

EASOM - European Association of Schools of Occupational Medicine

Bulletin – Sixteenth Edition – May 2014

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More Information about EASOM: <http://www.easom.eu>

For Comments and questions about this Bulletin And contributions and suggestions for the next Bulletin, please send an e-mail to the general secretary: jasminka.godnic-cvar@meduniwien.ac.at

13th EASOM Summer School

Elena-Ana Pauncu, Professor, MD, PhD, University of Medicine and Pharmacy “Victor Babes”

Timisoara, Romania

13th EASOM Summer School was organized in Timișoara, Romania, in 29 - 31 August 2013. Organizers were: EASOM, University of Medicine and Pharmacy “Victor Babes” Timisoara – Discipline of Occupational Medicine, ROMTENS Foundation, Romanian Society of Occupational Medicine, and European Network for Workplace Health Promotion.

As part of the Luxemburg Declaration document, a definition of WHP was developed which all EU countries now subscribe to. This definition is “Workplace health promotion (WHP) is the combined efforts of employers, employees and society to improve the health and wellbeing of people at work”. As part of this effort, the role of schools of occupational medicine in this field must grow.

This was the reason to propose and finally to organize a summer school with the topic: “Teaching Workplace Health Promotion”.

ENWHP and ROMTENS Foundation representatives had a very important role, as WHP specialists, in organizing this summer school and presenting some basic and significant aspects of WHP. Dr. Maria Dolores Sole, Chair of the ENWHP presented “ENWHP - Network history, development and current activities” and “Training / E-learning and Workplace Health Promotion”. Professor Giuseppe Masanotti had two presentations: “The fundamentals of Workplace Health Promotion” and “Communication campaigns in Workplace Health Promotion projects”. Ioana Precup and Simona Tutila from ROMTENS presented “Evaluation in Workplace Health Promotion” and “The importance of information materials in the process of teaching WHP”.

Two work groups were organized:

Why, Who, What? Subjects: “Workplace Health Promotion or Health Promotion at the Workplace?”, “The task of the occupational physician in WHP”, “Evidence Based Medicine in WHP”.

How to teach WHP? The work was organized as a roundtable discussion on possible Curricula in Training Workplace Health Promotion in European countries.

“EASOM, PAST AND FUTURE” was the special session dedicated at 20 years of existence of EASOM. First speaker was the actual president of EASOM, Dr. Giso Schmeisser, who made some considerations about EASOM, in present, and introduced the two invited speakers, the first and second general secretary of EASOM, Dr. Piet Kroon and Dr. Andre Weel. They presented “Conception, Birth and Early Years of EASOM, 1987 – 1999” respectively “The adolescence of EASOM, observations / conclusions / recommendations, 2001-2011”. Nice to remember the beginning, evolution aspects and mean events of EASOM, in a delicious manner! Jean-Francois Gehanno presented the results of a recent inventory of curricula “Post graduate teaching of Occupational medicine in Europe”. Romanian Champagne and two songs from the operetta warmed the atmosphere.

Some EASOM members described their experience in WHP, and in teaching WHP. They shared their experience in Slovenia, Nederland, Spain, Switzerland, France, Austria, and Romania.

Three companies from Timisoara presented their experiences in WHP. They proved that it works!

In the first evening, ROMTENS Foundation invited all at a Romanian dinner. The second evening was dedicated for the EASOM 20 year’s celebration. A cake celebrating was the night surprise. Before, a monastery near Timisoara was visited.

The general EASOM assembly was organized Thursday, after the special session. A new member of EASOM was accepted, the Medical University Tuzla, Bosnia and Herzegovina, represented by Univ. Prof. Dr. Nurka Pranjin, Head of the Department of Occupational Medicine.

There were some difficulties in organizing this summer school, the 13th, like EASOM web page, closing Timisoara airport, absence of a basic organizer, etc. We apologize for inconvenient, and we hope that the Romanian hospitality, the nice and warm Timisoara city with its history, parks, cultural programs and the fruitful meeting will remain in your memory.

Special thanks for the effort of Dr. Maria Dolores Sole, Professor Giuseppe Masanotti, Dr. Piet Kroon and Dr. Andre Weel!

Workplace Health Promotion – exploring opportunities of cooperation with occupational medicine

Theodor Haratau M.D., M.B.A., Simona Tutila Information & Promotions Manager,

Romtens Foundation

Workplace Health Promotion (WHP) was born naturally along the evolution of the way health was being approached / considered in the field of work; first only through curative and protective measures, then by shyly proposing prevention as a possible route, finally tilting towards the then modern promotion (please, see health promotion) approaches. The final stage which resulted is an intertwined matrix, consisting of approaches such as enhanced health & improved health productivity.

WHP's appearance and first definition are linked to 1997, when several European institutes decided that, in coping with the changing world of work, new approaches need to be employed, and this entailed that new domains had to be uncovered and afterwards charted and understood. The moment was marked by the creation of ENWHP (European Network for Workplace Health Promotion; please, see www.enwhp.org) and the issuing of the Luxembourg Declaration. This policy document, now embraced by all those dealing with health at work, is stating that "Workplace Health Promotion is the combined efforts of employers, employees and society to improve the health and well-being of people at work. This can be achieved through a combination of: improving the work organisation and the working environment, promoting active participation and encouraging personal development." Ever since its definition was issued, WHP has continued to add dimensions (to its already multifaceted shape), to multiply its channels of distribution, to claim areas of intervention and win more and more supporters (with different professional backgrounds).

The areas of activity for WHP include now life-styles (where themes such as tobacco, alcohol, physical exercise, nutrition etc. are the core activities of WHP experts), ageing (with return-to-work & keeping people at work programs being high on the agenda of stakeholders), health-conducive corporate culture changes (including staff leadership, staff development), work-life balance, mental health and stress, well-being at work and many others. To many experts coming from traditional and well established fields of action such a puzzle could be confusing, but one

should not be misled by the heterogeneous mix of areas of activity, since the final outcome pursued has always remained only one, or actually two, health and, should this be preserved and enhanced, productivity.

In this journey along which it has evolved, WHP borrowed elements from different disciplines such as the traditional Occupational Health & Safety, occupational medicine, ergonomics, research and so on; we say that it did this elegantly by acknowledging the importance and relationship of the related disciplines and by trying to propose always a bilateral relationship with them. Amongst these disciplines of paramount importance is occupational medicine. There are mainly two reasons for which WHP was (and still is) keen to give credit to it; they are the fact that occupational medicine doctors were amongst the very first supporters of WHP and the very fact that there is no WHP without a pre-existing well implemented and maintained occupational medicine implementation at company level. Hence the fact that activities such as maintaining the ability to work, preventing work-related disability through relevant occupational health actions are measures which should be a pre-requisite before actually implementing a WHP program.

Due to the occasion of its 2013 summer school organized in Timisoara, Romania, EASOM took the decision to choose WHP as the major theme for this training event. Organized by EASOM, with the support of the University of Medicine and Pharmacy “Victor Babes” from Timisoara, the Romtens Foundation (National Contact Office of ENWHP in Romania), the ENWHP and the Romanian Society of Occupational Medicine, this summer school aimed to present the current status and trends in WHP, as well as to explore new opportunities of cooperation between the two domains of activity. Through its educational session presentations on WHP, various roundtable / workgroup discussions and high social networking between the experts from WHP and occupational medicine fields from 14 European countries, the event represented a crucial point in the development path of both these areas and strengthened the roots of a prodigious collaboration between them in the future.

Development and Evaluation of a New Occupational Medicine Teaching Module to Advance Self-Efficacy and Knowledge among Medical Students

Lutgart Braeckman, MD, PhD, Bart De Clercq, MSc, Heidi Janssens, MD, Jean-François Gehanno, MD, PhD, Petar Bulat, MD, PhD, Elena-Ana Pauncu, MD, PhD, Paul Smits, MD, PhD, Frank van Dijk, MD, PhD, Ruben Vanderlinde, MSc, PhD, and Martin Valcke, MSc, PhD

Journal of Occupational and Environmental Medicine 2013; 55(11): 1276 -1280.

Abstract

Objectives: This study evaluates a European online teaching module in occupational medicine to advance self-efficacy and knowledge of undergraduate students.

Methods: Pre-, in-between and post-training tests were used to assess self-efficacy and knowledge building of 261 third-year medical students on occupational health issues. Determinants of self-efficacy and knowledge were also identified. Repeated measurement data were analyzed with multilevel statistical procedures.

Results: The level of self-efficacy and knowledge in occupational medicine increased after the training. Students who frequently attended the lectures scored significantly higher than sporadic attendees. There was no relation between the level of self-efficacy and the final knowledge score.

Conclusions: Teaching with the online occupational medicine module was effective. Lecture attendance is an important determinant of self-efficacy and performance. Self-efficacy was not associated with knowledge score. Encouraging classroom participation may enhance student achievement.

Undergraduate teaching of occupational medicine in European schools of medicine

JF Gehanno, Petar Bulat, B Martinez-Jarret, EA Pauncu, F Popescu, PB Smits, FJ Van Dijk and Lutgart Braeckman UGent

International Archives of Occupational and Environmental Health, 2014, 87 (4), 397-401

Abstract

Purpose: General practitioners play or should play a role in occupational medicine (OM), either in diagnosing occupational diseases or in counseling on return to work . Nevertheless, their training has been reported to be insufficient in most single country studies.

Aims: The objectives of this study were to analyze the content and extent of undergraduate teaching of OM in European medical schools.

Methods: An e-mail questionnaire survey of the teaching of OM to undergraduates was undertaken from December 2010 to April 2011 in all medical schools and medical faculties listed in 27 European countries (n = 305).

Results: Among the 305 universities identified, 135 answered to the questionnaire, giving a response rate of 44 %. The mean number of hours given to formal instruction in occupational medicine to medical undergraduates was 25.5 h. Nevertheless, this number of hours varied widely between countries, but also within countries. Overall, 27 % of medical schools gave their students 10 h of teaching or less, 52 % 20 h or less and 69 % 30 h or less. Whereas occupational diseases and principles of prevention were covered in most schools, disability and return to work were very poorly represented among the topics that were taught to students.

Conclusion: Dedicated undergraduate teaching on occupational health or OM in European medical schools is present in most medical schools, usually at a low level, but is very variable between and within countries. Medical schools across Europe are very unequal to provide qualifying doctors education on the topics they will frequently come across in their working lives.

LOW AND MIXED EXPOSURE TO CHEMICAL AND BIOLOGICAL RISKS AND RISK PERCEPTION: CHALLENGES FOR OCCUPATIONAL HEALTH?

PhD THESIS - JUNE 2013

BY RAMONA HAMBACH, UNIVERSITY OF ANTWERP, BELGIUM

For most people, labor is an essential activity, which has an important influence on their general well-being. Having work gives people not only material well-being, it also contributes to self-esteem, self-realization and social prestige. However, the work environment can also expose workers to several health risks (e.g., chemicals, physical factors, psycho-mental load and biological agents). Referring to the International Code of Ethics for Occupational Health Professionals, the aim of occupational health is *“to protect and promote workers’ health, to sustain and improve their working capacity and ability, to contribute to the establishment and maintenance of a safe and healthy working environment for all, as well as to promote the adaptation of work to the capabilities of workers, taking into account their state of health”*. Yet for millions of workers the reality is very different. On average, two million people die every year from work-related accidents and diseases. An estimated 160 million people suffer from work-related diseases, and there are on average 270 million fatal and non-fatal work-related accidents per year. The International Labor Organization (ILO) has estimated that 4% of the world's annual GDP is lost as a consequence of occupational diseases and accidents. According to the European Trade Union Confederation, 18–30% of all recognized occupational diseases in Europe can be attributed to exposure to chemical substances. The number of chemicals to which humans are exposed has significantly increased over the last 100 years. In order to promote workers’ health, it is necessary that workers adopt protective behaviors towards chemical hazards which in turn requires appropriate information and training, which is a legal commitment of occupational health services in Europe. High exposure to chemicals rarely occurs in most industrialized countries, but chronic low exposure is still a major public health issue. An increasing number of epidemiological studies suggest that low doses to chemicals can cause adverse health effects even in populations that are not typically considered “vulnerable”. Most research on the effects of chemicals on biological systems is performed on one chemical at a time. However, in reality people are exposed to mixtures of chemicals. Recently, interaction between different chemicals became a subject to which more and more attention is given. As an Occupational Health researcher at University of Antwerp and Occupational Health physician at

Mensura OHS, Dr. Ramona Hambach have conducted several research projects in this field. The PhD-thesis is a selection of this research.

Co-exposure to cadmium and lead

Cadmium (Cd) and lead (Pb) are widespread occupational and environmental nephrotoxicants. Recent research suggests adverse renal effects in adults at low level of Cd and Pb exposure. The earliest sign of renal impairment is usually a tubular dysfunction characterized by an increased urinary excretion of low-molecular-weight proteins or tubular damage reflected by the excretion of enzymes. High exposure to Cd and Pb rarely occurs in most industrialized countries, but chronic combined low exposure to these metals are still a major public health issue. The results of this PhD-thesis confirm the findings of recent research that low cadmium exposure may cause adverse nephrotoxic effect at concentrations below the BEI-ACGIH. In addition, the findings indicate that Pb modifies (increases) the strength of the association between Cd and early renal biomarkers.

Industrial composting of organic waste

Industrial composting is a relatively new and expanding activity. The composting process can be defined as a controlled biological degradation of organic waste under conditions that are predominantly aerobic. This process results in a final product that can be applied for agricultural or horticultural purposes. During the composting process, microorganisms (such as bacteria and fungi), their components and metabolites, such as endotoxins, β -1,3 glucans, and mycotoxins, and their spores can be aerosolised as organic dust. Several authors report that compost workers are often exposed to very high levels of bioaerosols. Relatively few studies have investigated the health condition of compost workers. The thesis shows that compost workers have significantly more often respiratory, irritation (e.g., eyes, nose and throat), gastrointestinal, and skin symptoms than the non-exposed group.

Workers' perception of chemical risks

Workers' perceptions of chemical risks at work are rarely taken into account while considering the development of workplace prevention programs, in spite of the fact that they are important determinants that influence behavior. The dissertation presents the finding of seven focus group discussions (5-10 participants) that were held among workers in the chemical industry in

Belgium. The aim of the discussions was to explore workers' perceptions of chemical risks in general, in order to investigate the prerequisites for a workplace health program. Several factors have an important influence on workers' perception of chemical risks (i.e., sensory and empirical diagnosis, accepting of risks as being part of the job, inadequacy of MSDS, communication problems with and lack of trust in hierarchy and prevention advisers). The findings are in line with results reported by other research.

The use of focus groups yielded a useful insight into workers' perceptions of chemical risks and the interactions between them. This can be a real advantage if we want to explore not just how workers talk to each other about occupational health issues, but also how knowledge about health is produced and reproduced in natural social situations. In spite of the obvious advantage of this methodology, it is rarely used in occupational medicine.

Conclusions

Occupational and environmental exposure to cadmium (Cd) and lead (Pb) is widespread. Further studies are required to evaluate and develop strategies using some of the markers under study as tools for health effect surveillance and detection of oxidative stress and early renal effects. Workers at compost facilities have an increased risk of developing health problems, most likely related to occupational exposure to organic dust. The findings underline the need for an accurate and continuing evaluation of organic dust exposure and for the development and application of control strategies in compost facilities. Finally, the findings of the thesis suggest that training programmes intended for prevention advisers should substantially be revised to include topics such as listening to and understanding workers' perceptions, the usefulness of a participatory approach, and various communication and education skills. The results of this investigation were used to develop a workplace health programme named Toxtrainer. During the first phase of this training programme, safety advisers and occupational physicians are taught the education and communication skills ('Train the Trainer') needed to conduct a risk analysis with workers' participation (Participatory Risk Analysis) and to pass on toxicological information in a worker-friendly manner. In a second phase, the trained prevention advisers apply this participative approach to groups of production workers in their own companies.

References

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- Hambach R, Droste J, François G, Weyler J, Van Soom U, De Schryver A, Vanoeteren J, van Sprundel M. Work-related health symptoms among compost facility workers: a cross-sectional study. *Archives of Public Health* 2012; 70: 13.
- Hambach R, Lison D, D’Haese P, Weyler J, François G, De Schryver A, Manuel-Y-Keenoy B, Cayers T, van Sprundel M. Adverse effects of low occupational cadmium exposure on renal and oxidative stress biomarkers in solderers. *Occup Environ Med* 2013; 70:108-13.
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Invitation

Dear Colleague,

Assessment of Trainees in Occupational Medicine in Europe (ATOM) - EASOM Summer School, 28th – 30th August 2014

I am delighted to invite you to the above conference / workshop which is of importance to the delivery of Occupational Medicine and Health across Europe and relevant to other global regions.

As you know, in the European Union

- There is free movement of medical specialists and other workers across Europe.
- Required competencies of specialists are agreed.
- Training systems differ widely e.g. some may be practically based, for others it may be University based.
- Assessment methods of doctors completing training vary widely, with differing approaches to continuous assessment, examinations, and use of log books.

Importantly there is no moderation of such assessment across countries and therefore standards may differ. This is also an issue globally.

The conference / workshop will discuss whether there is a need for a common assessment of trainee specialists in Occupational Medicine in Europe. With input from other global regions, it will review the required competencies, training and assessment of occupational physicians, and will be of interest to other occupational health professionals who similarly have the ability to work across country boundaries, such as occupational health nurses, hygienists, ergonomics and safety professionals. It will consist of keynote presentations, free scientific papers sessions and workshops.

ATOM – Assessment of Trainees in Occupational Medicine in Europe will take place in Glasgow, Scotland. Set against a backdrop of outstanding Victorian architecture, Glasgow is one of Europe's most exciting destinations, combining the vibrancy and sophistication of a great international city with the friendliness of its people and a sense of style and culture which is second to none!

Conference attendance is £250.00/300 EUR and delegates can register by returning the attached registration form. Further information can be found at:

<http://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/publichealth/hwlggroup/atomassessmentofteraineesinoccupationalmedicineineurope28th30thaugust2014glasgow/#tabs=0>

We look forward to welcoming you to Glasgow.

Kind regards,

Yours sincerely,

Professor Ewan Macdonald

Head of Healthy Working Lives Group

European Association
of Schools of
Occupational Medicine

EASOM

**Assessment of Trainees in Occupational Medicine in Europe - ATOM
EASOM Summer School
Thursday 28th to Saturday 30th August 2014, Glasgow, Scotland**

DAY 1 – Thursday, 28th August 2014

Time	Presentation	Presenter
09.00 – 09.30	Registration of participants	All
09.30 – 09.50	Welcome speeches	Giso Schmeisser, MD, EASOM President(Chair)
09.50 – 10.10	History of ATOM – Assessment Tool in Occupational Medicine	Ewan Macdonald, University of Glasgow
10.10 – 10.30	Development of common competencies in Europe	Consol Serra Pujadas, MD, Barcelona
10.30 – 11.10	Coffee break	All
11.10 – 11.40	<i>Delphi Survey of Competencies and assessment in Europe</i>	Mairi Gaffney/Drushca Laloo
11.40 – 11.50	Introduction to the workgroups discussion	Dieter Weigel, EASOM
11.50 – 12.40	Review of competencies and assessments - Are current assessments fit for purpose? - What needs to change? - What is possible? Moderated discussions in work groups	Jasminka Godnic-Cvar, Secretary General, EASOM
12.45 – 13.30	Lunch	All
13.30 – 14.00	Reporting from the workgroup discussions	Petar Bulat, Vice President, EASOM (Chair)
14.00 – 15.00	CPD Session “ Developments in training and assessment”	Alna Robb, Faculty of Medicine, University of Glasgow
15.00 – 15.30	Coffee break	All

15.30 – 16.30	European and public perspectives	UEMS Speaker Trade Union Speaker Employer Organisation Speaker
16.30 – 16.50	The UK approach to training and assessment	Dr Richard Heron, President of FOM
16.50 – 17.15	Summary and conclusions from Day 1	Giso Schmeisser, MD, EASOM President
18.30	University reception	
20.00	Dinner	

Day 2 – Friday, 29th August 2014

Time	Presentation	Presenter
08.45 – 11.00	International approaches to training and assessment: Europe, Australia, USA, South America, Asia	Petar Bulat, Vice President of EASOM (Chair) Europe - Alenka Skerjanc, President, UEMS Section of OM Australia – Ian Gardner, Past President of Society of Occupational Medicine USA – Speaker TBC South America - Prof Rene Mendes, MD, Brazil Asia – Speaker TBC
11.00 – 11.30	Coffee break	All
11.30 – 13.00	“Current changes in Europe“ - Legal aspects - Teaching - Practical aspects	Giso Schmeisser, MD, EASOM President Jean-Francois Gehanno, France, EASOM Elena-Ana Pauncu, Romania, EASOM
13.00 – 13.45	Lunch	
13.30 – 14.30	Atom project –Developing a European logbook Workshop - What are the options? - What is possible? Moderated discussions (3 groups)	Nikki Cordell – UEMS Section of Occupational Medicine
14.30 – 15.00	Reporting from the workgroup discussions and broad considerations	Begona Martinez-Jarreta, EASOM
15.00 – 15.30	Coffee break	All
15.30 – 17.00	Scientific Papers	Jean-Francois Gehanno, France
17.15 – 19.00	EASOM General Assembly	EASOM Members
19.30	Conference Dinner	All

Day 3 – Saturday 30th August 2014

Time	Presentation	Presenter
09.00 – 09.15	Introduction – What have we learned for far?	Petar Bulat, Vice President of EASOM
09.00 – 10.45	Workshop – Do we or don't we? - The way forward? - The next steps on assessments? Moderated discussions (3 groups)	
10.45 – 11.15	Reporting and action plan from workshop	Lutgart Braeckman, EASOM
11.15 – 11.45	“Work and Health in Scotland”	Roddy Duncan, Scottish Government Lead on Health and Work
11.45 – 12.00	Closing the meeting. Conclusions	Giso Schmeisser, MD, EASOM President
12.00 – 13.45	Lunch	All

European Association
of Schools of
Occupational Medicine

EASOM

REGISTRATION

‘Assessment of Trainees in Occupational Medicine in Europe’ (ATOM)

EASOM Summer School 2014

Glasgow, Scotland, venue The Menzies Hotel

28 – 30 August 2014

I would like to register for ATOM – Assessment of Trainees in Occupational Medicine in Europe.
Please send the invoice to the following address:

Family name: _____ First name: _____
Title(s): _____
Affiliation: _____
Address: _____
City: _____ Country: _____
Telephone: + _____ Fax: + _____
E-Mail (for booking confirmation and receipt): _____

Signature: _____ Date: _____

Options (please tick)

Conference (including dinner) £250.00/300 EUR

Conference Dinner only (29th August) £40.00/33 EUR

Conference Dinner Guest (29th August) £40.00/33 EUR

Guest name _____

Please detail any special needs you may have, e.g. access/dietary. _____

To secure your place, please book as soon as possible by completing and returning this form
(preferably by e-mail) to:

Rachel Allan

University of Glasgow

Public Health

Room 205, H1, 1 Lilybank Gardens

Glasgow, G12 8RZ

Tel: +44(0)0141 330 3070

Email: Rachel.allan@glasgow.ac.uk



Presentation of Faculty of Educational Sciences, Psychology and Social Sciences, University Aurel Vlaicu, Arad, Romania

Emil Vancu, Associate Professor, MD, PhD

In the Faculty of Education, Psychology and Social Work there is a chair of Occupational Medicine. The team consists of 4 doctors, 3 of them Occupational Health specialists and one insurance specialist. The school is accredited since 2011 by the Education Ministry.

Studied disciplines include programs addressed at a wide range of people with different specialties. There is a multidisciplinary collaboration oriented following professions: physicians, nurses, psychologists and social workers.

Courses taught by the ministry accepted management system as both social services and the services and health protection.

Our institution offers a two years Master in the field of social assistance and in the occupational health and safety field.

Subjects including health issues, safety and security at work taught at both the undergraduate and master program.

1. Policies and European systems for occupational health services.
2. Policies and European social and health protection of the workers.
3. Economic solidarity and social protection
4. Psychological counselling regarding social and occupational health services.
5. European standards of social and health assistance.
6. Government welfare organizations and health.
7. Culture and organizational behaviour in social and health institutions.
8. Occupational psychology.
9. Population genetics
10. Psychosocial re-integration
11. Psychopathology and Psychotherapy-work direction and guidance to those suffering from mental illness.

12. Protection and social security.
13. Employment policy.
14. Professional integration of socially assisted persons.

Examples of content

Occupational psychology

- Occupational psychology objectives
- Work psychology domains
- Work psychosocial factors analysis
- Work ability
- Types of work requests
- Ergonomic work organization
- Occupational fatigue
- Usefulness and purpose of work analysis

Policies on social protection and employees' health

- Framework Directive 89 / 391/CE/12.06.1989 for health and safety at work
- European legislative system of occupational health and safety
- The interdependence of social protection policies and the theoretical and practical workplace health system
- Promoting health and quality of life
- Prevention and protection services
- Safety, prevention of occupational risks
- Ergonomic work organization
- Work ability
- Social protection policies:
 - Fighting Poverty
 - Social protection of disable persons
 - Social protection of young and old workers
- Promoting social protection system for promoting employment and combating unemployment.
- The role of social worker in labour mediation and unemployment.

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