

Development of language tasks including the **affective dimension
in a survey questionnaire defining health professionals
language competence**

**14th Annual European Association for Language Testing and Assessment (EALTA)
Centre International de la Recherche Pédagogique
Paris, June 1st to June 3rd , 2017**

Denise Lussier, Ph.D., McGill University, (Montreal)

Courriel : denise.lussier@mcgill.ca

Website : xenoreferences.ca

Hélène Riel-Salvatore, M., McGill University (Montreal)

Courriel : helene.riel-salvatore@mcgill.ca

McGill project funded by Health Canada

- **Health Canada -Responsibilities**

- To guarantee free medical care to all Canadian citizens
- In Quebec, it contributes to give access to quality of services to the **English speaking community** in their language even in a French healthcare environment (13,5%)
- To support training and retention initiatives to provide quality of services

- **Province of Quebec Responsibilities (Law 142, 1986)**

- Right for the **English speaking community** to receive services in its own mother tongue
- Responsible for the administration of health and social services policies.

- **McGill University - Language training and retention of health care professionals Program (N: 7000)**

- To provide valid and reliable assessment of language competencies of health professionals : Phase 1 : Nurses
 - Development of a survey questionnaire (Q1) (to validate language tasks)
 - Development of language profiles of competence
 - Development of language tests

Aims of this presentation

Foundations Language Needs expressed by the milieu

- To develop Language Profiles based on linguistic competence
- To target accurately language tasks + assessment parameters
- To define a rational in reference to the levels of difficulty
- To fix a threshold level for successful communication with English speaking patients

Survey Questionnaire (Q1) :

- Sampling
- Administration of the questionnaire
- Results

Discussion on:

- Evaluation of the affective dimension
- Meaning of different performance standards

'Language' competence

- **Fields of language competence**
 - **Cognitive and affective approaches / tasks**
 - **Know-how / Skills** (Canale, 1983; Bachman, 1990, CECRL, 2001)
 - **Human skills: Being / knowing how to behave**
(Lussier, 1997; Byram, 1997; Lussier & al. 2003); Lussier 2009)
- **Linguistic skills (2):**
- **Levels of difficulties**
- **Anchoring items / Cut-off score (standard of performance)**
Canadian Language Benchmarks ; CEGEP ; ILT ; MICC ; CEGEP ; McGill

Importance of the 'affective' dimension

- ...a **language barrier** may make it difficult to establish good caregiver-patient rapport... (Carrasquillo, Orav, Brennon, & Burstin, 1999; Jacobs, Chen, Karliner, Agger-Gupta, & Mutha, 2006).
- In some areas of healthcare, good communication with the patient can be especially critical for obvious emotional, ethical and legal reasons (Anderson et al., 2003; Chen, Youdelman, & Brooks, 2007).
- More generally, there can be communication problems between patient and health professionals even with the same **L1**

Interpersonnal communication in health care and social services

Hélène Riel-Salvatore, 2011

Communication professionnelle réussie: devenir un locuteur interculturel est-il aussi important que de développer sa compétence de communication ?
Centre d'enseignement du français et de l'anglais, Université McGill

Success (Béregère de Negri et al. 1997 : 4-5)

- a verbal exchange has to be interpersonal, personalised and meaningful
- Taking into considerations: knowledge, know-how and 'being'
- Management of emotions (C. Richard et M-T. Lussier , 2005 : 234-236)
- Expression of empathy (Lussier, D., 2009)

Failure (Tripp-Reimeret et al., 2001 : 15)

- Linguistic barriers; lack of openness to intercultural diversity; the biomedical culture and its prejudices; lack of time and of budgets, etc.

Language tasks and assessment parameters

- **Types of language tasks vs levels of performance**
 - El - routine basic daily needs;**
 - In - routine professional healthcare;**
 - Adv – specialized healthcare + affective / ‘savoir-être’**
- **Assessment parameters:**
 - **Types of discourse** (Adam, 1992; Charaudeau, 1992; Cicurel)
 - **Types of performance** (Anderson & al.,2001; Lussier, 1992; Lussier & al., 2007)
 - **Linguistics : Pronunciation ; Speech rate**
Vocabulary ; Grammar
 - **Affective dimension in OC + OE = interaction**

Rational – Levels of difficulty

- **Types of discourse**

El1 : **informative;**

El2 : **informative, descriptive**

In1 : **explicative ;**

In2 : **narrative**

Adv1 : **analytic, argumentative;**

Adv2 : **Incitative**

- **Types of performance (being able to...)**

El1 : **to inform, pinpoint, identify, reutilize**

El2 : **to describe, regroup**

In1 : **to distinguish, explain, select**

In2 : **to relate, report, deduct, react, resume**

Adv1 : **to analyze, compare, solve, interpret, negotiate**

Adv2 : **to justify, make hypotheses, synthesize, appreciate**

Profile of each level of language competence in oral expression

LINGUISTIC-COMPETENCE BY LEVEL	TYPE S OF COMMUNICATION	PROFESSIONAL CONTEXTS	SITUATIONS	NEEDS REQUIRING	TASKS
ELEMENTARY 1	RUDIMENTARY	BASIC EVERYDAY	PREDICTABLE	PRIMARY BASIC CARE	MINIMAL
ELEMENTARY 2	LIMITED	BASIC EVERY DAY	PREDICTABLE	PRIMARY BASIC CARE	LIMITED
INTERMEDIATE 1	PARTIALLY FUNCTIONAL	FAMILIAR PROFESSIONAL HEALTH CARE	PARTIALLY PREDICTABLE	SIMPLE NURSING CARE	ROUTINIE
INTERMEDIATE 2	FUNCTIONAL	FAMILIAR PROFESSIONAL HEALTH CARE	SOMETIMES PREDICTABLE	SIMPLE NURSING CARE	ROUTINIE AND SPECIFIC
ADVANCED 1	FUNCTIONAL AND AUTONOMOUS	PROFESSIONAL INTERPERSONAL AND INTERACTIONAL	NEW AND SOMETIMES UNEXPECTED	SPECIFIC AND PARTIALLY SPECIALIZED NURSING CARE + RESPONSE TO AFFECTIVE NEEDS	PARTIALLY SPECIALIZED
ADVANCED 2	HIGHLY FUNCTIONAL, FLUID AND AUTONOMOUS	PROFESSIONAL INTERPERSONAL, INTERACTIONAL AND MULTICULTURAL	NEW AND UNEXPECTED	COMPLEX AND SPECIALIZED NURSING CARE + RESPONSE TO EMOTIONAL SITUATIONS	SPECIALIZED

Definitions of levels of competence in **oral expression (speaking)**

- **Advanced level**
 - Message is fluid, articulate and coherent.
 - Discourse integrates the necessary language skills **to formulate hypotheses, evaluate complex situations, negotiate and solve problems** as well as **to discuss delicate questions** with the client and **to interact** with him **in multicultural and inter-personnal complexes situations.**
 - Communication is efficient.

General description of linguistic skill levels expected for oral comprehension (OC6-advanced 2)

- Is completely functional and autonomous in a professional setting.
- Understands details and nuances in **complex messages** in often new, unexpected and demanding professional contexts,
- Is at ease in face to face situations in response to **emotional situations**.
- Understanding is facilitated by **empathetic listening** in situations where the **patient's emotions state and cultural or background** require it. Comprehension makes it possible to be **open and responsive** to patient's situations when they are **conflictual**.

Examples of language tasks in **oral expression**

- **Routine tasks**

Giving instructions on rules to be followed (007).

- **Healthcare needs**

Explaining the professional care as it is being provided (013).

Answer the client's questions on cares linked to a specific treatment.

- **'Emotional' situations and specialized healthcare**

Managing the client's or his family anger or impatience.

Apologizing for unforeseen situations (029)

Giving bad news to the patient or family concerning health condition (026)

Examples of language tasks in **oral comprehension**

- **Routine tasks**

Understands numbers pertaining to hours, phone numbers, dates provided by the patient (005).

- **Healthcare needs**

Understand the clients' simple questions or specific requests for information regarding his/her health condition (042).

Understands the client's reasoning and justifications pertaining to specialized cares he/she asks for (081).

- **'Emotional' situations and specialized healthcare**

Is starting to understand the expression of feelings such as likes-dislikes and preferences (044).

Understands some of the patient's arguments when reacting emotionally on account of personal convictions (084).

Deduces the patient's values from his/her style of discourse (098)

Validation of language tasks by nurses

- Assessment of each task '**pertinence**'
 - A four-level scale:
 - 1) Non pertinent
 - 2) Slightly pertinent
 - 3) Pertinent
 - 4) Very pertinent
- Judgment on the necessary level of competence to determine the cut-off performance related to all tasks
 - 1) elementary 2) intermediate 3) advanced
- Results: Different judgments - **to be discussed**

Administration and statistical analysis of survey questionnaire (Q1)

Characteristics of participants

- **Specificity of sample/ language of survey (Total N: 358)**
in French: 274 in English : 84 (55 + 29)
- **Nurses (OIIQ)**
Quebec regions offering training programs
- **Work places**
Hospital Centre (80%) ; Community services (11%)
- **Work –Age groups (multiple responses accepted)**
0-5 (25%) 6-12 (7%)
Teenagers 13-17 (22%) Adults 18-64 (94%)
- **Programmes**
Mental health (36%) ; General services (28 %) ; Public Health (21%)

Example of a problematic task in **Speaking**

- **Daily routine task**

**Bavarder ou causer avec l'utilisateur/
Making small-talk with the patient**

NP : Engl: 42% ; French: 21% N(total): 92

PER : Engl: 0% ; French: 11% N(total): 266

Indicator deleted:

**There seems to be different intercultural perceptions
between English and French cultures.**

Discussion of results

- **Threshold level/Cut-off performance expressed by participants**

-OE: Elementary	A: 1%	F: 2%
Intermediate	A: 32%	F: 47%
Advanced	A: 67%	F: 51%

- OC : Elementary	A: 1%	F: 3%
Intermediate	A: 37%	F: 61%
Advanced	A: 62%	F: 36%

- **Question ?**

Standard of performance - Intermediate or advanced?

Perceptions between the two populations

Next steps of project

Health Canada and McGill

- **Step 2 : Profiles of linguistic competencies**
 - To administer the new Survey Questionnaire (Q2):
 - To validate the language tasks with expert-judges
 - using the DELPHI Technique and Nominal group for expertise
 - To determine the level of difficulty for each of the language asks on the six level scale (3/6)
 - To revise descriptors and definitions of the profiles of language competence.
- **Step 3 : Development of linguistic tests**

Merci de votre présence

Thank you

Denise Lussier, Ph.D., McGill University, Montreal

Courriel : denise.lussier@mcgill.ca

Website : xenoreferences.ca

Hélène Riel-Salvatore, M., McGill University, Montreal

Courriel : helene.riel-salvatore@mcgill.ca