

EASOM

Issue: 6
February 1999

News Letter

**STOP
START**

THE END OF THE BEGINNING ?

**GO
GO
GO!**

The fourth General Assembly of EASOM was held in Linz, Austria. Elections for the board were held and, amidst some confusion, a new board was appointed successfully. The first board meeting was held in Leuven, Belgium in January 1999 when the activities of EASOM were planned for the next two years. (See pages 6 and 7)

The General Assembly has mandated the board to review the current bylaws in order to improve the election procedure. Consideration must be given to the fact that over half the current board cannot stand for re-election in four years time. If you have any views on how the current procedure can be improved, contact Piet Kroon or the Editor.

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GETTING TO KNOW YOU: MAKING EASOM MORE EFFECTIVE VIA SUMMER SCHOOL

Most people who attend EASOM meetings find them worthwhile. There are presentations about how individual members organise their training course followed by some discussion about the points raised. However, it is being felt increasingly that a different type of meeting may be required to enable members obtain greater benefit from the gatherings of members from different European countries. There is a feeling that time is just too short. We don't get time to really relax and get to know one another.

Many of us would like to have the opportunity to organise a meeting where we can focus on simple questions of a practical nature and have the time to explore exactly how teaching is performed in different countries: to share successes and mistakes in more relaxed environment.

The idea of a Summer School has been suggested. This could be a meeting on its own, or it could be attached to an existing meeting. The aim would be to have two, or perhaps three, days to discuss practical issues and identified problems/solutions. The leisurely approach will also help to overcome the difficulties that non-English speaking members have in following all the discussions that take place during the usual EASOM meetings.

If this idea appeals to you please contact either the Editor, Piet Kroon, or Barbara Nemitz. (Details pages 8 – 9)

It may be too late to organise anything, this year, although a Summer School linked to a July meeting in Austria might be possible.



MULTIMEDIA TEACHING TOOLS

The Internet and Multi-Media Teaching in Occupational Medicine -an update from Edinburgh

Raymond Agius
<http://www.agius.com/>

In Edinburgh one of the first steps towards using the Internet and Multi-Media in education in occupational medicine and environmental health started in late 1995/early 1996. Initially the first need that was encountered and then fulfilled was to provide a guided gateway to the students. In other words it was realised that the Internet was a growing phenomenon, that students would wish to access it, and therefore a directory of vetted hypertext links was presented to the students in a structured manner together with learning resources to guide them in making judgments regarding the quality of material on the Internet. After that the Internet was used to present text and images for the students, usually of optional material, and later of core resources but at first this was done in a relatively unsophisticated way.

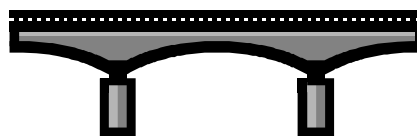
However, it was soon realised that the Internet and especially the World Wide Web was a powerful education tool in its own right for a number of reasons: the students could have control over their time, rate and direction of learning. The technology used would undoubtedly form an integral part of the students' professional practice in later

years and therefore it was essential that they became proficient with it. Moreover when used carefully, as with other modalities of learning, educational resources on the Internet and/or on CD-ROM have special benefits as open learning tools, notably their interactivity with the learner. One of the earliest units of teaching to use this modality was the ten week half time elective Special Study Module in occupational medicine for medical undergraduates, which was provided with a dedicated Internet Supplement. This provided more than the basic knowledge to underpin the course, it presented students with tasks, and with guidance as to how to complete the tasks, interactive self assessment etc. Other cognate areas, notably Environmental Health also began to use similar methods. In some instances the memory and bandwidth required for the teaching resource became significant - especially for those students who wished to access the resources through a modem rather than from a dedicated Internet connection. Therefore a combination of CD-ROM containing the basic educational material, images etc, but linked to the Internet to provide on-line updates from our server was adopted. This had been applied in two instances so far in Edinburgh: the first is a module on air pollution and health, while the second one which has just been launched is used in a module on workplace health.

This latter is a new open learning course to continue professional development at a postgraduate level. It uses primarily interactive World Wide Web

techniques, (supplemented by a CD-ROM and some face to face teaching) and is based on case studies and other approaches to develop critical awareness and skills essential for carrying out needs assessment, promotion, planning, implementation and evaluation of workplace health initiatives. It aims to bring together the different perspectives of occupational health as practised by occupational health professionals, and workplace health promotion as perceived by others. On-line education is timely in its linkage to various up to date sources of statistics, policy, legislation etc and achieves this in a relatively inexpensive way. However, it has to be kept in perspective. One should avoid pursuing technology for its own sake, losing sight of learning objectives and aimless surfing. Uncritical acceptance of material published on the Internet, and loss of the skills which can only be achieved by human contact, need to be avoided. Many skills of workplace assessment need to be learned just there - in the workplace. However, virtual workplaces on-line are being tried out as an adjunct to face-to-face teaching methods. For further "hands-on" experience and understanding of the above, you may wish to pursue the following:

<http://www.med.ed.ac.uk/hew/>
<http://www.med.ed.ac.uk/hew/alpha.html>
<http://www.med.ed.ac.uk/hew/wh/>



ANDRE WEEL

EASOM AND THE SOCRATES PROJECT

CORVU

Amsterdam School of Occupational Medicine

EASOM, becoming an active Network

In 1998 a new phase in the brief history of EASOM began. At the meeting in Leuven in February 1998, our Board judged it the right time to start a collaborative project in the field of education and training of occupational physicians. EASOM, with more than thirty member schools, provides an excellent basis to start such project activities.

There are a number of current programmes of the European Union that are of interest for the type of education we are working on. In some of them non member countries can participate too. One of these is LEONARDO DA VINCI: a European

action programme for vocational training. Renewal, quality improvement and dissemination of results are its key words. The deadline for project proposals was March 31, 1998, so only a very short period of time was available. The Board decided to make an attempt and CORVU was willing to coordinate it. A proposal for a so called 'survey and analysis project' was written: Its title "**Communication of occupational physicians with workers on health and safety issues**". Its objectives: "the development of training methods and materials to be applied by occupational physicians, to transfer knowledge about health and safety risks at work to workers, with the ultimate goal to influence workers' behaviour regarding health and safety in a way that risks at work will be controlled or reduced". The proposal

had two parts: an inventory about what has been done in this area up to now, and a development part. Twelve members of EASOM were willing to participate in the proposal. (10 from EU member countries) Due to the facilities of electronic mail, communication between these members and CORVU was very effective and on March 31 the proposal was completed and sent to Brussels.

Up to now, there has been no official answer from the European Union. In a number of telephone calls with people of the LEONARDO Bureau, I was told that our proposal will probably be rejected, because of a number of mainly formal reasons. One was that project was more concerned with method development than with survey and analysis. However, the general

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Teaching Occupational Medicine to medical students in a developing country.

Towards the end of 1998, I was fortunate and honoured to be invited as visiting professor to a new medical school in Malaysia. The Faculty of Medicine and Health Sciences of the University of Malaysia in Sarawak (UNIMAS) is located in the town of Kuching in East Malaysia. It has just enrolled its fifth batch of medical students into a 5-year program that stresses problem-based, self-directed, small group learning. Faculty members act as facilitators to encourage the students to use a variety of reference sources such as books, journals, and the electronic media to understand and evaluate critically clinical problems and medical and public health issues. The approach is partly traditional and partly experimental, with inclusion of elements similar to that

of the MacMaster university philosophy. Occupational medicine was delivered to the medical students as part of a preventive medicine module. The challenge was in finding a balance between introducing the students sufficiently to the principles of occupational medicine, without attempting to turn them into specialist occupational health professionals. The following core subject areas were identified:

- The relevance of occupation to disease, and the importance of the occupational history,
- The significance of evaluating the workplace
- Classification of occupational diseases.

These subjects were covered by a combination of teaching methods. They included the use of discussions and seminars, group work on multi-stage practical exercises on occupational health issues, practical experience of

taking and interpreting the occupational and medical history from patients, and visits to local workplaces with subsequent presentations by the students on their findings. Feedback from the students indicated that they found the subject practical, interesting, and relevant to the practice of Medicine. I found the exercise most enjoyable, especially when the students are enthusiastic. Perhaps the enthusiasm is true for many subjects encountered at a beginning of a career in Medicine.

I would be interested in the views of members of EASOM on the following questions.

- Is the approach that was used similar to what other EASOM members do in their schools of occupational medicine? Should other techniques be considered?
- Should there be a different emphasis for teaching occupational medicine

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Arbeit + Gesundheit
Santé au Travail

New Approaches in the Teaching and Learning of 'Occupational Health' in a Postgraduate Course in Switzerland

P. Haders, U. Hinnen, A. von Rotz, B. Danuser

Since 1993 we have offered a 2-year-postgraduate course in Occupational Medicine and Occupational Hygiene in Zürich and Lausanne. The current course started in September 1997. About 20 students are enrolled. Based upon the results of the *Evaluation of the sustainability of a Postgraduate Course in Occupational Health in Switzerland** we developed and implemented a continuous evaluation system and started to integrate new learning methods into the concept of the course.

*(EASOM NewsLetter, June 1997)

Continuous Evaluation System

Currently, we are developing and implementing a continuous evaluation tool, based on personal group discussions and various questionnaires. The purpose is to identify the students' needs as well as to establish the degree of satisfaction with the modules offered.

• Group discussions:

In February 1998 a first meeting was organised to clarify the students' needs. The meeting was conducted by the course person-

nel. The discussion was guided by a moderation technique called *Moderationsmethode*. This technique enables all participants to take part actively in the discussion process. **The main principle of the method is to visualize on a pinboard every spoken contribution**, maintaining an on-going awareness of the arguments during the whole discussion. This helps to find argument clusters and to structure them. The moderator leads the discussion process methodologically but does not dictate the content. In our meeting the main objectives identified by the student's were:



- *Economic Matters:* The students would like to come into closer contact with enterprises and employers. They want to become more familiar with the language of management.
- *Integration of Theory and Practice:* All students are working in certain fields of Occupational Health. Their



main question is how to transfer the theory into practical action.

• Questionnaires:

We have developed two types of questionnaire: One to evaluate the performance of every lecturer and one to obtain feedback on the entire module.

- *Lecturers' Evaluation:* There are 14 questions (or 21 questions, if group work was included). Each question has a scale of 1- 5 and belongs to one of four categories: 1. general impression, 2. reference to practice, 3. professional content, 4. didactics. Fig. 1 shows an example using evaluation results of one of the lecturers in the *Occupational Health Management* module. (see page 5)

- *General Feedback on the Entire Module:* The first step in planning a module is to determine its goals, with respect to the curriculum of the post-graduate course. These goals are divided into the categories *knowledge* and *skills* and are introduced to the students at the beginning of each module. At the end, the students are asked whether the goals were met. In addition, there are 9 questions concerning their general impression of the module. Again, the students provide their judgement in a range of 1 - 5. This is visualised in the same way as shown in Fig. 1.

The results obtained are a good basis for discussions within the organisation-team and between the organisation-team and the lecturers. Lecturers who are interested obtain their own scores, in relation to the average values of their respective module. They can thus receive direct feedback and rank themselves amongst their co-lecturers. The results are also discussed with the members of the scientific committee of the course. This way we hope to be able to keep improving our course based upon a continuous succession of evaluation, documentation and discussion.

New learning methods

The traditional method to teach in universities is the "frontal" lecture, where the lecturer presents the information (active part) and the students assimilate it (passive part). New trends in learning methods provide an intensification of self-controlled learning by the students. This is particularly important, because these days acquired knowledge

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must be revised with increasing frequency and there is a requirement for life-long-learning. Therefore, the ability to undertake self-directed learning is a requirement of our time. New technologies, including personal computers and the WWW, intensify these trends. With this in mind, we now plan two projects to implement new learning methods in our course:

- *Problem Orientated Learning (POL):*

POL has been developed as a creative learning method at university level. Many medical schools all over the world have now started projects in

POL. It is a method which focuses on the activities of each student, not on the lecturer. In this setting, the students mainly work together in learning-groups. Starting off from a (real) case, they define the knowledge that is currently available, then the gaps in their knowledge and, finally, a plan to solve the problem within a specified time. The lecturer accompanies this process as a coach. He does not need to be an expert in the specialised field being studied. His task is to supervise the team-process. He continuously evaluates the process and helps when conflicts arise between group members. When the team believes that it has solved the problem, the members report their results to a group of experts. The experts discuss the case with the students and both parties have to come to an agreement as to whether the problem has been solved satisfactorily, or not. This way the students acquire case-related knowledge and practice learning in a team of different people, which is particularly important within enterprises and other organisations.

- *Open and Distance Learning (ODL):*

With respect to the new opportunities in computer technologies we are planning two modules with elements of ODL. This provides the students with more options in terms of organising their learning process and managing their time. Furthermore, it reduces the time of personal attendance in the university. Our idea is to create a situation with two learning groups. To the first group the theoretical knowledge of the modules will be offered in a WWW-based setting. The second group will obtain the same information in a traditional way of lecturing (Didactic instruction; duration: two days). As an exercise, both groups will come together for three days in order to look at case studies and to come to practical conclusions. The WWW-setting will be organised as a virtual campus, where the students will obtain their instructions and will have the chance to discuss the problem with each other and with different experts, who will answer questions and take care of the discussion process on WWW. The evaluation of the learning process will give us ideas about the advantages (e.g. more flexibility) and problems (e.g. less social contacts) of the new learning opportunities provided by these new computer technologies.

Our aim is to open a discussion in the field of Occupational Health Education. To exchange experiences we would be pleased if we would get in contact with other experts.

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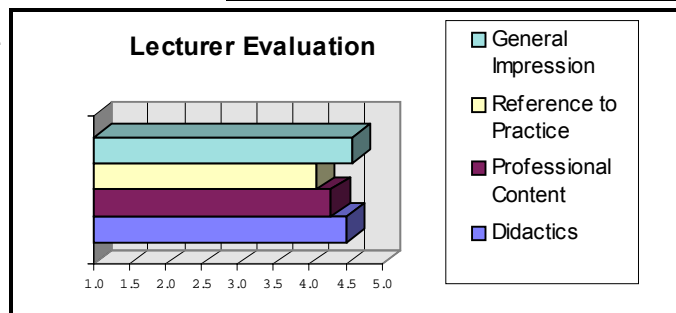
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Fig. 1: Example with regard to the four categories



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DITORIAL

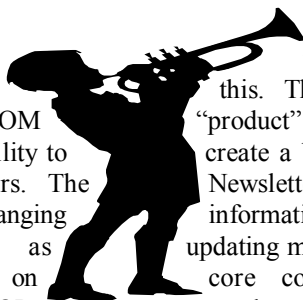


DITORIAL

Renewal and growth are natural processes that assist the evolution of organisms. From the diminutive hydra to the dominant *Homo sapiens*, there is a need to replenish structures and energies in the battle for survival. The same natural order applies to organisations, as was demonstrated at the last General Assembly. We now have two new members of the board, Professor G Assenato from Bari, Italy and Dr M Mikulski from the Nofer Institute in Warsaw, Poland. Professor G Franco and Dr T-C Aw have earned the right for a well deserved rest, although I know that they will continue to be as active as ever, both for EASOM and elsewhere. Their commitment to EASOM in the guise of attendance at meetings, their stewardship at board meetings and their willingness to work behind the scenes, should be acknowledged.

We live in an age where academics are suffering great pressures to teach, research, administer, practice clinical medicine, earn money AND cope with continual change. These are just some reasons why we might be excused for concentrating our efforts on local affairs and ignoring the wider scene. However, this is the very time when we must make the effort to come together and give a little of our time and energy to safeguarding the future of our specialty. After four, or so, years of EASOM it is good to see that interest in its activities is still strong. There is a belief that it is a worthwhile enterprise and that it still has the potential to give added value to the training of doctors working in the field of occupational medicine.

EASOM is a good forum for discussion. However, it has to be more than this. There has been a lot of discussion about the EASOM "product". During the last 4 years there has been the possibility to create a bank of slides/information to be used by members. The Newsletter is now established and is a vehicle for exchanging information about training schools/organisations, as well as updating members about the internet. The Glasgow conference on core competencies, which also involved UEMS and ENSOP, produced a list of competencies that could form the basis for a European standard, recognised by the European Commission. Over the next two years EASOM will focus on the establishment of the core competencies list, supported by our sister European organisations, and the production of a framework text on quality assurance in the teaching of occupational medicine. In the longer term, there is a desire to include organisations in the greater European area and, thus, enhance the EASOM network.



Although not everybody is connected to the world-wide web, it is only a matter of time before this happens. Consequently, the EASOM newsletter will be placed on the web later this year. This edition will be the last in this format, although a paper version will continue. This will lead to a more interactive Newsletter, capable of disseminating information quickly and efficiently. The electronic network has been used to great effect already in the Leonardo da Vinci and Socrates proposals. (See Andre Weel) This new EASOM product is concerned with the interface with the European Commission and the requirement for multinational collaboration. This interface is also important politically to ensure that the voices of the teachers are heard. Previous Newsletters have featured UEMS, which is recognised by the Commission. The Charter On Training of Medical Specialists in the European Community empowers the occupational medicine section of UEMS to look at training. We must follow up the joint declaration of Glasgow and ensure that occupational medicine specialists speak with one voice.

YOUR MANAGEMENT COMMITTEE

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(Continued from page 3)

in developing countries versus developed countries?

c) What differences should there be, if any, between teaching occupational medicine to medical students and teaching a postgraduate course on the subject?

Please write, phone, fax, or e-mail your responses to me at the University of Birmingham.

EASOM NEWS

FEBRUARY 1999

The General Assembly of EASOM was held in Linz, Austria, on September 11th, 1998. There was lively discussion on a range of topics featured on the agenda, including the election of the new Board. Regarding payment of fees, it was agreed that written confirmation will be given when payment has been received and a personal letter will be sent to members who fail to send payment, despite repeated reminders. Membership fees were held it was agreed to reduce the expenditure on the Newsletter. Additional sources of income, via EU proposals will be sought. (See article by Andre Weel)

Since the last Assembly, there has been a very successful conference, in Glasgow, on the competencies of occupational physicians. The proceedings of the conference have been published and may be obtained from Dr. Ewan Macdonald, University of Glasgow. (£20 Sterling) We now need to move quickly to the production of a final document which has the support of both academic and practising occupational physicians. Ewan will be leading a working group to do this and it is hoped that a further conference in November, 1999 could provide the forum to launch a document that has the backing of UEMS, ENSOP and EASOM.

The new venture of submitting joint proposals to the EU to obtain funding to assist the development of teaching methods and to disseminate informa-

tion about occupational health, is featured elsewhere in the Newsletter. Which leaves us with the progress of the Newsletter. There was general support for moving towards the establishment of an electronic Newsletter, probably accessible from a Web page. To date, the University of Edinburgh have offered to host it. This Web site has been reviewed previously and it continues to go from strength to strength. There will be links to the EEN-SOM project, which is based in the University of Modena, Italy. Of course, it is recognised that not all members of EASOM will have links to the Internet, at present. Consequently, a basic Newsletter will still be published.

The election of the Board was not without problems, due to the fact that the Bylaws were not followed correctly. However, common sense and diplomacy were the order of the day and the following members were elected:

G Assenato, Italy
A Cantineau, France
J Harrison, U.K.
P Kroon, The Netherlands
B Nemtiz, Germany.

The Chairman, R Masschelein, was re-elected unopposed.

Co-opted members are:
H Krueger, Switzerland
M Mikulski, Poland

T-C Aw and G Franco will not serve on the new Board. A great debt is owed to both of them for their hard work on behalf of EASOM.

EASOM BOARD

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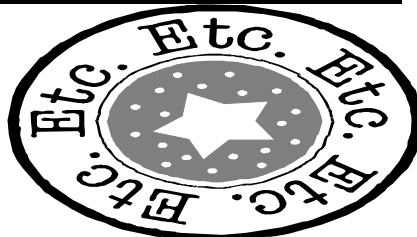
judgement was rather good. There will be a second chance; we will have to adapt the proposal and send it again in March 1999. In the meantime, we drafted a second proposal, now in the SOCRATES programme. SOCRATES is the European Community action programme for transnational cooperation in the field of education. Its main objectives are to develop the European dimension in education at all levels, to promote intensive cooperation between institutions in the Member States, and to facilitate the development of an open European Area for cooperation in education. Our proposal was titled "**Development of a common core curriculum for European schools for occupational medicine**". In this proposal, the focus is on the three competencies determined during the Glasgow conference 1997:

- ◆ Occupational Hazards to Health;
- ◆ Assessment of Disability and Fitness for Work;
- ◆ Work and Research methods.

Fourteen members of EASOM participated in this proposal. (11 from EU member countries) It was submitted on November 15 and we are now waiting for the judgement by the European bodies. Although we cannot yet report a big success, we are learning to work together on a common project. I think that a great advantage of EASOM as an association has become very clear. It has been proven possible to communicate about educational matters in a quick and effective way. Probably our procedures need to be improved and we require more time to write good proposals, but we are able and willing to do so.

I hope to be able to write good news about the SOCRATES and LEONARDO proposals in the next Newsletter.

André Weel.



EASOM MEMBERSHIP LIST

1999

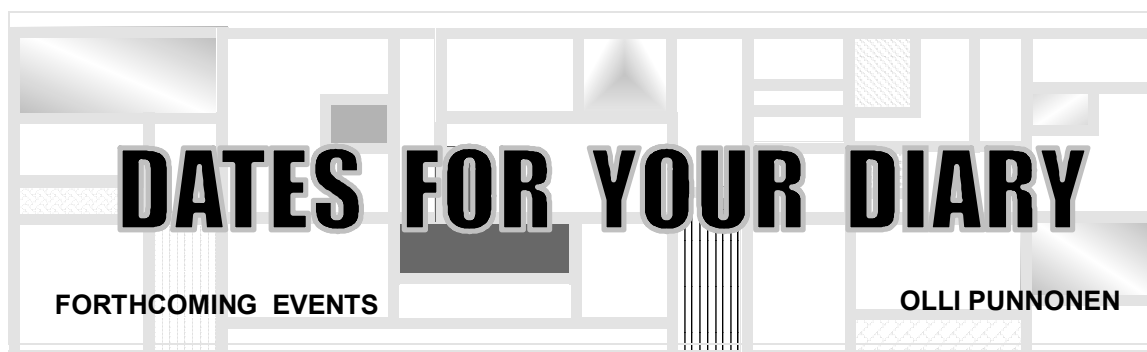
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1998	TITLE OF CONFERENCE/EVENT	VENUE/COUNTRY	CONTACT
May 16-19	4th European IUHPE Conference on Effectiveness and Quality of Health Promotion	HELSINKI & TALLINN ESTONIA	International Union for Health Promotion and Education, Finnish Centre for Health Promotion, Estonia Centre for Health Education and Promotion Http://www.health.fi/quality
Sept/Oct 28.9 – 1.10	4th ICOH International Conference on Occupational Health for Healthcare Workers	MONTREAL, CANADA	Fax: +1 514 253 1443 E-mail: icoh1999@asstsas.qc.ca Web site http://www.asstsas.qc.ca/icoh1999
October 12-14	6th International Conferences: Quality and Efficiency (Cost contention/Improvement of competence)	CANCUN MEXICO	Mexican Inst. Of Social Security E-mail: aas@servidor.unam.mx
November 3-5	International Symposium on Occupational Health for Europeans	HELSINKI FINLAND	Tel: +358 (0)9 4747 546 Fax: +358 (0)9 2413 804 E-mail: ella.hanninen@occuphealth.fi

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