

Dialogue

BETTER COMMUNICATION FOR BETTER CARE

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Unique project builds partnerships for research and internships

McGill's Training and Human Resources Development Project (THRDP) is an innovative, multiphase initiative funded by Health Canada that aims to increase access to English-language healthcare services in under-served regions of Quebec. Implemented in partnership with the Community Health and Social Services Network (CHSSN), and administered by McGill's Faculty of Arts, the project's emphasis

on research and partnership between communities, health-care providers and educational institutions makes it unique. The first phase of McGill's THRDP focused on creating partnerships, providing second-language training for francophone and anglophone healthcare workers, and enhancing English-language healthcare services to Quebec's regions. With these partnerships and programs in place, the project is now moving into its next phase involv-

ing research, evaluation, and the placement of healthcare students in internships in the regions. "Measure 2 is all about retention of personnel. We've started programs that give anglophone and bilingual students the opportunity to train in the regions," says Professor Carmen Lambert, Associate Professor at the Department of Anthropology and Principal Investigator who oversees McGill's THRDP.

SEE **UNIQUE** ON PAGE 2

Telehealth reaches out and touches lives

Isolation—social, physical or emotional—is bad for our health



Telehealth sessions are moderated by facilitators who ensure that the sessions run smoothly. **DETAILS ON PAGE 4.**

Creating opportunities for nurses in the Outaouais Region

With Ontario just across the Ottawa River, the Outaouais region faces unique challenges regarding the retention of nurses and healthcare professionals who are capable of providing services to the region's English-speaking minority from both anglophone

and allophone backgrounds. Even though regional educational institutions such as Outaouais Heritage College educate nurses in English, approximately 80% of trainees leave to undertake their internships in English language healthcare institutions in Ottawa.

"It came to our attention that there was a significant exodus of graduates from Heritage College to Ontario," explains Brian Gibb, Executive Director of the Regional Association of West Quebecers (RAWQ). "Anglophones would be doing

SEE **CREATING** ON PAGE 2



Brian Gibb, Executive Director of the Regional Association of West Quebecers (RAWQ), hopes to increase the number of bilingual nurses working in the primarily francophone healthcare system in the Outaouais.



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



03 Students are participating in a pilot program in French as a second language in order to gain confidence in their work.

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Unique project builds partnerships for research and internships

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Because of the isolated nature of some of the communities, it has been necessary to develop new tools to support and supervise the students during their internships.

"We're looking at tools like interactive websites, Telehealth and CD-ROMs to give support while they're in the regions, as well as new pedagogical materials created specifically for healthcare workers," explains Lambert.

Quebec offers a wonderful opportunity for research into healthcare services available for linguistic and cultural minorities, according to Nathalie Cooke, Associate Dean of Research at McGill's Faculty of Arts. "The province of Quebec is literally a laboratory; a French language province with pockets of English language communities that really require this kind of service."

Dr. Jo Ann Lévesque, Director of Research Opportunities at McGill's Faculty of Arts, agrees that the project will have a direct impact on training and the delivery of health services in Quebec's regions and beyond. "This will lead to unique models because it will have been developed with the direct involvement of community groups as key partners."

"Partnership is not only exchange and dialogue," explains Lambert. "The relationship should lead to a renewal of knowledge, a creation of new models and practices, and to social innovation and should improve access to healthcare services." Lambert says that the research program was specifically designed around providing services in regions, both to the public through access to services in English as well as to healthcare workers through specialized language training and professional support.

"This project is all about communication," says Nathalie Cooke. "Knowledge is something that is built – it doesn't appear out of thin air. It's enriched through exchange between individuals."



Professor Carmen Lambert oversees McGill's THRDP program, designed to enhance services across Quebec to the public and to healthcare workers.

This can mean exchange between communities and institutions, but it also includes exchange between patients and healthcare providers. "This project really makes it clear that knowledge is built for the community and to have direct impact on improving community and social life."

Evaluation is also crucial to the project since the partnership structure and so many of the programs are innovative.

"The evaluation will give us a very good idea of how well we have answered needs and what kind of improvements have resulted from our work," says Lambert. "It will not only be important for us but for the community organizations and healthcare providers."

While the official evaluations won't be completed until the end of 2007, it's clear that communities and individuals are already benefiting from the partnerships formed and initiatives undertaken as a result of McGill's Training and Human Resources Development Project. ♦

Creating opportunities

CONTINUED FROM PAGE 1

their studies here and then moving across the river to the other side. At the same time we were doing research which identified a lack of services in English as a number one concern."

It became clear that the issue wasn't too few nurses being trained in English in the Outaouais region, but rather a lack of bilingual nurses capable of working in Quebec's primarily francophone healthcare system.

"If we wanted to increase access to health services, it would be to our advantage if we could increase the number of bilingual nurses," says Mr. Gibb. "With money becoming available from Health Canada and McGill's Training and Human Resources Development Project (THRDP), we took advantage of a window of opportunity."

The RAWQ met with Heritage College and the Health and Social Services Networking and Partnership Initiative (HSSNPI) to propose a pilot program with two objectives. First, RAWQ wanted to increase the linguistic competency of students through French courses created specifically for healthcare workers, thereby increasing their capacity to work

in a francophone healthcare institution. The second objective is to increase opportunities for Heritage College's healthcare students to undertake internships at francophone healthcare institutions in the region. The second objective directly addresses the bigger issue of healthcare professionals who study in the Outaouais region but then leave to work in Ontario.

"Presently all the internships are done on the other side of the river at English-speaking institutions in Ottawa. Once they graduate, nursing students have already made their first steps towards working in Ontario. We'd like to be able to give them the opportunity and capacity to work in French, and to also develop their own contacts within the Outaouais healthcare system so that upon graduation they will have already made the contacts to attain a position," says Gibb.

He hopes that by providing language training and tools and professional opportunities for healthcare students who study in the Outaouais region that more of the region's young healthcare professionals will choose to stay and work within their own communities. ♦

Internship in Eastern Montreal

Obtaining healthcare services in English can be an issue even in large Quebec cities if one resides in a predominantly francophone neighborhood. McGill's Training and Human Resources Development Project, in partnership with the Fonds pour l'adaptation des soins de santé primaires (FASSP) and the Quebec Community Group Network (QCGN), is working to change this by placing English-speaking students in internships in Montreal East.

Janet Forsyth, Project Manager for the East Montreal Placement



Gloria Borsellino, who is studying Social Work at McGill and working as an intern at Toxico-Stop, says the internship is challenging and also satisfying because of the support offered by her supervisor Emmanuel Aliatas.

Initiative at the CSSS Pointe-de-l'Île, says that this effort is welcome because there's a critical lack of English-language services in her area for people who have physical and financial difficulties traveling to obtain services elsewhere. This includes seniors, children with intellectual disabilities and their parents, and adults with mental health issues who need support services within their own community.

"The five students that worked with me in the fall are doing fantastic work," says Forsyth. "I'm thrilled that I could get some students during the first year."

The students were just as thrilled. Gloria Borsellino, who is studying Social Work at McGill and working as an intern at Toxico-Stop, says the internship is both challenging and satisfying.

"The internship is great, I'm having a good experience," she says. "Learning the language is very important so that a client can understand what you're saying. And, even though I speak French, there's also the cultural aspect that I need to learn. The training is very effective because I have so much support and supervision."

"I think supervision and support is essential," agrees Forsyth.

"The crux of the matter is finding supervisors that can provide the support in a francophone environment with few community support and services for anglophones. Dealing with the lack of services is a challenge for our students but they're also there to help develop them so that's exciting too."

Intern Gloria Borsellino agrees and has already received positive feedback from both the francophone and anglophone clientele with whom she works. "I think a lot of anglophones in the East End feel that finally, it's exactly what they need." ♦

Small steps to big changes

Enticing any freshly graduated healthcare worker to take an internship in the more isolated regions of Quebec is a challenge—many young people, even those originally from the regions, prefer the excitement and opportunities of a busy city. It's an even bigger challenge to convince English-speaking healthcare workers to come to the regions.

Now community organizations and public healthcare providers working in partnership with the CHSSN and McGill University are meeting the challenge. Measure 2 of McGill's Training and Human Resources Development Project, focuses on the training and retention of bilingual healthcare professionals in the regions to better serve English-speaking minorities. Through it,

community organizations can apply for funding for projects that fit their community's specific needs (though attracting bilingual healthcare workers benefits all members of isolated communities, whatever their language).

"The response is excellent. We feel it has made such a big difference," says Suzanne Aubre, Executive Director of the Megantic English-Speaking Community Development Corporation (MCDC). The MCDC participated in Measure 1 focusing on offering francophone healthcare workers English courses to improve their communication skills. Aubre feels its success created support for Measure 2 initiatives.

For Measure 2, the MCDC is working with healthcare and educational institutions to



Myriam Gayrard, Internship Coordinator at the MCDC, says that community support is essential to make internships successful.

offer internships to English-speaking students originally from the region. They're also

working with the community to promote the benefits of living and working in the Greater Thetford Mines region to other students considering their internship opportunities.

"We're trying to showcase what it really means to live in a smaller community," explains Aubre.

Myriam Gayrard, Internship Coordinator at the MCDC, says that community support is essential to make this initiative successful since no real infrastructure yet exists. "We're working to get some families to help us out by welcoming interns into their homes," she explains.

MCDC's initiative will extend over two years, but even in its early stages, the response is already overwhelmingly positive with more interns expressing interest than local

institutions can accommodate.

The MCDC had hoped to attract six interns in total to undertake internships at local healthcare institutions; they're already close to reaching their two-year goal in this first year of effort! She attributes the success of their modest community organization's efforts to the positive and cooperative attitude from both McGill and the local community and healthcare network.

"I'm very pleased by McGill's willingness to work with us and adapt to our needs," says Ms. Aubre. "This funding has made such a huge difference. There's no way a small community organization can tackle issues like this without the commitment of organizations like McGill and the CHSSN and the financial support of the government." ♦

LEARNING TO SPEAK WITH CARE



Professor Hélène Riel-Salvatore, Director of the English and French Language Centre and Coordinator of the Language Training Program at McGill University, is supervising a pilot program of courses focusing on written and verbal communication skills specific to the healthcare sector.

One of the challenges facing English-speaking students who hope to practice as nurses or social workers in Quebec is learning how to communicate effectively in French. In fact, a working knowledge of written and spoken French is required for professional certification in this province.

McGill University has decided to support students as they take up this challenge with a pilot program that started in

Autumn 2006 offering courses focusing on written and verbal communication skills specific to the healthcare sector.

"The idea is to help students feel more at ease in French and comfortable enough to take an internship working in a French environment," explains Professor Hélène Riel-Salvatore, Director of the English and French Language Centre and Coordinator of the Language Training Program at McGill University. "As interns in French language settings,

they are also able to help with English-speaking patients."

Ganit Novak is one of Professor Riel-Salvatore's students studying social work at McGill. She took French immersion at her Vancouver high school but found that she needed language training more specific to Quebec and to her intended profession.

"I find it helped me tremendously," says Novak. "The French taught in Vancouver is somewhat different from the French used in Quebec. I've also

learned a lot of vocabulary and terms in the course that really pertain to social work. It's helped me a lot with my counseling skills because I find I'm not struggling for words."

These courses are still considered a pilot program, but it's clear that the demand is high and that the potential impact on healthcare in Quebec is substantial. Ganit Novak says it's been instrumental in her decision to stay and work in Quebec. "It's really preparing me

for the exam given by l'Office québécois de la langue française which will allow me to stay in Quebec."

Professor Riel-Salvatore and her students believe that the courses provide added value to the Quebec healthcare system, not only by encouraging more young healthcare workers to stay and practice in Quebec but also by improving the quality of service available to both English-speaking and French-speaking patients. ♦

Telehealth reaches out and touches lives

Isolation—social, physical or emotional—is bad for our health

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Young and old, English and French, we all need to be heard and feel supported. For anglophones facing a health or social crisis, living in isolated communities with few English-language services, this sense of isolation can be greatly magnified.

The Community Health and Social Services Network (CHSSN) and the McGill University Health Centre (MUHC) are using technology to reduce isolation through their Telehealth initiative.

MUHC/CHSSN Telehealth currently brings interactive videoconference sessions to 11 isolated communities across Quebec, offering support and raising awareness about health issues ranging from bullying to Attention-Deficit/Hyperactivity Disorder (ADHD), from Alzheimer's disease to depression. Participant response has been overwhelmingly positive, and more and more community organizations are participating.

"We've doubled the number of organizational partners since last year," says Jo Ann Jones, a registered nurse and medical educator who is the CHSSN's Community Support Coordinator for Telehealth.

The two-hour Telehealth sessions involve an informative talk interspersed with opportunities to ask questions, as well as a question and answer period. A health expert joins the session from the hospital providing the technical support. At the other end, local people gather at designated educational institutions, hospitals, or even hotels that can provide the technological infrastructure needed to make a Telehealth session possible. These

local gatherings are moderated by facilitators from each of the communities who help pinpoint each community's particular needs and who ensure that the sessions run smoothly.

Participants are encouraged to ask questions, and the groups in the various communities can see and hear each other's questions as well as the expert's response. Telehealth session topics are proposed by the communities, ensuring relevance and local interest. Sometimes the knowledge gained can be life-saving.

"I learned how to help someone in a suicide crisis or if they are contemplating suicide. Very good advice was given," testifies one participant.

Another learned that depression doesn't mean a life sentence of misery. "In 99% of cases you will heal from depression if you get help."

A session on bullying last October that featured a family life counselor as the expert attracted 91 students, teachers and healthcare professionals from six communities to nine Telehealth sites. Participants learned "how to deal with different types of bullies" and "the effects bullying has on others". They also expressed an interest in further sessions, information and workshops on the topic.

Jo Ann Jones says that the CHSSN is supporting increased follow-up and even offering the videotaped sessions on DVD for communities that can't participate directly in the Telehealth sessions. Telehealth brings technology and people together in ways that touch lives and create networks of support that make a healthy difference. ♦

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EVALUATING TO IMPROVE SERVICES

Evaluation, internal and external, is a crucial element of McGill's Training and Human Resources Development Project (THRDP).

The project's very first initiative was to ask community organizations to evaluate the specific needs for English-language services in their region and to create proposals based on these evaluations. From this knowledge base, language training and internship placement programs were developed. As these programs have progressed, ongoing internal evaluations have been used to adjust the programs to truly meet participant and community needs.

On a larger scale, McGill's THRDP has contracted the Centre de recherche et d'expertise en évaluation (CREXE) of the École nationale d'administration publique (ÉNAP), to undertake a two-phase evaluation. The first phase will judge whether the programs have been implemented as intended with a report submitted in March. Project partners—McGill, community organizations and healthcare institutions—have already been asked for their feedback. Are things working as they are supposed to work?

Natalie Kishchuk, an independent evaluation consultant acting as liaison between the THRDP and CREXE, is coordinating the evaluation effort. She says the goal is to obtain useful results. "Whether they're positive or negative, we're looking for results that will help the project adjust and improve in areas where it needs to. There are always two reasons for evaluation—accountability and learning. We're trying to do both."

For the first phase of evaluation, the focus is on the partnerships formed and the implementation of the proposals jointly undertaken by the partners.

Rachel Garber, Executive Director of the Townshippers' Association, speaks for one of many community partners par-

ticipating in the evaluation.

"We're very gratified by the positive response from our public partners and other community groups too. The healthcare professionals are extremely open to our collaboration and have commented positively to us," she says. "We've also seen a real desire for healthcare professionals to improve their English, and for English-speaking professionals to improve their French – it goes both ways."



Natalie Kishchuk, an independent evaluation consultant acting as liaison between the THRDP and CREXE, is coordinating the evaluation effort.

The second phase of the evaluation, with results due this September, will focus on the effects and results of specific initiatives.

"At that point, the data collection will extend to include people who are more closely involved in the actual delivery of the training and other measures that have been adopted through the project," explains Kishchuk.

The second phase's final design will depend partly on results obtained from the first phase of evaluation, but the basic goal remains constant – to ensure that McGill's THRDP creates programs that enact real change and have a measurable impact on the delivery of English-language healthcare services in the regions. ♦

BRIDGING THE LANGUAGE GAP

Communication is a two-way street and everyone feels more comfortable when they have the tools they need to navigate the twists and turns of communicating in a second language.

Measure 1 of McGill's Training and Human Resources Project focused on providing francophone healthcare workers with classroom instruction in English and conversational support groups run by local volunteers. Clear communication is important at all levels in healthcare—from administration to hands-on care-giving—to ensure that patients receive the best care.

"The McGill language training approach was created for work. There was lots of practice and it was really adapted to our



Hélène Ouellet, an administrative assistant at Hôpital Pierre-Boucher in Longueuil, says that even though she has only started taking courses, she already feels more competent and comfortable speaking English.

needs," says Linda Gagné about the English classes she took in 2006. An animator and bus driver at the CHSLD St-Rémi, Ms. Gagné's duties involve interacting with patients on a daily basis. She found the 8-week course to be very useful. "It helped me greatly—the vocabulary and grammar were really adapted to our needs. It permits me to be more relaxed in conversation and to better communicate with people. I think people really appreciate that I'm making an effort to speak to them in their language."

Hélène Ouellet, an administrative assistant who works in billing and accounting at Hôpital Pierre-Boucher in Longueuil, often has to communicate with patients from outside of Quebec and Canada about their bills. And even though she has only

started taking courses, she says she already feels more competent and comfortable speaking English.

"Before I'd have to ask my supervisor to make the call, now I can do it myself. It's good to be able to engage with patients in their own language and to seek out the information I need for my work. It's important for people to understand us and for me to understand them," says Ouellet. "My English isn't perfect but I can understand and be understood. I greatly appreciate the opportunity to take these classes."

With enthusiastic responses from patients and healthcare workers alike, it's clear that building bridges that support better communication provides benefits for everyone. ♦

Attracting bilingual healthcare professionals across Quebec

Measure 2 of McGill's Training and Human Resources Development Project is designed to increase the number of bilingual people working in the regions to provide better healthcare and social services for English minorities.

"The strategy we've been applying is to develop a range of field placements for professionals in nursing, social work, physical and occupational therapy, communication sciences and disorders and dietetics and human nutrition," explains Professor Estelle Hoppmeier, Coordinator of the Retention Program that is part of McGill's THRDP. "The hope is that once people go and experience the regions, they may decide to stay to work in their professional field."

The first tasks that Prof. Hoppmeier faced were to evaluate each community's specific needs and to establish a means to resolve the many organizational challenges involved in placing interns in what are often quite isolated regions. Since this initiative is a pilot project, Hoppmeier and her colleagues faced many challenges. To start the project, letters were sent to English community groups, health and social services centers, and educational institutions informing them that the THRDP was willing to fund a needs assessment for English healthcare within their communities. From this assessment, the community groups and institutions were asked to create a proposition for a two-year plan to address these needs.

"It's very complex," explains Prof. Hoppmeier. "Because of the three partners, you need to get into the cycle of placements, you need to have supervisors,



Estelle Hoppmeier, Associate Professor at the School of Social Work and Coordinator of the Retention Program, hopes that interns who experience the regions decide to stay.

you need to have funding and so on." Appropriate professional supervision of the students was one of the many challenges of establishing internships in the regions. Healthcare professionals undergoing training—such as nurses, physical and occupational therapists and social workers—all need to be supervised by an experienced professional who understands

the role and responsibilities of being a supervisor.

The Project looked to the University of Ottawa and the *Consortium national de formation en santé* that had an established online supervision course in French to support francophone supervisors in Ontario and in the rest of the country.

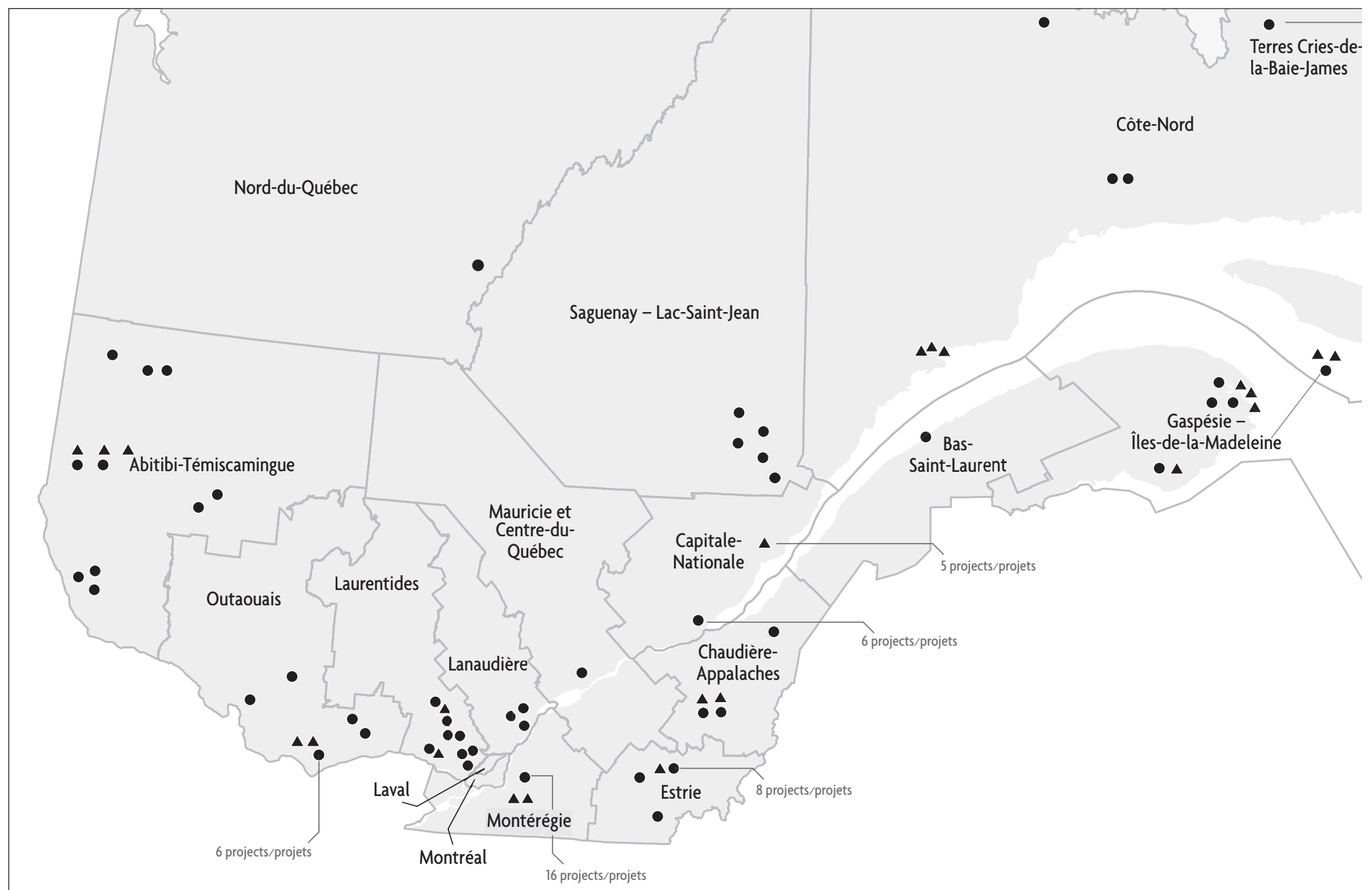
"They were very interested in us using their material, translating it and putting it on the web in English," says Prof. Hoppmeier. "There are articles, preparatory exercises, and video clips featuring role-playing exercises. One of the clips is a supervisor who's absolutely not prepared at all. Another is how to supervise a student who acts inappropriately. They are nicely interactive and the site also features quizzes, PowerPoint animations, and other things."

The Project translated the five modules of the course and piloted the first module in the Fall of 2006. Fifteen supervisors from four professional groups participated and provided very positive feedback to the team supporting the course. The first and second modules were introduced to a new group of supervisors in February, 2007.

Since retention of healthcare workers in the regions is one of the initiative's long term goals, Prof. Hoppmeier is also working to develop tools that offer professionals ongoing professional support through the use of new communication technologies. This includes Telehealth videoconferencing sessions aimed at professionals, as well as online support and discussion groups. New technologies and new approaches offer new ways to attract healthcare professionals to Quebec's isolated regions. ♦

131 PROJECTS ACROSS QUEBEC SUPPORTED BY MCGILL UNIVERSITY TRAINING AND HUMAN RESOURCES DEVELOPMENT PROJECT

131 PROJETS PARTOUT AU QUÉBEC SOUTENUS PAR LE PROJET DE FC DES RESSOURCES HUMAINES DE L'UNIVERSITÉ MCGILL



● LANGUAGE TRAINING/FORMATION LINGUISTIQUE (96 PROJECTS/PROJETS)

ABITIBI-TÉMISCAMINGUE

- Centre de santé et de services sociaux de la Vallée-de-l'Or
- Centre de santé et de services sociaux du Lac-Témiscamingue
- Centre de santé et de services sociaux Les Eskers de l'Abitibi
- Centre de réadaptation en déficience intellectuelle Clair-Foyer
- Centre de réadaptation La Maison
- Centre Normand
- Centre jeunesse de l'Abitibi-Témiscamingue
- Centre de santé et de services sociaux de Rouyn-Noranda
- Centre de santé et de services sociaux de Témiscaming-et-de-Kipawa
- Centre de santé et de services sociaux des Aurores Boréales

BAS-SAINT-LAURENT

- Centre de santé et de services sociaux de Rimouski-Neigette

CAPITALE-NATIONALE

- Centre de santé et de services sociaux de la Vieille-Capitale
- Centre de santé et de services sociaux Québec-Nord
- Centre hospitalier universitaire de Québec
- Hôpital Laval
- Centre hospitalier Robert-Giffard
- Hôpital Jeffery Hale – St. Brigid's

CHAUDIÈRE-APPALACHES

- Centre de santé et de services sociaux de la région de Thetford
- Centre de santé et de services sociaux du Grand Littoral

- Centre de santé et de services sociaux de Beauce

CÔTE-NORD

- Centre de santé et de services sociaux de Sept-Îles
- Centre de santé et de services sociaux de l'Hémathite
- Centre de santé de la Basse-Côte-Nord

ESTRIE

- Centre de santé et de services sociaux de Memphrémagog
- Centre de santé et de services sociaux de la MRC-de-Coaticook
- Centre de santé et de services sociaux du Val Saint-François
- Centre de santé et de services sociaux – Institut universitaire de gériatrie de Sherbrooke
- Regroupement CNDE-Dixville Inc.
- Centre jeunesse de l'Estrie
- Centre hospitalier universitaire de Sherbrooke
- Villa Marie-Claire Inc.
- Centre de réadaptation de l'Estrie
- Centre Jean-Patrice-Chiasson

GASPÉSIE – ÎLES-DE-LA-MADELEINE

- Centre de santé et de services sociaux Baie-des-Chaleurs
- Centre de santé et de services sociaux de la Côte-de-Gaspé
- Centre jeunesse Gaspésie/Les Îles
- Centre de santé et de services sociaux du Rocher-Percé
- Centre de santé et de services sociaux des Îles

LANAUDIÈRE

- Centre d'hébergement et de soins de longue durée Heather
- Centre de santé et de services sociaux du Nord de Lanaudière
- Centre de santé et de services sociaux du Sud de Lanaudière

LAURENTIDES

- Centre de santé et de services sociaux de Saint-Jérôme
- Centre de santé et de services sociaux de Thérèse-de-Blainville
- Centre de santé et de services sociaux des Sommets
- Centre de santé et de services sociaux des Pays-d'en-Haut
- Centre de santé et de services sociaux du Lac-des-Deux-Montagnes
- Centre de santé et de services sociaux d'Argenteuil
- Centre jeunesse des Laurentides
- Centre d'hébergement et de soins de longue durée Deux-Montagnes Inc.

LAVAL

- Centre de santé et de services sociaux de Laval
- Centre de santé et de services sociaux de Laval, site Cité de la Santé
- Centre de santé et de services sociaux de Laval, site Mille-Îles
- Centre de santé et de services sociaux de Laval, site Ruisseau-Papineau
- Hôpital juif de réadaptation
- Centre de réadaptation en déficience intellectuelle Normand-Laramée
- Centre d'hébergement et de soins de longue durée Manoir St-Patrice Inc.
- Centre d'hébergement et de soins de longue durée Le Bel Âge de Fabre
- Centre jeunesse de Laval

FORMATION ET DE DÉVELOPPEMENT



▲ RETENTION AND DISTANCE PROFESSIONAL AND COMMUNITY SUPPORT/MAINTIEN EN POSTE ET SOUTIEN PROFESSIONNEL ET COMMUNAUTAIRE À DISTANCE (35 PROJECTS/PROJETS)

ABITIBI-TÉMISCAMINGUE

Regional Association of Rouyn-Noranda
 Université du Québec en Abitibi-Témiscamingue (2 projects/projets)

CAPITALE-NATIONALE

Cégep Champlain – St. Lawrence
 Hôpital Jeffery Hale – Saint Brigid's
 Community Health and Social Services Network (3 projects/projets)

CHAUDIÈRE-APPALACHES

Megantic English-speaking Community Development Corporation
 (2 projects/projets)

CÔTE-NORD

Coasters Association Inc. (2 projects/projets)
 Centre de protection et de réadaptation de la Côte-Nord

ESTRIE

Centre hospitalier universitaire de Sherbrooke

GASPÉSIE – ÎLES-DE-LA-MADELEINE

Committee for Anglophone Social Action (2 projects/projets)
 Centre de santé et de services sociaux de la Côte-de-Gaspé
 Council for Anglophone Magdalen Islanders (2 projects/projets)
 Vision Gaspé-Percé Now

LAURENTIDES

Centre de santé et de services sociaux d'Argenteuil
 Centre de santé et de services sociaux des Sommets

LAVAL

Centre de santé et de services sociaux de Laval, Centre de jour Sainte-Dorothee

MONTÉRÉGIE

Townshippers' Association (2 projects/projets)

MONTRÉAL

Centre de réadaptation de l'Ouest de Montréal
 Centre de santé et de services sociaux de la Pointe-de-l'Île
 Centre universitaire de santé McGill (CUSM)
 Université McGill, École de sciences infirmières
 Université McGill, École de travail social (2 projects/projets)
 Université McGill, Centre d'enseignement du français et de l'anglais
 Cégep Vanier

OUTAOUAIS

Regional Association of West Quebecers
 Outaouais Health and Social Services Network

MAURICIE ET CENTRE-DU-QUÉBEC

Agence de la santé et des services sociaux de la Mauricie et du Centre-du-Québec

MONTÉRÉGIE

Centre de santé et de services sociaux de Vaudreuil-Soulanges
 Centre de santé et de services sociaux du Suroît
 Centre de santé et de services sociaux Richelieu-Yamaska
 Centre de santé et de services sociaux de la Pommeraie
 Centre de santé et de services sociaux Pierre-Boucher
 Centre de santé et de services sociaux du Haut-Saint-Laurent
 Centre de santé et de services sociaux Haut-Richelieu-Rouville
 Centre de santé et de services sociaux de la Haute-Yamaska
 Centre de santé et de services sociaux Champlain
 Centre de santé et de services sociaux Jardins-Roussillon
 Institut Nazareth et Louis Braille
 Centre de réadaptation en déficience intellectuelle Montérégie-Est
 Centre hospitalier Charles-Lemoyne
 Centre jeunesse de la Montérégie
 Services de réadaptation du Sud-Ouest et du Renfort
 Centre montréalais de réadaptation

MONTRÉAL

Centre de santé et de services sociaux d'Achats et Montréal-Nord
 Centre de santé et de services sociaux Lucille-Teasdale
 Centre de santé et de services sociaux de Saint-Léonard et Saint-Michel

Centre de santé et de services sociaux de la Pointe-de-l'Île

NORD-DU-QUÉBEC

Centre de santé de Chibougamau

OUTAOUAIS

Centre de santé et de services sociaux des Collines
 Centre de santé et de services sociaux de Gatineau
 Centre de santé et de services sociaux de la Vallée-de-la-Gatineau
 Centre de santé et de services sociaux du Pontiac
 Centre de santé et de services sociaux de Papineau
 Centres jeunesse de l'Outaouais
 Centre régional de réadaptation La RessourSe
 Centre Jellinek
 Pavillon du Parc
 Centre hospitalier Pierre-Janet

SAGUENAY – LAC-SAINT-JEAN

Centre de santé et de services sociaux Cléophas-Claveau
 Centre de santé et de services sociaux de Chicoutimi
 Centre de santé et de services sociaux de Jonquière
 Centre de santé et de services sociaux Maria-Chapdelaine
 Centre hospitalier Pierre-Janet

TERRES-CRIES-DE-LA-BAIE-JAMES

Conseil cri de la santé et des services sociaux de la Baie James