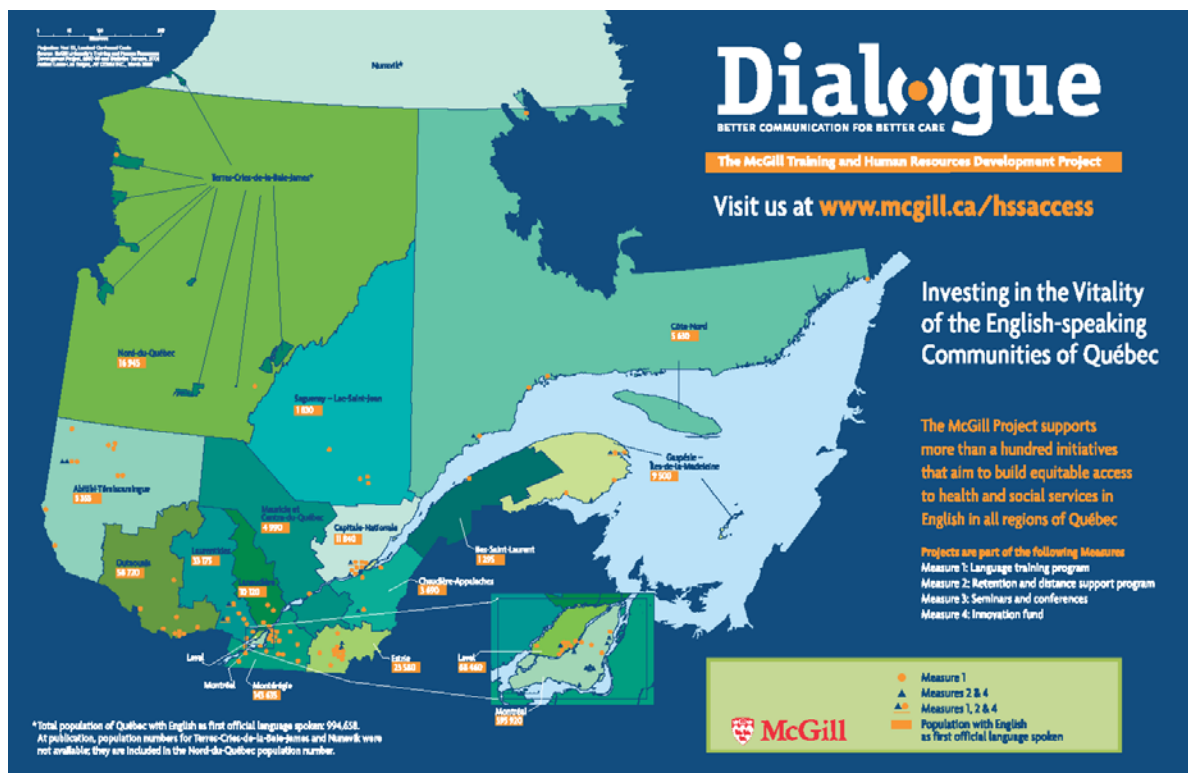


CONTRIBUTION PROGRAM TO IMPROVE ACCESS TO HEALTH SERVICES FOR OFFICIAL LANGUAGE MINORITY COMMUNITIES



Training and Human Resources Development Project



2007-2008 Annual Report

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A Executive summary

The McGill Training and Human Resources Development Project is intended to ensure that English-speaking Quebecers have better access, in their own language, to the full range of health and social services available to the population as a whole. It is in keeping with Health Canada's program to support Quebec initiatives for improving access to health care and social services for English speakers.

The Project is sponsored by the McGill University Faculty of Arts and administered by the McGill English and French Language Centre, which has primary responsibility for its management in conjunction with the School of Social Work.

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

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

The 2007-2008 budget allocation to \$4 million, with an additional \$400,000 allocated at the close of the third quarter to enhance the measures just described.

Measure 1. Language Training Program

Almost 1,900 students from 17 regions took and completed English courses adapted to their work. More than 400 others were enrolled but did not complete their session. Although the total number of workers trained did not change much from the previous year, regional differences are observed. The Saguenay-Lac-Saint-Jean region posted a remarkable increase (from 36 to 100), while sizeable growth was recorded in the regions of Québec (from 223 to 288), Gaspésie-Îles-de-la-Madeleine (from 99 to 119) and Laval (from 140 to 173). Attendance fell in the regions of Estrie (from 297 to 182), Laurentides (from 156 to 85) and, to a lesser extent, Abitibi-Témiscamingue (from 121 to 94), Chaudière-Appalaches (from 132 to 97) and Montréal (from 419 to 364).

As for course participation by worker's area of activity, the health sector ranked first (857 workers, or 46%), followed by social services (422 workers, or 22%) and then intake (229 workers, or 12%). According to the CREXE evaluation, the workers were very satisfied with the training they received, for an 83.5% positive response rate. English courses were offered to 317 different groups by 28 training organizations, i.e. universities, CEGEPs, school boards and private firms.

An exploratory study known as the BEST Project was undertaken to identify and document language training practices adapted to each of 17 regional situations. The Agence de l'Outaouais agreed to be the pilot region, and initial contacts were made with the training organizations and health and social services institutions targeted by the Project. That study will continue in 2008-2009.

Measure 2. Retention and Distance Professional and Community Support Program

The 25 Retention projects from the previous year continued in 2007-2008. Health and social services institutions (10 projects), educational institutions (9 projects) and Anglophone community groups (6 projects) joined forces to create internships in the regions of Quebec.

Numerous Project activities were organized to promote internships in the regions. Promotional material was circulated among students in McGill's professional schools of health and social services. To interest health and social services institutions and their professionals in our internship projects, we included a promotional insert in the *Dialogue* newsletter that went out to 3,400 people in May 2007. A mini-website created last year from that material logged more than 7,000 visitors in 2007-2008.

We worked extensively to support regional promotional and recruitment activities. In turn, the regional partners of the Retention Program informed the Project Secretariat of the promotional material they produced. A virtual bank based of inventoried materials will be created on our website in fall 2008.

The sustained promotional and recruitment efforts bore fruit. Our Project provided for 142 placements of English-speaking students in nine regions of Quebec. Almost half of those placements took place in residential and long-term care centres (CHSLD), 39 in health and social services centres (CSSS) and 24 in rehabilitation centres (CR). As for professional programs, the largest numbers of interns were from practical nursing (50), followed by nursing (27) and social work (25). There were 12 dietetic interns and 11 interns in occupational therapy, physical therapy and speech-language pathology. McGill students accounted for 40% of the interns (56), while CEGEP students did 41 internships and high school students 42.

Eleven McGill interns, including seven dietetics students, received financial support to cover additional expenses resulting from regional placement. The average allocation amounted to \$1,436 per intern, and that budget item was administered by the Project Secretariat. Other students also received financial support from McGill's professional schools or other partners, all funded by the Project.

Thanks to a partnership with the Consortium national de formation en santé/University of Ottawa component, the Project continued the English translation and electronic delivery of *The Art of Supervision* workshops. In September 2007, the first three modules were posted on McGill's *My Courses* website. The first module, *The Basics of Supervision*, was delivered twice to 40 students. The second, *Building Trust*, was delivered to 27 students in three sessions; six students signed up for the third module. Of the 73 students enrolled in the six sessions, 44 completed the course. The translation of Module 4, *Performance Evaluation*, was completed in February 2008. In addition, a promotional brochure was produced in English and French and inserted in the *Dialogue* newsletter distributed to over 3,000 partners in May 2008.

To equip English-speaking students interested in regional placement, the McGill English and French Language Centre continued providing French courses adapted to job situations in the health and social services. Four courses were offered during the fall and winter sessions, i.e. oral French (two groups) and written French 1 and 2. Out of 36 students enrolled, 32 completed the course.

Thanks to additional funding for the Special Project, we were able to create an inventory to identify English-language health care and social services training programs, including courses in French for Special Purposes. That inventory of teacher and learner resources is available online at <http://www.mcgill.ca/hssaccess/two/programs/>.

Component 2.1 – Distance Community Support

This component, administered by the Community Health and Social Services Network (CHSSN), is highly valued. The nine regional Telehealth coordinators contributed significantly to the success of this program. The topics were chosen in light of community requests and a survey of their needs. Each community took charge of one topic.

Here are a few highlights:

- The eight community organizations were regular participants in the Telehealth sessions.
- 714 individuals participated, for an average of 71 per session.
- All of the communities participated in seven of the ten sessions on average.
- There were 86 sites in all, with an average of nine sites per session.

The current partnership of the program with McGill University Health Centre (MUHC) Telehealth Services was instrumental in the success of the distance community support activities.

The Telehealth Program continued its association with organizations such as Care-Ring Voice and AMI Québec via Telephone Education Workshops. One objective for 2007-2008 was outreach to national partners. That initiative bore fruit with the additional of three new partners: the Arthritis Society, the Canadian Cancer Society (Quebec Division) and the Quebec Heart and Stroke Foundation. The communities continued to develop new local partnerships. An important one was established with LEARN Québec and three communities when they partnered with their local Community Learning Centres (CLC) to make more use of videoconferencing facilities. Lastly, the Special Project funds allowed for expanding radio public-health programming.

Component 2.2 – Distance Professional Support

Thanks to well-established collaboration with the MUHC, we were able to continue our delivery of teleinformation sessions to English-speaking professionals working within the health and social services network. Topics included child assessment, child development, dealing with teen aggression, and bronchiolitis.

According to figures from MUHC Telehealth Services, those sessions drew 168 participants at 50 video sites and 32 audio sites in 13 different health and social services regions, including six outside the Réseau universitaire intégré de santé (RUIS McGill). The results are encouraging, but it has proven harder than expected to target and reach English-speaking health and social services workers throughout 18 regions and four RUIS service corridors. Discussions will be held with the MUHC to plan for integrating the Distance Professional Support Program into those RUIS service corridors.

Measure 3. Organization of Seminars and Conferences

Measure 3, the organization of seminars and conferences, involves knowledge mobilization. We held a conference in September 2007 to share information on best practices; build ties between students, supervisors and Project leaders; and develop knowledge based on real-life experiences. Fifty-five people participated in that conference and, according to the evaluation sheets, were very satisfied with the event.

Measure 4. Innovation Support Fund

In the previous budget year, the retention projects of anglophone community groups that had been included in the first component of Measure 2 were switched to Measure 4, Innovation Support Fund, to simplify Project accountability to Health Canada. Retention Program outcomes are described under Measure 2.

Research and evaluation

In March 2006, the Centre de recherche et d'expertise en évaluation (CREXE), a component of the École nationale d'administration publique, was contracted to evaluate the Project. A fact-finding report (Phase I) and an initial implementation review (Phase II) were completed in 2006-2007.

In June 2007, the principal investigator for the Project approved a CREXE proposal for a second implementation review and the first impact study. That summer, CREXE conducted interviews, administered questionnaires and analyzed data. Given that data collection extended from June 21 to September 21, 2007, the response rates, ranging between 56% and 28%, were deemed satisfactory. According to CREXE, the findings are reliable and valid for all of Quebec. The report was submitted in early October 2007 and distributed to the Project partners and stakeholders, including the members of the Advisory Committee and McGill senior administration. The evaluation shows positive response to the Project measures. As expected, the analysis revealed a few shortcomings, but adjustments were made.

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

The H-CALM team is comprised of experts from Montreal's four universities and a research coordinator. The members of this interdisciplinary team are researchers hailing from a variety of fields: psychology, nursing, education, occupational therapy, language testing and evaluation, linguistics and sociology. In May 2007, members of the H-CALM team participated in the 75th *Congrès de l'Association francophone pour le savoir (ACFAS)* in Trois-Rivières. In November 2007, members participated in the *2e Forum de recherche sur la santé des communautés francophones en situation minoritaire* in Ottawa, organized by the Consortium national de formation en santé.

The research projects funded through the McGill Project have moved forward. H-CALM Project #1 concerns identification and verification of the language requirements for the delivery of healthcare services to English-speaking communities in Quebec. Projects #2 and #3 involve studies on the verbal expression of pain in English and French, as well as measures of language processing fluency in professional healthcare communication. Project #4 analyzes communication between patients with chronic obstructive pulmonary disease (COPD) and nurses in cases of home telecare in a second language context. Project #5 concerns the development of a speech recognition-based ESL training tool for healthcare providers serving Quebec's English-speaking communities.

Regarding the second research area of the work plan, an exploratory study was undertaken in the first quarter to identify and document language training practices adapted to the situation in each of Quebec's 17 regions. That survey is known as the BEST Project.

Conclusion

This ends the fourth year of the McGill Training and Human Resources Development Project. In 2007-2008, 130 projects were implemented in 17 health and social services regions.

The language training projects involved some 2,000 health and social services workers interested in improving their English language skills in order to communicate better with English-speaking clients. Materials have been produced or are in development to help them retain the language skills acquired through the courses. A study to better document language training practices is under way.

In terms of retention, 142 internships and placements were created. There was ongoing development of tools for supervisors (*The Art of Supervision* course) and students (French courses and financial support). Videoconferences on health prevention and promotion services were provided for 714 English speakers in remote regions. Lastly, the CREXE evaluation submitted in October 2007 shows positive response to the Project measures, although several adjustments had to be made.

Thanks to additional funding, the McGill Project was able to sustain momentum toward its initial goals by encouraging the development of new initiatives and the consolidation of existing activities. The building of a closer relationship with professional corporations is one example of a positive new partnership that will improve all Project measures. The additional funding did not produce all of the desired results, but expectations were perhaps too high in light of our limited Project delivery time. Other obstacles stemmed from the decentralized structure of the Project, which is evolving in a vast and complex health system under considerable stress. Nonetheless, the McGill Project team has demonstrated its ability to learn from complex situations, seriously reflect upon alternative paths for achieving its objectives, and successfully mobilize resources for that purpose. In sum, the McGill Project has come of age and is solidly established for entering the second phase together with its partners and for taking on new challenges.

B 1.0 Introduction

Based on first official language spoken, Quebec's English-speaking population in 2006 was 994,658, accounting for 13% of the overall population. This language community is found in all regions, though its size varies considerably from one to the next. Its aging and fairly low representation in certain regions, as well as the exodus of young people and weakening social support network, are among the factors that create barriers and disparities in matters of access to services.

The McGill Training and Human Resources Development Project is intended to ensure that English-speaking Quebecers have better access, in their own language, to the full range of health and social services available to the population as a whole. It is in keeping with Health Canada's program to support Quebec initiatives for improving access to health care and social services for English speakers.

The Project has been provided with a management structure to fulfil its mandate. It is sponsored by the McGill University Faculty of Arts and administered by the McGill English and French Language Centre in conjunction with the School of Social Work.

There are committees to assist the Project managers with planning, delivering, following up and evaluating the Project measures. This infrastructure provides for a rigorous management process. The first group, the Steering Committee, coordinates activities as a whole. It is comprised of McGill's Assistant Vice-Principal (Public Affairs); the Assistant Dean, Faculty of Arts Research and Graduate Studies; the principal investigator of the Anthropology Department; the co-investigator of the English and French Language Centre; the co-investigator of the School of Social Work; a School of Nursing professor; an Anthropology Department professor; a representative of the official partner for the Project, i.e. the Community Health and Social Services Network (CHSSN); and the Project Coordinator. This committee met seven times in 2007-2008.

The second group, the Advisory Committee, advises the Steering Committee on Project policies and directions. It is comprised of representatives of the *Ministère de la Santé et des Services sociaux* (MSSS), health and social services centres, professional corporations, educational institutions, organizations originating in the anglophone community, and the *Consortium national de formation en santé* (CNFS). This committee meets twice a year. This year, its members' advice was sought for possible renewal of the Project for another five years, among other issues.

The third group is the Evaluation Follow-up Committee, which advises the Steering Committee about evaluation procedure. It consists of four Steering Committee members and a consultant specialized in the evaluation of health and social services programs. The fourth and final group, the Programming Committee, consists of the Retention Program coordinator, the anglophone-community liaison consultant, the partner liaison officer and the Project Coordinator. Its roles are to monitor implementation of institutional and community Retention projects and formulate opinions on planning, policies and procedures for the Steering Committee. This committee met 16 times in 2007-2008.

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

The first measure is a language training program for French- and English-speaking network personnel. The second measure has two components: (a) a retention initiative to better equip health and social services institutions in the regions to accommodate English-speaking health and social services interns and thus promote their integration and retention in the regions and (b) a distance support program for English-speaking professionals and communities in distant areas. The third

measure is a knowledge mobilization program for the organization of seminars and conferences. The fourth measure complements the Retention Program and involves intake and orientation projects for regional internships sponsored by English-speaking community groups.

2.0 Assessment of 2007-2008 work plan outcomes

2.1 2007-2008 work plan

The 2007-2008 work plan adopted by the Project Steering Committee sets out seven general objectives, as well as new targets for the Special Project approved by Health Canada in December 2007.

The first general objective is to evaluate the Project in compliance with the policies and procedures of our funder. Activities were planned for evaluating the Project. An audit of Project-generated secondary data was planned. Internal and external evaluation follow-up committees, as well as the Project Advisory Committee, made comments and suggestions regarding the evaluation report produced by the ENAP Centre de recherche et d'expertise en évaluation (CREXE). It was further provided that the CREXE report would be submitted to Health Canada on the prescribed date and then released to our partners and other stakeholders.

The second general objective is to design and carry out a research program supporting Project delivery and evaluation. Three research areas were prioritized: evaluation of communication barriers hindering access to health and social services, an exploratory study of the language training practices and models favoured by the various teaching organizations, and analysis of the Distance Professional Support Program.

The third general objective is to ensure appropriate communication with the target groups and the media. With this in mind, the Steering Committee provided for planning and implementing ways of communication within McGill University and with English-speaking community groups, the health and social services network, educational institutions and professional corporations. The activities contemplated included publication of a newsletter and continuing update of the Project website. Plans also called for continuing liaison with the aforesaid partners by such means as telephone contacts, meetings, telephone conferencing and videoconferencing.

The fourth general objective concerns Measure 1, the Language Training Program, designed to produce more French-speaking professionals capable of serving English-speaking clients in English. Three specific objectives were proposed for achieving this general objective. First, plans called for delivering ESL courses to 2,000 French-speaking health and social services workers. Second, the BEST Project, a survey designed to identify and document teaching practices, was necessary for developing and sharing knowledge about best practices and helping to revise the Language Training Program. Lastly, pursuant to the provisions set out in Appendix A of the Contribution Agreement, self-study instructional materials for workers having completed the courses had to be produced and distributed.

The fifth work plan target, the Retention Program, calls for increasing the number of English-speaking or bilingual students in the health and social services disciplines who will intern in Quebec's regions and then return to work there. Awareness building and information activities were to continue for students, the professionals supervising them, health and social services institutions interested in creating internships, and other training organizations. Tools had to be created to help with the institutions' recruitment efforts and support prospective supervisors. The creation of placement locations was to continue among Project partner organizations, and other institutions were to be encouraged to join the Retention Program. Courses in French for Special Purposes were planned to improve the French language skills of English-speaking health and social services students and

workers. Thought was given to creating a network of supervisors and holding conferences for discussing best practices.

The anticipated outcomes for the sixth work plan objective involved a fuller offering of health care and social services (promotion, prevention, diagnosis and treatment) for English-speaking communities in remote regions. The Community Health and Social Services Network, mandated with carrying out this objective, planned to give the communities more support for delivering and following up public-health education and information activities through videoconferencing or community radio.

The final objective is to improve the retention of English-speaking professionals within the regions by offering them distance support and professional development activities through partnership with the McGill University Health Centre.

The general objective of the 2007-2008 Special Project was to enhance the efficiency of the measures already taken under the McGill Training and Human Resources Development Project. New resources were provided to reinforce the language skills of French-speaking professionals completing English language training; improve professional support and networking; develop and promote information campaigns about internship opportunities; develop French language courses for students in English-language professional degree programs; provide professional support and networking for English-speaking members of Quebec professional corporations; develop strategies to follow up and broaden distance delivery of public-health prevention and promotion programs; and promote a research program in support of implementation efforts and evaluation of the activities undertaken.

2.2 Outcomes for individual work plan objectives

First objective: Evaluate the Project in light of Health Canada policies and procedures

In March 2006, the ENAP Centre de recherche et d'expertise en évaluation (CREXE) was contracted to evaluate the Project. A fact-finding report (Phase I) and an initial implementation review (Phase II) were completed in 2006-2007.

In June 2007, the principal investigator for the Project approved CREXE's proposal for a second implementation review and an initial impact study. That summer, CREXE conducted interviews, administered questionnaires and analyzed data. Data collection extended from June 21 to September 21, 2007, and the response rates (between 28% and 56%) were deemed satisfactory. According to CREXE, the findings were reliable and valid Quebec-wide. The report was submitted in early October 2007. During that same time, an evaluation consultant audited the secondary data generated by the Project and submitted a report to the Steering Committee.

Those two reports were released to the Project partners and stakeholders, including the Advisory Committee members and McGill's senior administration. The External Evaluation Follow-up Committee, comprised of representatives of all our contractual partners, analyzed the reports and provided comments and recommendations to Project management who welcomed CREXE's final report and emphasized its effort to meet the funder's tight delivery lead time. In its management response to the final report, the Steering Committee did, however, qualify and fine-tune the recommendations. The two reports and the responses are posted on the Project website at <http://www.mcgill.ca/hssaccess/eval/>. In sum, the evaluation reveals positive response to the measures carried out through the Project. As expected, the analysis pointed up a few shortcomings, but adjustments were made or will soon be made.

Second objective: Establish and carry out a research program to assist and support Project delivery and evaluation

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

The H-CALM team is comprised of experts from Montreal's four universities and a research coordinator. The members of this interdisciplinary team are researchers hailing from a variety of fields: psychology, nursing, education, occupational therapy, language testing and evaluation, linguistics and sociology. Since its inception, the team has also called on a number of undergraduate and graduate students, as well as recent alumnae, from Montreal's four universities. It has required the services of ten research assistants to date.

In May 2007, members of the H-CALM team participated in the 75th *Congrès de l'Association francophone pour le savoir* (ACFAS) in Trois-Rivières. In November 2007, members participated in the 2e *Forum de recherche sur la santé des communautés francophones en situation minoritaire*, organized by the Consortium national de formation en santé and held in Ottawa. The ACFAS scientific conference, written up in the newspaper *Le Devoir*, covered a wide range of topics concerned with healthcare access for official language minorities in Canada. It was a unique opportunity for researchers, professionals, language training specialists and community members to meet and share experiences and ideas.

Following is a point-form presentation of the progress and achievements of the four research teams between April 1, 2007, and March 31, 2008.

Project #1: Identification and verification of language requirements for health services to Quebec English-speaking communities

- Staged group discussions with nurses from a regional hospital.
- Developed and validated a second questionnaire.
- Developed a questionnaire in two formats (hard copy and online – French/English).
- Searched for questionnaire respondents and collected data.
- Reported on research developments at the ACFAS conference (Trois-Rivières), the CNFS research forum (Ottawa) and a language testing research colloquium.

Projects #2 and #3: Studies on verbal expression of pain, in English and French, and measures of language processing fluency in professional health communication situations

- Processed ethics approval application forms at Jewish Rehabilitation Hospital and Concordia University for research funded by the Social Sciences and Humanities Research Council (SSHRC).
- Completed materials and computer tasks for use in hospital-based research.
- Developed computer programs for laboratory research.

Project #4: Analysis of communication between patients with chronic obstructive pulmonary disease (COPD) and nurses in cases of home telecare in a second-language context

- Revised a feasibility study protocol to include French- as well as English-speaking patients in the sample.
- Recruited three patients from the Montreal Chest Institute.
- Trained telenurses in use of the home-telecare system and COPD self-management.
- Gathered socio-demographic data, including language data.
- Chose a recording device for analyzing verbal interaction between nurses and patients.
- Recorded telecare activities and prepared data for analysis.

Project #5: Development of a speech recognition-based ESL training tool for healthcare providers serving Quebec's English-speaking communities

- Designed and programmed the Virtual Language Training module – a prototype speech recognition-based training tool simulating information gathering during a medical interview.
- Presented an article describing the VLP module features at INTED 2008, the International Technology, Education and Development conference held in Spain in March 2008; publication of the conference proceedings.
- Produced two digital databases.
- Outlined and drafted several sections of a speech recognition-based general-purpose training tools and their possible application for special-purpose language training.

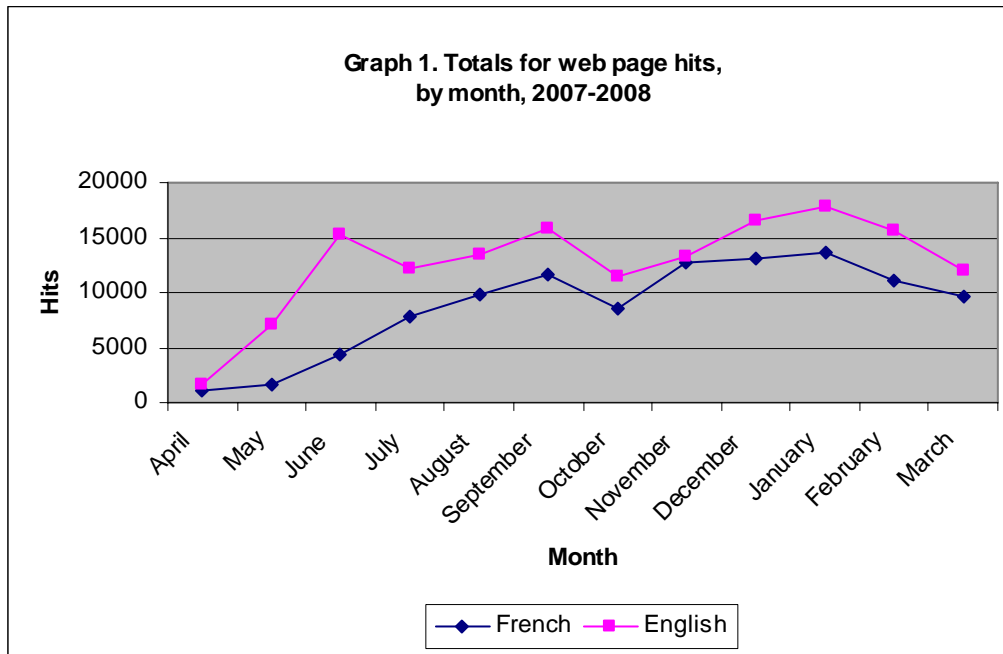
The research coordinator presented a paper at 1st International Conference on Language and Health Care, held in Spain.

As regards the second research area of the work plan, an exploratory study was undertaken in the first quarter to identify and document language training practices adapted to the situation in each of Quebec's 17 regions. That survey is known as the BEST Project. A research assistant was hired in that first quarter. In the second quarter, research targets were identified, the literature was reviewed and data collection instruments were produced. Data collection was scheduled for the third quarter, but had to be postponed until the next quarter. Although the McGill Ethics Committee approved the BEST Project, health and social services agency representatives requested clarification of the ethics approval process within network institutions. We obtained the opinion of the MSSS Ethics Unit in December. We will provide more information about the progress of the study in discussing the fourth objective further on.

The last research area, i.e. evaluation of the distance training programs and practices for health and social services professionals, was dropped from the research program. The person mandated with that initiative advised the Steering Committee that the activity was unfeasible owing to insufficient funds. Cancellation of that research has been offset in the past two years by including continuing evaluation in the regular telehealth activities of the CHSSN.

Third objective: Provide appropriate communication with target groups and the media

The Project partners and English-speaking communities were kept informed of the 130 projects under way. The second issue of *Dialogue* was published in May 2007 and distributed to almost 3,400 people. It included an insert on the Retention Program to interest English-speaking health and social services students, professionals and institutions, as well as educational institutions and host communities in creating internships in the regions. The contents of that promotional insert are posted on our website at <http://www.mcgill.ca/hssaccess/>. The site went online in May 2007 and has since been kept current. Graph 1 plots hits on that website.



There were 155,359 hits for the English-language version and 104,764 hits for the French-language version. Irrespective of language, the pages visited most often were the home page and the page on mobilization for the creation of internships in the regions. For the French version, next came the pages for teachers, the evaluation and the project summary. In English, the pages on the research team, the summary of Measure 2 and teacher resources came last.

The Project team stepped up contacts with all its partners to continue dialogue and open new windows of opportunity. In addition to regular communication with Health Canada, there were two meetings, one prompting the Project to request additional funding for a special project and the other clarifying some accountability issues. As for communication with the MSSS, the collaboration of the *Secrétariat à l'accès aux services en langue anglaise* was instrumental in obtaining two opinions, one from the *Secrétariat aux affaires intergouvernementales* on protocol for Quebec's relations with federal government services and the other from the MSSS Ethics Unit on two research projects. As for relations with health and social services agencies and institutions, four videoconferences and two telephone conferences pertaining to Measure 2 were held to encourage information sharing between the Project and its partners. Liaison with English-speaking communities was handled by members of the Project management team. Examples include the following:

- continuing contact of the representative for our community partner, the Community Health and Social Services Network (CHSSN), with English-speaking community-based groups in the regions;
- CHSSN participation on the Provincial Committee for the Dispensing of Health and Social Services in the English Language and on the Health Canada Advisory Committee on English-language Minority Communities;
- participation of the Retention Program coordinator on the aforesaid Health Canada Advisory Committee;
- the Project Coordinator presented the 2007-2008 progress report to that same committee.

Meetings with the respective professional corporations of Quebec nurses and social workers (*Ordre des infirmières et infirmiers du Québec* and *Ordre des travailleurs sociaux professionnels du Québec*) resulted in partnerships for distance professional support of their English-speaking members and led to scientific validation of materials developed through the Project. Additionally, a memorandum of understanding was signed with the CNFS/University of Ottawa component for the course titled *The Art of Supervision*. A joint committee implemented that memorandum. Furthermore, it encouraged information sharing on evaluation and improvement of that course, which was offered online and face-to-face in both languages for professionals interested in supervising placement students.

In the area of networking with research communities, our principal investigator continued promoting the research potential of the Project among investigators interested in access to health care and social service for Quebec's English-speaking minority communities. Productive meetings were held with key research personnel of the MSSS and with researchers from Montreal's university network. New initiatives to broaden knowledge should materialize in 2008-2009.

Fourth objective: Train more French-speaking professionals capable of serving English-speaking clients in English

Close to 1,900 students from 17 regions took and completed English courses adapted to their workplace. More than 400 others enrolled, but did not finish the session. Table 1 gives the figures by region.

Table 1. Number of workers trained, by region, 2005-2006, 2006-2007 and 2007-2008.

Region		No. of workers trained in 2005-2006	No. of workers trained in 2006-2007 ¹	No. of workers trained in 2007-2008
01	Bas-Saint-Laurent	30	23	22
02	Saguenay-Lac-Saint-Jean	13	36	100
03	Capitale-Nationale	255	223	288
04	Mauricie et Centre-du-Québec ²	N/A	N/A	50
05	Estrie	309	297	182
06	Montréal	97	124	137
07	Outaouais	111	141	147
08	Abitibi-Témiscamingue	18	121	94
09	Côte-Nord	8	15	10
10	Nord-du-Québec	4	6	6
11	Gaspésie-Îles-de-la-Madeleine	88	99	119
12	Chaudière-Appalaches	59	132	97
13	Laval	32	140	173
14	Lanaudière	35	43	51
15	Laurentides	100	156	85
16	Montérégie	268	419	364
18	Terres-Cries-de-la-Baie-James ³	0	19	3
TOTAL		1,427	1,993	1,878

¹ The 2006-2007 figures for regions 14 and 18 are taken from the submitted proposals.

² The 2007-2008 allocation paid to the Agence de la santé et des services sociaux Mauricie et Centre-du-Québec was used to set up a regional interpretation service.

³ There was no allocation to the Terres-Cries-de-la-Baie-James region in 2005-2006. The bulk of the 2007-2008 allocation was used to produce materials directly relevant to the Cree population and healthcare personnel in a Northern region.

Although the total number of workers trained did not change much from the previous year, regional differences are observed. The Saguenay-Lac-Saint-Jean region posted a remarkable increase (from 36 to 100), while sizeable growth was recorded in the regions of Québec (from 223 to 288), Gaspésie-Îles-de-la-Madeleine (from 99 to 119) and Laval (from 140 to 173). Attendance fell in the regions of Estrie (from 297 to 182), Laurentides (from 156 to 85) and, to a lesser extent, Abitibi-Témiscamingue (from 121 to 94), Chaudière-Appalaches (from 132 to 97) and Montérégie (from 419 to 364).

As for course participation by worker's area of activity, the health sector ranked first (857 workers, or 46%), followed by social services (422 workers, or 22%) and then intake (229 workers, or 12%), as shown in Table 2.

Table 2. Distribution of ESL participants¹, by activity sector and training level, 2007-2008².

Level	Intake	Health	Social	Multi-sector	Other	Total
Beginner	125	302	0	87	19	629
Intermediate	87	441	179	63	7	777
Advanced	16	94	132	63	0	305
Mixed	3	12	4	131	0	150
TOTAL	231	849	411	344	26	1861
Percentage	12%	46%	22%	18%	1%	100%

¹ Participants having completed the course.

² Data collection on participants in the first year was based on activity sector and training level. A slight variance of 11 participants as compared with the total in Table 1 will be observed. Corrective measures have been put into place for the 2008-2009 Annual Report.

Almost 45% of the students were at the intermediate level; less than 30% were at the advanced level; nearly 20% were beginners.

The English courses were offered for 317 different groups by 28 training organizations, i.e. universities, CEGEPs, school boards and private firms.

The CREXE evaluation showed strong worker satisfaction with the training received, for an 83.5% positive response rate. In addition, 78.4% of them found that the training fit the social and economic realities for English speakers in their respective regions. The training met the professional requirements of 76% of the workers, and 75.8% of them reported that the knowledge provided served them professionally. Respectively, 72.6% and 69% of the workers felt that the training better equipped them to inform and converse with English speakers. According to 67.5% of the workers, training also facilitated contact with English speakers in the region; it improved stress management during conversation, according to 67.8% of them.

As regards liaison and coordination, there were four videoconferences, which drew representatives of the MSSS, health and social services agencies, training organizations and the regions. Exchanges were concerned mostly with CREXE's evaluation procedure, the self-study workbooks the Project produced to promote learning retention, the BEST Project and the annual statistical report.

As concerns training follow-up, the BEST Project start-up problems described more fully under the second objective were ultimately resolved. The Agence de l'Outaouais agreed to be the pilot region, and initial contacts were made with the training organizations and the health and social services institutions and workers targeted by the Project. That study will continue in 2008-2009.

A series of self-study workbooks complete with DVD illustrating workplace interactions was started to promote learning retention upon completion of the English courses. The first workbook, intended for receptionists, consists of 19 modules and was distributed to 435 people. This type of material is apparently attracting interest and meeting learners' needs. Preliminary exploratory findings are described in the first section of the Special Project outcomes. The second workbook is designed for triage nurses and the third for social workers. Both have undergone scientific validation by the *Ordre des infirmières et infirmiers du Québec* (OIIQ) and the *Ordre professionnel des travailleurs sociaux du Québec* (OPTSQ), respectively. Concurrently, a pedagogical validation of the first workbook was produced by three top experts, one in linguistics and language teaching, another in computer-assisted language teaching, and the third in phonetics and pronunciation. Their comments are encouraging and instructive, suggesting many good ways to improve the material. The second and third workbooks are scheduled for distribution in fall 2008.

Fifth objective: Increase the number of English-speaking or bilingual healthcare and social work students who intern in English-speaking communities in Quebec's regions and will later return there to work

The 25 retention projects begun the previous year continued in 2007-2008. Health and social services institutions (10 projects), educational institutions (9 projects) and English-speaking community groups (6 projects) joined forces to create internships in regional Quebec.

Numerous Project activities were organized to promote internships in the regions. Promotional material was circulated among students in McGill's professional schools of health and social services. To interest health and social services institutions and their professionals in our internship projects, we included a promotional insert in the *Dialogue* newsletter that went out to 3,400 people in May 2007. A mini-website created last year from that material logged more than 7,000 visitors in 2007-2008. Internship coordinators from McGill's professional disciplines covered by the Retention Program told students in their respective schools about that website.

The Project worked very hard to help the regions promote their promotional and recruitment activities. Our regional partners for the Retention Program informed the Project Secretariat of the promotional material they themselves produced. A virtual bank based on those inventoried materials will be created on our website in fall 2008. Close to 20 documents and four websites have been inventoried to date. We also encouraged and facilitated the participation of six partners in career days. Among still other activities, the CSSS de la Côte-de-Gaspé organized two exploratory visits for McGill nursing students; the Megantic English-speaking Community Development Corporation (MCDC) funded school visits by health and social services professionals in the Chaudière-Appalaches region and held dinners for information sharing between the health and teaching sectors.

The sustained promotional and recruitment efforts bore fruit. Our Project provided for 142 placements of English-speaking or bilingual students in nine regions of Quebec. Almost half of those placements took place in residential and long-term care centres (CHSLD), 39 in health and social services centres (CSSS) and 24 in rehabilitation centres (CR).

Table 3. Internships in health and social services institutions and other organizations, by project and institutional category, 2007-2008.

Project	CSSS	CR	CJ	CHSLD	CH	School board	Comm. org. or other	TOTAL
05 CHUS	4	3		4			1	12
06 CSSS de la Pointe-de-l'Île ¹	8						3	11
06 West Montreal Readaptation Centre		20						20
06 Grace Dart Extended Care Centre				68				68
07 Regional Assn. of West Quebecers	11				0			11
09 Centre de protection Côte-Nord			1					1
12 MCDC ²	4							4
13 CSSS de Laval	1							1
15 CSSS d'Argenteuil	1							1
15 CSSS des Sommets	7							7
16 Townshippers' Association	3	1				1	1	6
TOTAL	39	24	1	72	0	1	5	142

¹ In addition, 106 students participated in an introductory mini-internship.

² Plus 3 McGill medical students.

Looking at professional programs of study, the largest numbers of interns were studying practical nursing (50), followed by nursing (27) and social work (25). There were 12 interns in dietetics and a combined total of 11 interns in occupational therapy, physical therapy and speech-language pathology.

Table 4. Internships in health and social services institutions and other organizations, by project and professional program of study, 2007-2008.

Project	Diet./nut.	Occ. ther.	Speech-lang. path.	Phys. ther.	Nurs.	Pract. nurs.	Social work	Other *	TOTAL
05 CHUS	5	1		5			1		12
CSSS de la Pointe-de-l'Île	3				8				11
06 West Mtl. Readaptation Centre							20		20
06 Grace Dart Ext. Care Centre	2				1	50	1	14	68
07 Reg. Assn. of West Quebecers					11				11
09 Centre de protection Côte-Nord							1		1
12 MCDC	1							3	4
13 CSSS de Laval		1							1
15 CSSS d'Argenteuil							1		1
15 CSSS des Sommets	1				6				7
16 Townshippers' Association		1	3		1		1		6
TOTAL	12	3	3	5	27	50	25	17	142

McGill University students made up almost 40% of the interns (56), followed by CEGEPs (42) and high schools (42).

Table 5. Internships in health and social services institutions and related organizations, by project and educational institution, 2007-2008.

Project	McGill University	Other universities	CEGEPs	High schools	TOTAL
05 CHUS	12				12
06 CSSS de la Pointe-de-l'Île	11				11
06 West Mtl. Readaptation Centre	19	1			20
06 Grace Dart Extended Care Centre	1	2	23	42	68
07 Reg. Assn. of West Quebecers			11		11
09 Centre de protection Côte-Nord	1				1
12 MCDC	4				4
13 CSSS de Laval	1				1
15 CSSS d'Argenteuil	1				1
15 CSSS des Sommets	1		6		
16 Townshippers' Association	5		1		6
TOTAL	56	3	41	42	142

Ten McGill students, including seven in dietetics, received financial support to cover additional expenses resulting from regional placement. The Project Secretariat administered that budget item, and the average amount was \$1,436 per intern. Other students received financial assistance from either McGill professional schools or other partners, all funded through the McGill Project.

Through partnership with the CNFS/University of Ottawa component, the Project continued the English translation and electronic delivery of *The Art of Supervision* workshops for potential supervisors. In September 2007, the first three modules were posted on McGill's *My Courses* website. The first module, *The Basics of Supervision*, was delivered twice to 40 students in two sessions. The second, *Building Trust*, was delivered to 27 students in three sessions; six students enrolled for the third module. Forty-four of the 73 students enrolled in the six sessions completed the course. Table 6 gives the professional disciplines of those participants.

Table 6. Distribution of *The Art of Supervision* course participants¹, by discipline and module, 2007-2008.

Module	Occup. ther.	Speech-lang. path.	Phys. ther.	Nursing	Social Work	Other ²	Total
1: <i>The Basics of Supervision</i>	4	5	5	1	9	2	26
2: <i>Building Trust</i>	2	1	3	5	2		13
3: <i>Learning Styles</i>	1	3		1			5
TOTAL	7	9	8	7	11	2	44

¹ Participants having completed the course.

² Other professional discipline: community group facilitator.

Translation of Module 4, *Performance Evaluation*, was completed in February 2008. Additionally, a promotional brochure was produced in English and French and inserted in the *Dialogue* newsletter that went out to more than 3,000 partners. The online workshop trainers on team were from five of McGill's professional programs, i.e. occupational therapy, speech language pathology, physical therapy, nursing and social work. The McGill Ethics Bureau approved a formal evaluation process that will come on stream in 2008-2009.

Seeking to support English-speaking students interested in regional placement, McGill's English and French Language Centre continued providing courses in French for Special Purposes for the healthcare and social services professions. Four courses were offered during the fall and winter sessions, namely, oral French (two groups) and written French 1 and 2. Out of 36 students enrolled,

32 completed the course. Table 7 gives the professional disciplines of those students. Vanier College and Heritage College also offered FSP courses for their healthcare students.

Table 7. Distribution of students¹ in FSP courses offered by McGill's English and French Language Centre, by professional program of study, 2007-2008.

Level	Dietetics	Occup. therapy	Phys. therapy	Nursing	Social work	Other ²	Total
Oral French / fall		5		3			8
Oral French / winter		1	4	2	2	1	10
Written French 1	1				3	3	7
Written French 2			1	2	1	3	7
TOTAL	1	6	5	7	6	7	32

¹ Students having completed the course.

² Other: Occupational health (3), pre-medical sciences (3), Yoga pre-therapy (1).

French courses were provided for English-speaking network professionals through the Language Training Program. In the Montérégie region, eight professionals took these courses.

The Project held a conference in September 2007 to share information on best practices; build ties between students, supervisors and Project leaders; and develop knowledge based on real-life experiences. Fifty-five people participated in that conference, According to the evaluation sheets, they were very satisfied with the event.

Sixth objective: Offer distance services to broaden the offering of health and social services for English-speaking communities in the regions

Telehealth sessions give distant English-speaking communities more access to healthcare and social services information and resources. Access is all the greater when those communities identify their needs and provide related follow-up activities.

The CHSSN-run Community Telehealth Program was a big success, and the nine regional Telehealth coordinators deserve much of the credit. The topics were chosen in light of the communities' requests and a needs survey. Each community took on one topic.

Table 8 highlights the results for 2007-2008.

Table 8. Community Telehealth Program: topics and numbers of communities, sites and participants, 2007-2008.

	Topic	No. of communities	No. of sites	No. of participants
1st quarter April-June	<i>Bone Health</i>	7	10	110
	<i>Mental Health</i>	5	6	33
2nd quarter July-September	<i>Arthritis</i>	9	9	97
3rd quarter October-December	<i>Cancer Awareness</i>	9	13	91
	<i>Self-Esteem : Anger, Addiction and Communication</i>	9	11	88
	<i>Loss</i>	7	8	64
4th quarter January-March	<i>Bullying</i>	3	6	57
	<i>Menopause : A Hot Topic</i>	8	12	56
	<i>Heart Health</i>	6	7	90
	<i>Obesity, Nutrition and Exercise</i>	2	4	28
<i>Average number</i>		7	9	71
TOTAL		66	86	714

Here are a few highlights:

- All eight community organizations were regular participants in the Telehealth sessions.
- Starting in February 2008, the program was limited to six sites per session at the request of MUHC Telehealth Services.
- There were numerous last-minute cancellations owing to the severe winter that Quebec experienced.
- Ten telehealth sessions dealt with community-requested topics.
- There were 714 participants, for an average of 71 per session.
- All communities attended seven of the ten sessions on average.
- There were 86 sites in all, with an average of nine sites per session.

The program's present partnership with MUHC Telehealth Services was instrumental in its success. The flexibility of Telehealth Services and its willingness to facilitate planning and to support the resulting activities allowed for numerous telecommunication links. That included telephone conferences and recording of the sessions on DVD for communities unable to attend.

The Telehealth Program continued its association with organizations such as Care-Ring Voice and AMI Québec via Telephone Education Workshops. One objective and one important new component for Telehealth 2007-2008 was outreach and partnership with national or provincial organizations. That successful initiative drew three new partners, i.e. the Arthritis Society, the Canadian Cancer Society (Quebec Division) and the Quebec Heart and Stroke Foundation. Those key partnerships gave the Telehealth Program access to available human resources and English-language print materials. Relevant up-to-date health information in English was made available by those national organizations. The overall result was increased awareness, greater accessibility and strong community support.

There are indications that communities continued to establish and develop new local partnerships. An important one was established between LEARN Québec and three communities, when those communities partnered with their local Community Learning Centres (CLC) to make use of their videoconferencing facilities.

Follow-up is an important factor in building community capacity. This supposes creating related activities that broaden community awareness, knowledge and partnerships beyond the first Telehealth session. Several participating communities did this:

- The Townshippers' Association projected the DVD on *Bone Health* at the Bury CLC since its members were unable to attend the actual Telehealth session owing to lack of certification. The community support coordinator for the Telehealth Program and the program evaluator facilitated that initiative, which drew some 20 participants.
- At the Avante Women's Centre in Bedford, the Telehealth Program community support coordinator and the program evaluator arranged for projection of the *Grieving and Loss* DVD, followed by group discussion among the 10 participants.

Seventh objective: Boost the retention rate for English-speaking professionals in the regions by offering them distance support and professional development activities

Solid collaboration with the McGill University Health Centre (MUHC) enabled us to continue providing distance training sessions to English-speaking professionals of the health and social services network. Those sessions addressed the following topics:

- Child assessment
- Child development
- Handling teen aggression
- Bronchiolitis
- Diabetes
- Grief
- The family and chronic illness
- Dog bites
- Obesity

According to statistics from MUHC Telehealth Services, those sessions, offered in both languages, drew 168 participants at 50 video sites and 32 audio sites in 13 health and social services regions, including six outside RUIS McGill. The results were encouraging, but it proved more difficult than expected to identify and reach the target workers spread throughout the network in 18 health and social services regions and four RUIS service corridors. Discussions will begin with the MUHC for integrating distance professional support into these RUIS service corridors.

Special Project: Enhancement measures to broaden access to health and social services in English

The McGill Training and Human Resources Development Project received \$0.4 million in funding to boost the impact of the measures for making health and social services more accessible for English speakers in Quebec. Ten new Project activities were added to the existing measures to meet needs emerging since the Project got under way in July 2004.

1. Materials for Language Skills Maintenance

The McGill Project is producing three language skills maintenance modules for receptionists, triage nurses and social workers. The modules are in the form of workbooks with accompanying DVDs featuring role-specific scenarios. Distribution of the self-study workbook for receptionists began in December 2007. Content validation of the triage nurse workbook by the Ordre des infirmières et infirmiers du Québec (OIIQ) revealed some inconsistencies with that corporation's recommended triage practices. That led to formal collaboration with the OIIQ for joint revision and production of that material between April and September 2008. That same validation called the OIIQ's attention to the

need to update knowledge for English-speaking nurses. The emergence of a collaborative arrangement with the OIIQ is a very positive development for the Project and will further the work begun (see subsection 5). The workbook for social workers is in development. The first version was completed and submitted for scientific validation by a clinical supervisor experienced in social work and by the Ordre des travailleurs sociaux du Québec. The validation report points out the need for some changes. Social work involves helping relationships that are more complex than the work of receptionists, making that material more challenging to design and develop.

A preliminary evaluation report for the self-study workbook for receptionists was submitted on April 7, 2008. According to figures dating from February 29, 2008, 453 of those workbooks had been ordered, whereas 700 intake workers¹ (receptionists, secretaries and administrative assistants) had enrolled in language training since the program began. Some of the regions most actively involved in language training have yet to order any self-study workbooks. However, the figures also showed that nurses were using the workbook in certain situations (e.g. when making follow-up telephone calls to post-surgical patients). The figures further showed that certain regions which purchased workbooks had yet to distribute them to their language training participants. Several regions intend to distribute the workbooks in June or at the beginning of the September 2008 session. The distribution process will extend over the several training periods.

1. English course attendance figures by professional category are not available for 2005-2006 or 2006-2007. In 2007-2008, 231 intake workers were trained. The number 700 is an estimate based on 2007-2008 data.

2. Phase 1 of a three-year plan for developing a professional-support network and facilitating the staging of internships

The first phase of this developing project consisted of targeted consultations in two regions (Gaspésie and Chaudière-Appalaches) to ascertain whether the professionals serving English-speaking users felt a need to network. Two meetings were held, in December 2007 and January 2008, involving pre-selected partners from health and social services institutions in both regions. The next phase, a broader consultation of the managers and workers involved, was completed in May 2008. The health and social services centres (CSSS) were slow to respond to formal requests for consultation and collaboration. Ensuring their collaboration necessitated a series of contacts at all levels, and that held up development of the pilot networking project. Discussions of research ethics compounded the delays. Ultimately, it was decided that the Université Laval researchers subcontracted by the Centre francophone d'informatisation des organisations (CEFRIO) would not need to obtain project approval from the university's ethics review board.

Apparently, the Project timeframes were too exacting given the need to inform health and social services providers about the adverse effects that language barriers have on patients (e.g. risk of increased morbidity owing to inadequate or untimely service), on professionals (e.g. red tape involved in opening client files) and on the overall system (work overload). Such awareness building is likely to have long-term benefits, but requires reworking Project timeframes in the short term.

3. Creating an online internship directory of professional health and social services programs

An online directory of internships and placements for professional programs was begun. It covers 10 institutions (McGill, Université du Québec à Abitibi-Témiscamingue, Vanier College, St. Lawrence College, Champlain College, CEGEP Chibougamou, CEGEP Gaspé-les Îles, Heritage College, Dawson College and John Abbott College). It gives the different types of internships and their duration for each program year, as well as eligibility criteria, language proficiency requirements and supervision arrangements. The directory covers the following programs of study: nursing, social work, speech-language pathology, special care counselling, criminology, early childhood education, pre-

hospital emergency care, physical therapy and occupational therapy, dietetics/nutrition, leisure, specialized education, psychology, laboratory work, respiratory therapy and pharmacy. It will be available in brochure format and on the McGill Project website. Both of these presentations are nearing completion.

4. Creation and distribution of a directory of teaching resources, FSP courses and web materials for English-speaking health and social services students

Measure 2 of the McGill Project includes the development of French for Special Purposes courses for English-speaking students wishing to work in a francophone environment. The Special Project provided for broader promotion of the existing courses and made the resources more accessible to those students. The additional funding was used to create a directory in which English-speaking students can find health and social services training programs that are delivered in English but include the necessary French for Special Purposes courses. That directory of teaching resources and courses is available online at <http://www.mcgill.ca/hssaccess/two/programs/>. It includes the health and social work programs at the English-language vocational training centres, CEGEPS and McGill, as well as the FSP courses taught at those institutions. The directory was put together by visiting the websites of Quebec's public educational institutions and making telephone queries.

The directory includes listings of health and social services courses offered by:

- 1) the vocational training centres of seven English school boards in Quebec: Central Québec (Quebec City), Eastern Townships (Lennoxville), Eastern Shores (Gaspé Coast and Magdalene Islands), New Frontiers (Montérégie), Lester B. Pearson (Montreal), Cree (Northern Quebec) and Western Québec (Gatineau). Three other English school boards contacted are authorized to offer courses in health care and social services but have not developed such curricula. They are the school boards of English-Montreal, Sir Wilfred Laurier (Laval-Laurentides-Lanaudière) and Riverside (Montérégie);
- 2) all five of Quebec's English-language CEGEPS (John Abbott, Dawson, Champlain, Vanier and Heritage);
- 3) McGill University: dietetics and human nutrition, nursing, occupational therapy and physical therapy, social work and speech-language pathology.

It also includes courses in French for Special Purposes for anglophone students of nursing, nursing technology, respiratory therapy and social work at Heritage College, Vanier College and McGill University, as well as course materials and resources. Promotional strategy for these courses will be further developed in 2008-2009.

5. Deployment of a strategy for communicating with professional corporations; greater accessibility for the online supervision course

As was mentioned earlier, relations with the *Ordre des infirmières et infirmiers du Québec* (OIIQ) for developing the self-study workbook facilitated development of a formal working partnership with that nursing corporation. Alongside production of the triage nurse workbook, discussions got under way to identify the most effective ways to get in touch with nurses and to offer them professional support. The OIIQ's realization of the need to offer professional support will have long-term benefits, by providing alternative channels to the Réseaux universitaires intégrés de santé (RUIS).

A similar initiative with the *Ordre professionnel des travailleurs sociaux du Québec* allowed for exploring the possibilities for collaboration and for planning an e-circular about the supervision course.

Through its regular funding, the McGill Project was able to customize and offer an online supervision course. As was mentioned under the section on the fifth objective, three four-week modules are currently available. The additional funding allowed for translating a fourth module in that series. Although that work has been completed, the module will be available on McGill's Vista website as of December, 2008.

6. Development of follow-up strategies for community organizations participating in the Telehealth Program

The additional funding received for the Special Project enabled the CHSSN to continue its efforts to help build community capacity for participating in the distance health education program. Eight English-speaking Quebec communities or regions are taking part: Gaspé, Basse-Côte-Nord, Thetford Mines, Rouyn Noranda, Outaouais and Western Québec, Montérégie and Estrie. In each case, a partnership was developed with a community organization actively involved with the English-speaking community, and health education sessions were delivered via Telehealth and community radio.

The enhancement funding made it possible for six of those eight organizations to plan long-term activities by taking on additional partners and resources. It also allowed for purchasing equipment to link Îles-de-la-Madeleine communities to the existing network. That link is expected to be operational in the weeks ahead.

The web-based resource, along with a DVD version, was developed and then launched at a province-wide meeting held March 27, 2008 in Quebec City. That resource, *Les personnes d'expression anglaise du Québec et la santé publique*, provides information and active links to resources in 19 areas of health. It is available at http://www.chssn.org/En/Health_Education_Program/index.html.

7. Development of public-health radio programming

The CHSSN and its partners made use of the additional funding to develop radio programming on health-related topics. Those pre-recorded programs are broadcast on English radio or on reserved English-programming segments of French radio. Representatives of five radio stations were contacted. The eight sessions produced to date (osteoporosis, teens and sexuality, nutrition and obesity, cardiac health, teen communication and self-esteem, bullying and colon cancer) are broadcast on CJMQ-FM 88.9 FM (Estrie) or via <http://www.cjmq.fm/?page=interviews>.

8. Study on the distribution of English-speaking professionals within the health and social services network

A preliminary report entitled *English language health and social services availability in Quebec: a spatial approach* was submitted by Professor André Costopoulos. That study compares the spatial distribution of English-speaking health and social services practitioners throughout Quebec and the distribution of Quebec's English-speaking population within that same space. It includes a brief discussion of the province-wide spatial pattern of English-language social and health services availability. The distribution of nurses, social workers, doctors and all healthcare workers in all categories is examined. That preliminary report is accompanied by a map series created by McGill's Computational Archaeology Centre. The map colours measure service availability for English-speaking users by comparison with availability for the general population in each CLSC coverage area. Availability (index = 1.00) is measured for each CLSC by dividing the number of professionals by the number of residents (English speakers first and then the entire population). The final report is projected for September 2008.

9. Evaluation of *Enhancement Measures* Special Project

The *Enhancement Measures* Special Project was evaluated using the framework which CREXE designed for evaluating the 2004-2008 Project. This evaluation takes account of recommendations from the previous evaluation regarding the need to produce additional information for Measure 2. It also notes that new data for 2007-2008 cannot be gathered from population groups already contacted for the external evaluation. Ms. Natalie Kishchuk produced the evaluation report and submitted it in early April 2008. That exercise showed that most projects were on track. Given the tight timeframe prescribed, progress proved satisfactory on the whole. Extensive excerpts from Ms. Kishchuk's report are used in this section of the report on the *Enhancement Measures* Special Project.

10. Improved communication

The work plan for this item of enhanced funding covered two main areas of activity.

Publication of a third issue of *Dialogue*. That issue was published in May 2008 and distributed to regional agencies, health and social services institutions, educational institutions, English-speaking community organizations working in health care and social services, and professional corporations. It includes a brochure describing the online supervision course and a map showing the distribution of Quebec's English-speaking population, as well as the locations of our 130 projects.

The deployment of a communication strategy for reaching McGill's scientific community and its partners. The following measures were taken:

- The Project Steering Committee boosted its disciplinary diversity by welcoming new members from the fields of anthropology and nursing and from the Office of Public Affairs.
- The Project was discussed by the Faculty of Arts Associate Dean (Research) and counterparts from the other universities and college administrations.
- The Faculty of Arts profiled the Project in its *Insight* newsletter.
- The Project was represented at a February 2008 gala event highlighting the contribution of McGill and its external research partners.

Unplanned achievements

Achievements not foreseen in the work plan grew out of the call for proposals that we issued to our contractual partners in October 2007 in anticipation of possible underutilization of our allocated funds. As a result, we were able to fund 17 special projects and welcome three new partners, i.e. the Jeffrey Hale Hospital and Saint Brigid's Home in the Capitale-Nationale region, Barrie Memorial Hospital (CSSS du Haut-Saint-Laurent) in the Montérégie region, and the McGill University School of Communication Sciences and Disorders.

Language Training Program. Seven health and social services agencies received funding to start up a special project. The Chaudière-Appalaches, Laval and Laurentides agencies and the Cree Council of Health and Social Services consolidated or expanded their English course offerings for network workers. Nearly 100 more people were trained. The Montreal agency used the funding to improve the access of deaf English speakers to interpretation services. UQAM received financial support to adapt its visual interpretation certificate (Quebec sign language, LSQ) to the training requirements for future interpreters into English (American Sign Language, ASL). Learning retention activities were provided by the Capitale-Nationale and Gaspésie-Îles-de-la-Madeleine agencies. The special project of the Gaspésie-Îles-de-la-Madeleine agency provided for twinning workers who had taken English courses in the 2006-2007 cohort with English speakers recruited by the CAMI, CASA and Vision Gaspé-Percé Now community organizations. Those twinings involved opportunities for conversation (e.g.

breakfast, lunch or dinner get-togethers) and focus group meetings on topics relating to health and social services. Everyone concurred that the results far exceeded expectations by building ties between the English-speaking communities involved and 18 health and social services workers who serve them.

Retention and Distance Professional and Community Support Program. Special projects relating to this program were approved for:

Four health and social services institutions:

- Jeffrey Hale Hospital and Saint Brigid's Home partnered with CEFRIO to conduct and complete a feasibility study bearing upon the professional isolation of managers and workers vis-à-vis English-speaking clients.
- The Centre hospitalier universitaire de Sherbrooke continued developing promotional activities targeting students and schools.
- The Grace Dart Extended Care Centre welcomed two English-speaking pharmacy technology interns.
- The CSSS des Sommets introduced a critical care mentoring program.

Two McGill professional schools, Vanier College and the Community Network of Health and Social Services:

- The McGill School of Communication Sciences and Disorders: three supervised speech-language pathology interns provided services to English speakers of the Association québécoise des personnes aphasiques.
- McGill School of Nursing: four schools and four health and social services centres in East End Montreal hosted eight community nursing interns.
- Vanier CEGEP revised its FSL course for nursing and respiration therapy students.
- Eight regional organizers participated in a public-health conference organized by the Community Health and Social Services Network, the Institut national de santé publique du Québec and the MSSS.

In addition to those special projects, meetings were held with the officers of the McGill Faculty of Arts Summer Internship Program to develop new summer internship opportunities in the regions for health and social services students.

Through the **Innovation Fund** (Measure 4), the Association of Coasters received a grant to improve its promotional materials, and the Townshippers partnered with Barrie Memorial Hospital, leading to the creation of three occupational therapy internships.

3.0 Other activities and outcomes

3.1 Official languages

Not applicable.

3.2 Fundraising

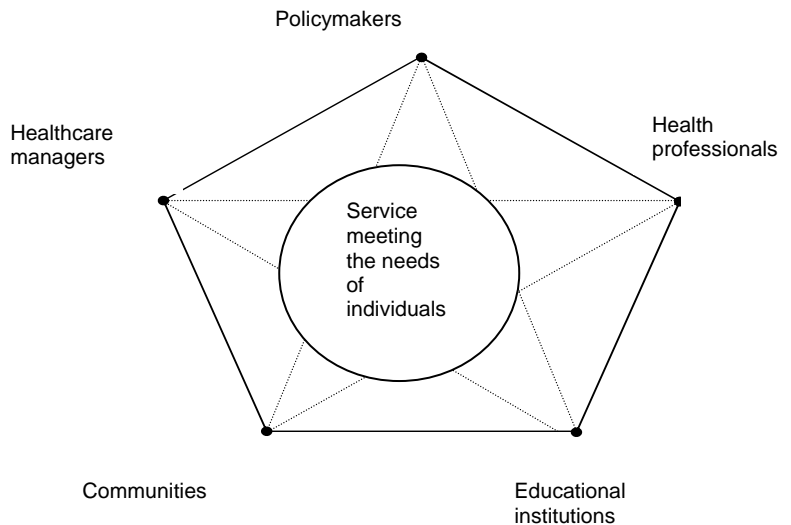
There were no fundraising activities in 2007-2008.

3.3 Participation of English-speaking population

The English-speaking population was encouraged to join in planning, implementing and evaluating the four Project measures. A liaison consultant kept the English-speaking communities informed and solicited their members' views regarding all aspects of the Project.

3.4 Partnership and intersectoral collaboration

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



Policymakers. The Quebec and Canadian governments have clearly indicated their commitment and provided financial support.

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

Health and social services professionals. These are catalysts of the health and social services system, for they determine the success of the measures provided to meet the needs of the English-speaking population. Our Project calls on their willingness and commitment to better serve their English-speaking clients. Over 2,000 professionals have joined our ranks.

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

Communities. The Community Health and Social Services Network, the main partner in our Project, is an active contributor, ensuring that the English-speaking communities share in all stages of Project delivery. Additionally, specific partnerships have been established with 11 of those communities.

3.5 Performance measurement and project evaluation

Project activities were evaluated in light of the work plan. The Evaluation Follow-up Committee acted in an advisory capacity and monitored the evaluation mandate entrusted to CREXE. An evaluation advisor was a key liaison between CREXE, the McGill Project and all Project partners. These activities, together with leadership provided by the principal investigator for the Project, were instrumental in meeting Health Canada's October 2007 delivery date for the evaluation report.

4.0 Conclusion

This ends the fourth year of the McGill University Training and Human Resources Development Project. In 2007-2008, 130 projects were implemented in 17 health and social services regions.

The language training projects involved some 2,000 health and social services workers interested in improving their English language skills in order to communicate better with their English-speaking clients. Materials have been produced or are in development to help them retain the language skills acquired through the courses. A study intended to better document language training practices is in progress.

As regards retention, 142 internships were created. We continued developing tools to support supervisors (*The Art of Supervision* course) and students (French courses and financial support). Videoconferences on health prevention and promotion services were provided for 714 English speakers in distant regions. The CREXE evaluation report, submitted in October 2007, underlined the positive response to the Project measures, although some fine-tuning was necessary.

Thanks to additional funding, the McGill Project was able to sustain momentum toward its initial goals by encouraging the development of new initiatives and the consolidation of existing activities. The building of a closer relationship with professional corporations is one example of a positive new partnership that will improve all Project measures. The additional funding did not produce all of the desired results, but expectations were perhaps too high in light of our limited Project delivery time. Other obstacles stemmed from the decentralized structure of the Project, which is evolving in a vast and complex health system under considerable stress. Nonetheless, the McGill Project team has demonstrated its ability to learn from complex situations, seriously reflect upon alternative paths for achieving its objectives, and successfully mobilize resources for that purpose. In sum, the McGill Project has come of age and is solidly established for entering the second phase together with its partners and for taking on new challenges.

APPENDIX 1

2008-2009 ACTION PLAN submitted to Health Canada