Curriculum for General Practice Registrars

Extended skills placement at *Utopia Refugee and Asylum Seeker Health*

(June 2021)

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| Communication skillsCommunication Skills | Learning points | Activities |
| 1.0 Working with interpreters | Adaptation of history and examination taking in the presence of a phone and on-site interpreterUse of non-verbal communication in the cross-cultural medicine setting | Orientation from bicultural workers to the practice’s major ethnic groups.Exploring spoken and written narratives of refugee experience by using resources such as the “Nostalgia” anthology published by Wyndham Culture and Education Centre. <https://www.theguardian.com/australia-news/2021/apr/04/happy-memories-myanmar-migrants-in-australia-share-stories-beyond-the-trauma-of-war-a-photo-essay>Use of visual aids such as *Easidose* adherence aids to discuss medication adherence. <http://easidose.com/easidose.html>Person and culture-centred approach to explaining risk.Feedback from interpreters.  |
| 1.1 Incorporating health-beliefs into the consultation | Developing an understanding of relativism and its application in working with people from non-Western culturesAdapting the empiricism of the western model of communicating health information to people from non-western cultures |
| 1.3 Communicating medication adherence | Understanding the differences in medication adherence in the context of refugees from regions at different stages in the epidemiological transition.Communicating medication adherence to people with no literacy or numeracy. |
| 1.4 History-taking | History-taking from people from health systems with a paternalistic approach and building skills to assisting refugees to transition from an expectation of closed questioning to open questioning |
| 1.5 Communication in the setting of the clinical examination | Communicating the details of the clinical examination using interpreters |
| 1.6 Communication of risk | Using pictorial aids to assist in the understanding of risk and risk reduction |
| 1.7 Communicating with family | Understanding the differences in family dynamics across different cultures and skills in balancing cultural safety and ethics in communicating with family members |

# Clinical Skills

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| Clinical Skills | Learning points | Activities |
| 2.0 Conducting a new-arrival refugee health assessment | Relevant history, examination and investigations for a new-arrival refugee health assessment as per Australian Guidelines (ASID) | Using HAPlite to access pre-departure medical assessmentsCalculating immunisation catch-up schedulesPrinciples of immunisations and interpreting serology and immunisation history from regions of the world with different public health prioritiesUsing the ASID guidelines to request appropriate screening investigations<https://www.asid.net.au/products/refugee-guidelines-2016> |
| 2.1 Assessment and treatment of parasites | Management of common parasitic disorders including schistosomiasis, strongyloides, ascariasis, entamoeba histolytica, hookworm and tapeworm | Understanding life-cycles of helminths, interpreting serology, urine and stool microscopy.Requesting anti-helminthics via the TGA Special Access service. <https://www.tga.gov.au/form/special-access-scheme> |
| 2.2 Assessment and management of TB | Diagnosing TB and latent TB. Treatment of latent TB in primary care using rifampicin and isoniazid | Case conferencing with the Victorian state TB program. Placement with Victorian tuberculosis nurses on home visits.Performing tuberculin skin tests Interpreting interferon gamma release assays |
| 2.3 Diagnosis and management of blood borne viruses | Diagnosis, assessment and treatment of HIV, hepatitis B and C in primary. Shared care of complex blood borne virus patients with secondary care | Sitting in with Infectious disease physicianS100 training in HIV and Hepatitis C. <https://nwmphn.org.au/about/partnerships-collaborations/vhhital/>Use of ASHM clinician tool (REACH-C)to assess and treat hepatitis C. <https://reach-c.ashm.org.au/>Sitting in with hepatology/elastography clinicsCase conferencing with infectious disease and hepatology.Developing delivering education to patient groups on viral hepatitis |
| 2.4 Helicobacter pylori management | Diagnosis and treatment of H pylori with 1st, 2nd and 3rd line agents  | Collaboration, case conference and sitting in with gastroenterology and infectious diseases specialistsOrdering Bismuth and tetracycline via TGA special access scheme. <https://www.tga.gov.au/form/special-access-scheme>Maximising adherence to quadruple therapy using dosing aids |
| 2.5 Management of malnutrition | Assessing and treating malnutrition in refugees. Culturally competent dietary advice | Measurement of mid-upper arm circumference as a marker of malnutritionSupermarket new arrival tours with community health dietician |
| 2.6 Assessment of developmental disorders | Assessing and managing delayed presentations of developmental disorders in conjunction with allied and paediatric services | Sessions with Paediatrician (In-house and at RCH immigrant health clinic)Develop skills to prescribe high dose Vit D |
| 2.7 Assessment of women’s health issues in the refugee and asylum seeker context | Assessing, treating and appropriate referral of women with psychosexual dysfunction secondary to sexual assault as part of torture and traumaAssessing risk of genital mutilation in peri-pubertal girlsScreening for genital mutilation in women from high-ris countries  | Education from Victorian community-based organisations that advocate for women and girls at risk of FGM (FARREP workers). <https://www.thewomens.org.au/health-professionals/health-professionals-gynaecology/family-reproductive-rights-education-program-farrep> |
| 2.8 Assessment of disabilities | Whole of person approach to disabilities | Sessions with allied healthDeveloping joint management plans with allied healthAssisting with access to NDISUse of disability assessment tools for CALD community individualsMulti-agency collaborationDisability support pension report writingUsing the disability impairment tables |
| 2.9 Post-traumatic stress disorder and cross-cultural mental health presentations | Understanding of language, society, history and politics and their impact on mental health presentations, access to care and treatment. Assessing mental health in people with low health literacy and particularly low mental health literacy. Gain an understanding on the effect of torture and trauma on cognition and recall. | Foundation House for survivors of torture and trauma – sitting in with mental health clinicians and attending the trauma-informed care lecture series. <https://foundationhouse.org.au/learn-with-us/lecture-series/?eventfilter-traversablecategories=30>Mental health care plans for CALD patientsRelaxation techniques, music, art and narration as therapies.Sessions with complementary therapists and physiotherapists with experience in the management of chronic pain secondary to torture and trauma |

# Healthcare and welfare systems and supports for asylum seekers and refugees

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| Skills/knowledge goals | Learning points | Activities |
| 3.0 Understanding the systemic barriers to asylum seekers accessing high-quality health care | Accessing consultations, pathology, radiology for people without Medicare cardsUnderstanding the unique set of issues impacting asylum seekers | Linking up with Utopia’s partner organisations and the learning from other stakeholders  |
| 3.2 Understanding the role of local, state and national governments in refugee and asylum seeker health | Developing a knowledge of supports in the Wyndham and surrounding LGAs, Victoria and the national level and how to access these.Understand the SRSS system of welfare for asylum seekersUnderstanding of the different visa subclasses | Speaking to representatives at the local, state and federal level.Tutorials from Victorian refugee health nurses |
| 3.3 Understanding the role of the non-government sector in refugee health | Developing a knowledge of the functioning of community-based groups and the role of activism in advocating refugee and asylum seeker rights | Spending time with grass-roots organisations to appreciate the value of activism, protest and community-based advocacy |

# Ethics

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| Knowledge/skills to be acquired | Learning points | Activities |
| 4.0 Balancing patient-centred care and professional boundaries | Appreciating that the patient-doctor relationship may be different when viewed through the lens of another culture. Strategies in finding the right balance | Balint group attendances. <https://www.balintaustralianewzealand.org/about/balint-groups/>Regular de-briefingSupervision and psychological support through the college of general practitioners |
| 4.1 Appreciating ethical dilemmas in refugee and asylum seeker health | Defining and recognising ethical dilemmas and using established frameworks to assist with decision-making | Tutorials and case-studies using established frameworks to analyse ethical dilemmasApplying principles of autonomy, beneficence, no-maleficence and justice.Utilitarian arguments |
| 4.2 Self-awareness and avoiding burnout | Recognising burnout and strategies to avoid this | Participation in staff well-being programs Participation in peer group activitiesAccessing collegiate supportsAssessing risk of burnout through standardised self-assessment |
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