

Addressing healthcare barriers faced by asylum seekers and refugees through an interprofessional symposium

Adresser les obstacles aux soins de santé auxquels font face les demandeurs d'asile et les réfugiés à travers un symposium interprofessionnel

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Implication Statement

In this work, we describe an interprofessional healthcare symposium driven by the challenges faced by the local asylum-seeking/refugee population in Montreal. McGill University medical, nursing, dietetics, and social work students partnered with local experts to provide attendees with tools to better meet the needs of Montreal's migrant population. This student-led initiative, unique in its interdisciplinary and comprehensive nature, increased awareness of the needs of an underserved population while promoting student engagement in health advocacy and interprofessional collaboration. It also enhances the development of skills essential to provide culturally sensitive care.

Énoncé des implications de la recherche

Dans cet article, nous décrivons un symposium en santé interprofessionnel adressant les défis auxquels font face la population locale de demandeurs d'asile/réfugiés à Montréal. Les étudiants en médecine, en sciences infirmières, en diététique et en travail social de l'Université McGill ont fait appel à des experts locaux pour fournir aux futur professionnels de la santé des outils leur permettant de mieux répondre aux besoins de la population migrante de Montréal. Cette initiative unique dans sa nature interdisciplinaire et globale, a accru la sensibilisation aux besoins d'une population mal desservie tout en favorisant l'engagement des étudiants dans la promotion de la Santé, la collaboration Interprofessionnelle et l'offre de soins culturellement adaptés.

Introduction

In 2017, Quebec processed approximately 25,000 asylum seekers of which about 63% obtained refugee status and became permanent residents following a wait time of up to 19 months.¹ Before they become permanent residents, asylum seekers receive basic health coverage under the Interim Federal Health Program (IFHP). Both groups will be referred to as migrants, an umbrella term used to characterize individuals who change their country of residence. Migrants face barriers to access health care services including language and lack of understanding of the health system. This has led to treatment refusal and unfairly billing for services at walk-in clinics² contributing to

unmet healthcare needs and unsatisfactory health outcomes.³ Little effort has been made to address this issue, perpetuating healthcare disparities across the health care system, and impeding access to appropriate resources.

To address this knowledge gap, an interprofessional symposium was mounted to better understand health care barriers faced by refugees and asylum seekers and address the multi-faceted challenges they face. Health professions curricula at McGill would benefit from integrating interprofessional education (IPE) in population health to promote culturally sensitive and patient-centered health for vulnerable populations.⁴

Description of the symposium

Collaboration Interprofessionnelle Montréalaise Étudiante (CIME) is an inter-professional team of nursing, medical, dietetics, and social work students sharing the common goal of reducing healthcare gaps experienced by asylum seekers and refugees in Montreal. Our team organized an interprofessional healthcare symposium in March 2021 to provide students in healthcare-affiliated programs with practical tools to address migrants' healthcare barriers. The symposium was built and delivered using an interprofessional education approach, as it was shown to promote culturally sensitive and patient-centered in population health.⁴

A CIME's committee composed of student representatives from the Faculties of Medicine, Nursing, Dietetics, and Social Services selected the symposium content. Following a review of the "Toolkit to support intervention with asylum seekers" on the *Centre d'expertise sur le bien-être et l'état de santé physique* website⁵ in December 2020, each program's student representative identified topics lacking in their curriculum. A senior medical student who completed electives at the *centre local de services communautaires* parc-Extension, the mainstay clinic for many migrants in Montreal, reviewed that list to target the most relevant topics. Using the Canadian Interprofessional Health Collaborative framework, objectives have been drafted for each topic to align with its six competency domains especially patient-centered care, collaborative leadership, and role clarification.⁶ Thereafter, we emailed professionals who work with migrant communities to provide a 30–60-minute seminar around the pre-selected topics followed by a 5–10-minute Q&A period. By mid-February 2021, we confirmed a tentative schedule and promoted the symposium to universities across Quebec through social media posts and via faculty representatives.

The symposium consisted of five days of virtual seminars on topics outlined in Table 1. Each session was structured to provide a clear and concise broad overview of a topic with a maximum of three aspects that align with the seminar's objectives. Each presentation ended with a slide dedicated to practical resources. Post-seminar clinical vignettes and skill-based workshops helped consolidate the seminar theme. A moderator presented a clinical vignette with questions about healthcare professionals' roles in migrants' care. Students were guided by the moderator and encouraged to discuss each question. The 'language

barrier' workshop consisted of a 15-minute presentation on navigating language barriers in clinical settings, followed by a 1-hour session where learners were placed in groups and practiced simulated clinical scenarios to apply the knowledge acquired. Each group consisted of four students (one moderator, standardized patient, student-interpreter, and health care provider). Individuals speaking a second or third language were assigned to a group before the workshop to act as student interpreters. Each group completed three scenarios and received feedback from the moderator on their interactions with patients and interpreters.

This study was exempted by the Institutional Review Board of the McGill Faculty of Medicine and Health Sciences.

Outcomes

For each seminar, attendance ranged from 34 to 64 participants. In total, 132 students were present at one of multiple seminars from the following programs: medicine (65.4%), social services (16.4%), nursing (5.0%) and dietetics (1.2%). Students who attended three-or-more seminars were eligible for a 'Migrant Health' certification ($n = 36$), which attested to their attendance. Among these 36 students, 92% felt more confident in working with the migrant population after attending the symposium. This was determined using an evaluation form (Appendix A) that collected attendee's subjective perception of the improvement of their knowledge as well as reflections on the applications of knowledge acquired in their future practice. No pre- or post-evaluation forms were distributed during the seminars. Rather, a post-symposium feedback form was distributed following each seminar (Appendix B). In total, 114 responses were collected, most of which reported admiration for the population-specific interventions and the roles of interprofessional healthcare providers and organizations in addressing the unique needs of migrant. For example, feedback mentioned that "the different speakers were extremely knowledgeable and provided us with concrete steps and tools to ensure better care for migrant and refugee communities." Topics students found the most relevant included language barriers, healthcare access barriers faced, and mental health challenges.

Table 1. Topics of the symposium seminars, number of attendees per seminar, and background of the speaker panel

Seminars	Topics	Speakers
Seminar #1 Foundation and Introduction (March 6th) Number of Attendees: 64 <u>Objectives:</u> Introduce students to the process of claiming asylum, the background of this population, and the challenges healthcare providers face in addressing their needs.	Challenges faced by newcomers	Dr. Neil Arya , Family doctor and founder of PEGASUS institute ¹
	Timeline of the Journey of an Asylum Seeker	Denis Otis , UNHCR ¹ representative
	The legal process to claim asylum.	Abdulla Daoud , The Refugee center
	Challenges faced by healthcare workers serving migrants	Caroline Clavel & Yann Zoldan from CERDA ³
	Pop quiz session	Students from CIME hosted the pop quiz.
Seminar #2 Health, nutritional and language barriers (March 13th) Number of Attendees: 34 <u>Objectives:</u> Gain an understanding of health and nutritional challenges faced by Migrants. Recognize the importance of interpreters to address language barriers in clinical settings and learn how to act as an interpreter.	Health challenges	Dr. Juan Carlos Chirgwin , a Family doctor, working at a CLSC ⁴ of Park Extension since 2002
	Nutritional challenges faced by Migrants	Josiane Cyr , a dietitian working at the CLSC of Parc-Extension.
	Language barriers & acting as an interpreter	Darya Naumova , 3 rd -year medical student, and co-president of Medcomm ⁴
	Language barriers workshop	Darya Naumova and volunteers from Medcomm ⁵
Seminar #3- Racism, mental health & social disparities (March 20th) Number of Attendees: 50 <u>Objectives:</u> Gain an understanding of mental health challenges and the importance of trauma-informed practice. Learn about social disparities and racism faced by migrants.	Mental health challenges	Dr. Jaswant Guzder is a psychiatrist in the Division of Child Psychiatry and Social and Transcultural Psychiatry.
	Racism in medicine and mental health practice	Dr. Eric Jarvis , Associate Professor of Psychiatry at McGill University and Director of the Cultural Consultation Service
	Trauma-informed practice	Heather Robertson , a social worker at the Aurora Family Therapy Centre, who coordinates mental health services and supports for newcomers.
	Social disparities	Myriam Richard , Ph.D. candidate at the School of Social Work at the University of Montreal.
Seminar #4- Maternal & children health and LGBTQ+ health (March 27th) Number of Attendees: 42 <u>Objectives:</u> Introduction to tools to use for screening migrant children. Gain an understanding of the barriers faced by pregnant women and LGBTQ2S+ migrants.	Screening children new to Canada	Dr. Mahli Brindamour is a pediatrician interested in global health, refugee, and Indigenous health.
	Health & social challenges faced by pregnant women	Anne-Marie Bellemare , social worker & Mejda Shaiek , a midwife from La Maison Bleue
	Challenges faced by LGBTQ2S+ migrants	Iyan Hayadi , support service coordinator at AGIR ⁶
	Clinical vignette on children's health	Josiane Cyr and Dr. Chirgwin
Seminar #5- Community resources, pain management disparities, and advocacy (April 3rd) Number of Attendees: 50 <u>Objectives:</u> Introduction to tools that Healthcare providers can use to refer their patients according to their needs. Gain an understanding of the disparities faced by Migrants in pain management. Introduction to population health advocacy.	Navigating community resources	Diane Carru & Alaa Mohamedahmed , from Welcome Collective
	The Montreal Diet Dispensary	Ouardia Zeggane , a registered dietitian passionate about nutrition interventions in a multi-ethnic and cross-cultural context.
	Ethnic disparities in pain management	Dr. Yoram Shir , Professor of Anesthesia & Edwards Chair in Clinical Pain and the Director of the Alan Edwards Pain Management Unit at the MUHC ⁷ .
	Advocating for vulnerable populations	Lisa Merry , Assistant professor in the faculty of nursing at the University of Montreal. Annie Jaimes , clinical psychologist, and postdoctoral fellow at York University (Center for Refugee Studies and Psychology).
	Clinical vignette on community resources	Vignette created by members from Welcome Collective.

1. PEGASUS : Institute for Peace, Global Health, and Sustainability.

2. UNHCR : United Nations Refugee Agency.

3. CERDA : Centre d'expertise sur le bien-être et l'état de santé physique des réfugiés et des demandeurs d'asile

4. CLSC : community health clinic.

5. Medcomm: a student-run initiative at McGill University School of Medicine that aims to address healthcare language barriers through research, education, and community activities.

6. AGIR : Organization by and for LGBTQ2S+ immigrants and refugees in Montreal.

7. MUHC : McGill University Health Centre

Suggestions for next steps

Overall, the symposium was successful in emphasizing interprofessional education and collaboration when addressing the multifaceted challenges faced by the migrant population. It brought together speakers from different professions to clarify their respective roles in meeting the needs of Montreal's asylum seekers/refugees and demonstrate how different professions can collaborate to enhance the health outcomes of this specific population. Future work will focus on integrating a needs assessment with identified relevant topics in collaboration with members of this community. This will allow a more targeted approach to address knowledge gaps among providers and health care gaps in the system. More formal evaluation designs should be developed to measure the impact of such interventions on the preparedness health care professional to address the needs of migrants.

Conflicts of Interest: There are no conflict of interests.

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Appendices

Appendix A. Post-symposium questionnaire to receive the “CIME Interprofessional Migrant Health Training” certification

Eligibility for certification: this questionnaire was only sent to attendees that attended both the 1st and 3rd seminars, which are considered foundation knowledge for all health care providers (see more details in Table 1), in addition to a 3rd seminar of their choice.

Q1- On a scale from 1 to 5, how confident are you on the topic of migrant health AFTER attending the symposium?

Q2 - What did you learn in the seminar series that you **can apply to your future practice**. Please select which week you would like to discuss in the dropdown Menu. (Short answer of 150-200 words)

Appendix B. Post-seminar feedback questionnaire

Q1 – Which topics did you find relevant/interesting?

Q2- Did the seminar meet your expectations?

Q3- If no, why did the seminar not meet your expectations?

Q4- What were aspects of the seminar that could be improved?

Q5 -Were there any other topics you wished we discussed in the seminar?