EU-MiCare
Training the EU Health Workforce to Improve Migrant and Refugee Mental Health Care

Co-funded by the European Union

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KA2 Projekt 2022-1-DE02-KA220-VET-000087682

Work Package n°3 – The EU-MiCare Methodology and Training Package

TRAINING METHODOLOGICAL FRAMEWORK

Redacted in January 2024 by Ethno-Medizinisches Zentrum e.V. under the collaboration of all project partners

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TABLE OF CONTENT

INTRODUCTION 3

Project Description and Aim **3**

Target Group **4**

PART I: COMPLETED ACTIVITIES/WORK PACKAGE N°2 – "CONCEPTUAL FRAMEWORK AND CO-CREATED TRAINING SCHEME FOR COVERING MENTAL HEALTH NEEDS OF MIGRANTS AND REFUGEES" 6

PART II: WORK PACKAGE N°3 "THE EU-MICARE TRAINING CURRICULUM: DEVELOPMENT AND CONTENT" 9

Training Curricula **9**

Learning Modules **10**

Allocation of modules **12**

Module Structure **13**

Learning elements **13**

Learning modality **14**

Training languages **15**

Timeframe **15**

Learning Outcomes **16**

Learning Assessment **18**

OER and Licenses **21**

Common denomination standards for created documents **21**

Annexes **23**

Annex I: Module Summary Template
Annex II: Unit Summary Template
Annex III: Report Template
Annex IV: Learning Outcome Assessment Questions Template
Annex V: Vignette Template

Introduction

Project Description and Aim

As migrant and refugee flows continue to Europe – the recent Ukrainian conflict greatly contributing to this increase - the psychosocial well-being of this population has become of critical concern not only for migrants themselves but also for host communities and health services of transit and final destination countries.
Migrants and refugees are often faced with unique and prolonged stressors and adversities during their journey and settlement to a new country. The literature establishes that their psychosocial well-being is often compromised, due to prolonged trauma experienced at their country of origin, their journey, or country of destination (WHO, 2022).

Despite increasing needs of psychological support, migrants and refugees are often underrepresented in mental health services (McDonald et al., 2021). At the same time, service providers report a lack of training opportunities that would help them deal with the needs of these populations.
EU-MiCare responds to these needs by developing an extensive and innovative training program for health professionals (and other professionals) focusing on the specific area of refugees' and migrants mental health. The EU-MiCare Training will provide participants with different professional background and across different countries with the necessary tools to deal with migrant and refugee populations and the mental health issues they face.

The EU-MiCare project is funded by the European Commission under the Erasmus+ Programme. It has a duration of 36 months and is part of the European Commission's overall strategy to improve the mental health of migrants. The EU-MiCare consortium is made up of six partners from five EU countries: Cyprus, Germany, Greece, Italy and Spain.

The overall objective of the EU-MiCare project is to improve the mental health training of professionals in contact with migrants and refugees. It aims to address the barriers hindering mental health services for migrants and refugees from the perspective of healthcare providers. The project intends to achieve this by designing an extensive and innovative training program, catering to health professionals across diverse countries. This training program will equip them with essential skills and knowledge necessary to effectively manage the mental health challenges faced by migrant and refugee populations.

In the longer-term, EU-MiCare will improve service delivery for migrant/refugees and contribute to the development of a more effective, integrated (multidisciplinary) approach in the provision of mental health services to this population in the consortium countries and beyond.

The EU-MiCare project aims to develop a training program for professionals working with migrants and refugees.

The main objectives are to:

- Enhance professional capacity to respond to the mental health needs of vulnerable migrant and refugee populations.
- Enhance partner capabilities to develop and deliver appropriate training to health professionals working with migrant/refugees experiencing psychological discomfort.
- Increase awareness of the relevant professional communities and organizations on the developed training.
- Raise awareness about the necessary interdisciplinary and cross-cultural collaboration.
- Increase possibilities of health professionals who work with migrants and refugees to benefit from the Erasmus+ program.
- Raise awareness among migrants/refugees and engage them in recognizing mental health issues

Target Group

The training seeks to increase capacity, competency, and interdisciplinary cooperation among professionals with diverse educational and working experiences, enhancing understanding and responsiveness to diversity.

It will include a general module on mental health and migration and additional specialized parts addressing issues relevant to the migrants and refugee populations and all those working with them, be they professionals or volunteers.

The **primary target groups** of the EU-MiCare project are:

- health professionals (psychologists, social workers, physicians, nurses) as well as

other professionals (cultural mediators, interpreters, counselors, caregivers of unaccompanied minors)

and volunteers working with migrant/refugee populations in various settings such as reception camps, NGOs, public mental health centers, hospitals, shelters for unaccompanied minors, etc.

- VET providers, developers of VET training and academic institutions (targeted to further use and exploit the developed training).

- Relevant professional associations, public sector and civil society organizations active in the field of migrant/refuge health.

Secondary target groups include migrant/refugee populations (adults, children and their families, unaccompanied minors). These groups will be targeted through migrant/refugee organizations to take into consideration their opinions during the design of the training.

PART I: Completed activities/Work package n°2 – "Conceptual framework and Co-Created Training Scheme for covering mental health needs of migrants and refugees"

The Work Package n°2 – "Conceptual framework and Co-Created Training Scheme for covering mental health needs of migrants and refugees" has been carried out between October 2022 and July 2023 following the proposed timeline. Taking into consideration the perspective of the target population when developing educational material and making decisions about the suitability of training methods is of great importance for the creation of a training that will target the specific needs of professionals, be it in terms of content or modality. This Work Package has aimed to create an in-depth understanding of the training needs, gaps and expectations of the target groups through a systematic review of training opportunities and additional co-creation activities.

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Specifically, the WP2 tasks have been:

a) *exploring the state of the art through mapping of training opportunities and relevant initiatives*

An extensive mapping review has been conducted to identify the content of available training opportunities across the different partner countries and at the EU level. The review encompasses offers from public and private educational institutions, mental health centres, vocational education and training centres, universities etc. Each partner conducted research its own country and Prolepsis Institute researched at European level. The analyzed timeframe was 2015 – 2022. The training opportunities were selected and organized using e.g. the following criteria: type of training or course (formal, informal, non-formal), kind/level of course, thematic area covered, provider organization, target group, content, duration, validation method etc.

The quantity of available training opportunities covering (at least partially) the topic of mental health for migrants and refugees is very different among the partner countries. While in Germany (53 identified offers) and in Italy (45 identified offers) a great amount of training opportunities could be found, the offer was reduced (Spain and Greece) or almost inexistent (Cyprus) in the other partner countries.
However, also in the countries with the largest amount of offered training, gaps and limitations were identified. For instance, many of the identified trainings are not offered anymore, and

most of them lacked a multi-disciplinary approach and a focus on transcultural competence and working with interpreters. In addition to that, several of them were cost-intensive and therefore not accessible to all.

The training opportunities review emphasized the need for an innovative, holistic, and comprehensive training approach that can be integrated into a variety of different settings. The EU-MiCare project is determined to facilitate bridging the gaps and limitations of current training opportunities in the partner countries providing a complete and extensive training curriculum for mental health professionals, interpreters, social workers, educators, and all professionals who come into regular contact with refugee and migrant communities. In this way, the EU-MiCare training can play a pivotal role in enhancing and promoting mental healthcare for migrants and refugees across Europe.

b) *implementing co-creation activities (Focus Groups) with the training target groups*

Between March and April 2023, co-creation activities in form of Focus Groups were carried out in all partner countries with representatives of the training´s target groups. These were health professionals (psychologists, psychiatrists, social workers, physicians, nurses) and other professionals (cultural mediators, interpreters, counselors) working with migrant/refugee populations as well as volunteers. In each partner country two focus groups were performed with a total of 60 participants.

Each partner produced a national report on the training opportunities review and a report on the focus group delivery with an analysis of the results.

c) reviewing possibilities for the Validation-certification process in the partner countries and at EU-level

The training will make use of the EU transparency instruments, i.e. mutual recognition among the partners in accordance with the ECVET principles and learning outcome orientation and documentation. Following the current EU-VET guidelines, the provision of ECVET credit points is no longer absolutely necessary.

It is left to the national partners to decide on the possibility of applying for credit points to the responsible authorities at the national level. However, the application might be complicated by the fact that the target group of the EU-MiCare Training contains mixed profiles and backgrounds.

d) *redacting a country-profile report for each partner country*

The review of training opportunities was complemented with a literature review in all consortium countries, to provide a country profile of the situation in terms of important issues relevant to the project theme. The country-profile reports encompass basic background information about the population of migrants/refugees (number, countries of origin, demographic data) and the mental health system in the respective country as well as legislation regarding the use of mental health services. Furthermore, the reports offer information on the most common mental health issues for the population of migrants and refugees in each consortium country and the main challenges of addressing them.

Through the different activities of Work Package n°2, the foundations of the training and the e-learning platform have been created.

PART II: Work Package n°3 "The EU-MiCare Training Curriculum: Development and Content"

The aim of Work Package n°3 (August 2023 to July 2024) is to create the Methodological Framework and the content of the training curriculum package i.e., modules, materials and tools that will be used to train the target group. In particular, the tasks foreseen in this Work Package are the following:

1) Development of the draft Methodological Framework for the training curriculum (completed)

2) Organization of validation sessions (completed)

3) Finalization of the Methodological Framework for the training curriculum & Allocation of modules to partners based on expertise (completed)

4) Development of modules and accompanying materials (current at the time of writing)

5) Delivery of the first version of the training modules for review and commentary (planned for May 2024)

6) Realization of "Train the trainers" meeting (planned for June 2024)

7) Adaptation of modules and finalization of the EU-MiCare training package (by July 2024)

This report focuses on the first three activities in the Work Package, which have been completed at the time of the writing (January 2024) and explains the steps leading to the creation of the final version of the Methodological Framework.

In October 2023, the EMZ Team presented to the partners the first draft of the Methodological Framework, which was discussed during the partners´ monthly meeting. It considered the suggestions that emerged during the WP2 activities, in particular from the focus groups with professionals held in all partner countries.

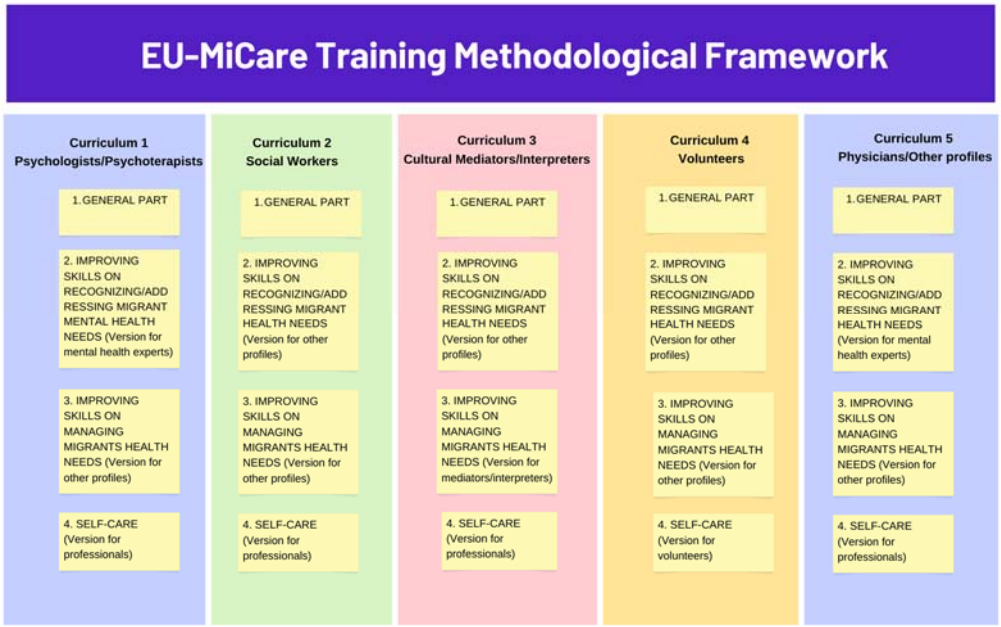
Training Curricula

The EU-MiCare partners agreed to develop different training curricula, to better suit the training needs and expectations of participants with different professional backgrounds.

The partners identified five participants' profiles, for each of whom a different curriculum was created. As illustrated in Figure 1, these are:

1. Psychologists/Psychotherapists
2. Social Workers
3. Cultural Mediators/ Interpreters
4. Volunteers
5. Physicians/Other profiles

All these profiles belong to the target group of EU-MiCare and are potentially interested in expanding their knowledge and skills on the topic of mental health for refugees/migrants. However, their professional backgrounds, everyday experiences, possible pre-existing knowledge, and position toward refugees/migrants (professionals vs. volunteers) are different. The diversification of the curricula addresses this issue and aims to offer to each professional category new and appealing training content. On the E-learning platform, when beginning the course, each participant will be able to choose the relevant curriculum and access the corresponding learning materials.



Learning Modules

Each training curriculum comprises four Learning Modules:

1. GENERAL PART
2. IMPROVING SKILLS ON RECOGNIZING/ADDRESSING MIGRANT MENTAL HEALTH NEEDS
3. IMPROVING SKILLS ON MANAGING MIGRANT HEALTH NEEDS
4. SELF-CARE AND STAFF CARE

The Draft of the Methodological Framework was first discussed among the consortium partners. A reviewed version was then presented to health professionals and other professionals during national focus groups which were conducted in Autumn 2023 in all consortium countries. The focus groups aimed to receive feedback and further suggestions from potential participants of the final training, most of whom had already participated in the co-creation activities of WP2 and were therefore already acquainted with the project.

The results of the national focus groups were summarized in specific reports drafted by the partners and submitted to EMZ, the leading partner of this task.

At the beginning of December 2023, the project partners held a dedicated meeting to discuss the feedback received in the focus groups and decide collectively if and how to incorporate the suggestions made. All in all, the professionals express great satisfaction with the proposed training structure, modality, and content. Some adaptations to the First Draft were carried out regarding the content, some topics were included while others - considered as redundant- were excluded.

The choice of the topics (units) covered in the modules was based on the research conducted during Work Package n°2 and was integrated by the suggestions and wishes expressed by the participants of the Focus Groups in WP2 and WP3, who overlap largely with the future participants of the EU-MiCare training.

The following thematic areas will be covered by the training:

- Definition of mental health/psychosocial well-being in the context of migration and flight
- Definition of migrant, asylum seeker, refugee, unaccompanied minor etc.
- Social determinants of mental health
- Protective and risk factors for mental health well-being
- Phases of migration and their influence on mental health
- Most common health issues among refugees/migrants and their symptoms (e.g. PTSD)
- Intersectional approach on mental health and migration
- Culture-determined understanding of mental health and possible stigma
- Mental health assessment tools
- Psychological first aid
- Effective communication (non-verbal communication, inter-/transcultural communication, working with cultural mediators and interpreters)
- Interdisciplinary collaboration and multisectoral approach in psychosocial intervention
- Special situation of children
- Self-care, staff care and ethical issues for volunteers

Allocation of modules

The four training modules were divided into several thematic Learning Units, which, in turn, were allocated to one or two project partners depending on their expertise. In total, the training comprises 15 Learning Units.

For some specialized Learning Units, two versions of the Learning Unit are foreseen, based on the different backgrounds and roles within the target group. This is for example the case for the Unit 2.2. on mental health assessment tools, for which one version for mental health experts and one for the other profiles is foreseen.

UNIT	RESPONSIBLE PARTNER(S)	Notes
1.1 GENERAL PART - DEFINITION OF MENTAL HEALTH/ **PSYCHOSOCIAL WELLBEING AND MIGRATION**	BABEL/ POLIBIENESTAR	One version
1.2 GENERAL PART - **SOCIAL DETERMINANTS OF MENTAL HEALTH**	BABEL/ POLIBIENESTAR	One version
1.3 GENERAL PART - **PROTECTIVE AND RISK FACTORS**	BABEL	One version
1.4 GENERAL PART- **DEFINITION OF MIGRATION and DIFFERENT CATEGORIES, PHASES OF MIGRATION AND INFLUENCE ON MENTAL HEALTH**	EMZ	One version
1.5 GENERAL PART - **MOST COMMON MENTAL HEALTH ISSUES AMONG REFUGEES/MIGRANTS AND THEIR SYMPTOMS**	BABEL/ POLIBIENESTAR	One version
2. 1 IMPROVING SKILLS ON RECOGNIZING/ASSESSING MIGRANTS´ MENTAL HEALTH NEEDS - **CULTURE-DETERMINED UNDERSTANDING OF MENTAL HEALTH AND POSSIBLE STIGMA**	EMZ/ CUT	Two versions: one for (mental) health experts, one version for other profiles
2.2 IMPROVING SKILLS ON RECOGNIZING/ASSESSING MIGRANTS´ MENTAL HEALTH NEEDS - **INTERSECTIONAL PERSPECTIVE ON MIGRATION AND MENTAL HEALTH**	EMZ	One version
2.3 IMPROVING SKILLS ON RECOGNIZING/ASSESSING MIGRANTS´ MENTAL HEALTH NEEDS - **MENTAL HEALTH ASSESSMENT TOOLS**	POLIBIENESTAR/ EMZ	Two versions: one for (mental) health experts, one version for other profiles
2.4 IMPROVING SKILLS ON RECOGNIZING/ASSESSING MIGRANTS´ MENTAL HEALTH NEEDS - **PSYCHOLOGICAL FIRST AID**	CUT	Two versions: one for (mental) health experts, one version for other profiles

3.1 IMPROVING SKILLS IN MANAGING MIGRANTS´MENTAL HEALTH NEEDS - **EFFECTIVE COMMUNICATION/NON-VERBAL COMMUNICATION**	ZADIG	Two versions: one for interpreters/mediators, one for all the other profiles
3.2 IMPROVING SKILLS IN MANAGING MIGRANTS´MENTAL HEALTH NEEDS - **WORKING WITH INTERPRETERS/CULTURAL MEDIATORS**	ZADIG/ PROLEPSIS	Two versions: one for interpreters/mediators, one for all the other profiles
3.3 IMPROVING SKILLS IN MANAGING MIGRANTS´MENTAL HEALTH NEEDS - **INTER-/ TRANSCULTURAL COMMUNICATION**	ZADIG/ PROLEPSIS	Two versions: one for interpreters/mediators, one for all the other profiles
3.4 IMPROVING SKILLS IN MANAGING MIGRANTS´MENTAL HEALTH NEEDS - **INTERDISCIPLINARY COLLABORATION/ MULTISECTORAL APPROACH IN PSYCHOSOCIAL INTERVENTION**	PROLEPSIS	Two versions: one for interpreters/mediators, one for all the other profiles - one version?
3.5 IMPROVING SKILLS IN MANAGING MIGRANTS´MENTAL HEALTH NEEDS - **SPECIAL SITUATION OF CHILDREN**	PROLEPSIS CUT	Two versions: one for interpreters/mediators, one for all the other profiles

4. SELF-CARE AND STAFF CARE (SYMPTOMS OF MENTAL DISTRESS, PREVENTIVE MEASURES, ETHICAL ISSUES)	EMZ	One version

Module Structure

The content of each module is developed by all partners using the annexed word templates. These are:

Annex I: Module Summary Template

Annex II: Unit Summary Template

Annex III: Report Template

Annex IV: Learning Outcome Assessment Questions Template

Annex V: Vignette Template

Learning elements

The training content will be accessible through the online Platform Moodle as well as a the mobile Moodle App. Emphasis will be given on the training being as practical as possible, thus the modules will include a set of experiential training activities, e.g., videos, case studies in real-worlda settings, “roleplaying” adapted to a digital environment.

The materials offered on the platform will include:

- Reports (PDF)
- Presentations (PDF+PPT)
- Vignettes
- Videos from Training Modules with multilingual subtitles
- Networking Space "Online Communities of Knowledge"

The training curriculum package will include the training manual, content, case studies, exercises, glossary, and reading material, etc.

An innovative element is constituted by the "Online Communities of Knowledge", a networking space to be integrated into the training platform, through which the training participant can share materials, suggestions, and experiences with colleagues from the same national context and other EU-countries. The networking space will be available before the synchronous training is conducted and remain active also afterward so that asynchronous participants can use it and benefit from it as well.

The reports are the foundations of the training materials and are currently being developed at the time of writing (January 2024). The content of each one of the four thematic Learning Modules will constitute one Report, which will be divided in subchapters corresponding to the different Learning Units.

Each Learning Module will have an approximate length of 25-30 pages. The Training Reports in their totality will be around 100-120 pages long. Based on the partners previous experience with similar training (e.g. in the EU-VET Care project), this is a recommended length for making the training appealing to potential participants while not exceeding in the material length and risking losing participants during the course.

Learning modality

The training is being conceptualized to be carried out both in synchronous modality (face-to-face or online) and in asynchronous modality (self-learning at own pace through the platform Moodle/mobile app). The professionals participating in the focus groups expressed interest in both formats. While synchronous training offers more opportunities for exchange on an interpersonal level and can be more entertaining, the asynchronous modality allows those professionals with heavy schedules to participate in the course when it fits them best and at their own pace. For this reason, the project team aimed to create an offer that could accommodate the needs and preferences of a wide range of participants, to avoid losing interested potential participants due to time restrictions.

The EU-MiCare Training will be piloted in its entirety in a synchronous modality (planned for May-September 2025) and afterward be available on the Moodle platform for further use.

As an additional offer during the synchronous training performance, some innovative formats are currently being considered, e.g. moderated group supervisions and study groups.

The synchronous training could be offered on several subsequent days or once a week over several weeks. Both formats have pro and cons and are currently being evaluated by the EU-MiCare Team.

Training languages

In WP3, the training content will be elaborated by all partners in English. This will allow to discuss it and test it in the framework of the "train-the-trainer" event, which will be held in Italy and organized by Zadig. After the event, all partners will design the final EU-MiCare curriculum in English taking into account the feedback received in the meeting. Once the English final version is finalized, the training content will be translated by each partner into the national languages (German, Greek, Italian and Spanish) and made available on the platform.

Timeframe

Current upcoming deadlines within Work Package n°3 are:

Item	Deadline
Development of the 1st Draft of all modules in English	May 2024
Train-the-Trainers Event	June 2024
Final EU-MiCare Curriculum in English	July to September 2024
Translation of the training materials (WP4)	December 2024

Learning Outcomes[1]

Learning outcomes are statements of what a learner knows, understands and is able to do on completion of a learning process. Learning outcomes are defined in terms of knowledge, skills, and competence.

- **Knowledge** means the body of facts, principles, theories and practices that is related to a field of work or study. It is described as theoretical and/or factual knowledge;
- **Skills** means the ability to apply knowledge and use know-how to complete tasks and solve problems. They are described as cognitive (logical/intuitive and creative thinking) or practical / (involving manual dexterity and the use of methods, materials, tools and instruments);
- **Competence** means the proven ability to use knowledge, skills and personal, social and methodological abilities in work or study situations and in professional and personal development. It is described in terms of responsibility and autonomy.

The following criteria are intended to help the partners to determine learning outcomes of their training units:

- Learning outcomes units should be designed in such a way that they can be completed as independently as possible of other learning outcomes units.
- Learning outcomes units should include all necessary learning outcomes, i.e. they should describe the specialist competencies being sought as well as the necessary social and personal competencies in this context.
- Learning outcomes units should be structured and dimensioned in such a way that the relevant learning outcomes can actually be achieved in the given time. Learning outcomes units should therefore not be too extensive.
- Learning outcomes units should be assessable.
- Learning outcomes refer to vocational qualifications, not to the individual 's specific development of vocational competence. The learning outcomes which are to be described are based on the learning achievements of an average learner.

[1] Geographical Mobility in Vocational Education and Training. Guidelines for describing units of learning outcomes.
www.ecvet-info.de

- Learning outcomes are described from the perspective of the learner (not from the perspective of the instructor).
- Learning outcomes do not describe the learning target or the learning path, but the result following the completion of a learning process.
- Learning outcomes should be verifiable and assessable. Learning outcomes should be described in as concrete terms as possible.
- As a general principle, there should neither be too many nor too few learning outcomes.
- Active, clearly understandable verbs should be used in formulating learning outcomes. A non-exhaustive list can be found in the table below, based on Bloom´s Taxonomy[2].

Bloom distinguishes between six cognitive levels with increasing levels of complexity: Examples of active verbs are listed at each level:

1. Knowledge Being able to recall and pass on information as precisely as possible.
Examples of active verbs at this level:
Arrange, define, describe, duplicate, identify, label, list, match, memorize, name, order, outline, recognize, relate, recall, repeat, reproduce, select, state
2. Comprehension: Being able to interpret information and relate and summarize it in one's own words
Examples of active verbs at this level:
Classify, convert, defend, describe, discuss, distinguish, estimate, explain, express, extend, generalize, give example(s), identify, indicate, infer, locate, paraphrase, predict, recognize, review, rewrite, select, summarize, translate
3. Application: Being able to apply abstractions (rules, methods, etc.) in concrete situations
Examples of active verbs at this level:
Calculate, demonstrate, develop, interpret, judge, modify, organize, predict, select, sketch, transfer
4. Analysis: Being able to break down ideas or problems into simpler parts and compare
Examples of active verbs at this level:
Analyse, appraise, compare, conclude, determine, discriminate, experiment, illustrate, infer, test
5. Synthesis: Being able to compile component ideas into a new whole
Examples of active verbs at this level:
Argue, assess, compare, decide, evaluate, predict, recommend, summarize, validate
6. Evaluation: Being able to make a qualified judgement
Examples of active verbs at this level:
Argue, arrange, expand, relate, generalize, generate, combine, join

[2] Bloom, B. S. (1972). Taxonomy of Educational Objectives: Handbook 1, Cognitive Domain. New York: Mackay.

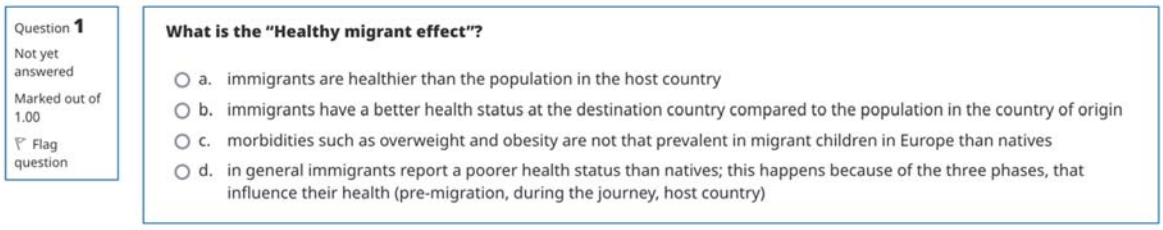
Learning Assessment

a) Assessment questions

Assessment questions will be developed for each module and specifically for each unit. To successfully complete each module (and the whole training), participants need to consult all the reports and answer correctly to 80% of the vignette and test questions (see example below).
After successfully completing the training, participants will receive a training certificate.
For each module, each participant will answer a total of 10 randomized assessment questions. The partner responsible for each Learning Unit will develop assessment questions corresponding to the contents of their unit in collaboration with the partners responsible for the further units of the module, considering the total number of 15 questions/module.

The following principles will guide the development of the assessment questions:

- Assessment questions will be multiple-choice closed questions. Avoid open-ended questions, as it will not be possible to provide feedback.
- For each question, the correct answer and the indication of where to find the correspondent topic within the module will be included.
- Each module will have up to 15 questions (at least 2-3 per unit).


Question 1
Not yet answered
Marked out of 1.00
Flag question

What is the "Healthy migrant effect"?

a. immigrants are healthier than the population in the host country
b. immigrants have a better health status at the destination country compared to the population in the country of origin
c. morbidities such as overweight and obesity are not that prevalent in migrant children in Europe than natives
d. in general immigrants report a poorer health status than natives; this happens because of the three phases, that influence their health (pre-migration, during the journey, host country)

Example: Assessment question in the EU-Vet Care Training

b) Vignettes

Each learning module will include one experiential activity using cases/vignettes based on the andragogic model. The responsible partners will develop one vignette with five questions (multiple-choice 1:4) for each learning module. This learning tool has proven to be very effective and user-friendly in the Continuous Medical Education (CME) and in training offers similar to EU-MiCare. This was the case for the EU-VET CARE project "Strengthening capacities for better health care to refugee and migrant children" (Erasmus +, 2018-2021). Like in the EU-MiCare project, the target group of EU-VET CARE was a multi-professional audience of health professionals (physicians, psychologists, social workers, cultural mediators, interpreters etc.)

Because of the efficacy of the activity, the EU-MiCare Team decided to include vignettes in the training.

The andragogic model is based on an autonomous and self-directed modality of learning centered on a problem-solving approach, which represents a more efficient resource in adults' and professionals' learning. Indeed, evidence from the cognitive sciences suggests that knowledge and skills are learned best in an environment where problem-solving approaches are promoted.

Case studies are used as an active learning tool. The case-based (vignette-based) model exposes the learner to scenarios like those experienced in his/her daily activities, presenting real problems and promoting situated learning. The model requires the professionals to actively engage in the learning process by using their experience, comparing the case with their daily practice activities and then applying the newly acquired knowledge to real-life situations. The vignette is a real-life scenario in multiple steps (usually 5). At each step, the learner faces experiential issues answering a multiple-choice question.

This approach has several advantages:

1. it emphasizes the creation of knowledge and not simply its replication

2. it reproduces the natural complexity of the real world without any simplification

3. it contextualizes the event instead of creating an abstract situation

4. it offers a learning environment based on reality instead of pre-determined rigid learning sequences

5. it offers multiple representations of reality

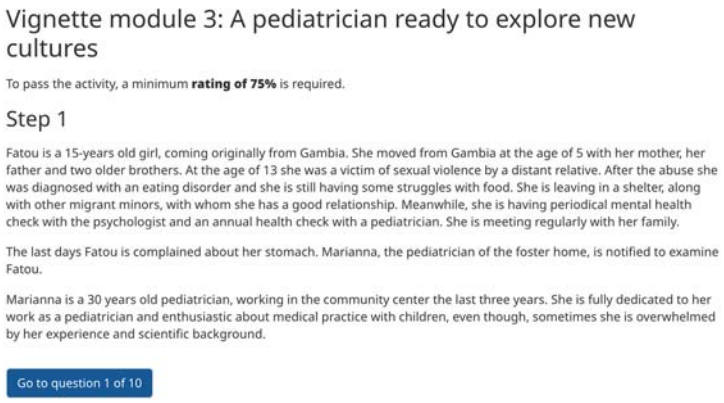
6. it promotes reflective practices

7. it allows gaining knowledge related to the clinical and professional context

8. it promotes an active knowledge uptake

For each module, one designated partner together with Zadig will develop one vignette with five steps. The partners will provide to Zadig a description of a situation/scenario linked to the content of the module and based on their professional experience. Partners are welcome to suggest crucial points, key knowledge or competences that they think should be at the core of the vignette. Zadig, which has a long experience in writing vignettes, will then draft the text following the given structure and the dedicated template.

Example: Steps in a Vignette from EU-VET Care Training


Vignette module 3: A pediatrician ready to explore new cultures

To pass the activity, a minimum **rating of 75%** is required.

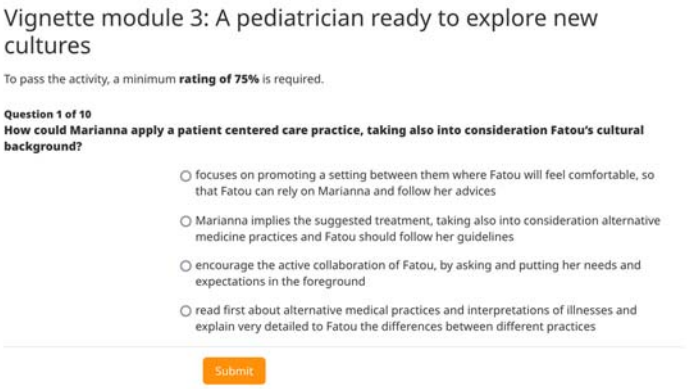
Step 1

Fatou is a 15-years old girl, coming originally from Gambia. She moved from Gambia at the age of 5 with her mother, her father and two older brothers. At the age of 13 she was a victim of sexual violence by a distant relative. After the abuse she was diagnosed with an eating disorder and she is still having some struggles with food. She is leaving in a shelter, along with other migrant minors, with whom she has a good relationship. Meanwhile, she is having periodical mental health check with the psychologist and an annual health check with a pediatrician. She is meeting regularly with her family.

The last days Fatou is complained about her stomach. Marianna, the pediatrician of the foster home, is notified to examine Fatou.

Marianna is a 30 years old pediatrician, working in the community center the last three years. She is fully dedicated to her work as a pediatrician and enthusiastic about medical practice with children, even though, sometimes she is overwhelmed by her experience and scientific background.

Go to question 1 of 10


Vignette module 3: A pediatrician ready to explore new cultures

To pass the activity, a minimum **rating of 75%** is required.

Question 1 of 10

How could Marianna apply a patient centered care practice, taking also into consideration Fatou's cultural background?

- focuses on promoting a setting between them where Fatou will feel comfortable, so that Fatou can rely on Marianna and follow her advices
- Marianna implies the suggested treatment, taking also into consideration alternative medicine practices and Fatou should follow her guidelines
- encourage the active collaboration of Fatou, by asking and putting her needs and expectations in the foreground
- read first about alternative medical practices and interpretations of illnesses and explain very detailed to Fatou the differences between different practices

Submit

c) <u>Satisfaction Assessment and Participants Profile Survey</u>

Questionnaires evaluating the level of satisfaction (>70% required) and the perceived usefulness of the course will be implemented. CUT will be responsible for developing the questionnaires for the evaluations of the course as a whole and finalize them after receiving feedback from the participants.

The training has been developed following the needs and suggestions expressed by experts on the topic of mental health and migration in the framework of the focus groups in WP2. However, the training modality and format do not allow inquiring the previous knowledge and expectations of the effective training participants prior to their participation to the course, in order to adapt the contents.

Against this background, the project partners are currently considering the possibility of including a survey for course participants, in which their professional category, their background

and previous knowledge are evaluated. This could be helpful for the development of further training offers to be even more targeted to the effective audience.

OER and Licenses

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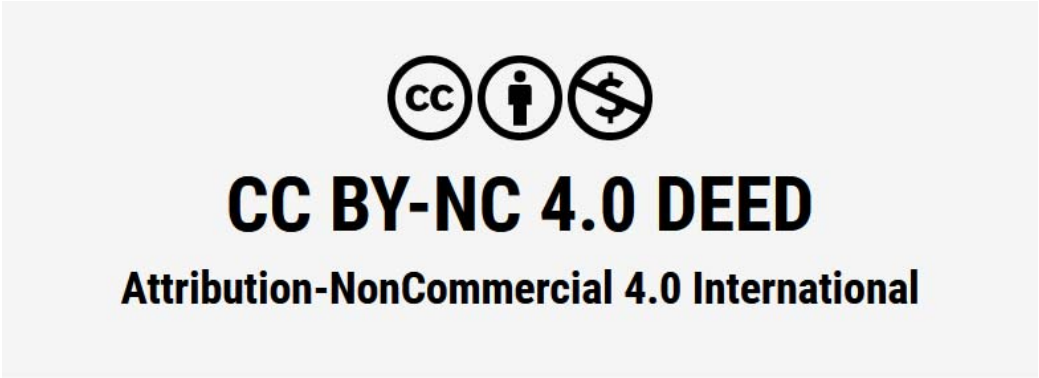

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This license will be applied to all types of created results: text-based (documents), media-based (video, audio), technology-based (e-learning course, app, etc.). For videos, the open license should be clearly visible in the credits.

An open source license will be used for technology-based products (e.g. the training platform which will be hosted on Moodle). The software (i.e. the source code) will be made available to potential subsequent users.

Common denomination standards for created documents

Given the fact that we will produce a great amount of different material and in several languages, it is crucial to adopt common denomination standards for the materials that will be created. Prior to their upload on the platform, each partner will denominate the created documents following these criteria:

File Name: **ModuleNumber_version_language_FileType**

Possible formats: .docx, .pdf, .ppt

- Module Number: 1-4
- Version:
  for module 1: not needed (common text)
  for module 2: EXP, OTHER
  for module 3: MEDIAT, OTHER
  for module 4: PROF, VOL
- Language: ENG, ESP, GER, GRE, ITA
- Type of material: Modules/Reports: MOD
  Presentations: PRE
  Vignette: VIG
  Assessment Questions: QUE

Examples:

1_ENG_MOD

3_ MEDIAT_ITA_VIG

EU-MiCare
Training the EU Health Workforce to Improve Migrant and Refugee Mental Health Care

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ANNEX I: EU-MiCare Module Summary Template

Module: (Please edit accordingly. Example: General Part)

Version: (in case two versions are foreseen)

Responsible Partner/s:

Provide a high level content outline of the Module. Give brief and descriptive titles for each unit and sections within that. *(Please revise accordingly):*

Module Overview (Please edit accordingly):

- Please add a brief description of the Module (50-100 words) in the box below (what will the Module cover overall).

Module Overview
[TYPE OVERVIEW HERE]

Module Objectives (What is more important for the learners to know? These questions will drive the development of the **objectives):**

Upon completion of this Module participants should be able to:

- Add objective (e.g. Describe the…, List the elements of…, etc.)
- Add objective
- Add objective

Units in the Module:

Please list the Units that your Module includes in the table below:

Module: [Add Module Title]
Unit 1: Add title
Unit 2: Add title

Ethno-Medizinisches Zentrum e.V.
PROLEPSIS INSTITUTE
Cyprus University of Technology
SOCIETÀ BENEFIT ZADIG
POLIBIENESTAR VNIVERSITAT DE VALÈNCIA
teirmos
BABEL

Unit 3: Add title
Unit 4: Add title

Unit 1: TITLE

Unit Overview (Please edit accordingly):

- Please add a brief description of the Unit (50-100 words)

Upon completion of this Unit participants should be able to:

- Add objective (e.g. Describe the…, List the parts of…, etc.)
- Add objective
- Add objective

Unit Sections (After the introduction, please revise accordingly):

1. Introduction
2. Heading 1
3. Heading 1
4. Heading 1

Unit 2: TITLE

Unit Overview (Please edit accordingly):

- Please add a brief description of the Unit (50-100 words)

Upon completion of this Unit participants should be able to:

- Add objective (e.g. Describe the…, List the elements of…, etc.)
- Add objective
- Add objective

Unit Sections (After the introduction, please revise accordingly):

1. Introduction

2. Heading 1
3. Heading 1
4. Heading 1

Unit 3: TITLE

Unit Overview (Please edit accordingly):

- Please add a brief description of the Unit (50-100 words)

Upon completion of this Unit participants should be able to:

- Add objective (e.g. Describe the…, List the elements of…, etc.)
- Add objective
- Add objective

Unit Sections (After the introduction, please revise accordingly):

1. Introduction
2. Heading 1
3. Heading 1
4. Heading 1

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ANNEX II: EU-MiCare Unit Summary Template

Module: (Please edit accordingly. Example: General Part)

Version: (in case two versions are foreseen)

Responsible Partner/s:

Provide a high level content outline of the Unit. Give brief and descriptive titles for each unit and sections within that. *(Please revise accordingly):*

o **Unit Overview** (Please edit accordingly):

Please add a brief description of the Unit (50-100 words) in the box below (what will the Module cover overall).

Unit Overview
[TYPE OVERVIEW HERE]

o **Unit Objectives (**What is more important for the learners to know? These questions will drive the development of the **objectives):**

Upon completion of this Unit participants should be able to:

- Add objective (e.g. Describe the…, List the elements of…, etc.)
- Add objective
- Add objective

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ANNEX III: EU-MiCare_Report Template

Module: (Please edit accordingly. Example: General Part)

Version: (in case two versions are foreseen)

Responsible Partner/s:

Module Overview
[TYPE OVERVIEW HERE]

Learning Outcomes:

What are the specific skills, knowledge, or expertise that the learners will get from this Module? Please write well-defined outcomes in accordance with the VET guidelines on SharePoint.

Upon completion of this Module, participants should be able to:

- Add outcome (e.g. Describe the…, List the elements of…, etc.)
- Add outcome
- Add outcome

Units in this Module:

Please list all Units included in the Module within the table below:

Module: Add Module title
Unit 1: Add title
Unit 2: Add title
Unit 3: Add title
Unit 4: Add title

Unit 1: Add Unit title

Unit Overview:

Please add a brief description of the Unit (50-100 words).

Unit Learning Outcomes: **(Please see above on how to draft Learning Outcomes)**

Upon completion of this Unit, participants should be able to:

- Add outcome (e.g. Describe the…, List the parts of…, etc.)
- Add outcome
- Add outcome

Unit Sections: **(Please revise accordingly)**

1. Introduction
2. Heading 1
3. Heading 1
4. Heading 1

[INSERT UNIT CONTENT HERE]

For any tables, figures, diagrams, and/or exercises included in your content, use format below. All figures, tables, and exercises are numbered consecutively throughout the document regardless of which section they are in (e.g. Figure 1 and Figure 2 in Unit 1.1, Figure 3 and Table 1 in Unit 1.2; Table 2 and Table 3 in Unit 1.6, etc.).

Table 1. **Please add Table title and/or description and citation**

Figure 1. **Please add Figure title and/or description and citation, e.g. IASC MHPSS Intervention Pyramid (IASC, 2008)**

Exercise 1. **Please provide exercise description.**

REFERENCES

Apply the APA guidelines, both in in-text citations and in References section. Please make sure you include the DOI (whenever available) for any academic journals/publications, as well as the "Retrieved [date], from" before the URLs of any webpages/web articles, etc.

Unit 2:

Unit Overview:

Unit Learning Outcomes:

Upon completion of this Unit, participants should be able to:

- Add outcome (e.g. Describe the…, List the parts of…, etc.)
- Add outcome
- Add outcome

Unit Sections:

1. Introduction
2. Heading 1
3. Heading 1
4. Heading 1

[INSERT CONTENT HERE}

Table 2. Table description and citation (e.g. Author, 20XX)

Figure 2. Figure description and citation (e.g. Author, 20XX)

Exercise 2.

REFERENCES

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Annex IV: EU-MiCare_Learning Outcome Assessment Questions Template

Module: **(Please edit accordingly. Example: 1. General Part)**

Make sure to include questions based on material contained within all units of the corresponding Module.

Question 1: **[insert Q1]**

1. correct answer
2. incorrect answer
3. incorrect answer
4. incorrect answer

[Insert Module Title, Unit Number, Unit Title, as well as corresponding p/pp where correct answer is outlined. Example: 1.2. General Part: Determinants of Mental Health (Page 2).]

Question 2: **[insert Q2]**

1. correct answer
2. incorrect answer
3. incorrect answer
4. incorrect answer

[insert Module Title, Unit Number, Unit Title, and corresponding p/pp]

Question 3: **[insert Q3]**

1. incorrect answer
2. incorrect answer
3. correct answer
4. incorrect answer

[insert Module Title, Unit Number, Unit Title, and corresponding p/pp]

Question 4: **[insert Q4]**

1. incorrect answer
2. incorrect answer
3. incorrect answer
4. correct answer

[insert Module Title, Unit Number, Unit Title, and corresponding p/pp]

Question 5: **[insert Q5]**

1. correct answer
2. incorrect answer
3. incorrect answer

4. incorrect answer

[insert Module Title, Unit Number, Unit Title, and corresponding p/pp]

Question 6: [insert Q6]

1. incorrect answer
2. correct answer
3. incorrect answer
4. incorrect answer

[insert Module Title, Unit Number, Unit Title, and corresponding p/pp]

Question 7: [insert Q7]

1. incorrect answer
2. incorrect answer
3. correct answer
4. incorrect answer

[insert Module Title, Unit Number, Unit Title, and corresponding p/pp]

Question 8: [insert Q8]

1. correct answer
2. incorrect answer
3. incorrect answer
4. incorrect answer

[insert Module Title, Unit Number, Unit Title, and corresponding p/pp]

Question 9: [insert Q9]

1. correct answer
2. incorrect answer
3. incorrect answer
4. incorrect answer

[insert Module Title, Unit Number, Unit Title, and corresponding p/pp]

Question 10: [insert Q10]

1. incorrect answer
2. correct answer
3. incorrect answer
4. incorrect answer

[insert Module Title, Unit Number, Unit Title, and corresponding p/pp]

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ANNEX V: EU-MiCare Vignette Template

Module: **(Please edit accordingly. Example: General Part)**

Title: **(Please edit accordingly. Example: A New Life for Hassan)**

Text of the Story (Step 1 Introduction)

Question 1:

1. correct answer
2. incorrect answer
3. incorrect answer
4. incorrect answer

Comment to Q1 (taken from the manual)

Text of the Story (Step 2)

Question 2:

1. correct answer
2. incorrect answer
3. incorrect answer
4. incorrect answer

Comment to Q2 (taken from the manual)

Text of the Story (Step 3)

Question 3:

1. correct answer
2. incorrect answer
3. incorrect answer
4. incorrect answer

Comment to Q3 (taken from the manual)

Text of the Story (Step 4)

Question 4:

1. correct answer
2. incorrect answer
3. incorrect answer
4. incorrect answer

Comment to Q4 (taken from the manual)

Text of the Story (Step 5)

Question 5:

1. correct answer
2. incorrect answer
3. incorrect answer
4. incorrect answer

Comment to Q5 (taken from the manual)

Text of the Story (Step 6 Conclusion)

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