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.

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CHRONIC MUSCULOSKELETAL PAIN: CONNECTING THE DOTS

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10.1136/oemed-2018-ICOHabstracts.297

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.

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PROFESSIONALS COMPETENCES FOR WORKER HEALTH SURVEILLANCE

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10.1136/oemed-2018-ICOHabstracts.298

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.