Faculty of Arts

McGill Training and Human Resource Development Project

Language Training Program

Findings and Recommendations of the Lexicon Evaluation Committee

Prepared by Sky McLaughlin and Jim Rogers

August 2006

Executive summary

The Lexicon Committee, formed in early July 2006, is composed of three members proposed by the network partners and two language specialists from the THRDP. The committee members who review the lexicons which are the subject of this report are: Sarah Finlayson a school social worker from the Gaspé region, Isabel Sullivan an ESL specialist from Laval University and Marion Standish with a background in nursing, nurse management and ESL and Sky McLaughlin and Jim Rogers from the McGill Project. The committee convened via telephone conference on July 18, 2006 to review the suggested criteria for evaluating lexicons which was prepared by Sky McLaughlin and Jim Rogers. The committee agreed in principle to the general evaluation categories that were outlined and also decided to add more categories as they arose naturally during the process of reviewing the lexicons. During this telephone conference, the invited members shared their extensive experience in the fields of healthcare and ESL and also shared what experience they had using lexicons. This discussion and sharing of experience served as a fruitful generator of ideas and evaluation criteria before reviewing the lexicons. After the telephone conference seven lexicons were sent to each member, with a deadline of August 3rd set for the submission of an evaluative report. This report is a synthesis of the Committee's findings and general recommendations. The committees' final ratings of each lexicon conclude this report.

The full texts of the invited committee members' findings and recommendations are available from the THRDP offices at McGill University in Montreal.

General Findings and Recommendations

The Committee's review of the lexicons has led to the identification of a number of

COMMITTEE MEMBER	LEXICON: GLOSSARY OF SOCIAL SERVICES Department of the Secretary of State of Canada. Translation Bureau. Minister of Supply and Services, 1983. ISBN-0-662-52338-5
Sky McLaughlin (McGill ESL Specialist)	Relevance - It appears that the majority of the words are relevant to the field of social work, but since it was published in 1983 the terms may not reflect current usage Appropriateness/Authenticity - Because it is dated, there are some words which are no longer appropriate (e.g. handicapped vs. disabled) - The lexicon includes only words and not phrases or expressions used in daily language - The words are not contextualized in examples of real-life interaction between practitioners and clients Organization - The organization is only in long lists of French and English words without being divided into themes or functions - It would be useful to have English/French and French/English for native users of both languages Recommendation - It would be more helpful for learners/practitioners to have the lexical items grouped by category, topic, subject, areas of practice, etc.

COMMITTEE MEMBER	LEXIXCON: GLOSSARY OF HEALTH S ERVICES Terminology Bulletin 243. Translation Bureau. Minister of Public Works and Government Services. Canada, 1999. ISBN-0-660-61002-7
Sarah Finlayson (Background in Social Work – elementary and secondary schools)	Relevance - Seems useful for practitioners to study or review before working in the field of health services

COMMITTEE MEMBER	Amyot, Alice. 2003. LEXICON: MA PETITE MÉMOIRE Les Éditions Plume au vent, Pierrefonds, Québec. ISBN-2-980175-1-7-Y
Sarah Finlayson (Background in Social Work – elementary and secondary schools)	Relevance - Helpful for students or new medical personnel working in French as there are no English translations - Seems most relevant to nursing and medical secretary programs Appropriateness/Authenticity - The vocabulary includes a number of useful themes, including emotions (including also grief and defence mechanisms) and indicators of a range of general mental illnesses Recommendation - List of terms describing phobias not useful as practitioners are more likely to use the terms of diagnosis as set out in the DSM-IV - A section on mental illness could be included in a lexicon for social workers following the DSM-IV terminology, yet accompanied by common names
Isabel Sullivan	Relevance -

COMMITTEE MEMBER	Amyot, Alice. 2003. LEXICON: MA PETITE MÉMOIRE Les Éditions Plume au vent, Pierrefonds, Québec. ISBN-2-980175-1-7-Y
	words) so that word meanings can be recognized through their roots

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COMMITTEE MEMBER	LEXICON: AU SECOURS / HELP Published by the American Women's Club of Geneva in collaboration with the Henry Dunant Institute of Geneva. Geneva, 1990.
Standish (Background in Nursing, Nurse Management and ESL education)	obstetrics, neurology and geriatrics Appropriateness/Authenticity

COMMITTEE MEMBER	LEXICON: AU SECOURS / HELP Published by the American Women's Club of Geneva in collaboration with the Henry Dunant Institute of Geneva. Geneva, 1990.
	- Would need to be amended to include terms specific to social work

COMMITTEE MEMBER	LEXICON: FRENCH Popies, but no bibliographical inf 0n1Stion.	MDI 0.1S8AU

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Distance Learning Specialist)	Organization - Simply an alphabetical list of words not arranged by topic or function Recommendation - Difficult to envision this being used as anything other than a reference since there are no phrases upon which to build communication

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ESL education)	
Jim Rogers (McGill ESL Specialist and Distance Learning Specialist) Sky McLaughlin	Appropriateness /Authenticity - Poor definitions for vocabulary items Recommendation - As this is a French-French lexicon, it is not of particular value in the teaching of English

COMMITTEE MEMBER	LEXICON: LEXIQUE MEDICAL BILI NGUE 2005. Montréal :.VB Plus, Inc., École de formation en entreprise.
	- Not appropriate as a work station reference tool - Could be a reference tool for teachers (a good teacher can always use poor examples to point out what should NOT be said) - Needs to be updated – many facts of life in 2006 are overlooked
Marion Standish (Background in Nursing, Nurse Management and ESL education)	Relevance - Useful for administrators - Possibly useful for purchasing agents Appropriateness/Authenticity - Vocabulary and expressions are in current use in healthcare settings - Useful terms for directions to and inside the hospital Organization - Most of the document is presented using French to English translation - There are some useful explanations for patients taking specialized tests (English only) - Not useful for Francophone healthcare workers because they would need to be able to understand the meaning and sense of the instructions to answer any questions and concerns their patient might have - The organization of vocabulary is divided into specialized field of workers, making it easily accessible by healthcare workers Recommendation - The document is useful because it is divided into specific areas and specialities, but it is important to note that the quantity of expressions is limited - The document only partially covers the needs of healthcare workers; many areas are not covered - Could be useful for purchasing agents (stock and supplies) - Could be used by teachers for role-play situations; the expressions/vocabulary by specific topic would be useful for students - The English-only documents could be useful in class for reverse comprehension
Jim Rogers (McGill ESL Specialist and Distance Learning Specialist)	Appropriateness /Authenticity -

On August 16th, the Lexicon Committee met by telephone conference for two purposes: 1) to confirm that each individual's findings were correctly conveyed in the report's synthesis and 2) to reach a final consensus in terms of rating the lexicons according to the agreed upon criteria.

Regarding the first purpose, only Sarah Finlayson and Isabel Sullivan wished to make any additions to the report. They both requested it be noted that the Bases de donnees - lexique de protection de la jeunesse is not comprehensive. This note has been added to the appropriate table above.

Regarding the second purpose, the Committee reached a final consensus for defining the evaluation criteria applied to the lexicons. Each criterion is rated on a scale of one to seven, with one being the lowest and seven being the highest. The evaluation criteria are defined as follows:

Definitions of Evaluation Criteria:

1. Authenticity/Current Usage 1 2 3 4 5 6 7
The language in the lexicon is current to today and used by professionals in health and social services settings. The language is both applicable to both general situations and situations which require particular cultural sensitivity and/or discretion.

Comments:

2. Organization 1 2 3 4 5 6 7
The lexicon is organized in such a way that the language required is easily accessible for a particular professional for a particular institutional situation.

Comments:

3. Examples in Use 1 2 3 4 5 6 7
The lexicon has language that is presented contextually so that professionals using it understand how the language might be used in specific practitioner/patient interactions.

Comments:

In addition to the three criteria just outlined, consensus was reached on the following broad issues for each lexicon:

1. Comprehensiveness/Targeted Audience:
Who could make the best use of the lexicon?

2. Possible Use:
a. Professional:
How might the targeted professionals use this lexicon?

b. Teacher:
What might a teacher be able to do with this lexicon?

Consensus ratings for each lexicon:

Help / Au Secours

Evaluation:

1. Authenticity/Current Usage 6.75

A lot of useful language although some is dated. There are also some translation errors.

2. Organization 6

Well organized. As if the patient was an Anglophone and the worker was a francophone.

3. Examples in Use 6

A great tool- focus on individual nurses and clinical workers

Comprehensiveness/Targeted Audience:

Nurses, receptionists, other health attendants. Social workers who work in intake and assessment.

Possible Use:

1. Professional:

How might the targeted professionals use this lexicon?

Reference desk- notebook. Used to show patients- diagrams

2. Teacher:

What might a teacher be able to do with this lexicon?

Useful for the classroom- Units are doabledid [(U)oTc 0.001 14 l.

Broken down into topics

Glossary of Health Services	Evaluation: 1. Authenticity/Current Usage 6 More currant than others. Appropriate with better translations. 2. Organization 3.5 Alphabetical list. 3. Examples in Use 3.6 Not consistent. No expressions. Sporadic expressions. Comprehensiveness/Targeted Audience: Front line workers, possibly social workers in hospitals. Possi ble Use: 1. Professional: *How might the targeted professionals use this lexicon?* General reference. Writing reports. Translating documents. 2. Teacher: *What might a teacher be able to do with this lexicon?* Reference tool.
Lexique Élémentaire	Evalua tion: 1. Authenticity/Current Usage 4.5 Some translation errors. Very technical, designed for doctors. Little use for preposes. 2. Organization 4.4 Topical but hard to find your way around it because it is so technical. 3. Examples in Use 4.7 Very technical- not a lot of practioner-patient interaction examples. Comprehensiveness/Targeted Audience: Doctors and nurses Possible Use: 1. Professional: *How might the targeted professionals use this lexicon?* Translating documents. Reference. 2. Teacher: *What might a teacher be able to do with this lexicon?* Provide some background for teachers- a review of the health field.
Lexique medical bilingue VB Plus Inc.	Evaluation: 1. Authenticity/Current Usage 4.75 The language is appropriate and up-to-date except for the admission and information forms. There are some poor/inaccurate translations, awkward and/or

uncommon phrases and some culturally inappropriate vocabulary/expressions.

2. Organization 4.4
Organized by topic, theme and situation, with alphabetized word lists in each topic.

3. Examples in Use 4 <</MCI8(t)-18(i)-.157 TD ( )96 0 0 9

Appendix A

Suggested Glossary – Social Work
by Sarah Finlayson

Introduction

I have collected some of the terms and phrases that I think would be helpful to have in a social

useful for a social work glossary as it would allow professionals and students working in the field to reference relevant terms quickly and efficiently.

I have suggested terms from the lexicons that I reviewed and have also included words that I come across frequently in the workplace. Some of the information has been taken from other sources and will include a reference wherever relevant.

Feelings / Emotions

Social worker: How are you feeling?
The respondent: I feel/I am feeling

Abandoned
Aggressive
Angry, mad
Anxious
Ashamed
Bored
Confused
Depressed
Disappointed
Embarrassed
Excited
Frustrated
Guilty
Happy
Hesitant
Isolated
Jealous
Lonely
Sad
Scared
Stressed
Tired, exhausted
Weak
Upset
Weak
Worried

Assessment / eval uation questions :

Client: I feel sad, anxious, angry, etc.

Social worker: How long have you fente6 152 -e6 152 - /P <2(I)-7( )11(f)-7(eel)3ave.(mli-8(e6)Tj [(U)3(ps)-2(et

Social worker: Have you ever talked to a

- Psychiatrist
- Psychologist
- Doctor
- Counsellor
- Social worker
- Nurse
- Teacher
- Parent

about this situation/problem?

Child Protection terms:

Abandonment
Abuse
Abuser
Access
Adolescent
Adoption
Adult
Age-inappropriate sexual behaviour
At-risk population
Attachment
Attachment disorder
Attitudes
Behaviour endangering others
Behaviour problems
Child
Child development
Child rearing approach
Child rearing attitude
Childhood history of maltreatment
Child-in-care
Children's rights
Corporal punishment
Correctional facility – youth
Criminal charges
Culture
Custody
Depression
Destruction of property
Detention centre
Developmental delay
Developmental problem
Director of child welfare or child protection services
Disclosure
Domestic violence
Emotional problem
Exploitation
Exposure of genitals
Failure to provide the necessities of life
Failure to supervise or protect leading to physical harm
Failure to supervise or protect leading to sexual abuse
False allegations
Family preservation
Family unity
Fondle, fondled, fondling
Foster care
Foster home
Foster parents
Gangs
Genitals, genitalia
Group home
Guardianship
High-risk
Homeless, homelessness
Homicide
Inappropriate discipline/punishment
Inappropriate sexual behaviour
Independent living
Intergeneration cycle
Intergenerational abuse
Intergenerational violence
Investigation
Kinship

Child protection phrases:

Social worker: Please explain what happened.
Child: My Mom/Dad/other person

- Hit
- Pinched
- Bit
- Slapped
- Pushed
- Punched
- Kicked
- Burned
- Shot
- Stabbed
- Cut
- Touched
- Poked

me in/on the List of body parts and diagram of human body

- Arm
- Back
- Bottom, bum, backside
- Breast
- Calf
- Cheek
- Ear
- Elbow
- Eye
- Face
- Foot
- Forearm
- Forehead
- Hand
- Head
- Hip
- Knee
- Leg
- Mouth
- Neck
- Nose
- Penis
- Shoulder
- Stomach
- Thigh
- Vagina

Research terms:

Administrative region
Bi-variate analysis
Centre-supported research
Data analysis
Dataset
Ecological models
Epidemiology
Etiology
Government
Grants
Legislation
Literature review
Longitudinal studies
Mean
Measurement
Median
Meta-analysis
Outcomes
Peer reviewed
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Adapted from National Institute on Drug Abuse website:
http://www.nida.nih.gov/DrugPages/DrugsofAbuse.html

Substance: Category and Name	Examples of *Commercial* and Street Names	How Administered	*Intoxication Effects*/Potential Health Consequences

Dissociative Anesthetics	
	Increased heart rate and blood pressure, impaired motor function/memory loss; numbness; nausea/vomiting *Also, for ketamine—at high doses, delirium, depression, respiratory depression and arrest* *for PCP and analogs—possible decrease 141 TTd ( )Tj /CS1 cs 0 0 0.scn /se 1*

	snappers, whippets		systems, sudden death

Psychiatry / Mental health

It would be good to include many of these disorders as listed in DSM-IV TR:
I have indicated some of the more common terms (based on my experience). These are listed in red font on the electronic copy and are highlighted on the hard copy.

Introduction from American Psychiatric Association website:
www.psych.org
Alphabetical DSM IV codes from psychNet-UK website:
http://www.psychnet-uk.com/dsm_iv/_misc/complete_tables.htm#Name

DSM
Diagnostic and Statistical Manual of Mental Disorders

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the standard classification of mental disorders used by mental health professionals in the United States. It is intended to be applicable in a wide array of contexts and used by clinicians and researchers of many different orientations (e.g., biological, psychodynamic, cognitive, behavioral, interpersonal, family/systems). DSM-IV has been designed for use across settings--inpatient, outpatient, partial hospital, consultation-liaison, clinic, private practice, and primary care, and with community populations and by psychiatrists, psychologists, social workers, nurses, occupational and rehabilitation therapists, counselors, and other health and mental health professionals. It is also a necessary tool for collecting and communicating accurate public health statistics. The DSM consists of three major components: the diagnostic classification, the diagnostic criteria sets, and the descriptive text.

Academic Problem	V62.3
Acculturation Problem	V62.4
Acute Stress Disorder	308.3
Adjustment Disorder Unspecified	309.9
Adjustment Disorder With Anxiety	309.24
Adjustment Disorder With Depressed Mood	309.0
Adjustment Disorder With Disturbance of Conduct	309.3
Adjustment Disorder With Mixed Anxiety and Depressed Mood	309.28
Adjustment Disorder With Mixed Disturbance of Emotions and Conduct	309.4

Adverse Effects of Medication NOS	995.2
Age-Related Cognitive Decline	780.9
Agoraphobia Without History of Panic Disorder	300.22
Alcohol Abuse	305.00
Alcohol Dependence	303.90
Alcohol Intoxication	303.00
Alcohol Intoxication Delirium	291.0

Alcohol Withdrawirium

Asperger's Disorder	299.80

Child or Adolescent Antisocial Behavior	V71.02
Childhood Disintegrative Disorder	299.10

Dementia of the Alzheimer's Type, With Early Onset, With Depressed Mood	290.13
Dementia of the Alzheimer's Type, With Late Onset, Uncomplicated	290.0
Dementia of the Alzheimer's Type, With Late Onset, With Delirium	290.3
Dementia of the Alzheimer's Type, With Late Onset, With Delusions	290.20
Dementia of the Alzheimer's Type, With Late Onset, With Depressed Mood	290.21
Dependent Personality Disorder	301.6
Depersonalization Disorder	300.6
Depressive Disorder NOS	311
Developmental Coordination Disorder	315.4
Diagnosis or Condition Deferred on Axis I or Diagnosis Deferred on Axis II	799.9
Disorder of Infancy, Childhood, or Adolescence NOS	313.9

Inhalant Abuse	305.90
Inhalant Dependence	304.60
Insomnia Related to [General Medical Condition]	307.42
Intermittent Explosive Disorder	312.34

Panic Disorder Without Agoraphobia	300.01
Paranoid Personality Disorder	301.0
Paraphilia NOS	302.9
Parasomnia NOS	307.47
Parent-Child Relational Problem	V61.20
Partner Relational Problem	V61.1
Pathological Gambling	312.31

Psychological Factors Affecting Medical Condition	316
Psychotic Disorder Due to [General Medical Condition], With Delusions	293.81
Psychotic Disorder Due to [General Medical Condition], With Hallucinations	293.82
Psychotic Disorder NOS	298.9
Pyromania	312.33

Services:

Child protection services/ Child protective services
Food bank
Homeless shelter
Women's shelter
Needle exchange
Mental Health services; Psychiatric ward; psychiatric department
Home care services
Legal aid services
Health care services, hospital services
Detoxification Centre
Alcohol and Drug Treatment Centre

Other Suggested Topics:

Family planning
Immigration
Oncology
Palliative care
Therapy (therapeutic)