

Interprofessional Framework for Action on Online Education of Health Professionals Working with Refugees



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Prepared by:

Esra Alagoz, Merethe Hustoft, Mike Landry, Mohammad Ali Farhat, Djenana Jalovic



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Introduction

Interprofessional education involves learning with, from, and about different professions to enable effective collaboration leading improved health outcomes. The COVID-19 pandemic made apparent the need and opportunities for online interprofessional, international collaboration and learning. The emerging need for online resources to meet challenges in the health and social sector set the foundation for a future-oriented approach within this Persons with Refugee Experience – Interprofessional (PREP-IP) project.

Using online education strategies to develop interprofessional competences in general is an emerging area in higher education and within continuous professional development (CPD). Within the context of the current and growing global refugee crisis, there is a critical need for interprofessional education for professionals working with refugees. This is expressed in the literature and became very evident during the implementation of previous projects by Western Norway University of Applied Sciences (HVL), Physiotherapy and Refugee Education Project (PREP) and the Universitat de Vic – Universitat Central de Catalunya (UVic-UCC), Interdisciplinary Cooperation for Psychosocial Attention: A Case study for refugees, (InterAct). Both projects sought to independently develop refugee focused online education resources. However, at that time, there was not a clear direction on how to develop such an online education program within the context of an interprofessional competency framework, or through the development of competencies of health workers working with refugees with online learning strategies. Therefore, PREP IP sought to develop an interprofessional framework as a foundation for action regarding online education for professionals working with people with refugee experience (i.e., refugees).

Purpose of this document

The main purpose of this document is the development of an interprofessional framework which, first, provides an understanding of how to create content relevant for the interprofessional education of health professionals working with refugees, and second, how to convey the framework to learners/students/professionals using digital learning strategies. The framework described here provides actionable recommendations for implementation as a basis for the development of interprofessional online programs.

Although the primary purpose of the framework is to inform the online program development and other project activities, its relevance, transferability, and implications aim to go beyond their impact on the project and its partners. Furthermore, the interprofessional framework aims to be transferable to other higher education institutions (HEIs) and organizations developing interprofessional online training programs in general, and for professionals working with refugees in particular, so as to service providers interested in in-service training, and professional interest groups working in this field.

Methodology

PREP-IP Interprofessional framework for action on online education was developed in several phases using mixed methods that combined literature review (including research evidence, interprofessional competency frameworks, competency-based learning, and online learning), a series of online workshops with partners, and a modified and feasible online nominal group to build the consensus of the framework. The basic elements that were used included the following: (1) Regular co-creation sessions to deconstruct and reconstruct frameworks that form the basis of our work, (2) Collaborative

development of the draft document, co-writing, (3) Modified and feasible online nominal group consensus building process to agree on key competences that are specific for interprofessional rehabilitation practice when working with refugees of the framework, and (4) Online workshops with partners to review emerging framework and obtain input from the partners.

The main methodological steps were as follows:

Step 1: Review the literature and select key existing competency frameworks related to refugee health and interprofessional practice.

Step 2: Develop a unique amalgamated competency framework that was informed by evidence and the work of others.

Step 3: Describe the elements of the framework

Step 1: Overview of Key Frameworks

Based on early review of the literature, experiences in previous projects and partner discussions, three existing frameworks were identified as relevant to the PREP-IP framework:

1. World Health Organization (WHO) Framework for Action on Interprofessional Education and Collaborative Practice
2. Refugee and Migrant Health: Global Competency Standards for Health Workers
3. PREP Framework

These three are briefly summarized in the sections below.

1. The World Health Organization's Framework for Action on Interprofessional Education and Collaborative Practice.

This framework, developed in 2010 by the WHO Study Group on Interprofessional education and Collaborative Practice. The stated goal of the Framework is to "... provide strategies and ideas that will help health policy-makers implement the elements of interprofessional education and collaborative practice that will be most beneficial in their own jurisdiction." The key competencies within this framework included teamwork, roles and responsibilities, communication, learning and critical reflection, relationships with, and recognizing the needs of the patient, and ethical practice. Moreover, the WHO suggested that "This Framework is not intended to be prescriptive nor provide a list of recommendations or required actions. Rather it is intended to provide policy-makers with ideas on how to contextualize their existing health systems" (World Health Organization., 2010, p. 11). In their report, they suggest that the mechanisms that shape interprofessional education and collaboration include Supportive management practices, Identifying and supporting champions, the resolve to change the culture and attitudes of health workers, the willingness to review and revise existing curricula, and appropriate legislation that eliminates barriers to collaborative practice.

This framework introduced that there are three mechanisms on how collaborative practice is introduced and executed, including institutional support mechanisms (i.e. governance models, structured protocols, shared operating resources, personnel policies, supportive management practices), (2) working culture mechanisms (i.e. communication strategies, conflict resolution policies, shared decision-making processes), and (3) environmental mechanisms (i.e. built environment, facilities, space design). In summary, this framework set out 4 specific competencies.

Competency 1 Work with individuals of other professions to maintain a climate of mutual respect, learning, recognition, and shared values. (Values/Ethics for Interprofessional Practice)

Competency 2 Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care and psychosocial needs of clients/persons attended and to promote and advance the health of populations. (Roles/Responsibilities)

Competency 3 Communicate with persons families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease. (Interprofessional Communication)

Competency 4 Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable. (Teams and Teamwork)

2. WHO’s Refugee and Migrant Health: Global Competency Standards for Health Workers

In this 2021 document, the WHO introduced a set of global competency standards for health workers working with refugees and migrants. The standards are based on the fundamental right of refugees and migrants “to the enjoyment of the highest attainable standard of health. They may have specific health needs and vulnerabilities that require culturally sensitive, effective, and high-quality care that also recognizes the impact of migration on physical and mental health”. The standards are presented in five domains with specific competences that any health worker should have to provide appropriate services for refugees, and these are summarized in the Table 1 below.

Table 1. Domains of Global Competency Standards for Health Workers

Domain 1	Person-centeredness: a. Provides people-centered health care to refugees and migrants. b. Promotes the agency of refugees and migrants at individual and community level.
Domain 2	Communication: c. Engages in safe and appropriate aids to meet language and communication needs of refugees and migrants d. supports refugees and migrant to understand information about their health care
Domain 3	Collaboration: e. Engages in collaborative practice to promote the health of refugees and migrants f. Responds to migration- and displacement-related surges in demand for services
Domain 4	Evidence-informed practice g. Promotes evidence-informed health care for refugees and migrant
Domain 5	Personal conduct h. engages in lifelong learning and reflective practice to promote the health of refugees and migrants i. contributes to a culture of self-care and mutual support when providing health care in the context of migration and displacement

3.PREP Framework

As part of the Physiotherapy Refugee and Education Project (PREP) project (2017-2020), the project team developed a competency framework that was specific toward the key competencies required by physiotherapist to be competent to address the rehabilitation needs of refugees. Using a modified virtual nominal group technique, there were eight essential competencies that emerged, including and listed in priority:

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, and
8. Identifying nutritional profiles of refugees.

It was assessed that while not all individual physiotherapists might possess or reach a level of expertise in each of these competency domains, the collective of these domains presented as a foundation for self-assessment of competencies, but they also set the foundation for an online course focused on scaling up these competencies.

The work described in this document builds on the results of the previous projects that call for interprofessional and intersectoral strategies to ensure sustainable, effective, and appropriate services for refugees. Expanding the results from previous projects, PREP IP crosses the boundaries of professions by targeting different rehabilitation professions, sectors (education/service sector), countries and cultures. It also brings together international partners who have worked on projects related to both the physical and psychosocial health of refugees.

Step 2: Developing a Framework

To develop a framework, it was required to capture the essence of competencies related to interdisciplinary rehabilitation practice with patients with refugee experience. As described above, we began by exploring the existing models and frameworks related to the topic, and our process yielded three competency frameworks. As can be viewed in Figure 2, the PREP-IP framework blends the key competencies from WHO Framework for Interprofessional and Collaborative Practice (in blue in Figure 2), the Refugee and Migrant Health: Global Competency Standards for Health Workers (in green in Figure 2), and the PREP physiotherapy competency framework that emerged from a preceding project (in the center wheel of Figure 1).

The blending of these three competencies frameworks, gives space for a new model to emerge. In Figure 2, this is represented by the center ‘nucleus’ that includes 4 shaded parts.

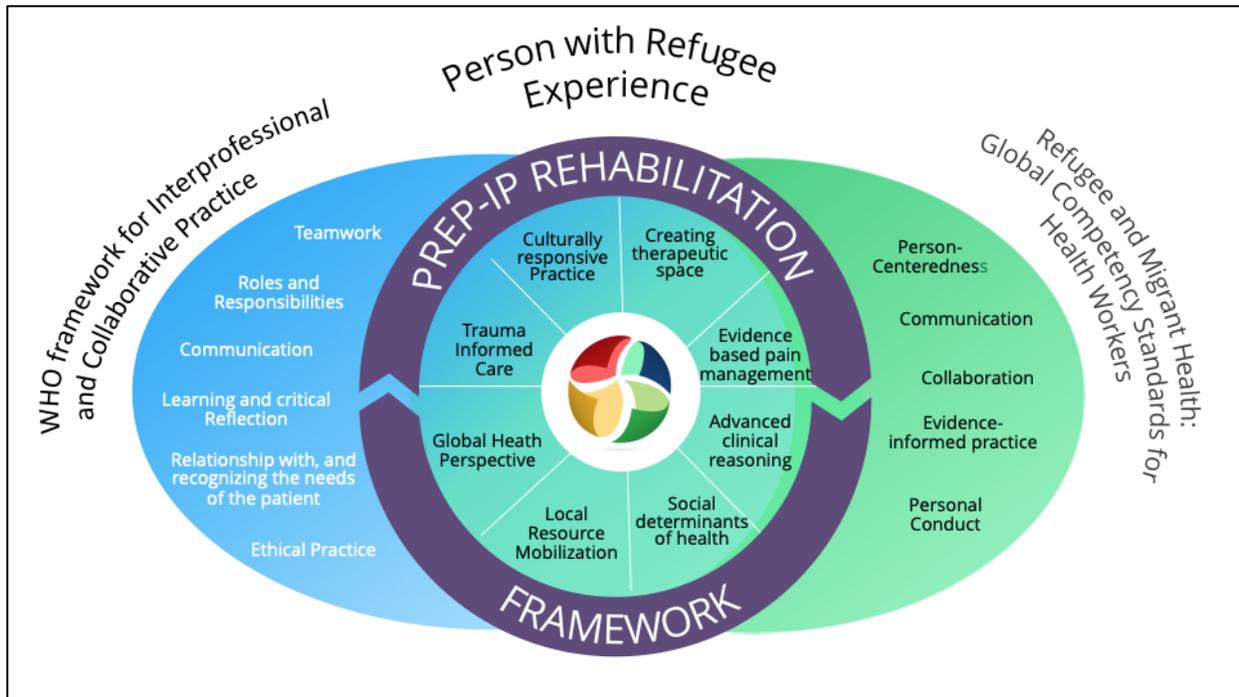


Figure 1. The PREP-IP Framework

In the center of the model appears a nucleus or sphere with four components (four colors), which indicate the new and distinct features of the PREP IP model.

To build the 4-component sphere model, we followed the following steps:

Step 1: Align all the key features/competencies of each of the three models. In this step we listed all the individual competencies from each model and attempted to build them into common themes.

Step 2: Use a modified nominal technique to add new features/competencies for consideration in the model. In this step we ask each of the group members to list their top 6 competencies to optimize related to interprofessional health care services among refugees. We took these new lists and blended them with those that were identified in Step 1.

Step 3: In this last step, we identified 4 domains of competencies, along with a sub-domain list of key competencies.

Figure 2 outlines the details regarding the 4 domains of the spherical model, and later in this document we describe in Table 2 the details of the sub-components of each competency domain.

4 Competency Domains



#1: Elevating narratives in practice

#2: Enhancing evidence informed refugee centric care pathway

#3: Optimizing interprofessional team performance

#4: Supporting the inclusion of refugees in the community

Figure 2: The 4-Domain Model of PREP-IP

Step 3: Describing the PREP IP Framework

The PREP IP Framework is an integrated structure that brings together the professional and evidence-based competencies for health professional from different sectors who work with refugees. As mentioned above, this document aims to serve as guideline for higher education institutes, digital learners from students/professionals, policy makers in refugee health related fields, micro-credential developing professionals to better integrate the required competencies for health professionals into the online education but not limited to. The framework extensively consolidates the competencies, considering the different professionals and the unique experiences of each refugee as they are included into the healthcare decision making process.

In Table 2, we list 3 levels of focus in the IP framework, alongside the domain name, the key question that the domain addresses, and final the list of competencies. We expect that, to some extent, this multi-level description will unpack the deep complexities in this area of exploration; but further, that the conceptual model and table establishes a nomenclature of competencies/concepts that will facilitate the development targeted educational approaches.

The **micro-level** that focuses of “service user”, who are the refugees in this context and service provider, who are the health professionals. It aims to explore how their unique narratives can be integrated into the rehabilitation and how to ensure the quality services are delivered. Under these 2 micro-levels 16 competencies are introduced for the health professionals.

On the **meso-level**, there are competencies related to “interprofessional group-team work”. This level lights upon the competencies that make the team work in the best way. Four (n=4) competencies are included under this level that aims to enhance the communication, collaboration and role sharing in a team to achieve the maximum benefit for the individual.

The last level is the **macro-level**, which focuses on “integration and participation of refugees into the society”. The 6 competencies under this level aims to guide the relevant actors in perceiving what is necessary for encouraging the integration of refugees, not limited to the health systems, but also the other fields, such as education, legal rights etc. in respect to the human rights to access the basic services.

Table 2: Domains and Sub-Domains of the PREP-IP model enabling elevating

Level of focus	Domain name	Question	Competencies
<i>MICRO-LEVEL</i> 'service 'user'	1 Elevating narratives in practice	How can unique narratives be integrated?	1.1 Learning and critical reflection 1.2 Personal conduct 1.3 Global health perspective 1.4 Culturally responsive practice 1.5 Creating therapeutic space 1.6. Integrates practice with research
<i>MICRO-LEVEL</i> Individual level (both 'user' and 'provider')	2 Delivering evidence-informed refugees-centered care pathways	How can quality services be delivered?	2.1 People-centeredness 2.2 Ethical Practice 2.3 Relationship with, and recognition of the needs of the patient 2.4 Evidence-informed practice 2.5 Advanced clinical reasoning 2.6 Trauma-informed care 2.7 Promotion of the mental health 2.8 Managing language barriers 2.9 CPD and adoption of best practices standards 2.10 Managing self-care and secondary trauma
<i>MESO-LEVEL</i> Group level	3 Optimizing interprofessional team performance.	What makes the team work best?	3.1 Teamwork 3.2 Communication 3.3 Collaboration 3.4 Role clarity and transparency
<i>MESO-LEVEL and MACRO-LEVEL</i> Community or societal level	4 Supporting the inclusion of refugees in the community	What is required for integration and participation within the community?	4.1 Integration of the social determinants of health 4.2 Local resource mobilization 4.3 Inter sectorial understanding 4.4 Human rights and legal frameworks 4.5 Promoting interaction and mutual learning between local/refugee community. 4.6. Ensuring access to meaningful work, cultural and leisure occupations.
Additional notes on operational definitions – “Care” in this model means all items regarding health, mental health, social and rehabilitative care. Additionally, competencies listed in red signify that the competency was added at the final stage of development.			

Online interprofessional education

There is an increasing interest in using online learning in the development and training of interprofessional health teams. Online learning lends itself well for the development of collaborative skills that are the cornerstone of interprofessional education and practice for two reasons:

1. technologies used for online learning provide multiple opportunities for team learning across professions, geographies, and time zones
2. collaborative-constructivist learning theories provide theoretical and pedagogical grounding of online learning (Casimiro et al., 2009)

Opportunities: theoretical grounding and practical implications

Constructivist learning theories are based on the view that learning is social, and it happens when an individual actively constructs and confirms meaning through reflection, critical discourse, collaboration, and social interactions with others. Consequently, for learning to happen, a community is necessary. It also assumes that individual student takes a responsibility for learning (Swan, Garrison, & Richardson, 2009). All these theoretical assumptions are relevant for the design of the PREP IP course as the identified domains of competence that highlight collaboration, reflection and critical thinking.

An example of a collaborative and constructivist online learning theory and design framework is known as Community of Inquiry (COI). COI could be used in PREP IP to guide the development of the online program. COI based online programs foster active learning and promote three types of interaction: student-student, instructor-students, and student-learning resources (Garrison, Anderson, & Archer, 2001). Research evidence suggests that use of the COI framework promotes students' engagement, reflection, and deep learning (Richardson et al., 2012). It is also conducive to interprofessional interactions and learning (Evans, Ward, & Reeves, 2017).

According to Garrison, Anderson, and Archer (2001) community of inquiry has three essential elements of collaborative-constructivist learning experience that facilitate active learning: cognitive presence, social presence, and teaching presence. They describe cognitive presence as the extent to which learners can construct and confirm meaning through sustained reflection and discourse. Social presence is defined as participants' ability to project themselves socially and emotionally as 'real' people in online learning environment. Teaching presence, that is epitomized in the role of an online teacher, is described as a design, facilitation, and guidance of social and cognitive processes in order for students to achieve personally meaningful and educationally worthwhile learning outcomes.

Dilemmas and questions

While theoretically and pedagogically, using the collaborative-constructivist approach is justifiable, considerations should be also given to the practical implementation and sustainability of the course. For example, teaching presence is one of these COI components and is essential of online learning to happen (Evans et al, 2017). Similarly, facilitation is the key to interprofessional interactions and reflective discourse for interprofessional learning (Evans et al. 2020). Therefore, the design and implementation of an IP course would require use of skilled facilitators. This presents the PREP IP team with a design challenge to ensure that the PREP IP course use the most appropriate learning design to allow development of IP competence for working with refugees, while balancing it out with the long term sustainability perspective in which there is no committed funding beyond the Erasmus+ project to facilitate the project.

Similarly to the PREP IP team, it is anticipated that the PREP IP course will include diverse learners from different professional, cultural, language etc. backgrounds. This has implications for curriculum design decisions to ensure optimizing interprofessional team performance. It also has implications for developing competences for culturally responsive practice and managing language barriers. Should we use English to make it easily accessible to wider audiences or should we use multiple languages to practice how to manage language barriers?

Using the PREP IP Framework in Curriculum Development

The framework had been developed to inform the curriculum for the PREP IP course, and its four domains can be used as its guiding principles: what is included in the course, why it is included and how it will be organized to facilitate the learning should be aligned with the framework. The framework can be used in multiple ways to:

1. select the educational theoretical foundation that lands itself well for facilitating a dynamic, interprofessional, collaborative competencies
2. define learning outcomes according to European Qualification Framework
3. guide the selection of the course content
4. select learning activities to develop competencies
5. determine appropriate assessment strategies to potentially award micro-credentials or ECTS
6. organize the course around key domains
7. guide policy formulation

For example, elevating the narratives in learning can paved the way for elevating the narratives of refugees and migrants in practice. Therefore, if we consider knowledge translation of this framework, and in order for learning to be meaningful it is important that the 'voices' of those directly affected through forced migration are heard for enriched learning environment. This could be achieved through use of case studies or vignettes, or having facilitators with refugee backgrounds. Similarly, optimizing interprofessional team performance can be facilitated by using interprofessional teams for learning in asynchronous and synchronous sessions.

In addition to domains, guiding questions could be adjusted and asked withing the course context:

1. How can unique narratives of refugees and migrants be integrated into the course?
2. How can we ensure quality of the course?
3. What makes the learning team work the best?
4. What kind of learning experiences are necessary to assist learners developing competencies to facilitate integration and participation of refugees and migrants within the community?

Conclusions

The main purpose of this phase of the PREP IP project was to build and establish a competency framework to inform the other components of the project. This framework is positioned as a beginning phase, and is opened up for further discussion and refinement, and posible scientific validation through primary data colelction. Nevertheless, as it stands, the PREP IP framework and the descripton of the four competency domains set the stage for the development and implementation of other components of the PREP IP project, including but not limited to, the development of an online course designed to scale the interprofessional competencies of health and social teams that are adressing the growing needs of refugees.

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