

Bulletin

December 2007

Seventh issue

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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 (May 2008), please send an e-mail to EASOM's Secretary:

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1. Welcome

It's becoming a tradition that EASOM presents a Bulletin at the end of the year. And this almost passed year 2007 has been a busy one for EASOM and most of its member representatives. The Board discussed a lot of issues, we started the development of a European training module, and we had a wonderful Summer School in Zaragoza. About these things and many others you may read in this 14 pages Bulletin. Read it and enjoy!

2. Announcement of ICOH Conference in Glasgow

John Harrison

ICOH SCIENTIFIC COMMITTEE ON EDUCATION AND TRAINING IN OCCUPATIONAL HEALTH

8th International Conference

10-12th April 08 – Glynhill Hotel, Glasgow, UK

Healthy Working Lives for all: Crossing the OH multidisciplinary interface

The world of work is changing and training in occupational health needs to change with it. The next international conference on education and training, to be held in Glasgow in 2008, will address the role that occupational health can make to promoting healthy working lives. This can mean different things in different countries and even within the same country. At one end of a spectrum we are faced with no health and safety legislation and workers exposed to major occupational health risks. At the other end of the spectrum we have well-regulated workplaces with good health and safety practices, where the focus is on the effects of an ageing population and promoting work ability. Work performance rather than protecting workers from ill health may be the main focus. Whatever the background situation, there is an increasing recognition of the need for multi-disciplinary training in occupational health to underpin team working and the need to improve the overall provision of occupational health. The aim of this conference is to discuss and develop the competencies and training required of OH professionals, who often work as part of a multidisciplinary team, to equip them for the tasks they perform.

Topic areas will include curriculum development, training methods and methods of assessment. Examples of curriculum development might include training for specialists and non-specialists and the integration of

multidisciplinary training and education. For training methods, possible submissions might address specific training modules, such as case management or occupational epidemiology, use of technology for teaching or the use of different teaching methods for different audiences. Methods of assessment could focus on the developing area of workplace-based assessment of training outcomes or competency-based training.

This conference will have direct relevance to members of EASOM and I suggest that the combination of a stimulating programme and the world famous Scottish hospitality will be hard to resist. There will be a significant discount in the conference fee for those early birds that book early. For more information go to the special congress web site:

www.gla.ac.uk/icoh2008

See you in Glasgow!

3. Report of 7th EASOM Summer School, Zaragoza

André Weel

Early September, we enjoyed our Summer School in a highly cultural and historical environment. The Romans founded the city of Caesar Augustus (→ Zaragoza) in the year 24 before Christ. Now Zaragoza is the proud capital of Aragon that has been an independent Kingdom for centuries. The social programme was a pleasant introduction in local history and culture.



Cesar Augusto, fundador de la ciudad de Zaragoza, 24 a.C.

There was an excellent programme and a good attendance with about 40 participants. The programme followed the line we had set out before: from the WHY and the WHAT to the HOW in teaching the management

of mental health problems.



Opening ceremony

Discussing group

The WHY was worked out in the two keynote lectures and in the comprehensive lecture of prof. Begoña Martínez-Jarreta:

- Individual approach of mental health problems at work (Prof. Jac van der Klink, University of Groningen)
- Organisational approach of mental health problems at work (Dr. Victor Alcalde, General Motors, Zaragoza, Spain)
- What competencies a fully qualified occupational physician should have regarding management of mental health problems at work? (Prof. Begoña Martínez-Jarreta, University of Zaragoza).

The WHAT was demonstrated in presentations from countries, and examples of teaching methods.

All lectures and presentations can be found at www.easom.org → EASOM's Summer Schools (*button at the left side of the page*) → Past Summer Schools.

On the third day, the participants formulated their conclusions, focused on HOW to improve the teaching the management of mental health problems.

The discussions were guided along three questions to be answered.

A. WHAT DO WE NEED IN OUR SCHOOLS FOR TEACHING THE MOST IMPORTANT / PREVALENT MENTAL HEALTH PROBLEMS AND THEIR MANAGEMENT?

There was some degree of consensus about focusing on depression, anxiety, drug addiction, alcohol problems. And a strong emphasis to pay attention to mental health risks at work, in particular jobs. The occupational physician should focus on prevention more than on return to work. The working situation is considered an important medium of rehabilitation.

Skills needed for the occupational physician are: mediation, empathy, communication, managerial skills. It was found to be a good idea to produce a module about mediation, to improve skills, and contribute to problem (conflict) solving.

There is evidence that the time spent by the occupational physician is effective in preventing loss of productivity. There is experience with a training in workability for supervisors in Finland. There is experience with a training in MHP for supervisors in the Netherlands.

There is still poor attention for work in the curative system in many countries. We should introduce training about the role of work into the curricula of general practitioners and clinical specialists.

This is considered the ideal moment for different countries to draw attention for the role of the occupational physician in prevention of mental health problems.



There was a nice social and cultural atmosphere

B. WHAT IS TO BE IMPROVED IN THE TEACHING OF MANAGEMENT OF MENTAL HEALTH PROBLEMS AT WORK?

The national situations vary considerably.

Strong aspects of training and education:

Classical teaching is often complemented by seminars or other types of teaching.

The emphasis is laid upon case-based evidence-based training. In some countries however, this is felt to be not sufficient.

In almost all countries there is practical training during varying periods of time. Sometimes this is not sufficient for mental health problems.

If psychologists and psychiatrists contribute to the training in occupational medicine, they should have experience in work related problems.

Weak aspects of training and education:

Mentorship / tutorship is sometimes insufficient. Mentors and tutors should be properly trained as well. We need guidelines for mentors and tutors.

There is also a need for guidelines for the assessment / evaluation of training about mental health problems.



Two presidents making an appointment

Technical problems to be solved

C. HOW TO PROCEED AFTER THE SUMMER SCHOOL?

We found a lot of evidence about the WHY.

We achieved a lot of consensus about the WHAT:

- competence-based training
- focus on vulnerable groups e.g. youngsters and handicapped workers
- detection of vulnerable workers.

There is a lack of communality about assessment of trainees. Could we link to the ATOM project? We might share our experiences. Guidelines should contain performance indicators for self-evaluation. Do students comply with the guidelines?

What about the HOW?

The situation is rapidly changing - we should be prepared to meet the challenges of tomorrow. We now see ageing working populations. The age of retirement is increasing in most European countries. Maintaining workability is getting more and more important. We have to keep workers with mental health problems on board. What should be done in the organisation of work to facilitate this?

Healthy workers in a healthy workplace: this is especially our objective for mental health.

After the Summer School, the Board likes to have well-defined results and conclusions with which we may proceed. An outcome might be a specific training module, or a proposal for a CME programme. The Board will draft a proposal how to proceed with this theme, and present it at the next General Assembly.

4. Announcement of 8th EASOM Summer School, Amsterdam

Eighth EASOM Summer School

"Teaching Evidence-Based Occupational Medicine"
28-30th August 2008. Amsterdam, The Netherlands

Since 2001, the European Association of Schools of Occupational Medicine (35 members) has a Summer School each year. This annual event takes place at the end of August. It is a three-day meeting of teachers and others involved or interested in training and education of occupational medicine. Special attention is paid to learning methods and didactical aspects. The programme always contains one or more demonstrations of teaching methods.

In 2008, the Summer School will take place in Amsterdam, capital of the Netherlands. The organisation will be in the hands of the Coronel Institute of Occupational and Environmental Health in the Academic Medical Centre of Amsterdam. The Netherlands School of Public and Occupational Health (NSPOH) will participate in the Summer School too. The programme starts on Thursday, 28th of August and ends on Saturday at noon.

The first day, the programme focuses on the WHY and WHAT questions. Why should we apply EBM methods in occupational medicine? What is already being done in a number of countries?

The second day is about the HOW. How has EBM been implemented in the curricula up to now? There will be demonstrations and teaching sessions. We will be working in small groups.

The third day (only half a day) looks to the future. What do schools and students need? What will be next steps in the development? Is there a basis for joint actions of EASOM members, a common project, or the development of a European teaching package?

From 1st of February 2008, you will find the full programme of the Summer School on www.easom.org
On this web site you will also find the registration form and a form for hotel booking.

Call for contributions: those who intend to give a presentation on the first day about their national situation regarding training in EBM are requested to address the secretary!

The local organising committee looks forward to meet you in Amsterdam!

Prof. Frank van Dijk
Dr Jan Hoving
Dr Carel Hulshof
Dr Paul Smits
Dr André Weel

5. Developing the EASOM Epidemiology Module

Cathy Harrison

At the EASOM Summer School in Bari, 2006, approval was given to the proposal to develop an Occupational Epidemiology Module. The objective of the Occupational Epidemiology (OE) Module was to have a common approach to teaching OE across Europe. It was not the intention to develop a specialist-training course; the objective was to increase knowledge and understanding of OE, its application in a work place setting, to understand the strengths and limitations, and to effectively communicate findings from a study.

A collaborative approach was agreed. A Project Management Team was identified, consisting of Cathy Harrison (project manager), Guido Moens, Kristiina Mukala and André Weel. A number of members volunteered to take responsibilities as strand leaders.

At the Summer School in Zaragoza, 2007, comprehensive material was presented that formed the basis of the module. EASOM's General Assembly agreed entrance levels, criteria for the research protocol and criteria for the final report to be implemented in all institutions.

The synopsis of the stepwise approach described below will build on what is already available.

STEP 1

Identifying the target group and assess knowledge and understanding. Develop a website, which includes a basic, interactive pre-course questionnaire.

A link would then take the individual to:

- EASOM-agreed Occupational Epidemiology Entrance test
- Institute-suggested pre-course reading list.

The student would then develop his or her own Personal Development Plan (PDP) describing his or her individual learning objectives.

There would also be a link to a password protected, e-learning notice board for students and lecturers, to assist in the pre-course stage. This will also provide a communication pathway for those actively participating in the course.

STEP 2

The module will be incorporated into already established courses. Students will have demonstrated their knowledge and skills by completing the pre-course questionnaire and the EASOM entrance test. Basic knowledge will be reviewed and students will be signposted to appropriate learning material.

The module will be problem based using case descriptions and demonstrations of study designs that highlight the process of epidemiology.

STEP 3

Students will then apply their recently enhanced knowledge and experience in a workplace setting, identifying a problem from a workplace and present a planned and a completed study.

STEP 4

The planned study will be subject to peer review.

STEP 5

Through reflective learning, the students will further develop their study. The completed study will then be subject to peer review.

STEP 6

The final paper will then be subject to expert assessment. This could include submitting a paper to a professional journal for peer review, for presentation at a conference, or to EASOM, or at an EASOM student Summer School.

STEP 7

The participating schools of occupational medicine will incorporate the Epidemiology Module into their existing course, ensuring that the same core competencies are met. The objective is to have a common approach to teaching Occupational Epidemiology across Europe. The core power point presentation will be used by all institutions.

At the EASOM Summer School in Zaragoza, September 2007, the proposed approach was accepted and the next steps were agreed:

- to investigate the potential for adding the Epidemiology Module to the EASOM Web Site
- to identify institutions that were willing to participate in a trial
- to consider the possibility of adding a module on statistics.

We have to date had one institute express an interest in participating in a trial. The project team would be very grateful for any volunteer institute willing to join the trial.

Reflective learning feedback from the project team

There were some very important lessons learned whilst developing the Epidemiology Module, which will inform any future projects undertaken by EASOM:

- Clear project definition from EASOM Board is imperative.
- Clear definition and acceptance of agreed responsibilities is essential, with commitment to advise the project team where individual circumstances change, and delivery of agreed objectives is delayed or has become impossible.
- Project Management via e-mail has limited effectiveness.
- Small project group meeting face to face is more effective and more productive.
- The budget planning for any project development should allow for regular meetings of a small project group.
- EASOM members have a wide range of expertise, experience and material that may be applied for the development of European training modules.

6. Quality assessment of two postgraduate training programs in occupational medicine in Flanders

Raphael Masschelein

Professor, Department of occupational, environmental and insurance medicine, Catholic University of Leuven, Belgium

Introduction

In the academic year 2006-2007 an external audit was performed on the quality of two academic postgraduate training programs in occupational medicine in the Dutch speaking part of Belgium: the master (after the master in medicine) program of the University of Leuven, and the joint program organized by the universities of Ghent, Antwerp and Brussels. The visitation was only related to the two year academic master program, which is only half of the four year specialist training in occupational medicine in Belgium.

This audit was done according to the official system of external educational visitation as developed since the eighties and organized by the official representatives of the higher education and universities in the Netherlands and in Flanders, the Dutch speaking part of Belgium. It was the first time that also postgraduate training programs in the field of preventive and social medicine were evaluated (occupational medicine, youth medicine, insurance medicine and medical expertise, hospital hygiene, sports medicine and an international master in bioethics). Due to differences in the organization, the evaluation did only take place in Flanders and not in the Netherlands.

Since 2003 and according to the Bologna declaration, this external visitation system is integrated in a new official system of accreditation. The aim of the accreditation system is to draft an independent judgment by a mixed Dutch-Flemish accreditation commission on the quality of both training programs and training institutes as a condition for the legalization of diplomas and for public financing by the government. In this short contribution the basic principles and the results of the external visitation system will be explained.

The external educational visitation

The basic principles of the external educational visitation system are described below. The evaluation is focused on a full training program. The evaluation applies a specific framework concept, based on the aims and objectives of the basic medical training, the principles of the CanMEDS model for medical specialists and completed by the aims and objectives formulated by the organizing institutes of the training programs.

The evaluation deals with the curriculum, the educational process, and the outcomes (including the quality of the students).

The outcomes of the evaluation are made public.

The external visitation follows a strict procedure, starting with the redaction of an extensive self-evaluation report by the responsible organizers of the training program, according to a strict protocol.

In a next step each training program is visited during two days by a mixed commission, composed by independent members representing the academic world, university educational specialists, practising specialists in the relevant professional field, and students.

During this visit the members of the commission can discuss the data from the self-evaluation report and additional data (learning materials, infrastructure, management reports) with the different stakeholders of the training program (faculty, program directors, students, alumni).

The quality evaluation follows a strict model of 6 subjects with different facets imposed by the accreditation commission and uses a semi-quantitative evaluation with the scores: excellent, good, sufficient, insufficient.

The following subjects have to be evaluated:

- the aims and objectives of the training program, both general and

specific for the training program

- the program (curriculum) with aspects as the conformity with the aims and objectives, the orientation to scientific and professional developments, the use of relevant educational methods, the study load for the students, the student assessment methods and procedures, the quality assessment procedures, the internalization
- the available personnel, the quality of the teaching and the supporting personnel
- the organization of the training including the material and educational infrastructure and the support of students and teachers
- the internal policy of quality evaluation and management
- the outcomes of the training program, including the efficiency in terms of delivery of diplomas, the quality of the trainees, the transition to the relevant professional domain; the contacts with the professional organizations.

At the end of the visit a provisional result of the evaluation process is communicated by the chairman of the commission.

The next step is the redaction of the final report of the external visitation by the commission. The participating training programs can give some additional information or remarks on the proposed final report. The final report includes the scores for all the different facets and subjects and the final global evaluation of the program. A positive score on the 6 subjects is required to obtain a global positive evaluation. The commission can make comparative tables in the final report, if the same program is organized by different institutions.

The visitation commission can also give specific recommendations for remediation of shortcomings in the program.

The final report is published and is available for both public services and private users.

The results of the external visitation

The outcome of the external visitation was positive for the two Flemish master programs in occupational medicine, meaning that nearly all facets and all six subjects received a positive score. The visitation commission added different recommendations to the final evaluation as incentives for further improvement. The recommendations were related to the flexible adaptation to new challenges in occupational health and new professional requirements in the field, to a better horizontal integration and cohesion of the program and more specifically between the academic and the practical parts of the training, to a more consistent quality assessment and management. The final report of the visitation commission has been published (in Dutch) and is available (www.vlir.be). The procedure for the formal accreditation of these programs is under way.

Conclusions

For the organizers of the postgraduate training programs and for the

stakeholders involved, the overall evaluation of this external educational visitation was very positive. The system is based on a long and firm experience and provides a valuable reference scheme for a reliable quality assessment of the training program. The self-evaluation report is the most challenging and valuable part of the whole process and obliges the training organizers to perform a critical analysis of all the relevant aspects of the training, including a SWOT analysis. The visitation commission itself was also perceived as very competent and efficient with an open attitude for a constructive dialogue with all the stakeholders involved. The feeling was that the final judgment was well reflecting the actual situation of the programs with the positive and negative points. The final report is a good starting point not only for the further accreditation procedure but also for the further improvement of the programs.

The whole external visitation demands a lot of effort from the organizing staff, during more than one academic year. The general scheme to be followed is in the first place meant for the basic university master programs (bachelor-master) and does not fit well the specific requirements of the master after master training level. The uncertainty about the future resources forms a major threat for the further improvement of the programs.

The external visitation experience has given a great impulse to the quality assessment of the postgraduate training programs in Flanders. It brought also the opportunity to bring these programs closer to the attention of the medical faculties and the universities and of the occupational medicine practice.

7. Forthcoming events

Glasgow, 10 – 12 April 2008: ICOH Conference “Healthy working lives for

All: Crossing the OH multidisciplinary interface”.

Zürich, 28th of April 2008: EASOM Board meeting.

Amsterdam, 27th of August 2008: EASOM Board meeting.

Amsterdam, 28th of August 2008: EASOM General Assembly.

Amsterdam, 28 – 30 August 2008: Eighth EASOM Summer School “Teaching evidence-based occupational medicine”.

Belgrade, 7th of November 2008: EASOM Board meeting / Joint meeting with UEMS.

8. A request from the Board of EASOM

Members schools are requested to provide us with information about their education and training programmes. We intend to put this information on the EASOM website. Please send this information and your www-links to the secretary.

9. Change of EASOM's office address

On 17th of December 2007, Mediforce has moved from Driebergen to a new building in Utrecht. This means that the address of EASOM has changed too.

The new postal address of EASOM is:
EASOM
p/a Mediforce
P.O. Box 3072
3502 GB UTRECHT, The Netherlands

Telephone: +31 30 8905435
Fax: +31 30 8905448
E-mail: andre.weel@mediforce.nl

If you want to visit our office, you may find us at:
Ptolemaeuslaan 56
3528 BP UTRECHT, The Netherlands

10. Happy New Year!

The year 2008 will be a special one for EASOM. EASOM will celebrate its 15th anniversary in 2008. Started in 1993, the association has become an important meeting point for all those professionally involved and interested in good quality of occupational health practice and training. We look forward to meet you in 2008, and to continue our work on improvement of training and education in occupational medicine, together with all of you!

Happy and prosperous New Year!