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**DEVELOPMENT OF A TRAINING FOR THE USE OF A GUIDELINE BY OCCUPATIONAL HEALTH PROFESSIONALS**

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**Introduction** We developed a guideline for occupational health professionals (OHPs) to optimise guidance and assessment of people with a chronic disease. Since adherence to such guidelines is generally low, a training can be used to increase OHPs compliance. Because limited evidence is available on the development of a guideline training, this study provides insight on how such a training can be developed.

**Methods** A qualitative approach of four steps was used. First, focus groups were held to explore OHPs training needs. OHPs prioritised guideline evidence based on implementation needs, and required knowledge and skills to use the evidence in practice. Second, based on the training needs, learning objectives were formulated by the researchers. Third, experts in the field of education were interviewed to explore relevant teaching methods. Finally, researchers integrated all results in a final training approach to optimise OHPs guidance and assessment.

**Results** OHPs reported various training needs, after which 17 learning objectives were formulated, such as identification of factors and effective interventions that influence work participation, and stimulating the own role of people with a chronic disease. To provide these learning goals in practice, experts reported various teaching methods, including the provision of homework, case study, role play, discussion of best practices, debate, and interview with stakeholders. The training needs and teaching methods were integrated in a six hour training day.

**Discussion** This study shows that OHPs indicated several training needs to use the guideline in practice. These training needs can be provided through the use of various teaching methods, which are mostly closely related to OHPs daily practice. Providing an overview of the process of development of may support researchers and developers of occupational guidelines in the development of other guideline trainings.

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**PROMOTION OF FARMER'S HEALTH THROUGH EXTENSION IN IRELAND**

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**Introduction** In Ireland, the majority of farmers are self-employed and studies have indicated higher levels of mortality in the working age category (16–65 years old) than other occupational groups. Within the discipline of health promotion, applying a broadly based 'biopsychosocial' approach in contrast to the more narrow 'biomedical' one has been advocated to achieve health gains. In Ireland a state extension system (Teagasc) is in place to provide research-supported advice and training to farmers on farming practice and associated quality of life issues. Extension has been active in promoting health among farmers in association with health professionals especially during the last decade.

**Methods** A retrospective review was conducted to identify major national initiatives with extension involvement to either research or promote health among farmers in Ireland. The period from 1 st January 2006 to 31 st December 2016 was used as the review reference period.

**Results** The survey identified nine major health promotion initiatives involving extension in Ireland in the reference period. Three involved research on the following topics: disability causes (PhD); health and musculoskeletal disorders (PhD); farmer stress (Masters). One involved inclusion of occupational health in a statutory farm health and safety code of practice. Two involved provision of training to extension staff on health promotion as a component of the national men's health training programme (ENGAGE). One involved a series of health promotion exhibits, including blood pressure checking, at outdoor farming events. One involved the national distribution of a farmer health booklet and one involved publication of a series of extension media releases and articles on aspects of farmer's health.

**Conclusion** The retrospective review has identified considerable engagement by extension with health promotion among Irish farmers. This engagement involved: research, staff training, and production of a major publication and provision of advice to farmers on health using farming media.

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**RESPIRATORY PROTECTION TRAINING FOR HEALTHCARE WORKERS**

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**Introduction** This presentation will provide an overview of the development of the National Institute of Occupational Safety and Health (NIOSH) funded Respiratory Protection training courses for Health Care Workers and Occupational and Environmental Health Nurses (OHNs). Topical content and access information details will be provided.

**Methods** After the Institute of Medicine identified the knowledge gaps among OHNs pertaining to respiratory protection for workers, AAOHN collaborated with NIOSH, the American Board of Occupational Health Nurses, the American Nurses Association, and the Association of Occupational Health Professionals to form an advisory board of respiratory protection experts. The advisory board guided development of the respiratory protection training courses led by university researchers which aimed to increase the knowledge of Occupational Safety and Health Administration's Respiratory Protection Standard, the Centres for Disease Control and Prevention's (CDC) Airborne Precautions, and the use of the N95 respirator in healthcare.

**Result** Four training courses were developed that are free and offer continuing education credit at [www.aohn.org/academy](http://www.aohn.org/academy):

- OHN: Respiratory Protection Education and Resources – a ten-module resource to train OHNs as a Respiratory Protection Administrator;
- Respiratory Protection for Healthcare Workers – contains two modules pertaining to frontline healthcare worker respiratory protection focusing on the CDC's airborne precautions including N95 use;

- Respiratory Protection for Ancillary Healthcare Workers (e.g., housekeepers) – a proposed 10 min module (anticipated release Fall 2017); and
- Case Study of Respiratory Protection in Healthcare – an interactive respiratory protection training for healthcare OHNs (anticipated release Fall 2017).

**Conclusion** AAOHN with NIOSH formed an advisory board of respiratory protection experts and developed an acclaimed national and international online respiratory protection training that meets the needs of OHNs, frontline healthcare workers, and ancillary healthcare workers. As of June 2017, over 330 individuals have completed the Respiratory Protection training.

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#### COMPARATIVE STUDY ON THE ACTIVITIES OF PART-TIME OCCUPATIONAL PHYSICIANS IN JAPAN BETWEEN 2008 AND 2016: EFFECTS OF THE STRESS-CHECK PROGRAMME

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**Introduction** In 2015, implementation of the Brief Job Stress Questionnaire (also known as the ‘stress-check programme’) became a legal obligation for employers in Japan. The Ministry of Health, Labour, and Welfare of Japan recommends that an occupational physician (OP) should play an important role in implementing this programme. This study aimed to compare the activities of Japanese part-time OPs in 2008 and 2016 and to investigate the effects of the stress-check programme.

**Methods** Questionnaires were sent via mail to 946 part-time OPs in the Kyoto prefecture of Japan in 2016. Completed questionnaires were returned by 181 OPs who were private practitioners or physicians in hospitals. Questions about the types and sizes of the industries where the OPs served, allocation of service hours, and difficulties encountered in their activities were included in the questionnaire. The responses were compared to the results of the same survey in 2008 to determine the changes in OP activities and the problems encountered after implementing the stress-check programme.

**Results** In 2016, 22% of OPs utilised exceedingly long hours in the stress-check-related activities. Hours for specific health examination, health and hygiene education, health promotion activity, and development of a comfortable workplace reduced from 4.7 hours in 2008 to 2.0 hours in 2016. A total of 62% OPs frequently encountered difficulties in the stress-check-related activities in 2016. Many OPs also reported difficulties in the management of mental health and overwork, and support of employees’ return to work in both 2008 and 2016.

**Discussion** Enforcement of the stress-check programme in 2015 changed the activities of part-time OPs in Japan. This programme might impose problems on OPs. Therefore, OPs should be given specific opportunities to gain more information and skills in these areas.

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#### ASSESSMENT OF PROGNOSIS BY PHYSICIANS WORKING IN THE FIELD OF DISABILITY EVALUATION: A QUALITATIVE STUDY

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**Introduction** Assessment of prognosis including improvement of work functioning is challenging and research on this topic is lacking. To make this process more explicit, the following research question was formulated: Which aspects and considerations, difficulties, needs and potential solutions, affecting the prognosis assessment by physicians, working in the field of disability evaluation, can be identified?

**Methods** In-depth, semi-structured individual interviews were conducted with 20 physicians working in the field of disability evaluation at the Dutch Social Security Institute (UWV). Verbatim transcripts were independently analysed by two researchers until data saturation was achieved and significant themes emerged.

**Results** Aspects and considerations affecting the prognosis assessment consisted of medical themes including nature and severity of disease, the role of treatment, course of the disease, and medical evidence. In addition, patient-related and physician-related aspects were distinguished. Patient-related aspects as the patients’ work perspectives, coping or recovery behaviour and physician-related aspects as awareness of the physicians’ own role and reflection on empathy for clients and ethical considerations were deemed to be important. Difficulties described by physicians were assessment of complex diseases, applying prognostic evidence to the individual and lack of time when seeking for prognostic evidence. Needs and solutions formulated by physicians, were continuous education, better collaboration with medical specialists and/or labour experts and the use of prognostic tools like checklists, apps or internet applications to incorporate evidence on prognosis.

**Discussion** Physicians identified several medical and patient-related aspects, elucidating the process of prognosis assessment. A variety of difficulties were reported and physicians expressed their needs for further support. Future research could focus on development, efficacy and feasibility of training, prognostic tools, guidelines, collaboration with labour experts or information exchange with medical doctors in different specialties.

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#### THE DEVELOPMENT OF A WORKFORCE PLANNING TOOLKIT FOR OCCUPATIONAL HEALTH NURSING SERVICES IN IRELAND

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**Introduction** At a time when health resourcing costs are contracting, it is vital that services examine the potential to maximise the efficiency of their services and resources.