



# REFERENCE FRAMEWORK

TRAINING FOR ACTIVE OFFER  
OF FRENCH-LANGUAGE HEALTH SERVICES



Les Sentiers  
DU  
Leadership

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with the research assistance of Pier Bouchard

The Consortium national de formation en santé (CNFS) is a pan-Canadian group of 11 colleges and universities offering French-language education in various healthcare disciplines, and six regional partners, which facilitate access to these training programs. The CNFS also has a National Secretariat in Ottawa, which plays a leadership and coordination role in the planning and implementation of CNFS objectives. This strategic alliance is well positioned to increase the presence and support of French-speaking healthcare professionals and researchers in order to improve the quality of healthcare service offerings that are adapted to the needs of Francophone minority communities.

The 11 CNFS member institutions are: Université Sainte-Anne, Collège Acadie Île-du-Prince-Édouard, Centre de formation médicale du Nouveau-Brunswick, Université de Moncton, Collège communautaire du Nouveau-Brunswick, La Cité collégiale, University of Ottawa, Laurentian University, Collège Boréal, Université de Saint-Boniface and Campus Saint-Jean of the University of Alberta. The CNFS also relies on six regional partners in the provinces and territories where there are no institutions that offer post-secondary health programs in French.



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The CNFS summative evaluation of 2008 recommended that “the CNFS and its member institutions do everything in their power to ensure that CNFS graduates arrive on the labour market equipped to face the challenges of offering and organizing French-language health services that are linguistically and culturally tailored to minority communities.”

In response to the recommendation, the CNFS made efforts to better educate CNFS graduates so that they are prepared to meet the challenges related to offering and organizing linguistically and culturally tailored French-language health services. We hope to ensure that future health professionals are able to work confidently and with conviction to support and improve French-language health services in Francophone minority communities.

This reference framework will support CNFS member institutions in their work. It will lay the foundation for more systematic integration of the concept of active offer of French-language services in health programs.

On behalf of the authors and the CNFS team, I would like to sincerely thank the members of the working committee: Lynn Casimiro, Claire-Jehanne Dubouloz Wilner, Jacques Michaud, Cheikh Ould Moulaye and Manon Tremblay. We also acknowledge the work of Pier Bouchard, researcher of the Groupe de recherche sur l'innovation et l'organisation des services de santé (GRIOSS), at the Université de Moncton.

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# 1

## Background

The Consortium national de formation en santé (CNFS) ordered this reference framework to continue the work they have already started to raise awareness among health professionals of their own practices. The CNFS aims to build up professionals' skills in order to improve the active and effective offer of French-language healthcare services in Francophone minority communities. This document is therefore geared toward the educators and mentors of future health professionals who are currently studying at CNFS member institutions.

### Teaching facilities: a social mission

Having examined the mission statements of a number of Canadian colleges and universities,<sup>1</sup> we can confirm that, in general, their missions are of a social nature that extends beyond the classroom. These institutions are doing their part to contribute to *la francophonie*, to Canadian society, and even to the international community. In addition to high-quality education, they offer French-language programs to strengthen their students' sense of social responsibility and ethics so that they can become not only accomplished individuals and citizens, but even leaders in their workplaces and communities. We hope that this document will provide the educators and mentors of future health professionals with insight and inspiration that will support them in their educative and social mission.

### Who are our future health professionals?

Our future health professionals are Francophone students “who speak French, who learn and value French, who adopt French as their language of integration, and who recognize the legitimacy of French as an official language of Canada.”<sup>2</sup> They will one day work in environments where Francophone clients are entitled to receive high-quality health services in French.

Our future health professionals may also be **Francophiles**: people whose first language is not French, who speak some or fluent French, or even none at all, but who are interested in French for any number of reasons. These reasons may include love of languages, recognition of French as one of Canada's official languages, or concern for Canada's Francophone communities. These future professionals are receptive to the active offer of health services in French, and they want to improve their professional practices regarding active offer.

Whether Francophone or Francophile, our future health professionals come from very diverse cultural backgrounds, and they may be recent or long-settled immigrants. This document uses the term “Francophone” to refer to Francophones and Francophiles from all cultures.

<sup>1</sup> Université Sainte-Anne, Université de Moncton, La Cité collégiale, University of Ottawa, Laurentian University, Université de Hearst, Collège Boréal, Université de Saint-Boniface and Campus Saint-Jean.

<sup>2</sup> Fédération des communautés francophones et acadienne, *Plan stratégique communautaire issu du Sommet des communautés francophones et acadiennes, Forum des leaders*, p. 4.

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## Reference framework

Our aim in drafting the reference framework was to answer two major questions:

**How can we better prepare health professionals to work confidently and with conviction to offer better French-language health services in minority situations?**

**How can we equip their educators and mentors with approaches and learning contents to ensure an active offer of high-quality French-language health services?**

The reference framework is made up of six components: the foundations of active offer; a broader definition of active offer; the conditions for success for active offer; the characteristics of working in healthcare in minority environments; a learning framework; and a competencies profile.

The foundations of active offer, the learning framework and the competencies profile were based on issues raised in two CNFS studies: *L'outillage des étudiants et des nouveaux professionnels : un levier essentiel pour l'amélioration des services de santé en français*<sup>3</sup> and *Rapport du dialogue sur l'engagement des étudiants et des futurs professionnels pour de meilleurs services de santé en français dans un contexte minoritaire*.<sup>4</sup>

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<sup>3</sup> Pier Bouchard and Sylvain Vézina, *L'outillage des étudiants et des nouveaux professionnels : un levier essentiel pour l'amélioration des services de santé en français*.

<sup>4</sup> Pier Bouchard and Sylvain Vézina, *Rapport du Dialogue sur l'engagement des étudiants et des futurs professionnels pour de meilleurs services de santé en français dans un contexte minoritaire*.

## 2 The foundations of active offer

Our research for this reference framework led us to draft the following statement on the foundations of active offer:

**The active offer of French-language health services to Francophone minority populations in Canada is an issue of quality, safety, legitimacy, and, consequently, an issue of ethics.**

### **Active offer: an issue of quality and safety**

"The importance of language has a particular dimension with health issues in the areas of health promotion, disease prevention and effective communication between patients and health workers."<sup>5</sup>

According to Sarah Bowen, language barriers put not only the patient at risk, but also the health service provider, and they jeopardize the safety of the patient. Communication problems may lead to:

- reduced patient compliance;
- reduced access to preventative care/services;
- mistaken diagnosis/medical errors;
- increased numbers of tests/medical consultations;
- negative health repercussions;
- critical incidents;
- lower patient and provider satisfaction; and
- higher healthcare costs.<sup>6</sup>

**"Providing service of equivalent quality in both official languages is a matter of professionalism, respect, integrity and social justice."**

Dyane Adam,  
*National Report on Service to the Public in English and French: Time for a Change in Culture*, p. 4.

**If you cannot communicate with your patient, your patient is not safe!<sup>7</sup>**

"There is also evidence that language barriers contribute to inefficiencies within the health system."<sup>8</sup>

### **Active offer: an issue of legitimacy**

The primary objective of the Canada Health Act is "to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers."<sup>9</sup> Accessibility is one of the fundamental principles of the Canadian healthcare system.

<sup>5</sup> Canadian Institutes of Health Research, *Official Language Minority Communities (OLMC) Research Priorities*, p. 1.

<sup>6</sup> Sarah Bowen and Jeannine Roy, *Intégration des services d'interprétation dans la gestion des risques*, p. 6.

<sup>7</sup> *Ibid.*

<sup>8</sup> Sarah Bowen, *Language Barriers in Access to Health Care*, p. 120.

<sup>9</sup> Department of Justice, *Canada Health Act*, S.3.

As stated in the foreword of Health Canada's 2001 report, *Certain Circumstances: Issues in Equity and Responsiveness in Access to Health Care in Canada*:

The use of health services in Canada is not generally affected by financial barriers such as income. "Nevertheless," wrote the Federal, Provincial and Territorial Committee on Population Health in its second report on the health of Canadians, "there appear to be persistent language and cultural barriers to the provision and/or the utilization of services in certain circumstances." Health services — and the barriers to access of these services — function as determinants of health. When health systems fail to provide equitable care, or equitable access to care, they may worsen social disparities and be a factor in lowered health status.<sup>10</sup>

In her report, *Access to Health Services for Underserved Populations in Canada*, Sarah Bowen says that official language minorities are among the populations with insufficient access to health services. There are four groups that face barriers to access because of their language: Aboriginal people, immigrants, deaf people and, depending on where they live, people who speak one of Canada's two official languages.<sup>11</sup>

Under the *Official Languages Act*, "the Government of Canada is committed to (a) enhancing the vitality of the English and French linguistic minority communities in Canada and supporting and assisting their development; and (b) fostering the full recognition and use of both English and French in Canadian society."<sup>12</sup>

Almost two million Canadians live in official language minority communities. They are confronted daily with language barriers to access health services, health and well-being promotion programs, and disease prevention programs. Health Canada recognizes the importance of the *Official Languages Act* for health: "Providing comparable health care services to all Canadians, no matter where they live, is an essential element to improving and maintaining the health of the population."<sup>13</sup>

### **Active offer: an issue of ethics**

Ethics are at the heart of all care relationships and are based on a professional's ability to consider the impact of his or her actions not only in terms of standards, but also in terms of values. Much more than simple adherence to standards and to codes of conduct, the ability to act ethically in healthcare matters requires a capacity for ethical thinking, which guides action.

Regarding ethical matters, this reference framework is influenced by the works of Robert J. Starratt as well as those of Joan Shapiro and Jacqueline Stekovitch, who covered ethics quite thoroughly. We also consulted a recent report by Lyse Langlois that was also influenced by Starratt.<sup>14</sup>

We took from these authors four inter-related and complementary aspects to promote an ethical approach to decision-making and action: ethics of the care relationship, ethics of fairness, critical ethics and professional ethics.

### **Ethics of the care relationship**

This aspect of ethics governs the caregiver/cared-for relationship. It requires health professionals to consider the consequences of their actions and their decisions. It goes beyond the action of *curing* and into the territory of *caring*.

The ethics of the care relationship present a number of questions, such as: Am I seeing my patients as unique and whole people with their own unique beliefs, values, understanding of their own well-being or illness, preferences and needs? Am I actively offering French-language services? How can I improve the situation?

<sup>10</sup> Health Canada, *Certain Circumstances: Issues of Equity and Responsiveness in Access to Health Care in Canada*, Foreword.

<sup>11</sup> Sarah Bowen, *Access to Health Services for Underserved Populations in Canada*, Section 1, p. 35.

<sup>12</sup> Department of Justice, *Official Languages Act*, S.41.

<sup>13</sup> Health Canada, *Health Care System*, *Official Languages Act*.

<sup>14</sup> Lyse Langlois, *Anatomie du leadership éthique : pour diriger nos organisations d'une manière consciente et authentique*.



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### **Ethics of fairness**

This aspect of ethics requires that all people be treated with the same level of integrity, dignity, equality and fairness.

The ethics of fairness present a number of questions, such as: Am I respecting the applicable laws and standards, as well as my patients' rights? Do my patients have to wait longer or receive lower-quality services as a result of requesting service in French?

### **Critical ethics**

This aspect of ethics encourages people to think independently, to go beyond the requirements, and to question the status quo of the inconsistencies and disparities in the healthcare system and in society. It pushes people to ask real questions when faced with critical challenges and possible ways to overcome them.

Critical ethics present a number of questions, such as: Does the agency promote a patient-centred approach? Does the agency ensure that high-quality French-language health services are actively offered? Do health and social policies consider linguistic and cultural diversity and the related requirements? What can I do to improve the situation? What can we do to improve the situation?

### **Professional ethics**

According to Shapiro and Stekovitch, the ethics of the care relationship, the ethics of fairness and critical ethics do not cover all the factors that must be considered in ethical decision-making and action. They believe that the ethical aspects of the profession itself must also be considered. For health professionals, the interests of the patient or beneficiary must be the primary objective; this means that the ethical decision-making process or action must be centred around the patient.

Professional ethics are based on respect for and integration of the values of the care relationship, of human dignity, of independence and of fairness. Indeed, most codes of ethics or conduct cite these values to guide health professionals' decision-making and actions.

**Codes of ethics or conduct** reflect professionals' commitments to the values and principles that underlie their practices and behaviours regarding the care and services to which patients are entitled, including the provision of such services in the preferred language of patients and their families.

As Sarah Bowen says:

Codes of ethics that regulate the conduct of health and social service professions stress the need for the provider to obtain informed consent, provide explanations, ensure confidentiality, and refrain from practicing the profession under conditions that may impair service quality. This means that in addition to a requirement to comply with external regulations defined in law, professionals are also required to meet the standards of their professional associations. For these ethical standards to be achieved, it is necessary to address language barriers.<sup>15</sup>

We can therefore conclude that ethics and the active offer of quality French-language health services are closely linked.

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<sup>15</sup> Sarah Bowen, *Language Barriers in Access to Health Care*, p. 23.



# 3

## A new definition of active offer

### **Active offer: some definitions**

The definition of active offer varies among provinces and territories. Essentially, actively offering a service means indicating spontaneously and clearly to the public that they can receive services of comparable quality in either official language.<sup>16</sup>

In Manitoba, active offer means:

Providing quality service in the official language of the client's choice; making this service evident, readily available and easily accessible to the client; and providing a comparable service in both official languages for all oral, written or electronic communications related to the service.<sup>17</sup>

In New Brunswick, active offer means:

Informing the public, at the first point of contact, that services are available in both official languages. This should include the use of bilingual signage and two-language greetings on the telephone and in person. All communications intended for public consumption, including documents, Internet postings and other materials, must be actively offered in both official languages.<sup>18</sup>

The Société Santé en français (SSF) identifies the following characteristics of active offer and strategies to achieve it:

The active offer of health services in a language and a culture has its own characteristics. The SSF Working Group has identified six bases for standards in primary — that is, front-line — health services: public awareness and acceptance, accessibility (particularly physical, temporal and cultural), visibility of services, client continuity and guidance, cultural and linguistic quality, and institutional identity.

Strategies for improving the offer of services must focus on demonstrably effective models. Of the projects recently carried out in Canada for Francophones, the SSF has identified four promising strategies: educating the public to empower patients to take charge of their own health; creating resource directories; building physical access points for Francophone or bilingual services; and establishing virtual centres and remote services.

The community health centre model has been tested in a number of Francophone communities as a physical access point. This model creates a single point of access for a number of basic services (including non-medical services), usually provided by a multi-disciplinary team with a health promotion and disease prevention approach.<sup>19</sup>

Recent SSF research (Préparer le terrain, Fonds pour l'adaptation des soins de santé primaires) has led to one additional strategy: increasing inter- and trans-cultural skills, or the ability of a care facility to respect the diverse values and cultural referents of Francophone patients.

For Francophone and Acadian minority communities, the critical role that each community plays in organizing and valuing French-language health services must also be acknowledged.

<sup>16</sup> Treasury Board of Canada Secretariat, *Policy on Active Offer*, p. 1.

<sup>17</sup> Manitoba Francophone Affairs Secretariat, *Active Offer*.

<sup>18</sup> Comité Santé en français de Fredericton Nouveau-Brunswick, *L'offre active*.

<sup>19</sup> Daniel Hubert, *Quelques leçons sur l'accessibilité aux soins de santé*.

**We must keep in mind that after several decades without French-language health services, people have the impression that they are impossible to obtain. Raising awareness can serve to inform them that the services are really available for their use. This is what we call actively providing services. It must penetrate within the community, so that Francophones come to realize that these services are available for them to use. In this way, citizens will be able to take more responsibility for their own health care.<sup>20</sup>**

### ***Active offer: a broader definition***

The active offer of quality French-language health services involves more than simply offering services in a patient's language; it also involves an overall approach to planning and providing health services for a minority community. What is required is a proactive approach that considers the community's health status and its historical lack of French-language health services. This approach mobilizes the community, it considers the cultural diversity of patients and beneficiaries, it adheres to established ethics, it implements positive actions as necessary, and it aims to guarantee quality service and equitable benefits for all Francophone citizens of Canada, regardless of their minority status.

The successful active offer is patient-centred. It recognizes and respects each person as a unique individual with his or her own linguistic, cultural and other differences.

We believe that health professionals who incorporate active offer into their practices:

- work with confidence, authenticity and conviction, according to their personal, cultural and professional values;
- affirm and demonstrate, on an ongoing basis, their commitment to the active offer of French-language services;
- establish with their patients and beneficiaries quality relationships that are genuine and compassionate, and based on mutual respect and transparency;
- establish an inter-comprehension zone with patients whose culture is different from their own and seek to understand the impact that cultural differences may have on the quality of health care and services;
- convey, through their actions, their respect for equitable access to French-language care and services;
- understand the ethical consequences of their actions and behaviours toward their patients and beneficiaries;
- determine at the first point of contact their patients' and beneficiaries' language preference (taking their patients' linguistic pulse... a vital sign);
- ensure that their patients and beneficiaries are comfortable using the official language of their choice;
- guarantee equal use of both official languages in all aspects of care or services (oral and written communications);
- are role models for their peers;
- seek concrete opportunities to promote active offer;
- are willing to make difficult decisions to change situations where the language rights of a patient or beneficiary are being infringed;
- work constantly to improve their environment to make it more conducive to active offer; and
- demonstrate courage, creativity and initiative in their efforts to improve active offer.

<sup>20</sup> Société Santé en français, *Santé en français, communautés en santé : Résumé du plan directeur 2008-2013*, p. 5.

# 4

## The health professional: from awareness to leadership

### ***Active offer and changing identity***

To guarantee the active offer of French-language health services, future health professionals must first develop their confidence in themselves as individuals, as professionals and as citizens in a country with two official languages. This requires professionals to reflect on their identities as Francophones (personal and social identity) and as professionals (professional identity) working in Canadian minority environments.

This self-reflection will enable professionals to understand and incorporate Canadian values such as liberty, inclusion, equity, justice, solidarity and respect for the person into their lives so that they can act with confidence, authenticity and conviction according to their personal, cultural and professional values.

Professional identity may be defined in terms of social interactions, as in Claude Dubar: “professional identities are the socially recognized manners for individuals to identify one another in the working world” (Dubar, 2000, p. 96), and in terms of professional socialization: “professional identity, a psycho-sociological concept, is the rapport that links the practitioner to his job and peer group” (Lessard, 1986, p. 166). The practitioner updates, creates and develops the culture specific to the job and the group, with this culture defined as “the set of ways of thinking, feeling and acting specific to the group, learned and shared by its members, and which serve to identify them, objectively and symbolically, as members of this particular and distinct group” (Lessard, 1986, p. 166)<sup>21</sup>.

Thus, professional identity is a construct of one’s self-image as a health professional, but also of one’s image of the profession itself. Identity is found at the intersection of the image of oneself as a person and the image of one’s relationships with one’s peers and with the profession. As Khomsi and Boulgana say: “For an individual to acknowledge it as his or her own, professional identity must be integrated into what we may call the universal identity of the person. Otherwise, how can we expect an individual to be independent, to demonstrate reflexivity, and to possess any ethical skills?” Gohier says on this subject: “The universal identity of the person consists of two dimensions, personal and social. It includes professional identity, which contributes to both dimensions.”<sup>23</sup>

### ***Active offer and the patient-centred approach***

“The primary goal of the patient-centred approach to health care is to guarantee individually tailored care and to promote the importance of the personal relationship between the patient and the health service provider. It aims to improve the quality of care for all patients.”<sup>24</sup>

<sup>21</sup> Christiane Gohier, “Identité enseignante : quels parallèles avec la profession soignante ? De la relation pédagogique à la relation de soin,” p. 29-36.

<sup>22</sup> Zoubida Khomsi and Mohammed Boulgana, *Perception de l’identité professionnelle chez l’étudiant*, p. 18.

<sup>23</sup> Christiane Gohier, Conference “La question de l’identité : entre l’individuel et le culturel.”

<sup>24</sup> Beach, et al., quoted in Léonard Aucoin, *Compétences linguistiques et culturelles des organisations de santé : analyse critique de la littérature*, p. 12.

A patient-centred approach enables the health service provider to:

- understand not only the illness, but also the patient's unique experience of illness: his or her feelings, ideas, functioning and expectations;
- understand the whole person, including the multiple aspects of the patient's life: his or her personality, developmental history, life cycle issues, and the multiple contexts in which he or she lives, including the ecosystem;
- find common ground to promote mutual decision-making concerning diagnosis, treatment, priorities and challenges; to collaborate with the family and the community; and to identify the roles to be assumed by each player;
- establish a solid patient health service provider relationship that includes compassion and trust and is based on mutual respect and transparency;
- incorporate prevention and health promotion;
- define together realistic goals for treatment and possible options, as well as for essential collaborations for required care and services.<sup>25</sup>

In short, the patient-centred approach makes the patient an active and empowered partner in his or her own health, healthcare and treatment. For this approach to work, it is essential that clear and effective communication be established in the official language of the patient's choice.

### ***Active offer and ethical leadership***

New Francophone health professionals just entering the workforce will inevitably encounter colleagues who may not be aware of the rights, realities and living conditions of Francophone minority communities. Moreover, the development of these communities is the result of a long history of fighting to assert their language rights and legitimacy.<sup>26</sup> These rights, however, are still not always respected. Going forward, health professionals must exercise ethical and inspirational leadership to emphasize the importance of actively offering services in French in order to facilitate the transformation of organizational frameworks and to make an impact on the situation of Francophones in minority communities.

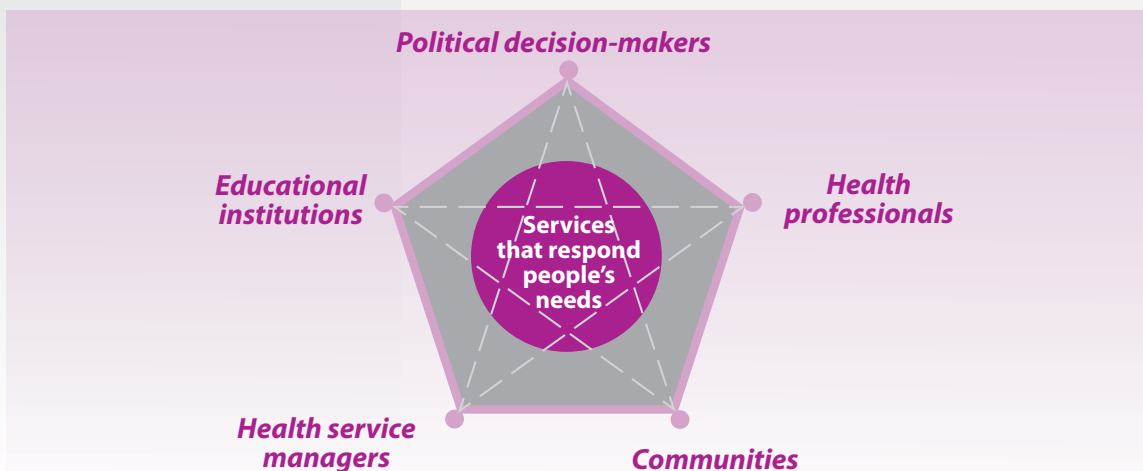
To ensure sustainable improvement of the active offer of quality French-language services, new health professionals must become catalysts for change and innovation in their work environments. To achieve this, they must demonstrate personal and ethical leadership toward their patients by actively offering health services in French. At the same time, they must exert a positive influence on their workplaces and on their communities.

<sup>25</sup> Moira Stewart, et al., *Patient-Centered Medicine: Transforming the Clinical Method*, p. 6.

<sup>26</sup> Inspired by the Office of the Commissioner of Official Languages' document entitled *Our Official Languages: As a Century Ends and a Millennium Begins*.

# 5

## Active offer: changing the culture



In order to improve the active offer of quality French-language health services, we must change the culture in the facilities responsible for guaranteeing this offer. However, the responsibility for this culture change cannot rest entirely with health professionals. Only through mutual understanding, collective accountability and collaboration will we see real improvement.

### **Conditions for success for active offer**

To determine the conditions for success for the active offer of quality French-language health services, we used the World Health Organization's Partnership Pentagon from *Towards Unity for Health* (TUFH)<sup>27</sup> as a starting point. The pentagon shown here, adapted by the Société Santé en français (SSF),<sup>28</sup> incorporates the key players who must be called upon to create a culture change. It presents a systematic approach to determine the conditions for success of the implementation of active offer.

We have listed below the conditions for success for each of the partners of the Partnership Pentagon. Our lists were inspired by the Official Language Commissioner's *Leadership Competencies Profile for Official Languages* and by a brochure of the Réseau action formation et recherche of the Société Santé et Mieux-être en français du Nouveau-Brunswick's, entitled *L'offre de services dans les deux langues officielles dans le domaine de la santé : À nous d'y voir !*

### **Health service managers**

For managers in charge of organizing and delivering services, and mobilizing health professionals, we propose the following conditions:

1. Visitors are greeted in both official languages on the telephone, in person, and online; bilingual signage indicates that services are available in both official languages; etc.
2. Managers communicate bilingually with staff and respect the language of choice of each staff member.
3. All documentation is drafted and distributed in both official languages simultaneously (equal quality).

<sup>27</sup> Charles Boelen, *Towards Unity for Health : Challenges and Opportunities for Partnership in Health Development*.

<sup>28</sup> Education for Health, *La Société Santé en français : Un modèle canadien de partenariat qui a fait ses preuves*, p. 6.

4. Comprehensive signage explains policies on the availability of services in a patient's or beneficiary's language of choice.
5. Managers anticipate translation needs and costs, and plan accordingly (using professional translators rather than relying on employees who speak the language).
6. Human resource needs as well as linguistic and cultural skills requirements are regularly assessed and acted upon (recruitment and retention strategies).
7. Processes are implemented to ensure that health care and services are always offered in both official languages.
8. Policies on the patient-centred approach and active offer are adopted.
9. Employees are educated about the importance of active offer as a determining factor in health and service quality, about Canadian values, and about respect for language rights, through dialogues, presentations, memos, posters, internal newsletters, promotion campaigns, etc.
10. Employees are aware of the moral and ethical responsibilities related to the active offer of services of equal quality.
11. Employee development plans include language training and upkeep.
12. Immersion and tutoring programs are developed and maintained to help employees learning French or English.
13. Bilingual employees are valued and recognized.
14. All staff are motivated toward and committed to a common mission and vision of the patient-centred approach and the active offer of services in the official language of a patient's choice.
15. All staff are motivated toward and committed to a common mission and vision of official languages in the workplace, based on the Canadian values of linguistic duality and cultural diversity.
16. Staff are collectively committed to and accountable for strategy development, implementation and assessment.
17. Open reflection and dialogue are created and maintained to keep abreast of implementation challenges and successful practices.
18. New employees are made aware of the organization's vision and commitment regarding official languages and language rights.
19. Both official languages are used in daily communication.
20. Diversity is valued and the links between language, culture and health are acknowledged.
21. Goals are achieved through employee commitment, rather than through coercive measures.
22. Working tools (software, manuals) are available in both official languages.
23. Opportunities are created and maintained for employees to share their thoughts on official languages and cultures (lunchtime information sessions, mentorship, etc.).
24. Meetings are conducted in both languages (presentations, discussions, documentation, minutes).
25. Promotion campaigns are conducted to inform the community about active offer.
26. French-language service directories are created.
27. Regular satisfaction surveys are conducted for patients and beneficiaries as well as staff.

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## ***Communities***

Successful active offer requires awareness and engagement among Francophone communities, which leads to empowerment regarding quality French-language health services. Francophone citizens and communities should be encouraged to make their needs known and to actively request health services in French.

Community engagement is a sine qua non health authorities' commitment to developing services tailored to local needs. The testimonials we gathered confirmed that in the six scenarios we examined, community groups and leaders demonstrated increased awareness of health needs in French. Communities are becoming more engaged and are building progressive structures, even in the areas with the fewest French-language health services available and where these services are most difficult to implement. As they did with education in the past, Francophone minority communities are getting involved in French-language health field with the firm conviction that they will find solutions for the future.<sup>29</sup>

## ***Health professionals***

Health professionals are critical players in the success of the active offer of French-language services. For this reason, it is essential to provide them with the support, encouragement, management and tools that they need in order to make full use of their linguistic and cultural skills to serve their patients and beneficiaries.

## ***Political decision-makers: a shared responsibility***

There are a number of possible solutions for ensuring that quality French-language health services are actively offered. Health service providers should develop policies, procedures and practices that clearly reflect the importance and the presence of active offer in health care and services.

It is incumbent upon political decision-makers at all levels of government to maintain, even increase, their support for the implementation and improvement of French-language services and programs in health facilities. This support is in fact a necessary condition to ensure satisfactory access to health services, without financial or other barriers, in a spirit of ethics and equity.

## ***Educational institutions: teaching initiatives***

Educational institutions must incorporate into their programs content that is tailored to the reality of Francophone minority communities. These programs will prepare future health professionals to become leaders in the active offer of high-quality health services in French to all Francophones in minority communities in Canada.

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<sup>29</sup> Société Santé en français, *Rapport d'évaluation sommative du programme « Appui au réseautage »*, p. 6.



# 6

## Characteristics of working in healthcare in minority environments

Health professionals' work in Francophone minority communities creates opportunities, but it also raises certain unique challenges. It is therefore essential to identify these opportunities and challenges in order to develop best practices and innovative methods to help future professionals in their work. Health professionals must also understand the importance of establishing a support and mutual assistance network.

The two following tables present the main challenges and opportunities of healthcare work in minority communities.

### Challenges



**Recruitment and retention of Francophone and Francophile staff:** Human resources challenges are many: lack of Francophone professionals, unavailability of these professionals, lack of appropriate incentives, lack of recognition and validation of their role.

**Added workload:** Workloads are greater for Francophone professionals, not least because they are often called on to serve as translators and interpreters.

**Linguistic challenges:** "Health professionals frequently complete their studies in English and are therefore unfamiliar with the French clinical terminology. Those who work in areas with low Francophone concentrations are sometimes uncomfortable expressing themselves in French, concerned that their French is not good enough."<sup>1</sup>

**Fatigue and stress:** Fatigue and stress are higher among bilingual nurses. In addition to sometimes having to serve as translators and interpreters, they must write their reports and work with English software, and take on additional work treating Francophone clients that Anglophone staff cannot understand or help.

**Professional isolation:** Unless they happen to work in an environment that consistently encourages the use of French, Francophone health professionals often experience feelings of isolation. The farther they are from a major city, the more isolated they feel.

**French-language information and clinical tools:** Access to health information and tools in French is one of the greatest needs among nurses. "Most of the nursing manuals are published and edited in English. Nurses who consult the French version of a manual must also read the English text because it is the most recent version. This additional reading increases their workload and sometimes leads them to do their research in English."<sup>2</sup>

**Education and professional development:** There is a consistent lack of access to basic education and professional development in French.

**Use of French at work:** There are some restrictions on the use of French among Francophone professionals at work. Language use is also influenced by some unions.

**Career path:** There is a perception among Francophone health professionals that career advancement is more difficult for them.

<sup>1</sup> Pier Bouchard and Sylvain Vézina, *Rapport du Dialogue sur l'engagement des étudiants et des futurs professionnels pour de meilleurs services de santé en français dans un contexte minoritaire*, Ottawa, CNFS, 2010, p. 10.

<sup>2</sup> Canadian Nurses Association (CNA), *Projet soins infirmiers en français*, Ottawa, CNA, 2007, p. 20.

## Opportunities

**Impact on the environment:** “Ultimately, feelings of being successful in life are often linked to having been able to change something. By that same token, the values that we espouse are what enable us to have an impact on our environment.”<sup>1</sup>

**Engagement opportunities:** “Young professionals are drawn toward the health professions because they want to make a difference and to feel that their work means something. For this reason, a number of them state that they seek out engagement opportunities and, as Francophones, they would like to contribute to the growth of their communities.”<sup>2</sup>

**Better quality of services:** “When they [health professionals] believe in the value of Francophone culture, they automatically have an impact on the quality of French-language health services.”<sup>3</sup>

**Enriching experience:** “In one case, a young Anglophone participant who came from an immersion program chose to pursue her studies in French and to work in a Francophone environment. She attributes her decision to enriching experiences that taught her the importance of learning a second language, as it happens, French.”<sup>4</sup>

**Recent progress and a promising future:** Thanks to the efforts of the Société Santé en français and the Consortium national de formation en santé, we have observed the following progress:

- successful strategies to recruit Francophone professionals and to increase recruitment of internationally educated professionals and graduates;
- access to a growing number of education and professional development programs in French, e.g. those of the CNFS;
- increased commitment to French-language health at all levels (governments, health facilities, etc.);
- better service planning and integration;
- opportunities to demonstrate motivating and ethical leadership within the Canadian healthcare system.

<sup>1</sup> Pier Bouchard and Sylvain Vézina, *Rapport du Dialogue sur l'engagement des étudiants et des futurs professionnels pour de meilleurs services de santé en français dans un contexte minoritaire*, Ottawa, CNFS, 2010, p. 4.

<sup>2</sup> *Ibid.*, p. 9.

<sup>3</sup> *Ibid.*, p. 5.

<sup>4</sup> *Ibid.*, p. 10.

Future Francophone health professionals may be called upon to work in a number of areas, from health service delivery to health promotion to disease prevention. They will work in a wide variety of environments — urban or rural, Francophone or Anglophone — and with a diverse clientele. They may work in a climate of linguistic and cultural openness, or they may work in a climate of great tension.

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Access to French-language health services is constantly evolving, as shown in the following excerpt, translated from the SSF's *Rapport d'évaluation sommative du programme « Appui au réseautage »*:

The national movement and the actions of the networks [17 provincial and territorial networks] have increased the visibility of language problems in accessing health services. This nationwide impulse has helped to increase recognition of the importance of language and culture in the active offer of health services. Not only has this movement legitimized Francophone minorities' demands for French-language health services in the eyes of health authorities, but it has also offered solutions for adapting the system to the occasionally specialized requirements of populations.

- Anglophone health partners are becoming increasingly sensitive to how much the ability to communicate in a client's preferred language increases the effectiveness and quality of service.
- This growing recognition of the importance of language to the quality of care has influenced health policies on all studied sites.
- Large conferences have enabled us to share new tools, best practices and innovative service models while rejuvenating Francophones and community groups — for example, the SSF's *Rendez-vous* conference.<sup>30</sup>

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<sup>30</sup> Société Santé en français, *Rapport d'évaluation sommative du programme « Appui au réseautage »*, p. 2.

# 7 Learning framework

The proposed learning framework includes three interdependent and complementary components: knowledge acquisition, skills acquisition, and application of acquired knowledge and skills. To ensure a sustainable active offer, health professionals will have to take on leadership roles in their workplaces. Each component of the learning framework will recall the priority issues detailed in the *Rapport du Dialogue sur l'engagement des étudiants et des futurs professionnels pour de meilleurs services de santé en français dans un contexte minoritaire*.

## Learning Framework for the Future Health Professional

To improve the active offer of quality French-language services, future health professionals must be properly equipped to develop their personal confidence, their professional commitment and their motivation to be leaders in their work environments in minority situations

### The future professional must

#### Acquire Knowledge

1. The patient-centred approach
2. Active offer to improve the quality of health services
3. Health determinants, particularly language and culture, which make French-language services an issue of safety, quality, legitimacy and ethics
4. The realities, challenges and rights of Francophone minority communities
5. The characteristics of working in healthcare in a Francophone minority context

#### Acquire Skills

1. Ability to reflect on one's identity as a Francophone (personal and social identity) and as a professional (professional identity) in order to support the evolution of one's identity and self-affirmation
2. Ability to improve and tailor one's language skills to the socio-cultural environment
3. Cultural skills and openness to pluralism
4. Social and inter-personal skills, indicators of emotional intelligence

#### Adopt Attitudes

1. Become a practitioner who is able to adapt to ongoing evaluation of offered services in a minority context
2. Become a professional who demonstrates critical thinking on the active offer of French-language health services
3. Become a person who affirms his or her feelings of belonging, of pride and of being a Francophone citizen of Canada
4. Become an ethical professional who is prepared to guarantee an ongoing active offer of health services in the preferred official language of a patient or beneficiary
5. Become a catalyst for change and innovation in the workplace

### The health professional will strive toward

#### Action

*Ethical leadership*

The active offer of quality French-language health services

#### Collaboration

*Inspiring leadership*

Leadership that helps to transform the healthcare system, the organizational culture and the delivery methods for quality French-language health services

The health professional will therefore have a direct impact on the health and well-being of patients, as well as on Canada's healthcare system.

The health professional will therefore have an impact on the vitality of minority communities and of the Canadian society as a whole.

## 8 Competencies profile

The proposed competencies profile details an educational path that begins by raising awareness and finishes with ethical and inspiring leadership. It integrates into each component the priority issues raised in the *Rapport du Dialogue sur l'engagement des étudiants et des futurs professionnels pour de meilleurs services de santé en français dans un contexte minoritaire*.

The profile details the knowledge, skills and attitudes that students must acquire to achieve the ultimate goal of their training. The professional who completes this training will be well prepared to actively offer high-quality health services, in French, and to become a catalyst for change in the workplace.

### Ultimate goal of the training for active offer of French-language health services

Health professionals capable of acting to ensure the active offer of quality French-language health services to culturally diverse Francophone patients and their families, in a variety of settings, for all aspects of health care and service delivery.

### Knowledge

- Health professionals understand the foundations and consequences of the **patient-centred approach**. They are able to see the link between active offer and the patient-centred approach.
- They are aware of **the direct relationship between the active offer of quality French-language health services and the quality of these services for Francophone patients**. They are aware of the effects of the active offer of French-language health services on the health of the Francophone population. They know **the health determinants**, particularly **language** and **culture**, which make French-language services an issue of safety, quality, legitimacy and ethics.
- **They understand the realities, challenges and rights of Francophone minority communities**. They understand the history of these communities and the geographical distribution of Francophones. They stay up-to-date on the evolution of active offer and of provincial, territorial and federal laws on health and official language rights. They are sensitive to Canadian values: inclusion, equality, equity and fairness.
- **They are aware of the diverse work environments and working conditions** that exist in the field of Francophone minority healthcare. They recognize the importance of establishing and maintaining a support and mutual help network. They explore the many situations that affect the delivery of French-language health services and propose ways to improve or change them.

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## ***Skills***

- Health professionals **affirm their language as well as their personal and professional values**. Regardless of whether their first official language is French or English, they value French and recognize the citizenship rights of French as one of Canada's official languages. The evolution of their identities is a process that begins well before their professional health education and continues throughout their lives.
- They demonstrate their willingness to **improve their language skills** according to the requirements of their socio-cultural environments.
- **They develop professional relationships and interact with people (patients and colleagues) from different cultures.**
- They are **capable of establishing social and interpersonal relationships** thanks to the development of their emotional intelligence.
- **They incorporate and apply, in their professional practices, the knowledge and skills that they acquired from authentic learning activities**, including case studies, simulations and role-playing.

## ***Attitudes***

- Health professionals are **flexible practitioners** able to respond to ongoing evaluation of services offered in minority situations.
- They demonstrate **critical thinking** on the active offer of French-language health services.
- They **affirm their feelings of belonging, of pride and of being Francophone citizens** of Canada.
- Health professionals **demonstrate their commitment and act as ethical and inspiring leaders** to ensure that quality French-language health services are actively offered to Canada's Francophone minority populations.
- They become **catalysts of change and innovation in the workplace** by demonstrating personal and ethical leadership with patients to ensure that French-language health services are actively offered. They also exert a positive influence on their workplaces and communities.

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### ***Ethical and Inspiring Leadership (Action and Collaboration)***

It is important to reiterate that demonstrating ethical and inspiring leadership concerning active offer means:

- working with confidence, authenticity and conviction, according to personal, cultural and professional values;
- continually affirming and demonstrating commitment to the active offer of French-language services;
- establishing quality relationships with patients and beneficiaries that demonstrate authenticity, compassion, mutual respect and transparency;
- establishing a zone of mutual understanding with patients from different cultures, and seeking to understand the impact of cultural differences on the quality of health care and services;
- communicating, through behaviours and actions, respect for equity of access to French-language care and services;
- understanding the ethical consequences of actions and behaviours on patients and beneficiaries;
- determining, at the first point of contact, each patient's and beneficiary's language preference (taking the patient's linguistic pulse... a vital sign);
- ensuring that patients and beneficiaries are comfortable using the official language of their choice;
- ensuring equal treatment of both official languages in all aspects of health care and service (verbal and written communications);
- being a role model for colleagues;
- seeking concrete opportunities to promote active offer;
- not hesitating to make difficult decisions to address situations when a patient's or beneficiary's language rights are not respected;
- continually striving to improve the work environment's capacity for active offer;
- demonstrating courage, creativity and initiative in strategies to improve active offer.



# 9

## Instructors and mentors

Ideally, instructors and mentors of future Francophone health professionals will be “accessible role models.” What we mean by this term is “persons who exert influence, by the nature of their personal and professional values, their integrity, their attitudes, and their quest for excellence.”<sup>31</sup>

To that end, instructors and mentors should:

- advocate for a patient-centred approach;
- acknowledge active offer as an issue of service quality, of safety, of legitimacy and therefore, of ethics;
- promote the active offer of quality health services, in French, to their students and in their work environments;
- demonstrate openness to plurality and diversity;
- demonstrate ethical leadership;
- have the courage to address discrimination and inequity;
- be responsive in their practices and demonstrate critical thinking.

<sup>31</sup> Lise Paiement et al., *Leadership et pédagogie culturels, Les sept fondements, La congruence pédagogique*.

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## CONCLUSION

The active offer of quality French-language health services represents a global approach to health service delivery for Canada's Francophone minority populations. Starting with an approach centred on the patient and his or her dignity and rights, active offer requires collective accountability from the entire healthcare system. Active offer is an act of professional ethics, a demonstration of transformational leadership that mobilizes the resources and efforts of all elements in the healthcare system to ensure that the entire Canadian population is treated fairly and equitably in all healthcare matters.

Health professionals, of course, play a leading role in health service delivery. Education, mentorship and professional development programs for healthcare students must therefore prepare them to act confidently to ensure that quality French-language services are actively offered to Francophone patients and families, from diverse cultures, in various settings, for all aspects of health care and services. We hope that this document will help to facilitate the acquisition of the knowledge and skills required to achieve this goal.

## BIBLIOGRAPHY

ASSOCIATION CANADIENNE D'ÉDUCATION EN LANGUE FRANÇAISE (ACELF). *Cadre d'orientation en construction identitaire*, Québec, ACELF, 2006.

AUCOIN, Léonard. *Compétences linguistiques et culturelles des organisations de santé : analyse critique de la littérature*, Ottawa, Société Santé en français, 2008.

BOELEN, Charles. *Towards Unity for Health: Challenges and Opportunities for Partnership in Health Development*, Geneva, World Health Organization, 2000 [[http://www.who.int/hrh/documents/en/TUFH\\_challenges.pdf](http://www.who.int/hrh/documents/en/TUFH_challenges.pdf)].

BOUCHARD, Pier and Sylvain VÉZINA. *L'outillage des étudiants et des nouveaux professionnels : un levier essentiel pour l'amélioration des services de santé en français*, Ottawa, CNFS, 2009.

BOUCHARD, Pier and Sylvain VÉZINA. *Rapport du Dialogue sur l'engagement des étudiants et des futurs professionnels pour de meilleurs services de santé en français dans un contexte minoritaire*, Ottawa, CNFS, 2010.

BOUFETTAL, S. Hermas, K. EL MOUATACIM, M. NOUN and N. SAMOUTH. *Andragogie en médecine*, Casablanca, Morocco, Masters Thesis, 2009.

BOWEN, Sarah H. *Access to Health Services for Underserved Populations in Canada*, Ottawa, Health Policy and Communications Branch, Health Canada, 2000.

BOWEN, Sarah H. *Language Barriers in Access to Health Care*, Ottawa, Health Canada, 2001.

BOWEN, Sarah and Jeannine ROY. *Intégration des services d'interprétation dans la gestion des risques*, presentation at Rendez-vous interculturel, Winnipeg, 2009 [[http://v1.santemontreal.qc.ca/pdf/BII/9\\_RoyJeannine\\_Officereg\\_sante\\_Winnipeg.pdf](http://v1.santemontreal.qc.ca/pdf/BII/9_RoyJeannine_Officereg_sante_Winnipeg.pdf)].

CADRE DE SANTÉ.COM [<http://cadredesante.com/spip/>].

CANADIAN HERITAGE. *Symbols of Canada*, Ottawa, Canadian Heritage, 2010 [[http://www.pch.gc.ca/pgm/ceem-cced/symbol/pub\\_symb-eng.cfm](http://www.pch.gc.ca/pgm/ceem-cced/symbol/pub_symb-eng.cfm)].

CANADIAN INSTITUTE FOR RESEARCH ON LINGUISTIC MINORITIES. Reference Database on Official Languages [<http://www.icrml.ca/wikindx-en/>].

CANADIAN INSTITUTES OF HEALTH RESEARCH (CIHR). *Official Language Minority Communities (OLMC) Research Priorities*, Ottawa, CIHR, 2011 [<http://www.cihr-irsc.gc.ca/e/41538.html>].

CANADIAN NURSES ASSOCIATION. *Projet soins infirmiers en français*, Ottawa, 2007 [[http://www2.cna-aiic.ca/CNA/documents/pdf/publications/Projet\\_Soins\\_Infirmiers\\_Francais\\_e.pdf](http://www2.cna-aiic.ca/CNA/documents/pdf/publications/Projet_Soins_Infirmiers_Francais_e.pdf)].

CENTER FOR ETHICAL LEADERSHIP [<http://ethicalleadership.org/about-us/philosophies-definitions/ethical-leadership>].

CENTER FOR THE STUDY OF LEADERSHIP AND ETHICS, ROCK ETHICS INSTITUTE. "Moral Leadership and the Ethics of Community," *Values and Ethics in Educational Administration*, 2003 [<http://rockethics.psu.edu/>].

CITIZENSHIP AND IMMIGRATION CANADA. *Study Guide: Discover Canada. The Rights and Responsibilities of Citizenship*, Ottawa, Public Works and Government Services Canada, 2009.

CIULLA, Joanne B. *Ethics. The Heart of Leadership*, Westport, Connecticut, Praeger Publishers, 1998.

COMITÉ SANTÉ EN FRANÇAIS DE FREDERICTON NOUVEAU-BRUNSWICK. *L'offre active*, Fredericton [<http://www.franco-fredericton.com/sante/offreactive.htm>].

CONSULTATIVE COMMITTEE FOR FRENCH-SPEAKING MINORITY COMMUNITIES. *Report to the Federal Minister of Health: Towards a New Leadership for the Improvement of Health Services in French*, Ottawa, Health Canada, 2007.

CORBEIL, J.-P., C. GRENIER and S. LAFRENIÈRE. *Minorities Speak Up: Results of the Survey of the Vitality of Official-Language Minorities – 2006*, Ottawa, Statistics Canada, Demography Division, 2007.

DEPARTMENT OF JUSTICE. *Canada Health Act*, Ottawa [<http://lois-laws.justice.gc.ca/eng/acts/C-6/page-2.html>].

DEPARTMENT OF JUSTICE. *Official Languages Act*, Ottawa [[http://www.justice.gc.ca/eng/pi/franc/41/2011\\_2016/1.html](http://www.justice.gc.ca/eng/pi/franc/41/2011_2016/1.html)].

EDUCATION FOR HEALTH. *La Société Santé en français : Un modèle canadien de partenariat qui a fait ses preuves*, Vol. 20, No. 2, 2007, p. 6 [<http://www.educationforhealth.net/>].

ÉRUDIT, PRESSES DE L'UNIVERSITÉ DE MONTRÉAL [[www.erudit.org](http://www.erudit.org)].

FÉDÉRATION DES COMMUNAUTÉS FRANCOPHONES ET ACADIENNE (FCFA). *Pour un meilleur accès à des services de santé en français*, Ottawa, FCFA, 2001.

FÉDÉRATION DES COMMUNAUTÉS FRANCOPHONES ET ACADIENNE (FCFA). *Plan stratégique communautaire issu du Sommet des communautés francophones et acadiennes, Forum des leaders*, Ottawa, FCFA, 2008.

GOHIER, Christiane. « Identité enseignante : quels parallèles avec la profession soignante ? De la relation pédagogique à la relation de soin », *Actes du colloque Identité infirmière : de la pratique aux sciences*, Neuchâtel, Haute école ARC, 2008, p. 29-36 [<http://www.er.uqam.ca/nobel/r17101/>].

GOHIER, Christiane. Conference "La question de l'identité : entre l'individuel et le culturel," Sudbury, Laurentian University [[http://www.laurentian.ca/Laurentian/Home/Departments/School+of+Education+French/S%c3%a9minaire/Dr.+Christiane+Gohier.htm?Laurentian\\_Lang=en-CA](http://www.laurentian.ca/Laurentian/Home/Departments/School+of+Education+French/S%c3%a9minaire/Dr.+Christiane+Gohier.htm?Laurentian_Lang=en-CA)].

GOHIER, Christiane, Marta ANADÓN and Jacques CHEVRIER. "La dynamique de l'engagement chez des étudiantes en formation des maîtres analysée sous l'angle des états identitaires," *Canadian Journal of Education*, Vol. 31, No. 4, 2008, p. 813-835.

GOLEMAN, Daniel, Richard BOYATZIS and Annie MCKEE. *Primal Leadership: Learning to Lead with Emotional Intelligence*, Boston, Harvard Business School Press, 2002.

GOLEMAN, Daniel. *Emotional Intelligence: Why It Can Matter More Than I.Q.*, New York, Bantam Books, 1996.

HABACON, Alden E. *Opening Address*, Perspectives of Canadians of Diverse Backgrounds on Linguistic Duality — Discussion Forum Held in Vancouver, 2008.

HEALTH CANADA. *Certain Circumstances: Issues of Equity and Responsiveness in Access to Health Care in Canada*, Ottawa, Health Canada, 2001.

HEALTH CANADA. *Health Care System, Official Languages Act*, Ottawa, Health Canada, 2004 [[http://www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2004-fmm-rpm/fs-if\\_11-eng.php](http://www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2004-fmm-rpm/fs-if_11-eng.php)].

HUBERT, Daniel. *Quelques leçons sur l'accessibilité aux soins de santé*, publications du SAFRAN, Nunavox, 2007 [<http://www.franconunavut.ca/safran/publications-du-safran/nunavoix-no4.html>].

KASHMAN, Kevin. *Leadership from the Inside Out*, San Francisco, Berrett-Koehler Publishers, Inc., 2008.

KHOMSI, Zoubida and Mohammed BOULGANA. *Perception de l'identité professionnelle chez l'étudiant*, Morocco health department, 2006 [<http://www.youscribe.com/catalogue/etudes-et-statistiques/savoirs/autres/perception-de-l-identite-professionnelle-chez-l-etudiant-213927>].

LANGLOIS, Lyse, Claire LAPOINTE, et al. *Le leadership en éducation : plusieurs regards, une même passion*, Montréal, Chenelière/McGraw-Hill, 2002.

LANGLOIS, Lyse. *Anatomie du leadership éthique : pour diriger nos organisations d'une manière consciente et authentique*, Québec, Les Presses de l'Université Laval, 2008.

LÉVESQUE, Annabel. *Langue et santé : La situation des francophones en milieu minoritaire*, Winnipeg, Collège universitaire de Saint-Boniface, 2005.

MANITOBA FRANCOPHONE AFFAIRS SECRETARIAT. *Active Offer*, Winnipeg [<http://www.gov.mb.ca/fls-slf/activeoffer.html>].

MINISTERIAL CONFERENCE ON THE CANADIAN FRANCOPHONIE [<http://www.cmfc-mccf.ca/publication-en>]

OFFICE OF THE COMMISSIONER OF OFFICIAL LANGUAGES. *Our Official Languages: As a Century Ends and a Millennium Begins*, Ottawa, OCOL, 2001 [[http://www.ocol-clo.gc.ca/html/annivers\\_e.php](http://www.ocol-clo.gc.ca/html/annivers_e.php)].

OFFICE OF THE COMMISSIONER OF OFFICIAL LANGUAGES. *National Report on Service to the Public in English and French: Time for a Change in Culture*, Ottawa, OCOL, 2001 [[http://www.ocol-clo.gc.ca/html/stu\\_etu\\_service\\_042001\\_p4\\_e.php](http://www.ocol-clo.gc.ca/html/stu_etu_service_042001_p4_e.php)].

OFFICE OF THE COMMISSIONER OF OFFICIAL LANGUAGES. *Annual Report*, Ottawa, OCOL, 2002 à 2010 [<http://www.ocol-clo.gc.ca>].

OFFICE OF THE COMMISSIONER OF OFFICIAL LANGUAGES. *Official Languages at the Heart of Our Identity: An Overview of the Official Languages Act*, Ottawa, Public Works and Government Services Canada, 2010.

OFFICE OF THE COMMISSIONER OF OFFICIAL LANGUAGES. *Leadership Competencies Profile for Official Languages*, Ottawa, OCOL, 2011.

ONTARIO MINISTRY OF EDUCATION [<http://www.edu.gov.on.ca/eng/>].

ONTARIO MINISTRY OF EDUCATION. *Une approche culturelle de l'enseignement pour l'appropriation de la culture dans les écoles de langue française de l'Ontario : Cadre d'orientation et d'intervention*, Toronto, 2009.

PAIEMENT, Lise et al. *Leadership et pédagogie culturels, Les sept fondements, La congruence pédagogique* [<http://www.pedagogieculturelle.ca/les7fondements/>].

PARLIAMENT OF CANADA [<http://www2.parl.gc.ca/content/lop/researchpublications/prb0638-f.htm>].

PÉDAGOGIE CULTURELLE [<http://www.pedagogieculturelle.ca/>].

PERRENOUD, Philippe. *Adosser la pratique réflexive aux sciences sociales, condition de la professionnalisation*, Geneva, Faculty of Psychology and Educational Sciences, University of Geneva, 2004.

PUBLIC HEALTH AGENCY OF CANADA. *Key Health Determinants* [[http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#key\\_determinants](http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#key_determinants)].

RÉSEAU-ACTION FORMATION ET RECHERCHE DE LA SOCIÉTÉ SANTÉ ET MIEUX-ÊTRE EN FRANÇAIS DU NOUVEAU-BRUNSWICK. *L'offre de services dans les deux langues officielles dans le domaine de la santé : À nous d'y voir !*

SAUL, John Ralston. *Mon pays Métis : quelques vérités sur le Canada*, Montréal, Les Éditions du Boréal, 2008.

SHAPIRO, Joan Poliner. "Ethical Decision Making in Turbulent Times: Bridging Theory with Practice to Prepare Authentic Educational Leaders," *Values and Ethics in Educational Administration*, Center for the Study of Leadership and Ethics, Rock Ethics Institute, 2005 [<http://rockethics.psu.edu/>].

SOCIÉTÉ SANTÉ EN FRANÇAIS (SSF). *Santé en français, communautés en santé : Une offre active de services de santé pour une meilleure santé des francophones en situation minoritaire*, Ottawa, SSF.

SOCIÉTÉ SANTÉ EN FRANÇAIS (SSF). *Santé en français, communautés en santé: Summary of 2008-2013 Master Plan*, Ottawa, SSF [<http://santefrancais.ca/>].

SOCIÉTÉ SANTÉ EN FRANÇAIS (SSF). *Rapport d'évaluation sommative du programme « Appui au réseautage »*, Ottawa, SSF, 2008 [<http://santefrancais.ca/documents/SSFEvaluationSommativRapportFinal.pdf>].

STEWART, Moira, et al. *Patient-Centered Medicine: Transforming the Clinical Method*, Abington, United Kingdom, Radcliffe Medical Press Ltd., 2003 [[www.radcliffe-oxford.com](http://www.radcliffe-oxford.com)].

TREASURY BOARD OF CANADA SECRETARIAT. *Policy on Active Offer*, Ottawa, 1993.

[www.cnfs.net](http://www.cnfs.net)



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