Online Self-assessment Tool for Nurses Learning ESL in Quebec

**Michel D. Laurier[1], Beverly A. Baker[2], Maria-Lourdes Lira Gonzales[3] &
Carolyn E. Turner[2]**
[1] Université de Montréal, Montreal, Quebec & Université d'Ottawa, Ottawa, Ontario
[2] McGill University, Montreal, Quebec & [3] Université du Québec en Abitibi
Témiscamingue (UQAT), Rouyn-Noranda, Quebec

In the Quebec context, there are circumstances where nurses need to use English as a second or third language in communications with patients—a demanding situation with potentially serious consequences for miscommunication. As members of an inter-university research group funded by Health Canada, our current research addresses problems of healthcare delivery in the face of language and cultural barriers, especially with regard to the English-speaking minority population in Quebec, Canada. Specifically, this project aims at developing an on-line tool that consists of assessment tasks for formative purposes to support nurses' language training and their ability to provide services in their second language to English-speaking minorities in Quebec.

The online self-assessment tool for nurses learning ESL in Quebec constitutes the third of three phases of our project, which we summarize below:

Phase 1 (2006-2010)
The research included an extensive literature review, the development of an initial list of speech tasks, and validation of this list with a nurse focus group. The retained speech tasks were then developed into a questionnaire and administered to 133 Quebec nurses who assessed each speech task for difficulty in an L2 context. Results were submitted to Rasch analysis and calibrated with reference to the Canadian Language Benchmarks, and the constructs underlying the speech tasks were identified through exploratory and confirmatory factor analyses. Through this process, the following 19 relevant speech events (Isaacs, Laurier, Turner, & Segalowitz, 2011) were empirically identified:
- Checking identity over telephone
- Directions over the telephone
- Rephrasing or confirming patient's description of pain
- Instructions to patient face to face
- Instructions to patient over telephone
- Providing information on additional services
- Summarising a patient's health situation to patient
- Summarising/rephrasing patient's feelings in reaction to diagnosis
- Describing common interventions to patient
- Reasoning with patient
- Reassuring patient
- Showing empathy
- Clarifying to patient what a doctor has tried to explain
- Asking routine questions to patient
- Refusing unreasonable requests
- Making apologies to patient

- Making encouraging statements to patient
- Managing a patient's anger/impatience
- Informing a patient of bad news

Phase 2 (2011-2012)
Six brief scenarios were created to represent typical clinical nurse-patient interactions. Because nurses all have different work environments, the scenarios were not related to very narrow nursing specializations that required a jargon only familiar to certain nurses. The goal was to create authentic and engaging scenarios that naturally elicited the 19 speech events identified in Isaacs et al. (2011). Several resources were used for the creation of scenarios, including web sites, books and articles related to nursing communication. These scenarios were then piloted in interviews with senior nursing students. The piloting process served two purposes: Firstly, the nursing students were able to provide feedback to us on whether the scenarios were typical and authentic. Secondly, nurses provided samples of what they would say if they found themselves in the scenario. These samples were then used in the tool development—giving us examples of appropriate responses, as well as examples of typical grammatical and pragmatic errors.

Phase 3 (2012-2013)
After fine-tuning the scenarios, we created a computerized self-access formative instrument to be used across Quebec. This on-line instrument was developed with the assistance of a small enterprise that specializes in language testing environments (iEdit). A prototype is now available for pre-service and in-service nurses. Responses are recorded and will be analysed in order to improve the scenarios, the distractors and the response models. A final version should be available by the end of the year.

Sample of Assessment Task (MCQ)
Scenario A: You are working at a very busy drop-in clinic. There is a triage system in place where patients are seen according to the severity of their symptoms, not in the order they arrive. Therefore, it is very difficult to judge how long someone will wait before a doctor sees them—it can be a few minutes or a few hours. There is a poster explaining this information on the wall behind you.

Question 3: Mr. Scarlatti comes up to you and angrily asks you "Why did that couple with the child just go in before me? They just got here, and I have been waiting over an hour!" What do you say?

Response Options (to be read and listened to):
A. I understand your situation Mr. Scarlatti. As you know the system here is by priority. It means that the child pass before you because he was in worse condition than you. I'm sorry for that. However you can tell me if your health state worsen or if you have any questions.
B. Mr. Scarlatti, I understand your frustration. I realize that you've been waiting over an hour and I'm sorry for that. But this child's condition is serious and he needs to see the doctor right now. So please, be patient. I'm here for you in case you have any question or concern about your health condition.

C. Mr. Scarlatti. Have you seen the notice that is on the wall? Well it is how we proceed. We give priority to the person whose health condition is more serious, not to the one who arrives before. However if you don't agree with our policy you can go to another clinic.

Feedback provided for each response:

A. This response presents language errors; for example , "the child pass" should be "the child sees the doctor." There is also an error in the expression "if your health state worsen." The right expression would be "if your health condition worsens"

B. This is the best response because the nurse 15 refuses the patient's unreasonable request; the nurse 18 manages the patient's anger and impatience too. Also, the nurse 16 apologies to the patient for the time he spends waiting.

C. This response doesn't present language errors but the nurse's reaction is not a good example of how to manage a patient's anger or impatience because it is too direct and rude.