

# EUROPEAN ASSOCIATION OF SCHOOLS OF OCCUPATIONAL MEDICINE

*LEONARDO DA VINCI PROJECT Ref. NL/99/2/09131/PI/II.1.1.a/FPC*

## **Training module for occupational physicians in risk communication**

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### **Introduction**

The occupational physician (OP) is one of the professionals who care for the risk communication and instruction of workers. We observe different situations in different countries. Legislation and practice vary from country to country (See the inventory made in the framework of this project). However, in most countries the employer is responsible for appropriate instruction of his workers. He often does not instruct his workers himself, but asks occupational health professionals to do so. In some countries, OPs have little opportunity to communicate with workers about health risks at work. E.g. in Italy, the OP communicates only at the entrance of the job. Although there are some differences in legislation and practice, we should strive for a training module which is applicable in most countries.

Communication is not a goal in itself, but an instrument to realise favourable changes in health behaviour of workers at work. The rationale for communication is the knowledge that human behaviour is one of the factors influencing health risks at work. Changes in behaviour could modify the level of these health risks in a desired direction. An well-informed and instructed employee is less at risk! Risk communication should be implemented as a normal approach within organisations. The employer is to be considered a stakeholder in this respect, not only because of his legal responsibilities, but also because of the importance of risk communication for a healthy enterprise. He should be informed at first, to be able to agree with the advised strategy and contents of the risk communication.

Risk communication and instruction should remain an essential competence of the OP, because he / she is familiar with (early) health effects of different types of work load as well as exposure to different substances in the working environment.

Risk communication is not an exclusive competence for OPs only. They share this competence with occupational health nurses, safety engineers, ergonomists, occupational psychologists and occupational hygienists.

### **Learning objectives**

At the entrance level of the module, the student should have knowledge about:

- the concept of health risk as a probability for adverse health effects
- occurrence of health and safety risks at work in general
- early early signs and symptoms of occupational and work-related health effects, diseases
- principles and common methods of risk assessment and evaluation

In this module, the following knowledge should be obtained:

- risk evaluation and ranking: how to weight risks; what is most urgent to cope with?
- Principles of risk reporting and communication
- factors influencing risk perception
- human behaviour, strategies to influence it
- effectiveness / appropriateness of instruction methods and materials for workers, including electronic methods like the 'Virtual Hospital'

Skills to be trained in this module:

- risk reporting to employer, from risk assessment
- advisory / negotiating skills: how to convince employers of the importance of appropriate risk communication
- risk communication to individual employees, e.g. in the framework of health surveillance, communicating the results and consequences of medical examinations
- risk communication to groups of employees
- risk-based instruction to groups of employees
- evaluation of the effects of the instruction in workers (are there changes of behaviour in a desired direction?)

### **Attention should be paid to:**

What is already known from communication sciences?

The context of risk communication (management, employees, other professionals).

Differences in 'languages' between employees, managers, OH professionals.

Different understandings of the concept of 'risk'.

OPs should strive to become familiar with employers' interests, and keep their credibility in employees.

OPs should realise that the employer is not always waiting for advice and communication from the OP.

Differences of argumentation in expert and customer.

Standard solutions should be avoided.

### **Learning Methods**

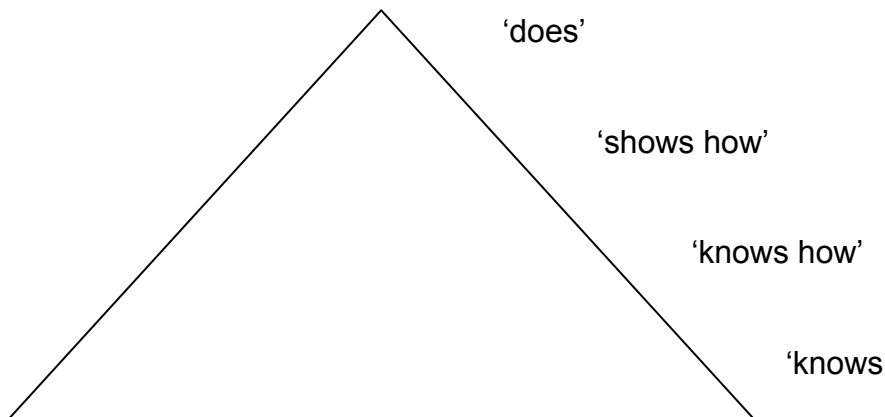
Review of selected texts from scientific literature, to be studied in advance. The OP needs an appropriate background knowledge. At first he should obtain a good scientific overview of the field, focusing upon principles of risk communication and perception of health risks.

The second step will be translation of scientific knowledge about the assessed risks to the workers. This activity should be trained by means of a course task to be carried out in this training module, in the in-between period of the two days. The task deals with a given (perceived) risk in a practical situation. The task has to deal with risk assessment and evaluation, but also with risk perception, communication and reporting.

Case descriptions:

- dealing with risk assessment and evaluation, to be worked out in small groups of 3 participants
- dealing with risk perception (one about overestimation and one about underestimation), to be worked out in small groups of 3 participants.

Miller's pyramid ('levels of performance') is a useful tool to visualise the outcome' of the training:



The pyramid is also to be applied for:

- OP as a communicator / instructor of workers
- workers at work themselves, in their own health and safety behaviour.

Application of role playing in simulated case situations.

### **Skills test**

Presentations of the performed tasks: 'shows how'. These presentations take place for the whole group of participants and experts. It is strongly recommended to involve employers and employees in these sessions and ask them to give feedback on the presentations.

We should create a situation in which the participants are really communicating about risks! That's an important reason to involve employees.

A two-step approach is recommended: at first the employer to be addressed, then the employees.

### **Organisation**

A maximum number of 12 participants. The group might be multidisciplinary, e.g. a combination of doctors and safety engineers, the doctors concentrating upon non-accidents risks.

The training module consists of two course days with an interval period of two months.

The course task has to be carried out in this interval period, by couples of two participants, and to be reported on the second course day.

For the management of the module, an OP - teacher is available for the course hours. He should also take the role of mentor of the participants with respect to the fulfilment of the task.

Experts (one in risk assessment and one in communication) are attending to support the small groups, and for feedback on the performed tasks.

## **Schedule**

First day (6h 15'):

- entrance test about theory ( a priori knowledge) and feedback on it 60'
- elaboration of cases about risk assessment & evaluation: 120'
- elaboration of cases about risk perception and communication: 120'
- demo: video: 30'
- introduction of course task and formation of couples: 45'

Second day (6h 30'):

- 6 presentations of performed tasks, with feedback from experts and group discussion: 240'
- summary of learning experiences: 60'
- evaluation & continuation (Have the learning objectives been achieved? Other objectives to be defined?): 30'

## **Position of module in curriculum**

In occupational medical specialist training: after modules / course parts about risk assessment, occupational & work-related health effects & diseases, health surveillance.

The module might be part of a greater module, e.g. 'advisory skills'.

Separate in continuing medical education / CPD.