

LANGUAGE TRAINING PROGRAM

Report on interviews with Health and Social Services Network Respondents

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INTRODUCTION

The government of Canada is about to announce a new Official Languages Action Plan for the period beginning April 1st, 2018 and ending March 31st, 2023. The Health Canada¹ Official Languages Health Program falls under the government of Canada's Official Languages Action Plan, which is the responsibility of Canadian Heritage.

At the end of the summer of 2016, Health Canada launched an online consultation with Canadians to gather their opinions on the current program and on the future direction of the program. This consultation and the report on the evaluation of the Official Languages Health Program are the base materials used by Health Canada to establish the foundations for renewal in the 2018 to 2023 period².

The Dialogue McGill Language Training Program, a training and retention of health professionals program by McGill University, is one of the key initiatives financed by Health Canada as part of an Official Health Languages Contribution Program. This program is unique, and according to Professor Nancy Ross, Associate Vice Principal, Research and Innovation at McGill University, it constitutes a model of social innovation that contributes to the well-being of the English-speaking population of Quebec. To our knowledge, there are no other programs anywhere in the world that are as large in scale and as far-reaching as this McGill University program, which aims to reinforce the language abilities of health professionals in order to provide services in a language other than that of the majority of the population. It is also a unique model of collaboration between an institution of higher learning and two levels of government to improve services for a minority language population.

Article 15 of the Act Respecting Health Services and Social Services of Quebec acknowledges the right of English-speakers to receive health services and social services in English (Appendix A).

The objective of the Health Canada program is to reduce barriers to access to health services related to language. Several studies have shown³ that barriers due to language increase risks for patients, for the health system and for health professionals and also contribute to a lower quality of service than that offered to the majority population.

In the spring of 2017, the Dialogue McGill management team wanted to take advantage of the Program's current pre-renewal period to identify lessons learned during implementation of the Language Training Program over the past few years and see what improvements they could make to it for the next five years.

The Dialogue McGill management team had already noted a marked drop in the number of enrolments in the Language Training Program over the past few years. During this same period, McGill had also noted that it was more difficult to ensure follow-up with respondents due to a high turnover rate. By launching this project of interviewing respondents, the management team sought to better understand the situation while aiming to improve the Program for spring 2018.

It is with this aim in mind that the Dialogue McGill management team wanted to take advantage of the knowledge and experience of respondents who were responsible for language training at the Centres intégrés de santé et de

¹ 2017-2018 Departmental Plan, Health Canada, section 1.3 (<https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/report-plans-priorities/2017-2018-report-plans-priorities.html#a613f>).

² The evaluation report on the Official Languages Health Contribution Program for the period from 2013 to 2015 is not yet available. Report for the period from 2008 to 2012. (<https://www.canada.ca/en/health-canada/corporate/about-health-canada/accountability-performance-financial-reporting/evaluation-reports/evaluation-official-languages-health-contribution-program-2008-2012.html>).

³ Language Barriers in Access to Health Care, Sarah Bowen, November 2001.

services sociaux (CISSS) or Centres intégrés universitaires de santé et de services sociaux (CIUSSS) in Quebec⁴. These respondents play an essential leading role in the implementation of the Language Training Program. They are the key stakeholders between McGill University and the health and social services professionals enrolled in English training adapted to their work environment.

In collaboration with the Ministère de la Santé et des services sociaux (MSSS), the Language Training Program management team formulated a questionnaire intended to guide the interviews with language training respondents responsible for language training at CISSSs.

This report presents the results of 13 interviews with respondents carried out in the months of May and June of 2017.

1. LANGUAGE TRAINING PROGRAM CHARACTERISTICS

The objective of the Dialogue McGill Language Training Program is to enable the Quebec health and social services network to improve its ability to provide services in English to meet the needs of the English-speaking population.

It has three components:

- Professional development English courses intended for French-speaking network staff wishing to improve their English language skills in order to be able to respond in an adequate fashion, in English, to English-speaking clients from Quebec;
- Professional development French courses intended for English-speaking stakeholders to improve their ability to communicate within the health and social services network, in which the working language is French;
- Supporting activities for instructors and learners.

As part of the English language training component of the current phase of the Project, the McGill University School of Continuing Studies (SCS), designed and implemented a series of English courses intended for health and social services professionals entitled “Anglais Santé.” The program comprises eight instructional levels (Beginner 1, 2 and 3, Intermediate 1, 2 and 3, and Advanced 1 and 2). Each level consists of 24 online course hours and 16 hours of conversation available in a traditional or a virtual classroom setting.

These courses were designed to respond to the needs of three professional sectors (health, social services and administration⁵) with respect to the development of English language skills for professional development. Passing Advanced 1 and 2 levels leads to the awarding of a professional development certificate.

⁴ To simplify the reading of the report, we will use the designation CISSS to refer to both CISSS and IUHSSC.

⁵ To be eligible for language training, administrative personnel must interact with English-speakers as part of their work.

2. CHARACTERISTICS AND DISTRIBUTION OF THE ENGLISH-SPEAKING POPULATION OF QUEBEC

According to data from the 2016 census, updated on August 25th, 2017⁶, there were 964,120 people in Quebec for whom English is the first official language spoken, i.e. 12% of the population. For the purposes of this report, it is important to note here that the English-speaking population of Quebec varies from one region to another, both in its demographic weight and its concentration or dispersal in the territory.

To enable English-speakers to receive the health services and the social services that they need in English, institutions are mandated, in whole or in part, to provide these services in English. Thus, certain institutions and facilities are designated to provide all of their services in English. Others must provide certain services in English. They are thus categorized as “designated” or “indicated.”⁷

In the following regions: Montréal, Montérégie, Estrie, Outaouais, Côte-Nord, Capitale-Nationale, Laval and Laurentides, public institutions and facilities in the health and social services network that must make all health and social services available to English-speakers in their own language, whether these services are provided in a CLSC [Centre local de services communautaire (local community service centre)], long term care centre, rehabilitation centre or hospital⁸.

3. THE HEALTH AND SOCIAL SERVICES SYSTEM OF QUEBEC

On April 1st, 2015 Act N^o-10 entered into force (Act to modify the organization and governance of the health and social services network, in particular by abolishing regional agencies) that provided a thorough reform of the health and social services system in Quebec. Under the reform, the number of health facilities went from 182 to 34, and Centres de santé et de services sociaux, (CSSS), were replaced by thirteen Centres intégrés de santé et de services sociaux (CIUSSS).

The 13 CIUSSS resulted from the merger of the public facilities of the same region and the health and social services agency of that region, as appropriate.

The nine CIUSSS were designed using the same model as the CIUSSSs and are located in a sociosanitary region in which there is a university offering a complete undergraduate program in medicine or which operates a centre designated as a university institute in the social sector, excluding university hospital centres, with the exception of the Estrie CIUSSS, which includes Sherbrooke University Hospital (Centre hospitalier universitaire de Sherbrooke, CHUS).

In addition to leading to the merger of facilities, the reform reduced the number of hierarchical levels in CIUSSSs and CIUSSSs from three to two.

A reorganization of such magnitude has without question resulted in disruption at all levels of the health system in Quebec and has been the subject of a large number of newspaper articles, commentaries and statements in the media.

⁶ Statistique Canada, n^o 98-400-X2016348, 25 août 2017

⁷ Site internet du ministère de la Santé et des Services sociaux du Québec: <http://www.msss.gouv.qc.ca/ministere/saslacc/services-population>

⁸ Site internet du ministère de la Santé et des Services sociaux du Québec : <http://www.msss.gouv.qc.ca/ministere/saslacc/services-population>

Interviews with respondents allowed us to confirm that reorganization of the health system had a significant influence on the drop in enrolments in the Language Training Program. Respondents identified three changes that impacted enrolments in the program over the past two years:

1. At the health and social services staff level, the transition period resulting from the merger of facilities created a climate of uncertainty. Changes in duties or responsibility forced many professionals to refrain from taking language training during this transition period;
2. At the management level, this same transition period also had a major impact. Following the merger of facilities and the reduction in the number of hierarchical levels, some positions were eliminated and others were redefined. This affected responsibility for the Language Training Program in the new organizations, which was not conducive to recruitment; and, lastly,
3. At the respondent level, the scope of responsibility of these managers was altered as part of the merger of facilities and, following the reform, a significant staff turnover rate was noted.

Several works on change management show that all major organizational change includes a transition period which is characterized by a level of uncertainty in the face of an uncertain future and by a drop in productivity. According to David Autissier: "For change to occur, there must be a significant disruption of operational modes in such a way that we are forced to make an attempt to adapt. The shift from the present to the future is not a series of micro-adaptations, but a leap by which a significant portion of our existing system is rendered obsolete in favour of a new manner called progress."⁹ Once the transition period is over and the uncertainty level has dropped, productivity returns. The reform of the health and social services system that came into effect in April of 2015 will have had a significant impact on the staff, managers and respondents.

4. THE ROLE OF RESPONDENTS

The interviews revealed a wide diversity from region to region in the role of respondents in implementation of the Language Training Program.

Without a doubt one of the factors that influence 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 designated 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.

⁹ David AUTISSIER and Jean-Michel MOUTOT, *Méthode de conduite du changement, Diagnostic, Accompagnement, Pilotage*, 3rd edition, Dunod, 2013, page 6.

5. INTERVIEW METHODOLOGY

The questionnaire was developed in stages following discussions with Ms. Mireille Marcil, Dialogue McGill Project Director, and Ms. Gail Hawley-McDonald, Senior Project Officer, both of whom have accumulated extensive experience with the Language Training Program since its origins in 2003-2004. Their experience and knowledge of the Quebec health sector allowed for the development of a questionnaire focused on the respondents' experience. This interview project, with respondents from the health and social services network, would not have been possible without the support and involvement of Mr. Yannick Martin, Coordinator, Access to English-Language Services at the MSSS who played an active role in the development of the questionnaire.

The questionnaire was finalized in May of 2017 and a respondent volunteered to test it. This interview led us to conclude that the questionnaire could be used as-is for other interviews.

The questionnaire is composed of 5 sections and 22 questions in total¹⁰. It begins with a general section to learn about the respondents' situation, followed by a section on budgets and enrolments, the aim of which is to bring to light the reasons for the gap between planning and results and to gather suggestions to increase the number of enrolments in the Program. The third section deals with the support that Dialogue McGill could provide to respondents to make the Program more efficient and effective. The fourth section comprises a series of questions about the experience with the language training provider in order to gather useful information on lessons to be learned. Note that the majority of the CISSSs in this study have used the services of the McGill University School of Continuing Studies (SCS); only two use the services of their regional CÉGEP. [Collège d'enseignement générale et professionnel (General and Vocational College)].

Finally, the last section deals with training results. The aim of this section is to determine, in a qualitative manner, if participants who received language training use English in the work environment with English-speaking clients.

All of the interviews were carried out as phone meetings lasting 40 to 60 minutes. The interviews were conducted by Roger Farley, with the collaboration of Ms. Daksha Manek, Dialogue McGill Administrative Officer.

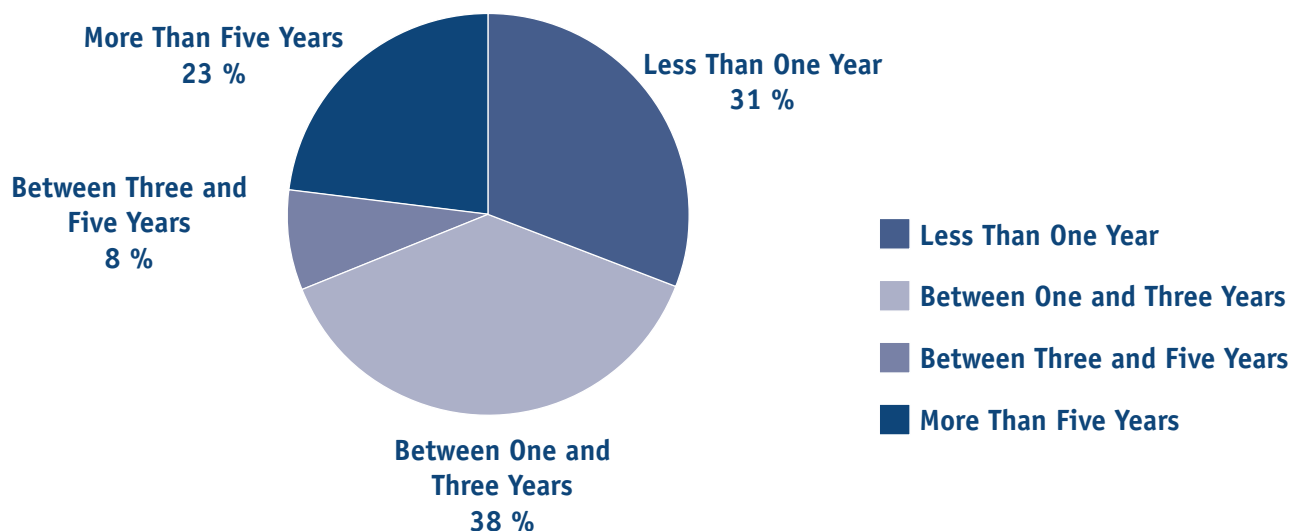
6. INTERVIEW RESULTS

6.1 Number of Years as a Respondent

	Less Than One Year	Between One and Three Years	Between Three and Five Years	More Than Five Years
Number of Respondents	4	5	1	3

⁹ Please see the Guide to Interviews with Respondents in Appendix B.

Number of Respondents



Although 23% of respondents show extensive experience in the administration of the Program, the majority (69%) of respondents only have brief Program experience and several of them have only held their positions for a few months. We also learned that other changes are to be expected over the next year; retirements, for example.

This creates a challenge to ensuring good participation in the program for the CISSSs and McGill alike.

It seems that the reforms carried out over the past few years have been the most important factor in explaining the high respondent turnover rate. More than two years after the start of the reforms, we can reasonably anticipate that the respondent turnover rate will be lower over the coming years.

6.2 Highlights Since 2013

The interviews revealed that several highlights have emerged since 2013, the year in which the McGill School of Continuing Studies (SCS) developed a new eight-level program and launched a new delivery method including online and face-to-face distance learning.

Among the most commonly repeated comments by respondents are those regarding the professionalism and quality of the SCS courses as well as the quality of communication: (interview excerpts)

- Increase in the quality of training;
- We appreciate McGill's support and effective communication.
- Before 2014, we had to work with two CÉGEPs and a school board. This required a lot of time to manage several tender offers. Now, it's better with McGill;
- Very efficient means of communication with McGill;
- A very professional service and a willingness to find solutions to problems;
- Teaching method flexibility, with online and face-to-face distance courses;

- The Program has a positive impact on the level of staff bilingualism and on the level and quality of service. We now have larger numbers of staff who are capable of serving the English-speaking clientele;
- The flexibility and availability of all the stakeholders with whom we worked;
- The quality of teaching and engagement by the language teacher;
- It's a very professional, quality program;
- The content of the program has grown in popularity in our region;
- Province-wide standardization of training and the quality of service to the clientele.

Regarding CISSSs that utilize the services of their regional CÉGEP, we note the following comments:

- The proximity between our hospital and the CÉGEP located in our region is a strong point for our staff who are undergoing language training. We know the CÉGEP staff well and we are very happy with their services;
- Doing business with our CÉGEP's language centre means that we have no trouble filling our cohorts.

6.3 Challenges Since 2013

Over the same period, we also see a number of challenges confronted by respondents. Here, we must stress that the challenges that they had to face, and in certain cases continue to face, are sometimes very different from one region to another and that certain challenges are unique to a single region. In any case, obsolescence of computer equipment and the fact that in the health and social service sector not every employee has a personal work station (computer) was expressed by several respondents.

Certain regions found a solution to this problem by buying computers and making them available to participants.

The majority had a positive perception of the delivery method for online and face-to-face distance courses because it made it possible to respond to participants' needs.

Recommendation

Explore alternate course delivery methods in cases in which the current method is not acceptable.

Health system reform, with merging of facilities and staff mobility, was mentioned by several respondents. Now that more than two years have passed since the reform began, several respondents are optimistic and feel that a return to "normalcy" is beginning.

The entire program process, from the time that respondents send an expression of interest up to participant enrolment and validation of the lists of enrollees, is perceived as complex by many respondents, managers and participants. In Section 7 of the report, we present a certain number of recommendations to improve the situation.

The main challenges raised in respondent comments are: (interview excerpts)

- The logistics surrounding the placement testing process and enrolments at the SCS;
- Budget management with incentive measures and dropouts;
- Reorganization of the health system and now the three facilities in our CISSS;
- Validation of the lists of enrolled staff, as we do not know in which facility they work. When participants complete their enrolment, the form does not allow for standard means of gathering information on the workplace;
- Online access, given that not all people have a work station with a computer;
- Schedule for face-to-face distance training does not work in our region;
- A turnover rate of staff to manage the program which has led to a lack of continuity;
- Reaching our staff with all the pertinent information while dealing with the merger of facilities;
- Employees that do not have a work email address;
- Bandwidth that is not broad enough in our region and the obsolescence of certain computers;
- The workload is such that there is not enough time to do everything;
- The SCS process is more cumbersome than it was when we did business with a CÉGEP;
- Making exact budget forecasts is a difficult exercise, as there are several variables, such as waivers, that skew projections.

6.4 Time Spent on the Project

One of the interview questions was about the percentage of time that the respondent devoted to the implementation of the Language Training Program. The purpose of this question was to determine if a common denominator on this point would or would not emerge. Although this question cannot be considered as a strict evaluation of the time devoted to the Program, we noted that there was a large variation in the number of hours devoted to it, from a few hours per month to several hours per week.

According to respondents' comments, several factors can explain this variation. The first being the seniority of the respondents: those who were new to their position devote more time to the program due to the simple fact that they have to familiarize themselves with the process, budget forecasts and accountability reports.

The second factor, doubtless the most significant, is the way in which tasks are distributed at the CISSS. For example, although in certain CISSSs the respondent is directly involved in the process of participant recruitment, selection and enrolment in language training, in other CISSSs, the respondent works in close collaboration with another person, who is in human resources and who does this work.

The third factor arises from the proportion of English-speakers in the region and the presence or lack of facilities designated to provide services in English.

6.5 Budgets and Enrolments

The large majority of respondents (11 out of 13) stated that the budgets allotted by McGill for language training in their CISSS was sufficient to meet the 2017-2018 demand. Two respondents stated that the good reputation of the Program seemed to be gradually reaching the staff at their CISSS and that it would be possible to accept a few more participants if the budgets were increased slightly.

It should be noted that several respondents stated that their CISSS will have to return funds, as enrolments were lower than forecasted.

Without belabouring the main causes of the drop in enrolments that were mentioned previously (health reform and turnover rate), it is worth mentioning several other points that could have an impact on the number of enrollees.

6.5.1 Budgetary Forecasts

The challenge of making precise budgetary forecasts was raised by several respondents. For example, certain employees, for personal or professional reasons, such as a change in shift, after having shown interest in the course, do not pursue the process up to enrolling in the course, which automatically results in budget surpluses.

6.5.2 Enrolment in Placement Tests

Unlike a widespread practice in aviation, respondents do not over-enrol or “overbook” placement tests.

	Number of Placement Tests	Number of Learners	Number of Learners Who Completed the Course	Percentage of Learners Who Completed the Course
Fall 2016	726	415	276	67 %
Winter 2017	183	310	225	73 %

Among other factors that have been mentioned most often to explain a budget surplus or enrolments that are lower than initial forecasts, we note:

- Obsolescence of computer equipment or weak bandwidth that has an impact on the motivation level of participants and can lead to withdrawals or dropouts;
- Respondent workload that is too heavy to do required follow-up with employees or their managers;
- The difficulty in communicating with all employees and managers in new organizational structures;
- The difficulty in replacing staff when training is offered during work hours; and
- The burdensome enrolment process for participants.

6.5.3 Suggestions for Increasing the Number of Enrolments

Respondents formulated several suggestions to increase the number of enrolments in the program. These suggestions can be classified in two categories: those that require action by McGill and those that arise from the health network itself.

Among actions arising from the health network, we note:

- Do a better job marketing and distributing information within the CISSSs;
- Enhance the impact of training for staff through articles in the in-house newsletter and events to celebrate successes, for example;
- Stress that language training contributes to improved access to care and services;
- Make presentations to management committees;
- Create target messages for managers;
- Create an environment that is conducive to learning with dedicated spaces such as a language laboratory, for example;
- Promote the Program earlier in the year to attract the interest of employees;
- Organize coffee meetings between employees and members of organizations from the English-speaking community.

Section 7 of the report contains a detailed list of action plans that McGill could follow to improve the next version of the Program.

6.5.4 Selection Process

The selection process for participants in the Language Training Program is generally the same whether for health staff, stakeholders at social services or administrative and registration staff. This consistency across fields is also the only convergence point between the CISSSs. We have noted a wide variety of methods in the administration of the process, from promotion up to enrolment in the course itself.

This diversity is explained in part by the CISSS structure and the fact that there may or may not be designated facilities in the region, and in part by the distribution of tasks and responsibilities with respect to language training.

Several respondents use selection criteria akin to the following:

1. Must have a permanent position;
2. Must provide services in English;
3. Must be willing to invest time;
4. Must demonstrate strong motivation and genuine interest.

Sometimes other criteria are also taken in account, such as:

1. Must have already taken a training course or be on a waiting list;
2. Must interact with an English-speaking clientele and be at an intermediate level;
3. Must interact with an English-speaking clientele and be at a beginner level;
4. Must interact occasionally with an English-speaking clientele.

Selection of participants based upon these criteria is made by the respondents themselves in certain CISSSs, while in others it is made by managers.

The program to provide access to services in English is sometimes used to give priority to employees who work in specified services and designated facilities.

We found that several respondents gave priority to employees who had already taken a training session and who wanted to take a more advanced level. This way of working entails several advantages according to the interviewed respondents. These employees are already motivated and their dropout rate along the way is low.

Regarding the level of training, views vary; in some cases respondents feel that beginner-level training is not a priority because it does not address the needs of their facilities, while others see it as an opportunity to increase the ability to provide services in English. A respondent indicated to us that employees who answer Info Santé lines must have a very good command of English no matter where they work in the province, as the calls can be redirected due to call volume.

One respondent noted a higher failure rate in participants at the beginner level and wondered if the same phenomenon had been observed in other CISSSs.

Generally, respondents send an email to directors or managers at the beginning of each session to inform them of the placement tests period so that they can identify employees that may benefit from the training.

6.6 Support for Respondents at Work

If there is one comment that is repeated often and clearly, it's that the quality of communication with the SCS and with the Dialogue McGill team is greatly appreciated by respondents. Outstanding service, quick responses, very good support and great collaboration are the words that we heard most often. As nothing is perfect, respondents stated that they would appreciate knowing more quickly which employees have completed the placement test or are not enrolled in the course, so that another employee might benefit from the course in the event of dropouts between the two steps.

6.6.1 Respondents' Retreat

As to whether it would be useful for Dialogue McGill to hold a respondents' retreat, the great majority respond in the affirmative. The preferred formula is a single retreat in Montreal, given the small number of respondents, which would allow for greater exchange between the regions. According to respondents, the ideal would be a retreat every 18 months or every two years. No respondents see the need to meet in person every year.

The respondents who participated in the last retreat organized in January 2016 all said that they had enjoyed the event very much and learned a lot during this encounter.

It is clear that respondents, despite the regional particularities of their CISSS, are all interested in knowing how their colleagues in other regions handle a particular stage or process. Several would like for the next retreat to be, among other things, a forum of best practices with sharing of information on subjects such as methods and practices to promote the program to employees and managers. A retreat could also be an opportunity for presentations on the methods used to maintain language skills. The question of incentive measures in order to promote recruitment is another subject raised.

6.6.2 Conference Calls

The proposal to organize conference calls on a regular basis received strong support, but not as strong as that for organizing a retreat. Some did not see the usefulness, while others would prefer that such conferences be made via the videoconferencing system available in the CISSSs, held at key stages of the process in order for all to receive the same information, ask questions and possibly resolve issues or irritants.

6.6.3 Portal

Respondents are very much in favour of the proposal that Dialogue McGill develop a portal for the Language Training Program. In addition to finding planning and accountability tools there, respondents would have access in real-time to lists of people who have completed the placement test, enrolment and courses, advantages which were mentioned by several respondents.

6.6.4 Additional Request

Some also expressed a desire to have access to the course attendance list in order to communicate with payroll departments to encode the time spent in training. All the more important when one of the incentive measures is linked to a bonus.

6.7 Language Training Services Provider

Of the 13 CISSSs that participated in interviews, two use the services of their regional CÉGEP. In these two cases, the main reason leading them to use their regional CÉGEP's language training services is proximity of the Program participants' workplace and the training location. In these two cases, respondents stated that participants showed a higher rate of satisfaction and that the training schedule takes their needs into account: at night, in one case, and at noon and in the evening in the other case.

Regarding the 11 other CISSSs that use the services of the SCS, here is a look at the comments received.

6.7.1 Enrolment Process

(Interview excerpts)

- Very good communication with McGill. We would like to have more time for enrolments;
- Very easy communication with the SCS;
- There are several validation stages (level, eligibility, confirmation) that require my time as well as a partner in human resources (HR). With three sessions, that makes for a lot of validations;
- It is a bit laborious and some participants find that complicated;
- The process is complicated for staff who are not interested in a diploma;
- The deadlines are too short to complete the placement test;
- The process is quite arduous and the deadlines are too tight to return the list of participants. There is a lot of coming-and-going of lists and one could easily lose track;
- There is a bit of confusion: there are employees who think they are enrolled because they completed the placement test when they are not. As a respondent, we discover this when it's too late.

Thus, it clearly appears that the enrolment process is, generally speaking, perceived as being as complicated and cumbersome for the respondents, and when applicable, human resource staff, as it is for participants.

Simplification and better coordination at each step of the process, from the expression of interest up to enrolment in the course itself, could undeniably have a positive effect on reducing the withdrawal rate between the beginning of the process and enrolment.

6.7.2 Content of Available Programs

According to comments received by respondents, participants enjoy the content of the eight levels of courses offered by the SCS. These participants feel that the content meets their needs for communicating with the English-speaking population of Quebec.

Here are several of the comments received (excerpts from interviews):

- We have had the same professor since fall and he has very close and individualized follow-up with participants;
- We would like to have more tools to maintain our skills, such as self-study notebooks;
- Our participants all have good comments: robust content and quality are provided;
- Content is very well adapted to the work environment;
- The quality of the content is very good and I hear nothing but positive comments from participants;
- Participants say that the content aligns very well with their real-life work;
- The content is greatly appreciated by participants;
- It's a very nice program. Several participants re-enrolled in a more advanced level.

- Healthcare professionals such as physiotherapists, occupational therapists, audiologists and speech language pathologists use a specialized professional vocabulary. They would benefit from a course focused on their working environment.

6.7.3 Schedules

The schedule is considered adequate by the majority of respondents and sufficiently flexible to take participants' needs into account. In many cases, face-to-face distance training is offered at noon, in the evening or on weekends.

A few other comments received: (interview excerpts):

- Between the time that an employee shows interest and the development of schedules, there are dropouts because the time slots are not suitable;

Recommendation

Communicate course schedules further in advance to allow employees to discuss them with their managers.

- Course schedules for face-to-face distance courses are problematic for certain professionals, such as nurses, who have work schedules that change frequently;
- Training requires a large time investment by participants.

6.7.4 Emphasis on Oral Skills

Everyone stated that the emphasis on oral skills is appropriate and that it is sought after by staff. In a single case, we were informed that staff is sometimes called upon to write notes and reports in English and that it would be beneficial for them to improve these skills.

6.7.5 Face-to-Face Distance and Online Formulas

All respondents who work in CISSSs in remote areas stated that the current program is an asset. The current formula makes it possible for the same quality standard to be attained across the entire territory.

One region noted that the previous formula, with intensive courses over a period of two weeks, was preferred by staff and managers. This formula allowed managers to better plan for the replacement of staff who were in training. For staff, training over a period of two weeks took into account their professional and personal obligations.

6.7.6 Placement and End-of-Term Tests

The most commonly heard comment emphasized the very good communication with the SCS to find solutions.

A respondent mentioned that it would be useful for him if the SCS told him, during the course of the session, if participants are facing attendance difficulties or have dropped out. This would allow him to intervene with these participants to help them find solutions.

Recommendation

During the session, inform respondents of participants who are facing attendance difficulties, so that they can communicate with the participants and possibly find solutions to reduce the withdrawal or dropout rate.

Certain respondents received comments to the effect that, at the start of the Program, participants had been improperly classed during the placement tests. In these cases, the SCS was able to correct the situation and allow these participants to join another group appropriate to their level.

In certain regions, participants met with technical difficulties during the placement test due to the slow speed of their Internet access or the incompatibility of their browser.

Certain respondents mentioned that the interval between the time an employee is selected and the time he must complete his placement test is very short and that there were cases of interested employees who were unable to take the placement test in this short period of time.

6.7.7 Ability to Access Online Materials

As previously mentioned, certain regions of Quebec do not enjoy access to high speed Internet, and that poses major challenges to certain Program participants, especially during placement tests.

Recommendation

Send the educational material and instructions for connecting to face-to-face distance courses to participants in advance via email

Recommendation

Examine other options for taking the placement test in cases in which there is no access to high speed Internet

Among the other challenges noted, we saw that a portion of the health staff does not have a personal work station.

Recommendation

Jointly with the CISSSs, examine the feasibility of and maintenance costs for a learning location equipped with more high-performance computer equipment.

6.8 Training Results

The first question in this section of the survey was: “According to the information that you have, do professionals who have taken language training use (little, frequently or very frequently) English at work with English-speakers?” The aim of this important question is to attempt to determine, in a qualitative way, if the money invested in language training is delivering results. In other words, does language training make possible the provision of social services and health services in the English language to English-speakers as provided in Article 15 of the Act Respecting Health Services and Social Services of Quebec?

According to respondents, participants who received language training use English in their communications with English-speakers. A result that can be expected when one of the criteria used to select the staff that will take language training is: “interacts with an Anglophone clientele.”

However, it should be made clear that regional particularities and the demographic composition of the English-speaking population in the CISSSs play a major role in the frequency with which English is used by health professionals. For example, in the Nunavik region, the Inuit clientele, apart from Inuktitut, primarily speaks English. In this case, staff who have taken language training de facto use English to provide social services or health services to the population. However, in other regions of Quebec, where the English-speaking population represents a small percentage of the total population serviced by an CISSS, the frequency at which English is used is reduced. This does not mean that participants who took training do not use English with English-speaking clients. In these cases, although they use little English at work, they do so each time an English-speaking client comes to receive services.

According to the responses received during interviews, we can conclude that health professionals who have taken language training use English when they have the opportunity to do so in order to serve their English-speaking clientele, and that the frequency with which they use English is based on the opportunities that are presented to them. Therefore, the demographic weight of the English-speaking population and the fact that the CISSS does or does not include designated facilities and services included in the program to provide access to services in English are deciding factors in determining the frequency with which English is used by health professionals.

Some of the respondents mentioned that in their region employees who have recently completed their language training are assigned cases with English-speaking people. This practice is thought to be a means to ensure that newly-acquired language skills are used in the workplace.

Several respondents maintain that their workload is high and although they are aware of the importance of providing learning retention activities, they do not have enough time to arrange for them.

The interviews allowed us to collect a few interesting suggestions to facilitate learning retention or skills integration. (See Appendix D: Recommendations)

Recommendation

Jointly with the CISSSs, share best practices to facilitate learning retention and the integration of new language skills in the work environment.

7. OBSERVATIONS

Doing the interviews was a real pleasure; respondents' participation was on a voluntary basis and they all showed great interest in the Program and the large majority of them even showed real enthusiasm. Their responses were given for the sake of providing constructive suggestions for improving the Program. Respondents clearly indicated that they saw themselves as an important training element in helping their organization and health staff provide better service to the population of their region. They see the Program as a tool that allows for better communication with the English-speaking population, which can translate to positive effects on the health of this population.

Respondents expressed hope that the Program would be renewed for 2018, and the most senior of them expressed hope that the renewal be done smoothly and without interruption, unlike their experience in 2013-2014. This transitional year did indeed cause a break in language training enrolments and start-up problems, not to mention that this step was immediately followed by the reform of the health and social services system in 2015.

8. ACKNOWLEDGEMENTS

Sincere thanks go to the respondents; without them this report would not have been possible.

Sincere thanks to Mr. Iannick Martin, Coordinator, Access to English-Language Services at the Department of Health and Social Services (MSSS), for his immeasurable support.

For their leadership, their vision and their commitment, sincere thanks to Professor Daniel Weinstock, Senior Researcher, Dialogue McGill, and Director of the McGill Institute for Health and Social Policy; to Ms. Mireille Marcil, Dialogue McGill Project Director, and Ms. Gail Hawley-McDonald, Senior Project Officer. They were the initiators of this project and a source of inspiration to improve the Program. For them, it was unthinkable to consider renewing the Program for the next five years without drawing on lessons learned.

Sincere thanks to Ms. Gail Hawley-McDonald for communicating with all of the network respondents to invite them to participate in this project and to Ms. Daksha Manek for participating in the interviews and organizing the schedule.

Key recommendations, based on interviews with respondents, are listed in Appendix D at the end of the document.

APPENDIX A: Act Respecting Health Services and Social Services

Chapter S-4.2, updated on the 1st of May, 2017

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

Article 15. English-speaking persons are entitled to receive health services and social services in the English language, in keeping with the organizational structure and human, material and financial resources of the institutions providing such services and to the extent provided by an access program referred to in article 348.

Article 348. Each agency, in collaboration with institutions, must develop a program of access to health services and social services in the English language for the English-speaking population of its area in the centres operated by the institutions of its region that it indicates or, as the case may be, develop jointly, with other agencies, such a program in centres operated by the institutions of another region. Such an access program must take into account the human, financial and material resources of institutions and include any institution in the region designated under section 508. The program must be approved by the Government and revised at least every three years.

Article 508. The Government shall designate from among the institutions recognized under section 29.1 of the Charter of the French language (chapter C 11) those which are required to make health services and social services accessible in the English language to English-speaking persons.

APPENDIX B: Interview Guide

Dialogue McGill
Better Communication for Better Care
TRAINING AND RETENTION OF HEALTH PROFESSIONALS PROJECT
www.mcgill.ca/dialoguemcgill Funded by Health Canada 

LANGUAGE TRAINING PROGRAM

Interview with Respondents Guide

INTRODUCTION

The objective of the McGill University Training and Retention of Health Professionals Project's language training, Dialogue McGill, is to allow the health and social services network to improve its ability to provide services in English in order to meet the needs of the English-speaking population of Quebec.

We thank you very much for agreeing to give us your time in order to answer our questions.

The goal of this interview is to get your opinion of the lessons learned over the past few years in order to prepare for the renewal of the Program for 2018.

We are confident that the interviews will provide us with avenues of action to see what could be improved in the implementation of the Program, and to achieve concrete results for the 2018-2023 period.

We assure you that the information gathered in each interview will remain confidential and there will be no assignment of names or regions in the summary in order to guard your privacy.

General Questions

1. For how many years have you been a respondent?
2. What are the highlights since 2013, with the entrance of the McGill School of Continuing Studies to the Program?
3. What were the biggest challenges during this same period (since 2013)?
4. Can you tell us the approximate percentage of time that you devote to this project? Has the amount of time devoted to the project changed since 2013?

Questions on Budgets Awarded and Enrolments

1. In your opinion, did additional needs go unmet in 2016-2017 within the budgets at your disposal?
2. If your CISSS was unable to use all of the available funds, what do you think were the main reasons?
3. We noticed that enrolments were below the forecasts shown in your working plan. What do you think are the main reasons for this?
4. In your opinion, did additional needs go unmet in 2017-2018 within the budgets at your disposal? If yes, why?
5. What actions or measures could be put in place to increase the number of enrolments?
6. We would like to better understand how the selection of professionals for the English training program is made. Could you describe the process for us? Is the process the same if it involves health staff, social services stakeholders or administrative or reception staff?

Questions on Support for Respondents at Work

1. Do you have suggestions for us on ways in which we could better support you in your work as a respondent?
 - a. School of Continuing Studies on the one hand;
 - b. Dialogue McGill on the other hand (for example, planning and accountability).
2. Do you believe that it would be helpful for the Dialogue McGill team to organize an annual retreat for all respondents? If yes, taking into account your workload, when would be the best time of year? If yes, do you believe that it would be beneficial for McGill to organize three regional retreats (Quebec, Montreal and Gatineau, for example) or a single retreat in Montreal?
3. What would be the main subjects or themes addressed during this retreat?
4. Do you believe that it would be helpful to hold conference calls with all respondents every three or four months? If yes, on which subjects?
5. If we were to make a training and planning tool available to you with secure Internet access, would that be helpful? If yes, do you have suggestions as to what this tool should include? Work plan, cash forecast, progress report, expenditure report, for example.

Questions about the Language Training Services Provider

Since 2013, Dialogue McGill management has given the English Language Training mandate to the McGill School of Continuing Studies (SCS).

1. Does your CISSS use the McGill School of Continuing Studies' services or those of another service provider? Which one?
2. Could you talk to us about your experience with your service provider as relates to:
 - a. The enrolment process;
 - b. The content of the training programs offered;
 - c. The level of difficulty of the programs;
 - d. The course schedule;
 - e. Emphasis placed on oral skills;
 - f. The distance and face-to-face formula (when applicable);
 - g. Placement tests and end-of-term tests; and
 - h. The ability of participants to access online materials (are there any particular difficulties with access)?
3. Did you receive comments on the number of sessions and the calendar?
4. Do you have any other comments?

Questions on the results of training

1. According to the information that you have available, do the professionals who took part in language training use (little, frequently or very frequently) English at work with English-speakers?
2. McGill University developed an innovative initiative called “Peer Mentoring Program in Nursing” that allowed English-speaking students to improve their skills in oral French with French-speaking students as part of informal social activities. Have you ever experienced similar approaches in your organization? Would you be interested in implementing a similar approach?
3. Do you have suggestions on the way in which McGill could facilitate:
 - a. Learning retention?
 - b. Integration of new language skills in the work environment?

Thank you very much for your participation. It will be very helpful in improving the Program.

Do you have any other comments?

Goodbye.

Roger Farley
Institutional Partnership Development Consultant
Dialogue McGill

APPENDIX C: Interview Calendar

May 17	<i>Nancy Bilodeau</i> , R-9 Côte-Nord
June 5	<i>Claudine Jacques</i> , R-10 Baie-James and <i>Nathalie Roy</i> , R-13 Laval
June 6	<i>Julie Chrétien</i> , R-16.3 Montérégie-Ouest
June 7	<i>Geneviève Jutras</i> and <i>Sandra Basal</i> , R-16.2, Montérégie-Est and <i>Isabelle Dugré</i> , R-15 Laurentides
June 8	<i>Jean-François Richard</i> and <i>Carrie Anna McGinn</i> , R-3, Capitale Nationale
June 9	<i>Janie Paquet</i> , R-17 Nunavik
June 13	<i>Isabelle Hemlin</i> , R-6.3 Centre-Sud-de-l'Île-de-Montréal and <i>Jean-François Cassivi</i> , R-11 Gaspésie.
June 14	<i>Marie-Pier Maheux</i> , R-11 Saguenay—Lac-Saint-Jean
June 15	<i>Chantal Landry</i> , R-1 Bas-Saint-Laurent and <i>Josiane Péloquin</i> , R-14 Lanaudière

APPENDIX D: Summary of Recommendations

Following last spring's interviews with health and social services network respondents it is recommended

THAT DIALOGUE MCGILL

1. Develop a calendar comprising the main steps and timelines of the administrative process and accountability, and that the calendar be distributed to all respondents in electronic format and poster-style paper format;
2. Hold a retreat reuniting all respondents every 18 or 24 months, starting with a retreat which takes place before the renewal of the Program in April of 2018. These retreats, in addition to updating a certain number of subjects relative to the Program, such as budgets, accountability, training results, will be also be an opportunity to share best practices between CISSSs;
3. Periodically hold video conferences with respondents at key stages of the year so that they all have access to the same information. These video conferences would also make it easier to keep a finger on the pulse of the program's implementation and to prevent or anticipate potential problems;
4. Examine the possibility of creating a password-protected portal for respondents. Among other things, this portal could provide access to all accountability-related information, a major responsibility of the respondents. The portal could also include a forum in which respondents could ask questions and get answers from other respondents;
5. Examine, in collaboration with respondents, the possibility of "overbooking" at the placement tests step;
6. Jointly with the CISSSs, share best practices to facilitate learning retention and the integration of new language skills in the work environment;
7. Examine the possibility of using a portion of unused budgets to update computer equipment with the aim of facilitating learning and, in certain cases, to furnish a learning space.

THAT THE SCHOOL OF CONTINUING STUDIES (SCS)

8. Communicate course schedules further in advance to allow employees to discuss them with their managers;
9. Send the educational materials and instructions for connecting to face-to-face distance courses to participants via email in advance;
10. During the session, inform respondents of participants who are facing attendance difficulties so that they can communicate with the participants and possibly find solutions to reduce the withdrawal or dropout rate;
11. Examine other options for taking the placement test in the event there is no access to high speed Internet;

12. Develop a lexicon of questions and answers in English for registration staff that includes the questions asked most frequently by the English-speaking population.
13. Develop a calendar comprising the major steps in the process, from the expression of interest up to enrolment in courses, and that the calendar be distributed to all respondents in electronic format and poster-style paper format;
14. Develop an information protocol with respondents to keep them informed in a systematic way, and to give them feedback in a timely fashion at each step in the process, from placement tests up to enrolment in courses, as well as on class attendance and, where applicable, on participants' learning struggles;
15. With the participation of a few respondents, explore opportunities to simplify the course enrolment process;
16. Explore ways to make validation of placement test lists and enrolments more efficient in order to reduce the time needed to compile and correct them;
17. With the participation of a few respondents, explore a different course delivery method, for example "Intensive English" for two weeks. This delivery method could better suit certain professionals and certain managers who must ensure the replacement of staff in training;
18. Examine the possibility of creating a forum or a network so that Program participants can practice their spoken English;
19. After six months, carry out a post-training evaluation to target issues.

THAT THE CISSS*

20. Make bilingual tools available to nurses; a pain scale or a poster showing the parts of the body, for example;
21. Organize midday talks in English with playful elements and role-playing in partnership with an English-speaking community organization;
22. Organize Internet viewing of 15 to 20 minute-long lectures on health subjects in English;
23. Explore the possibility that bilingual facility employees be identified by a coloured band on their identity card so as to more easily assign them to English-speaking clients.

* Recommendations listed below come from the interviews with the respondents. They have not been submitted to either an extended examination nor to discussions to determine their feasibility and compliance with government and MSSS policy.