World Health Organization

Curriculum Guide

to support the operationalization of the Refugee and Migrant Health: Global Competency Standards for Health Workers

WHO Health and Migration Programme

The WHO Health and Migration Programme brings together WHO's technical departments, regional and country offices, as well as partners, to secure the health rights of refugees and migrants and achieve universal health coverage. To this end, the Programme has five core functions: to provide global leadership, high-level advocacy, coordination and policy on health and migration; to set norms and standards to support decision-making; to monitor trends, strengthen health information systems and promote tools and strategies; to provide specialized technical assistance, response and capacity-building support to address public health challenges associated with human mobility; and to promote global multilateral action and collaboration.

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Foreword

Refugees and migrants may have complex and interrelated health needs, which require culturally responsive care that recognizes the impact of migration on both physical and mental health. Yet all too often their access to care is limited or difficult, and the quality and appropriateness of the care they receive is inadequate. The challenges they face include language and cultural differences, discrimination and limited availability of accessible, affordable, and appropriate health-care services – all made worse by the COVID-19 pandemic.

These challenges shape their interactions with the health system and with health workers. Health workers providing care to refugees and migrants can make a real difference. They should be aware of how the migration experience itself influences physical and mental health. Responding to the needs of refugees and migrants requires a tailored response from everyone involved.

The significance of adopting a culturally responsive and holistic approach to health care for refugees and migrants cannot be overstated. Providing them with effective and culturally responsive health care is the concern of all health workers and health administrators, regardless of context and position within the health-care system.

The WHO Refugee and Migrant Health: Global Competency Standards for Health Workers (the Standards) were developed to promote the provision of people-centred health care to people from refugee and migrant backgrounds. The Standards have also provided a background for the development of a new Knowledge Guide, which further identifies the behaviours, knowledge, skills and attitudes that embody culturally responsive health care for refugees and migrants.

Now this Curriculum Guide has been developed in conjunction with these publications for the

use of institutions, organizations and individuals engaged in the education and training of health-care workers and administrators. The Curriculum Guide translates the knowledge, skills and attitudes set out in the Knowledge Guide into curricula and shows how to assess the achievement of the relevant learning outcomes and Competency Standards. It provides a flexible template for designing a curriculum suitable for incorporation into pre-service learning, as well as for in-service learning.

These documents will play both an important role in strengthening primary health care and advancing progress towards universal health coverage for all, including refugees and migrants, which is an absolute WHO priority. They will also help to promote consistent standards of practice for health workers providing services to refugees and migrants. The aim is improved people-centred health care for refugees and migrants, enabling them to live happier, healthier lives.

I hope also, in 2021 which is the International Year of Health and Care Workers, that these publications will help a wider recognition of the skill, dedication and sacrifice of millions of health-care workers, as has been so plainly demonstrated during the COVID-19 pandemic, and we thank them for their critical role in ensuring our health and prosperity.

Dr Zsuzsanna Jakab
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Preface

WHO's Thirteenth General Programme of Work concentrates on working towards universal health coverage and the achievement of the Sustainable Development Goals, using inclusive health systems that put people at their centre.

Ensuring the health and well-being of refugees and migrants is a key priority within this endeavour, and the WHO Global Action Plan, Promoting the Health of Refugees and Migrants 2019-2023, aims to both promote refugee and migrant health and leave no one behind.

Refugees and migrants have the fundamental right to the enjoyment of the highest attainable standard of health. They may have specific health needs and vulnerabilities that require people-centred, effective and high-quality care that incorporates cultural sensitivity and also recognizes the impact of migration on physical and mental health.

The health workforce providing care to refugees and migrants is key to responding to these challenges. All within the health workforce should be aware of how the migration experience – which can involve poor transit conditions, restrictive entry and integration policies, exclusion and acculturation stress – influences the health status of individuals and their health needs. Providing effective and culturally responsive health care to refugees and migrants should be the concern of all.

The significance of adopting a culturally responsive holistic approach to health service delivery cannot be overstated. Cultural responsiveness means that health workers will accurately apply their knowledge of refugee and migrant health to best adapt health services in ways that meet the individual's needs and context.

This Curriculum Guide was developed in conjunction with the

Refugee and Migrant Health: Global Competency Standards for Health Workers (the Standards) and the knowledge, skills and attitudes set out in its accompanying Knowledge Guide. The Curriculum Guide is intended for use by institutions, organizations and individuals engaged in the education and training of health-care workers and administrators. The Guide provides a template that is flexible enough to be effective in the design of a curriculum for pre-service learning as well as for targeted in-service learning. It provides measures to help in assessing the achievement of the relevant learning outcomes and Competency Standards.
A competency-based outcomes approach to education and training for health workers who provide services to refugees and migrants provides a way forward for health workers to improve and consolidate practices in people-centred care, leading to better outcomes for refugees and migrants.

WHO aims to support the rollout of the Standards, the Knowledge Guide and the Curriculum Guide globally and in Member States. WHO will work with Member States to achieve universal health coverage for all and to help to build health system capacities and resilience, including a health workforce that provides people-centred quality health services.

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Introduction

Refugees and migrants may have complex health needs, with the impact of migration and displacement on physical and mental health in addition to other health needs.

They also can face a number of challenges to health care, including language and cultural differences, discrimination and limited availability of accessible, affordable and appropriate health-care services. These shape their interactions with health workers and the health system and they require people-centred and culturally responsive care.

Health workers providing care to refugees and migrants should be aware of how the migration and displacement experience – which can involve poor transit conditions, restrictive entry and integration policies, exclusion and acculturation stress – influences the health status of individuals and their health needs.

As an example, refugee and migrant children have been shown to have worse health outcomes than the residents of the host country, which includes for infectious and chronic diseases in addition to mental health conditions and psychological distress related to their experiences.[1] Their care requires a tailored response from everyone involved in that person's care.

All health workers, including health practitioners and health administrators, should be able to provide effective and culturally responsive health care to refugees and migrants regardless of health contexts and position within their health-care system. Cultural sensitivity means that health practitioners and health administrators will accurately apply their knowledge of refugee and migrant health to best adapt the provision of health services in ways that meet the individual's needs and contexts.

The Refugee and Migrant Health: Global Competency Standards for health workers (the Standards) were developed in order to promote the provision of people-centred health services to refugees and migrants. The Standards provide the basis for the development of the Knowledge Guide, which further identifies the behaviours, knowledge, skills and attitudes that embody people-centred health care for refugees and migrants.

[1] Health of refugee and migrant children: technical guidance. Copenhagen: WHO Regional Office for Europe; 2018 (https://apps.who.int/iris/handle/10665/342285, accessed 7 November 2021).

This Curriculum Guide was developed in conjunction with the Standards and the Knowledge Guide to provide guidance for institutions, health organizations and individuals engaged in the education and training of health practitioners and health administrators in order to support incorporation of the knowledge, skills and attitudes set out in the Knowledge Guide into curricula and for assessment of the achievement of the relevant learning outcomes and Competency Standards.

The Curriculum Guide recognizes the many contexts in which health workers and health administrators provide health services for refugees and migrants. It provides a flexible template for designing curricula that could be integrated into pre-service training or used for targeted, modular in-service training.

The Standards

The Curriculum Guide is designed to accompany the Standards, which is intended to set the benchmark for the health workforce in providing people-centred care to refugees and migrants. The Standards addresses the competencies which, in addition to clinical care, are required to meet the additional needs of refugees and migrants.

The Standards focuses on the behaviours of health workers, while recognizing that health systems also need to be responsive to the needs of refugees and migrants. The health workforce sits within a broader landscape, with policy and legal considerations governing access to health services for refugee and migrant populations.

The Standards can be applied across different health-care settings, while conveying the expectations of the health workforce in delivering care that meets the needs of refugees and migrants. This Curriculum Guide provides advice and resources for curriculum designers to develop targeted in-service educational programmes or to integrate content into pre-service programmes, drawing on the Knowledge Guide.

How to use this Curriculum Guide

The Curriculum Guide sets out considerations and options to deliver and assess competency-based learning outcomes of health workers that are relevant at all stages of their learning development. Each competency is operationalized through learning outcomes that can be used for pre-service health worker training, health workers at early vocational stages and experienced practising health workers. The learning outcomes identified in the Knowledge Guide enable health workers to provide health services to the level defined in the Standards. The learning outcomes for each competency have been mapped against Miller's pyramid of clinical competency acquisition[2] and Bloom's taxonomy of learning to indicate the suggested level of learning[3] and to guide curriculum developers to select alternative measurable verbs at a similar level where needed. The three annexes give details of assessment methods for learning outcomes (Annex 1), educational activities for learning outcomes (Annex 2) and different methods of delivering education (Annex 3).

It is suggested that curriculum designers should identify the following when deciding on a suitable curriculum:

- **the level of experience** and familiarity of the learner with the content area;

- **the relevant learning outcomes** considering the experience and familiarity of the learner with migrant and refugee health:

  - **a pre-service learner** is more likely to require a staged set of learning outcomes that focuses on remembering and understanding, with scaffolded activities for adapting and analysing and a few activities that require the learner to use the learning processes of evaluating and creating; and

  - **a practising health worker** is more likely to have some experience of migrant and refugee health and will require activities that build upon and consolidate their in-field knowledge and experience;

- **the educational activities** that are best suited to the learning outcomes, the needs, the context and the experience and knowledge of the learner (see Annex 2); and

- **the relevant assessment formats** consonant with the level of proficiency indicated by the verbs in the learning outcomes.

[2] Miller GE. The assessment of clinical skills/competence/performance. Acad Med. 1990;65 (9 Suppl):S63–7. doi: 10.1097/00001888-199009000-00045.
[3] Bloom BS. Taxonomy of educational objectives: the classification of educational goals. Handbook 1: cognitive domain. New York: David McKay; 1956.

Principles of competency-based educational design

This Curriculum Guide uses the terms and definitions of the WHO competency model outlined in the WHO Global Competency Framework for Universal Health Coverage,[4] on which the Standards are based.

Competence is the state of proficiency of a person to perform the required practice activities to the defined standard.

This incorporates having the requisite competencies to do this in a given context. Competence is multidimensional and dynamic. It changes with time, experience and setting. A competent health worker can be identified through his or her behaviours (the subject of this guide) in the context of the practice activities (not covered in this guide), which draws on the application and integration of their knowledge, skills and attitudes.

In developing a curriculum around a defined set of competencies and practice activities (the functions of health practice comprising groups of related tasks), it is useful to consider different models of learning acquisition: the pyramid of clinical competence proposed by Miller and Bloom's learning taxonomy.

Miller proposed that competence is acquired through a number of processes, which are represented by a pyramid of increased learning (Fig. 1). The Knows level refers to the learner's ability to recall and describe the sets of facts, concepts and principles.

[4] Global competency framework for universal health coverage. Geneva: World Health Organization (in press).

The second level is Knows How: the ability of learners to apply the facts, concepts and principles to solve health-care or clinical problems.

The third level is Shows How, where, at this level, learners are able to demonstrate performance, including applied problem solving, in a simulated setting.

The final level of competence is Does, which reflects the ability of learners to perform in practice. This incorporates having the required competencies to adapt to the demands of the context and is, consequently, the level at which the competency standards can be assessed.

Bloom's well-known taxonomy of educational objectives can be used to complement this approach. Bloom's taxonomy is located in the cognitive domain and divides concepts from simple to complex, and concrete (remembering) to abstract (synthesizing and evaluating). The taxonomy has been revised to express learning as processes, adding the higher-order category of Creating, which encompasses being able to put concepts together to create novel, coherent outcomes (Fig. 2).[5] Health workers who are able to use the cognitive processes of evaluating and creating are capable of using their own independent judgement to devise appropriate innovative health-care responses.

Fig. 1. Miller's pyramid model of competence acquisition

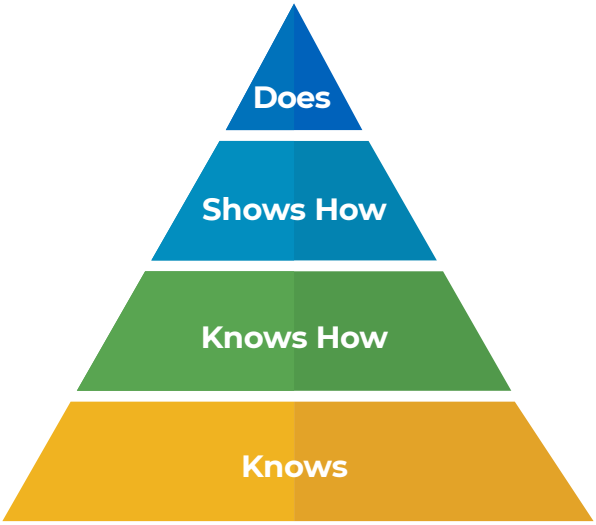
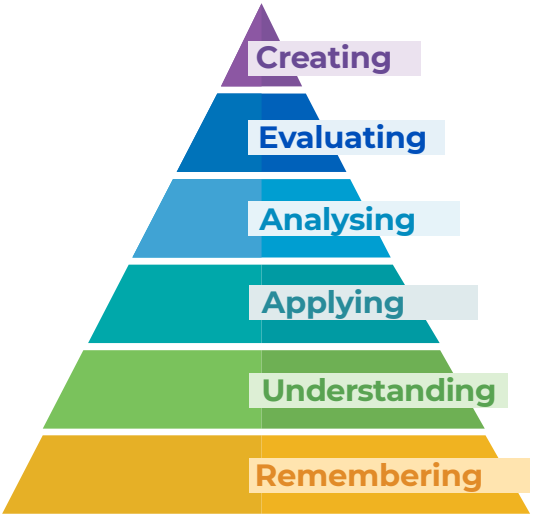


Fig. 2. Revision of Bloom's taxonomy of educational objectives



[5] Krathwohl DR A revision of Bloom's taxonomy: an overview. Theory Pract. 2002;41(4):212–18. doi: 10.1207/s15430421tip4104_2.

The cognitive processes set out in Bloom's taxonomy and the elements of Miller's pyramid of competence acquisition can be set out in a matrix (Table 1) that shows the cognitive learning processes at each of the four stages.

Knows relates to the cognitive processes of remembering and understanding. This competency stage is fundamental and uses the simplest and most concrete cognitive processes.

Knows How relates to the cognitive process of applying. Learners at this stage of skills acquisition will be able to compile their knowledge of facts and their deeper reflection upon them to apply them to particular situations and contexts; they will understand how knowledge may be relevant for and vary across different contexts.

Shows How encompasses the cognitive processes of both applying and analysing. Learners at this stage of skills acquisition are able to apply their knowledge using analytical skills (such as organizing ideas or reframing) to arrange their evolving knowledge into actions or arguments that demonstrate evolving mastery.

Does uses the cognitive processes of applying, analysing and evaluating to demonstrate the competence at different levels.

Table 1. Competence development and learning processes matrix for health worker education at different stages of career development

Competency acquisition stage	Cognitive learning processes					
	RECALL	UNDERSTAND	APPLY	ANALYSE	EVALUATE	CREATE
Knows	Pre-vocational health worker					
Knows How						
Shows How						
Does						Practising health worker

Annex 1 maps the learning outcomes associated with each competency to the cognitive processes of Bloom's revised taxonomy and the stages of Miller's competency pyramid.

Educational delivery methods

Educational delivery methods should be selected according to the learning activity, the learner (level of experience) and the educational context (educational setting and available infrastructure). For example, a learning task characterized by learning processes of recall and understanding and the Miller's pyramid level of Know or Know How may be appropriately delivered through structured group learning activities. Depending on the available infrastructure and the number of learners, this might be delivered in person through group activities, through online synchronous or asynchronous teaching or as self-directed modules. A learning task characterized by the Miller's pyramid level of Does, with learning processes involving judgement, reflection, synthesis and creation, is better suited to simulation or real-world experiential learning.

An example of how educational delivery methods may be mapped against learning outcomes for a Competency Standard is provided in Table 2. Competency Standard 4 addresses the use of supports to improve communication with refugees and migrants, which are frequently cross-linguistic encounters. As set out in Annex 1 , the learning processes for this competency mainly involve analysing, evaluating, creating and the competency stage of doing. For learning outcomes 4.1.1 and 4.2.1, the learning process and competency stage differs according to the career stage of the learner. At the start of a learning journey, the most appropriate educational delivery approach for this learning outcome may be a reflective activity (case discussion, research task or a self-paced module).

Closer to course completion, the more appropriate delivery method at the Does level may be experiential contextualized learning by doing in a clinical setting or a critical case reflection. Learners at different stages can use simulation to learn communication competencies.

Table 2. Educational delivery options to meet learning outcomes for health practitioners for Competency Standard 4: supports refugees and migrants to understand information about their health care

Behaviour 4.1. Ensures that the person understands information about their health care in view of the language, communication and health literacy barriers to understanding

Behaviour 4.2. Communicates in plain language, avoiding the use of medical jargon

Learning outcomes: health practitioner	Lecture	Self-paced module	Case discussion	Research task	Lived experience teachers	Simulation	Structured real world activity	Critical case review	PDSA cycle
4.1.1. Assesses individual barriers to understanding information about health care		●	●	●	●	●	●	●	
4.1.2. Demonstrates proficiency in teach-back method						● ●	●		
4.1.3. Encourages the person to ask questions of health practitioners to drive the person's understanding					●	● ●	●		
4.2.1. Communicates in plain language, avoiding the use of medical jargon		●	●		● ●	● ●	●	●	●

● Early pre-vocational learner.
● Near-graduation pre-vocational learner, or post-vocational learner.
PDSA: plan–do–study–act cycle.

The tables in Annex 2 map the learning outcomes for the competencies to suggested educational methods. Curriculum designers are encouraged to think broadly of the appropriate educational delivery methods to deliver the learning outcomes for individual competencies, taking into consideration educational infrastructure (such as accessibility and bandwidth of Internet for learners, sufficient trained and available educators) and the knowledge and experience of the learners. A brief description of educational delivery methods is provided in Annex 3.

Competency-based assessment

When considering appropriate assessment, the following quality criteria should be taken into consideration.[6]

Suitability: does the assessment method match the learning outcome? For example, a multiple choice question is not a suitable assessment method for a learning outcome focused on demonstrating a skill.

Reliability: can the assessment method measure outcomes consistently at different times or among different learners?

Appropriateness: is the assessment method appropriate for the learner or educational setting? For example, a critical case reflection may not be appropriate for a learner early in the learning journey. Evidence of reflections on audit or changes made through plan–do–study–act (PDSA) cycles are usually only appropriate assessment methods for learners who are embedded in a practice setting, such as experienced health workers undertaking continuing professional education.

Validity: is the assessment method able to measure what it is supposed to measure?

Feasibility: is it possible to deliver the assessment method to this set of learners at this time in this context? For example, an online assessment is not feasible if the learner does not have access to the Internet. An observational assessment of a skill is not possible if there are no on-site assessors.

Reasonable: is the level of effort involved in the design and delivery of the assessment justified? Not every learning task requires an external assessment.

As with consideration of educational delivery methods, curriculum designers are encouraged to consider whether educational assessment methods are able to meet the criteria of quality outlined above. Possible assessment methods are mapped onto the learning outcomes in Annex 1.

[6] van der Vleuten C, Sluijsmans D, Joosten-ten Brinke D. Competence assessment as learner support in education. In: Mulder M, editor. Competence-based vocational and professional education: bridging the worlds of work and education. Geneva: Springer; 2017:607–30.

Annex 1. Assessment methods for learning outcomes

Table A1.1. Learning outcomes underpinning Competency Standard 1: provides people-centred health care to refugees and migrants

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Possible assessment methods		Self-assessment Summative written tests including MCQs or short answers	Written and oral questions Structured case reflection	Assess-ment using structured observa-tion	Report or presen-tation: on service visit or reflection	Presents evidence applied to cases Record review	Leads case reflection Network mapping Observation on-site
Behaviour 1.1. Adapts practice to the needs of the person in view of their migration and displacement experiences, taking into consideration the impact of these experiences on access to health care, including barriers to access							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
1.1.1. Identifies patterns of transitions taken by refugees and migrants and their potential impacts on health				■			
1.1.2. Describes impacts of migration and dis-placement on health service access at different transition points for refugees and migrants			■				
1.1.3. Outlines obstacles to accessing health services experienced by refugees and migrants, and particularly irregular refugees and migrants			■				
1.1.4. Critically analyses clinical and adminis-trative obstacles to accessing health services					■		
1.1.5. Implements clinical best practice procedures that are customized to support health service for refugees and migrants taking into consider-ation their migration and displacement journey, cultural background, and their individual health needs						■	■
	1.1.5. Implements administrative best practice procedures that are custom-ized to support health services for refugees and migrants taking into consideration their migration and dis-placement journey, cultural background, and their individual health needs					■	■

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Behaviour 1.2. Adapts practice to the needs of refugees and migrants in view of their individual characteristics, including the intersection of sex, gender identity, age, disability, sexual orientation and legal status, taking into account social determinants of health throughout migration and displacement transitions – including transit, arrival and possible return – and their impact on individual health needs across the life course							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
1.2.1. Describes stages of the migration cycle, including departure, transit, arrival and possible return		■					
1.2.2. Analyses the evolving health needs of an individual across the life course					■		
1.2.3. Adapts clinical practice to meet individual needs of refugees and migrants in view of their individual characteristics, legal status and other social determinants of health						■	■
	1.2.3. Customizes health services for changing needs of refugees and migrants according to their movement, demographic characteristic and health needs					■	■

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Behaviour 1.3. Addresses mental health and the psychosocial support needs of refugees and migrants by providing trauma-informed care and interventions sensitive to experiences of chronic hardship, traumatic events, grief and loss, facilitating referrals							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
1.3.1. Describes a range of presentations for psychological distress among refugees and migrants							
1.3.2. Assesses common mental health, psychosocial support and other needs of refugees and migrants							
	1.3.2. Supports an organizational approach to care sensitive to experiences of chronic hardship and trauma						
1.3.3. Provides evidence-informed mental health interventions that are effective for refugees and migrants							
	1.3.3. Develops effective relationships with referral networks and service providers						
1.3.4. Works with local referral networks and utilizes referral pathways for mental health and broader social support and other services							
1.3.5. Articulates principles of psychological first aid							
1.3.6. Uses psychological first aid							

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Behaviour 1.4. Supports universal access to quality health care, irrespective of the person's legal status and related legal, administrative and financial barriers to access, recognizing the particular vulnerabilities of children on the move							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
1.4.1. Outlines structural barriers to universal access to health services experienced within the local setting							
1.4.2. Uses strategies to support or reinforce the person's ability to access quality health services at all levels of the health sector							
	1.4.2. Applies systematic approaches to support the access of individuals to quality health services						
Behaviour 1.5. Facilitates continuity of care by supporting the person to hold their own health information and documentation, and to understand how to seek further care, recognizing the mobility of refugee and migrant populations							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
1.5.1. Applies sustainable, locally relevant strategies for maintaining clinic- and patient-held records for refugees and migrants							
	1.5.1. Outlines minimum data requirements for a functional patient-held record						
	1.5.2. Applies sustainable, locally relevant systems for maintaining, collating, and transferring clinic records for refugees and migrants						

Table A1.2. Learning outcomes underpinning Competency Standard 2: promotes the agency of refugees and migrants at individual and community levels

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Possible assessment methods		Self-assessment Summative written tests including MCQs or short answers	Written and oral questions Structured case reflection	Assess-ment using struc-tured observa-tion	Report or presentation: on service visit or reflec-tion	Presents evidence applied to cases Record review	Leads case reflection Network mapping Observation on-site
Behaviour 2.1. Assesses the person's health literacy and health systems literacy, including identifying areas of strength and specific areas of risk							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
2.1.1. Describes the factors that impact the person's level of health literacy and health systems literacy							
2.1.2. Employs strategies to assess the person's health literacy and health systems literacy							
	2.1.2. Implements systems to support assessment of health literacy and health systems literacy among refugees and migrants						
2.1.3. Evaluates the person's specific areas of strength and capability gaps regarding health literacy or health systems literacy							

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Behaviour 2.2. Supports refugees and migrants to develop their health literacy and their awareness of the right to health							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
2.2.1. Identifies strategies to support improvements in health literacy among refugees and migrants							
	2.2.1. Implements strategies to promote improvements in health literacy among refugees and migrants at the community level						
2.2.2. Implements strategies to develop health literacy and awareness of right to health in consultations with refugees and migrants							
	2.2.2. Evaluates assessment and uptake of evidence-informed resources to identify individual and community health literacy and health systems literacy						

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Behaviour 2.3. Supports refugees and migrants to improve their knowledge of, and ability to navigate, the host country's health system							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
2.3.1. Identifies strategies to describe the local health system to refugees and migrants				■			
2.3.2. Identifies critical areas where refugees and migrants may face challenges in navigating the health sector (e.g. accessing pharmaceuticals)					■		
2.3.3. Promotes health systems literacy for individuals						■	■
	2.3.3. Integrates health systems literacy promotion into health service systems						■
Behaviour 2.4. Addresses language and cultural considerations when supporting people to be informed of their options for health care, make decisions about and manage their own health							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
2.4.1. Provides linguistically and people-centred support to help people to make informed decisions about their health and health care							■
	2.4.1. Implements service- or system-level distribution of information resources to assist people to enhance knowledge of their health and health care					■	

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Behaviour 2.5. Engages with diaspora communities to promote the agency of refugees and migrants at a community level							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
2.5.1. Describes practical and social supports that may be offered by diaspora communities							
2.5.2. Identifies locally relevant diaspora communities							
2.5.3. Refers to appropriate diaspora community supports							
	2.5.3. Employs strategies to maintain awareness of diaspora communities and their capacity to promote the agency of refugees and migrants						
Behaviour 2.6. Identifies processes for safe and appropriate engagement with the person's family or community to facilitate the provision of health care, including when addressing barriers to access							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
2.6.1. Safely and respectfully engages with family and community members to facilitate health care							
	2.6.1. Applies systems to enable engagement with the person's family and community to facilitate health care						

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Behaviours 2.7. Recognizes the impacts of family separation on the health of refugees and migrants, including mental health impacts							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
2.7.1. Describes the impact of family separation on the health of refugees and migrants							
2.7.2. Provides appropriate support for people impacted by family separation							
	2.7.2. Incorporates systems to recognize and support people who have suffered health impacts due to family separation						

Table A1.3. Learning outcomes underpinning Competency Standard 3: engages safe and appropriate aids to meet language and communication needs of refugees and migrants

Bloom's taxonomy of learning skills		RECALL	UNDERSTAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Possible assessment methods		Self-assessment Summative written tests including MCQs or short answers	Written and oral questions Structured case reflection	Assessment using structured observation	Report or presentation: on service visit or reflection	Presents evidence applied to cases Record review	Leads case reflection Network mapping Observation on-site
Behaviour 3.1. Recognizes the person's right to timely, gender- and age-appropriate information, including assistance with communication							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
3.1.1. Identifies age and gender considerations when providing information							
3.1.2. Incorporates age and gender considerations when providing information							
	3.1.2. Supports age and gender considerations when providing information						
3.1.3. Implements timely communication assistance when needed							
	3.1.3. Implements systems to support timely communication assistance						

Bloom's taxonomy of learning skills		RECALL	UNDERSTAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Behaviour 3.2. Mitigates language and communication barriers by engaging trained individuals including interpreters and cultural mediators, as appropriate, to facilitate communication between the person and health workers, wherever necessary							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
3.2.1. Distinguishes roles of interpreters and cultural mediators		■	■				
3.2.2. Identifies when an interpreter should be engaged				■			
	3.2.2. Implements systems for accessing and working effectively with interpreters and cultural mediators					■	
3.2.3. Describes strategies for accessing interpreters				■	■		
3.2.4. Works efficiently and effectively with remote and on-site interpreters				■			■
3.2.5. Works effectively with cultural mediators				■		■	■

Bloom's taxonomy of learning skills		RECALL	UNDERSTAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Behaviour 3.3. Uses language and communication aids that are language and culturally appropriate, sensitive and age and gender responsive							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
3.3.1. Uses appropriate communication aids for people with different language and cultural backgrounds							
	3.3.1. Develops systems to ensure access to culturally appropriate language and communication aids						
Behaviour 3.4. Adapts practice to work effectively with interpreters and cultural mediators, as appropriate, in person or remotely, including by telephone or video link							
Learning outcomes: health service provider	Learning outcomes: health administrator						
3.4.1. Compares and contrasts the strategies for working with interpreters in person and through remote access technology							
3.4.2. Works effectively with online and in-person interpreters, where appropriate, and cultural mediators							
	3.4.2. Develops strategies to promote, monitor and increase engagement of interpreters and cultural mediators						

Table A1.4. Learning outcomes underpinning Competency Standard 4: supports refugees and migrants to understand information about their health care

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Possible assessment methods		Self-assessment Summative written tests including MCQs or short answers	Written and oral questions Structured case reflection	Assessment using structured observation	Report or presen-tation: on service visit or reflection	Presents evidence applied to cases Record review	Leads case reflection Network mapping Observation on-site
Behaviour 4.1. Ensures that the person understands information about their health care in view of the language, communication and health literacy barriers to understanding							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
4.1.1. Assesses individual barriers to understanding information about health services							
	4.1.1. Assesses system-level barriers to the person's understanding of information about their health services						
4.1.2. Gains proficiency in teach-back method							
	4.1.2. Supports system-level approaches to ensuring people understand information about their health services						
4.1.3. Encourages the person to ask health questions of health practitioners to support the person's understanding							

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Behaviour 4.2. Communicates in plain language, avoiding the use of medical jargon							
Health practitioner	Health administrator						
4.2.1. Communicates in plain language, avoiding the use of medical jargon							
	4.2.1. Uses strategies to improve access to health education materials in appropriate language and complexity						
	4.2.2. Assesses readability and clarity of signage and other materials used in health services and health education						

Table A1.5. Learning outcomes underpinning Competency Standard 5: engages in collaborative practice to promote the health of refugees and migrants

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALU-ATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Possible assessment methods		Self-assessment Summative written tests including MCQs or short answers	Written and oral questions Structured case reflection	Assessment using structured observation	Report or presen-tation: on service visit or reflection	Presents evidence applied to cases Record review	Leads case reflection Network mapping Observation on-site
Behaviour 5.1. Engages with broader social and community support, including legal, education, employment, housing and other social support services as appropriate, to address the impacts of non-health-related factors on the person's health in the context of migration and displacement and to facilitate specialized care							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
5.1.1. Describes impacts of broader social and community support services on the health of the person in the context of migration and displacement							
5.1.2. Engages with non-health services to improve the health of people in the context of migration and displacement							
	5.1.2. Critically evaluates the extent and quality of working relationships with non-health services to improve the health of people in the context of migration and displacement						
Behaviour 5.2. Undertakes effective handover of care to other health workers through verbal and/or written communication, including information about relevant individual, cultural and language considerations and needs as well as migration- and displacement-related factors							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
5.2.1. Identifies elements of effective handover							
5.2.2. Provides effec-tive handover to other health workers within and across services through verbal and/or written communi-cation							
	5.2.2. Supports of systems for safe and effective handover of care within and between health services						

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALU-ATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Behaviour 5.3. Utilizes the skills, including language and communication capabilities, of health workers from refugee and migrant backgrounds in supporting people with experiences of migration and displacement							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
5.3.1. Identifies benefits of working with health workers from refugee and migrant backgrounds							
5.3.2. Collaborates with health workers from refugee and migrant backgrounds							
	5.3.2. Supports working with refugee or migrant source populations, including health workers, in health services delivery						
Behaviour 5.4. Engages effectively with government departments, nongovernmental and civil society organizations, communities and other health workers to provide integrated and coordinated health, mental health and psychosocial support services to refugees and migrants							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
5.4.1. Describes the landscape of government bodies, nongovernmental and civil society organizations and their roles as part of the delivery of integrated physical, mental and psychosocial support							
5.4.2. Engages with other bodies (government departments, nongovernmental and civil society organizations) to support clinical care of refugees and migrants							
	5.4.2. Evaluates the capacity and scope of support services for potential referral or engagement						

Table A1.6. Learning outcomes underpinning Competency Standard 6: responds to migration- and displacement-related surges in demand

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Possible assessment methods		Self-assessment Summative written tests including MCQs or short answers	Written and oral questions Structured case reflection	Assessment using structured observation	Report or presen-tation: on service visit or reflection	Presents evidence applied to cases Record review	Leads case reflection Network mapping Observation on-site
Behaviour 6.1. Responds flexibly and collaboratively to surges in demand for the provision of health-care services in view of increased levels of migration and displacement							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
6.1.1. Identifies systems elements of a surge response							
6.1.2. Works collaboratively during a surge response							
	6.1.2. Describes the elements of a surge response						
	6.1.3. Makes surge response a sustainable part of health services for refugees and migrants						

Table A1.7. Learning outcomes underpinning Competency Standard 7: promotes evidence-informed health care for refugees and migrants

Bloom's taxonomy of learning skills		RECALL	UNDERSTAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Possible assessment methods		Self-assessment Summative written tests including MCQs or short answers	Written and oral questions Structured case reflection	Assessment using structured observation	Report or presentation: on service visit or reflection	Presents evidence applied to cases Record review	Leads case reflection Network mapping Observation on-site
Behaviour 7.1. Uses evidence-informed guidelines and standards, where they exist, to respond to specific health needs of refugees and migrants in care planning and delivery, including mental health and psychosocial support, psychological first aid, pain management and medication management							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
7.1.1. Identifies relevant guidelines for the local context and local health needs					■	■	
7.1.2. Applies evidence-informed guidelines routinely in practice						■	■
	7.1.2. Applies systems that support access to evidence for services providing care for refugees and migrants					■	■
Behaviour 7.2. Recognizes how the health needs of refugees and migrants may differ from those of the general population							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
7.2.1. Compares and contrasts specific health needs of refugees and migrants with the general population			■	■	■		
7.2.2. Implements an adaptation in a clinical setting that shows recognition of the particular needs of refugees and migrants						■	
	7.2.2. Implements a system-level adaptation that shows accommodation to the particular needs of refugees and migrants					■	■
Behaviour 7.3. Identifies where additional evidence is needed to promote the health of refugees and migrants							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
7.3.1. Identifies areas where additional evidence is needed to promote the health of refugees and migrants					■	■	

Bloom's taxonomy of learning skills		RECALL	UNDERSTAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		**KNOWS**		**KNOWS HOW**	**SHOWS**	**DOES**	
Behaviour 7.4. Participates in the generation of evidence, where possible, to inform the development of guidelines and standards to respond to health needs of refugees and migrants							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
7.4.1. Assesses the need to rapidly generate or seek out new evidence to guide practice					■		
	7.4.1. Supports generation of evidence for emerging health needs within and across health services					■	■
7.4.2. Uses feedback and complaints from refugees and migrants to improve practice						■	
	7.4.2. Uses systems to support feedback and complaints about service delivery with a view to improvement					■	■
Behaviour 7.5. Supports the translation of evidence into practice when providing care to refugees and migrants							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
7.5.1. Describes barriers and facilitators to translation of evidence					■		
7.5.2. Implements or supports implementation of new evidence-informed practice							■
7.5.3. Examines new evidence-informed practice to apply to the local context						■	■

Table A1.8. Learning outcomes underpinning Competency Standard 8: engages in lifelong learning and reflective practice to promote the health of refugees and migrants

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Possible assessment methods		Self-assessment Summative written tests including MCQs or short answers	Written and oral questions Structured case reflection	Assess-ment using structured observa-tion	Report or presen-tation: on service visit or reflection	Presents evidence applied to cases Record review	Leads case reflection Network mapping Observation on-site
Behaviour 8.1. Maintains awareness of own culture, beliefs, values and biases							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
8.1.1. Applies reflexivity to one's own culture, beliefs, values and biases							
Behaviour 8.2. Demonstrates awareness of institutional discrimination experienced by refugees and migrants, in particular its impacts on health status							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
8.2.1. Describes the impact of institutional discrimination on refugees and migrants							
8.2.2. Incorporates into clinical practice an awareness of the impacts of institutional discrimination on the health of refugees and migrants							
	8.2.2. Develops system-level approaches to mitigating some impacts of institutional discrimination on health status of refugees and migrants						

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Behaviour 8.3. Demonstrates awareness of intersections of systems, structures and patterns of power that determine a person's position of disadvantage and impact their access to, and experience of, health care							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
8.3.1. Outlines the impact of intersections of systems, structures and patterns of power to determine disadvantage and experience of health services							
8.3.2. Incorporates into clinical practice an awareness of how the intersections of systems, structures and patterns of power lead to disadvantage and experience of health care							
	8.3.2. Incorporates system-level approaches to mitigate the health impacts of intersecting systems, structures and patterns of power for refugees and migrants						

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Behaviour 8.4. Addresses the impact of own culture, beliefs, values and biases as well as institutional discrimination on interactions in health-care settings, including by continually adapting practice to respond to the needs of relevant communities							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
8.4.1. Applies reflexivity, perspective-taking and awareness of institutional discrimination in personal practice when delivering health services to refugees and migrants							
	8.4.1. Supports the delivery of people-centred health services that avoids institutional discrimination and adapts to the needs of communities						
Behaviour 8.5. Contributes to introducing or improving cultural sensitivity in existing practices by modelling appropriate behaviour and avoiding culturally insensitive practices							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
8.5.1. Incorporates and models cultural sensitivity in clinical work							
	8.5.1. Incorporates and models cultural sensitivity in management and organizational practice						

Table A1.9. Learning outcomes underpinning Competency Standard 9: contributes to a culture of self-care and mutual support when providing health care in the context of migration and displacement

Bloom's taxonomy of learning skills		RECALL	UNDER-STAND	APPLY	ANALYSE	EVALUATE	CREATE
Miller's competence acquisition pyramid		KNOWS		KNOWS HOW	SHOWS	DOES	
Possible assessment methods		Self-assessment Summative written tests including MCQs or short answers	Written and oral questions Structured case reflection	Assessment using structured observation	Report or presen-tation: on service visit or reflection	Presents evidence applied to cases Record review	Leads case reflection Network mapping Observation on-site
Behaviour 9.1. Engages in self-care practices to manage own mental health and well-being when working in the context of migration and displacement							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
9.1.1. Identifies self-care strategies suited to own needs and preferences							
9.1.2. Practises self-care regularly, with proactive intensification under conditions of stress							
	9.1.3. Implements processes to support staff to engage in self-care						
Behaviour 9.2. Contributes to a supportive team environment to manage the mental health and well-being impacts of providing care to refugees and migrants							
Learning outcomes: health practitioner	Learning outcomes: health administrator						
9.2.1. Identifies elements of supportive teamwork							
9.2.2. Works effectively in a team							
	9.2.2. Articulates strategies to support workplace resilience						
	9.2.3. Implements and supports activities, practises and policies that create a supportive team environment						

Annex 2.
Educational activities for learning outcomes

Table A2.1. Competency Standard 1: provides people-centred health care to refugees and migrants

Health practitioner	Health administrator	Lecture	Self-paced module	Case discussion	Research task	Case presentation	Lived experience teachers	Simulation	Field experience	Audit	Critical case review	PDSA cycle
1.1.1. Identifies patterns of transitions taken by refugees and migrants and their potential impacts upon health												
1.1.2. Describes impacts of migration and displacement on health service access at different transition points for refugees and migrants												
1.1.3. Outlines obstacles to accessing health services experienced by refugees and migrants, and particularly irregular refugees and migrants												
1.1.4. Critically analyses clinical and administrative obstacles to accessing health services												
1.1.5. Implements clinical best practice procedures that are customized to support health services for refugees and migrants taking into consideration their migration and displacement journey, cultural background and their own individual health needs												
	1.1.5. Implements administrative best practice procedures that are customized to support health services for refugees and migrants taking into consideration their migration and displacement journey, cultural background and their own individual health needs											
1.2.1. Describes different stages of the migration cycle, including departure, transit, arrival and possible return												

Health practitioner	Health administrator	Lecture	Self-paced module	Case discussion	Research task	Case presentation	Lived experience teachers	Simulation	Field experience	Audit	Critical case review	PDSA cycle
1.2.2. Analyses the evolving health needs of an individual across the life course				■		■	■				■	
1.2.3. Adapts clinical practice to meet individual needs of refugees and migrants in view of their individual characteristics, legal status and other social determinants of health							■		■	■	■	■
	1.2.3. Customizes health services for changing needs of refugees and migrants according to their movement, demographic characteristics and health needs								■		■	■
1.3.1. Describes a range of presentations for psychological distress among refugees and migrants		■	■	■	■	■	■					
1.3.2. Assesses common mental health and psychosocial support needs of refugees and migrants							■			■	■	■
	1.3.2. Supports an organizational approach to care sensitive to experiences of chronic hardship and trauma								■		■	■
1.3.3. Provides evidence-informed mental health interventions that are effective for refugees and migrants								■	■	■	■	■
	1.3.3. Develops effective relationships with referral networks and service providers									■	■	■

Health practitioner	Health administrator	Lecture	Self-paced module	Case discussion	Research task	Case presentation	Lived experience teachers	Simulation	Field experience	Audit	Critical case review	PDSA cycle
1.3.4. Works with local referral networks and utilizes referral pathways for mental health and broader social support and other services						■				■	■	■
1.3.5. Articulates principles of psychological first aid		■	■	■	■	■						
1.3.6. Uses psychological first aid when appropriate								■	■			
1.4.1. Outlines structural barriers to universal access to health services experienced within the local setting							■			■	■	■
1.4.2. Uses strategies to support or reinforce the person's ability to access quality health services at all levels of the health sector						■	■	■			■	■
	1.4.2. Applies systematic approaches to support the access of individuals to quality health services								■	■		
1.5.1. Applies sustainable, locally relevant strategies for maintaining clinic- and patient-held records for refugees and migrants			■		■					■		
	1.5.1. Outlines minimum data requirements for a functional patient-held record									■	■	■
	1.5.2. Applies sustainable, locally relevant systems for maintaining, collating, and transferring clinic records for refugees and migrants									■	■	■

Table A2.2. Competency Standard 2: promotes the agency of refugees and migrants at individual and community levels

Health practitioner	Health administrator	Lecture	Self-paced module	Case discussion	Research task	Case presentation	Lived experience teachers	Simulation	Field experience	Audit	Critical case review	PDSA cycle
2.1.1. Describes the factors that impact the person's level of health literacy and health systems literacy												
2.1.2. Employs strategies to assess the person's health literacy and health systems literacy												
	2.1.2. Implements systems to support assessment of health literacy and health systems literacy among refugees and migrants											
2.1.3. Evaluates the person's specific areas of strength and capability gaps regarding health literacy or health systems literacy												
2.2.1. Identifies strategies to support improvements in health literacy among refugees and migrants												
	2.2.1. Implements strategies to promote improvements in health literacy among refugees and migrants at the community level											
2.2.2. Implements strategies to develop health literacy and awareness of right to health in consultations with refugees and migrants												
	2.2.2. Evaluates assessment and uptake of evidence-informed resources to identify individual and community health literacy and health systems literacy											

Health practitioner	Health administrator	Lecture	Self-paced module	Case discussion	Research task	Case presentation	Lived experience teachers	Simulation	Field experience	Audit	Critical case review	PDSA cycle
2.3.1. Identifies strategies to describe the local health system to refugees and migrants												
2.3.2. Identifies critical areas where refugees and migrants may face challenges in navigating the health sector (e.g. accessing pharmaceuticals)												
2.3.3. Promotes health systems literacy for individuals												
	2.3.3. Integrates health systems literacy promotion into health services delivery systems											
2.4.1. Provides linguistically and people-centred support to help people to make informed decisions about their health and health care												
	2.4.1. Implements service- or system-level distribution of information resources to assist people to enhance knowledge of their health and health care											
2.5.1. Describes practical and social supports that may be offered by diaspora communities												
2.5.2. Identifies locally relevant diaspora communities												
2.5.3. Refers to appropriate diaspora community supports												
	2.5.3. Employs strategies to maintain awareness of diaspora communities and their capacity to promote the agency of refugees and migrants											

Health practitioner	Health administrator	Lecture	Self-paced module	Case discussion	Research task	Case presentation	Lived experience teachers	Simulation	Field experience	Audit	Critical case review	PDSA cycle
2.6.1. Safely and respectfully engages with family and community members to facilitate health care												
	2.6.1. Applies systems to enable engagement with the person's family and community to facilitate health care											
2.7.1. Describes the impact of family separation on the health of refugees and migrants												
2.7.2. Provides appropriate support for people impacted by family separation												
	2.7.2. Incorporates systems to recognize and support people who have suffered health impacts due to family separation											

Table A2.3. Competency Standard 3: engages safe and appropriate aids to meet language and communication needs of refugees and migrants

Health practitioner	Health administrator	Lecture	Self-paced module	Case discussion	Research task	Case presentation	Lived experience teachers	Simulation	Field experience	Audit	Critical case review	PDSA cycle
3.1.1. Identifies age and gender considerations when providing information		■	■	■			■	■	■		■	
3.1.2. Incorporates age and gender considerations when providing information			■			■		■			■	
	3.1.2. Supports age and gender considerations when providing information			■					■			
3.1.3. Implements timely communication assistance when needed									■			
	3.1.3. Implements systems to support timely communication assistance							■		■		■
3.2.1. Distinguishes roles of interpreters and cultural mediators			■			■					■	
3.2.2. Identifies when an interpreter should be engaged			■	■		■	■	■				
	3.2.2. Implements systems for accessing and working effectively with interpreters and cultural mediators							■	■	■	■	
3.2.3. Describes strategies for accessing interpreters		■	■			■			■			

Health practitioner	Health administrator	Lecture	Self-paced module	Case discussion	Research task	Case presentation	Lived experience teachers	Simulation	Field experience	Audit	Critical case review	PDSA cycle
3.2.4. Works efficiently and effectively with remote and on-site interpreters												
3.2.5. Works effectively with cultural mediators												
3.3.1. Uses appropriate communication aids for individuals with different language and cultural backgrounds												
	3.3.1. Develops systems to ensure access to culturally appropriate language and communication aids											
3.4.1. Compares and contrasts the strategies for working with interpreters in person and through remote access technology												
3.4.2. Works effectively with online and in-person interpreters, where appropriate, and cultural mediators												
	3.4.2. Develops strategies to promote, monitor and increase engagement of interpreters and cultural mediators											

Table A2.4. Competency Standard 4: supports refugees and migrants to understand information about their health care

Health practitioner	Health administrator	Lecture	Self-paced module	Case discussion	Research task	Case presentation	Lived experience teachers	Simulation	Field experience	Audit	Critical case review	PDSA cycle
4.1.1. Assesses individual barriers to understanding information about health services												
	4.1.1. Assesses system-level barriers to the person's understanding of information about their health services											
4.1.2. Gains proficiency in teach-back method												
	4.1.2. Supports system-level approaches to ensuring people understand information about their health services											
4.1.3. Encourages the person to ask health questions of health practitioners to support the person's understanding												
4.2.1. Communicates in plain language, avoiding the use of medical jargon												
	4.2.1. Uses strategies to improve access to health education materials in appropriate language and complexity											
	4.2.2. Assesses readability and clarity of signage and other materials used in health services and health education											

Table A2.5. Competency Standard 5: engages in collaborative practice to promote the health of refugees and migrants

Health practitioner	Health administrator	Lecture	Self-paced module	Case discussion	Research task	Case presentation	Lived experience teachers	Simulation	Field experience	Audit	Critical case review	PDSA cycle
5.1.1. Describes impacts of broader social and community support services on the health of the person in the context of migration and displacement												
5.1.2. Engages with non-health services to improve the health of people in the context of migration and displacement												
	5.1.2. Critically evaluates the extent and quality of working relationships with non-health services to improve the health of people in the context of migration and displacement											
5.2.1. Identifies elements of effective handover												
5.2.2. Provides effective handover to other health workers within and across services through verbal and/or written communication												
	5.2.2. Supports of systems for safe and effective handover of care within and between health services											
5.3.1. Identifies benefits of working with health workers from refugee and migrant backgrounds												

Health practitioner	Health administrator	Lecture	Self-paced module	Case discussion	Research task	Case presentation	Lived experience teachers	Simulation	Field experience	Audit	Critical case review	PDSA cycle
5.3.2. Collaborates with health workers from refugee and migrant backgrounds												
	5.3.2. Supports working with refugee or migrant source populations, including health workers, in health services delivery											
5.4.1. Describes the landscape of government bodies, nongovernmental and civil society organizations and their roles as part of the delivery of integrated physical, mental and psychosocial support												
5.4.2. Engages with other bodies (government departments, nongovernmental and civil society organizations) to support clinical care of refugees and migrants												
	5.4.2. Evaluates the capacity and scope of support services for potential referral or engagement											

Table A2.6. Competency Standard 6: responds to migration- and displacement-related surges in demand

Health practitioner	Health administrator	Lecture	Self-paced module	Case discussion	Research task	Case presentation	Lived experience teachers	Simulation	Field experience	Audit	Critical case review	PDSA cycle
6.1.1. Identifies the systems elements of a surge response												
6.1.2. Works collaboratively during a surge response												
	6.1.2. Describes the elements of a surge response											
	6.1.3. Makes surge response a sustainable part of health services for refugees and migrants											

Table A2.7. Competency Standard 7: promotes evidence-informed health care for refugees and migrants

Health practitioner	Health administrator	Lecture	Self-paced module	Case discussion	Research task	Case presentation	Lived experience teachers	Simulation	Field experience	Audit	Critical case review	PDSA cycle
7.1.1. Identifies relevant guidelines for the local context and local health needs												
7.1.2. Applies evidence-informed guidelines routinely in practice												
	7.1.2. Applies systems that support access to evidence for services providing care for refugees and migrants											
7.2.1. Compares and contrasts specific health needs of refugees and migrants with the general population												
7.2.2. Implements an adaptation in a clinical setting that shows recognition of the particular needs of refugees and migrants												

Health practitioner	Health administrator	Lecture	Self-paced module	Case discussion	Research task	Case presentation	Lived experience teachers	Simulation	Field experience	Audit	Critical case review	PDSA cycle
	7.2.2. Implements a system-level adaptation that shows accommodation to the particular needs of refugees and migrants											
7.3.1. Identifies areas where additional evidence is needed to promote the health of refugees and migrants												
7.4.1. Assesses the need to rapidly generate or seek out new evidence to guide practice												
	7.4.1. Supports generation of evidence for emerging health needs within and across health services											
7.4.2. Uses feedback and complaints from refugees and migrants to improve practice												
	7.4.2. Uses systems to support feedback and complaints about service delivery with a view to improvement											
7.5.1. Describes barriers and facilitators to translation of evidence												
7.5.2. Implements or supports implementation of new evidence-informed practice												
7.5.3. Examines new evidence-informed practice to apply to the local context												

Table A2.8. Competency Standard 8: engages in lifelong learning and reflective practice to promote the health of refugees and migrants

Health practitioner	Health administrator	Lecture	Self-paced module	Case discussion	Research task	Case presentation	Lived experience teachers	Simulation	Field experience	Audit	Critical case review	PDSA cycle
8.1.1. Applies reflexivity to one's own culture, beliefs, values and biases												
8.2.1. Describes the impact of institutional discrimination on refugees and migrants												
8.2.2. Incorporates into clinical practice an awareness of the impacts of institutional discrimination on the health of refugees and migrants												
	8.2.2. Develops system-level approaches to mitigating some impacts of institutional discrimination on health status of refugees and migrants											
8.3.1. Outlines the impact of intersections of systems, structures and patterns of power to determine disadvantage and experience of health services												
8.3.2. Incorporates into clinical practice an awareness of how the intersections of systems, structures and patterns of power lead to disadvantage and impact on experience of health care												

Health practitioner	Health administrator	Lecture	Self-paced module	Case discussion	Research task	Case presentation	Lived experience teachers	Simulation	Field experience	Audit	Critical case review	PDSA cycle
	8.3.2. Incorporates system-level approaches to mitigate the health impacts of intersecting systems, structures and patterns of power for refugees and migrants											
8.4.1. Applies reflexivity, perspective-taking and awareness of institutional discrimination in personal practice when delivering health services to refugees and migrants												
	8.4.1. Supports the delivery of people-centred health services that avoids institutional discrimination and adapts to the needs of communities											
8.5.1. Incorporates and models cultural sensitivity in clinical work												
	8.5.1. Incorporates and models cultural sensitivity in management and organizational practice											

Table A2.9. Competency Standard 9: contributes to a culture of self-care and mutual support when providing health care in the context of migration and displacement

Health practitioner	Health administrator	Lecture	Self-paced module	Case discussion	Research task	Case presentation	Lived experience teachers	Simulation	Field experience	Audit	Critical case review	PDSA cycle
9.1.1. Identifies self-care strategies suited to own needs and preferences												
9.1.2. Practises self-care regularly, with proactive intensification under conditions of stress												
	9.1.3. Implements processes to support staff to engage in self-care											
9.2.1. Identifies elements of supportive teamwork												
9.2.2. Works effectively in a team												
	9.2.2. Articulates strategies to support workplace resilience											
	9.2.3. Implements and supports activities, practises and policies that create a supportive team environment											

Annex 3.
Educational delivery methods

Audit. In a clinical setting, audit refers to the structured review of clinical notes for the purpose of assessing practice processes and patient outcomes.

Case-based discussion. The case-based discussion method is a participatory way of learning where learners gain skills in critical thinking, communication and group dynamics during a case discussion. It is a type of problem-based learning. Learners work through a case during class as a whole or in small groups. In addition to promoting more effective contextual learning and long-term retention, it also encourages devising answers to questions of not only How but Why. It provides learners with the opportunity to "walk around the problem" and to see varied perspectives.

Case presentation. The learner presents their understanding of the issues concerning a particular case to other learners and educators. From an educational viewpoint, the two important roles of case presentations are the learner's reflective opportunity and the educator's part in aiding the learner's opportunity. The educator achieves this by giving the learner their undivided attention and letting them present their case unhindered. This method aims to aid the learner to arrive at the necessary conclusion themselves with minimal supervision.

Clinical simulations. Simulation-based education aims to bridge the gap between theory and practice through innovative teaching strategies. Simulation enables learners to learn how to reconcile theory with practice through role-playing and case studies. The latter may be structured and delivered online. The learners work together in a supportive skills training environment, while the faculty facilitates the simulation sessions. Before role playing, the facilitator introduces the setting and

the case, preparing the learners and answering any questions; the facilitator then maintains a withdrawn role during the role-playing/case study. After the simulation, a debriefing session is conducted, which is an important phase of the learning. Promotion of reflection during the debriefing is a crucial part of the learning experience.

Critical case review. Critical case reviews are used to determine the cause and consequence of an event. The main purpose for this type of case study is to investigate one or more sources with unique interest, and sometimes with no interest in general. A critical case study is extremely useful when questioning a universal assertion.

Expert witnesses (so-called fishbowl sessions). Learners seated inside the fishbowl actively participate in a discussion by asking questions and sharing their opinions, while learners standing outside listen carefully to the ideas presented. Learners take turns in these roles so that they practise being both contributors and listeners in a group discussion. This strategy is especially useful when wanting to ensure that all learners participate in a discussion, when wanting to help learners to reflect on what a good discussion looks like, and when needing a structure for discussing controversial or difficult topics.

Field experience Field or clinical experience refers to different degrees of patient contact within a health-care setting. It may involve formal rotations into clinical settings or portfolios of activities (for example engaging and working with interpreters) that need to be undertaken in a clinical setting. Field experience for pre-vocational learners requires supervision or review. Field experience for post-vocational learners involves their own clinical setting or organized educational placements in other settings, for example as observational attachments for a day.

Lived experience teachers. People with experience of illness or specific life experiences, in this case refugees and migrants, can act as lived experience teachers. They usually teach through narrative or through question and answer methods.

Plan–do–study–act (PDSA) cycle. This cycle is used in continuous improvement processes to formalize an investigation of the model for improvement. The PDSA cycle provides a structure for testing a change and guides rapid learning through four steps that repeat as part of an ongoing cycle of improvement.

Plan

This step clarifies the problem and identifies the overall aim; the tool, process or change to implement; and more specific targets or objectives of the continuous improvement process.

Do

This step involves the implementation of the tool, process or change and the collection of both process and outcome data.

Study

In this step, participants examine the collected data and consider the extent to which the specific targets or objectives meet those identified in the Plan step, as well as the overall aim.

Act

This last step integrates all the learning generated throughout the process.

Learners can make adjustments to the specific objectives or targets, formulate new theories or predictions, make changes to the overarching aim of the continuous improvement work and/or modify any tools or processes being tested. Often, learners need to undertake multiple PDSA cycles to see a change that actually works. Each cycle builds on what was learned in the previous one and, as a result, students move closer to the targets they hope to achieve.

Research task. Research-based teaching means that learners carry out research in their courses independently and with an open outcome. In this approach, the learners acquire knowledge of the discipline by undertaking their own research. The educator than passes from being an information-transfer agent to being a mediator, challenger and supervisor, developing knowledge by adopting the attitude of being a permanent researcher, together with the learners. This teaching–learning method primary consists of eight steps: observation, question, hypothesis, aims, method, results (data and analysis), discussion and conclusion.

Self-paced educational models. A self-paced learning module is an orderly set of instructions designed to facilitate the learner's proficiency of a body of knowledge or a procedure. When combined with other modules, learners can master a comprehensive body of knowledge or a complex process. They are useful for facilitating learning for individualized or self-paced instruction. They can also be used to provide more thorough and additional training.

Skills-training simulation. This involves structured skills training in a simulated setting, often with physical simulators (bodies or simulated settings). The learning tasks may be to learn resuscitation or clinical skills, or to be able to work effectively under stress and/or in teams. These kinds of simulation are frequently observed.

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