

# Understanding Rehabilitation Needs of Displaced Persons

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# Ethics

This study (IRB No. 21399) was reviewed by the Johns Hopkins School of Public Health (JHSPH) Institutional review board and determined to be exempt. Informed consent and confidentiality practices were followed.





# Massive Open Online Course

Provide a comprehensive program to equip rehabilitation professionals with far-reaching knowledge of rehabilitation for displaced persons to enable participants to play a proactive role in global and local interdisciplinary efforts to increase access to high-quality rehabilitation for displaced persons through all stages of the migration process.

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# 7 Courses over 8 weeks

- 1) Global Contest for Displaced Persons
- 2) Health and Well-being for Displaced Persons
- 3) Communication and Trauma Informed Care for Displaced Persons
- 4) Considerations for Working with Diverse Person Populations
- 5) Considerations and Practice Tools for Working with Survivors of Sexual Violence and Trafficking
- 6) Considerations for working with Survivors of Torture
- 7) Assessment and Management of Pain for Displaced Persons

# Outcomes

Data from a pre and post-course  
Knowledge and Competency  
Self-Rating Tool

A thematic analysis of the  
discussion board postings.



868 individuals from  
94 countries  
completed  
the Pre-Course  
Survey



796 individuals  
from 88 countries  
began Course 1



335 individuals  
from 58  
countries began  
Course 7

42% attrition rate

# Results

- 127 individuals from 33 countries completed both the Pre and Post-Course Knowledge and Competency Self-Rating Tool
- 51% response rate for participants completing all 7 courses on Self-Rating Tool
- A statistically significant improvement ( $p < .004$ ) in participant scores on 19 of the 20 questions was noted

# Results

## Understanding

**Stem: At this point in time rate your understanding of the following where 1 = no understanding and 10 = strong understanding**

Question	Mean Pre	Mean Post	sig
Who are Displaced Persons?	6.8	8.9	.013
Global Context surrounding Displaced Persons	5.1	8.4	.002
International Legislation for Displaced Persons	3.4	7.6	<.001
Knowledge of complexity of needs of Displaced Persons	4.5	8.3	.001
Impact of Displacement on Health and Well Being	5.3	8.6	.003
Communication for Displaced Persons	4.6	8.4	.002
Cultural Competency	4.7	8.3	<.001
Trauma Informed Care	4.4	8.5	<.001
Roles of Rehabilitation Team Members	5.5	8.6	.004
Working with Diverse Displaced Persons Populations	4.3	8.4	<.001
Impact of Torture and Sexual Violence on Displaced Persons	4.4	8.4	<.001



# Results

## Confidence in skills

**Stem: At this point in time rate your confidence to perform the following where 1= no confidence and 10 = very confident**

Question	Mean Pre	Mean Post	Sig
Deliver person-centred care to meet the needs of diverse displaced persons populations	5.4	7.8	<.001
Collaborate effectively within a multidisciplinary rehabilitation team	6.6	8.3	<0.001
Refer appropriately to other professions or services	6.6	8.4	0.001
Ability to build therapeutic relationships	7.0	8.6	0.004
Ability to work with interpreters	6.6	8.2	0.002
Apply appropriate rehabilitation guidelines to meet the needs of diverse displaced persons populations within your practice and/or healthcare system	5.9	8.2	<0.001
Adapt rehabilitation services to meet the needs of diverse displaced persons populations within your practice and/or healthcare system	5.9	8.2	<0.001
Apply appropriate treatment options for working with survivors of torture or sexual violence	5.1	7.9	<0.001
Assess and Manage Pain in Displaced Persons	5.8	8.2	0.001

# Qualitative Themes

- Holistic Patient Care through the Integration of Life Experiences
- Cultural Humility and the Patient Experience
- The Effect of Living Conditions on Health
- Communication to Foster Trust and Respect

## Holistic Patient Care Through the Integration of Life Experiences

*By hearing and learning about the stories of those people that we serve, we can gain a better understanding of what individuals may be going through, as well as understand why people may choose the activities and make the decisions that they do. This understanding allows us to be more empathetic and better able to provide culturally humble and competent, holistic, and compassionate care to our clients.*

## Cultural Humility and the Patient Experience

*Health stories we told them were a better way to communicate. We also learned that what they appreciated most was being heard by the clinic nurses and health extension workers who we invited to share in the teaching time. Listening and showing a genuine interest in their situation helped us understand them better and created an atmosphere where they in turn, listened to our ideas.*

## The Effect of Living Conditions on Health

*Mental trauma, depression, anxiety affect the people due to prolonged exposure to violence, stigma and discrimination they face in new surroundings. Women in particular struggle with persistent health problems arising from poor nutrition and great vulnerability to sexual abuses and an absence of reproductive healthcare.*

## Communication to Foster Trust and Respect

*Service users come to the rehabilitation center in the capital often do not understand any of the languages spoken by staff and can therefore not engage in the rehabilitation process. Once we find a person who can help with translations, the service user becomes an active partner in the rehabilitation process. The service users come back for repair or replacement of devices and often bring others from their village and tribe along who would not have received services without them.*



# Conclusion

The MOOC was successful in providing participants with knowledge and insight into the unique needs of displaced persons.

Participants also created a community of practice for the exchange of ideas.

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# Ongoing Research

A knowledge implementation survey was provided to participants 6 months following the completion of the MOOC to explore the application of the course materials to clinical practice.

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# Implication

Providing insight into the unique healthcare needs and the challenges faced when providing care to this population may assist rehabilitation professionals in developing patient-centered care plans to maximize the social and physical well-being of their patients.



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