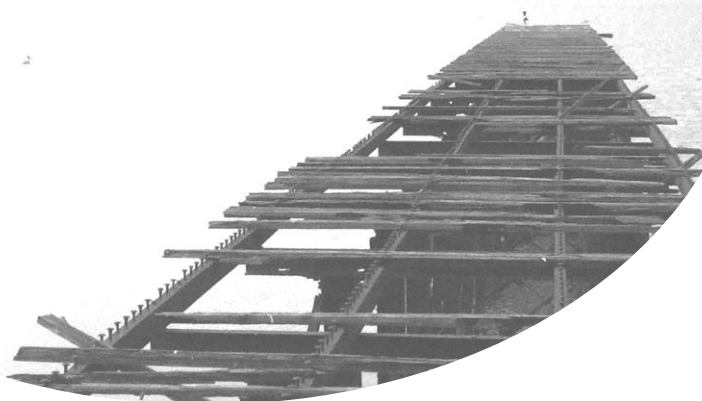




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**SUPPORTING HEALTH COORDINATION, ASSESSMENTS, PLANNING, ACCESS
TO HEALTH CARE AND CAPACITY BUILDING IN MEMBER STATES UNDER
PARTICULAR MIGRATORY PRESSURE — 717275/SH-CAPAC**

***Module 3: Foundations for the development of
migrant sensitive health systems***





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Module 3: Foundations for the development of migrant sensitive health systems

Module 1 contains 5 Units. The estimated time required for each Unit is between 1 and 2 hours, including contents and the compulsory activity.

In the following sections, learning objectives and activities are detailed for each unit. A work plan is suggested as well.

Module 3, Unit 1: Sociocultural context of refugees and migrants' health

This unit has been dedicated to the sociocultural context of refugees' and migrants' health. Anna Szetela (Cultural adjustment and culture shock, Culture and health/disease perception and reaction, Culture and doctor-patient relationship and Cultural differences as a barrier in diagnostics, access and treatment), Ainhoa Ruiz Azarola (conceptualization from Intercultural Competence to Diversity Sensitivity) and Amets Suess Schwend (Sexual, gender and bodily diversity in different cultures) have prepared the unit. It includes four compulsory activities, three presentations, and several recommended readings.

The estimated time required for this Unit is 60 minutes, including the presentation and activities.

1. Learning Objectives

- To understand the importance of paying attention to sociocultural context of health and healthcare.
- To understand cultural adjustment and culture shock in health context.
- To analyze the areas and ways the culture influences health and disease perception in different societies.
- To analyze the influence of culture on health problems prevalence and the concept of "health fields".
- To analyze the importance of culturally differentiated meaning of health and disease.
- To analyze culture as a factor influencing the decision about contacts with health care and cultural differences influencing the doctor-patient relationship.
- To analyze barriers occurring in doctor-patient relationship and communication.
- To introduce the concepts "cultural competence", "intercultural competence", and "diversity sensitivity", and the shifts in their use.
- To introduce the positive contribution of interculturality and Sensitivity to diversity.
- To reflect on different concepts related to the topic.
- To reflect on the application of the different approaches in the concrete, context-specific professional practice.
- To reflect on sexual and gender diversity in different cultures.
- To learn about concepts and terminologies related to sexual orientation, gender expression, gender identity and sex characteristics, taking into account their culturally and historically specific character.

2. Learning Activities

COMPULSORY ACTIVITY 1: Presentation about “Cultural adjustment and culture shock” and

“Culture and health/disease perception and reaction”.

- **Time:** 10 minutes
- **Method:** Watch the slide presentation

COMPULSORY ACTIVITY 2: Group discussion on forum about culturally differentiated understanding of health and disease influencing the contacts with doctors.

- **Description:** This activity focuses on the participants’ previous knowledge and perceptions over a controversial issue regarding migrant and ethnic minorities’ health.
- **Time:** 10 minutes
- **Method:** Discuss the content of the case study “Cultural adjustment and culture shock” from Cultural adjustment and culture shock in the forum.
-

COMPULSORY ACTIVITY 3: Presentation about “Culture and health/disease perception and reaction”,

“Culture and doctor-patient relationship” and “Cultural differences as a barrier in diagnostics, access and treatment”

- **Description:** This activity focuses on the differences between cultures.
- **Time:** 10 minutes
- **Method:** Watch the slide presentation

COMPULSORY ACTIVITY 4: Different cultures, different ways.

- **Description:** This activity focuses on the differences between cultures.
- **Time:** 10 minutes
- **Method:** Propose your own questions related to relationship between doctors and patients from different cultures, underlying those who may cause conflicts.

COMPULSORY ACTIVITY 5: Conceptualization from Intercultural Competence to Diversity Sensitivity

- **Description:** This activity focuses on the concepts
- **Time:** 10 minutes
- **Method:** Watch the slide presentation

COMPULSORY ACTIVITY 6: Presentation “Sexual, gender and bodily diversity in different cultures”

Description: Presentation “Sexual, gender and bodily diversity in different cultures”

- **Time:** 10 minutes
- **Methodology:** Watch the slide presentation

3. Work plan suggested

Time	Objetives	Content
10 minutes	<ul style="list-style-type: none"> • Introduction • To understand cultural adjustment and culture shock in health context. • To analyze the areas and ways the 	COMPULSORY ACTIVITY 1: Presentation about “Cultural adjustment and culture shock” and “Culture and health/disease perception and reaction”.

	<p>culture influences health and disease perception in different societies.</p> <ul style="list-style-type: none"> To analyze the influence of culture on health problems prevalence and the concept of “health fields”. 	
10 minutes	<ul style="list-style-type: none"> To analyze the importance of culturally differentiated meaning of health and disease. 	Compulsory activity 2 : Case study: Oral rehydration in Pakistan, followed by forum discussion.
10 minutes	<ul style="list-style-type: none"> To analyze culture as a factor influencing the decision about contacts with health care and cultural differences influencing the doctor-patient relationship. 	COMPULSORY ACTIVITY 3: Presentation about “Culture and health/disease perception and reaction”, “Culture and doctor-patient relationship” and “Cultural differences as a barrier in diagnostics, access and treatment”
10 minutes	<ul style="list-style-type: none"> To analyze barriers occurring in doctor-patient relationship and communication. 	COMPULSORY ACTIVITY 4: Different cultures, different ways: practical questions on cultural differences, followed by forum discussion.
10 minutes	<ul style="list-style-type: none"> To keep in mind some concepts and terminologies related to “cultural competence”, “intercultural competence” and Diversity Sensitivity”. To present the concepts from Cultural Competence to Diversity Sensitivity and the shifts in their use. To reflect on the positive contributions in the concrete, context-specific professional practice 	COMPULSORY ACTIVITY 5 : conceptualization from Intercultural Competence to Diversity Sensitivity
10 minutes	<ul style="list-style-type: none"> To reflect on sexual, gender and bodily diversity in different cultures. To learn about concepts and terminologies related to sexual orientation, gender expression, gender identity and sex characteristics, taking into account their culturally and historically specific character. 	COMPULSORY ACTIVITY 6: Presentation 3 “Sexual, gender and bodily diversity in different cultures”

4. Complementary Activities

Complementary readings

- Matsumoto D., Juang L. (2013). Culture and Psychology. Wadsworth, Cengage Learning 2013: 179-205.

- Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities; Board on Population Health and Public Health Practice; Institute of Medicine. Leveraging Culture to Address Health Inequalities: Examples from Native Communities: Workshop Summary. Washington (DC): National Academies Press (US); 2013 Dec 19. A, Culture as a Social Determinant of Health. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK201298/> (retrieved July 22, 2016).
- Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities; Board on Population Health and Public Health Practice; Institute of Medicine. Leveraging Culture to Address Health Inequalities: Examples from Native Communities: Workshop Summary. Washington (DC): National Academies Press (US); 2013 Dec 19. A, Culture as a Social Determinant of Health. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK201298/> (retrieved July 26, 2016).
- Barrett M. Introduction – Interculturalism and multiculturalism: concepts and controversies. In: Barrett M (ed). Interculturalism and multiculturalism: similarities and differences, p. 15-42. Strasbourg: Council of Europe Publishing, 2013.
- Cattacin S, Chiarenza A, Domenig D. Equity standards for healthcare organisations: a theoretical framework. Diversity and Equality in Health and Care 2013;10:249-258. <http://diversityhealthcare.imedpub.com/equity-standards-for-healthcare-organisations-a-theoretical-framework.pdf> (Retrieved: September 30, 2016).
- Chiarenza A. Developments in the concept of 'cultural competence'. In: Ingleby D, Chiarenza A, Devillé W, Kotsioni (eds). Inequalities in health care for migrants and ethnic minorities, Vol. 2, p. 66-81. COST Series on Health and Diversity. Antwerp: Garant Publishers, 2012. <http://bit.ly/2cL3l1K> (Retrieved: September 30, 2016).
- Mock-Muñoz de Luna C, Ingleby D, Graval E, Krasnik A. Synthesis Report. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada, Copenhagen: Andalusian School of Public Health, University of Copenhagen, 2015a. <http://bit.ly/2aIEklX> (retrieved: September 30, 2016).
- OAS, Organization of the American States. Basic concepts, 2016. <http://www.oas.org/en/iachr/multimedia/2015/lgbti-violence/lgbti-terminology.html> (retrieved: September 30, 2016).
- Suess A, Espineira K, Crego Walters P. Depathologization. TSQ, Transgender Studies Quarterly 2014;1(1-2):73-77.

4. Optional activities

OPTIONAL ACTIVITY 1: Culture and health: video and discussion.

- **Description:** Video Screening to understand the importance of paying attention to socio-cultural context of health and healthcare. Video Culture and health, followed by forum discussion.

- https://www.youtube.com/watch?v=U2Q_7BnyofA
- **Time:** 15 minutes
- **Method:** The activity consists in video screening and discussion on forum on other examples of cultural misunderstanding influencing the access to healthcare, diagnosis and/or effective therapy, taking into consideration the patient-oriented care. Video “Culture and Health”:

OPTIONAL ACTIVITY 2: READING

Description: Reading

- **Time:** 10 minutes
- **Methodology:** Read the following definitions and contribute a reflection in the online forum:
 - OAS, Organization of the American States. [Basic concepts](#), 2015.

Module 3, Unit 2: Determinants of health among refugees and migrants: health risks before, during and after the journey.

This unit has been dedicated to social determinants of health affecting different groups of migrants, with a special focus on human trafficking. Julia Bolívar (Social determinants of health), Gwen Herkes & Dr Ines Keygnaert (Human Trafficking) have prepared the unit. It includes two compulsory activities, one optional activity, two presentations, and several recommended readings (among them, one compulsory reading).

1. Learning objectives

Objectives of the Presentation

- To describe the specific Social Determinants of Health affecting different groups of migrants in the different phases of the migratory process
- To analyse the health risks before, during and after a migratory journey.
- To know policy measures tackling social determinants for refugees, asylum seekers and other migrants
- To describe the phenomenon of human trafficking
- To describe the European legislation and policy initiatives on human trafficking
- To describe the health consequences for victims of human trafficking
- To stress the important role of healthcare professionals in identifying victims of human trafficking

Objectives of the Activities

- To identify and reflect about the specific Social determinants of health affecting different groups of migrants in the different phases of the migratory process
- To learn how to react/respond in case of suspicion of human trafficking
- To learn how to refer victims of human trafficking

2. Learning activities

Social Health determinants

Compulsory Activity 1. Identify social determinants of health in refugees, asylum seekers and other migrants in the different phases of the migratory process.

Description: This activity focuses on the participants' reflections about which are the social determinants affecting refugees, asylum seekers and other migrants in the different phases of a migratory trajectory.

Method: Individual Identification of Determinants and discussion in forum.

Activity: Please, identify individually and discuss in forum social determinants of refugees, asylum seekers and other migrant population in the different scenarios. Please, share your answers in the forum:

- In destination countries (after)
- At arrival/during the journey (during)
- Countries of origin (before)

The following questions can be used as a facilitator for the group discussion:

- *Which determinants can be identified as structural determinants in each of the scenario's?*
- *Which are the specific social determinants of health in conflict settings -in origin countries? (How conflict affects social determinants in origin countries?)*
- *Are social determinants of refugees and migrants similar to those affecting to the host population in destination countries?*

Human Trafficking

Compulsory Activity 2. Test your knowledge (group discussion)

View presentation webinar from slide 7 to 23 and test your knowledge (<https://traffickingresourcecenter.org/resources/recognizing-and-responding-human-trafficking-healthcare-context>)

Pause the presentation at slide 16, 21 and 22. Answer these questions on the unit forum and have a discussion with the other participants.

Optional Activity 3. Individual exercise

“Member States should ensure that formal, functional national referral mechanisms are established. These mechanisms should describe procedures to better identify, refer, protect and assist victims and include all relevant public authorities and civil society. The development of criteria for the identification of victims should be included, to be used by all those involved. Member States have already committed to establishing these mechanisms by the end of 2012 in the context of the EU Policy Cycle to fight serious and organized crime.” (The EU Strategy towards the Eradication of Trafficking in Human Beings 2012-2016)

Find out to which organisations you can refer victims of human trafficking in your country, and get familiar with their offer of care.

3. Work plan suggested

Time (minutes)	Objectives	Content
60	<i>Social Determinants of Health</i>	
15	To introduce the social determinants of health in general according to the WHO framework	Video screening and lecture document
20	To identify specific determinants according phases or situations in migrant processes	Compulsory Activity 1: Group discussion in forum
25	To analyse the Social Determinants of health in refugees, asylum seekers and other migrants, main health concerns and policy measures	Presentation (slides 1-11)
60	<i>Trafficking</i>	
10	To describe the phenomenon of human trafficking	Presentation (slides 1-6)
5	To describe the European legislation and policy initiatives on human trafficking	Presentation (slides 7-11)
15	To describe the health consequences for victims of human trafficking To stress the important role of healthcare professionals in identifying victims of human trafficking	Presentation (slides 12-18)
20	To learn how to react/respond in case of suspicion of human trafficking	Compulsory Activity 2 in 3 parts: - Presentation slide 19 - Webinar slides 7 to 23 - Discussion in forum (webinar slides 16, 21 and 22) Presentation slide 20
10	To learn how to refer victims of human trafficking	Optional Activity 3: Individual exercise (presentation slide 21)

4. Complementary activities

Recommended readings

Social determinants of health

- Ingleby D. Ethnicity, Migration and the ‘Social Determinants of Health’ Agenda. Psychosocial Intervention, 2012; 21(3):331-341. Full text available at: <http://www.sciencedirect.com/science/article/pii/S113205591270087X>

- Pfarrwaller Eva, Suris Joan-Carles. Determinants of health in recently arrived young migrants and refugees: a review of the literature. IJPH, 2012; 3(9). Full text available at: <http://ijphjournal.it/issue/view/532>
- Campbell Mark. Social determinants of mental health in new refugees in the UK: cross-sectional and longitudinal analyses, Meeting Abstracts, The Lancet, November 2012, p27. Full text available at: [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(13\)60383-9.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)60383-9.pdf)

Trafficking

- International Organization for Migration (IOM). Caring for Trafficked Persons: Guidance for Health Providers. 2009. http://publications.iom.int/system/files/pdf/ct_handbook.pdf (retrieved: September 21, 2016).
- Lederer LJ, Wetzel CA. The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities. Annals of Health Law. 2014;23:61-90. <http://www.icmec.org/wp-content/uploads/2015/10/Health-Consequences-of-Sex-Trafficking-and-Implications-for-Identifying-Victims-Lederer.pdf>
- Zimmerman, C. et al. The Health Risks and Consequences of Trafficking in Women and Adolescents: Findings from a European Study. London School of Hygiene and Tropical Medicine. London; 2003. <http://www.lshtm.ac.uk/php/ghd/docs/traffickingfinal.pdf> (retrieved: September 21, 2016).

Complementary readings

- Marmot M, Allan J, Bell R, Bloomer E, Goldblatt P, on behalf of the Consortium for the European Review of Social Determinants of Health and the Health Divide. WHO European review of social determinants of health and the health divide. Lancet 2012; 380(15):1011-1029. Full text available at: <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2812%2961228-8/abstract>
- Commission of the European Communities. Solidarity in Health: Reducing Health Inequalities in the EU. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. Commission of the European Communities. Brussels, 20.10.2009. Com (2009) 567 Final. Full text available at: <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52009DC0567>
- WHO (2009). Social determinants of health in countries in conflict. WHO Regional Publications, Eastern Mediterranean. Series 32. A perspective from the Eastern. Mediterranean Region: WHO. Full text available at: <http://applications.emro.who.int/dsaf/dsa955.pdf>

Module 3, Unit 3: Disease Prevention and health promotion

This unit has been dedicated to a Disease prevention and Health Promotion. Pablo Pérez Solís and Luis Andrés Gimeno Feliu have prepared the unit.

This Unit includes original graphic and reading material, five activities (2 compulsory and 3 optional) and four recommended readings.

The estimated time required for this Unit is 60 minutes, including contents and the compulsory activity.

1. Learning Objectives

- To describe most prevalent refugee health issues and a basic approach on a primary care consultation.
- To know the most common preventive and screening activities for newly arriving activities.
- To address health problems with a patient centered approach, on a refugee first consultation.
- To individualize screening and preventive interventions depending on refugee's country of origin and other circumstances.

2. Learning Activities

COMPULSORY ACTIVITY 1: READING

- **Description:** Reading
- **Time:** 30 minutes
- **Methodology:** Read the graphic and reading material regarding the most prevalent refugee health issues and a basic approach on a primary care consultation and the most common preventive and screening activities for newly arriving activities.

COMPULSORY ACTIVITY 2: Preventive care for a new immigrant.

- **Description:** Discussion about the main preventive activities in a recent immigrant from a primary care point of view.
- **Time:** 20 minutes
- **Method:** This activity consists in choosing one of the following cases and develops a first medical visit in a host country focusing in main preventive services (not only infectious exams).
 - Aaqila, woman from Afghanistan, 55 years old.
 - Issa, boy from Syria, 10 years old.
 - Addam, man from Ethiopia, 43 years old.
 - Berta, woman from Colombia, 25 years old.
 - Hana, girl from Bosnia, 13 years old.

3. Work plan suggested

Time	Objectives	Content
30 minutes	<ul style="list-style-type: none"> To describe most prevalent refugee health issues and a basic approach on a primary care consultation. To know the most common preventive and screening activities for newly arriving activities. 	CA 1: Graphic and reading material.
30 minutes	<ul style="list-style-type: none"> Preventive care for a new immigrant. 	CA 2: Discussion about the main preventive activities in a recent immigrant from a primary care point of view

4. Complementary activities

Recommended readings

- Ministry of Health and Long-Term Care. Syrian Refugee Early Assessment Considerations for Primary Care Providers. Ontario, Canada. 2016.
- Pottie K, Greenaway C, Feightner J, Welch V, Swinkels H, Rashid M, et al. Evidence-based clinical guidelines for immigrants and refugees. Cmaj. 2011;183(12):E824-925.
- Perez-Molina JA, Alvarez-Martinez MJ, Molina I. Medical care for refugees: A question of ethics and public health. Enfermedades infecciosas y microbiología clínica. 2016;34(2):79-82.
- Weekers J, Siem H. Is compulsory overseas medical screening of migrants justifiable? Public health reports. 1997;112(5):396-402.

OPTIONAL ACTIVITY 1: Preventive care for new immigrants.

- Description:** Repeat the previous activity but in the five settings
- Time:** 45 minutes
- Method:** See compulsory activity

OPTIONAL ACTIVITY 2: Vaccine coverage in the world.

- Description:** Research about coverage of vaccine-preventable diseases in the main countries
- Time:** 20 minutes

Method: Research in the “WHO vaccine-preventable diseases: monitoring system. 2016 global summary” webpage the main indicators about vaccination (http://apps.who.int/immunization_monitoring/globalsummary). Students can choose the five countries seen in Compulsory Activity or select those countries most important for them.

OPTIONAL ACTIVITY 3: Graphic and reading material**Description:**

- To address health problems with a patient centered approach, on a refugee first consultation.

- To individualize screening and preventive interventions depending on refugee's country of origin and other circumstances.

Time: 40 minutes**Method:** Graphic and reading material

Complementary material:

- Evidence- Based Preventive Care Checklist for New Immigrants and Refugees (Canadian Collaboration for Immigrant and Refugee Health)
- Disease distribution maps

Module 3, Unit 4: Capacity-building for migrant sensitive health systems. Communication Skills

This unit has been dedicated to Capacity-building for migrant sensitive health systems and Communication Skills. Olga Leralta, Lotte De Schrijver and Ines Keygnaert have prepared the unit.

Unit 4 includes two PPT presentations, one reading and two compulsory activities. As the contents of this Unit require an experiential pedagogical approach, you will find a set of complementary activities and readings for further practise and knowledge. Activities' approach prompt reflection and examination of one's own attitude, instead of emphasizing on the passive acquisition of knowledge of different ethnic groups. Some of them may be more relevant than other for your daily work.

The examples used in this unit will be about sexuality, death or serious diseases since these are sensitive topics. However, the tools and strategies discussed here are transferable to any other sensitive issue.

The estimated time required for this Unit is 60 minutes, including contents and the compulsory activities.

1. Learning Objectives**Objectives of the Presentation:**

- To recognise key elements in communication in patient-centered healthcare oriented towards cultural and ethnic diversity
- To identify techniques to improving healthcare team-patient interaction in culturally diverse contexts.
- To identify strategies for addressing sensitive issues

Objectives of the Activities:

- To explore our own stereotypes.
- To reflect on the ability to addressing sensitive issues in culturally diverse contexts.

2. Learning Activities

COMPULSORY ACTIVITY 1: Impact of Communication in Healthcare.

- **Description:** Reading IHC (2011). Impact of Communication in Healthcare. Available at pdf Content Unit 4 (1) or at: <http://healthcarecomm.org/about-us/impact-of-communication-in-healthcare/>.
- **Time:** 5 minutes
- **Method:** Reading to identify the unit's context.

COMPULSORY ACTIVITY 2: Contents Unit 4 (1)

- **Description:** Individual reading about key elements in communication and techniques to improving healthcare team-patient interaction in culturally diverse contexts.
- **Time:** 10 minutes
- **Method:** Participants read the pdf.

COMPULSORY ACTIVITY 3: Common Myths about Sexuality

- **Description:** Individual reflection over stereotypes related to sexuality (adapted from handout 5a, p35 Make it work!¹).
- **Time:** 10 minutes
- **Method:** Using the template, participants are invited to explore how they themselves are guided sometimes, conscious or unconscious, by one or more of a list of statements and then take a look at how many myths they considered as facts.

COMPULSORY ACTIVITY 4: Contents Unit 4 (2)

- **Description:** Individual reading about key aspects of communication when addressing sensitive issues.
- **Time:** 10 minutes
- **Method:** Participants read the PPT.

COMPULSORY ACTIVITY 5: Confronting difficult situations

Description: Self reflection on addressing sensitive issues through an example from a case described.

- **Time:** 25 minutes
- **Method:** This activity involves 3 tasks:
 1. Read the case study.
 2. Reflect on how the healthcare team should approach the sensitive issues in this example to reach a different outcome.
 3. Share your opinion in the forum and comment on the other participants' contributions.

3. Work plan suggested

Time	Objectives	Content
5 min.	Identify the unit's context	Reading 1
10 min.	To recognise key elements in communication in patient-centered healthcare oriented towards cultural and ethnic diversity	Contents Unit 4 (1)

¹ Frans, E. and Keygnaert, I. (2009). Make it Work! Prevention of SGBV in the European Reception and Asylum Sector. Academia Press, Ghent.

	To identify techniques to improving healthcare team-patient interaction in culturally diverse contexts	
10 min.	Individual reflection over stereotypes related to sexuality	Compulsory Activity 1: Common Myths about Sexuality
10 min.	To identify key aspects of communication when addressing sensitive issues	Contents Unit 4 (2)
25 min.	Self reflection on addressing sensitive issues through an example from a case described.	Compulsory Activity 2: Confronting difficult situations and emotions

4. Reading

Compulsory Reading:

- IHC (2011). Impact of Communication in Healthcare. Available at <http://healthcarecomm.org/about-us/impact-of-communication-in-healthcare/>
- Frans, E. and Keygnaert, I. (2009). Make it Work! Prevention of SGBV in the European Reception and Asylum Sector. Academia Press, Ghent. (pp. 53-80) Available at http://www.seksuelevorming.be/sites/default/files/digitaal_materiaal/makeitwork.pdf

5. Complementary activities

Optional activities

OPTIONAL ACTIVITY 1: Good practices in inclusive communication

- **Description:** This activity focuses on the applicability of the six principles of inclusive communication to the interaction of health professionals with patients and communities in a culturally diverse context.
- **Time:** 30 minutes
- **Method:** This activity consists on individual reflection over the six principles of inclusive communication. Participants are asked to contribute examples of good practices, considering their daily experience. Fill in the template contributing with examples of good practices

OPTIONAL ACTIVITY 2: Negotiation process

- **Description:** Self-reflection about the experience of participants in negotiation and collaboration processes to solve conflicts in their daily practice.
- **Time:** 15 minutes
- **Method:** Participants are asked to individually think of a situation they have experienced. They can fill-in the template (checklist of the steps to negotiate).

Complementary reading:

- The Lancet Commission Culture and Health (2014) *Lancet* 2014; 384: 1607–39 (32 pages) Available at: [http://dx.doi.org/10.1016/S0140-6736\(14\)61603-2](http://dx.doi.org/10.1016/S0140-6736(14)61603-2) (retrieved: September 9, 2016).
- Council of Europe. (2011) Constructing an inclusive institutional culture. Council of Europe Publishing. (Part F Conflict resolution, negotiation and dialogue for mutual understanding, pp. 102-116, 14 pages). Available at: http://cdn.basw.co.uk/upload/basw_100713-4.pdf (retrieved: September 9, 2016)
- T-SHaRE Project team. (2012) TRANSCULTURAL SKILLS FOR HEALTH AND CARE. Standards and Guidelines for Practice and Training (pp. 17-27) Available at: http://tshare.eu/drupal/sites/default/files/confidencial/WP11_co/MIOLO_TSHARE_216paginas.pdf (retrieved: September 9, 2016)
- Purnell LD (2013). Transcultural Health Care. A Culturally Competent Approach. 4th ed. Philadelphia: F.A. Davis Company.
- Schachter CL, Stalker CA, Teram E, Lasiuk GC, Danilkewich A. (2009). Handbook on sensitive practice for health care practitioner: Lessons from adult survivors of childhood sexual abuse. Ottawa: Public Health Agency of Canada.
- Yu T, Chen GM. (2008) Intercultural Sensitivity and Conflict Management Styles in Cross-Cultural Organizational Situations. *Intercultural Communication Studies* 17(2):149-161. Available at : <http://web.uri.edu/iaics/files/12-Tong-Yu-GM-Chen.pdf> (retrieved: September 29, 2016)

Module 3, Unit 5: Caring for the caregivers

This unit has been dedicated to caring for caregivers. Lotte De Schrijver & Ines Keygnaert have prepared the unit. It includes three compulsory activities, one presentation, and several recommended readings.

The estimated time required for this Unit is 50 minutes, including the presentation and activities.

1. Learning Objectives

Objective of the presentation:

- To introduce the concepts “burnout” and “compassion fatigue”.
- To identify signs of burnout and compassion fatigue.
- To identify risk factors
- To install preventive measures
- To install additional measures

Objective of the activities:

- To identify stress signals
- To reflect on work-life balance
- To identify health coping mechanisms

2. Learning Activities

COMPULSORY ACTIVITY 1 (CA1): “Identify your stress signals”

- **Description:** Individual exercise; power point
- **Time:** 5 minutes.
- **Method:** The activity “Identify your stress signals” consists of two parts:
 - Identifying the own stress signals from a list of possibilities
 - Identifying the three most important signals, starting with the most important and indicating how often and how intense this signal is experienced

COMPULSORY ACTIVITY 2 (CA2): “How balanced is your work-life balance?”

- **Description:** Individual exercise; power point or handout
- **Time:** 7 minutes.
- **Method:** The activity “How balanced is your work-life balance?” consists of three parts:
 - In the following grid, you can map your own work-life balance. First, write down how many times you spend on the listed activities on weekly basis. Second, try to take a step back from your current situation and reflect on how much time you would want to spend on these activities.
 - Reflect on your time division. If you are not satisfied with the time you spend on your activities, try to change your balance while reflecting on these three tips:
 - Make room for your priorities
 - Try to make the balance lean towards energy giving activities
 - Make sure you take enough time to recover (Preferably every day)
 - Indicate which factors/circumstances at work you can change and which not? Base your strategy on that question

COMPULSORY ACTIVITY 3 (CA3): “Identify healthy coping mechanisms”

- **Description:** Individual exercise; power point
- **Time:** 4 minutes.
- **Method:** The activity “Identify healthy coping mechanisms” consists of two parts:
 - Identifying in the grid which coping mechanism are you already using?
 - Which mechanisms could be a good alternative if your current mechanisms are not sufficient?

2. Work plan suggested

Time	Objectives	Content
15 minutes	<ul style="list-style-type: none"> • To introduce the concepts “burnout” and “compassion fatigue”. • To identify signs of burnout and compassion fatigue. 	<ul style="list-style-type: none"> • Presentation and readings • CA1: “Identify your stress signals”

28 minutes	<ul style="list-style-type: none"> • To identify risk factors • To install preventive measures 	<ul style="list-style-type: none"> • Presentation and readings • CA2: “How balanced is your work-life balance?” • CA3: “Identify healthy coping mechanisms”
2 minutes	<ul style="list-style-type: none"> • To install additional measures 	<ul style="list-style-type: none"> • Presentation and readings

4. Recommended readings

- Mathieu F. The compassion fatigue workbook. Creative tools for Transforming Compassion Fatigue and Vicarious Traumatization. New York: Routledge, Taylor & Francis Group, 2012.
- Guidelines for the prevention and management of vicarious trauma among researchers of sexual and intimate partner violence. (2015). Sexual Violence Research Initiative. Pretoria: South Africa. <http://www.svri.org/sites/default/files/attachments/2016-06-02/SVRIVTguidelines.pdf>
- Bährer-Kohler S. (Ed.). Burnout for Experts. Prevention in the Context of Living and Working. New York: Springer US, 2013.

Evaluation activities regarding the course's objectives (Knowledge pre test).

- According to the piloting objectives of this course, you will be asked to complete some surveys and participate in other ways of collecting information about the learning process (Forum, private messaging, teleconferencing, etc.).

For module 3, evaluation activities are:**1) At the beginning of module:**

- A prior self-assessment about the degree of knowledge

2) At the end of module:

- A self-assessment about the knowledge outcomes after the course (Knowledge post test).
- A survey on quality, usability and usefulness of training materials (Materials assessment).