

EASOM summer school Berlin, 30th. Of August 2012

World café, table No. 1

“counselling of employers and employees”

Summary

Basics:

- Can you learn communication?
- Can you teach communication?
- Train the trainer
- Learning by doing or trainings? Practice or theoretical?
- 7 canmeds, taught to every specialist in Netherlands: med. Experience, communication, conspirator, investigation, organization, professional, ‘?

Methods:

- Experience with actors as patients, mandatory part of interdisciplinate courses.
- Not enough trainers for communication with special experience in OHP
- Basic training for counseling, theoretical, practical work, supervision, cme.
- Topics: communication, presentation techniques, networking, self-confidence of OHP.
- The efficiency of counseling depends on control and reports.
- Use previous life experience of the students.
- Get them captured, for example by asking for their parents’ workplaces.

Environment:

- Experience and maturity of the doctor
- The patient is the workplace, not the employee,
- Mentality and culture of the company
- Role of the company doctor.

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Communication in the everyday life of Occupational Health Physicians (OHP)

World Café Table 2 - - - Health care checkups

The Questions

- (1) Which health care checkups are conducted?
- (2) Who pays for them?
- (3) Who has to be talked to about the results and which consequences do the results have?
- (4) Which conversational strategies are shown as particularly helpful in this situation?

The Answers

(1) European legislative is setting the framework for national laws on work protection and safety regulations. National roads to conduct Occupational Health Care Checkups (OHCC) can be differentiated. Leading control instrument is usually an assessment of the risks which may implement among other measures a series of OHCC. These can refer to exposure to noise, hazardous substances, muscular-skeletal strain and other qualities.

Some of these OHCC are compulsory with national differences, e.g. a wide range of them are obligatory in Belgium or France on a regular base. Control of Attendance is not always implemented.

Distinct from OHCC there is a wide-spread practice among employers to send job applicants for pre-employment checkups independent from risk assessment (is s/he fit for the job?)

(2) In general, the costs for OHCC are covered by the employer. As a special arrangement in Austria the national agency for accident insurance (AUVA) is providing the costs for some OHCC whereas the employers make contributions to finance the AUVA.

(3) The results of OHCC are always communicated to the employee. A certificate on compulsory OHCC will be handed also to the employer respecting medical confidentiality: No diagnoses!
#Special Finland: employers only receive an overview of all OHCC conducted, say 70% "ok" - 25% "ok, but with health restrictions or recommendations" - 5% "not suited"
#Special Romania: employees with critical findings will be sent with the results of the OHPP to the G.P. or family doctor.

(4) Looking profoundly into the interaction between doctor (OHP), employee and employer the participants detected a variety of possible conflicts arising from the OHCC. Some rules might be helpful:

- Always clarify Your role (an OHP cannot solve a problem an employer or an employee has to solve with someone else)
- Ask the conflicting party: "tell me, what you are in need of?"
- In situations where physical violence or psychological stress is imposing: ask a colleague to function as a "superior"
- It is good to have skills to tackle conflicts (example: 2-day-training, Belgium)
- Training in family therapy may give good guidance and confidence in group conflicts
- Invite conflict parties to "round table"
- Invite an executive to OHCC
- Try to change perspectives, allow others to do so

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Final version October 12, 2012
Berlin

EASOM –Summerschool 2012

World-Cafe 30.08.2012

Table 3 Company health management

Summary

Role of OHP

- Different roles of OHP in different countries / companies
- The efficiency of health management in a company depends on the personal commitment of the actors
- Inhibiting factors:
 - lack of money?
 - Lack of OHP's?
 - Lack of acceptance of the importance of health management

To Do's:

- Strengthen preventive medicine
- Teach communication
- Set priorities
- Train a "Company view" (vs. clinical view)
- Clarify: who is the health manager?

Conclusion: no recipe, no guideline but personal commitment

Motto of modern OHP's: "From the sage on the stage

To the guide on the side"