

Bulletin

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More information about EASOM: <http://www.easom.org>

For comments and questions about this Bulletin and contributions and suggestions for the next Bulletin, please send an e-mail to EASOM's Secretary:

a.weel@nvab-online.nl

Happy New Year!

In this issue of the Bulletin, we look backward to the events of 2009, and forward to 2010, when we hope to celebrate the tenth Summer School. Stay with us and read more about all EASOM activities in this Bulletin!

The EASOM Board wishes you a happy, healthy and prosperous 2010!

First Announcement of 10th EASOM Summer School in Herrsching, 26 – 28 August 2010

The TENTH EASOM SUMMER SCHOOL will be held from 26 till 28 August 2010 in HERRSCHING (near Munich), GERMANY.

The theme will be: “Virtual patients in training for Occupational Medicine”. The case-based e-learning system developed in the NetWoRM Project will be one of the topics to be presented and trained. The organizing institute is the Ludwig-Maximilians-University (LMU) of Munich (prof. Katja Radon, dr Stefanie Kolb).

In the course of February 2010, the full programme and a registration form will be available via our web site www.easom.org

Report from the 9th EASOM Summer School in Linz

This Summer School was held in the beautiful atmosphere of the “Altes Rathaus” in the city centre of Linz, Austria. In the year 2009, Linz was the cultural capital of Europe.

The theme of this Summer School was “The workplace as a teaching environment”. The Linzer Akademie für Arbeitsmedizin was the organizer (Reinhard Jäger and Gerhard Elsigan).

The three-day programme consisted of plenary lectures, workplace visits and reports, and general discussions. There were about 30 participants. In this report, we focus on some highlights of the Summer School.

The Labour Inspectorate of Austria explained why the Austrian government closely observes the practice of occupational health care. It is the consequence of the main objectives of the Austrian occupational health and safety strategy 2007 – 2011. In this strategy, emphasis is laid upon new risks like ageing and psychosocial aspects, as well as upon the quality of the work of the prevention advisors.

In the new legislation of 2008, the focus was replaced from health

surveillance to work ability and health promotion. Austrian occupational physicians are not allowed to spend more than 20 percent of their working time to medical examinations. In the discussion it became clear that this target is not always met. The main task of occupational physicians is to realize improvements in a project based approach. In the opinion of the Labour Inspectorate, the occupational physicians are not active enough to start improvements and to collect epidemiological data. The training institutes are expected to focus more upon communication skills, project work, strategy development, problem solving and knowledge about organisations.

Ewan Macdonald explained the shift in attention from disease to health in Scotland since 2005. Nowadays “healthy working lives” and the increase of the functional capacity of the working population are hot items. Research in employers and employees about the most important competencies occupational physicians should have, gave the following unexpected result:

- law and ethics
- knowledge of hazards
- disability and fit for work
- communication

These findings have been published some years ago (1). As an effect, ethical guidelines for occupational physicians are now being developed. Other new developments in Scotland are the surveillance of the unemployed to promote their return to work, and the replacement of the classic ‘sick note’ of the treating physician by a ‘fit note’ (stating what the sick employee is still able to do).

A Danish study showed that the relationships of the occupational physician with the ‘role players’ in the company, were of greater importance for the realization of improvements than the technical knowledge. In the training programmes, more attention should be paid to communication. Communication influences appreciation, trust, mutual recognition and feedback.

Peter Westerholm (University of Uppsala, Sweden) presented a lecture about ethics. Some of his questions were:

- (1) If the legislation gives rise to activities that don’t make sense, or are even disadvantageous for workers’ health, should we in that case follow the law?
- (2) Is it ethically defensible to offer occupational health services
 - that are of doubtful effectiveness
 - that are not needed by the company

1 Reetoo KN, Harrington JM, Macdonald EB. Required competencies of occupational physicians: a Delphi survey of UK customers. *Occup Environ Med* 2005 Jun;62(6):406-13.

- for which the occupational physician is not competent
- with increase of income of the OHS as the main motive?

The problem of moral nihilism of some occupational physicians was discussed, and how to cope with it..

Lutgart Braeckman

Recommendations for workplace visits

The text below is the final document of the Summer School in Linz, confirmed by the Board of EASOM in December 2009.

Introduction

The 9th EASOM Summer School “The Workplace as a Teaching Environment”, held in Linz (Austria), 27 - 29 August 2009, has been a productive meeting of professionals working on consensus about the best practice for workplace visits. What is a good and effective workplace visit, and how can we apply the workplace as a teaching platform for our students?

The recommendations below have been formulated on the basis of the insights that have been developed and shared in the discussions during this Summer School.

The Board of EASOM has authorized these recommendations.

Recommendations

The workplace visit is an instrument for occupational health professionals, to retrieve information from the workplace and working conditions, and / or to disseminate information about healthy behavior at work. The information may concern the company as a whole or individual workers. The workplace visit is an essential element of the risk assessment.

1. Objectives of workplace visits

By means of the workplace visit, information is collected or delivered for the following purposes:

- 1.1 to advise employer and employees to reduce the level of observed health risks in work and working conditions
- 1.2 to advise and support individual employees in the process of gradual return to work after a period of sickness absence
- 1.3 to instruct employees in the application of best working methods,

personal protective equipment (PPE), and a healthy lifestyle.

Workplace visits can also be used for a variety of educational purposes:

- 1.4 to train and reflect how to approach a new company before contracting or immediately after contracting
- 1.5 to empower participating students: they sometimes feel to have missed a lot in a certain workplace visit – but: no need to be perfect; repeated exercises contribute to building up mental check lists
- 1.6 to develop knowledge what to look for / listen for: participants should draw up a list of expected items due to their knowledge of industrial sector, type of company etc;
- 1.7 to keep an open mind for the unexpected – most companies are in one way or another unique; adopt ethnological approach, like doing research on a newly found island
- 1.8 to develop workplace visits into a professional habitus (integral part of professional business as usual) instead of exceptional behaviour
- 1.9 to build up experience in talking to various different people in a setting and language common to them (versus a doctor's environment)
- 1.10 to create and keep up curiosity for work, workplaces, technologies, organisational patterns
- 1.11 to encourage participating students that by repeating the exercise they will pick up experience and quality.

2. Preparation of a workplace visit

Prepare yourself for a workplace visit. Before you start the visit, you should have answered the following questions:

- 2.1 What is the purpose of your workplace visit?
- 2.2 Is this purpose clear also to the company and the employees?
- 2.3 Are you competent to perform this workplace visit?
- 2.4 Are you able to ask the right questions to the right persons?
- 2.5 Are you able to observe the risks and the workers' behavior?
- 2.6 Do you know what to see, hear, smell, feel, in the literal sense [hardware] but also in the psychosocial sense [software]?
- 2.7 Is there an atmosphere of trust between you and the company?
- 2.8 Is the workplace visit embedded in a full occupational health approach, so that the results may lead to better workplaces and healthier workers?
- 2.9 What information do you need before you carry out the workplace visit?
- 2.10 Have you informed management and shop stewards about the purpose of your workplace visit?
- 2.11 Do you have the tools available you need for the workplace visit, with respect to its purpose?

3. The workplace visit in occupational health care practice

- 3.1 How do you show up at workplaces: professional outfit (safety shoes, other PPE, appropriate to workplaces); tourist or visitor; doctor's uniform?
- 3.2 Reflect and apply your own previous work experiences (student jobs, previous professions; family members' work).
- 3.3 Take into account professional medical knowledge and experience from previous training and practice assignments.
- 3.4 How do you document your findings?
- 3.5 Is a report to the company needed or expected?
- 3.6 In a written report, describe the methods used during the visit, include your findings, present your conclusions and recommendations in order of priority, give a scheme of follow up, and assign persons responsible to carry out them (provided these persons have been agreed with the company).

In general, the following rules should be taken into account for a workplace visit:

- 3.7 Respectful behavior of the visiting professional.
- 3.8 Do not disturb workers performing critical tasks.
- 3.9 Comply with safety rules and procedures.
- 3.10 Use personal protective equipment wherever this is mandatory.
- 3.11 Reflect company's treatment of visitors like you.

Particular questions related to workplace visits

You should be aware of ethical dilemmas linked to workplace visits. Conditions or restrictions for workplace visits set by the company may lead to such dilemmas. An important question in this respect is: "Are there any restrictions in spaces to be visited, in risks to be observed, in workers to be questioned?" If one or more of these three questions is to be answered with yes, the results of the workplace visit may be biased, and so will be the advice.

In some countries, the workplace visit is neglected in occupational health practice, due to poor service agreements with companies that do not want to spend money on workplace visits.

There may be ignorance or even resistance at the management's side. In such cases, a 'step by step' policy may be helpful. As Austrian steelworkers say: Schicht für Schicht! (Shift by Shift; this may also be translated as: Layer by Layer).

All presentations of the 9th EASOM Summer School “The workplace as a teaching environment” are now available at EASOM’s website www.easom.org

Photo gallery of the 9th EASOM Summer School

Some pictures from the Summer School in Linz are presented below.



Margit Duncan and Peter Westerholm reporting the workplace visit to a nursery home



Poster based upon workplace visit to paper factory



Heavy rain after the Summer School Dinner



Linzer Summer School organizers Gerhard Elsigan and Reinhard Jäger after a full working day



Participants visiting the Salt Mine in Altaussee, Salzammergut

EASOM – UEMS contacts

In 2009, the two regular meetings of the UEMS Section of Occupational Medicine were attended by EASOM Board members. In the Prague meeting of May 16, Jean-François Gehanno and André Weel were present. André Weel was also present at the Lisbon meeting of October 10.

In Prague, Dick Spreeuwers (The Netherlands) was elected as the new president of the Section, and Alenka Škerjanc (Slovenia) as the new secretary. The Sections consists of 22 official members (delegates). Bernard Maillet, General Secretary of UEMS attended both meetings.

In Lisbon, the new elected president presented the **mission and purposes of the UEMS**, with a special emphasis to the key objectives of the four working groups of the UEMS Section:

1. promotion and harmonisation of postgraduate training and objectives, together with EASOM;
2. enhance the position and promotion of our Section in political networks in the EU;
3. promotion of high quality occupational health care for all EU citizens;
4. reply on changing working environment and position of workers in the EU.

European accreditation of CME / CPD

Bernard Maillet presented the activity of the UEMS-EACCME. The EACCME plans were introduced in details. Bernard stated that the Section has to accept the system as a whole. Within the Section there is criticism about the slow progress and the bureaucracy; some members are in favour of an own accreditation system. In the next meeting, the UEMS system of accreditation will be discussed again and the Section will formulate criteria for a good and feasible system.

A challenge for the future is The Directive on Mutual Recognition of Qualification that is to be revised until 2012.

The specialty of occupational medicine is recognized as a basic specialty in 26 member states (not in Estonia). The minimal length for postgraduate training is four years.

A new **European Working Time Directive** is upcoming, stating a maximum working time of 48 hours per week. Is this to combine with the requirements for vocational training of medical specialties? This was a main topic for further discussion. The topic was given to working group 3.

Activities of the four working groups

- Working group 1, Training and CME, stated two objectives:
 1. To look at the quality assurance standards that should be applied to conferences/educational activities before accreditation is given, and compare these standards with the current UEMS accreditation program. This will help us decide if we wish to adopt this program or not.
 2. To re-write Chapter 6 of the Training Charter for Occupational Medicine which will help identify any areas that our working group needs to address in due course.

- Working group 2, Politics, stated the following objectives:
 1. To call the European Commission to organize a meeting with trade unions on relevant statements of occupational medicine.
 2. To influence future legislation as our Section's goal.

- Working group 3, Quality of practice, discussed the European Working Time Directive. In the near future this Directive will be debated in the European Parliament as well as in the European Commission. The Working group is in the opinion that the proposed maximum weekly working time of 48 hours is not evidence based. Obviously, the guarantee of recovery time is a fundamental concept in the Directive. The 48 hours maximum weekly working time creates problems for the training of physicians. It also causes problems for the continuity of treatment of patients, considering the shortage of manpower in health care. Some flexibility has to be introduced to guarantee a good work-life balance. Moreover, the definition of working time has to be clarified.

- Working group 4, Professional challenges, stated two objectives:
 1. To send a letter to all members of our UEMS Section to ask their National Societies to include one of the topics regarding aging and vulnerable groups of working people on their National Conferences.
 2. To create a special button on the website that must provide exchange of data on these topics.

In the plenary discussion, there was no agreement about the European Working Time Directive.

Collaboration UEMS - EASOM

The participation of EASOM in the UEMS Section meetings is found to be useful and will be continued. In 2010 EASOM will celebrate the tenth Summer School. In the Prague meeting, André Weel has reported about the plans for a joint congress of the UEMS Section and EASOM, in Croatia in 2010. After Prague, a joint congress in Croatia has appeared to be impossible in 2010. The Summer school 2010 will be held in Herrsching near Munich, Germany. The topic: case-based E-learning in

occupational medicine and its implications for specialist training and CME is also important for the UEMS Section, so we will try to arrange this Summer School as a joint event.

In 2010 there will be two UEMS Section meetings:

- 24 April 2010: Amsterdam, The Netherlands
- 16 October 2010: Bucharest, Romania.

Important documents regarding training of occupational medicine specialists, EU requirements, and the UEMS Section itself may be found at the Section's web site: <http://osha.europa.eu/fop/uems/en>

A new project for undergraduate teaching

The European Commission has integrated its various educational and training initiatives under a single umbrella, the Lifelong Learning Programme. With a significant budget of nearly € 7 billion for 2007 to 2013, the new programme replaces previous education, vocational training and E-learning programmes, which have ended in 2006 (Socrates and Leonardo da Vinci).

The programme enables individuals at all stages of their lives to pursue stimulating learning opportunities across Europe. There are four sub-programmes focusing on different stages of education and training and continuing previous programmes:

- [Comenius](#) for schools
- [Erasmus](#) for higher education
- [Leonardo da Vinci](#) for vocational education and training
- [Grundtvig](#) for adult education.

In the framework of this Lifelong Learning Programme, subprogramme Erasmus, three EASOM members (Ghent, Belgrade and Rouen) have initiated a multilateral project for curriculum development:

A European module on undergraduate teaching in occupational medicine (EMUTOM)

The proposed project is based on the need for improvement and harmonization of the training in occupational medicine for undergraduate students. Employment has a large impact on health in Europe. In order to prevent and early recognize occupational diseases, all health professionals should be aware of the relationships between work and health. At present, a number of problems hamper the quality and quantity of occupational medicine teaching at the undergraduate level, like time constraints, the growing number of students, and the low status of the discipline occupational medicine.

The project will develop a new study module to increase the awareness of health and work issues to medical students and other health professionals. The following products are envisaged: a questionnaire survey on the contents and extent of undergraduate occupational medicine teaching in Europe; a needs analysis; the selection of core competencies for physicians in order to develop clear learning objectives for medical students; technologies and teaching methods that are most effective for facilitating learning and stimulating students' interests; methods of assessment; and a quality assurance report for the monitoring of the process and the outcomes.

The developed module will be part of the core curriculum for occupational medicine offered by all participating universities and will be available for use by any educational organisation. As output, there will be an on-line module with written materials, case studies, power point presentations. All developed materials will be available in English and in the partners' languages to maximize accessibility.

Through the module health professionals will be better prepared to define and manage the major occupational health problems and give advice on fitness for work, which in the end will contribute to a healthier working population in Europe.

The proposal is now being written. Interested people may contact prof. Lutgart Braeckman (e-mail: lutgart.braeckman@ugent.be).

Epidemiology Module

In 2007 we finished the materials for this teaching module, based upon the output of the 6th EASOM Summer School in Bari (2006). In 2008, five institutions / EASOM members had volunteered to test the module: Barcelona, Rouen, Amsterdam, Manchester and Timisoara. Only Timisoara succeeded to test to module in the own practice of teaching. The experiences have been transferred to the developing team. Early 2010, the adjusted materials will be available from the EASOM web site.

The EASOM Board expresses its gratefulness to Cathy Harrison (UK) who has been the project manager for the realization of the epidemiology module.

New publications about training in occupational medicine

John SM, Blome O, Brandenburg S, Diepgen TL, Fartasch M, Wehrmann W, Elsner P. Certificate: "Occupational Dermatology (ABD)": new curriculum 2010 of the CME-seminars of the Task Force of Occupational and Environmental Dermatology (ABD) in the German Society of Dermatology. J Dtsch Dermatol Ges 2009 Sep;7(9):776-86 [in German].

Williams N. The British approach to improving the quality and quantity of undergraduate teaching in occupational health. TBV [Netherlands Journal of Occupational and Insurance Medicine] 2009; 17: 410-412.

Buijs PC, Weel ANH, Nauta NP, Anema HR, Schoonheim PL, Helsloot RSM. Teaching general practitioners and occupational physicians to cooperate: Joint training to provide better care for European workers. European Journal of General Practice 2009; 15 (3): 125-127.

Forthcoming events

Helsinki, 26 April 2010: EASOM Board Meeting

Riga, 9 – 12 June 2010: "Occupational Diseases: recent developments and practical tips for occupational physicians". EFOH course lead by experts from EU countries who have revised the "EU Information Notices on Occupational Diseases: a guide to diagnosis". www.efoh.eu

Herrsching, 25 August 2010: EASOM Board Meeting

Herrsching, 26 – 28 August 2010: 10th EASOM Summer School "Virtual patients in training for occupational medicine"

Paris, 13 December 2010: EASOM Board Meeting

A request from the editor

EASOM Members schools are requested to provide us with their teaching experiences. The EASOM Bulletin is a good place to share these experiences. Please send your contributions to the secretary:

a.weel@nvab-online.nl