Background The Global Program in Occupational Health Practice (GPOHP) is a 400 hour, online, interactive program with 2 tracks in Health and Hygiene. GPOHP has trained 135 individuals from 85 different countries over 8 years.

Methods An online survey of course participants was administered to determine the value of this training and to guide future content and training methods.

Results 30% of the prior course participants from 19 countries responded. 68% received company sponsorship for tuition, 19% received scholarships and 13% were self-funded. Respondents reported a significant increase in knowledge base, greater confidence in doing their jobs, clarity about where to seek the best resources, awareness of global standards, and how to execute specific activities including, incident (accident) investigation, noise monitoring, ergonomic assessment, return to work after injury/illness, and development of a worker screening program. A few described moving up in their careers because of this training. Several participants continue to share ideas and plans with their classmates across national boundaries.

Discussion Online training in OH is an important and apparently successful tool for training those without locally available courses. Asynchronous communication lowers expenses by reducing time off work and out-of-country. Hands on activities applied in their own work settings with feedback from experts were likely to be key in developing relevant and immediately applicable skills. Establishing a network of OH providers could improve conditions for workers and companies, globally.

1450 OUTCOMES OF AN INNOVATIVE TRAIN-IN-PLACE OCCUPATIONAL MEDICINE RESIDENCY PROGRAM

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Introduction Physicians making a mid-career change in specialty may find options for formal training limited. We describe a train-in-place program, with measureable outcomes, created to meet the challenge of training mid-career physicians desiring formal training in the field of Occupational Medicine. Our objective is to evaluate educational outcomes from a novel residency program for mid-career physicians seeking formal training and board certification in Occupational Medicine. **Methods** Physicians train-in-place at select Clinical Training Sites where they practice, participating in eighteen visits to Philadelphia over a two year period. Program components include competency-based training structured around Subject Area Rotations, mentored trainee projects and periodic auditing visits to the Clinical Training Sites by program faculty. The main outcome measures are achievement of Accreditation Council on Graduate Medical Education milestones and American College of Occupational and Environmental Medicine competencies, performance on the American College of Preventive Medicine examinations, diversity in selection and placement of residents after training, and the number of graduates who remain in the field.

Results Graduates, 113 to date, comprised 7.5% of new American Board of Preventive Medicine diplomates over the past decade, score competitively on the certifying examination, achieve all milestones, express satisfaction with training, and are geographically dispersed representing every region of the United States. Most practice outside of the 25 largest Standard Metropolitan Statistical Areas. Over 95% remain in the field.

Conclusions Training-in-place is an effective approach to provide mid-career physicians seeking comprehensive skills and Board certification in occupational medicine formal training, and may be adaptable to other fields.

1472 DEVELOPMENT AND VALIDATION OF THE JOB CRAFTING SCALE FOR UNIVERSITY STUDENTS

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Introduction The interest of the project 'Ready for Work' is in educating students to enhance occupational well-being in order that they will transfer the learnt to their future work. Job crafting was chosen as one concept that students should master. The first act was to assess the students' study related job crafting. For this the job crafting scale (Tims, *et al* 2012) required modifications. The aim of this paper is to present the job crafting scale modified for assessing the students' job crafting and its validation results.

Methods The modified scale consisted of 23 items, 8 items measuring dimension 'increasing structural job resources', 6 measuring 'increasing social job resources', 4 measuring 'increasing challenging demands' and 6 measuring 'decreasing hindering job demands'. 768 university students answered the questionnaire. The scale was tested by using reliability assessment and exploratory factor analysis.

Results The four dimensions each had good reliability. Cronbach alphas ranged 0.78–0.91.

The four factors explained 56,6% of the variance. However the structure of four dimensions was not well supported. The first factor (Eigenvalue 7) explaining 35% of the variance consisted of items measuring 'increasing social job resources'. The second factor (Eigenvalue 2,4) explaining 10% of the variance was related to items of 'increasing structural job resources' as well as 'increasing challenging job demands'. The third factor (Eigenvalue 1,5) explaining 6,5% of the variance consisted of items measuring 'decreasing hindering job demands'. The fourth factor explaining 5% was related to a few items concerning the negotiation of the work to be done.

Conclusion The correspondence between students' work and employees' work needs deeper theoretical consideration when developing the scale for students' job crafting further. The scale items assessing job crafting factors 'increasing structural resources' and 'increasing challenging job demands' were related and this needs careful interpretation.

1489 OCCUPATIONAL HEALTH HISTORY TAKING ATTITUDES AND BEHAVIOURS OF CHIROPRACTIC INTERNS

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Introduction Occupational illness and injuries are a major health burden, with the large majority being musculoskeletal related. Because of this, health care providers, such as chiropractors, should understand the role of work in health conditions. This pilot study assessed the occupational history taking attitudes and behaviours of chiropractic interns for one year,

including the effect of a brief occupational health history training program.

Methods All chiropractic interns at one clinic location completed questionnaires assessing their attitudes and perceptions regarding documenting occupational history of their patients. Each intern enrolled in the study for two or more trimesters also participated in an hour-long training session on taking an occupational history. The supervising clinician independently evaluated charting behaviours of interns for the duration of the study.

Result Twenty interns participated for 4 to 12 months. The supervising clinician assessed the interns' level of documenting occupational history for 202 new patient or re-examination visits. Patient's current occupation was documented in 93% of these visits, but a detailed occupational history was documented in only 11% of these visits despite the chief complaint being related to their occupation 39% of the time. After the first group of interns completed training, documentation of the relationship between occupation and chief complaint increased from 20% of visits to 57%. When interns assessed their own recordkeeping practices, all interns reported asking about current occupation for most patients, but indicated their other occupational history taking and documentation behaviours can vary.

Discussion While documenting current occupation was relatively high among the chiropractic interns, additional detailed occupational information was not usually included in their documentation. Additional training on occupational history taking did not substantially change those behaviours, but did increase the interns relating the chief complaint to the patient's work.

151 CHRONIC MUSCULOSKELETAL PAIN: CONNECTING THE DOTS

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4Chronic musculoskeletal pain is the disorder of our decade, and frustrating for both the patient as well as the healthcare practitioner. A cause for this frustration is an inability to understand the inter-relationships between the different bodily systems involved. An understanding of the pathophysiology of chronic musculoskeletal pain will allow for development of a comprehensive and effective treatment plan.

In this presentation, a case study will elucidate the 'pieces of the puzzle' in a chronic musculoskeletal injury. The symptoms will be related to the pathophysiology and the effectiveness of a logical conservative and comprehensive treatment plan will be demonstrated.

Application of this protocol to the general chronic pain population will be discussed.

1530 PROFESSIONALS COMPETENCES FOR WORKER HEALTH SURVEILLANCE

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Introduction General and specific professional competencies aim to guide the professional profile expected and must to address health services needs and demands. Professional competences to worker health surveillance in a perspective of comprehensive health care in the health network (and not as a medicine specialty) are not well known in the literature, what compromise education process and health care assistance. Thus, this study aimed to identify professional competences to worker health surveillance.

Methods Qualitative research with triangulation of data, performed in three steps:

1. documental analysis of Brazilian National Curriculum Standards for the healthcare field and pedagogical projects of seven courses from Federal University of Sao Carlos: nursing, medicine, physiotherapy, occupational therapy, psychology, gerontology and physical education.
2. Systematic review was conducted in databases: Latin American and Caribbean Health Sciences Literature, MEDLINE/PubMed, Web of Science, Scopus and Education Resources Information Centre. Gathering strategies includes MESH terms: occupational health, curriculum, competency-based education and undergraduate medical education.
3. Interview with professors from seven courses of university and professionals of healthcare system, guided by criteria of saturation data and thematic analysis of data.

Results Preliminary results show general competencies from undergraduate courses of health area that are related to worker health surveillance, as communication, team work, leadership, health management skills and health education. Documental analysis demonstrated several specific competences from each profession, but none related to worker health surveillance – what should include health promotion, risks, diseases and harm prevention, professional rehabilitation and return to work. Some pedagogical projects presented content that exploit different perspectives of workers health and safety, but not in an integrated way or represented by competences.

Discussion Preliminary results show that education standards, pedagogical projects and literature review still consider worker health as occupational health, i.e., as a specialty, not exploring this theme as whole in undergraduate education.