



The project "717317/CARE" has received funding from the European Union's Health Programme (2014-2020)

WORK PACKAGE 4
HOTSPOT AND MIGRANTS' CENTRES HEALTH MANAGEMENT
Training Programme for Multidisciplinary Teams

WP Leader: INMP

**WP Partners: ESDY, CIPH, PRAKSIS, MINSALUTE,
NIJZ, OPBG, ISS**



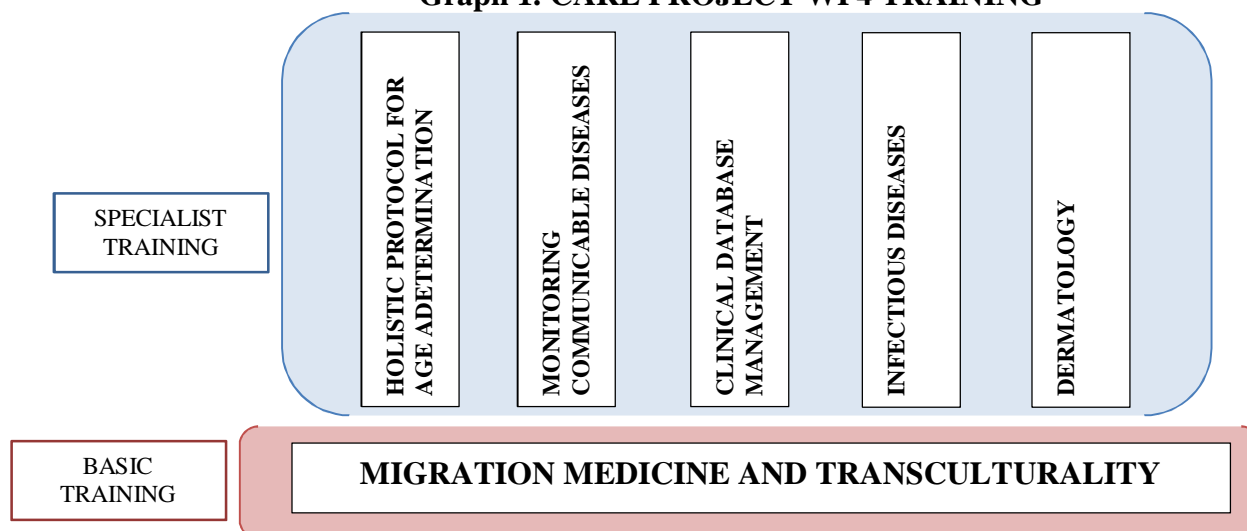
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WP4 TRAINING PROGRAMME

The WP4 of the European project "CARE - Common Approach for REfugees and other migrants' health" provides that partners should cooperate in developing a training programme for the multidisciplinary teams which look after migrants' health who are hosted into the hotspots. In Italy the multidisciplinary teams do work onto the hotspots while in Greece and Croatia they work both into and outside them, with a model of territorial integration. Moreover, the organisational models vary accordingly and contexts have been described and conceptualised. The CARE training programme, therefore, aims at ensuring a common approach in migrants' health management, taking into account the above mentioned context specificities.

In particular, training provides one basic module, addressed to the whole multidisciplinary team, on migration medicine and transculturality as well as five specialist modules for some team members who are directly interested to item (holistic protocol for age determination, communicable diseases, clinical database management, infectious diseases and dermatology). For all these reasons, training planning should assure replicability and flexibility given the adaptation constraints that the different contexts do show.

Graph 1. CARE PROJECT WP4 TRAINING





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BASIC TRAINING

Basic training is addressed to the whole multidisciplinary team working for the hotspot. Due to the specific context where the hotspot is included, training duration varies from 10 hours to 15 hours and is structured by taking into consideration the local logistic and organisational needs.

BENEFICIARIES

Beneficiaries are multidisciplinary team members, and particularly they can be the following professionals:

- GP
- Infectious disease specialist
- Dermatologist
- Paediatrician
- Psychologist
- Developmental psychologist
- Nurse
- Cultural mediator

However, considering the different contexts, additional workers of the centres can also participate.

TRAINING OBJECTIVE

Improvement of knowledge and skills of the multidisciplinary teams in order to deliver appropriate health care to migrants. It will be also achieved thanks to theoretical, methodological and operational tools produced by the project intended to facilitate the health management.

Training deployment will also represent a good lever for experience exchange among different professionals, thus fostering team-building and networking.



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BASIC TRAINING PROGRAMME BY AREAS

The training programme reporting the relevant contexts – International (I) and National (N) – is reported below.

INTRODUCTION – max 2.5 hours	
I	The migratory phenomenon: geography and causes of migrations (forced and economic migrations)
N	Human trafficking (focus on working exploitation and prostitution)

1. LEGAL AREA - max 2 hours	
I	Legislation on immigration and asylum: rights and duties of the migrant and the hosting country (human rights, children's rights, Geneva Convention, Dublin Regulation, etc.)
I	Regulations on hotspots
N	The right to health care of foreigners in the hosting country

2. MEDICAL AND SOCIAL-MEDICAL AREA - max 1.5 hours	
I	Epidemiological picture of migration: prevalences in the main high migratory pressure countries (focus on the national framework)
I/N	Overview on clinical and epidemiological approach to migrants' health
I	Health determinants
I	General principles of ambient and personal hygiene

3. PSYCHOLOGICAL AREA - max 2.5 hours	
I	Elements of psychological health of migrants in reception centres
I	Migrant's stress identification and management (psychological vulnerability, trauma/violence, also in minors, and resilience)
I	Context-borne stress management in workers (service organisation guidance to prevent stress when working with vulnerable groups (practical tools for workers to identify anxiety levels)

4. ANTHROPOLOGICAL AREA - max 2.5 hours	
I	Principles of cultural anthropology (subjectivity, symbolic universes, diaspora)
I	Principles of medical anthropology (health/illness, individual/social/political body, representations/aetiology/care)
I	Essential aspects of transcultural approach to health care



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5. ETHICAL AND DEONTOLOGICAL AREA - max 1.5 hours	
I	Respect for human dignity when curing people
I	Overcoming stigma
N	Informed consent to diagnostic testing and treatment
N	Medical confidentiality
N	Healthcare data management

6. COMMUNICATION AREA – max 2.5 hours	
I	Communication among MT professionals and networking
I	Effective information on rights and duties of migrants in the centres
I	Relationship between migrant and centre staff (focus on minors by age; techniques for effective verbal and non-verbal communication between different cultures and use of the transcultural approach)



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SPECIALIST TRAINING

In addition to the basic training, specialist training tailored on different professionals of the multidisciplinary team is provided. It will be adapted to the peculiar tasks they are supposed to perform.

Considering the specificity of topics and beneficiaries, training will be delivered in different modalities (residential, distance, on-the-field or blended). Furthermore, depending on the topics treated, other workers of centre could participate.

In consideration of their common beneficiaries and providers, some modules could be delivered together.

Five training modules were identified and described below, all of them concern the international context.



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MODULE 1: Holistic protocol for age determination – max 4 hours

beneficiaries: paediatrician, nurse, developmental psychologist and transcultural mediator

This specific training paves upon the interdisciplinary clinical method to determine the age of minors. It include physical and psycho-social assessments, as well as approaches to age determination that make use of existing local knowledge.

Evidence shows that most experts agree that age assessment is not a determination of chronological age but an educated guess, and can only ever provide an indication of skeletal or developmental maturity from which conclusions about chronological age may be inferred (Crawley, 2007).

TRAINING OBJECTIVE

To improve multidisciplinary team's knowledge and ability to assess the age of unaccompanied minors through a holistic method.

INTRODUCTION - 0.5 hour
1. Auxological development in child and adolescent- 1 hour
2. Neuropsychological development in child and adolescent - 1 hour
3. Bone age assessment - 0.5 hours
4. Holistic protocol for age assessment- 1 hour



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MODULE 2: Monitoring Communicable Diseases: new approaches – max 3 hours

beneficiaries: GP, infectious disease specialist, dermatologist, paediatrician and nurse

TRAINING OBJECTIVE

To improve multidisciplinary team's knowledge and ability to use tools for monitoring Communicable Diseases.

Overview of epidemiological surveillance of CD and cross-border alert systems (EWRS, IHR)

Syndromic surveillance: syndromes definition, web-platform characteristics, statistical analysis and alert description
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Information service model: event based surveillance, using Digital Disease Detection Technology



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MODULE 3: Clinical database management for tracking and monitoring health status- max 3 hours

Beneficiaries: GP, infectious disease specialist, dermatologist, paediatrician and nurse.

TRAINING OBJECTIVE

To improve multidisciplinary team's knowledge and ability to use an integrated system for tracking and monitoring health status of migrants.

1. THE PROJECT: TRACKING AND MONITORING HEALTH STATUS – 1 hour

Presentation of the Electronic Health Record "portable device" and the DB which operates in all the hotspots involved in the CARE project. Structure of a database and data processing, used by the Italian Ministry of Health and the Italian Red Cross to the new Record used by the doctors at the hotspots.
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2. ACTIVITIES – 1 hour

Practical use of the Electronic Health Record and the DB . Health screening and data acquisition system, to collect and dump the data of each migrant from / in the "portable device", allowing each doctor who treats the patient to enrich the data.

3. TESTS – 1 hour

Usability tests with the staff involved in the activities.
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MODULE 4: Main infectious diseases of migrants from high migratory pressure countries – max 4 hours

beneficiaries: GP, infectious disease specialist, dermatologist and nurse

TRAINING OBJECTIVE

To improve multidisciplinary team's knowledge and ability to treat main infectious diseases of migrants from high migratory pressure countries.

1. ELEMENTS OF GENERAL MEDICINE –2 hours
differential diagnostics of symptoms: fever, cough, diarrhoea; most frequent respiratory syndromes in migrant centres; contact and droplet transmission/isolation
2. MAIN INFECTIOUS DISEASES OF MIGRANTS FROM HIGH MIGRATORY PRESSURE COUNTRIES – 2 hours
Focus on: tropical parasitosis (schistosomiasis, malaria, filariasis), haemorrhagic fevers, pulmonary tuberculosis, typhus, meningococcal meningitis, exanthemas, sexually transmitted infections, hepatitis-related jaundice



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MODULE 5: Main dermatologic diseases of migrants from high migratory pressure countries– max 3 hours

beneficiaries: GP, infectious disease specialist, dermatologist and nurse

TRAINING OBJECTIVE

To improve multidisciplinary team's knowledge and ability to treat main dermatologic diseases of migrants from high migratory pressure countries

1. Diagnoses on dark skin
2. Skin manifestations of sexually transmitted infections
3. Main dermatologic diseases of migrants from high migratory pressure countries Focus on: scabies, pediculosis, burns, skin tuberculosis. Most diffused exanthemas and bacterial infections