



# Understanding the Rehabilitation Needs of Displaced Persons Programme

A Programme of  
Online Courses by  
Physiopedia &  
ReLAB-HS

**Understanding the Rehabilitation Needs of Displaced Persons  
Massive Open Online Course  
Evaluation Report**

**December 2022**

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## Summary

From September 05 to October 30, 2022, Learning, Acting, and Building for Rehabilitation in Health Systems (ReLAB-HS), led by Physiopedia, successfully delivered a Massive Open Online Course (MOOC) entitled “[Understanding the Rehabilitation Needs of Displaced Persons](#)” via the Physiopedia Plus (Plus) online learning platform. The program consisted of seven independent courses, which included:

1. [Global Context 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 Displaced Person Populations](#)
5. [Considerations and Practical 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](#)

In each course, the learner completed required learning activities and a final quiz that tested knowledge gained from the course. To complete the overall program, the learner had the option to submit and pass a written assignment.

The program was also supported with two optional live online webinars to provide opportunity for increased learner interaction and engagement with the content experts. The webinar recordings were made available on the Plus platform for participants unable to access the webinars live.

1. [Trauma Informed Care and Working with Survivors of Torture Webinar](#) with Eric Weerts, Rehabilitation Specialist Humanity and Inclusion and Sue Piché, Psychiatric and Mental Health Nurse
2. [Pain Assessment and Management for Displaced Persons Webinar](#) with Zafer Altunbezel, Physiotherapist and Naomi O’Reilly, Physiotherapist

**Course Type:** Free, Open, Online

**Institution:** ReLAB-HS via Physiopedia

**About this Course:** This MOOC aimed to equip health and social care professionals with a comprehensive knowledge of the rehabilitation needs for displaced persons, so they can play an effective and proactive role in local and global efforts to increase access to high-quality rehabilitation.

**Target Audience:** These courses were designed and written for health and social care professionals, clinicians, students, assistants, and other rehabilitation-related health systems stakeholders.

**Time Commitment:** 22 hours over eight weeks (with an optional extra eight hours)

**Date:** September 5 to October 30, 2022, with live online webinars on the 6th October 2022 (Webinar 1 Trauma Informed Care and Working with Survivors of Torture Webinar) and on the 12th October 2022 (Webinar 2 Pain Assessment and Management for Displaced Persons). Remains available on [Plus](#) platform to members.

**Requirements:** Participants were required to complete online learning activities, participate in discussion forums, engage with additional resources, and complete course evaluations and quizzes.

**Assessment:** There was a quiz at the end of each course, and participants could complete an optional written assignment to demonstrate knowledge gained from the overall program of seven courses.

**Awards:** Seven course completion certificates awarding a total of 22.7 [Plus](#) (P+) points with an additional four [Plus](#) (P+) points available for the optional assignment to complete the program..

**Accreditation:** Each individual course was accredited for continuing education and professional development (CE/CPD) in Australia, South African and the USA and is formally accepted without accreditation as a professional development activity by many other countries

**Registrations MOOC:** 12,604

**Registrations Live Webinars:** 1,150

**Countries Represented MOOC:** 107

**Countries Represented Live Webinars:** 86

**Professions Represented MOOC:** 24

**Professions Represented Live Webinars:** 10

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## Acknowledgments

The Understanding the Rehabilitation Needs of Displaced Persons MOOC was developed and delivered by ReLAB-HS and Physiopedia. The delivery of this MOOC was a highly collaborative effort made possible by valuable contributions from various parties. The United States Agency for International Development (USAID) funded Learning, Acting, and Building for Rehabilitation in Health Systems (ReLAB-HS) activity would like to thank the following people for their contributions to this work:

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## Introduction

People have always been on the move for many reasons, including war and conflict, insecurity, disasters, poverty, and to find work and seek a better life for themselves and their families. But more people are now on the move than ever before in our history, with migration increasing every year over the last two decades, particularly forced migration. In 2021, 89.3 million people were forced to flee their homes due to conflict, violence, fear of persecution and human rights violations. This is more than double the 42.7 million people who were forcibly displaced a decade ago, and the highest it has been since World War II. Current evidence suggests that this number will continue to rise, with over 100 million people estimated to be displaced in 2022.

The need for rehabilitation services to meet the needs of displaced persons at each stage of the migration process is an urgent and growing global issue. The impact of forced migration on health and well-being is contributing to rapid global increases in the numbers of people experiencing a decline in functioning, resulting in enormous unmet rehabilitation needs. Much of these unmet needs are concentrated amongst the poorest and most vulnerable populations. Low- and middle-income countries host 83% of all displaced persons, with 27% hosted in the least developed countries, including Bangladesh, Chad, the Democratic Republic of the Congo, Ethiopia, Rwanda, South Sudan, Sudan, Uganda, the United Republic of Tanzania, and Yemen. These countries are often ill-equipped to cope with the increasing need for rehabilitation services.

The role of the health and social care professional is key in the rehabilitation process for displaced persons and this series of courses provides a comprehensive perspective on the effects of displacement on health and well-being.

During September and October 2022, [ReLAB-HS](#), led by Physiopedia, delivered a Massive Open Online Course (MOOC) entitled, “Understanding the Rehabilitation Needs of Displaced Persons.” The MOOC was delivered as seven individual courses with an optional written final assignment to complete the full program of courses.

The Understanding the Rehabilitation Needs of Displaced Persons program aimed to equip rehabilitation professionals with a comprehensive knowledge of rehabilitation for displaced persons so that they can play an effective part in the interdisciplinary management of displaced persons through all stages of the migration process. It also aims to enable rehabilitation professionals to play a proactive role in global and local efforts to increase access to high-quality rehabilitation for displaced persons through all stages of the migration process.

The eight week-long program presented different topics exploring the needs of displaced persons through a variety of learning activities to suit all learning styles. The required learning activities within each course were developed to take between two to four hours depending on the participant's learning style, with optional activities provided should the participant wish to take part in additional learning. A short orientation period before the course provided participants with an opportunity to become familiar with the delivery platform and the topics via the provided pre-course resources.

The course was delivered through the [Plus](#) online learning platform, an innovative platform specifically developed to provide online education and support participants with a personalized learning dashboard. For each course, the related learning activities were outlined on a specific course page. Participants engaged with each course and the respective learning activities, and their activity was recorded and displayed in their personal learning dashboard.

A course was considered complete once the learner finished all required learning activities and successfully passed the final quiz that tested the knowledge gained within each individual course of the program. On completion of each course the participants had the option to download a completion certificate and export a record of their learning from their activity log. There was also an optional written assignment designed for participants to apply the knowledge gained from the overall program consisting of seven courses.

This report evaluates the engagement and experiences of the participants on the Understanding the Rehabilitation Needs of Displaced Persons MOOC.



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## 1.0 About the Program of Courses

### 1.1 Aim

Through this MOOC, ReLAB-HS aimed to build on recent work to strengthen the advocacy case for better access to rehabilitation for displaced persons by increasing knowledge among global stakeholders and build on Physiopedia's global community of professional participants to amplify the growing voice of rehabilitation professionals advocating for access to rehabilitation.

In order to achieve this, a program of seven courses was created with the aim of developing a comprehensive program to equip rehabilitation professionals with a far reaching knowledge of rehabilitation for displaced persons to enable them 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.

### 1.2 Learning Objectives

At the end of this program of courses, participants were able to:

1. identify the different types of displaced persons
2. describe the global context surrounding the migration of displaced persons
3. explain the impact of media portrayal on attitudes towards displaced persons
4. explore country-specific knowledge about policy and legislation in the migration field to enhance understanding of the life situation of displaced persons
5. describe the impact of migration on health
6. identify health, functioning and disability stemming from the migration process
7. explain the common challenges refugees face in receiving optimal health care
8. identify three barriers to accessing health care for displaced persons
9. discuss the role of the Salutogenic approach to health and well-being for displaced persons
10. describe self-care strategies to keep yourself safe and well when working with displaced persons
11. discuss how to cultivate cultural sensitivity in order to create a trusting therapeutic space and facilitate communication with patients and significant others
12. explain the role that translators and interpreters play in facilitating optimal communication when working with displaced persons
13. identify holistic approaches that reduce the impact of trauma and address patient difficulties related to trauma and psychosocial issues
14. describe strategies to reduce barriers to interprofessional communication and facilitate effective interprofessional teamwork
15. discuss the role of a rehabilitation professionals in a camp setting
16. describe the impact of forced migration on children and adolescents
17. explain the impact of forced migration on older persons
18. describe the impact of forced migration on members of the LGBTQIA+ community
19. discuss strategies to minimise barriers to culturally competent care for LGBTQIA+ displaced persons
20. explain the prevalence of sexual violence
21. describe the consequences of sexual violence and female genital mutilation
22. discuss why sexual violence occurs in conflict settings
23. explore practical strategies to calm the response of the nervous and limbic systems in displaced persons who have experienced sexual violence

24. explain what torture is and its impact on survivors
25. choose two appropriate treatment options for working with a survivor of trauma
26. describe techniques for building trust and creating a safe therapeutic relationship with survivors of torture
27. summarise the multidimensional nature of pain, its implications for displaced persons, and relationship to clinical interventions
28. describe the five main domains of the Pain and Disability Drivers Model (PDDM) that may be contributing to pain and disability
29. describe pain management strategies

### **1.3 Intended Audience**

This course is suitable for all rehabilitation professionals, students, and assistants, including but not limited to: physiotherapists, occupational therapists, speech and language therapists, rehabilitation doctors, rehabilitation nurses, prosthetists, orthotists, psychologists, audiologists, dietetics, social workers, and community-based health workers.

### **1.4 Cost to Participants**

The course was free to all participants who completed the course within the 8-week timeframe and remains free to all Plus members and residents of low-income countries outside of this timeframe.

### **1.5 Course Availability**

The program of seven courses with optional assignment was made available on September 5, 2022. Participants had until October 30, 2022 to complete the courses under their free access to Plus. The course remains available on the Plus platform to members; membership is free to individuals from low-income countries and available at a discounted rate to individuals in middle-income countries.

### **1.6 Courses, Course Awards, and Accreditation**

Seven individual courses were created for the Understanding the Rehabilitation Needs of Displaced Persons program, which could each be completed individually or can be completed as a program of courses with an additional assignment. Plus provided individual course completion certificates to all participants that passed each of the individual courses or attended the webinars. For each course completion participants were also awarded continuing professional development (CPD) points. Individuals who completed all seven courses and completed the assignment were also provided with a program certificate for recognition of completing the full program.

1. Course 1: [Global Context for Displaced Persons](#) (3.9 CPD points)
2. Course 2: [Health and Well-Being for Displaced Persons](#) (3.9 CPD points)
3. Course 3: [Communication and Trauma-Informed Care for Displaced Persons](#) (4.4 CPD points)
4. Course 4: [Considerations for Working with Diverse Displaced Person Populations](#) (4.0 CPD points)
5. Course 5: [Considerations and Practical Tools for Working with Survivors of Sexual Violence and Trafficking](#) (1.9 CPD points)
6. Course 6: [Considerations for Working with Survivors of Torture](#) (2.4 CPD points)
7. Course 7: [Assessment and Management of Pain for Displaced Persons](#) (2.2 CPD points)

8. Course Program: [Understanding the Rehabilitation Needs of Displaced Persons](#) (5.0 CPD points)
9. Webinar 1: [Trauma Informed Care and Working with Survivors of Torture Webinar](#) (0.8 CPD points)
10. Webinar 2: [Pain Assessment and Management for Displaced Persons Webinar](#) (1 CPD points)

## 2.0 Demographics of the Participants

### 2.1 Country

Of the 12,604 individuals registered for the MOOC from 167 countries, 868 individuals completed the Pre-Course Knowledge and Competency Self-Rating Tool from 94 countries, with 796 individuals from 88 countries starting Course 1 (Global Context for Displaced Persons) and 335 individuals from 58 countries starting Course 7 (Assessment and Management of Displaced Persons with Pain) before October 30, 2022. The Post-Course Knowledge and Competency Self-Rating Tool was completed by 127 individuals from 33 countries.

Table 1 and Figure 1 below show the numbers of participants and completion rates for participants for the top ten represented countries across all seven courses. The highest level of participation for each of these countries occurred in Course 1 (Global Context for Displaced Persons), which had the highest overall participation of all seven courses with 796 individuals. Of these ten countries the Netherlands had the highest completion rate overall at 88%, followed by the Ukraine with a completion rate of 66%.

A full list of all countries with the number of participants from each country and completion rates for each course can be found in Appendix 1.

**Table 1: Top Ten Represented Countries Participation and Completion Rates**

Country	n (number started)	n1 (number completed)	% (percentage completed)
Nigeria	78	15	19%
Pakistan	60	17	28%
Ukraine	59	39	66%
United States of America	55	16	29%
India	54	15	28%
United Kingdom	45	15	33%
Canada	31	6	20%
Australia	23	7	30%
Uganda	19	2	11%
Netherlands	16	14	88%

Data are numbers (n) that started Course 1 and the number (n1) and percentage (%) that completed the final Course 7 (Assessment and Management of Pain in Displaced Persons) (%)

**Figure 1: Top Ten Represented Countries Course Completion Rates**

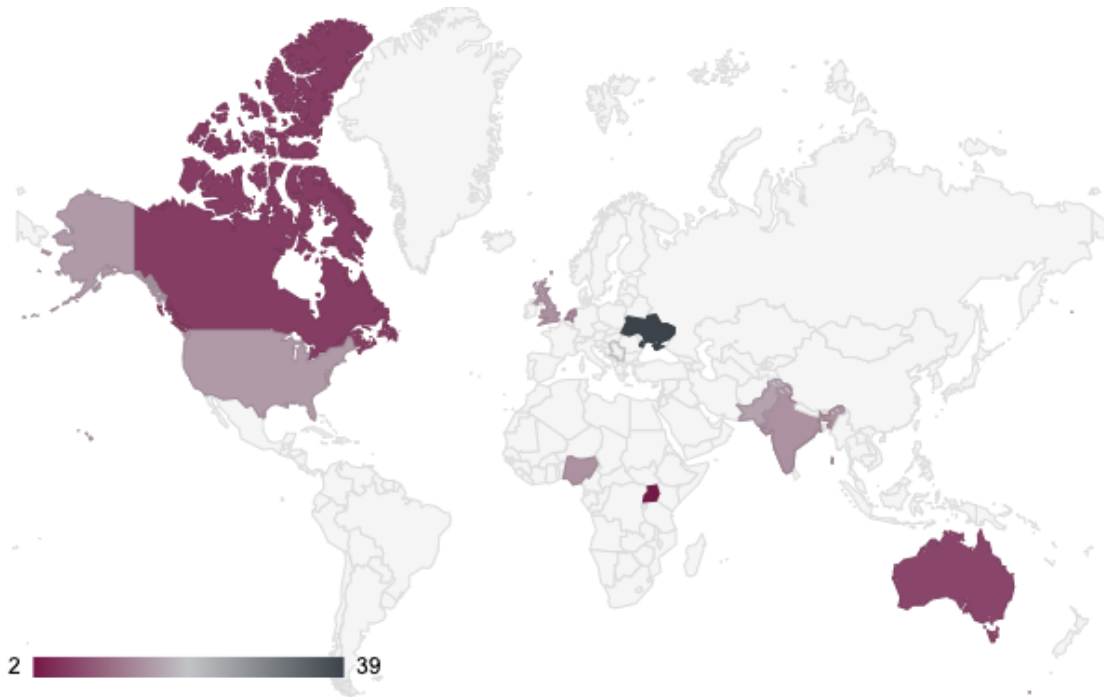


Table 2 below shows a breakdown of participation and completion data by country income classification, with the highest number of participants for all seven courses and the program coming from low to middle income countries. Highest completion rates for the individual courses were also predominantly seen among those from low (range 64% - 100%) and low to middle income countries (range 50% - 94%) with 100% completion seen for low income countries for Course 5 (Considerations and Practical Tools for Working with Survivors of Sexual Violence and Trafficking) and Course 6 (Considerations for Working with Survivors of Torture) highlighted in red below.

**Table 2: Country Income Classification**

Country Classification	Course 1 n (%)	Course 2 n (%)	Course 3 n (%)	Course 4 n (%)	Course 5 n (%)	Course 6 n (%)	Course 7 n (%)	Program n (%)
High	229 (50%)	115 (85%)	104 (88%)	76 (92%)	72 (93%)	74 (95%)	96 (78%)	48 (2%)
High-middle	53 (36%)	19 (84%)	16 (88%)	12 (75%)	13 (69%)	12 (83%)	30 (67%)	10 (0%)
Low-middle	333 (50%)	168 (89%)	111 (93%)	108 (91%)	106 (95%)	100 (94%)	145 (77%)	74 (4%)
Low	50 (64%)	34 (74%)	21 (95%)	21 (86%)	12 (100%)	14 (100%)	19 (79%)	12 (0%)

Data are numbers (n) who started each course and percentage (%) of participants from country income classification who completed each course

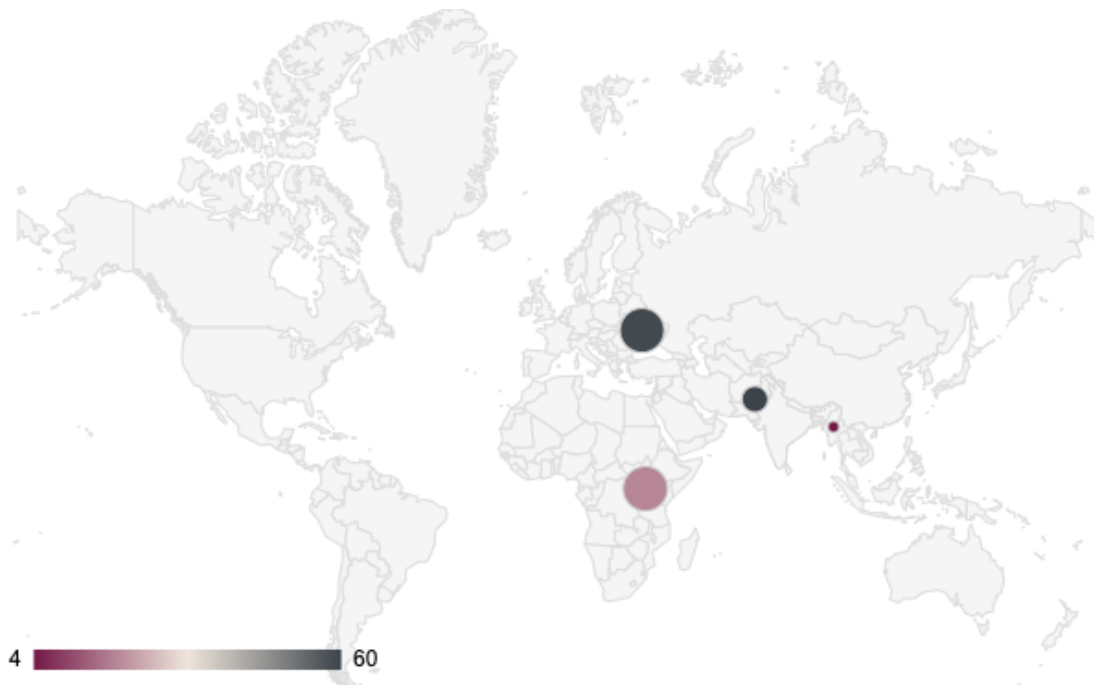
Finally Table 3 and Figure 2 highlight the participation and completion of participants from ReLAB-HS countries, with the highest number of participants for all seven courses and the program coming from the Ukraine. Highest completion rates for the individual courses were seen by those from Myanmar (range 25% - 100%), Ukraine (range 71% - 100%) and Uganda (range 68% - 100%) with 100% completion rates highlighted in red below.

**Table 3: ReLAB-HS Countries Participation and Completion Rates**

ReLAB-HS Country	Course 1 n (%)	Course 2 n (%)	Course 3 n (%)	Course 4 n (%)	Course 5 n (%)	Course 6 n (%)	Course 7 n (%)	Program n (%)
Myanmar	4 (25%)	2 (100%)	2 (100%)	1 (100%)	3 (67%)	4 (100%)	4 (100%)	1 (0%)
Pakistan	60 (37%)	18 (78%)	16 (75%)	15 (80%)	17 (76%)	14 (93%)	22 (17%)	18 (6%)
Uganda	19 (68%)	42 (93%)	6 (100%)	5 (80%)	4 (100%)	4 (100%)	4 (100%)	1 (0%)
Ukraine	59 (71%)	12 (75%)	39 (95%)	41 (93%)	36 (100%)	40 (93%)	44 (89%)	16 (6%)

Data are numbers (n) who started each course and percentage (%) of participants from ReLAB-HS countries who completed each course

**Figure 2: ReLAB-HS Course Completion Rates**



While overall completion rates for each of the individual courses were high, the completion rates seen for the program of Courses, which involved completion of an assignment are much lower (range 0% - 6%), suggesting minimal interest or motivation of participants to complete the optional assignment.

## 2.2 Professions

Twenty-four different professions started the Understanding the Rehabilitation Needs of Displaced Persons program before the end date of October 30, 2022. The top ten represented professions can be found in Table 4. Physiotherapist and Physical Therapist including DPT represented the greatest number of participants in all seven courses, followed by students (all professions combined) and Occupational Therapists. Completion rates varied, but it is evident from the data below that the profession with lower numbers of participants do appear to have higher completion rates overall, in many cases with 100% rates as highlighted in red below. A full list of participants' professional backgrounds can be found in Appendix 1.

**Table 4: Top Ten Participants' Professional Backgrounds**

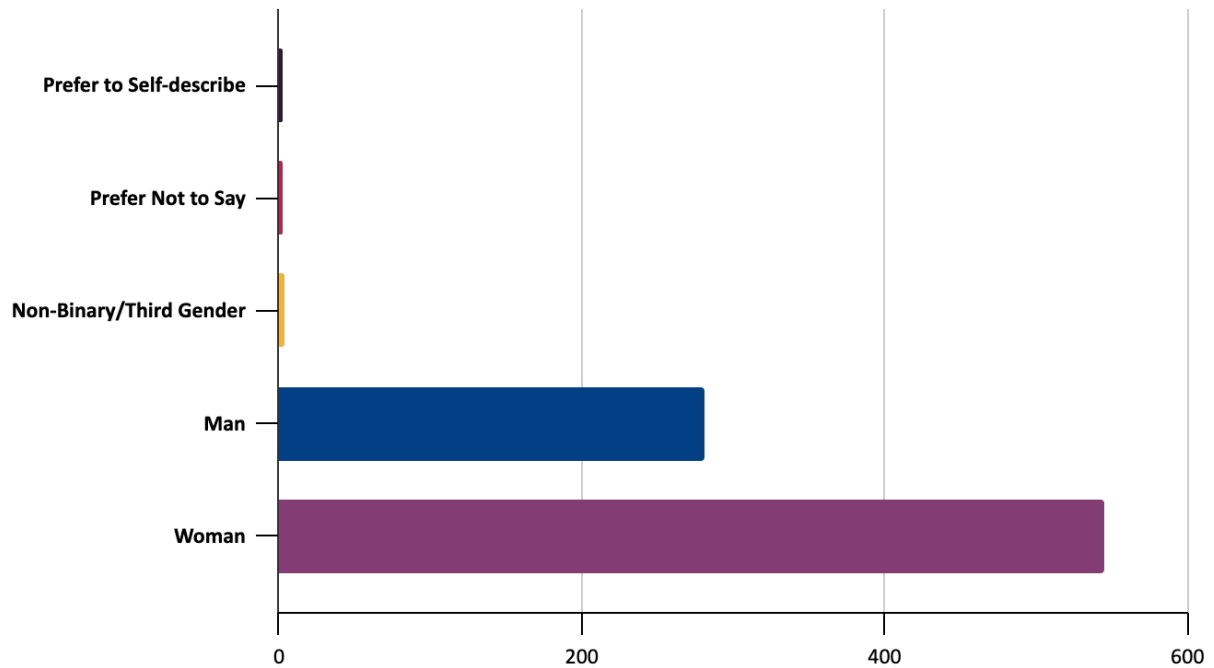
Profession	Course 1 n (%)	Course 2 n (%)	Course 3 n (%)	Course 4 n (%)	Course 5 n (%)	Course 6 n (%)	Course 7 n (%)	Program n (%)
Physiotherapist /Physical Therapist including DPT	338 (49%)	173 (83%)	125 (96%)	119 (89%)	107 (96%)	104 (99%)	187 (72%)	76 (3%)
Student (all professions combined)	47 (38%)	21 (71%)	12 (67%)	8 (100%)	9 (78%)	10 (80%)	10 (70%)	10 (0%)
Occupational Therapist	46 (59%)	18 (83%)	18 (67%)	12 (100%)	14 (93%)	12 (92%)	11 (91%)	11 (0%)
Nurse	23 (78%)	18 (94%)	17 (94%)	17 (88%)	16 (94%)	16 (94%)	17 (88%)	7 (0%)
Doctor of Medicine	15 (40%)	3 (67%)	2 (100%)	3 (67%)	2 (100%)	3 (67%)	2 (100%)	2 (0%)
Massage Therapist	10 (60%)	7 (86%)	4 (5%)	5 (100%)	5 (100%)	5 (100%)	6 (100%)	2 (0%)
Physical Rehabilitation Doctor	8 (25%)	1 (100%)	1 (100%)	0	0	0	5 (20%)	1 (0%)
Physiotherapy Assistant / Physical Therapy Assistant	6 (33%)	1 (100%)	1 (100%)	1 (100%)	1 (100%)	3 (100%)	3 (100%)	1 (0%)
Psychologist	6 (100%)	5 (100%)	4 (100%)	3 (100%)	4 (75%)	4 (100%)	3 (100%)	4 (25%)
Speech and Language Therapist	3 (100%)	2 (50%)	1 (100%)	1 (100%)	0	0	0	0
Educator	3 (33%)	1 (100%)	1 (100%)	1 (100%)	2 (100%)	1 (100%)	1 (100%)	1 (0%)

Data are numbers (n) who started each course and percentage (%) of participants who completed each course

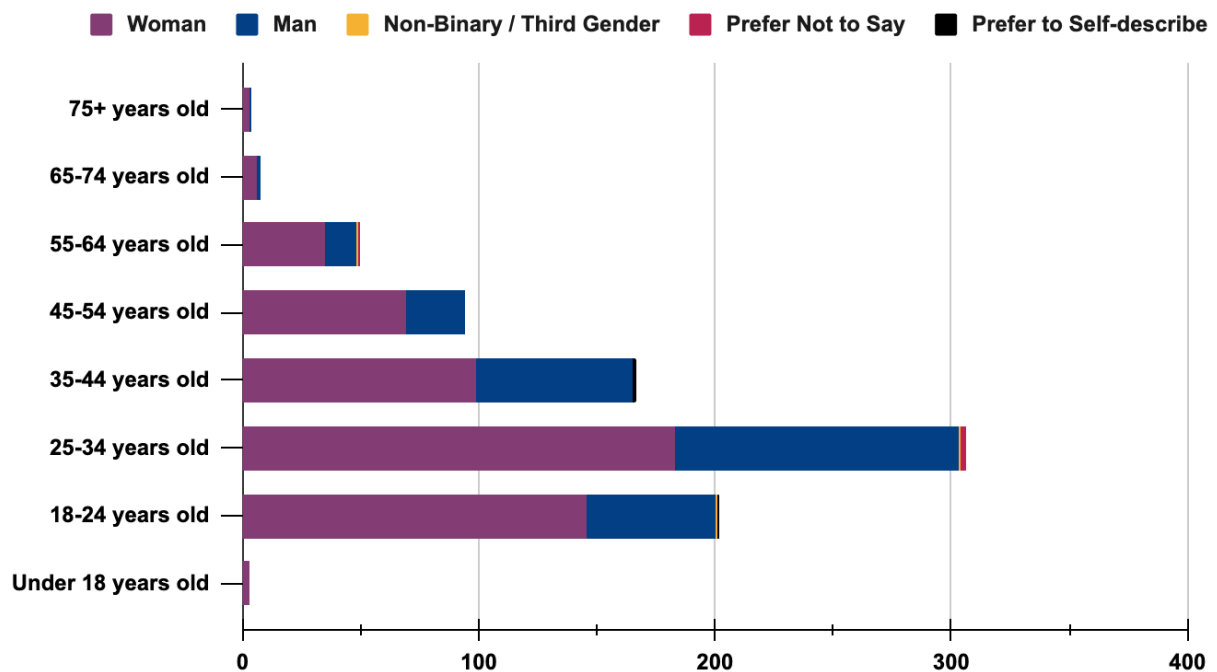
### 2.3 Gender and Age

Women were represented across all age ranges from under 18 to 75+ and accounted for the greatest number of course participants in every age category.

**Figure 3: Gender of Participants**



**Figure 4: Gender of Participants by Age Range**





**Table 5: Gender Participation and Completion Rates**

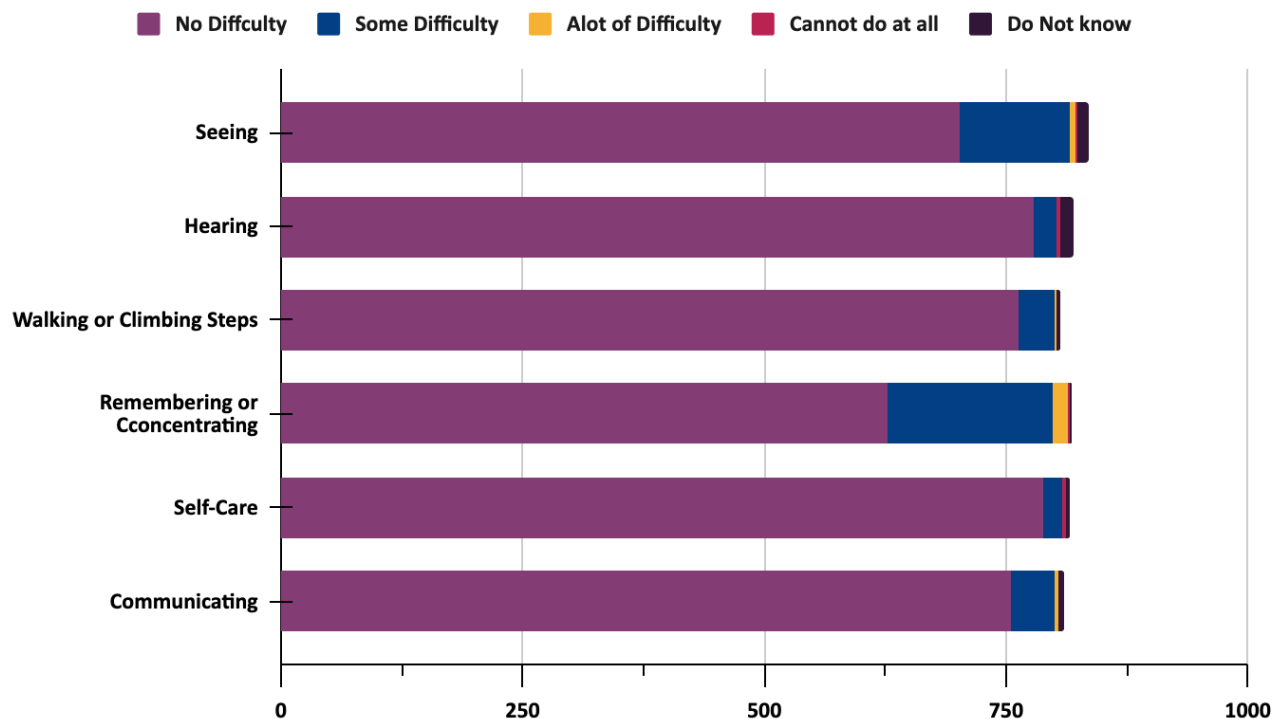
Profession	Course 1 n (%)	Course 2 n (%)	Course 3 n (%)	Course 4 n (%)	Course 5 n (%)	Course 6 n (%)	Course 7 n (%)	Program n (%)
Female	41 (56%)	19 (100%)	17 (94%)	14 (93%)	13 (100%)	18 (89%)	18 (83%)	8 (0%)
Male	32 (69%)	21 (95%)	17 (94%)	17 (88%)	16 (88%)	14 (100%)	19 (89%)	8 (0%)
Not Disclosed	440 (50%)	212 (84%)	157 (92%)	145 (90%)	137 (94%)	132 (97%)	210 (75%)	103 (4%)

Data are numbers (n) who started each course and percentage (%) of participants who completed each course

## 2.5 Disability Related

Participants with a wide range of health impairments participated in the MOOC, with the majority of participants reporting no difficulty. For those who reported difficulty with doing certain activities as a result of a health problem, difficulties with remembering or concentration was the highest reported followed by vision and then communication difficulties.

**Figure 5: Disability of Participants**



### 3.0 Engagement of the Participants

#### 3.1 Platform

The Understanding the Rehabilitation Needs of Displaced Persons program and associated seven courses were delivered on the Plus learning platform. Twenty-four knowledge-sharing topic summary articles on Physiopedia were either created or updated for the participants to use during these courses; these articles received 27,244 unique page views and 31, 972 total views before the final date of the supported course on October 30, 2022.

A full list of all knowledge-sharing topic summary articles on Physiopedia countries with unique page views, total page views and average time spent on page can be found in Appendix 1.

**Table 6: Top Ten Physiopedia Pages Reviewed**

Page	Unique Page Views	Total Page Views	Average Time on Page
<a href="#">Salutogenic Approach to Wellness</a>	2,830	3,264	00:05:24
<a href="#">Understanding Migration and Displacement</a>	1,391	1,613	00:06:35
<a href="#">Mental Health and Forced Displacement</a>	870	1,025	00:04:37
<a href="#">Human Rights and Health</a>	869	1,024	00:04:50
<a href="#">Culture and Communication</a>	863	992	00:05:24
<a href="#">Effective Communication for Displaced Persons</a>	861	962	00:05:26
<a href="#">Media Portrayal of Displaced Persons</a>	755	856	00:06:01
<a href="#">Trauma-Informed Care</a>	700	788	00:05:01
<a href="#">Rehabilitation for Survivors of Torture</a>	632	718	00:05:03
<a href="#">Evidence Based Assessment of Pain in Displaced Persons</a>	624	866	00:04:57

#### 3.2 Learning Activities

The program included a total of 81 required learning activities across the seven courses with 6 extra learning activities and an assignment required to complete the overall program, including videos, directed reading, and case studies (the full list of learning activities can be found in Appendix 2).

To complete each individual course, participants were required to fully engage with the required learning activities and pass a quiz. Once successfully completed, Plus CPD points (equivalent to hours of learning) and a completion certificate were awarded. Over the course of the MOOC 25,109 learning activities were logged with 8,826 Plus CPD points awarded. A breakdown of the number of required learning activities and the number of learning activities that were completed for each course and the program can be found in Table 7.

**Table 7: Learning activities logged and total Plus Points awarded for each course**

	Course 1	Course 2	Course 3	Course 4	Course 5	Course 6	Course 7	Program	Total
<b>Required Learning Activities</b>	14	12	11	14	11	11	8	6	87
<b>Learning Activities Logged</b>	8104	4359	3785	3192	1614	1137	2309	609	25,109
<b>Plus Points Awarded</b>	3096	1437	1398	961	556	515	701	162	8,826

### 3.3 Discussion Forums

Each course contained a number of optional forum discussions. Participants were encouraged to engage with other course participants on a wide range of different topics associated with the course. These discussions were intended to provide a rich learning experience to the learner through self-reflection and community engagement. Participants submitted thousands of forum comments and questions, an impressive level of engagement given all Plus discussions throughout this course were optional.

In total there were 1,832 discussion posts over the course of the program. There were 332 comments on the most active discussion, which considered the individual context participants were working in, their experiences of working with displaced persons, and the challenges they were facing in providing rehabilitation services for displaced persons. Table 7 presents an outline of the number of discussion posts for each discussion forum in each of the seven courses.

**Table 8: Number of Discussion Forum Posts**

	Course 1	Course 2	Course 3	Course 4	Course 5	Course 6	Course 7	Total
<b>Discussion 1</b>	332	65	97	67	68	52	56	N/A
<b>Discussion 2</b>	151	N/A	79	66	N/A	52	N/A	N/A
<b>Discussion 3</b>	97	N/A	63	68	N/A	N/A	N/A	N/A
<b>Discussion 4</b>	69	N/A	56	52	N/A	N/A	N/A	N/A
<b>Discussion 5</b>	84	N/A	N/A	54	N/A	N/A	N/A	N/A
<b>Discussion 6</b>	51	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Reflections</b>	48	41	13	15	14	10	12	105
<b>Total</b>	832	106	308	322	82	114	68	1,832

Data are Number (n) of Individual Posts

The discussion forums have provided an overview of barriers and challenges that rehabilitation workers currently face when providing rehabilitation services for displaced persons. Many creative solutions to increase access to services have been highlighted in these discussion forums across a broad range of settings and contexts worldwide.

Two forums in particular provide great insight to what is happening globally in relation to how displaced persons are treated. Discussion 6 of Course 1 (Global Context for Displaced Persons) asked participants to share their knowledge of legislation that is specific to their country and/or community most, with many highlighting the inconsistency in legislation with poor access to information common for many displaced persons and rehabilitation professionals on how to navigate the system, with peer advice rated highly by many. Similarly Discussion 2 and 4 in Course 3 (Communication and Trauma-Informed Care for Displaced Persons) highlighted the challenges around communication needs, with access to interpreter services often inadequate with many individuals reliant on family members, and commonly children and young people to provide interpretation services, often resulting in increased pressure within the health service. Team working was also highlighted as a challenge in many settings, particularly during the early stages of the migration process, with limited access to the broader interdisciplinary team with many team members having to work alone, or with limited access to other team members.

**“I work in a private practice and it remains very difficult to have verbal conversations regarding mutual patients given physicians general unavailability to speak by phone etc..... In general terms, collaborative communication remains poor and from my perspective it's often one-way.”**

These forum discussion posts provide great insight into the state of rehabilitation for displaced persons across the world. The forums will stay active, and [Plus](#) members can continue to read and contribute to the discussion points as they complete the courses.

### 3.4 Webinars

For the first time during a MOOC we trialled the introduction of two live webinars (Webinar 1 Trauma Informed Care and Working with Survivors of Torture Webinar and Webinar 2 Pain Assessment and Management for Displaced Persons Webinar) mid way through the 8-week MOOC to try to provide more opportunity for learner interaction and engagement to create connection and minimise the impact of isolated learning. Further detail on the webinars are available in the independently available webinar reports.

**Table 9: Webinar Initiation and Completion**

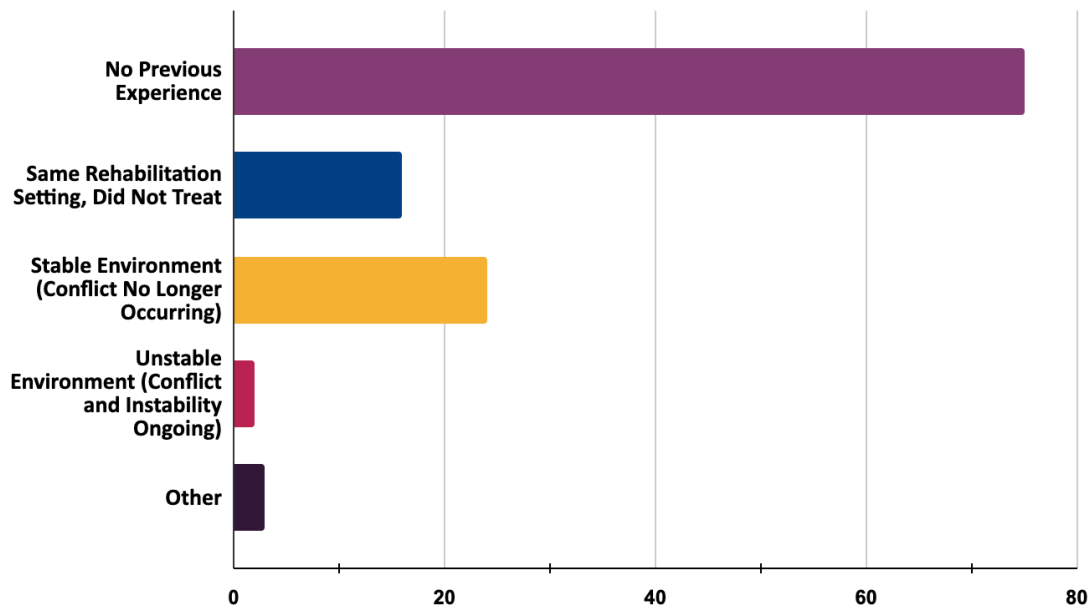
	<b>Webinar 1</b>	<b>Webinar 2</b>
	<b>Overall Number (ReLAB Country Numbers)</b>	<b>Overall Number (ReLAB Country Numbers)</b>
<b>Participants who Registered (n)(n1)</b>	588 (100)	562 (95)
<b>Participants who Attended (n)(n1)</b>	173 (50)	174 (40)
<b>Percentage who Attended (%) (%1)</b>	29% (50%)	31% (42%)
<b>Number Countries Attended (n)(n1)</b>	31 (4)	77 (4)

Data are Numbers (n) of Participants from all Countries, number (n1) of participants from ReLAB-HS Countries, percentages (%) or participants who attended the webinar and percentage (%1) of participants from ReLAB-HS Countries who attended the webinar.

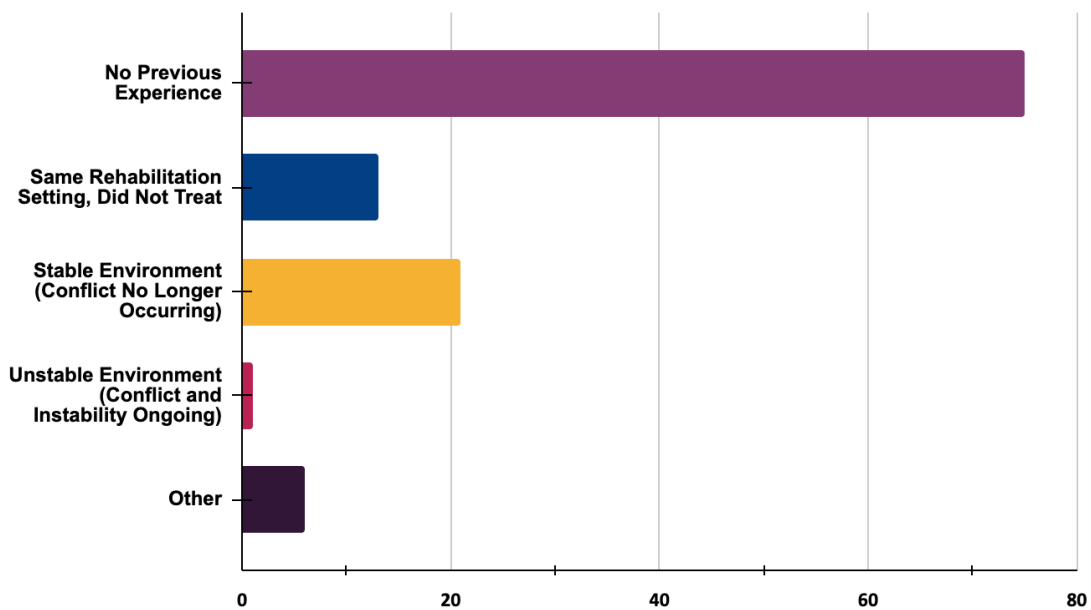
Of the participants who participated in the live online webinars the majority had no previous experience of working with or treating survivors of torture (77%) or displaced persons (76%). Of those who did have experience of working with survivors of torture and/or displaced persons most were within a stable environment where there was no current conflict or instability occurring, with only a small number working within an unstable environment.

Figure. 6 and 7 highlight the range of clinical experience of participants of working with survivors of torture and displaced persons.

**Figure 6: Clinical Experience Working with Survivors of Torture**



**Figure 7: Clinical Experience Working with Displaced Persons**



### 3.6 Final Assignment

An optional final assignment was designed to give participants an opportunity to reflect on their learning and use the knowledge gained throughout the courses. Participants were asked to follow the [assignment guidelines](#) or [video assignment guidelines](#) on Plus, and the Physiopedia team assessed the submitted assignments. To successfully pass the final optional assignment, participants needed to demonstrate: evidence of learning from the course, academic skill with evidence-based writing, and proper referencing. Assignments had to be written in English.

A total of 22 assignments were submitted of which seven have met the assignment requirements before October 30, 2022 and were rewarded with a passing grade and program certificate, with two needing just minor amendments to achieve a passing grade.,

### 3.7 Engagement versus Completion

Of the 12,604 participants who registered to take part in Understanding the Rehabilitation Needs of Displaced Persons program, 868 completed the pre-MOOC competency check and 796 (1% of registered participants) began the first course before October 30, 2022. 796 participants began course 1 (Global Context for Displaced Persons) of the Understanding the Rehabilitation Needs of Displaced Persons Program, with 42% completion rate.

Course 4 (Considerations for Working with Diverse Displaced Person Populations) and Course 6 (Working with Survivors of Torture) had the highest completion rates with 87% participants completing these two courses. The number of participants who began and completed each of the seven individual courses and the program with assignment can be found in Table 8.

	Course 1	Course 2	Course 3	Course 4	Course 5	Course 6	Course 7	Program
<b>Participants who Started (n)</b>	796	367	280	225	225	217	335	173
<b>Participants who Completed (n)</b>	333	287	227	195	191	189	223	7
<b>Percentage who Completion (%)</b>	42%	78%	81%	87%	85%	87%	67%	4%

Data are Numbers (n) of Participants

High numbers of dropouts are a common challenge for MOOCs, suggested to be related to limited participant interactions (Fricton et al., 2015) and lack of face-to-face sessions, which generate a sense of isolation and disconnection (Jessica et al., 2021).

Two hundred and twenty three participants completed Course 7, the final mandatory course of the MOOC, which is a completion rate for the MOOC of 28%. While smaller numbers completed each consecutive course, the completion rates for the later courses were much higher than for the initial course, suggesting a good connection with the content.

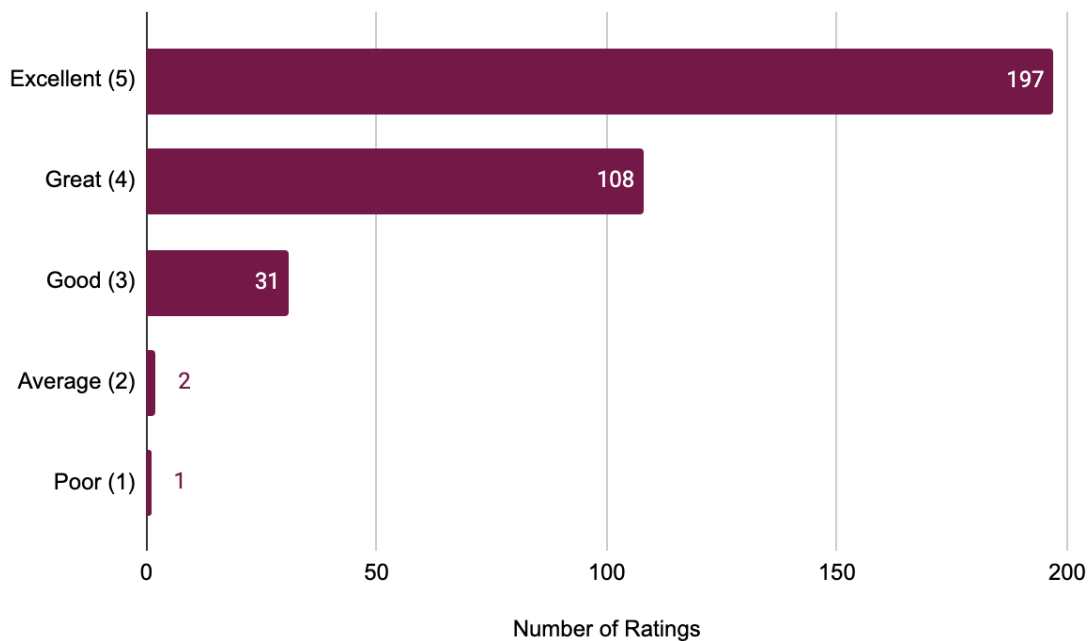
Overall, these completion rates for both the full MOOC and each individual course are well above those seen for both health-related MOOCs, with completion rates reported to range between 4.3% and 11% (Maxwell et al., 2018), and technology-related MOOCs that are generally below 13% (Onah et al., 2014).

## 4.0 Participant Feedback

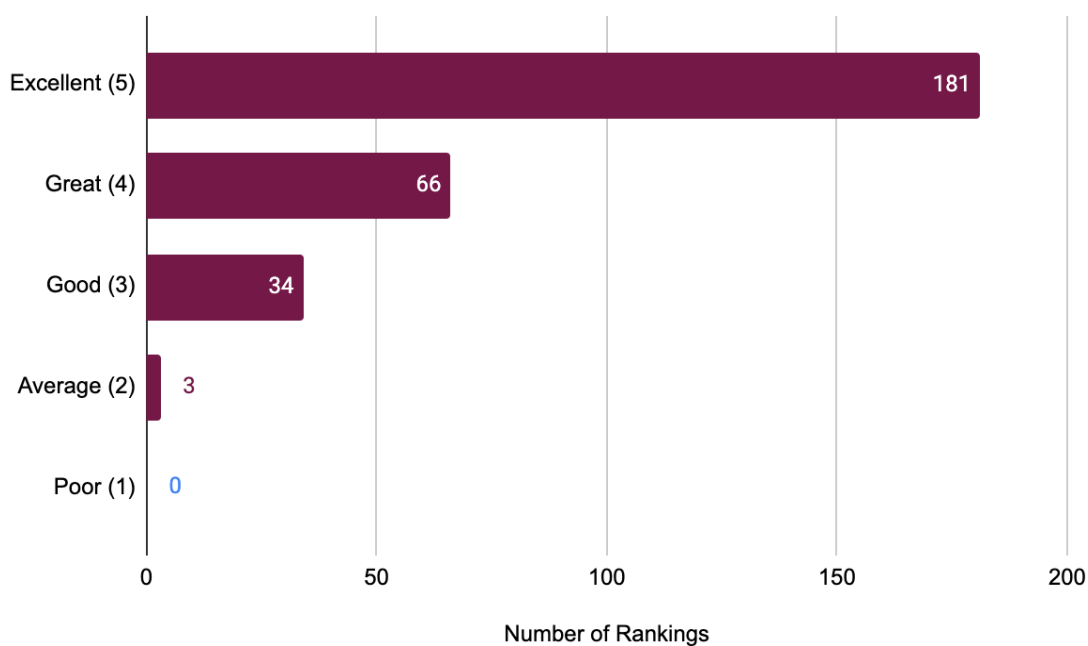
After the completion of each of the seven courses, participants had the option to share their feedback. Participants were asked to rate their overall opinion of each course on a five-point scale ranging from excellent to poor. Overall all seven courses received a predominant excellent rating with no ratings of poor in any of the seven courses. Figures 6 to 13 display the results for each individual course.

### 4.0 Quantitative Data

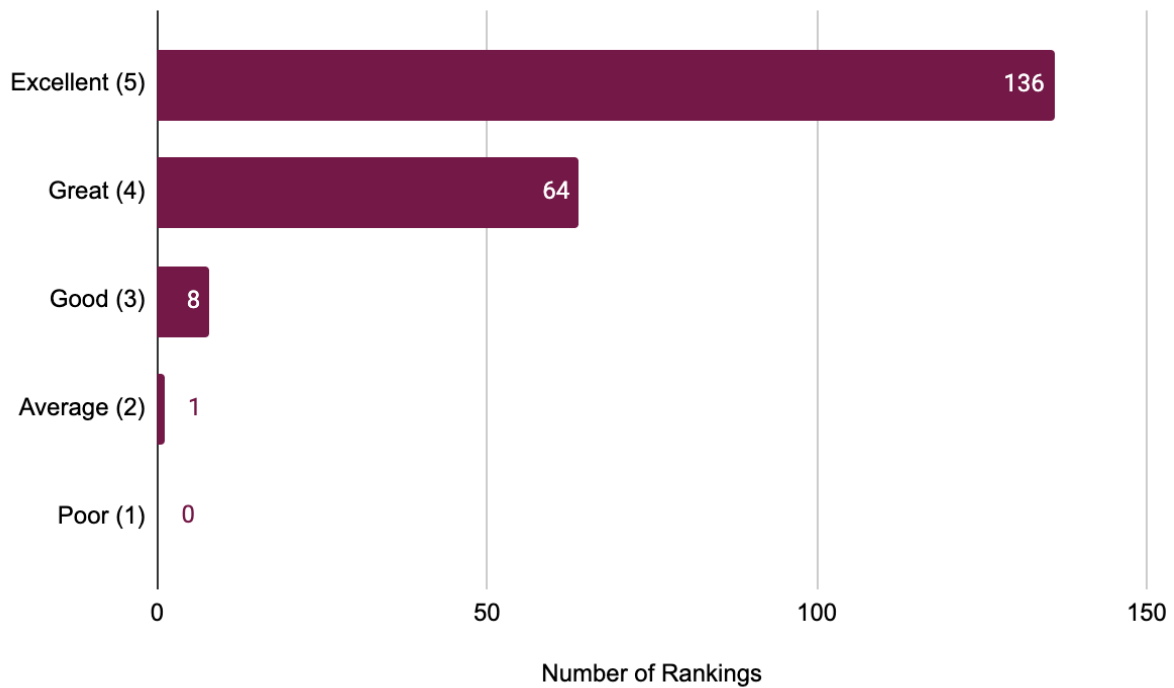
**Figure 8:** Course Rating for the Global Context for Displaced Persons Course (n=339)



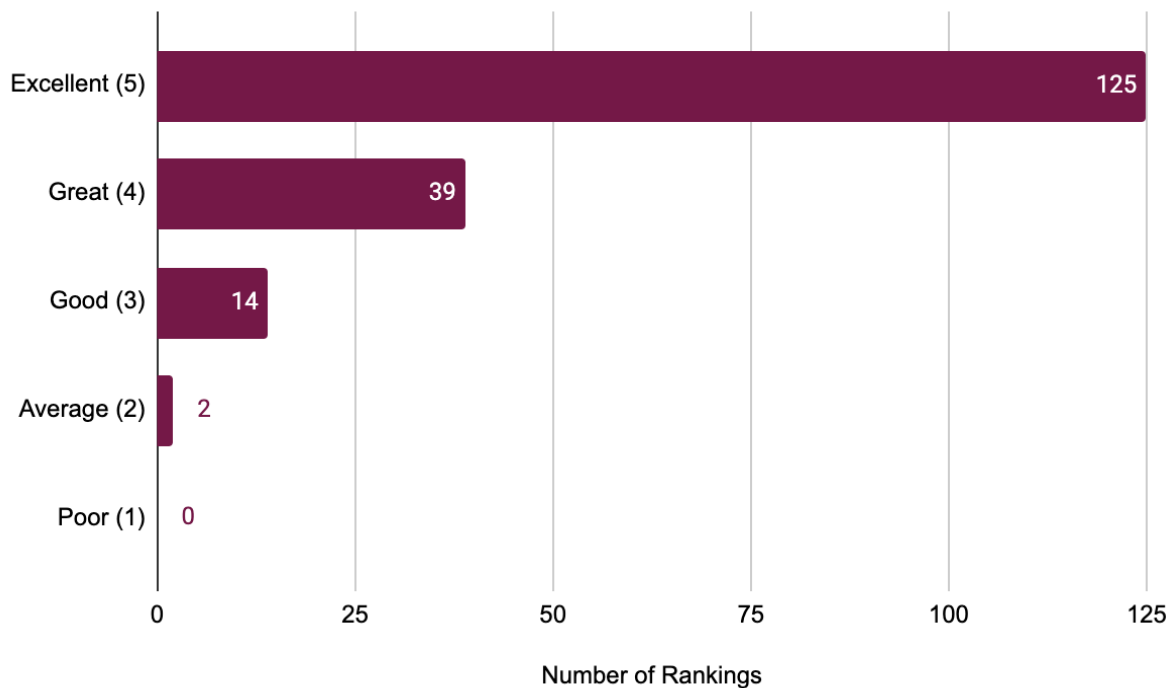
**Figure 9:** Course Rating for the Health and Well-Being for Displaced Persons Course (n=284)



**Figure 10:** Course Rating for Communication and Trauma-Informed Care for Displaced Persons Course (n=209)

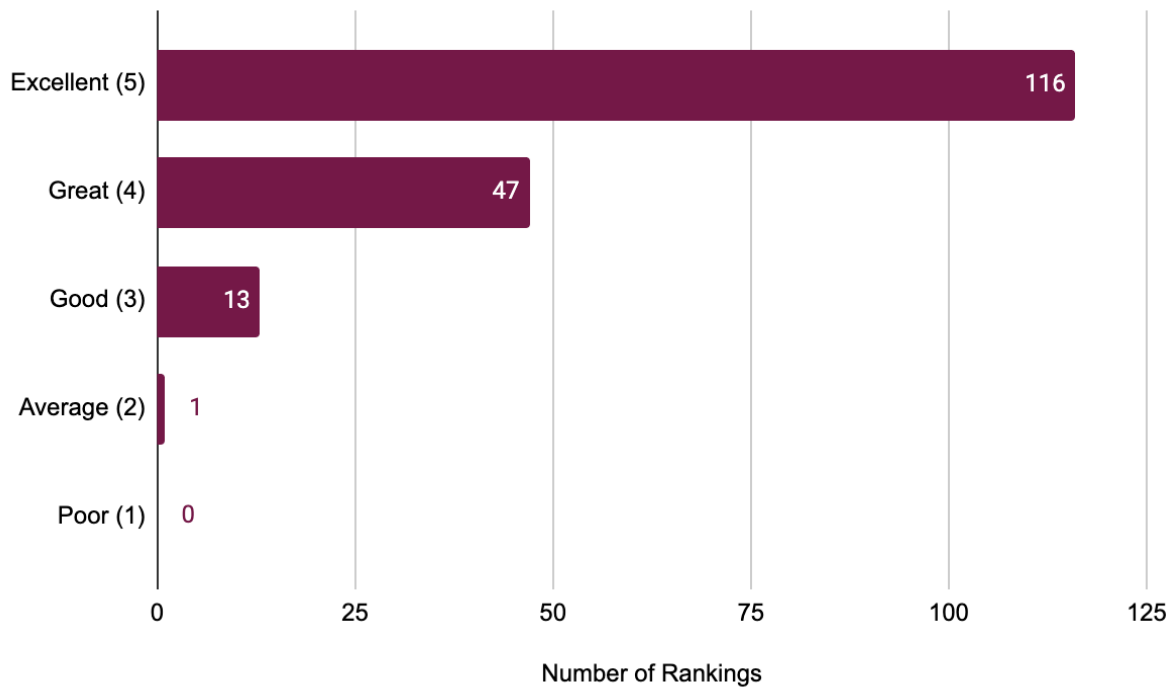


**Figure 11:** Course Rating for the Considerations for Working with Diverse Displaced Person Populations Course (n=180)

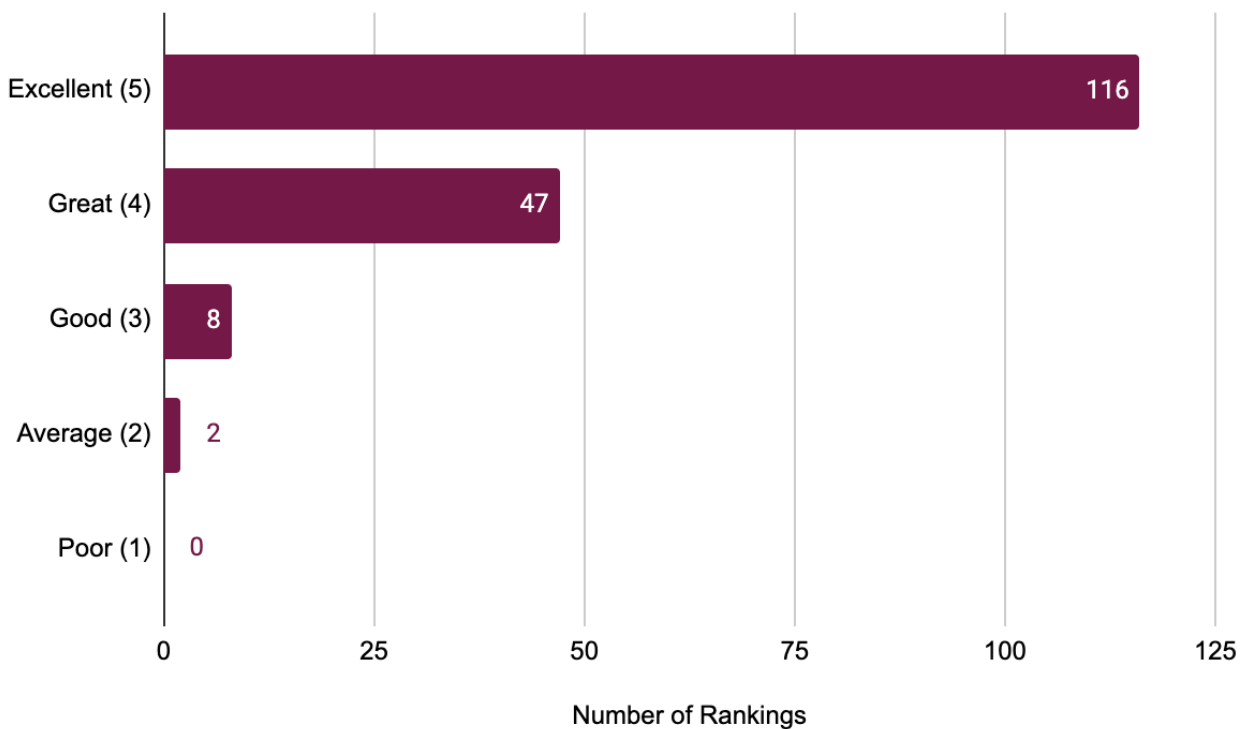




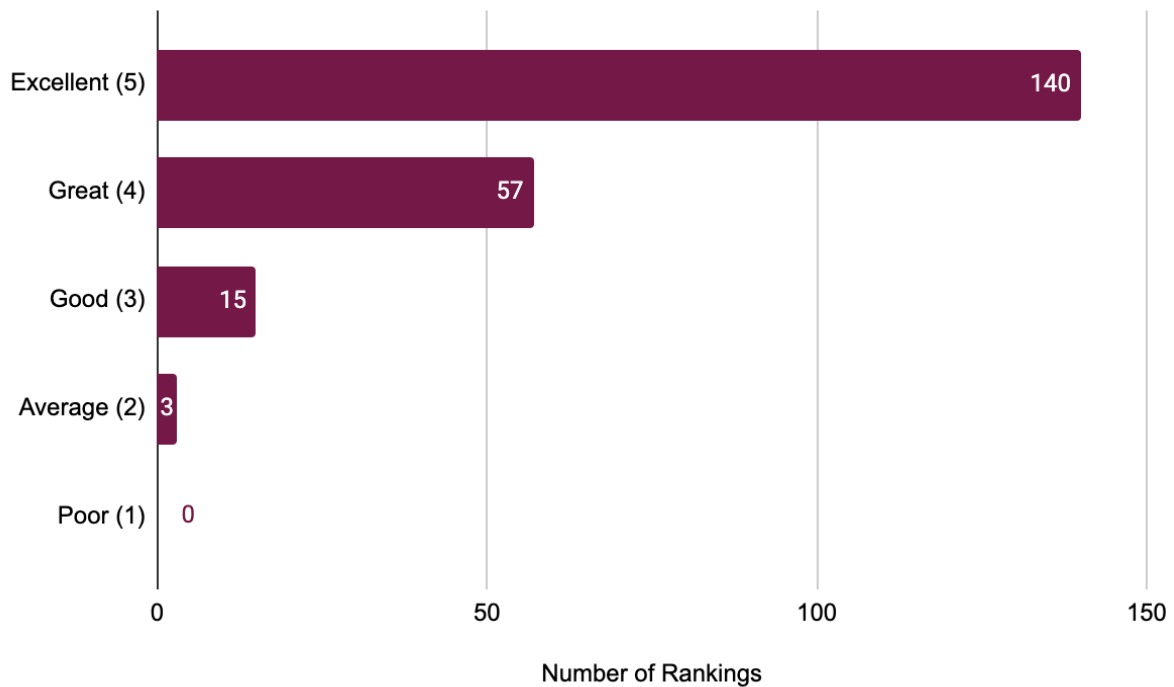
**Figure 12:** Course Rating for the Considerations and Practical Tools for Working with Survivors of Sexual Violence and Trafficking Course (n=177)



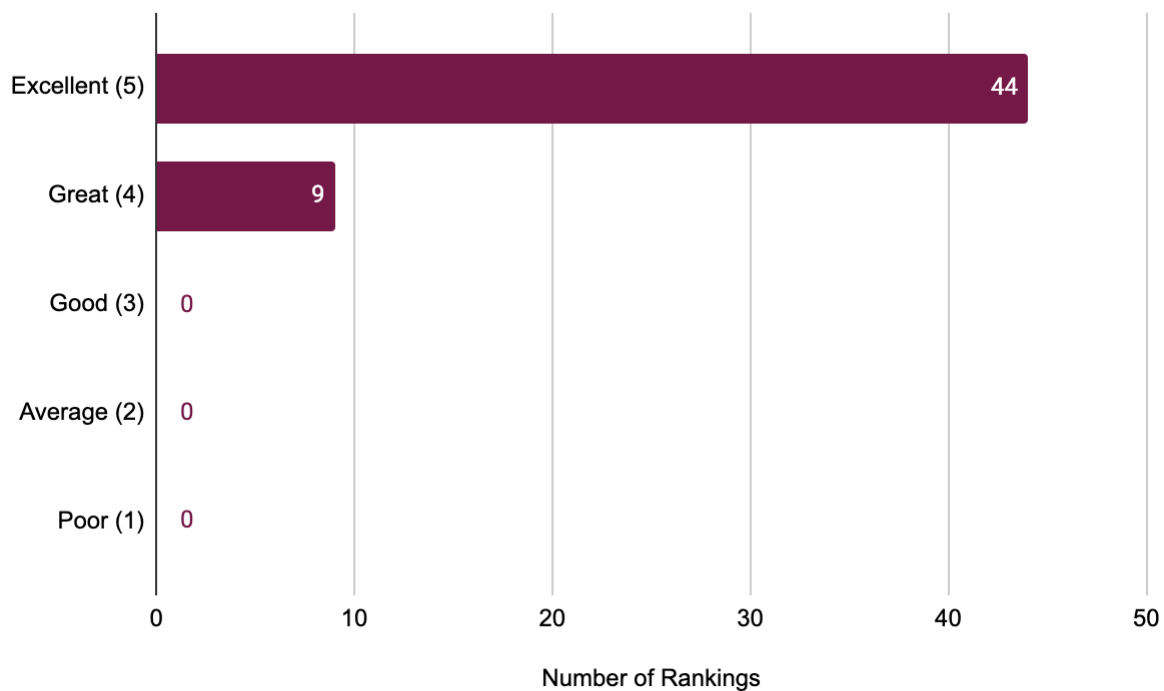
**Figure 13:** Course Rating for the Considerations for Working with Survivors of Torture Course (n=173)



**Figure 14:** Course Rating for the Assessment and Management of Pain for Displaced Persons Course (n=215)



**Figure 15:** Program Rating for the Understanding the Rehabilitation Needs of Displaced Persons program (n=53)



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## 4.2 Qualitative Data

Participants were provided with the opportunity to give qualitative feedback on their experience with each course. When asked, “What were the best elements of this course?” overall, the participants reported that they enjoyed the variety of materials in the courses, in particular the videos that were supported by transcripts and up-to-date research highlighting the current global perspectives on displacement, the impact on rehabilitation services and strategies for working with diverse displaced person populations. Participants reported that the information provided was presented clearly and in an engaging way with excellent speakers who were experts in their field.

In Course 1 (Global Context for Displaced Persons), the participants highlighted the videos and articles that explored the terminology and global data surrounding displacement as most beneficial to their learning, providing a detailed overview of the context surrounding displacement, which helps when advocating for improved rehabilitation services to meet the needs of displaced persons.

*“I really loved the videos by Courtland Robinson, he has a wonderful way of throwing out the facts without making them feel heavy. Conveying the importance of specific information, but doing it with a very 'human' tone. It was engaging and started off the section well to peak curiosity.”*

In Course 2 (Health and Well-Being for Displaced Persons) participants highlighted the important role that understanding cultural difference plays when working with displaced persons and identified the importance of understanding health literacy. Participants also identified that the flow of the course going from the health and well-being needs of the displaced person to the self-care needs of the rehabilitation professional as a key positive of the course, ensuring recognition of equal importance of these factors for a well functioning health service.

*“Reminders to be sensitive to cultural differences of the refugees and migrants and need to make them feel comfortable to be able to properly assess their health needs and inquiries.”*

*“The course structure is useful going from the needs of the displaced person to the personal needs of the physiotherapist. both are equally important for a well functioning rehabilitation process.”*

*“It also gives attention to healthcare workers or any rehab personnel. Most topics will only involve honing one's skill or understanding of certain topics, and finding ways on how to better in giving medical or health care services, but this topic gives importance to self-care to the manpower of health care service.”*

In Course 3 (Communication and Trauma-Informed Care for Displaced Persons), it was evident that participants enjoyed the content and felt the course enhanced their current level of understanding around communication within the rehabilitation team members and the importance of collaboration in build trust and a positive therapeutic relationship when working with displaced persons who may have experienced trauma. Additionally, they recognize the impact that using an interpreter can have on the quality of care, and how vital it is to develop our skills as rehabilitation professionals to work with interpreters to ensure we can provide the best possible care to people who have been displaced and arrive in a country where a different language is spoken.

*“Emphasis on the clinician as the facilitator - oftentimes due to our expertises, we get put into sole decision-making roles, with pts having to defer to us for further care. Making care collaborative removes a lot of the barriers that come with "white-coat syndrome”*

*“Trauma informed care, the need for us as rehabilitation professionals to understand that displaced persons have experienced a serie (s) of events which has adverse effects on an individual's functioning and mental, physical, emotional, social or spiritual well being. In our intervention as rehabilitation professionals,we ought to be mindful in our assessment and treatment approach to displaced persons to prevent re-traumatization and improve treatment outcomes for individuals who have experienced traumatic events. “*

*“A broader knowledge on who an interpreter is, their role and importance in the management of the displaced persons resonated in me and left an impression that to better achieve results a good, clear understanding is required both from the affected people and the health professional involved.”*

In Course 4 (Considerations for Working with Diverse Displaced Person Populations), participants highlighted the importance of recognising diversity, and valued the opportunity to consider the needs of diverse populations that are represented in displaced persons.

*“I was reminded that vulnerable groups of people in every society are represented within the refugee population. And there were practical ways to address each group.”*

*“Addressing the large issues of war and climate are not the only reasons why someone seeks to flee their place of origin. The challenges of LGBTQ+ individuals are certainly unique and the traumatic experiences are often intimate and of a different nature. To bring attention to that amongst healthcare providers is still something that is greatly needed.”*

*To be honest, I'm still processing everything I've learned about LGBTQIA+ , it involves a lot of terminologies and some of which are interchangeable. However, the bottom line is, just like any other patients, LGBTQIA+ clients deserves the same respect and care every client gets during our service provision and confidentiality is key is building a long lasting therapeutic relationship while using receptive language as preferred by the clients not assuming based on your knowledge or cultural beliefs/social perceptions . Communication goes a long way in our interactions with our clients of diverse displaced population.”*

In Course 5 (Considerations and Practical Tools for Working with Survivors of Sexual Violence and Trafficking), teh content was found to be chall;enging, and discussed content that can be difficult to be exposed to but participants highlighted how the content experts made learning about this challenging area more palatable with their empathetic approach, knowledge and composure.

*“Tactfully presented subject matter that is extremely intimate”*

*“I found this course quite confronting and upsetting but the presenters calm composure made the topic more palatable”*

*“The different treatments provided for both women and men's health and in how to cater to survivors of sexual violence was a very good learning experience. Knowing about sexual violence during armed conflicts and the psychological bases of committing such acts was surprising for me. Hearing the experiences that these people have experienced has left me sobered up on the harsh realities and injustice placed upon them.”*

In Course 6 (Considerations for Working with Survivors of Torture), the case study was the most important element highlighted by participants, which they felt provided an opportunity to put into practice much of the theory that they had learnt across the MOOC. Participants also valued the process and strategies encompassed within the Herman Model to in provide a structure to work within when working with survivors of torture, to support them to minimise the risk of re-traumatization..

*“Herman model that emphasizes safety and stabilization, integration and reconnection. Safety allows the client to feel more comfortable and ease and open up about their story letting you in on their trauma. As a therapist, we play an important role to ensure we don't cause re-traumatization by asking our clients a lot of questions as this may feel like interrogation, allow room for open discussion, clients taking control, and making choice of where they prefer to be treated, or even sitting during the session”*

*“ It was enlightening to learn about the re-traumatization of the patients and how to avoid such things. How certain body movements, temperature, changes in the environment and others could make them revisit their trauma makes it very sobering. It made me reflect on how careful I must be and how I must make sure to be more considerate and make sure of my patient's comfortability.”*

In Course 7 (Assessment and Management of Pain for Displaced Persons), what was most valued by participants was the range of strategies provided that can be used in both assessment and management of pain for displaced persons, while recognising the impact of trauma on pain.,

*“The way the concept of pain in displaced persons was explained along with multiple treatment options was very helpful and delivered in an easy manner.”*

*“It was really helpful to understand the global context, and I liked the encouraging tone and how the course content showed me links between what I already know and do as an OT and the needs of displaced persons. It helped me to feel more confident accepting referrals for this population.”*

Finally for those that completed the full program of seven courses

*“Although the background information is important, I loved the parts with specific therapy related examples and suggestions to treat this population.”*

*“Communication on a cultural level. Learned much more than I thought I knew.”*

When asked, “How could this course be improved?” participants requested that the course be offered for a longer period of time. Participants felt that having access to more case studies across a range of different settings and contexts would have been helpful for their learning. A majority of participants stated that they would have liked to have more video content, including content more representative of low- and middle-income countries. There were also multiple suggestions to simplify language, have less

written materials, and, where possible, provide a summary at the end of each course that highlights key learning points. There were also a number of participants who highlighted the benefits of the live webinars and requested the opportunity for more frequent live webinars to be incorporated as part of the course to allow for more feedback and opportunities for questions throughout the MOOC.

*“If more case studies could be added to the course, it would help a lot.”*

*“I wish I could have some videos with patients telling us about their experiences with pain treatments. What helped and what wasn't a good fit.”*

*“This course can be improved if you can include real time online classes for questions and answers sessions.”*

*“Not repeating the same information between videos and articles.”*

*“By providing a single PDF file that covers the whole course”*

*“Bullet point summary at the end”*

*“The user experience -- the text of the course is light gray on a white background, it's difficult to read”*

Throughout the MOOC, it is evident from all the qualitative feedback that a key value highlighted by many participants has been discussion forums and the opportunity they provide for rehabilitation professionals, across all disciplines, to share their experience and knowledge with others from across the world. It highlights the key role that online learning can play as a communication and collaboration tool to provide a community of practice for rehabilitation professionals who can help support each other and strengthen the development of responsive and sustainable physical rehabilitation services in the communities where they are most needed.

*“I liked the discussion groups and the fact that it was both videos and write ups. Knowing that there are discussions helps you pay better attention and the entire format of the course is captivating, ensuring that you learn a lot. I also like that it was very integrating, involving different professionals in different countries, pooling together their experience and resources.”*

### **4.3 Impact on Knowledge**

In order for a participant to show increased knowledge they needed to complete both the Pre- and Post-Course Knowledge and Competency Self-Rating Tools. Increase in knowledge can be evidenced by an increase in the average (mean) self-assessment scores between the Pre- and Post-Course Knowledge and Competency Self-Rating Tools.

Only 127 participants completed the Post-Course Knowledge and Competency Self-Rating Tool, accounting for 57% of the participants who completed the final Course 7 of the MOOC. Of those, 127 participants (95%) registered an increase in knowledge. A general rate of knowledge increase across all course participants could be inferred from this percentage, which would suggest about 756 participants would show increased knowledge from taking part in the MOOC.

Evidence from the Post-Course Knowledge and Competency Self-Rating Tool also show improvement in knowledge across all areas post course completion. All participants were asked to complete a pre and post-competency survey noting their perception of comfort with the knowledge and skills taught within the MOOC. Data was analysed using the Wilcoxon Matched Pairs test. Due to the number of

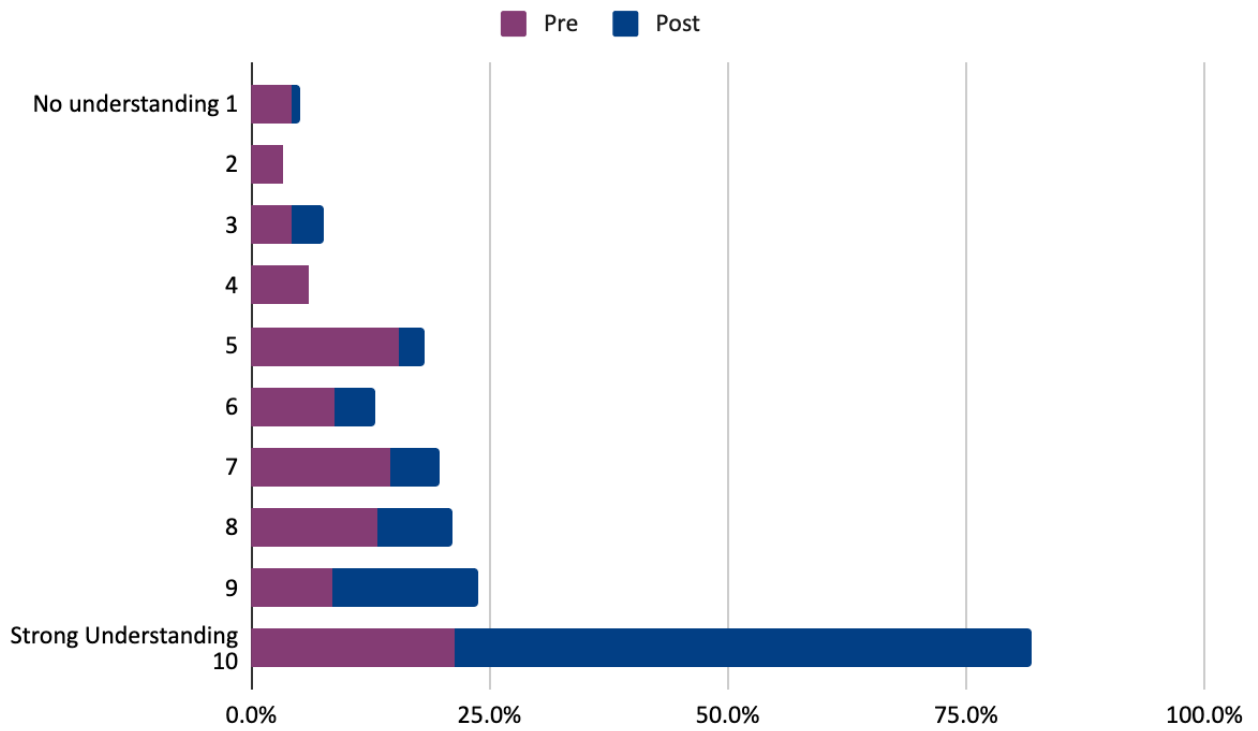
comparisons, a Bonferroni correction was utilized to determine significance level (.004). Ten of the 11 questions demonstrated statistically significant increases in scores indicating improvement in participant perceptions. The only question that did not have a statistically significant improvement was; “Who are displaced persons?”.

**Table 11: Understanding Data from Pre and Post-Competency Course Knowledge and Competency Self-Rating Tool**

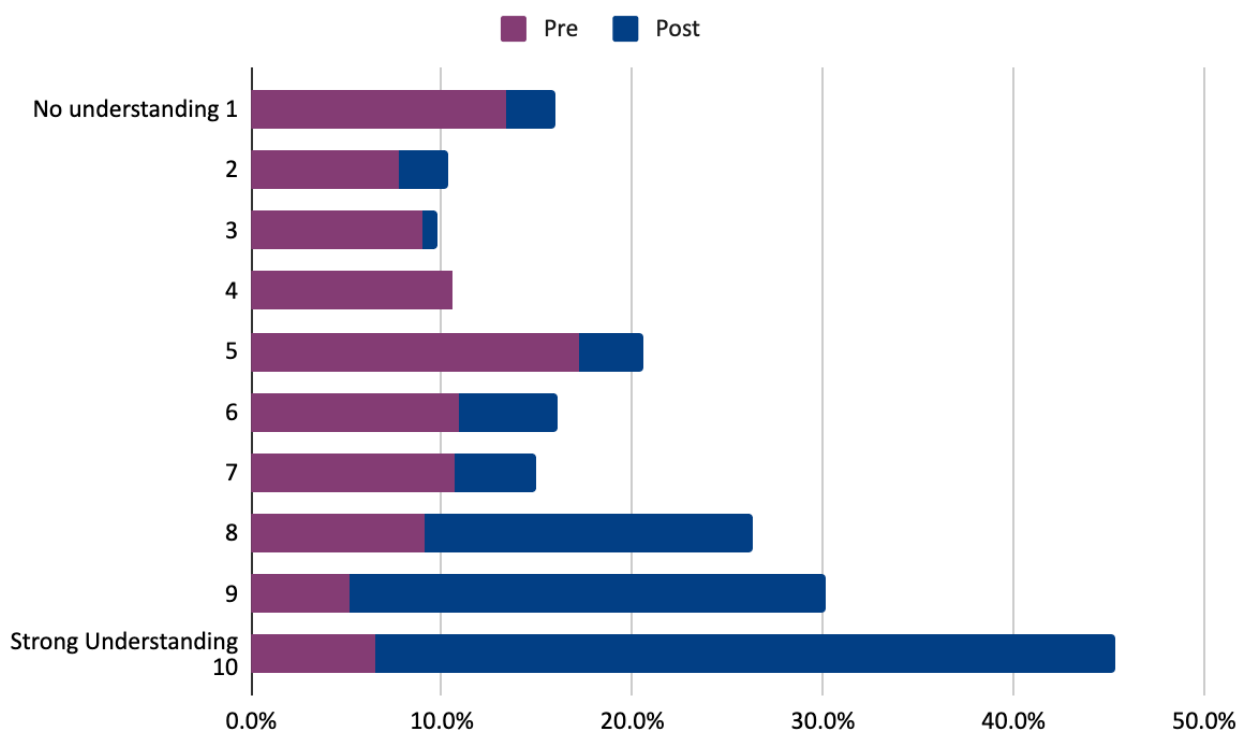
Stem: At this point in time rate your understanding of the following where 1 = no understanding and 10 = strong understanding			
Question	Mean Pre	Mean Post	Sig
Who are Displaced Persons?	6.8	8.9	.013
Global Context surrounding Displaced Persons	5.1	8.4	.002
International Legislation for Displaced Persons	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

Figures 16 to 26 below show the data around understanding of displaced persons pre and post course completion.

**Figure 16: Who are Displaced Persons?**

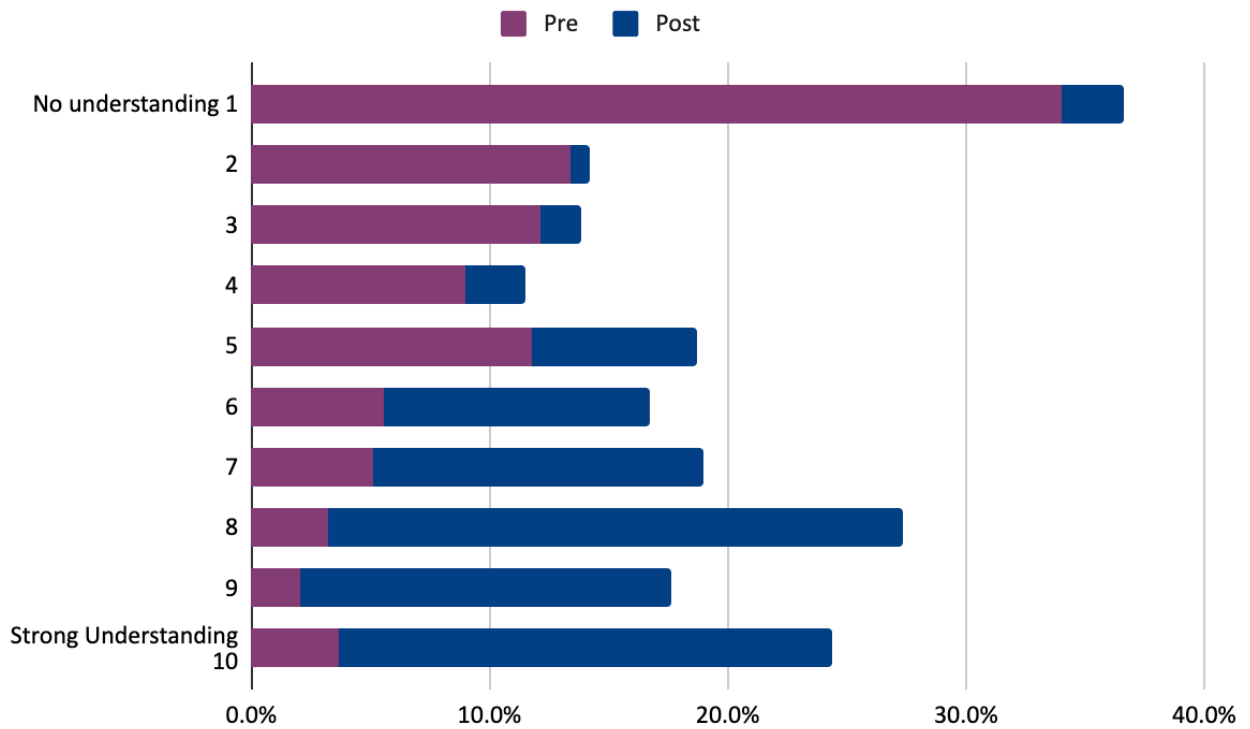


**Figure 17: Global Context surrounding Displaced Persons**

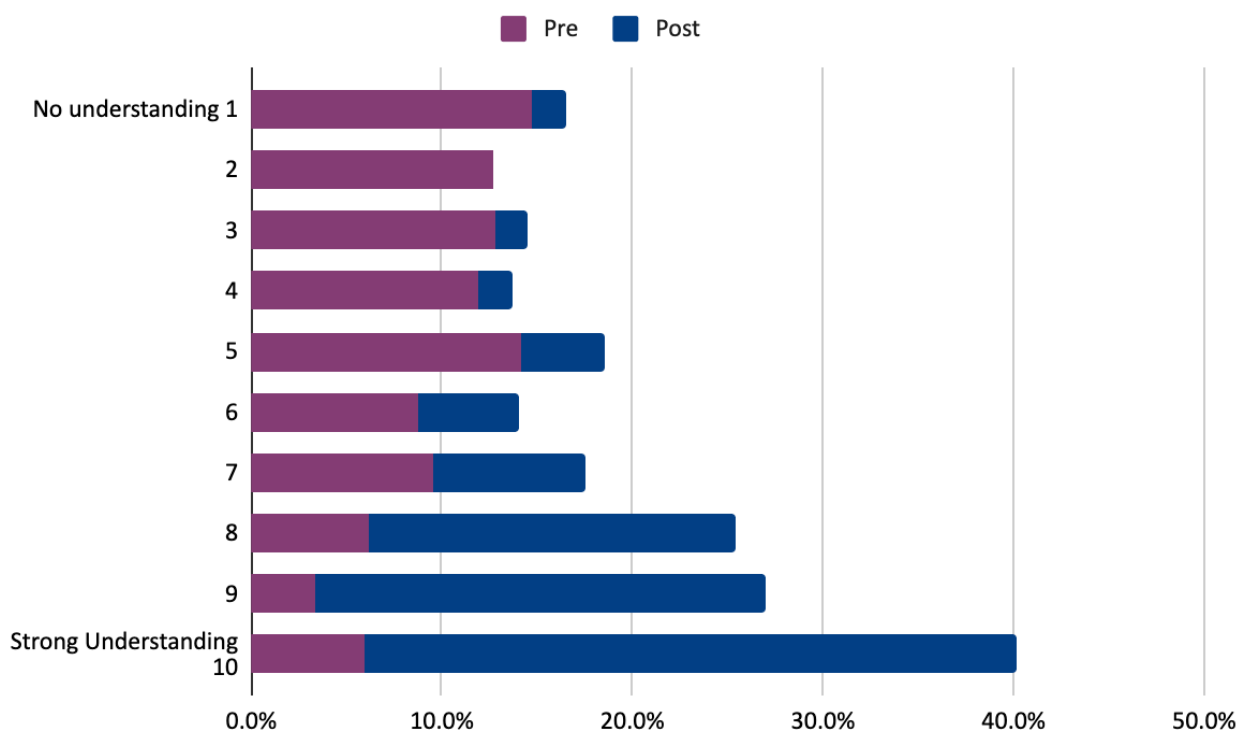




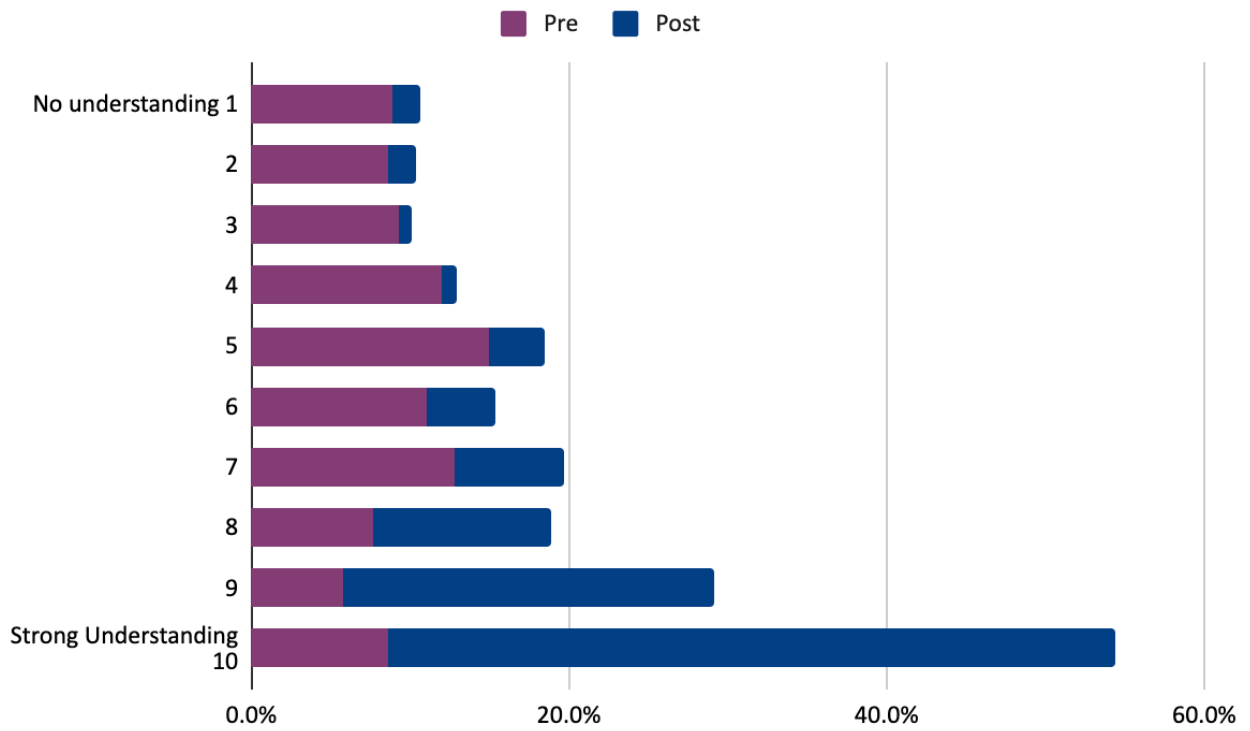
**Figure 18: International Legislation for Displaced Persons**



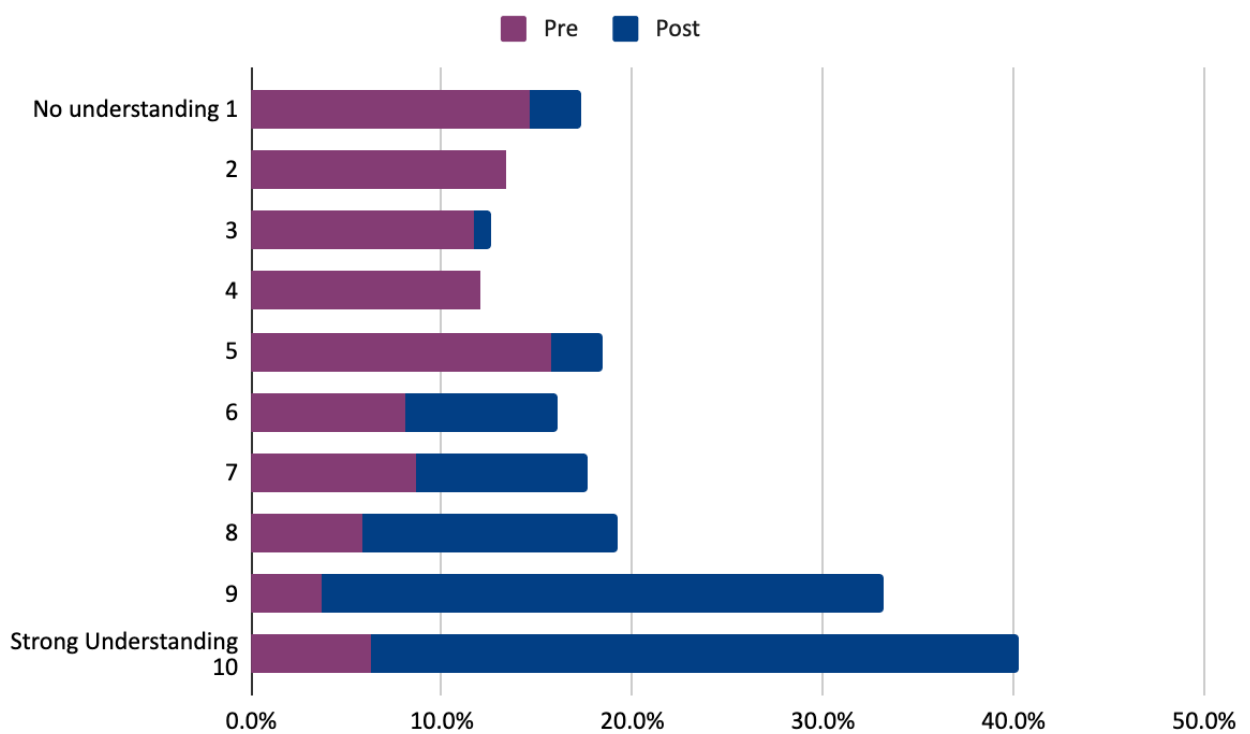
**Figure 19: Knowledge Of Complexity Of Needs Of Displaced Persons**



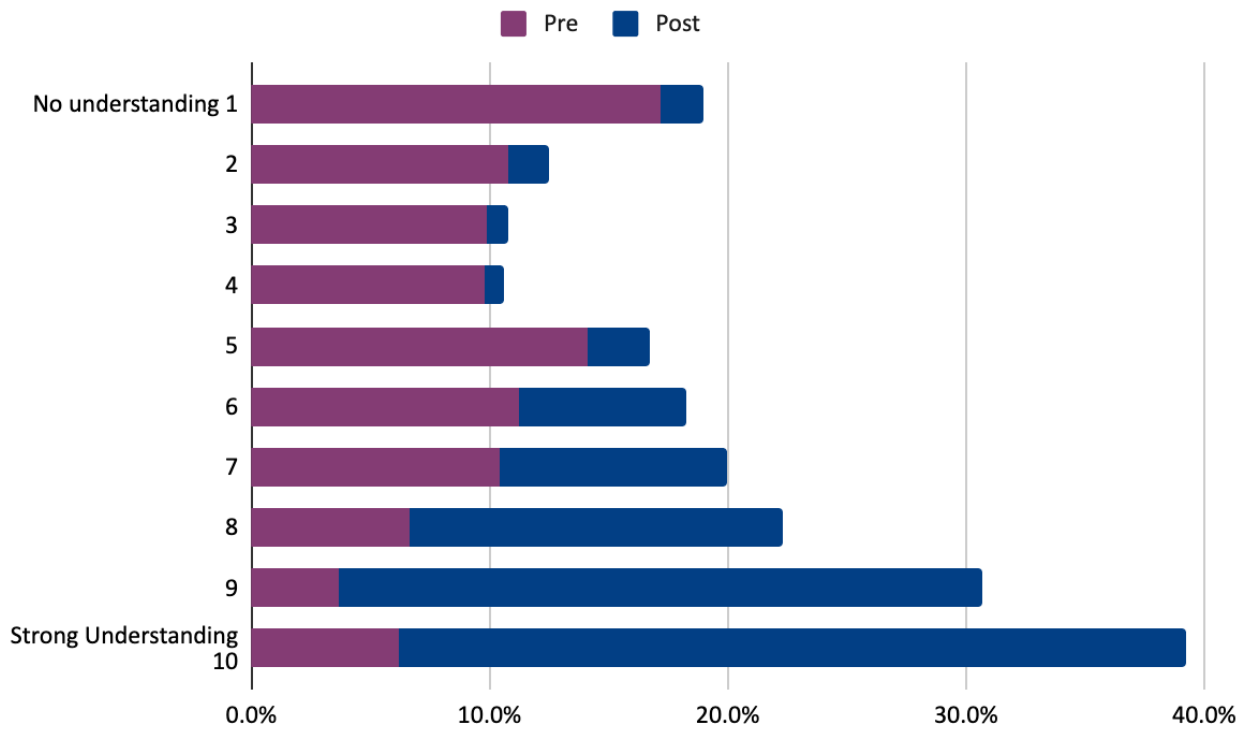
**Figure 20: Impact of Displacement on Health and Well Being**



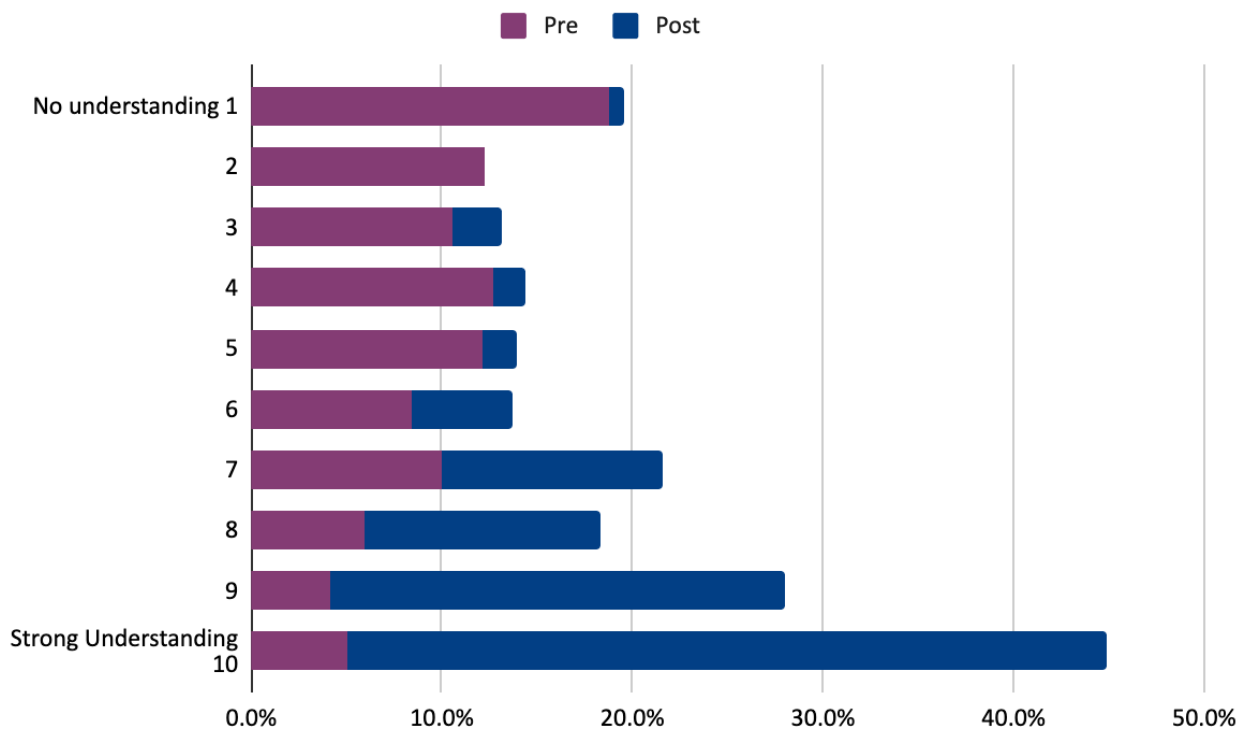
**Figure 21: Communication for Displaced Persons**



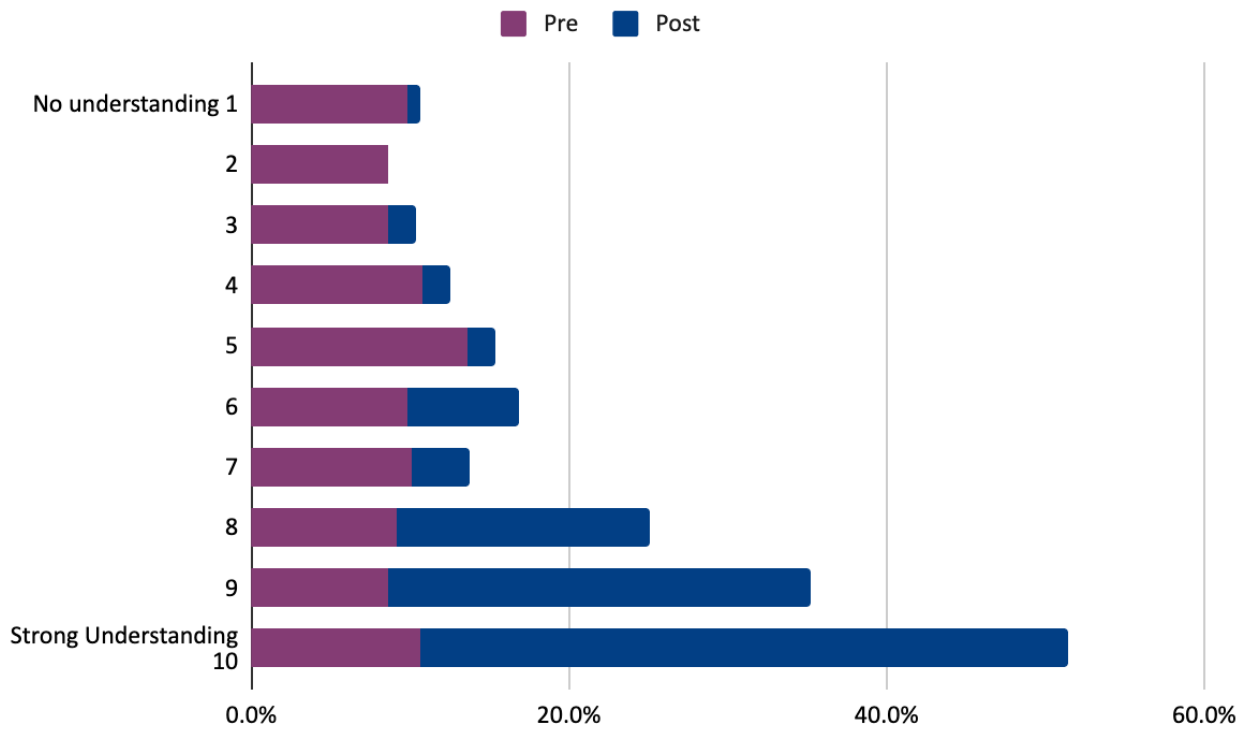
**Figure 22: Cultural Competency**



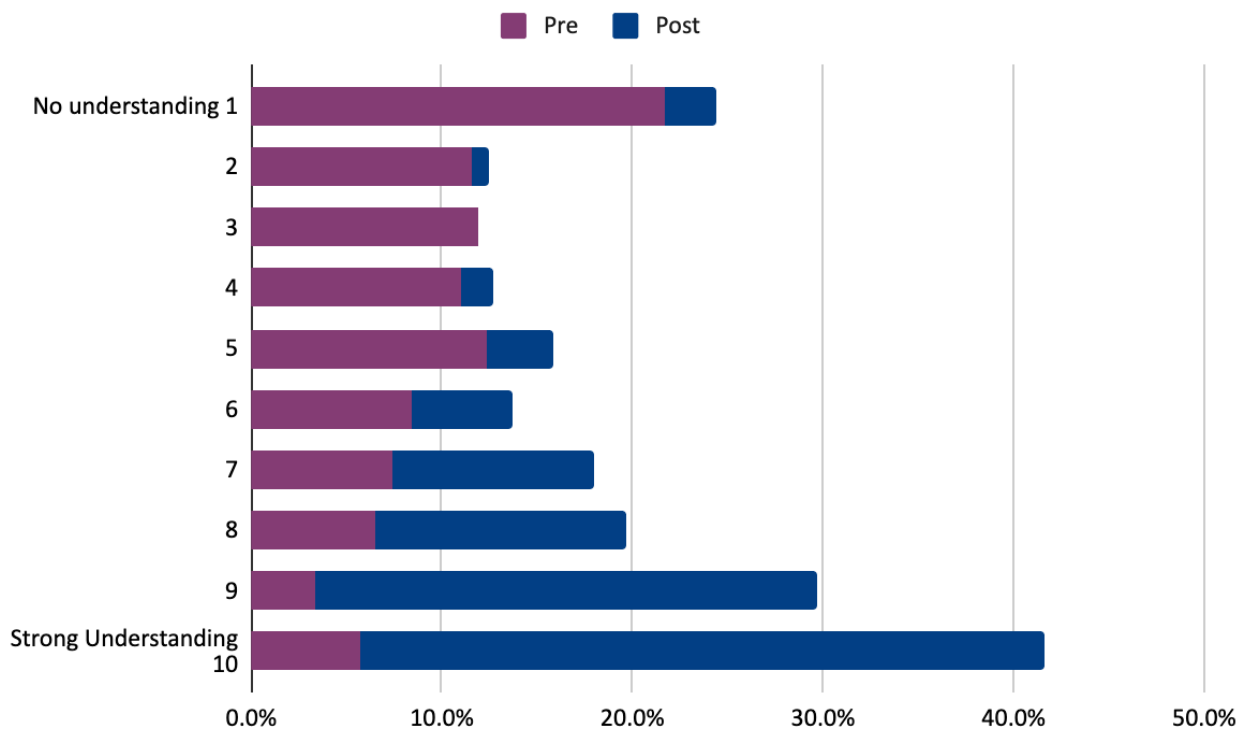
**Figure 23: Trauma Informed Care**



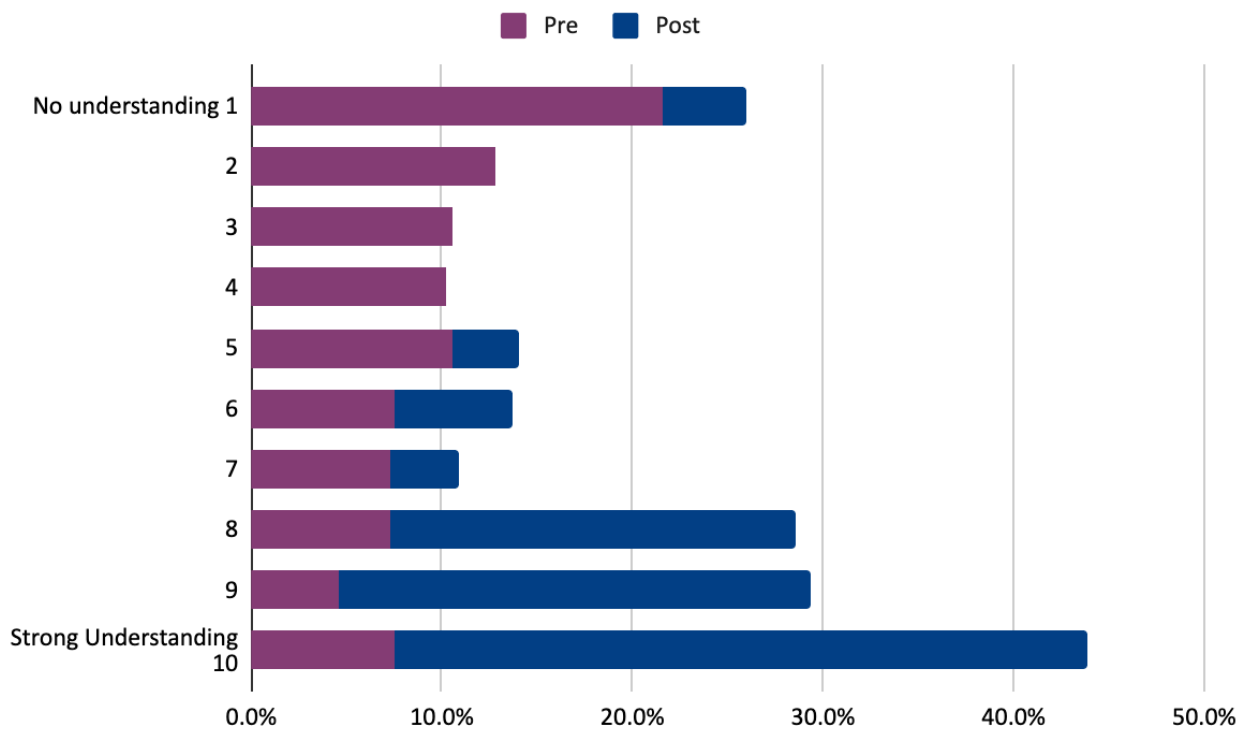
**Figure 24: Roles of Rehabilitation Team Members**



**Figure 25: Working with Diverse Displaced Persons Populations**



**Figure 26:** Impact of Torture and Sexual Violence on Displaced Persons



### 4.3 Impact on Clinical Practice

In the evaluation, participants were asked to “describe any changes to your clinical practices that you have made or intend to make as a result of participation in this course.” Generally, it appears that the Understanding the Rehabilitation Needs of Displaced Persons program facilitated improvement of participants' awareness of the role that all rehabilitation professionals can play in advocating and developing rehabilitation services.

One important area highlighted by a number of participants was the the recognition for self-care in their practice, particularly when working with people who have experienced trauma. Self-care is such a vital strategy for rehabilitation professionals to recognise and implement within their practice to minimise stress and burn-out,

Overall, the most important change highlighted by a large number of individuals has been the need to ensure more person-centred or family-centred care that involves the patient and their support structures throughout each phase of the rehabilitation process. Participants emphasized that they acquired a new appreciation for the role that rehabilitation can play in supporting displaced persons through each phase of the migratory process.

**“As someone who I feel is getting close to burn out at the moment, the self care section helped me to recognise my signs and remind me what I can do to prevent a full episode. I have spoken to work colleagues and made changes that will help support me. I have taken on a new project- instead of something else I am working on rather than in addition to- and this has boosted my enthusiasm. I feel this will have a positive impact on my patients now that I am feeling calmer.”**

**“Prior to this moment, I didn’t think rehabilitation had anything to do with displaced persons or refugees..Another aspect has been unlocked and I’m not ignorant about that again”**

**“Sharing this knowledge with colleagues as we look to improve the Physiotherapy service we offer our migrant patients. This increased knowledge base has a direct impact on the empathy I have for my patients.”**

**“I am more aware of the legal aspects and complexities to take into account when advocating for equal access to services”**

Illustrative sample comments on the impact of clinical practice can be found in Appendix 4.

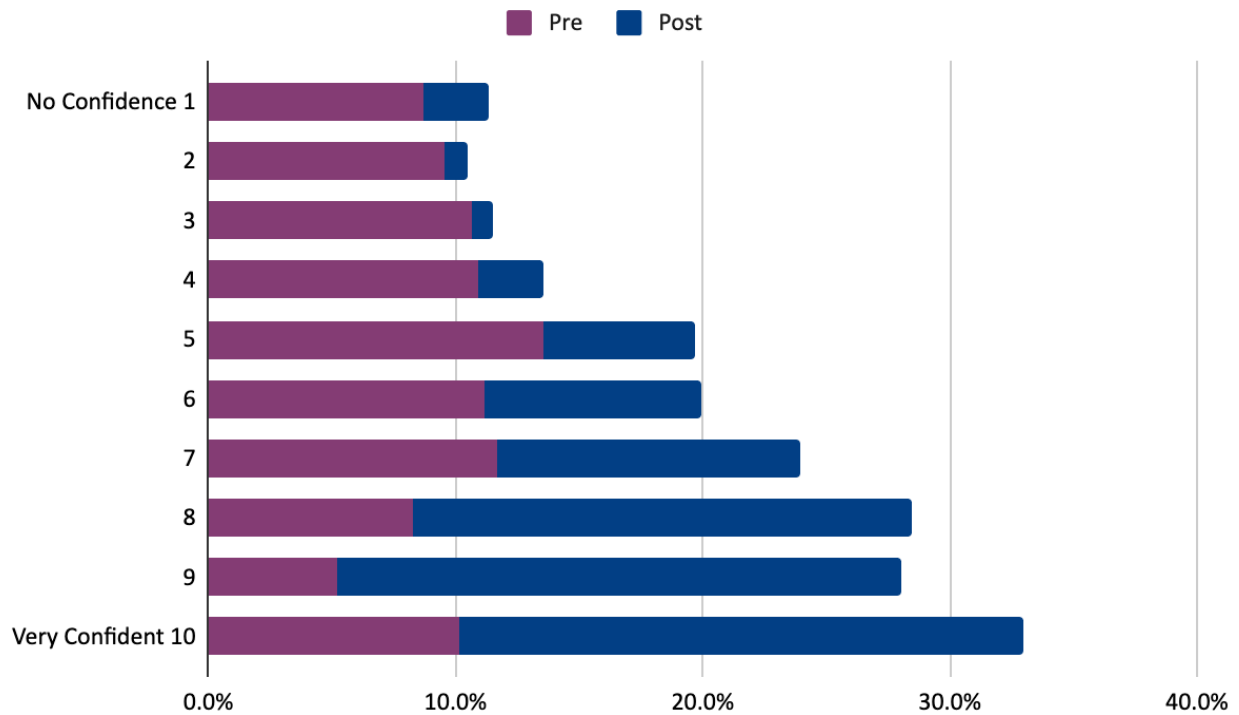
Evidence from the Post-Course Knowledge and Competency Self-Rating Tool also show increased confidence in skills across all areas identified as relevant when working with displaced persons after completion of the course. All participants were asked to complete a pre and post-competency survey noting their perception of comfort with the knowledge and skills taught within the MOOC. Data was analysed using the Wilcoxon Matched Pairs test. Due to the number of comparisons, a Bonferroni correction was utilized to determine significance level (.004). All nine questions demonstrated statistically significant increases in scores indicating improvement in participant perceptions.

**Table 12: Confidence in Skills Data from Pre and Post-Competency Course Knowledge and Competency Self-Rating Tool**

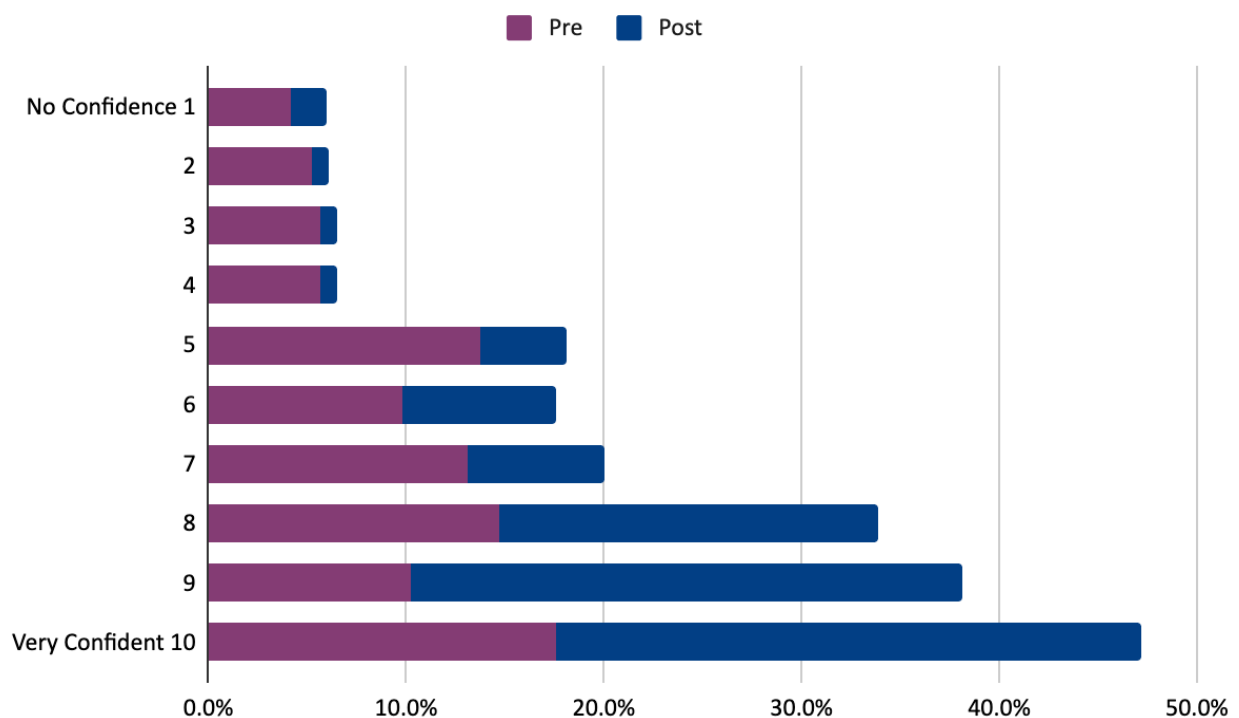
Stem: At this point in time rate your confidence to perform the following were 1= no confidence and 10 = very confident			
Question	Mean Pre	Mean Post	Sig
Deliver person-centred care to meet the needs of diverse displaced persons populations	5.4	7.8	<.001
Collaborate effectively within a multidisciplinary rehabilitation team	6.6	8.3	<.001
Refer appropriately to other professions or services	6.6	8.4	.001
Ability to build therapeutic relationships	7.0	8.6	.004
Ability to work with interpreters	6.6	8.2	.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	<.001
Adapt rehabilitation services to meet the needs of diverse displaced persons populations within your practice and/or healthcare system	5.9	8.2	<.001
Apply appropriate treatment options for working with survivors of torture or sexual violence	5.1	7.9	<.001
Assess and Manage Pain in Displaced Persons	5.8	8.2	.001

Figure 27 to 35 show the data around confidence in working with displaced persons pre and post course completion.

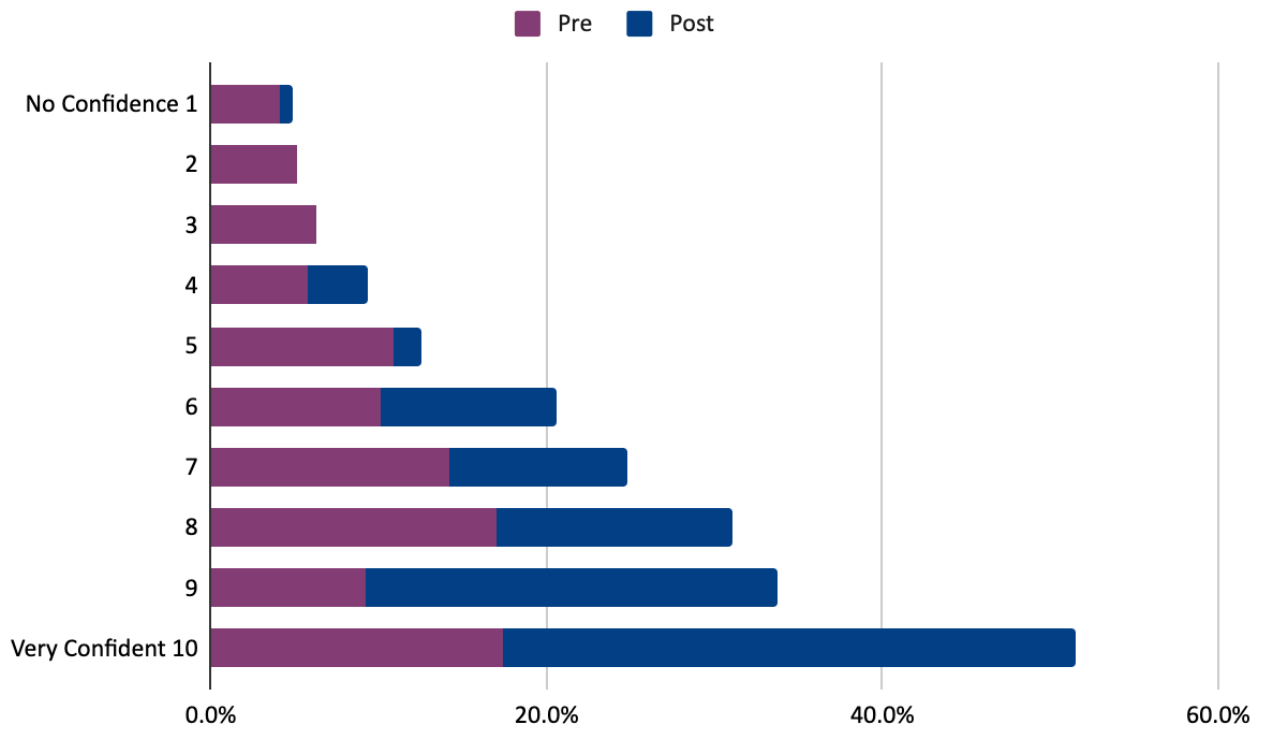
**Figure 27: Deliver Person-Centred Care To Meet Needs Of Diverse Displaced Persons Populations**



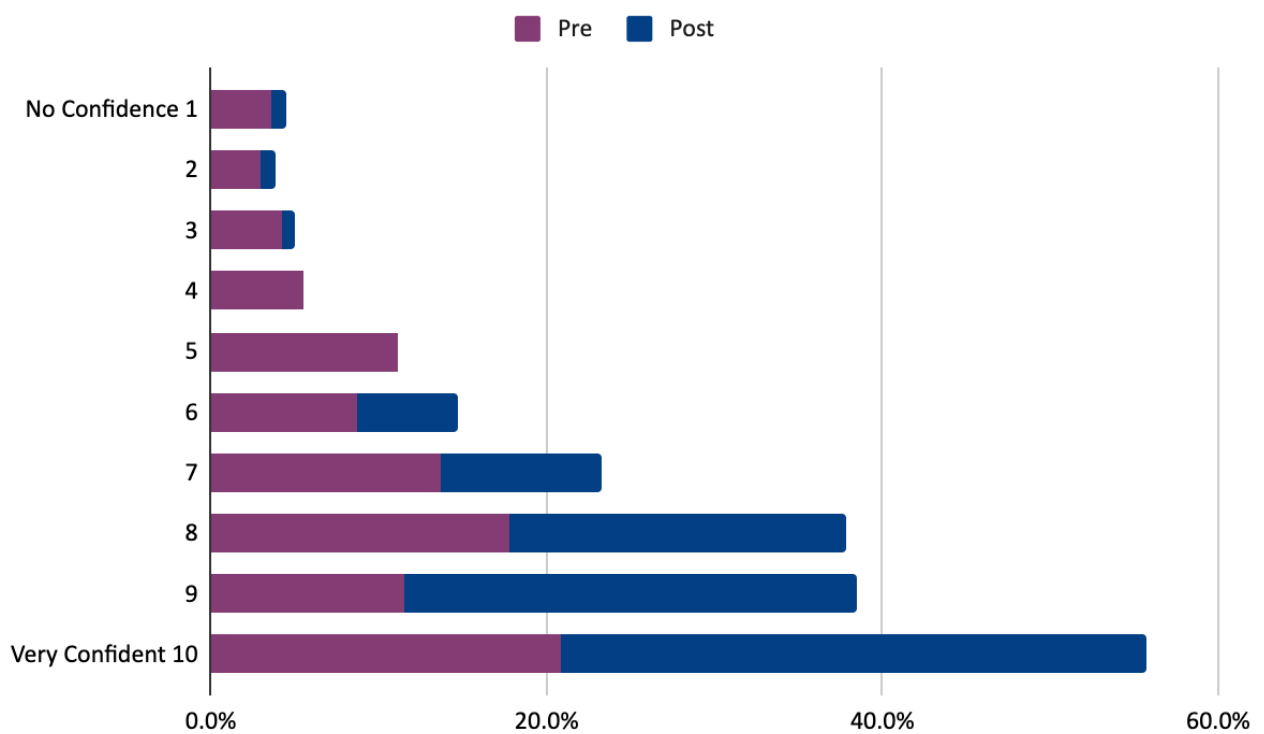
**Figure 28: Collaborate Effectively Within A Multidisciplinary Rehabilitation Team**



**Figure 29: Refer Appropriately To Other Professions Or Services**

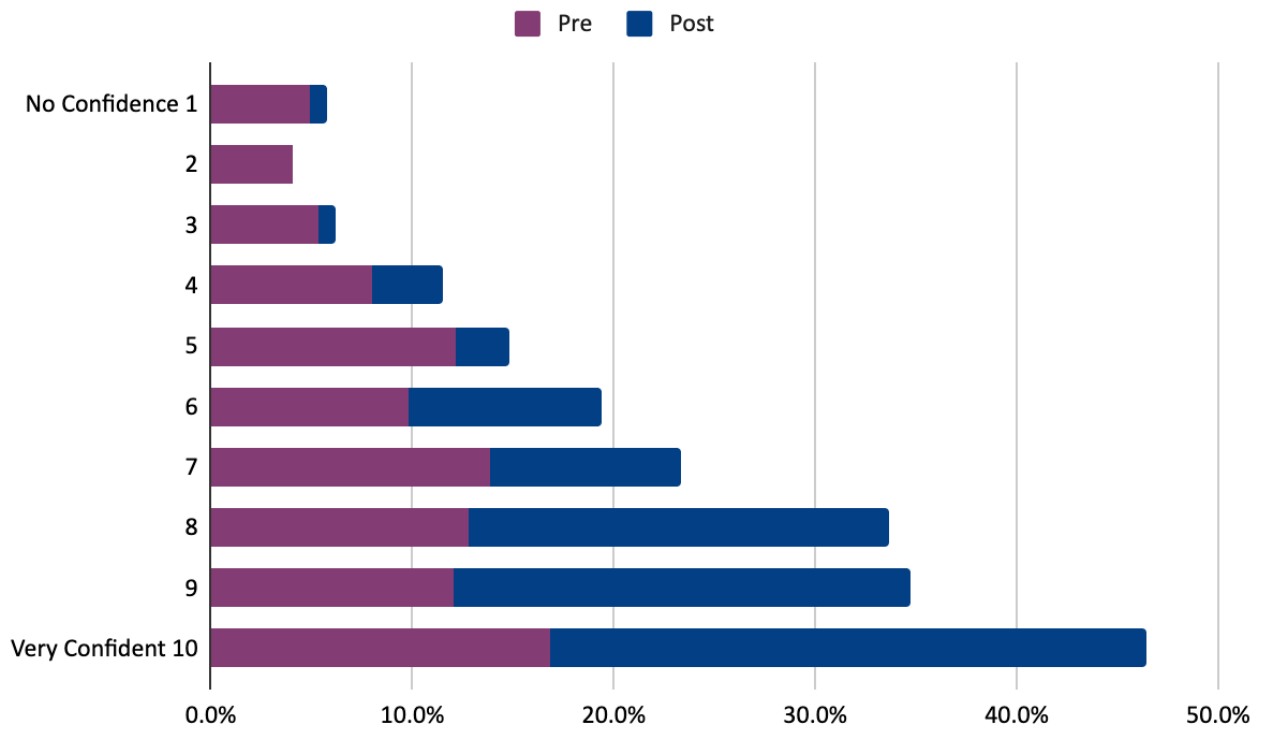


**Figure 30: Ability To Build Therapeutic Relationships**

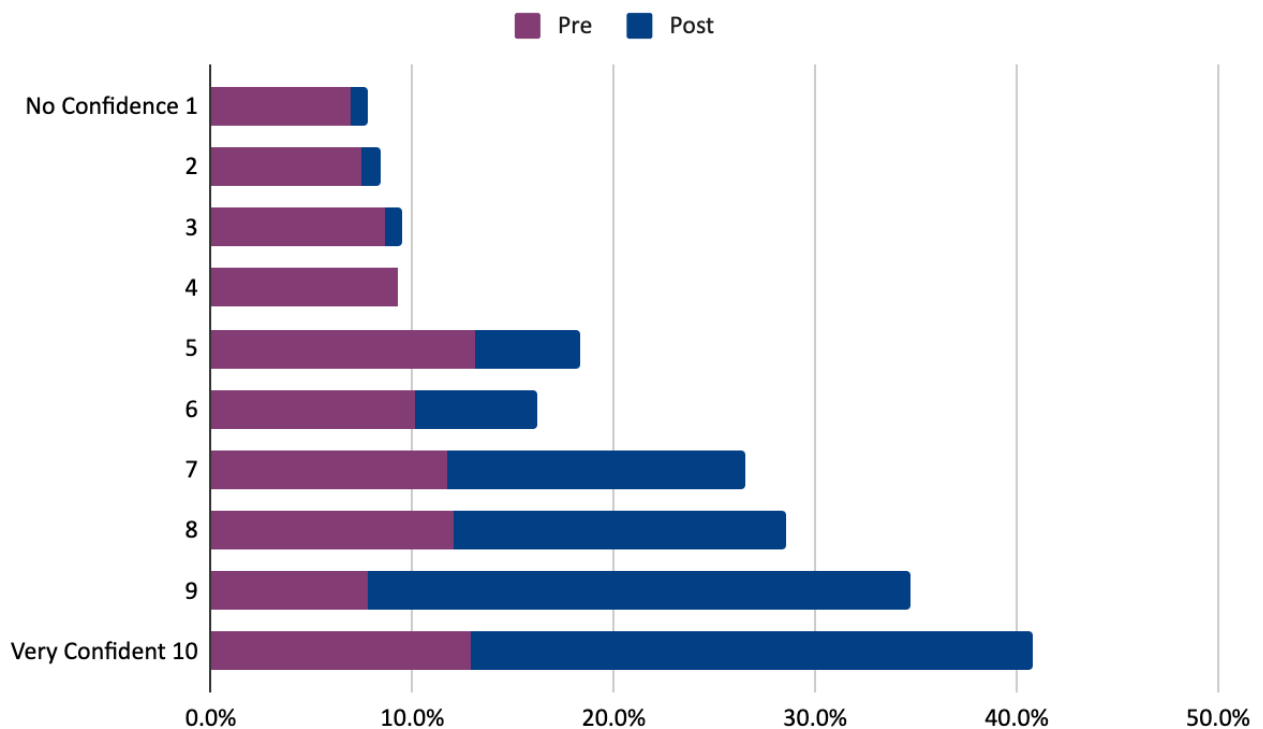




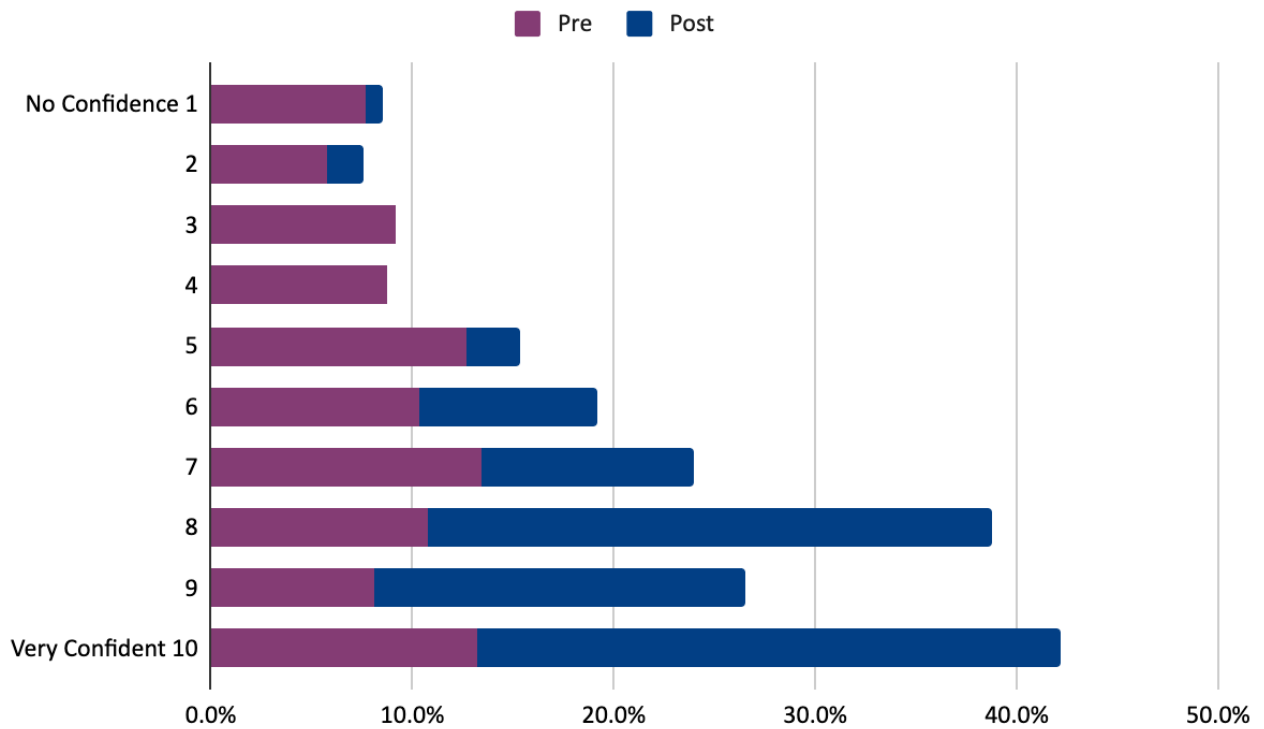
**Figure 31: Ability To Work With Interpreters**



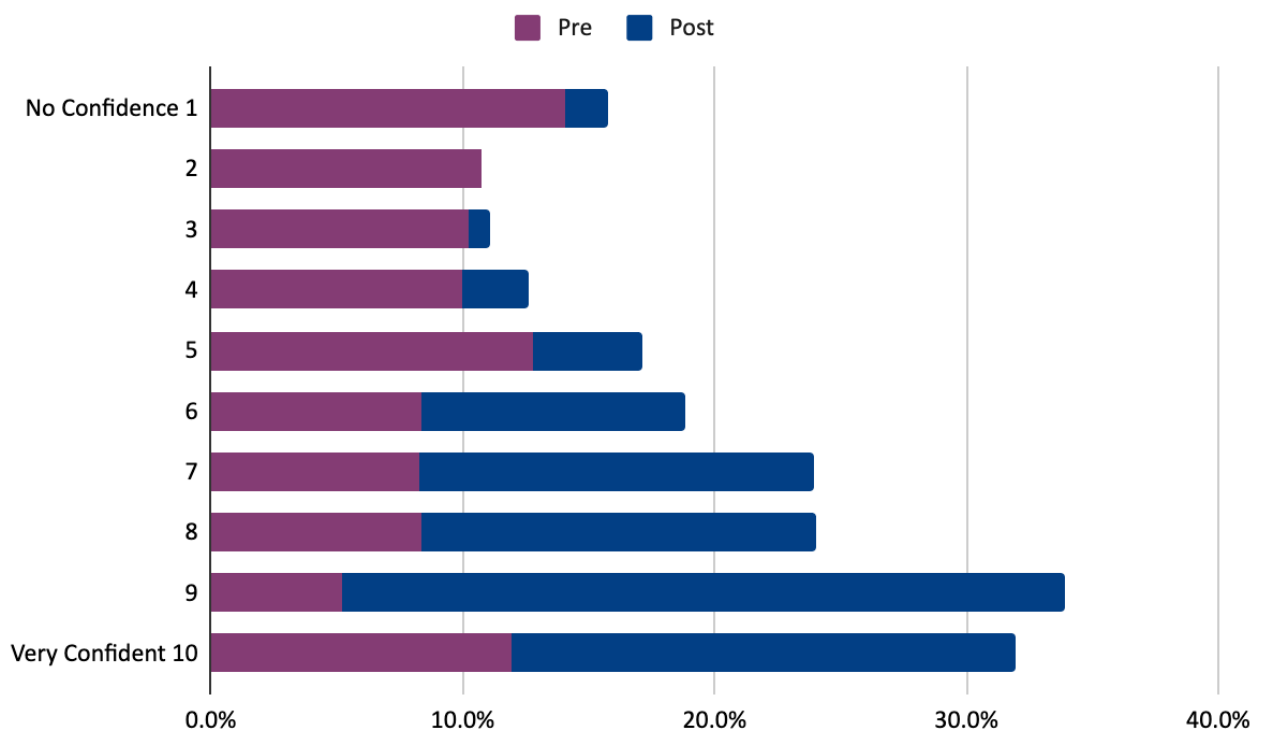
**Figure 32: Apply Appropriate Rehabilitation Guidelines To Meet The Needs Of Diverse Displaced Persons Populations Within Your Practice And/Or Healthcare System**



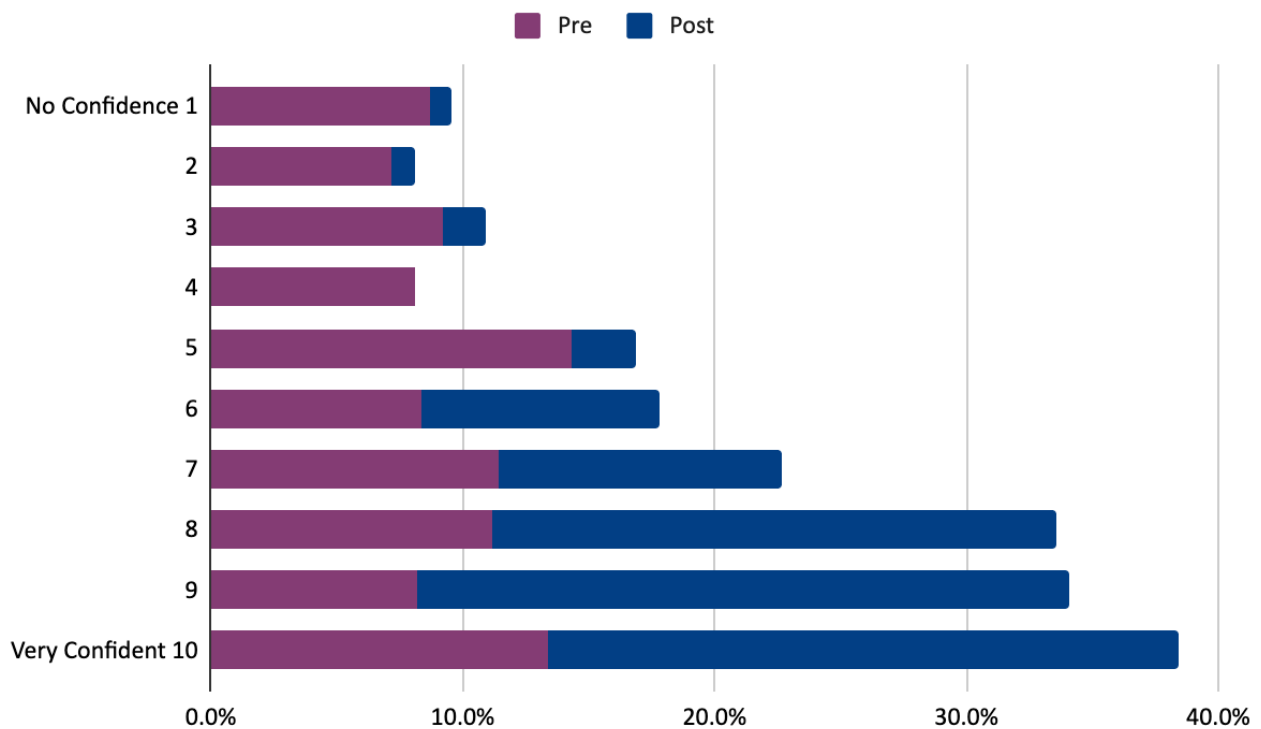
**Figure 33: Adapt Rehabilitation Services To Meet The Needs Of Diverse Displaced Persons Populations Within Your Practice And/Or Healthcare System**



**Figure 34: Apply Appropriate Treatment Options For Working With Survivors Of Torture Or Sexual Violence**



**Figure 35: Apply Appropriate Treatment Options For Working With Survivors Of Torture Or Sexual Violence**



## 5.0 Conclusion

Physiopedia, in collaboration with ReLAB-HS, successfully delivered a MOOC on Understanding the Rehabilitation Needs of Displaced Persons program over eight weeks in September and October 2022. Over 868 participants from across 94 countries from around the world completed one or more of the courses provided within the program. It is apparent from the course registration data that this course was a topic that was important to all health, social care, and rehabilitation providers across the world. It is evident from participants' feedback that participants gained a new appreciation for the global perspectives surrounding displacement and a new appreciation for the rehabilitation needs for the diverse populations of displaced persons in all settings globally.

Future Physiopedia MOOCs will build on the feedback received from participants in this program to improve resources, attrition rates, and engagement throughout the entire course with a plan to incorporate a weekly live online webinars with some of the content experts during future MOOCs to provide opportunities for more questions, feedback and interactive learning.

## Appendix 1 Course Participants Demographics

**Table 13: Number of Participants from the 88 Represented Countries**

Country	Course 1 n	Course 2 n	Course 3 n	Course 4 n	Course 5 n	Course 6 n	Course 7 n	Program n
Albania (AL)	2	1	1				3	
Armenia (AM)								1
Australia (AU)	23	10	8	4	5	4	9	3
Austria (AT)	4	2	1	1	2	1		
Azerbaijan (AZ)	2						1	
Bangladesh (BD)	4	2	1	1	1	1	4	1
Bhutan (BT)	2							
Brazil (BR)	3							
Cameroon (CM)	5	2			1	1	1	1
Canada (CA)	31	8	10	6	8	7	7	3
China (CN)	1						2	2
Croatia (HR)	1	1	1	1	1	1	1	1
Czech Republic (CZ)	1	1	1		1	1	1	
Denmark (DK)	1	1	1	1	1	1	1	
Ecuador (EC)	1							
Egypt (EG)	13	4	2	2	2	2	9	
El Salvador (SV)	1	1	1	1	1	1	1	
Ethiopia (ET)	5	5	3	3	2	2	2	3
Fiji (FJ)	1							
Finland (FI)	1						1	
Georgia (GE)	1	1	1				1	
Germany (DE)	3	2	2	1	1	1	2	1
Ghana (GH)	10	3	3	3	3	3	3	3
Guatemala (GT)	1							
Haiti (HT)	2							
Hong Kong (HK)	1							
Hungary (HU)	3	1	1					1
India (IN)	54	41	13	9	9	10	21	12
Indonesia (ID)	2	2	1	1	1	1	1	
Iran, Islamic Republic (IR)	1	1	1	1	1	1	1	1
Iraq (IQ)	2	1	1	1				1
Ireland (IE)	5	3	4	2		1	1	1

Israel (IL)	1							
Italy (IT)	9	3	2	2	2	1	3	3
Jamaica (JM)	1	1	1				1	
Jordan (JO)	4						2	
Kenya (KE)	6	4	3	2	1	1		2
Kuwait (KW)	1							
Lebanon (LB)	2			1			2	
Lesotho (LS)	1							
Lithuania (LT)	1							
Macao (MO)			1					
Madagascar (MG)	1	1	1	1		1	1	
Malawi (MW)	4	1	1	1	1	1	1	1
Malaysia (MY)	8	3	3	3	3	3	4	3
Moldova (MD)	1	1						1
Morocco (MA)	2							
Myanmar (MM)	4	2	2	1	3	4	4	1
Nepal (NP)	5	2	1	1	2	2	2	
Netherlands (NL)	16	14	14	12	9	14	16	1
New Zealand (NZ)	4	2	2	1	3	1	1	2
Nigeria (NG)	78	36	23	21	20	15	21	12
Oman (OM)	1	1	1	1	1	1	1	1
Pakistan (PK)	60	18	16	15	17	14	22	18
Panama (PA)	1							
Philippines (PH)	10	4	4	3	3	3	3	3
Portugal (PT)	1	1	1	1	1	1	2	1
Qatar (QA)	4	1					3	
Romania (RO)	1							
Russian Federation (RU)	1						1	
Rwanda (RW)	8	8	6	7	3	4	6	5
Saudi Arabia (SA)	3	1	1	1	1	1	1	1
Serbia (RS)	2	1	1	1	1	1	1	1
Singapore (SG)								1
Somalia (SO)	6	3						
South Africa (ZA)	15	7	6	5	7	5	7	1
Spain (ES)	4	3	3	2	2	3	2	1
Sri Lanka (LK)	4						3	

Sudan (SD)	1						1	
Swaziland (SZ)					1			
Sweden (SE)	2	1	1					
Switzerland (CH)	1	2						1
Syrian Arab Republic (SY)	1	1	1	1	1	1	2	1
Taiwan (TW)	1	1	1	1	1	1	1	1
Tanzania (TZ)	5	2	1	4	1		1	
Trinidad And Tobago (TT)								1
Turkey (TR)	7	3	2	2	2	3	7	2
Uganda (UG)	19	12	6	5	4	4	4	1
Ukraine (UA)	59	42	39	41	36	40	44	16
United Arab Emirates (AE)	3	2	2	1	1	1	3	1
United Kingdom (GB)	45	25	20	15	13	16	20	7
United States (US)	55	29	26	23	19	17	20	17
Uzbekistan (UZ)	1							1
Virgin Islands, British (VG)	1							
Viet Nam (VN)		1		1	1	1	1	
Yemen (YE)	3	2	2	2	1	1	2	1
Zambia (ZM)	2	1	1	1	2			
Zimbabwe (ZW)	2	1					1	

Numbers represent the number of participants registered for the Understanding the Rehabilitation Needs of Displaced Persons and from that particular country (n).

**Table 14: Number of Participants' from Each Professional Background**

Country	Course 1 n (%)	Course 2 n (%)	Course 3 n (%)	Course 4 n (%)	Course 5 n (%)	Course 6 n (%)	Course 7 n (%)	Program n (%)
Physiotherapist	338 (49%)	173	125	119	107	104	187	76
Physical Therapy Assistant	6 (33%)	1	1	1	1	3	3	1
Doctor of Medicine	15 (40%)	3	2	3	2	3	2	2
Nurse	23 (78%)	18	17	17	16	16	17	7
Occupational Therapist	46 (59%)	18	18	12	14	12	11	11
Occupational Therapy Assistant	0 (0%)	1		1	1	1	1	
Orthotist	1							

	(0%)							
Prosthetist	3 (33%)	1	1					1
Physical Rehabilitation Doctor	8 (25%)	1	1				5	1
Speech Therapist	33 (100%)	2	1	1				
Psychologist	6 (100%)	5	4	3	4	4	3	4
Sports Therapist	1 (100%)	2	2	1	2	1	1	1
Athletic Trainer	1 (100%)	1						
Massage Therapist	10 (60%)	7	4	5	5	5	5	2
Student	47 (38%)	21	12	8	9	10	10	10
Orthopaedic Technologist	2 (50%)	2	1	1				
Clinical Exercise Physiologist	1 (100%)	1	1					
Pharmaceutical Technologist	1 (0%)	1						
Personal Trainer	2 (0%)					1		1
Biokineticist	3 (67%)	1	1	1	1	1	1	1
Chiropractor	1 (100%)	1	1	1	1	1	1	
Allied Health Assistant (AHA)	2 (50%)	1						
Exercise Therapist	1 (100%)	1	1	1	1	1	2	1
Kinesiologist	1 (100%)	1	1	1	2	1	1	
Educator	3 (33%)	1	1	1	2	1	1	1
Medical Rehabilitation Technician	0 (0%)						1	

Data are numbers (N) and percentage of total participants (%)

## Appendix 2 Platform

**Table 15: Physiopedia Articles Page Views**

Physiopedia Page	Unique Page Views	Total Page Views	Average Time on Page
<a href="#">Salutogenic Approach to Wellness</a>	2,830	3,264	00:05:24
<a href="#">Understanding Migration and Displacement</a>	1,391	1,613	00:06:35
<a href="#">Mental Health and Forced Displacement</a>	870	1,025	00:04:37
<a href="#">Human Rights and Health</a>	869	1,024	00:04:50
<a href="#">Culture and Communication</a>	863	992	00:05:24
<a href="#">Effective Communication for Displaced Persons</a>	861	962	00:05:26
<a href="#">Media Portrayal of Displaced Persons</a>	755	856	00:06:01
<a href="#">Trauma-Informed Care</a>	700	788	00:05:01
<a href="#">Rehabilitation for Survivors of Torture</a>	632	718	00:05:03
<a href="#">Evidence Based Assessment of Pain in Displaced Persons</a>	624	866	00:04:57
<a href="#">Health Concerns for Displaced Persons</a>	606	750	00:05:20
<a href="#">Health Literacy</a>	605	700	00:04:11
<a href="#">Displaced Persons: The Global Context</a>	604	741	00:06:47
<a href="#">Self Care for Rehabilitation Professionals Working with Displaced Persons</a>	590	678	00:09:05
<a href="#">Health Care Access for Displaced Persons</a>	501	570	00:03:49
<a href="#">Role of Rehabilitation Professionals in Camps for Displaced Persons</a>	480	533	00:07:21
<a href="#">Considerations for Working with Survivors of Sexual Violence</a>	434	505	00:05:14
<a href="#">Considerations For Working With Displaced Children</a>	401	475	00:05:19
<a href="#">Salutogenic Approach to Health for Displaced Persons</a>	395	453	00:04:17
<a href="#">Evidence-based Management of Pain in Displaced Persons</a>	382	494	00:03:39
<a href="#">Child Health Conditions and Migration</a>	307	364	00:04:36
<a href="#">Evidence Based Assessment of Pain in Displaced Persons - Case Study 1</a>	301	353	00:02:07
<a href="#">Considerations for Working with LGBTQIA+ Displaced Persons</a>	286	330	00:09:20
<a href="#">Rehabilitation for Survivors of Torture: Observations from Humanity and Inclusion</a>	281	332	00:06:29
<a href="#">International Legislation Governing Forced Displacement</a>	280	310	00:08:02
<a href="#">Cultural Competence and Access to Healthcare for Displaced Persons</a>	133	146	00:02:38
<a href="#">Working With Interpreters</a>	65	75	00:09:56
<a href="#">Availability, Accessibility, Acceptability and Quality Framework</a>	49	56	00:04:54
<a href="#">Facilitation of Inter-professional Working in Camps for Displaced Persons</a>	44	49	00:02:44
<a href="#">Displaced Persons: The Syrian Context</a>	34	35	00:05:41
<a href="#">Considerations for Working with Displaced Persons with a Disability</a>	14	14	00:00:04
<a href="#">Considerations for Working with Displaced Older Persons</a>	12	13	00:00:12



## Appendix 3 Required Learning Activities

### 3.1 Course 1: Global Context for Displaced Persons

Required Learning Activity		Delivery Medium
1	Introduction to Displaced Persons	Video
2	Who Is a Displaced Person Jenny Malmsten	Video
3	Understanding Migration and Displacement	Reading
4	International Migration Law No 34 - Glossary on Migration	Reading
5	Global Context for Displaced Persons - Key Terms and Concepts Courtland Robinson	Video
6	Global Context for Displaced Persons - Key Trends and Patterns Courtland Robinson	Video
7	Displaced Persons - The Global Context	Reading
9	Migration Data Portal - Explore Data for Your Country	Database
8	UNHCR Data Finder	Database
9	Global Internal Displacement Data	Database
10	Media Portrayal of Displaced Persons	Reading
11	Human Rights for Displaced Persons	Reading
12	International Legislation for Displaced Persons	Reading
13	Global Context for Displaced Persons Quiz	Quiz
14	Course Reflection	Discussion Forum

### 3.2 Course 2: Health and Well-being for Displaced Persons

Required Learning Activity		Delivery Medium
1	Health Concerns for Displaced Persons	Reading
2	Determinants of Health	Reading
3	Determinants of Health - Mia Sandor	Video
4	Mental Health and Forced Displacement	Reading
5	Mental Health among Refugees and Migration Related Stress - Angela Ott	Video
6	Salutogenic Approach to Wellness	Reading
7	Salutogenic Approach to Health for Displaced Persons	Reading
8	What Causes Health? - Sir Harry Burns	Video
9	Self-Care for Rehabilitation Professionals Working with Displaced Persons	Reading
10	Self-Care for Rehabilitation Professionals - Wala Awwad	Video
11	Health and Well-being for Displaced Persons Quiz	Quiz
12	Course Reflection	Discussion Forum

### 3.3 Course 3: Communication and Trauma-Informed Care for Displaced Persons

Required Learning Activity		Delivery Medium
1	Effective Communication for Displaced Persons	Reading
2	Use of an Interpreter for Displaced Persons	Reading
3	Working with Interpreters - Rachael Tribe	Video
4	Interpretation in Mental Health Settings - A Quick Guide	Video
5	Therapeutic Alliance	Reading
6	Trauma-Informed Care	Reading
7	Role of Rehabilitation Professionals in Camps for Displaced Persons	Reading
8	Role of Rehabilitation Professionals in Camps for Displaced Persons Stanley Malonza	Video
9	Rehabilitation in Long Term Refugee Camps Patrick Le Folcalvez	Video
10	Communication and Trauma-Informed Care for Displaced Persons Quiz	Quiz
11	Course Reflection	Discussion Forum

### 3.4 Course 4: Considerations for Working with Diverse Displaced Person Populations

Required Learning Activity		Delivery Medium
1	The Things They Left Behind	Reading
2	Child health Conditions and Migration	Reading
3	Considerations for Working with Displaced Children	Reading
4	Considerations for Working with Displaced Children - Kamal Khalifa	Video
5	Meet Ali	Case Study
6	Meet David	Case Study
7	Surviving Lockdown in Syria's Refugee Camps	Reading
8	Investigating the Truth - Myanmar	Video
9	In Danger If Sent Home - Ugandan Asylum Seekers Story	Reading
10	Fleeing Home - LGBT Refugee Stories	Reading
11	Considerations for Working with LGBTQIA+ Displaced Persons Laura Gueron	Video
12	Considerations for Working with LGBTQIA+ Displaced Persons	Reading
13	Considerations for Working with Diverse Displaced Person Populations	Quiz
14	Course Reflection	Discussion Forum

### 3.5 Course 5: Considerations for Working with Survivors of Sexual Violence and Trafficking

Required Learning Activity		Delivery Medium
1	Considerations for Working with Survivors of Sexual Violence	Reading
2	Considerations when Providing Care for Survivors of Sexual Abuse Jepkemoi Kibet	Video
3	Mindful Movement - Diana Blaney	Video
4	Body Awareness in Trauma Survivors - Diana Blaney	Video
5	Considerations for Working with Survivors of Sexual Violence Quiz	Quiz
6	Course Reflection	Discussion Forum

### 3.6 Course 6: Considerations for Working with Survivors of Torture

Required Learning Activity		Delivery Medium
1	Considerations for Working with Survivors of Torture - Ilona Fricker	Video
2	Rehabilitation for Survivors of Torture	Reading
3	Rehabilitation for Survivors of Torture - Observations from HI	Reading
4	PTSD Case Study - Patricia Rocca	Video
5	Considerations for Working with Survivors of Torture Quiz	Quiz
6	Course Reflection	Discussion Forum

### 3.7 Course 7: Assessment and Management of Displaced Persons with Pain

Required Learning Activity		Delivery Medium
1	Evidence Based Assessment of Pain in Displaced Persons	Reading
2	Assessment of Pain in Refugees Part 1 - Zafer Altunbezel	Video
3	Assessment of Pain in Refugees Part 2 - Zafer Altunbezel	Video
4	Evidence Based Management of Pain in Displaced Persons	Reading
5	Pain Case Study 1	Case Study
6	Pain Case Study 2	Case Study
7	Assessment and Management of Displaced Persons with Pain Quiz	Quiz
8	Course Reflection	Discussion Forum

## Appendix 4 Optional Discussion Forums

### 4.1 Course 1: Global Context for Displaced Persons

#### Discussion Forums

Theme: Global Context for Displaced Persons	
1.	<p><b><a href="#">Discussion 1 Introduction</a></b></p> <p><i>"This morning I read an article in the paper about displaced persons and started to think about their lives and stories. Who is a "displaced person"? Who are they and what have they experienced? How will this affect my work as a rehabilitation professional and can I help?"</i> Let's start with an introduction. Tell us a little bit about where you are from, where you work and your experience of working with displaced persons.</p>
2.	<p><b><a href="#">Discussion 2 Impact of Migration in Your Country</a></b></p> <p>Understanding the impact of migration on your country is really important. Before we examine the data in detail, consider the following questions: How would you currently describe the country you live in, is it an immigration country, or an emigration country? What do you know about the history of migration in your country? Why do you think people migrate to the country you live in? Please try to think of different reasons. Do you know how many displaced persons are currently living in your country?</p>
3.	<p><b><a href="#">Discussion 3 Understanding Displacement Data</a></b></p> <p>Using any of the above data sources or other data sources available for your country can you answer the following questions for your own country? What percentage of your country's total population is made up of migrants? How many asylum seekers, refugees, or stateless persons are currently in your country? Are there any internally displaced persons within your country? Where do the largest number of displaced persons in your country originally come from? Reflect on your learning about the global displaced persons context, what is your key take away point? What have you learned that is new? What surprises you?</p>
4.	<p><b><a href="#">Discussion 4 Portrayal of Displaced Persons</a></b></p> <p>Search for media (newspaper, photos, art, videos, etc) that aims to tell a story about displaced persons within your country. Reflect on your findings of how displaced persons are portrayed in the media within your country. Share your thoughts in the discussion and discuss with your colleagues.</p>
5.	<p><b><a href="#">Discussion 5 Human Rights Violations</a></b></p> <p>What are your duties as a rehabilitation professional for documenting human rights violations? Do you see any challenges? Share your knowledge and/or thoughts in the discussion so that we can learn from each other.</p>
6.	<p><b><a href="#">Discussion 6 Exploring Legislation</a></b></p> <p>Explore the legislation that is specific to your country and/or community and share this in the discussion. Optionally you could write a concise legislative guide that you could hand out to refugees in your country or community. Are you aware of any database for your country or region that provides updated information about legislation supporting displaced persons?</p>

### 4.2 Course 2: Health and Well-being for Displaced Persons

#### Discussion Forums

Theme: Health and Wellbeing for Displaced Persons	
1.	<p><b><a href="#">Discussion 1 Determinants of Health</a></b></p> <p>Let's consider some determinants that may impact health within your country. Can you find any data regarding health status for displaced persons within your country? What living conditions exist among different migrant groups in your country (i.e. employment rate, educational level, quality of housing)? Use the GapMinder resource to explore living conditions and determinants of health across the globe. (<a href="#">GapMinder</a>)</p>

### 4.3 Course 3: Communication and Trauma-Informed Care for Displaced Persons

#### Discussion Forums

Theme: Communication and Trauma-Informed Care for Displaced Persons	
1.	<p><a href="#">Discussion 1 Using an Interpreter</a></p> <p><i>At our last meeting I introduced an interpreter, and this has changed everything.</i> Take some time to reflect around this situation. Have you experienced something similar? What do you think happened here?</p>
2.	<p><a href="#">Discussion 2 Communication Bias</a></p> <p>Think back to your last clinical session with someone either from a different culture or whose first language was different to yours and reflect over the following: Are you able to identify your own biases in communication? What were they? Were you able to overcome some of your biases? What were your feelings in a situation with a new patient? Did you have an open mind during the session, and did you listen to what the patient told you?</p>
3.	<p><a href="#">Discussion 3 Interpreters versus Translators</a></p> <p>What is the distinction between translation and interpretation, and what are the implications of this distinction for understanding the significant role of the interpreter in filtering all communications within the therapy relationship? What is the situation in relation to the use of interpreters where you work? Have you thought of when you should use an interpreter and who you can use for this task? Using an interpreter changes the situation, and as a therapist it could be useful to reflect around how this affects communication, the therapeutic relation and treatment. In the discussion, share your thoughts and/or experiences of how an interpreter changes communication and the therapeutic alliance.</p>
4.	<p><a href="#">Discussion 4 Interprofessional Collaboration</a></p> <p>Reflect on the service or health system within which you work. How could interprofessional collaboration be improved to facilitate access to services for displaced persons? Are there any guidelines that you use to support this within your workplace? Share your thoughts and guidelines here.</p>

### 4.4 Course 4: Considerations for Working with Diverse Displaced Person Populations

#### Discussion Forums

Theme: Considerations for Working with Diverse Displaced Persons Populations	
1.	<p><a href="#">Discussion 1 Things Left Behind</a></p> <p>Learning about the lives of people who have been displaced can help us to establish a sense of context or at least of the contextual factors that shape their lives and experiences. Understanding contexts, background and life history can assist in building a trusting therapeutic relationship. Reflect on how stories like these are useful in improving your understanding of experiences that are different from your own. How does a deeper understanding of diverse human experiences help in your clinical practice?</p>
2.	<p><a href="#">Discussion 2 Case Study - Ali</a></p> <p>Reflect on how the migration process has had an impact on Ali's health and life situation. Further, reflect on how his story affects you personally and the way you apply physiotherapy for Ali. Also, consider where you could seek assistance in the treatment of Ali.</p> <ul style="list-style-type: none"> <li>• <a href="#">Case Study - Displaced Child</a></li> </ul>
3.	<p><a href="#">Discussion 3 Case Study - David</a></p> <p>Reflect on how you would handle the situation with David. How will you address his wish to be fixed by you? What factors might be impacting on his presentation? What interventions would you consider and what should be the main focus?</p> <ul style="list-style-type: none"> <li>• <a href="#">Case Study - Displaced Adolescent</a></li> </ul>
4.	<p><a href="#">Discussion 4 Case Study - Maria</a></p> <p>What impact do you think that gender may have on rehabilitation? How might you react to Maria asking you about her husband? Do her private matters affect the way you plan rehabilitation? Do you regard anyone else to be of relevance in the contact with her?</p> <ul style="list-style-type: none"> <li>• <a href="#">Case Study - Displaced Older Persons</a></li> </ul>

5. [Discussion 5 Marginalisation within the LGBTQIA+ Population](#)

LGBTQIA+ individuals may often feel marginalised even in the resettlement country due to homophobia and transphobia from diaspora, other displaced persons, or receiving communities. What do you think you can do to ensure they have a positive experience when accessing health care services?

**4.5 Course 5: Considerations for Working with Survivors of Sexual Violence and Trafficking**  
**Discussion Forums**

**Theme: Considerations for Working with Survivors of Sexual Violence & Trafficking**

1. [Discussion 1 Challenges Faced](#)

What challenges do you think you might face when working with survivors of sexual violence or trafficking? What team members do you think would be important in addressing interdisciplinary care?

**4.6 Course 6: Considerations for Working with Survivors of Torture**  
**Discussion Forums**

**Theme: Considerations for Working with Survivors of Torture**

1. [Discussion 1 Proactive Self-Care](#)

What are one or two specific actions you can take to be proactive in taking care of yourself and addressing the secondary trauma that is part of working with torture?

2. [Discussion 2 Case Study](#)

The risk of re-traumatisation must be continuously addressed in any therapy that re-exposes survivors to the memories of their torture. What are some strategies for (a) assessing these risks and (b) minimising or managing them with torture survivors?

**4.7 Course 7: Assessment and Management of Displaced Persons with Pain**  
**Discussion Forums**

**Theme: Assessment and Management of Displaced Persons with Pain**

1. [Discussion 1 Case Study](#)

Considering these two case studies, what treatment options could you utilise to help with the management of pain? What further information might you like to know to guide your treatment?

- [Evidence Based Assessment of Pain in Displaced Persons - Case Study 1](#)
- [Evidence Based Assessment of Pain in Displaced Persons - Case Study 2](#)

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## Appendix 5: Example Testimonials

### 5.1 Course 1: Global Context for Displaced Persons

1. The course has managed to stay professional without losing its human touch. As a result, I have a better appreciation and gratitude for what we have!
2. It has been an enriching experience! Coupled with my experience working with displaced persons, refugees, and asylum seekers, I am honoured to have participated in this course. It has broadened my knowledge and understanding of displaced persons' needs, understanding of the legal laws and the global context of displacement.
3. Thank you, Plus for this opportunity! I have learnt a lot about the global context of displaced persons and their rights. I have been able to differentiate between a refugee, asylum seeker and stateless person. I have learnt about different types of migration and their causes. I was happy to know that Uganda is among the host countries for refugees! The course also shares statistics on displaced persons. I hope to broaden my knowledge of understanding displaced persons, which will also help me in practice.
4. This course is a brilliant introduction to the global issues of migration, refugees and displaced persons. Intelligent and exciting presentations and logical discussion! Highly recommend!
5. The course has helped me to appreciate how much of a global problem it is currently in terms of displaced people. It has also oriented me to terminology concerning displaced people. In addition, it has increased my knowledge on issues relating to Human Rights and the health challenges faced by refugees. Lastly, it gave me an insight into the media coverage dynamics of displaced people.
6. The course is essential for all specialists who work with the specified problems. The facts, the comments from the course participants, and the information were helpful for me as a specialist; they allowed me to better understand the personal issues of the people I work with due to the understanding of the global nature of the problem in general.
7. The course is fantastic! I could connect to several aspects I did not know about or that I had ignored. In addition, it has refuelled a passion for contributing to accessible and quality rehabilitation care for everyone that needs it.
8. This course was refreshing to take a deep dive into factors and stats around the world. I felt that I had a good grasp of the extent of migrant issues, but this course enlightened me on many levels. I feel better able to advocate and treat after reviewing the content!
9. It is an enriching course! And many thanks to the organisers of this course and this platform. No one will ever regret studying here, even for a minute!
10. This course should be mandatory for everyone working with displaced persons because it will provide a foundation for understanding displacement.
11. Even after working with humanitarian organisations for several years and living as a migrant, I had so much to learn about the importance of the terminology used to differentiate between different types of migrants and refugees. I was surprised by the sheer number of refugees and migrants in the world today and what that means for us as rehabilitation professionals. Thank you for putting together such a thoughtful and informative course and bringing to the fore such an essential topic for practising healthcare workers and rehab professionals worldwide!
12. The course is so enriching! Due to the detailed essays and articles, I learned something I did not have much information about. Especially being from a populated country such as India, I was shocked by the statistics and databases. I look forward to learning more and adding to my skills.

13. I am thrilled that I joined this course on Plus! I learned a lot during my journey. It has changed my perspective and views on displaced persons. The organizers of this course have done a terrific job of providing the best possible materials and an interactive learning method to spread awareness about displaced persons.
14. This course is a brilliant introduction to the global issues of migration, refugees and displaced persons. Intelligent and exciting presentations and logical discussion! Highly recommend it!
15. Thank you so much for facilitating this Massive Open Online Course! It is one of a kind, educative, insightful, informative and interactive. It is a course I would recommend to all professionals looking to work with displaced individuals during their careers. Again it will give them a heads up on not only what to expect but also a comprehensive understanding of the needs of displaced persons. King this course, I am confident that I know the difference between different terminologies for categorizing displaced persons. Furthermore, how the course touched on the issue of human rights and elaborated on the sensitive topic of media portrayal of a displaced person is genuinely remarkable!
16. This course helps you to understand the importance of listening to the personal stories of refugees. They each have an individual story to tell, which, when listened to, can change your perception of them and where they are coming from.
17. It is a beautiful course that aptly addresses a burning issue affecting a vast majority of the world's population. Thank you, Plus!
18. It is the best course for every health professional to participate in to give quality health care to displaced persons. I think it would be a good idea to make this course available in our educational institutions for people to understand the need to care for displaced persons.

## **5.2 Course 2: Health and Well-being for Displaced Persons**

1. This course provided extensive knowledge about the health and well-being of displaced people. It covered content from determinants of health to mental health and self-care of health practitioners. In addition, I gained new knowledge on salutogenesis, which has made me rethink my approach to sharing information with patients and developing their rehabilitation treatment plans.
2. It is an exciting course for rehabilitation professionals, especially those providing services for displaced persons and migrants. A presentation of critical topics gave therapists and other professionals an understanding of the dynamics of migrants' health and how sociocultural context and migration experience impact the health and well-being of displaced persons.
3. It is an excellent course to consider when planning to work with the refugee population. As an immigrant, my family (myself and my daughters) lived through many challenges at the beginning. I know from experience that health literacy and learning the host country's language are vital for psychological well-being. This course distinguishes between migrants and refugees. It explains why challenges are different for people who flee their motherland because of the risk to their lives and those who choose another country for better economic or social status for themselves and their children.
4. This section was quite informative, and although the focus is on work with displaced persons, I am applauding the inclusion, at this point, of health care/volunteers etc., being encouraged to embrace their self-care. But unfortunately, I have seen too many adverse conditions manifesting in colleagues or health care staff, and I am very supportive of the "care for the caregivers" concept.



5. It has been a great learning session with colleagues from across the globe with experience in various fields of life. I have understood in depth the health needs of displaced persons, the impact of displacement on health, the determinants of health and my role as a rehabilitation professional to provide quality health care/support with empathy. In addition, I learn about the need to deliberately and regularly care for myself to maintain a healthy lifestyle and work balance!
6. It is an excellent course to consider when planning to work with the refugee population. As an immigrant, my family (myself and my daughters) lived through many challenges at the beginning. I know from experience that health literacy and learning the host country's language are vital for psychological well-being. This course distinguishes between migrants and refugees. It explains why challenges are different for people who flee their motherland because of the risk to their lives and those who choose another country for better economic or social status for themselves and their children.
7. Thank you for creating this topic focusing on compassion fatigue, burnout, and self-care. This topic is less discussed and may cause unwanted mental health issues that a medical professional might experience but cannot or does not know how to intervene.
8. It is an exciting course for rehabilitation professionals, especially those providing services for displaced persons and migrants. A presentation of critical topics gave therapists and other professionals an understanding of the dynamics of migrants' health and how sociocultural context and migration experience impact the health and well-being of displaced persons.
9. This course is a must. It allowed me to build confidence in my practice thanks to a better understanding of the mental issues that cause the problems. I can now help my clients with their recovery!
10. I thoroughly enjoy this course, as it has opened my eyes to new ideas and ways of thinking. It contains a lot of content but all relevant. I would recommend this course to all physiotherapists, whether working with displaced persons or not, as its ideas and concepts are transferable across all sectors.
11. It was such a well-balanced course as it covered both care for the therapist and the patients. It points out that too often, we focus on the patients and forget ourselves as healthcare providers. The course outlined the negatives of poor self-care and solutions to improve it. Great course!
12. It is the best course! As a result, I have learned to transform myself in the health industry.
13. These eye-opening and thought-provoking topics were enjoyable to work through. In addition, it contained many significant additional resources for self or patients/clients to pick around and incorporate.
14. I think this course should be mandatory for all rehabilitation professionals working with displaced persons to help them better understand the client and their needs!

### **5.3 Course 3: Communication and Trauma-Informed Care for Displaced Persons**

1. It has been a lot of learning! What caught my attention most is trauma-informed care. It is essential for us as rehabilitation professionals to prevent re-traumatization and instead seek to understand their experiences. We must respond to them appropriately while being sensitive and respectful to the client without dismissing their experiences or coping strategies as they have managed their best.

2. The entire course is impressive! I would recommend it to any psychologist who wants to work with displaced persons to help alleviate psychological distress due to physical displacement.
3. I want to say thank you so much for providing us with this course! It is a field I am interested in and hoping to be able to volunteer one day. This course is helping me gather so much knowledge. I am enjoying my time spent learning from this course.
4. It is perhaps the most critical course included in this program. Communication has many angles, and this course highlights all the necessary corners that help to deliver proper assistance to our clients.
5. Such an excellent course! I would advise anyone who plans to improve their patient handling skills and reinforce their team player abilities to complete this course!
6. It has been an excellent experience going through this course. It has opened my eyes to understanding therapeutic alliance in a way I had never looked at before. I look forward to more such courses. Thank you, Plus!
7. It has been a lot of learning! What caught my attention most is trauma-informed care. It is essential for us as rehabilitation professionals to prevent re-traumatization and instead seek to understand their experiences. We must respond to them appropriately while being sensitive and respectful to the client without dismissing their experiences or coping strategies as they have managed their best.
8. It has been the most exciting part of this course series, and I think I have gained sufficiently from it. I can not wait to implement all I have learned into my practice!
9. I never understood the importance of formal interpreters until I took this course. Also, I appreciate that innovative solutions are crucial for better access to rehabilitation services based on the context to which the module has exposed me.

#### **5.4 Course 4: Considerations for Working with Diverse Displaced Person Populations**

1. Thank you for this knowledge about LGBTQIA+! It is essential to address their concerns!
2. As a physiotherapist in Nigeria, my learnings from this course sparked a motivation to be more intentional about communication for clinical care.

#### **5.5 Course 5: Considerations for Working with Survivors of Sexual Violence and Trafficking**

1. The case study was an effective teaching tool! In addition, it highlighted the role that physiotherapy could play. Discussing how many sessions the SoT has had with psychologists and physiotherapists demonstrates how long the healing and recovery process takes and how we should not expect it to be quick or have a timeline.
2. I sincerely thank Plus for broadening my knowledge on gender-based sexual violence and its consequences both for male and female victims.
3. An absolute must-take course. Besides the practical examples, it addresses sensitive issues straightforwardly and scientifically, significantly contributing to our understanding and improvement in practice.
4. It was a very impactful learning experience! I am optimistic that my skills as a clinician will remarkably improve with the acquired approaches/techniques incorporated into my practice. I look forward to implementing these techniques and assessing their outcome in my practice and with displaced/asylum seekers/general client populations.

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### **5.6 Course 6: Considerations for Working with Survivors of Torture**

1. The case study was an effective teaching tool! In addition, it highlighted the role that physiotherapy could play. Discussing how many sessions the SoT has had with psychologists and physiotherapists demonstrates how long the healing and recovery process takes and how we should not expect it to be quick or have a timeline.
2. Thank you so much for a great course! There was a great presentation style with lots of opportunities to ask questions. It was an excellent experience to learn more about this topic!
3. It is an outstanding course! Even if you do not know about torture-induced trauma, once you have completed this course, your clinical practice for trauma victims will improve!
4. This course was quite stimulating and eye-opening. I had to take breaks to process the contents of the course properly.
5. It was a well-structured and comprehensive course for understanding the rehabilitation needs, interventions and factors to consider when rehabilitating torture survivors.
6. This is an important and very sensitive topic to discuss. The Plus team did an amazing job to cover all the situations to rehabilitate and facilitate individuals who survive these extreme and harsh conditions.

### **5.7 Course 7: Assessment and Management of Displaced Persons with Pain**

1. I am most thankful to be privileged to participate in this fantastic course. Please accept my sincere gratitude to the organizers and sponsors for making this a free course for us, the young ones in the profession.
2. I consider the importance of this course for anyone who has sensitivity and humanism in the face of the millions of unstable and displaced patients who carry chronic physical and psychological pain every day. Furthermore, this course can enrich us with new knowledge about human PAIN, which is the very foundation of our vocation for physiotherapy.
3. This course is beneficial as it provides an in-depth look at pain, its causes, the challenges we face to treat it, what factors can exacerbate it for our patients in the displaced person community and what psychosocial consequences there can be. I found the information around the Pain and Disability Drivers Model beneficial, and the module builds on the information you have covered in previous modules in the course. It is a handy resource!
4. This course has made me relate well to my experience with displaced persons who used to come to the hospital where I worked. I was able to address their physical impairments, but I was wondering why their outcomes were not changing much. This course has made me understand that we must further explore their physical assessment.

### **5.8 Program: Understanding the Rehabilitation Needs of Displaced Persons**

1. It is a very holistic course that is eye-opening on so many levels. The Displaced Person setting is the one I wish to practice in for the future. I feel that I received enough subject matter to research on my own and immediately apply to my patients who fit this particular patient population!
2. This course has inspired me to help the displaced population! I aspire to travel to Syria, Sudan, or Ethiopia to help people, provide service, and help with rehabilitation. Thank you, Plus, for the best MOOC and make us learn!
3. This course was fantastic-informative and effective in its presentation style. I'm completely inspired and now have the knowledge to work with this population!

4. This course program provided comprehensive detail regarding evidence-based data and concepts of migrants, refugees, asylum seekers, and Internally Displaced People and their fundamental rights to access adequate health care. I appreciated the video clips and up-to-date information relevant to my understanding of this course!

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## Appendix 6: Impact on Clinical Practice Examples

### 6.1 Course 1: Global Context for Displaced Persons

1. Prior to this moment, I didn't think rehabilitation had anything to do with displaced persons or refugees..Another aspect has been unlocked and I'm not ignorant about that again
2. I can understand the background much better which helps in Patient Education
3. Where ever the person might come from he's a patient first .
4. Better acknowledgement of displaced people.
5. I have tried to be extra kind to patients who are internally displaced or refugees. It has helped me understand their sacrifices and their sufferings.
6. To always give time to listen to my clients. Not to generalise their conditions but to to treat them as individuals. Every person has a story especially the refugees.
7. Due to this theoretical part is based on definitions about the therm related, I can't change that much my clinical practice. But despite of that, I think it is important to keep this part to really understand the basic concepts.
8. I have some follow up homework for myself to research further how the Interim Health Funding in Canada applies to funding for my discipline
9. I have an increased awareness of how the media can change public opinion on refugees predominantly in a negative way. I will endeavour to be empathetic to migrants and be careful about being influenced by media.
10. Not much yet! Except heightened awareness and therefore understanding that the patient in front of me may have a different story that what first meets the eye. It has encouraged a more empathetic approach generally.
11. I have learnt other factors to consider during the rehabilitation of displaced person, what other factors can influence the interventions
12. I feel I will be more 'personable' with patients rather than generalizing, and that will only strengthen the therapeutic relationship.
13. I think that having a better understanding of the broad picture around migrants and also the stages that refugees go through will help to guide my approach to connect and support and guide a person through their treatments and rehabilitation plan. The psychosocial aspects of each stage can impact on their physical rehab process.
14. Sharing this knowledge with colleagues as we look to improve the Physiotherapy service we offer our migrant patients. This increased knowledge base has a direct impact on the empathy I have for my patients.
15. Remove stereotypes. Respect their fundamental rights
16. I have a better understanding of these patient's history
17. Taking into account giving migrants/refugees more voice and advocating for their voice
18. Though the treatment techniques will not change, my outlook towards the patients and the world in general would be with a new appreciation and gratitude for what little we have.
19. Applying human rights to management
20. Empower with solid legal knowledge to be able to advocate for esp. refugees and IDPs when government departments oppose services provided to them.

21. I am more aware of the legal aspects and complexities to take into account when advocating for equal access to services
22. Definitely, with knowledge of Humanitarian principles, my practice is going to change, now knowing that health is a fundamental human not just a privilege.
23. I have made a decision to start looking at the entire picture, it is important that I do not neglect social factors when it comes to managing and advocating for rehabilitation care.
24. With this new knowledge i have the ability to better understand the various contexts my patients may be in and approach their rehabilitation and plan for their discharge from the hospital appropriately. It is my hope to work with an NGO and help those in need of physical rehabilitation and this course has provided the knowledge and understanding of the needs these people may have.
25. I wouldn't say yes, but my perception and understanding of displaced persons has changed. Subsequently, my new understanding will affect how I would relate to my patients and clients who are migrant.
26. No change in clinical practice, but greater awareness of refugees and how they can be / are perceived by the general public as well as their fundamental rights.
27. For now it is too early to make any valuable reflection in this domain.
28. In all honesty, it won't change as all the principles I have learned in this course I already employ at work (non-discrimination, neutrality, respect etc). It has however made me more aware of potential traumas a migrant client could have endured (ie. grief, loss, stress due to adaptation to a new living environment). I do not live in an area where refugees settle, but we have a lot of migrants here who have moved for work or the lifestyle.
29. I think this course will make me reflect more when working with individuals who may have been displaced and work more to better understand their needs as a whole. This may mean providing them with additional information and guiding them towards resources that may not necessarily be completely rehabilitation related.
30. My awareness has increased - unsure if my practice will have changed yet based on this module
31. No changes in clinical practice, but definitely changes in thought processes
32. Not actually. It just triggers to think of the issue of vulnerability when addressing complaints and concerns of patients
33. Understanding that migration may influence my practice for some patients but may not for others but everyone deserves human rights and treatment and I will uphold that

## **6.2 Course 2: Health and Well-being for Displaced Persons**

1. From now on I will take into consideration a patient's cultural background before planning treatment management.
2. Rather than focusing on pathology of diseases only, I see that there are other aspects like social and psychological aspects that also play a role in a patient's condition. I intend to be more holistic in my approach.
3. My clinical practice will change in that I will improve on my self care and ultimately improve my service provision to my clients.
4. As someone who I feel is getting close to burn out at the moment, the self care section helped me to recognise my signs and remind me what I can do to prevent a full episode. I have spoken to

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work colleagues and made changes that will help support me. I have taken on a new project- instead of something else I am working on rather than in addition to- and this has boosted my enthusiasm. I feel this will have a positive impact on my patients now that I am feeling calmer.

5. Assessment of displaced persons, ie language barrier issues, cultural issues among others
6. I plan to use my knowledge on determinants of health to identify factors such as low socioeconomic status in my patients.
7. It has improved by considering self care as a way to take care of myself to continue helping people.
8. By understanding the role of stress, burnout and their management at workplace
9. I am able to properly be aware of the differences in cultural practices and norms of clients to appropriately help them.
10. Understanding myself and my colleagues and getting myself involved in more activities to relax our minds at times.
11. I am very much aware of health literacy and the need to check that patients really are able to understand what is important for them. This will take some practice, adjusting communication for individuals and working out which handouts or other resources are best for helping these patients. I intend to look at how I can maybe incorporate the SCAT resource for self care awareness to give to patients coming in with stress to enable them to begin making small changes for their own care.
12. I now understand not to always use family members as interpreters unless requested by the client
13. It made me consider the impact working with this population has on the rehabilitation professional and making sure they are able to decompress/process the information in order to provide the best care for the patient.
14. understanding it's normal for the practitioner to be affected even after one session asking about home treatments prior to giving the patient your idea for treatment as a way to connect
15. The area of health literacy. I will incorporate some of the lessons learnt here to improve the health literacy of my patients. I hope to also improve on communication to give better accessibility to patients, especially the displaced persons
16. mindfulness of salutogenic model, need to empower/encourage clients to access resources to thrive in new circumstances
17. No changes yet but I am planning to implement the 3 main principles of self care : Awareness Balance Connect. To better my Management of patients
18. Sense of Adherence model can be applied to address challenges faced by patients in a better structured approach
19. I've learned a lot during this session/course and I particularly intend to make self care a conscious decision in my implementation. This is necessary to enable me continue to provide support for the clients I work with Improve on health programming with more focus on health and wellness rather than disease /pathogenic approach
20. I will incorporate self-care techniques into my daily work routine.
21. Review implementation of Health Literacy principles - especially how you communicate health education and information Awareness around Cultural Competence - informal discussion on own understanding and relate to rehabilitation services.

22. I will definitely try to incorporate the information with clients of poor health literacy. I will also be more aware of my own self-care.
23. I intended to be more mindful of patients that will benefit from an interpreter.
24. Taking care of myself is as important as taking care of my patients
25. Made me aware of the health literacy of my clients and that some may not have high literacy, so therefore I should use easy to use terminology when explaining conditions to my clients. Sometimes it's easy to use anatomical terms to explain disorders, instead of lay language. I also realised some patients may not have good reading skills so to ask them to let me know while they're filling out the initial intake and consent forms if there's anything they don't understand, or suggest I fill it out on their behalf if they struggle to read/'forgot their glasses'.
26. Taking care of myself as a Physiotherapist will greatly affect my work output as it concerns the need of a displaced person

### **6.3 Course 3: Communication and Trauma-Informed Care for Displaced Persons**

1. I loved the point where the content said as clinicians we need to come out as facilitators instead of being the authority. Oftentimes we fail to strike that balance and I feel after this course, I can confidently say I am now a facilitator!
2. How to work with an interpreter, more thought into PTSD and learning in depth the background of a person
3. I am more aware of how health literacy affects patients and how a patient consultation may in itself re-traumatise people affected by trauma. I will ensure I repeat information and ask questions to make sure patients have understood.
4. I will seek out qualified interpreters for more complex cases and try to be less reliant on family members for interpretation.
5. Provoked thinking about how to integrate TIC into regular procedures/protocols
6. I will be more willing to think about the cultural beliefs and how to put them into my practice whenever best possible and also to be mindful for our non-verbal gestures when talking or listening to patient to avoid misunderstanding
7. \Further consider communication and room set up
8. Trauma informed care, do not re-traumatize the individual (asking them to narrate or give an account of the event too soon especially if the client is not ready to share that experience as it might trigger them) but rather seek to understand the impact of the trauma and Ways to respond to them appropriately. Recognize the effort put in place to heal from the traumatic event (s).
9. Planned interventions: Using the acronym for Cross - cultural communication - CRASH to remind inter-professional team: - especially where bias might exist or - to inform communication in general to improve client outcomes Following up on Interpreter burn out/ stress - how is this managed - occurrence
10. This course reminded me to consciously establish rapport within the first few minutes of an initial consultation, by maintaining eye contact, being engaged, nodding etc. Basic things but a good reminder about the importance of this in establishing a good therapeutic relationship with my clients. It also reminded me that although I'm very comfortable and familiar in my clinic space, my clients may be feeling uncomfortable, intimidated, or worried and it is important to try my best to be friendly and put them at ease, particularly at the first meeting.



11. This course has made me think a lot about my own bias while communicating with patients. It's something I am normally aware of but it needs to be reminded all of the time. For instance, here in Belgium there's this thing with migrants from the Maghreb being not very tolerant to pain, and even exaggerated in their expressions. This belief is commonly accepted and used in case meetings without any problems!
12. I will seek an interpreter when appropriate
13. Changes to be implemented include the inclusion of a multidisciplinary team and training for interpreters and translators.

#### **6.4 Course 4: Considerations for Working with Diverse Displaced Person Populations**

1. More aware of pronouns and offering separate group exercise classes for members of the community
2. My behavior and way of communicating would have changed with enough effort I can change it to what is needed. Taking note of many factors of the patient's profile and experiences and in the planning of interventions for certain issues would be incorporated into my clinical practice.
3. I am aware that LGBTQIA+ individuals may be more prone to diabetes and hypertension, in addition to mental health problems like depression. If I ever work in a camp, I know that children there are more at risk of developmental delay so need early intervention wherever possible. They are likely to have experienced trauma so trauma-informed care is important.
4. I have learned to extend services beyond male/female identity because of the rights of others who prefer to be gay' lesbian' transgender and etc.
5. Being aware of pronouns, names etc - how important this is to someone's identity. Making sure to clarify this at the first meeting.
6. Bottom line, open communication and respect is key throughout the course of our intervention as rehabilitation professionals. Listening to the clients, being empathetic, keeping patient centered approach, family approach It's been a whole new experience learning about trauma informed care as these contribute to overall positive outcome for our intervention. The patient doesn't exist in isolation and so a holistic approach is commendable to achieving our therapeutic goals
7. Ensuring I use general (non assumptive) terms Give people the option of door open or closed
8. This is the first time I have learned about rehabilitation needs and considerations of LGBTQIA's.
9. Having an appropriate response and question to use when someone discloses that they are a transgender person.

#### **6.5 Course 5: Considerations for Working with Survivors of Sexual Violence and Trafficking**

1. Empathy! Empathy is key. I should learn to try to fit into these people's shoes; in that way I'd learn to be more patient with the treatment process.
2. I have new interventions to use in my arsenal for my future patients if I ever plan on tackling men's health, women's health and survivors of sexual violence. How to communicate and behave around them will be incorporated as well.
3. I'm able to look into internal system relationships when a patient informs us about the pain and am able to prescribe exercises accordingly.

4. New techniques for relaxation exercises.
5. More focus on breathing patterns Increased patience when building trust
6. Will incorporate mindful movement and body awareness
7. will be able to apply breathing exercises for my post-trauma patients, especially who experienced sex violence.
8. Improved emphasis on securing trust and developing patient rapport

#### **6.6 Course 6: Considerations for Working with Survivors of Torture**

1. I would be more considerate and aware of whether my patients are uncomfortable. I will ask them if they want the door open or closed, if I can touch them when necessary, and other things.
2. It will change by using Judith Herman model to provide care to traumatized patients
3. This is my first exposure on subject matter ,no significant change at the moment, hoping to inject all learnt into practice in future.
4. Being sensitive to the traumatic events /experience and avoiding retraumatization of the clients by asking them too many questions some of which they aren't yet willing or ready to reveal. Taking the assessment process slowly , allowing pause /stop if clients don't feel like going through with the assessment so it's not seen as an interrogation . Allowing time for reflection, and being an active listener taking into account the client's body language, ensuring safety and assuring clients of confidentiality as this builds trust and allows them to open up about their trauma.
5. Being aware of potential triggers for people who have experiences torture - electronic machines, pulleys etc. Asking for feedback at the end of the session to empower clients.
6. No change yet - but I will be more alert to identify possible signs of PTSD - not necessarily from torture (in my setting) but as a result of e.g. violence, MVA
7. There was so many practical things in this course that I can use - body language, room setup, patient goals based on stages
8. I would like to incorporate more relaxation techniques, diaphragmatic breathing and mindful movements.
9. Learned new measures for safety.
10. More consideration of how trauma victim might behave
11. Increased mindfulness and awareness of individuals who have experienced torture

#### **6.7 Course 7: Assessment and Management of Displaced Persons with Pain**

1. I plan to use the pain and disability model to identify drivers during pain assessment.
2. I am going to research more guided imagery and BBAT techniques
3. more awareness of pre-session questionnaires concrete tips on how to avoid re-traumatisation
4. I will help me to incorporate screening of psychosocial and cultural factors in patients assessment especially those who are displaced
5. The PDDM is a very useful tool for pain assessment, I plan on using it for assessments in the future
6. I intend to apply the PDDM model in management of Chronic pain now to low back pain and as opportunity comes to tortured victims

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