of previous projects and to promote partner exchange
- Digitization of self-study workbooks to make them available to cegep ESL teachers for professional purposes
- Two meetings bringing together Retention Program partners, the Dialogue McGill Montreal team, and various stakeholders

MEASURE 3

**RESEARCH
DEVELOPMENT
PROGRAM**

By providing data and measurement tools, the Research Development Program constitutes Dialogue McGill’s scientific anchor. During the 2014-2018 period, particular attention was paid to disseminating the work accomplished by the research team and supporting the next generation through a fund dedicated to students interested in pursuing research in the field of health and language.

1 **Toward a Global Understanding of the Central Role of Language in Promoting Both Physical and Mental Health**

Over the course of 2014-2018, Dialogue McGill funded 32 research projects in partnership with 10 organizations: Bishop’s University, Université du Québec à Chicoutimi, Université Laval, Concordia University, McGill University, Université du Québec en Abitibi-Témiscamingue, Université de Montréal, Sainte-Justine Hospital Centre, Université de Montréal Hospital Centre, and Quebec’s National Public Health Institute. (See Table 12) All projects concern the relationship between language and access to health and social services. The work of the research

team contributes to and supports the activities of Dialogue McGill and measures its results.

The Research Development Program ensures that mental health is the subject of as much attention as physical health due to the critical importance that linguistic sensitivity has in the treatment and diagnosis of mental disorders in a multilingual and multicultural context. Recently-funded projects include *The development of a toolkit and roadmap in cultural competency* (principal investiga-

tor: Cecile Rousseau, Psychiatry, McGill University) and *The language of suicide in emergency psychiatry* (principal investigator: Eric Jarvis, Psychiatry, McGill University and Jewish General Hospital).

It should also be noted that an assistant researcher was hired as a valuable addition that anchored all the activities of the Research Development Program and concentrated responsibilities with respect to conference organization, calls for projects and follow-up, etc.

2 **Ensuring the Sustainability of Research Findings Through Student Support**

The Language and Health Student Program, administered by the Institute for Health and Social Policy, offers a unique opportunity to combine the expertise of researchers from the Dialogue McGill Research Development Program and the Health Care Access for Linguistic Minorities Network (HCALM-Network) with the willingness of the IHSP to translate research findings into programs and policies. Its goal is to support, train, and encourage the next generation of researchers who aspire to change things in their communities by pursuing careers as researchers in language and health and social services.

One of the objectives of this partnership is to encourage research on new and innovative ways of facilitating access to healthcare for English-speaking minorities in Quebec by offering support through mentorship, training, and financial aid to students not affiliated with the Institute. Another objective is to equip students who are interested in access to healthcare for linguistic minorities with tools and techniques to put them in contact with other researchers and with the community in general, through training on health systems, the policy process, and application of knowledge.

Over the course of the 2014-2018 period, the program funded 15 student projects. The program maintains close relationships with the established network of researchers and demonstrates its strong interdisciplinary focus by attracting students from all areas of biomedical sciences, social sciences, and humanities. The program, which welcomed its fifth cohort in 2017-2018, has experienced significant growth with respect to the number of research projects submitted, making it possible to build on the ongoing efforts made to date.

3 Toward an International Network

Associated with the McGill Institute for Health and Social Policy (IHSP), the Health Care Access for Linguistic Minorities Network (HCALM-Network) constitutes the research branch of Dialogue McGill. The work of this interdisciplinary and interinstitutional community of researchers is part of a growing movement that aims to better understand the issue of communication between practitioner and patient, as well as its impact on providing healthcare and social services.

International conferences organized by the HCALM-Network attract a community of researchers from different countries in a variety of disciplines (psychiatry, linguistics and translation, gerontology, nursing, philosophy, speech-language pathology, psychology, sociology, anthropology, geography, and history). These researchers are affiliated with institutions in Quebec (McGill, Concordia, U de M, UQAM, Bishop's, Laval), in Canada (York, Carleton, Vancouver Community College) and abroad (Chicago, Copenhagen, Washington, Alaska) that regularly meet to share their knowledge on the subject of language and health.

These conferences make the Research Development Program a centre at the cutting edge of research and a leader from a theoretical, conceptual, and methodological standpoint. They also provide opportunities for the network to have worldwide access to advanced research in the field whether it be, for example, research conducted on the nature and basis of medical consent at the University of Copenhagen or research on the bioethics of medical interpretation for patients with hearing loss, based at Gallaudet University in Washington, D.C.

Over the course of 2014-2018, the HCALM-Network organized two international conferences. The first, in 2016, was called *Language and Health—Ethical and Policy Issues*. This 2-day conference in Montreal brought together more than 50 researchers from different countries. It should be noted that this international conference was preceded by a day of exchange and presentations among researchers in Quebec centered on the findings of research conducted as part of the McGill Research Development Program. Speakers from McGill, Université Laval, UQAT, UQAC, Université de Montréal, Concordia University, and Bishop's University attended.

A second international conference took place in Montreal from September 28 to 30, 2017 on the same theme, [Language](#)

[and Health—Ethical and Policy Issues](#), with a special focus on consent this time. Each of the 3 conference days brought together an average of 50 participants.

All such conferences represent a step toward creating an international network where researchers can share notes and best practices in order to promote the opening up of research on language and health worldwide. This will constitute the main orientation of the Research Development Program for the next phase.



Researchers from the HCALM team during the *Language and Health – Ethical and Policy Issues* conference back in June 2016: Back row, left to right: James Falconer, Jan Wamke, Stéphanie Lapointe, Christen Rachul, Carleton University (participant), Alessandra Miklavcic, Mohammed Reza Abdolrahimpour, Parisa Safaei, Andrew Ryder, Nathalie Auger Front row, left to right: Zoua Vang, Beverly Baker, Shahrzad Saif, Duncan Sanderson, Norman Segalowitz

TABLE 12: FUNDED RESEARCH PROJECTS 2014-2018

PRINCIPAL INVESTIGATOR	CO-INVESTIGATOR	PROJECT TITLE
2017-2018		
Cheryl Gosselin • <i>Bishop's University</i>	Duncan Sanderson • <i>Bishop's University</i>	Difficulties Experienced by Caregivers of English-Speaking Seniors in Quebec
Norman Segalowitz • <i>Concordia University</i>		Second Language Barriers in Health Communication
Cecile Rousseau • <i>McGill University</i>	Ana Gómez-Carrillo • <i>McGill University</i> G. Eric Jarvis & Laurence J. Kirmayer • <i>McGill University, Jewish General Hospital</i> Janique Johnson-Lafleur • <i>SHERPA Research Centre, CIUSSS West-Central Montréal</i>	Development of an interactive web-delivered cultural competence roadmap toolkit (CCRT)
Andrea Brabete • <i>Université de Montréal</i>	Bilkis Vissandjee • <i>Université de Montréal</i>	Intersections of Sexual Orientation, Missing Data and Language Preference in The Canadian Community Health Survey: Spotlight on the English-Speaking Women and Men in Quebec
Andrea MacLeod • <i>Université de Montréal</i>	Natacha Trudeau • <i>Université de Montréal, CHU Ste-Justine</i>	"Just-in-time" training for speech-language pathologists to assess developmental language disorders among bilingual English-speaking children in a minority language context
Nathalie Auger • <i>INSPQ, Université de Montréal</i>	Marianne Bilodeau-Bertrand • <i>INSPQ</i>	Seeking a better understanding of why Anglophones have a higher stillbirth rate than Francophones in Quebec
Eric Jarvis • <i>McGill University</i>	Andrew G. Ryder • <i>Concordia University</i> Judy E. Glass • <i>McGill University, Jewish General Hospital</i>	The Language of Suicide in the Emergency Psychiatry Department
Elham Rahme • <i>McGill University</i>	Kaberi Dasgupta • <i>McGill University, MUHC</i>	Access to care in physical and mental health in English versus French speaking individuals in 2010-2015 in Quebec.
2016-2018		
Marie-Hélène Vandersmissen • <i>Université Laval</i>	Jan Warnke • <i>Université Laval</i>	Visualisation et analyse spatiale de l'accès aux services et aux professionnels de la santé en langue anglaise après la réforme du système de santé de la Loi 10
Srividya Lyer • <i>McGill University, Douglas Institute</i>	Diane Aubin • « <i>Dans la rue</i> » Mary Anne Levasseur • <i>PEPP-Montreal</i> Cécile Arbaud • « <i>Dans la rue</i> » Amal Abdel-Baki • <i>Université de Montréal</i> Manuela Ferrari • <i>McMaster University</i>	Mental Healthcare and Related Allied Service Access by Anglophone Homeless Youth
Eric Jarvis • <i>McGill University, Jewish General Hospital</i>	Laurence J. Kirmayer, Judy E. Glass & Khalil W. Geagea • <i>McGill University, Jewish General Hospital</i> Andrew G. Ryder • <i>Concordia University</i>	Pathways to Follow Up Care for Language Minority Patients After First Presentation to Emergency Psychiatry Services
Laurence Kirmayer • <i>McGill University, Jewish General Hospital</i>	Fahimeh Mianji • <i>McGill University</i>	Mental Health Care for Linguistic Minorities: Improving Access and Quality of Care for Farsi-speaking Newcomers in Quebec
Zoua Vang • <i>McGill University</i>	Robert Gagnon • <i>McGill University</i>	Pregnant, Isolated and Depressed: Linguistic and Cultural Barriers to Good Perinatal Mental Health among Aboriginal Medical Evacuees in Montreal
Nathalie Auger • <i>INSPQ, Université de Montréal</i>	André Costopoulos • <i>McGill University</i>	Longitudinal follow-up study of pregnancy outcomes in Francophones and Anglophones, Quebec, Canada
2016-2017		
Suzie Beaulieu • <i>Université Laval</i> Shahrazad Saif • <i>Université Laval</i>	Leif French • <i>Sam Houston State University</i>	Exploring the application of linguistic corpora for second language (L2) training of health professionals Enhancing the English language content of university nursing programs in Quebec: Needs assessment, training and evaluation

MEASURE 3 – RESEARCH DEVELOPMENT PROGRAM

Cheryl Gosselin • <i>Bishop's University</i>	Duncan Sanderson • <i>Bishop's University</i>	Difficulties Experienced by Caregivers of English-Speaking Seniors in Quebec
Andrea MacLeod • <i>CHU Ste-Justine, Université de Montréal</i>	Natasha Trudeau • <i>Université de Montréal</i>	Assessing developmental language disorders among bilingual English-speaking children in a minority language context
2015-2018		
Cheryl Gosselin • <i>Bishop's University</i>	Duncan Sanderson • <i>CHSSN</i> Jan Warnke • <i>Université Laval</i>	Difficulties Experienced by Caregivers of Elderly English-speakers in Quebec
Eric Jarvis • <i>McGill University, Jewish General Hospital</i>	Laurence J. Kirmayer & Khalil Geagea • <i>McGill University</i> Andrew Ryder • <i>Concordia University</i>	Language Barriers in Critical Settings: Phase 2. The Experience of Patients, Families, and Clinicians in Inpatient Psychiatry Wards
Andrea MacLeod • <i>CHU Ste-Justine, Université de Montréal</i> Shahrazad Saif • <i>Université Laval</i> Zoua Vang • <i>McGill University</i>	Natasha Trudeau • <i>Université de Montréal</i>	Language difference or disorder? Assessing developmental language disorders among bilingual English-speaking children in a minority language context English language demands of the university nursing programs in Quebec and their relationship to nurses' preparedness for the 'Practice of the Profession' The Perinatal Health Care Needs of English-speaking Aboriginal Women in Québec: A Pilot Study
2014-2016		
Nathalie Auger • <i>INSPQ, Université de Montréal</i>	Andre Costopoulos • <i>McGill University</i>	Evaluating inequalities in birth rate and infant mortality between Francophones and Anglophones in Quebec
Beverly Baker & Maria-Lourdes Lira-Gonzales • <i>University of Ottawa, Université du Québec en Abitibi Témiscamingue (UQAT)</i>	Michel Laurier • <i>University of Ottawa</i> Carolyn E. Turner • <i>McGill University</i>	Dissemination and validation of an online ESL formative assessment tool for Quebec nurses
Leif French • <i>Université du Québec à Chicoutimi (UQAC)</i>	Suzie Beaulieu • <i>Université Laval</i>	Phase 1: Creating Linguistic Corpora for Second Language (L2) Training of Health Professionals Phase 2: Validating the Application of Linguistic Corpora for Second Language (L2) Training of Health Professionals
Eric Jarvis • <i>Jewish General Hospital, McGill University</i>	Laurence J. Kirmayer & Judy Glass • <i>McGill University</i> Andrew Ryder • <i>Concordia University</i>	Language Barriers in Critical Settings: Phase 1. The Experience of Patients and Clinicians in the Emergency Department
Andrew Ryder • <i>Concordia University, St-Mary's Hospital</i> Norman Segalowitz • <i>Concordia University</i>	Norman Segalowitz • <i>Concordia University</i> Nathalie Dinh • <i>St-Mary's Hospital</i> Andrew Ryder • <i>Concordia University</i> Maria-Lourdes Lira-Gonzales • <i>Université du Québec en Abitibi Témiscamingue (UQAT)</i>	Communication Networks of Linguistic Minorities: Who Talks to Whom About Health? Assessing Second Language Barriers In Health Communication
2014-2015		
Cheryl Gosselin • <i>Bishop's University</i>	Duncan Sanderson • <i>CHSSN</i> Jan Warnke • <i>Université Laval</i>	The Comparative Strength of English-speakers' Social Networks in Quebec Context
Amélie Quesnel-Vallée • <i>McGill University</i>	James Falconer • <i>McGill University</i>	Supplementary Health Insurance Among Anglophone Minorities
Marie-Hélène Vandersmissen • <i>Université Laval</i>	Jan Warnke • <i>Université Laval</i>	Analyse des facteurs associés à l'utilisation des établissements régionaux bénéficiaires du Projet de formation et de maintien en poste des professionnels de la santé de McGill

4 Knowledge Transfer

Apart from the international conferences, over the course of the 2014-2018 period knowledge transfer activities encouraged the participation of all Research Development Program partners, and it is the research associate of the HCALM-Network who took the lead in forming these collaborative relationships.

Some examples of these activities include participation in a conference on the multidisciplinary approaches in terms of language policy and planning; coordination of a course delivered by guest speakers for students receiving research grants; and participation as a member of the University of Ottawa Language Management Interdisciplinary Research Group.

The Research Development Program team also took part in the second Science Colloquium on the Health of Canada's Offi-

cial Language Minority Communities on February 27 and 28, 2017 in Ottawa. On this occasion, 8 of the 39 presentations were given by current or past members of the HCALM-Network, including 2 students. The network's research associate participated in the Action Table Report entitled *Improving Mental Health Service Planning for IRER Populations*, an event organized by the Mental Health Commission of Canada (March 28-29, 2017) during which links were forged between researchers from Quebec and other provinces. Also of note was the participation of the research associate in conferences on ethics and the provision of healthcare to minorities at the Institute of Ethics, History and Theory of Medicine of the Ludwig Maximilian University in Munich (2015) and on medical epistemology issues at the University of Cologne (2017). An article, also by the research associate, following the conference in

Munich, will be published in the *Bioethics* journal entitled "Language Barriers and Epistemic Injustice in Healthcare Settings" (vol. 32, number 6, July 2018). Finally, it should be noted that [Issue 6 of the Dialogue McGill newsletter](#) (winter 2017) presented the work of the HCALM-Network.

In the coming years, 2018-2023, a priority of this component will be funding for the application and production of what has been developed in the research projects.

5 Language Proficiency Profiles for Quebec Nurses Using Professional English in a Francophone Environment

Submitted in 2011 to the MSSS-McGill joint committee, the project was entrusted to Dialogue McGill with the goal of establishing a threshold of language proficiency that guarantees effective and safe communication between nurses and English-speaking patients, using a valid and reliable tool to assess the English-speaking skills of the nurses, and to determine the language needs of these nurses with respect to training and to the development of training materials. First of all, three levels of competency were identified for reference purposes and an initial Survey Questionnaire was drafted to confirm the relevance of the tasks (83) accomplished by nurses in English.

In 2014, more than 350 members of the Ordre des infirmières et infirmiers du Québec [Quebec Order of Nurses] filled out the questionnaire. The respondents validated the proposed tasks and brought forth a significant number of additional examples. The results also confirmed the choice to delay the development of competency levels for written comprehension and expression. Subsequently, the research team proceeded to finalize the Survey Questionnaire (Q2) intended, this time, for English-language trainers in healthcare, specifically for nurses.

In 2016-2017, the research team completed the necessary procedures with

respect to choosing and developing expert judges. From January to late March 2018, the research team proceeded to validate the Survey Questionnaire (Q2). The profiles are now complete. In its final phase, the Survey Questionnaire (Q2) includes 119 indicators for Oral Comprehension and 141 for Oral Expression.

The second phase of the project pertains to the development of language proficiency tests in Oral Comprehension and Oral Expression. The drafting of the reference framework is completed. The tests should be developed by late March 2020.

6 Online ESL Self-Assessment Software

Accessible since the spring of 2018 on the Dialogue McGill website, the ESL self-assessment tool called [Serving Your Patient Better!](#) was created for Quebec’s nursing personnel.

The purpose of this ESL learning software is to make nurses aware of linguistic accuracy and proficient communication

in healthcare settings, as well as encourage their listening abilities. It will address the needs of intermediate level learners. Composed of different scenarios from the workplace, it proposes in each case multiple choices of statements to listen to and from among which the learner chooses the appropriate and grammatically correct one. The approach

is both practical and fun. Its author, Beverly Baker (Director, Language Assessment and Associate Professor, Official Languages and Bilingualism Institute (OLBI), at the University of Ottawa) is a member of the HCALM-Network that created the software.

Homepage of the ESL self-assessment tool

2014-2018 MEASURE 3 HIGHLIGHTS—RESEARCH DEVELOPMENT PROGRAM

- 32 research projects in partnership with 10 universities and research centres
- Hiring of an associate researcher ensuring coordination of all activities
- 15 projects funded as part of the Language and Health Student Program
- 2 international conferences
- Development of language proficiency profiles for Quebec nurses using professional English in a French-speaking environment
- Creation of online ESL self-assessment software

CONCLUSION

SUMMARY AND VISION

The 2014-2018 period promoted the development of actions intended to refocus Dialogue McGill on its primary mission, namely to help in providing and maintaining an additional workforce sufficiently capable of offering healthcare and social services in English. It will be recalled that, this included refocusing the Language Training Program toward a standardized, quantifiable, results-oriented approach; the development of language proficiency profiles by our network of researchers; the measurement of the impact of support on the creation of internships; the creation of targeted bursaries to address glaring shortfalls; and the addition of the Regional Directory of Recipients of the Health and Social Services Community Leadership Bursary Program, which will strengthen the participation of health and social services institutions in the hiring and retention of bursary recipients in their home region.

Special efforts were also made to give educational institutions their rightful place as a central part of Dialogue McGill. In terms of language training, this

entailed promoting funds for educational institutions to provide specialized language training to health and social services students and reinforcing awareness of these measures within institutions. It also included entrusting the coordination of creating internships for retention purposes to institutions going forward. These efforts will be intensified over the course of the next period.

There was greater follow-up on the many projects that fell under Dialogue McGill's responsibility in Phase 3: the questionnaires submitted to learners involved in the *Anglais Santé* program, as well as telephone or on-site meetings with respondents in each region of Quebec; and follow-up on the recipients of the Bursary Program and interns who received financial support.

During the 2018-2023 period, Dialogue McGill will prioritize measuring its actions and results. Similarly, there will be a continued focus on digitizing its tools online and refining assessment practices. The research development component will

play an important role in developing tools to underpin this work. As for language training, increased efforts will be made in terms of knowledge transfer in the workplace.

This experience strengthens our conviction that it is from young people from the different regions in Quebec that will come the complement of health and social services capable of providing services to all English-speaking communities in their own language. "Capitalize on Regional Strengths" are the buzz words of the Bursary Program promotional tools. In its Phase 4, Dialogue McGill intends to provide these young people with the tools they need to contribute, as health and social services professionals, to the vitality of the English-speaking population in Quebec.

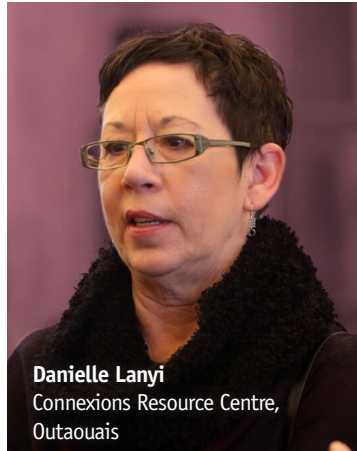
AMONG DIALOGUE MCGILL PARTNERS 2014-2018



Carole Gravel
English Community of Lanaudière



Ursula Naked Cabral
Collective Community Services, Montreal



Danielle Lanyi
Connexions Resource Centre,
Outaouais



Fatha Gatre Guemiri
East Island Network for English
Language Services, Montreal



Helena Burke
Council for Anglophone Magdalen Islanders,
Gaspésie-Îles-de-la-Madeleine



Fay Gallon and Cathy Brown
Committee for Anglophone Social Action,
Gaspésie-Îles-de-la-Madeleine



Katherine Quast
Assistance and Referral Centre, Montérégie



Jody Lessard
North Shore Community
Association, Côte-Nord



Jessica Synnot
Vision Gaspé-Percé Now,
Gaspésie-Îles-de-la-Madeleine



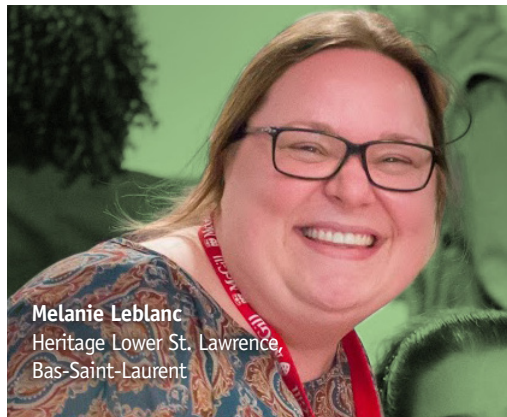
Ian Williams
AGAPE, Laval



Rachel Hunting
Townshippers' Association-Estrie



Lorale Bromby
African Canadian Development Prevention Network,
Montreal



Melanie Leblanc
Heritage Lower St. Lawrence,
Bas-Saint-Laurent



Kimberly Buffitt
Coasters Association, Côte-Nord

AMONG DIALOGUE MCGILL PARTNERS 2014-2018



Annabelle Cloutier
Jeffery Hale Community Partners,
Capitale-Nationale



Sharleen Sullivan
Neighbours Regional Association
of Rouyn-Noranda,
Abitibi-Témiscamingue



Stephanie Helmer
4Korners Family Resource Centre,
Laurentides



Annie Vienney
CISSS de l'Abitibi-Témiscamingue



François Tousignant
CISSS de l'Abitibi-Témiscamingue



Émilie Bergeron
CISSS de la Montérégie-Centre



Chantal Sergerie
CISSS du Bas-Saint-Laurent



Julie Chrétien
CISSS de la Montérégie-Ouest



Jean-François Cassivi
CISSS de la Gaspésie



Ryan Moon
Cégep à distance



Douglas Brown
John Abbott College



Effie Dracopoulos
School of Continuing Studies,
McGill University



Liliane Assaraf-Pasin
School for Occupational and Physical Therapy,
McGill University



Lia Sanzone
Ingram School of Nursing, McGill University



Nadine Wielgopolski
School of Continuing Studies, McGill University



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TRAINING AND RETENTION OF HEALTH PROFESSIONALS PROJECT