

on a group or an individual level. Group experiential interventions focus on the infected worker.

Aim The purpose of such intervention programs will be the relief and emotional discharge of the symptoms of mobbing in workers in a hospital sector.

Material and methods In the focus groups will participate 40 health professionals voluntarily, in the intervention part of a study's protocol that is in process referring to a Doctoral Thesis in a Greek University. Sessions will take place in a public hospital, twice a week for 4 hours. 13 sessions will be held, organised in 4 groups of 10 people each. Interpersonal supportive psychotherapy treatment plan including techniques such as taking an individual-social-family history, role playing, drama therapy and cognitive behavioural therapy in a group therapeutic milieu. In particular, participants by playing roles, people relive the traumatic events, express their feelings, and the therapist helps to reduce negative emotions and to make adaptive beliefs. Also through the techniques of drama (mirror, chairs, narrative counselling, the individual expresses the history of his life in order to understand, evaluate and reassess his experiences.) The therapy does not aim at stirring internal psychological processes but illuminating the particular problem of a person-society relationship. The therapist's mission is to help the participants to overcome the problem. Through the techniques of cognitive behavioural therapy, participants will recognise their dysfunctional thoughts, process their feelings and behaviours about mobbing and with the help of the therapist will try to 'change' the way of thinking about their working lives.

Results This therapeutic approach will be used in order to strengthen the individuals self esteem, self appreciation and make them aware of their negative automatic cognitions and to produce data that may solve the problem of mobbing in their workplace.

Discussion The study expects to record accurately the size of the problem and indicate the appropriate tools for the implementation of interventions (prevention and awareness programs) both by mental health specialists and the decision makers and to enrich the scientific literature.

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EVALUATION OF EDUCATION OF SPECIALIST OCCUPATIONAL HEALTH PHYSICIANS IN THE PERIOD 2009–2013 IN FINLAND

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Introduction A nationwide external quality evaluation aimed to identify strengths, good practices and areas in need of development.

Methods The enhancement-led four-phase evaluation process included a self-evaluation report by the universities; evaluation interviews and visits by the evaluators; an evaluation report; and a feedback seminar. The evaluation focused on the management and planning of education and the definition of learning outcomes and the learning philosophy; education resources and support and pedagogical training; the constructive alignment of education; and the continuous development of education.

Results Key strengths included good cooperation between units, pedagogical training of the trainers, investment in web-

based learning and the use of previous evaluations in the development of education.

Changes in working life, the upcoming reform of specialist medical education and the continuity of funding were seen as external challenges.

Areas needing development included clarifying of the learning philosophy, broadening the learning outcomes to cover competences, achieving higher visibility, expanding and diversifying practices for learning assessment and feedback. Reflection practices were recommended to support interaction skills, professional growth and the promotion of development skills. Advancing pedagogical training of trainers was suggested. Genuinely interactive virtual learning was emphasised. Increasing the throughput of students and promoting interest in the specialty at the basic studies stage were recommended. The research-based and international approach in developing education was encouraged.

Discussion After the report the learning philosophy was clarified in the new curriculum, reflection was included in the log-book and a project to develop evaluation of the learning outcomes as competencies and entrustable professional activities started. A pedagogical web-based course and a pedagogical guide book for trainers were published. The specialty has worked vigorously on the external challenges, too.

High quality education is essential in occupational health care. An external evaluation of education may substantially help to meet the challenges of quality education.

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THE INTEGRATION OF OCCUPATIONAL HEALTH AND SAFETY INTO EDUCATION – ENETOSH'S WEALTH OF EXPERIENCE

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Introduction The results of an empirical study which analysed good-practice examples of integrating occupational health and safety into education are presented. The good practice was collected by the European Network Education and Training in Occupational Safety and Health (ENETOSH) over the last ten years and published on www.enetosh.net. The study was done in response to a request made by the International Labour Organisation (ILO) in order to make empirical statements on trends and promising models for integrating health and safety into education. **Methods** From 756 projects a representative sample of examples was chosen for each level of education (kindergarten/school, initial vocational education and training, higher education and continuing vocational education and training). A category-system was developed which is based on the success principles of the settings-based approach as specified by the World Health Organisation (WHO). 83 examples were categorised and analysed. The study consists of a qualitative analysis as well as a statistical analysis. Within the qualitative part of the study interviews with project owners and leading experts in the field are carried out to gain experience of how to put the categories into practice.

Result The study provides a comprehensive evidence-base of practices of good models concerning mainstreaming occupational health and safety at all levels of education. The study facilitates better access to practices of good models for practitioners and