

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



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Summary

The United Nations High Commission for Refugees (UNHCR) reported that there were more than 117 million forcibly displaced people in 2024, which is likely to increase to 120 million by the end of the year (UNHCR, 2024). Moreover, the International Organization for Migration's (IOM) 2024 World Migration Report noted among the more than 110 million displaced, over 35 million are refugees (IOM, 2024). These estimates represent significant increases in overall global migration compared to any previous period; for instance, the total number of refugees and asylum seekers grew by an estimated 12 million people, or over 50%, in the 6 years between 2018 and 2023. Most believe that such aggressive migratory patterns will likely exert critical pressure on already overstretched health and social sectors in the countries of origin and the host countries.

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, develops guidance on how to convey the framework to learners/students/professionals using digital learning strategies. The Persons with Refugee Experience Interprofessional framework (PREP-IP) 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. These frameworks included (1) the World Health Organization's (WHO) Framework for Action on Interprofessional Education & Collaborative Practice, (2) the Refugee and Migrant Health: Global Competency Standards for Health Workers, and (3) the Physiotherapy and Refugee Education Project (PREP) Framework.

Through this process, we developed the "The 4-Domain Competency Model of Persons with Refugee Experience – Interprofessional Practice (PREP-IP)". The four domains included the following: **Elevating** individual narratives in the design and planning for services, **Optimizing** intersectoral collaborative rehabilitation team performance, **Enhancing** evidence-informed refugee-centric care pathways, and **Enriching** holistic resource alignment in the context of refugee needs and social determinants.

We conclude by suggesting that this framework is positioned as a beginning phase, and is opened up for further discussion and refinement, and possible scientific validation through primary data collection. Nevertheless, as it stands, the PREP IP framework and the description 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 addressing the growing needs of refugees.

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Introduction

The United Nations High Commission for Refugees (UNHCR) reported that there were more than 117 million forcibly displaced people in 2024, which is likely to increase to 120 million by the end of the year (UNHCR, 2024). Moreover, the International Organization for Migration's (IOM) 2024 World Migration Report noted among the more than 110 million displaced, over 35 million are refugees (IOM, 2024). These estimates represent significant increases in overall global migration compared to any previous time period; for instance, the total number of refugees and asylum seekers grew by an estimated 12 million people, or over 50%, in the 6 years between 2018 and 2023. Most believe that such aggressive migratory patterns will likely exert critical pressure on already overstretched health and social sectors in the countries of origin and the host countries.

Despite widely held public assumptions, approximately 75% global refugees are hosted in low- and middle-income countries (Statistica, 2023). Nevertheless, many European countries were among the top 20 host countries for refugee in 2023, they included Germany, Poland, France, Spain, and the United Kingdom. When refugees arrive to new European host countries, they are often confronted with a wide array of barriers and challenges. For instance, Nowak et al. (2023) reported that *“Accessing and using health care in European countries pose major challenges for asylum seekers and refugees due to legal, linguistic, administrative, and knowledge barriers”* and that *“Although the problems refugees and asylum seekers face in accessing health care in high-income European countries have long been documented, little has changed over time.”* Specifically related to Ukrainian refugees in Poland, Biesiada et al (2023) identified that *“The health needs of refugees and the difficulties in providing care for them require constant monitoring and implementation of appropriate systemic solutions that can reduce the limitations in the daily work of medical staff.”* In a recent editorial in *The Lancet Regional Health Europe*, Diaz et al (2024) suggested that there are important gaps in health professions training programs across Europe, and identified several competencies that are required in order improve the health of migrants in Europe and elsewhere. Similar conclusions on systematic barriers have also been documented by Stanciole & Huber (2009), Chiarenxa et al (2019), and Warmbein et al (2023).

The clinical and social competencies of health professionals are generally established in their formative training years, which are then solidified through lifelong learning. An individual provider's competency within their specific profession is critical, but so, too is their ability to interact with other health professionals in the delivery of complex care. Interprofessional education involves learning with, from, and about different professions to enable effective collaboration that will lead to improved health outcomes. The COVID-19 pandemic made apparent the need and opportunities regarding online interprofessional 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 Project (PREP-IP)**. Using online education strategies to develop interprofessional competences in general is an emerging area in higher education and within modern 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 Erasmus+ projects by Western Norway University of Applied Sciences (HVL), Physiotherapy and Refugee Education

Project (PREP, 2021) and the Universitat de Vic – Universitat Central de Catalunya (UVic-UCC), Interdisciplinary Cooperation for Psychosocial Attention: A Case study for refugees, (InterAct, 2020)

The above-mentioned 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 a 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.

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, develops guidance on how to convey the framework to learners/students/professionals using digital learning strategies. The framework described here in this document 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 presented here 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. The framework also aims to guide the work of 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 three methodological steps implemented in the develop of the framework 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.

Each of these methodological steps will be described below.

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 emerging PREP-IP framework. These included (1) the World Health Organization's (WHO) Framework for Action on Interprofessional Education & Collaborative Practice, (2) the Refugee and Migrant Health: Global Competency Standards for Health Workers, and (3) the Physiotherapy and Refugee Education Project (PREP) Framework. Each of these frameworks are briefly summarized below:

Framework #1: The World Health Organization's (WHO) Framework for Action on Interprofessional Education and Collaborative Practice.

This framework was developed in 2010 by the WHO Study Group on Interprofessional education and Collaborative Practice (WHO, 2010). The stated goal of the Framework was 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 service-user, 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*” (WHO, 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 (1) 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, the WHO framework grouped their results into 6 learning domains:

Domain 1 Teamwork: This domain suggested that the health providers should be able to adopt the role of team leader, follower, and member. To reach this domain, the individual must also be aware of the barriers and limitations to teamwork in a complex ecosystem.

Domain 2 Roles and Responsibilities: 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.

Domain 3 Communication: 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.

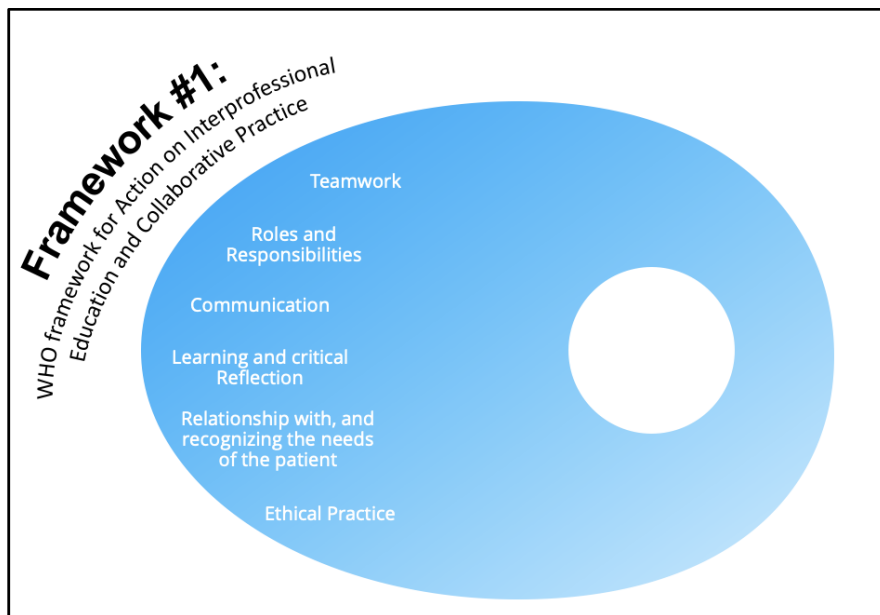
Domain 4 Learning and Critical Reflection: The provider should be able to reflect critically on their relationship within the interdisciplinary team and be able to apply such learning in practice.

Domain 5 Relationship with, and recognizing the needs of, the service-user: Being able to work collaboratively within the context of the best interest of the service-user. To reach competency in this domain the provider must be able to engage service-users, families and communities as partners and allies in the overall care management process.

Domain 6 Ethical Practice: In this domain, the provider must be able to identify and understand the stereotypical or commonly held views of health workers.

In *Figure 1* below, we present these 6 key domains. Please note that in the next paragraphs we present the details of the other frameworks that we considered relevant to our task of building the PREP-IP framework model. The Figures 1, 2 and 3 are presented in spherical shapes, which will form the bases of a Venn diagram in Figure 4

Figure 1: Key components of the World Health Organization’s (WHO) Framework for Action on Interprofessional Education and Collaborative Practice



Framework #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 of global competency with specific competences that any health worker should have to provide appropriate services for refugees, and these are summarized below (please refer to Appendix A for further details on this framework).

Domain 1 Person-centeredness: (a) Provides people-centered health care to refugees and migrants, and (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, and (d) supports refugees and migrant to understand information about their health care.

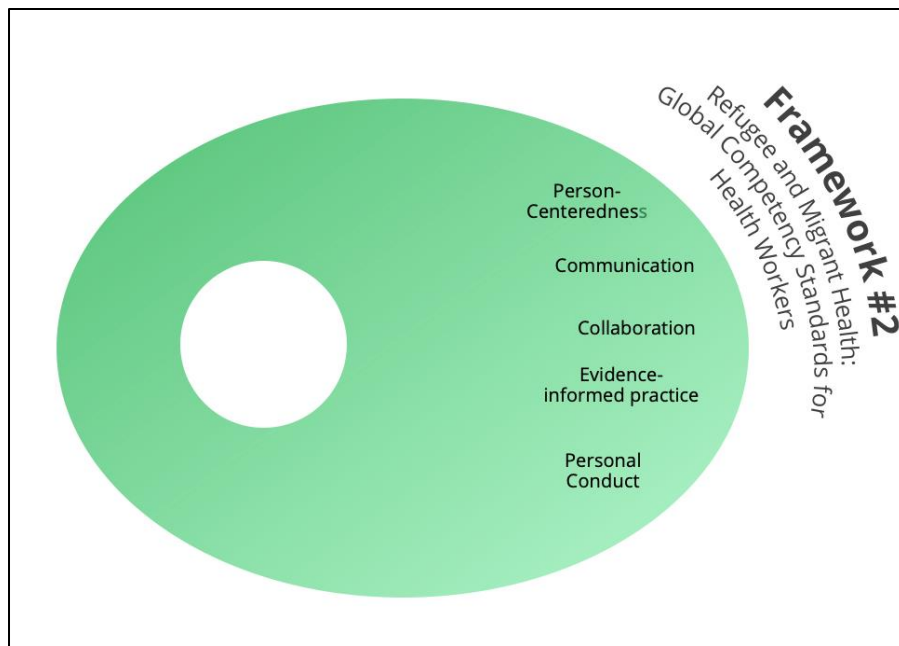
Domain 3 Collaboration: (e) Engages in collaborative practice to promote the health of refugees and migrants, and (f) Responds to migration- and displacement-related surges in demand for services.

Domain 4 Evidence-informed practice: (g) Promotes evidence-informed health care for refugees and migrants.

Domain 5 Personal conduct: (h) engages in lifelong learning and reflective practice to promote the health of refugees and migrants, and (i) contributes to a culture of self-care and mutual support when providing health care in the context of migration and displacement.

In *Figure 2* below, we present these 5 domains again in a spherical form.

Figure 2: Key Domains of the World Health Organization’s WHO’s Refugee and Migrant Health: Global Competency Standards for Health Workers



Framework #3: The Physiotherapy and Refugee Education project (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,

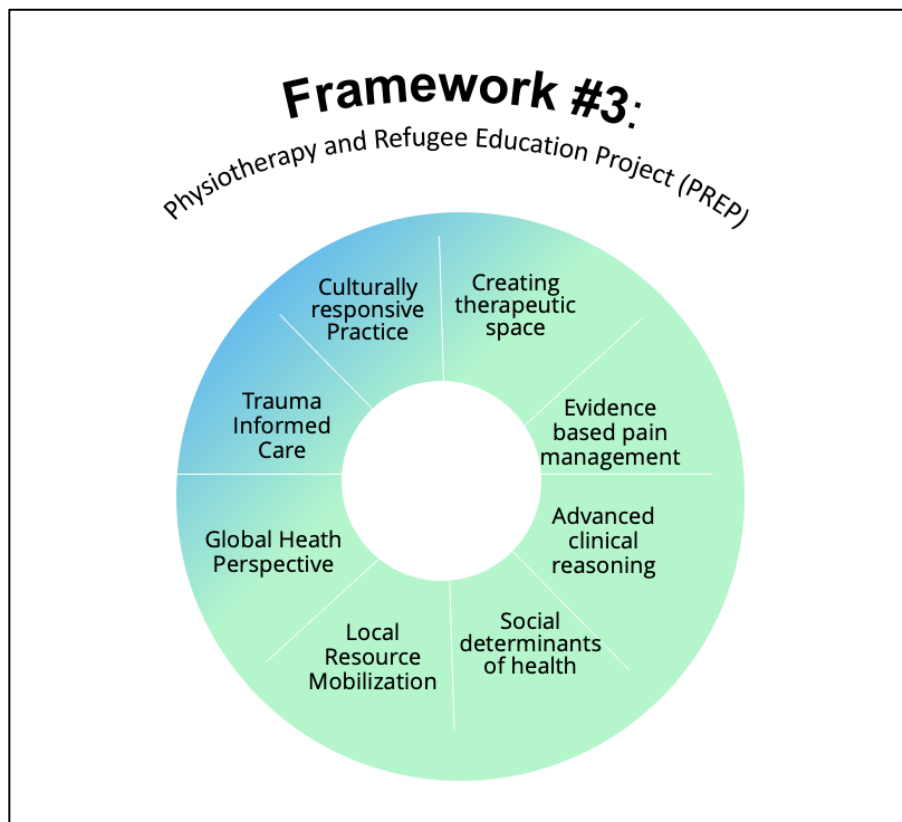
3. Creating therapeutic space,
4. Evidence based pain management and education,
5. Advanced clinical reasoning skills as they relate to refugee population,
6. Global health perspective,
7. Local resource mobilization, and
8. Identifying nutritional profiles of refugees.

In the context of PREP, 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.

In *Figure 3* below, we present the 8 domains as described in the PREP model.

Figure 3: Key components of the Physiotherapy and Refugee Education project (PREP) Framework



Step 2: Developing a Framework

To develop our framework, it was required to capture the essence of competencies related to interdisciplinary rehabilitation practice with individuals 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. In Figure 4, we integrate these frameworks into a single model, the PREP-IP framework which blends the key competencies from WHO Framework for Interprofessional and Collaborative Practice (in blue), the Refugee and Migrant Health: Global Competency Standards for Health Workers (in green), and the PREP physiotherapy competency framework that emerged from a preceding project (in the center wheel).

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

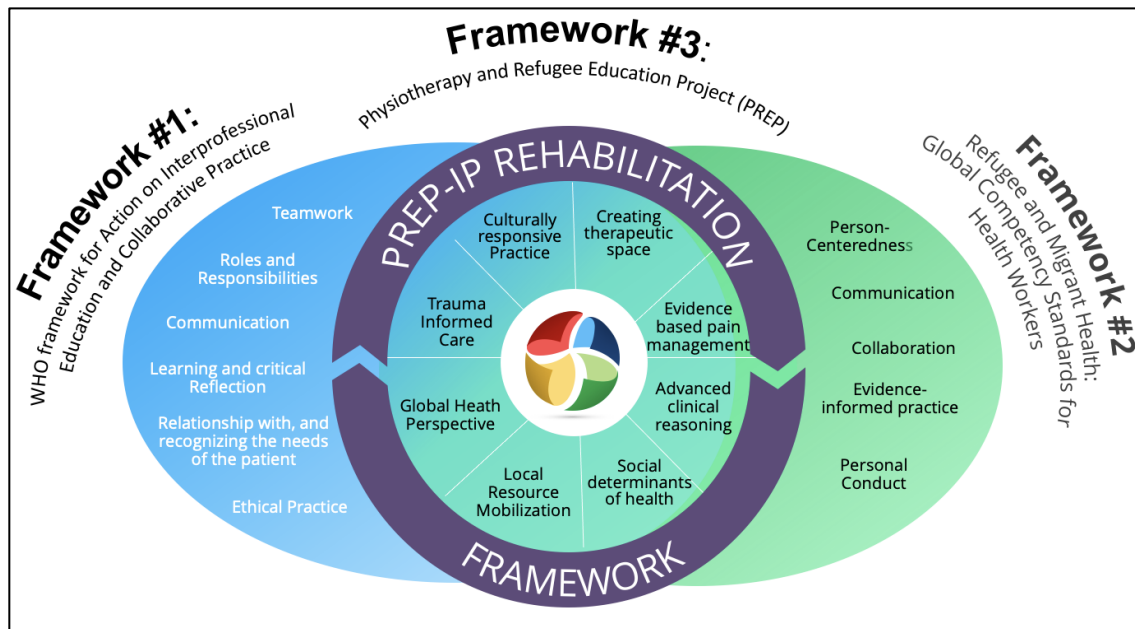


Figure 4. The PREP-IP 4-Domain Competency Framework

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 5 outlines the details regarding the 4 domains of the spherical model, and Table 2 described in detail the sub-components of each competency domain.

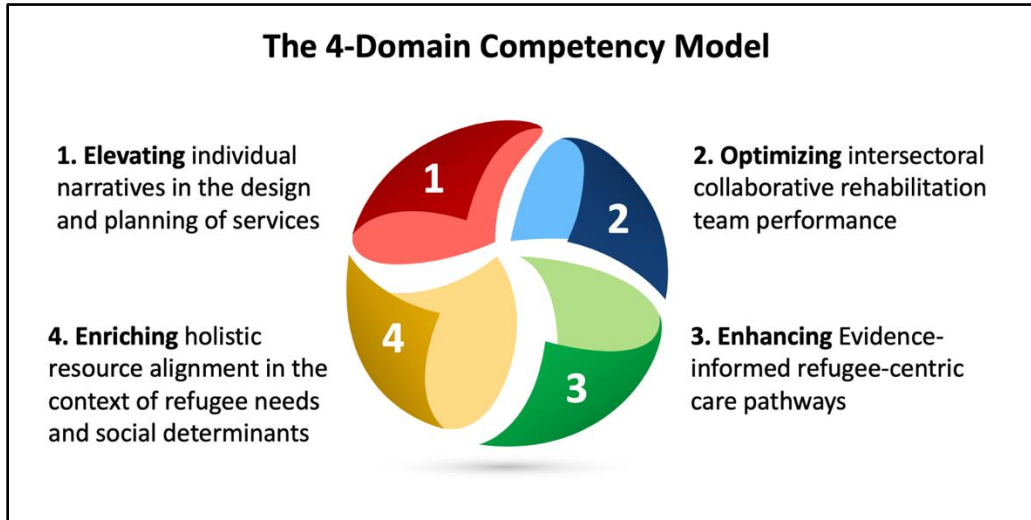



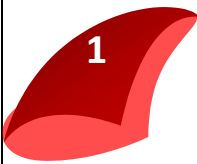



Figure 5: The 4-Domain Competency Model of Persons with Refugee Experience – Interprofessional Practice (PREP-IP)

Step 3: Describing the PREP IP Framework

The 4-Domain Competency PREP IP Framework is a structure that integrates the key features of three other models and identified 4 specific competency domains that are necessary for effective interprofessional practice with refugees. As previously mentioned, our work aimed to develop e new models that will act as a guideline for higher education institutes, digital learners from students/professionals, policy makers in refugee health related fields, and micro-credential developing professionals seeking to integrate the required competencies for online education health professional education. The framework extensively consolidates the competencies from different but related fields, considering the different professionals and the unique experiences of each person with refugee experience as they are included into the healthcare decision making process.

Each of the 4 domains is briefly described in Table 1, and then again in more detail in Appendix A. The first domain of “**Elevating** individual narratives in the design and planning of services” is focused on the micro-level and identifies the critical need of the health provider to ensure that the individual service user can express their own stories and experiences in the context of service delivery. In the context of refugees seeking care in a host country, there is great imbalance of power. As such, it is not the responsibility of the refugee to “open up” to tell their story, but rather it is the responsibility of the health professional to reflect and create safe and inviting spaces so as the narratives can emerge in a healthy and rounded way. Overall, gaining the sub-competencies listed will allow an exploration about how unique narratives can be integrated into the rehabilitation and how to ensure the quality services are delivered.

Table 1: Domains and Sub-Domains of the PREP-IP 4-Domain Competency model

				
Domain Number	Domain name	Level of focus	Guiding Question	Sub-Competencies required by the health professional
	1 Elevating individual narrative in the design and planning of services.	MICRO-LEVEL	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 1.7 Person-centeredness 1.8 Trauma-informed care
	2 Optimizing intersectoral collaborative rehabilitation team performance.	MICRO-LEVEL and MESO-LEVEL	What makes the team work best?	2.1 Teamwork 2.2 Communication 2.3 Collaboration 2.4 Role clarity and transparency
	3 Enhancing Evidence-informed refugees-centric care pathways	MESO-LEVEL	How can quality services be delivered?	3.1 Ethical Practice 3.2 Relationship with, and recognition of the needs of the service-user 3.3 Evidence-informed practice 3.4 Advanced clinical reasoning 3.5 Promotion of the mental health 3.6 Managing language barriers 3.7 CPD and adoption of best practices standards 3.8 Managing self-care and secondary trauma
	4 Enriching holistic resources alignment in the context of refugee needs and social determinants	MESO-LEVEL and MACRO-LEVEL	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.

The second domain of “**Optimizing** intersectoral collaborative rehabilitation team performance” is focused on both the micro and meso-levels. As discussed earlier in this document, and what has been established in the literature, interprofessional and inter-sectoral collaboration are essential and key elements of a modern delivery system. As the complexity of a patient or service user, the greater the need for intersectoral collaboration and cooperation. For a person with refugee experience who often experienced several personal tragedies and trauma prior entering their European host nations, they often present with multiple complex co-morbidities require intersectoral collaborations in order to optimize their outcomes.

The third domain (“**Enhancing** Evidence-informed refugee-centric care pathways”) and the Fourth domain (“**Enriching** holistic resource alignment in the context of refugee needs and social determinants”) are focused on the Meso and Macro-levels which focuses on using the best evidence to devised strategies that lead to integration and participation of refugees into the society. The sub-competencies under this level aims to guide the relevant actors in perceiving what is necessary for encouraging the integration of refugees, not limited into 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.

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. While the main language of the project is English and having resources in English may make them accessible to other audiences, the dominance of the English language in the literature and resources should not remain unquestioned (or unchallenged), particularly in the context of cultural and language diversity of teams, learners, and clients.

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 have been 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

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 within 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 possible scientific validation through primary data collection. Nevertheless, as it stands, the PREP IP framework and the description 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 addressing the growing needs of refugees.

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Appendices

Appendix A: Summary of the Domains - Refugee and Migrant Health: Global Competency Standards for Health Workers		
<p>Domain 1</p>	<p>Person-centeredness: a. Provides people-centred health care to refugees and migrants.</p> <p>b. Promotes the agency of refugees and migrants at individual and community level.</p>	<ul style="list-style-type: none"> - Adapts practice to the needs in view of their migration and displacement experience. - Adapt practice to needs in view of individual characteristics, and social determinants of health. - Addresses mental health and psychological support needs by trauma informed care and interventions. - Support universal access to quality health care. - Facilitate continuity of care. - Assess the person’s health and literacy, identify areas of strength and areas of risk. - Develop health literacy and awareness of the right to health - Improve knowledge and ability to navigate the host country’s health system - Address language and cultural consideration and make decisions and manage their own health. - Engage with diaspora (- Identify processes for safe and appropriate engagement with the person’s family/community - Address barriers to access - Recognize the impact of family/separation
<p>Domain 2</p>	<p>Communication: c. Engages in safe and appropriate aids to meet language and communication needs of refugees and migrants</p> <p>d. supports refugees and migrant to understand information about their health care</p>	<ul style="list-style-type: none"> - Recognize the right to timely, gender- and age appropriate information - Mitigates language and communication barriers. - Use aids that are language and culturally appropriate - Work effectively with interpreters and cultural mediators. - Ensure understandable information about health care in view of language, communication and health literacy - Communicate in plain language
<p>Domain 3</p>	<p>Collaboration:</p>	<ul style="list-style-type: none"> - Engage with broader social and community support.

	<p>e. Engages in collaborative practice to promote the health of refugees and migrants</p> <p>f. Responds to migration- and displacement-related surges in demand for services</p>	<ul style="list-style-type: none"> - Effective handover of care (informational continuity) - Utilize and support people with experiences of migration and displacement - Provide integrated and coordinated health, mental health and psychosocial support services - Flexibly and collaboratively response to demand for provision of health-care services
Domain 4	<p>Evidence-informed practice</p> <p>g. Promotes evidence-informed health care for refugees and migrant</p>	<ul style="list-style-type: none"> - Uses evidence-informed guidelines and standards (where they exist). - Recognizes how health care needs may differ - Identify where additional evidence is needed - Where possible, inform the development of guidelines and standards - Support the translation of evidence into practice -
Domain 5	<p>Personal conduct</p> <p>h. engages in lifelong learning and reflective practice to promote the health of refugees and migrants</p> <p>i. contributes to a culture of self-care and mutual support when providing health care in the context of migration and displacement</p>	<ul style="list-style-type: none"> - Maintain awareness of own culture, beliefs, values and biases - Demonstrate awareness of institutional discrimination - Demonstrate awareness of intersections of systems, structures and patterns of power - Addresses the impact of own culture, beliefs, values and biases as well as institutional discrimination on intersection in health-care settings - Modelling appropriate behaviour and avoiding culturally insensitive practices. - Engage in self-care to manage own health - Contribute to a supportive team environment to manage health impacts