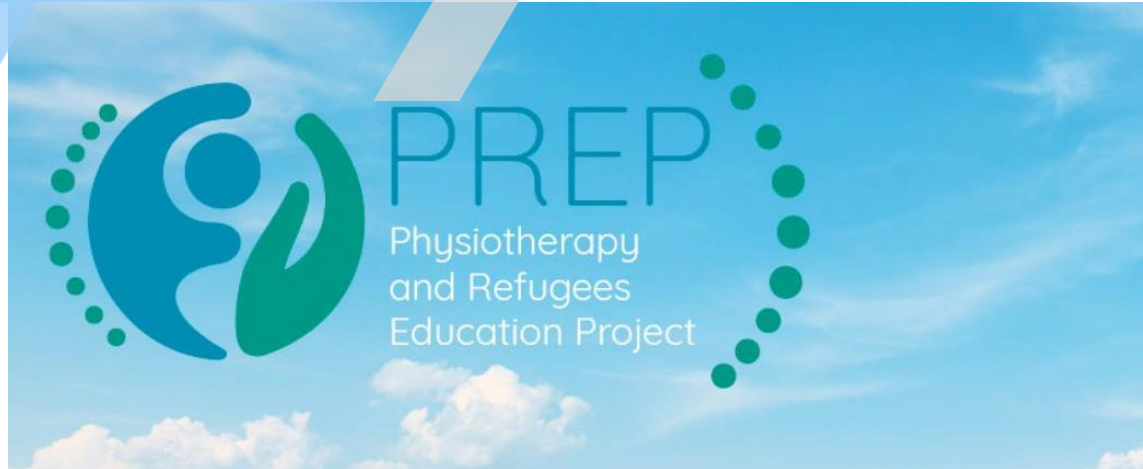


Intellectual Output I

@ePREPglobal

Consensus on Core Competencies of Physiotherapists in Rehabilitation Services for Refugees and Migrants - Report



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The Physiotherapy and Refugees Education Project (PREP), an Erasmus+ funded project, addresses the mismatch between the competencies of physiotherapists (PTs) and the complex rehabilitation needs of a growing population of refugees and migrants in Europe. PREP is a collaboration between seven educational and health institutions in six countries.

This report focuses on the first phase in the project implementation identification and its first intellectual output: Consensus on Core Competencies of Physiotherapists in Rehabilitation Services for Refugees and Migrants. The PREP team engaged in a systematic implementation of the following three activities:

1. Scoping review
2. Key informant interviews
3. Expert panel using nominal group technique

Findings from the scoping review, emerging from the key informant interviews, and expert panel consensus were used to identify a set of competencies (knowledge, skills and attitudes) that fall into four interrelated domains: **individual, relational, structural** and **health domain**.

Knowledge, skills and attitudes that are included in the **individual domain** are: advanced clinical reasoning skills as they relate to refugee health, trauma informed care and evidence based pain management. **Relational domain** includes ability of physiotherapists to be culturally responsive, to communicate skillfully including communication through an interpreter, to create therapeutic space and relationship of trust. **Structural domain** encompasses competencies related to knowledge of the local system, and local resources and skill to mobilize them. It also includes understanding of professional roles and identity of physiotherapist within the system, team work and relationship with other professionals. **Health domain** includes knowledge of determinants of health, global health, human rights and impact of migration on health of refugees.

These findings will be used to inform curriculum development for an online continuing education course for physiotherapists.

INTRODUCTION

Project description

The Physiotherapy and Refugees Education Project (PREP), an Erasmus+ funded project, addresses the mismatch between the competencies of physiotherapists (PTs) and the complex rehabilitation needs of a growing population of refugees and migrants in Europe. PREP is a collaboration between seven educational and health institutions in six countries.

Over 1 million refugees and migrants have crossed the borders to Europe in recent years. This migration represents a major challenge for health care systems that struggle to provide healthcare services, particularly for non-communicable diseases and disability. Refugees and migrants have complex health needs that are a result of a cumulative trauma experienced in their home countries, during their dangerous journey, or in the period of adjustment in their new country. This diverse and non-homogenous group also comes with resources in terms of resilience that we need to learn from and use in the healing process. However, they also face barriers accessing healthcare services because of language and cultural differences, differences in socio-economic status, and a lack of familiarity with local environment and healthcare system. There is a gap in competencies of health care professionals, including PTs, to meet their complex needs, many of which can be addressed by physiotherapy. There is a clear lack of definition regarding PTs competencies needed to serve refugees and migrants, and a lack of common strategies to address challenges of migration which has negative implications for health.

PREP aims to build competencies of PTs working in rehabilitation services for refugees and migrants by establishing core competencies for effectively serving this population, and by launching an open online course to bring to scale the identified competencies to a larger audience. It is expected that the project will have multiple long-term impacts contributing in the long-term to the competencies development among practicing and future PTs to improve services provided to this population.

All project activities are planned to be implemented in a step-by-step approach starting with identification and building international consensus on core PT competencies for rehabilitation of refugees and migrants. Identification of a set of core competencies includes a scoping review, interviews with key informants and consensus building, resulting in a report describing core PT competencies for rehabilitation of refugees and migrants. Once the competencies are identified, a curriculum is developed and implemented.

Intellectual output I: Objectives of the report

This report focuses on the first phase in the project implementation identification and its first intellectual output: Consensus on Core Competencies of Physiotherapists in Rehabilitation Services for Refugees and Migrants. The main objectives of this report are:

1. To describe core PT competencies in rehabilitation service for refugees and migrants
2. To inform the development of online modules in this project

Activities

In order to achieve the objectives and produce the report on core competencies of physiotherapists in rehabilitation services for refugees and migrants, the PREP team engaged in a systematic implementation of the following three activities:

- A) Scoping review
- B) Key informant interviews
- C) Expert panel using nominal group technique

Under the leadership of Maria Nordheim Alme, Western Norway University of Applied Sciences (HVL), the HVL team including Kjersti Thulin Wilhelmsen, Kine Melfald Tveten and Djenana Jalovcic were responsible for the overall implementation of activities to achieve the Intellectual Output 1 (IO1).

Emer McGowan and Emma Stokes from the Trinity College Dublin (TCD) together with Rachael Lowe, Tony Lowe and Nicole Hills from Physiopedia conducted the scoping review. Key informant interviews were conducted in Norway by the team from the Centre for Migration Health (CMH) including Line Merete Giusti, Rolf Vårdal and Egil Kaberuka-Nielsen. In Sweden, Carina Boström and Anna Pettersson from the Karolinska Institutet (KI) were responsible for conducting key informant interviews while in the Netherlands the work was done by the team from HAN University of Applied Sciences (HAN); Lieke Dekkers, Elvira Nouwens and Joost van Wijchen. Online expert panel using the nominal group consensus approach was organized and facilitated by Djenana Jalovcic, HVL, Michel Landry, Duke University (DU) and Joost van Wijchen from HAN. The preparation of this report - the Intellectual Output 1, was led by D. Jalovcic with input from E. Mc Gowan, M. Landry, M. Nordheim Alme, and J. van Wijchen.

Structure of the report

This report has the following sections:

- Introduction – introduces the project, and scope of the report
- Methodology – reviews the approach used in the report
- Findings – reports on three major activities undertaken to gather data
- Scoping review – provides a summary of the scoping review
- Key informant interviews – reviews the process and finding that have been emerging from key informant interviews in three countries
- Online expert panel (nominal group) – reports on the consensus reached among experts on a set of PT competencies that are required to work with refugees
- Conclusions are presented in the last section of the report

Approach

In order to identify core competencies of physiotherapists in rehabilitation services for refugees and migrants described in this report, the PREP team relied on the findings of the scoping review, competencies identified by experts in the online consensus building panel using the nominal group technique, and the emerging results from the key informant interviews. All three sources generated rich data for this report. Figure 1. illustrates the three steps of a systematic approach to identify competencies of physiotherapists to provide optimal services to refugees.

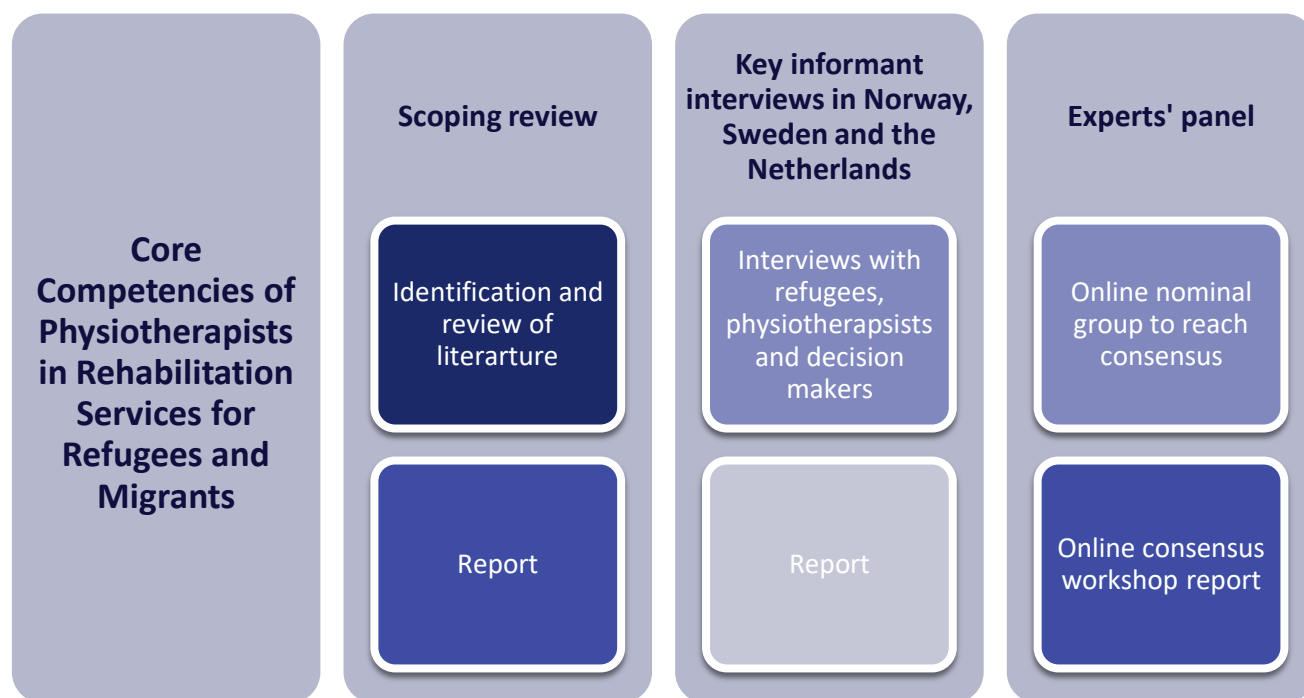


Figure 1. Steps in identification of PT competencies

The scoping review looked into existing knowledge by reviewing the pertinent literature and identified knowledge gaps. Key informant interviews sought first-hand information from users and providers of services, as well as decision makers. Perspectives of those who are directly involved in rehabilitation services provide “insider’s knowledge”. Using their insights and experiences within the systems as well as the list of top eight competencies identified by experts in a consensus building process directed us towards competencies that are needed to enhance client experiences and improve quality of services. The information gained has a potential to provide direction for education and training within and outside Europe.

Throughout the process of data gathering, analysis and reporting in all IO1 activities, we employed multiple strategies to ensure scientific rigor and quality, such as having multiple investigators, triangulation of data sources, audit trail, peer debriefing and review. This report identifies and describes the required PT competencies for the purpose of informing the development of online training.

Definitions

Refugee

We use the following definition of a refugee by USA for UNHCR: “A refugee is someone who has been forced to flee his or her country because of persecution, war or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries.”

Migrant

A ‘migrant’ is fundamentally different from a refugee, as refugees are forced to flee to save their lives or preserve their freedom, ‘migrant’ is any person who moves, usually across an international border to join family members already abroad, to search for a livelihood, to escape a natural disaster or for a range of other purposes. Understanding differences between refugees and migrants is important to ensure that the appropriate framework of rights, responsibilities and protection is applied (UNHCR Emergency Handbook).

Physiotherapy

Physiotherapy is defined as services provided by physiotherapists to individuals and populations to develop, maintain and restore movement and functional ability throughout the lifespan. The service is provided in circumstances where movement and function are threatened by aging, injury, pain, diseases, disorders, conditions or environmental factors and with the understanding that functional movement is central to what it means to be healthy.

Physiotherapy involves the interaction between the physiotherapist, patients or clients, other health professionals, families, caregivers, and communities in a process where movement potential is examined or assessed, and goals are agreed upon, using knowledge and skills specific to physiotherapists. Physiotherapists are concerned with identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, treatment or intervention, habilitation and rehabilitation. These spheres encompass physical, psychological, emotional, and social wellbeing (World Confederation for Physical Therapy, 2016).

Competence

In this project we use the definition of competence as defined by the European Qualifications Framework for lifelong learning; “‘competence’ means the proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development. In the context of the European Qualifications Framework, competence is described in terms of responsibility and autonomy” (European Parliament Council, 2008, p. 7).

Process

A scoping review was conducted between November 2018 and February 2019. The aims of this review were to:

1. Summarize the current knowledge base contained within peer-reviewed and grey literature as it relates to the competencies that physiotherapists need to support and deliver rehabilitation services to refugees and map these to an appropriate existing competency framework.
2. Identify any significant gaps in existing knowledge; and
3. Make recommendations for future research and educational programs.

Primary and secondary studies from peer-reviewed and grey literature relevant to the physiotherapy profession and published between 2000 and 2019 were included in the search. The start date of 2000 was chosen to reflect current physiotherapy practices. To locate peer-reviewed literature the following electronic bibliographic databases were searched: MEDLINE, EMBASE, CINAHL, and Ovid PsycINFO. There was a grey literature search of the websites of relevant organisations.

Outcomes

The search of the peer reviewed literature returned 1365 articles. Duplicates (n=300) were removed leaving 1065 studies that went through an abstract screening process. This initial screening resulted in 58 studies being selected for full-text eligibility assessment. Of these, 34 studies were excluded, leaving 24 included studies. The investigation of grey literature returned nineteen documents. All documents went through full-text eligibility assessment which resulted in twelve being included. Figure 2 shows the flowchart illustrating the article retrieval process of the articles to be included in the scoping review. The analysis of peer reviewed literature identified three key themes with five sub-categories:

1. Refugee health
 - a. Determinants of health
 - b. Physical health
 - c. Mental health
2. Cultural competence
 - a. Cultural sensitivity
 - b. Communication
3. Refugees and the healthcare system

The first theme encompassed the physical and mental health of refugees and factors that can influence that can have an influence on these. The second theme explored the cultural competence physiotherapists need to work with refugees. This theme included cultural influences on health and healthcare and communication strategies that can be used to optimize healthcare for refugees. The

last theme described refugees' experiences of healthcare and encompassed the challenges that they can face in accessing healthcare and navigating the healthcare system. The main physiotherapy competencies detected in the literature were an understanding of refugee health, the administration of culturally competent care and knowledge of healthcare systems as they relate to refugees.

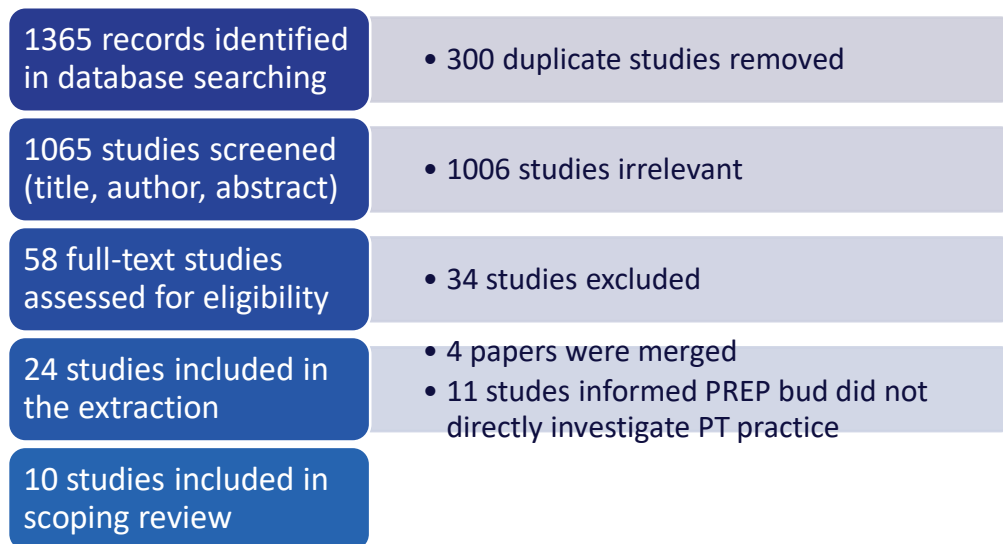


Figure 2. Flowchart showing the article retrieval process of the articles to be included in the scoping review

Conclusion

This comprehensive search identified three themes that can be used to inform competencies that are needed by physiotherapists who are working with refugees. These themes are, however, rather vague and non-specific and signal the need for research to further examine the physiotherapy competencies necessary to provide the highest quality of care for this growing population.

Team

Emer McGowan, Emma Stokes, Tony Lowe, Nicole Hills and Rachael Lowe

Dissemination

E. McGowan discussed results of the scoping review as a panelist in a session on Migrants Health at the World Confederation for Physical Therapy Congress in Geneva in May 2019. A blog post and video [PREP represented at WCPT in Geneva](#) was posted on Physiospot.com. M. Alme discussed and presented the findings at the 21st Nordic Conference for Therapists Working with Traumatized Refugees in June 2019.

Process

The second source of data in this project were key informant interviews that were conducted in spring and summer of 2019.

The aim of the interviews was to identify and describe a set of core competencies (knowledge, skills and attitudes) of physiotherapists who provide services for refugees. By asking refugees, physiotherapists and decision makers, we get a broad picture of what the different groups see as necessary competencies. Findings from this study will be used to inform the development of an online training for physiotherapists who work with refugees.

Outcomes

The data was collected through in-depth interviews with key informants in Norway, Sweden and the Netherlands. There were three groups of key informants: refugees, physiotherapists and decision makers. Each group had lived experience of being a refugee, or providing services to refugees, or making decisions about services for refugees. To identify participants in the study, we used a mix of snowballing and convenience sampling. The total of 37 informants were interviewed.

Trained interviewers collected data in 60 to 90 minute long interviews. All interviews were recorded and transcribed. We used the thematic analysis according to Braun and Clarke (2006).¹ Each country team developed a preliminary list of themes. The list of themes from each country was translated to English and the summary of the preliminary emerging results are presented in this report. The data analysis continues and will be finalized to inform the content and design of the online module.

Thirty themes emerged from the analysis of the interviews with refugees, physiotherapists and decision makers. Eleven themes were identified from the interviews with refugees, 10 from the interviews with physiotherapists and nine from decision makers. Themes are presented by the key informant group.

Refugees

1. Advanced physiotherapy skills relevant for refugee health (pain, trauma, mental health)
2. Communication skills including working with interpreter and use of non-verbal language
3. Knowledge of the health care system in relation to refugees' needs
4. Understanding consequences of migration and living in exile
5. Cultural sensitivity

¹ Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

6. Ability to build trust
7. Understanding perceptions of health and illness
8. Understanding of expectations of refugees from the health care system
9. Knowledge of human rights
10. Ability of physiotherapists to deal with uncertainty
11. Ability to function in a digital world

Physiotherapists

1. Advanced physiotherapy skills (psychosocial issues, trauma, teamwork, pain, working through the body)
2. Communication skills including working with interpreters
3. Health system knowledge
4. Understanding of the impact of migration
5. Cultural sensitivity
6. Ability to develop trust
7. Knowledge of human rights
8. Identifying new roles for PTs
9. PT Dilemmas
10. Self-care

Decision makers

1. Advanced physiotherapy skills (pain, body-mind relationship, trauma and torture, comorbidities and disabilities)
2. Adaptable communication strategies including working through an interpreter
3. Knowledge about health system, policies, roles and responsibilities
4. Impact of migration
5. Cultural sensitivity
6. Open and sensitive attitudes
7. Understanding of psycho-social and socio cultural aspects of health and illness
8. Understanding of professional roles and identity
9. Self-care

After merging of themes from various groups of informants were merged, ten preliminary themes have been developed.

1. Physiotherapy expertise as related to this specific group (e.g. pain, trauma, psychological issues, working through the body, working in teams, children, elderly, persons with disabilities)

2. Communication (e.g. working with the interpreter, listening, asking questions)
3. Knowledge of the local health care system
4. Understanding impact of migration and living in exile (both positive and negative)
5. Cultural sensitivity



it would be very nice if the physiotherapist would be a good listener and try to understand and put some effort in trying to understand the patient. Come up with practical solutions, solutions that could be implemented, because at times it might be difficult for the patient to, yes it would be a good solution, but it might be difficult for a patient to implement it...

6. Ability to develop trust and relationship of trust
7. Understanding of diversity of expectations (showing open and sensitive attitude)
8. Understanding of health and illness from various perspectives (e.g. sex, age, culture, education level)
9. Human rights
10. Professional issues; the ability to deal with uncertainty and resolve professional dilemmas, self-care and the ability to function in digital world

Conclusion

From this work, ten emergent themes for physiotherapists working with refugees are identified. These are: PT expertise as it relates to refugees, communication, knowledge of the local system, understanding positive and negative impact of migration, cultural sensitivity, ability to develop relationship of trust, understanding of diversity of expectations, understanding of health and illness from various perspectives, understanding of human rights and professional issues.

Teams

The Netherlands: Lieke Dekkers, Elvira Nouwens, Joost van Wijchen

Norway: Egil Kaberuka-Nielsen, Line Merete Giusti, Rolf Vårdal

Sweden: Carina Bostrom, Anna Pettersson

In addition Michel Landry, Djenana Jalovic, Kine Melfald Tveten and Maria Nordheim Alme were involved in the analysis of the preliminary results emerging from the interviews in three countries and identifying domains.

Process

The online consensus building expert panel was held on June 26, 2019. The nominal group technique (NGT) was used to build consensus among experts on core competencies of physiotherapists to provide optimal rehabilitation service for refugees. Commonly NGT is conducted in one physical location where experts are convened. The PREP team responsible for the consensus building expert panel used an innovative approach to NGT and organized it online to bring together experts who working in the field all over the world. The online consensus building expert panel had two objectives:

1. To identify top physiotherapy competencies to work with refugees
2. To build consensus on core competencies that physiotherapists should have in order to better serve the needs of refugees

Results from the panel will inform the development of the PREP online continuing education program.

Outcomes

Seven experts with extensive experience of working with refugees or individuals with complex conditions and traumatic life experiences took part in the online panel. Experts worked in variety of settings ranging from refugee camps in countries that during various crisis accepted the large number of refugees, such as Albania, Bangladesh, Iraq, Lebanon, Jordan, Macedonia and Turkey to clinics and academia in the Global North. The online NGT was facilitated by an expert-facilitator who ensured that all participants had an opportunity to discuss competencies and reach consensus on a core set of competencies by using the prescribed NGT steps (Figure 3).

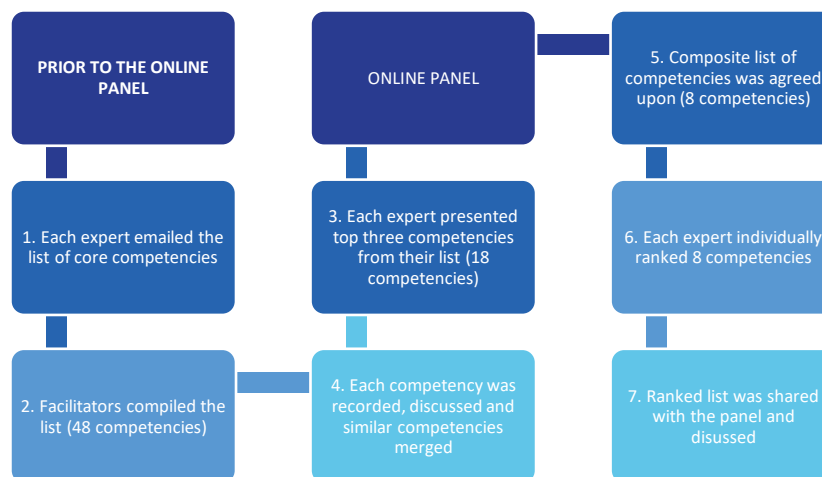


Figure 3. Steps in Online Nominal Group Technique

We used technology in all steps of the nominal group. E-mail was used for the initial list generated prior to the meeting. An online video-conferencing platform Zoom was used for the online panel while Mentimeter, an interactive software, was used for ranking and tallying the votes. The list of 48 competencies was put together prior to the online panel as each expert had generated own list of core competencies and emailed it to the facilitators. During the online panel, experts presented top three competencies from their lists. Eighteen competencies were discussed and combined into the composite list of eight competencies. In the final stages of the online NGT, experts ranked the competencies using Mentimeter and discussed the ranking. The expert panel agreed on the following eight competencies in order of importance:

1. Trauma informed care
2. Culturally responsive practice
3. Creating therapeutic space
4. Evidence based pain management and education
5. Advanced clinical reasoning skills as they relate to refugee population
6. Global health perspective
7. Local resource mobilization
8. Identifying nutritional profiles of refugees

Conclusion

Results from the online experts panel identified competencies related to clinical aspects of the interaction with refugees, cultural responsiveness, therapeutic relationships, contextual knowledge and social determinants of health. Experts noted that many of the competencies are inter-related.

Team

Djenana Jalovic, Michel Landry and Joost van Wijchen

Dissemination

A blog post "[Physiotherapy Competencies to Work with Refugees: Expert Panel](#)" was published on Physiospot.com after the meeting including a video summary. The link to this post can be found on [the PREP website](#).

In the final section of this report, we present the collated results of the scoping review, results from the key informant interviews, and competencies identified by experts in the online consensus building panel using the nominal group technique. The following 13 competencies were identified:

1. Advanced clinical reasoning skills as they relate to refugee population
2. Trauma informed care
3. Evidence based pain management
4. Culturally responsive practice
5. Communication through interpreters
6. Creating therapeutic space of trust
7. Knowledge of the local health system
8. Knowledge of local resources and how to mobilize them
9. Understanding PT roles and identity in the team
10. Determinants of health
11. Human rights
12. Global health
13. Understanding impact of migration

To provide optimal services to refugees physiotherapists should have competencies in four interrelated domains: individual, relational, structural and health domain (Figure 4).

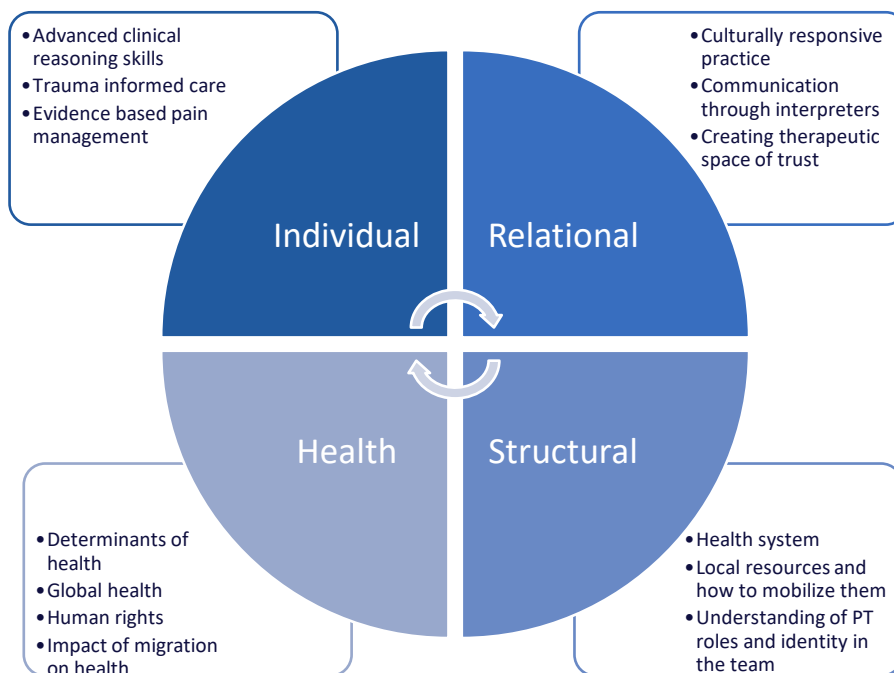


Figure 4. Domains of PT competencies

Knowledge, skills and attitudes that are included in the individual domain are: advanced clinical reasoning skills as they relate to refugee health, trauma informed care, evidence based pain management. Relational domain includes ability of physiotherapists to be culturally responsive, to communicate skillfully including communication through an interpreter, to create therapeutic space and relationship of trust. Structural domain encompasses competencies related to knowledge of the local system, and local resources and skill to mobilize them. It also includes understanding of professional roles and identity of physiotherapist within the system, team work and relationship with other professionals. Health domain includes knowledge of determinants of health, global health, human rights and impact of migration on health of refugees.

These findings will be used to inform curriculum development for an online continuing education course for physiotherapists.