The intervention group will receive tailored work-related support consisting of three face-to-face meetings. Based on the severity of their work-related problems, the intervention group will be divided into groups receiving three types of support (A, B or C). A different supportive healthcare professional will be available for each group: an oncological nurse (A), an oncological occupational physician (B) and a multidisciplinary team (C) that includes an oncological nurse, oncological occupational physician and treating oncologist/physician.

Result The work-related support intervention including vocational counselling and discussion of legal issues and disease-related and treatment-related factors that may affect work. Primary outcome measure is return to work (RTW), defined as the time to a partial or full RTW. Secondary outcomes are work ability, work limitations, quality of life, and direct and indirect costs. Outcomes are assessed with patient questionnaires at baseline and 3, 6, 9, and 12 months follow up.

Discussion The hypothesis is that tailored work-related support for GI cancer patients is more effective than usual care on RTW. The intervention is innovative in that it combines oncological and occupational care in a clinical setting, early in the cancer treatment process.

This study will contribute as a foundation for optimising future tailored work-related interventions in cancer care with the intention to implement the intervention if it has been shown effective.

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DEVELOPING A COMMUNICATION TOOL TO PROMOTE DISCUSSION AMONG STAKEHOLDERS IN WORK DISABILITY: A COLLABORATIVE APPROACH

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Introduction The involvement of stakeholders from outside academia is key to producing sustainability science. Several challenges need to be addressed in the development of a partnership between research and practice. Many stakeholders from different social systems are involved in disability management practice. They may not share the same understanding of the issues and solutions at stake, causing unbalanced problem ownership within the group. To help reduce this barrier, we sought to build a tool that would establish a common vocabulary between researchers and stakeholders.

Methods A multimethod approach was used. A set of definitions for key terms was developed with an advisory committee (researchers and stakeholders). A Web-based survey with closed and open questions was then used to assess the level of agreement with, first, the inclusion of these terms and then with their definitions. Terms whose inclusion had more than 70% agreement were retained. In cases of disagreement with a definition, participants suggested modifications. Terms whose definitions had less than 70% agreement were discussed in the next phase. Finally, a series of group consensus meetings were conducted to discuss the suggested modifications emerging from the survey and to determine the final definitions of the terms.

Results A total of 8 multidisciplinary researchers, 2 postdoctoral students, and 12 stakeholders representing patients,

employers, unions, healthcare professionals, and legal and insurance systems completed the survey and participated in the consensus groups. A consensus for inclusion ($\geq 70\%$ of agreement) was reached for all 79 initially proposed terms. Of the 79 terms, 20 needed clarification ($\leq 70\%$ of agreement). These were discussed in three consensus group meetings. At the end, a final version of the definitions of all 79 terms was produced.

Discussion This multimethod approach ensures the use of the same reference points, regardless of participants' different concerns.

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USING MOBILE TECHNOLOGY TO SUPPORT VOCATIONAL TRAINING FOR ADOLESCENTS WITH LEARNING DIFFICULTIES: A PILOT STUDY

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Introduction Adolescents with learning difficulties are at risk of leaving school without a qualifying certification. They may experience difficulties in entering the labour market. In Quebec (Canada), the *Work-Oriented Training Path* (WOTP) enables these young people to develop their employability by offering pre-work traineeships in actual companies. The aim of this pilot study was to develop an innovative intervention based on using technological aids to help students enrolled in the WOTP programs developing work skills.

Methods Eight teachers and fifteen students enrolled in the WOTP participated in a multiple case study. Teachers first attended a training workshop and were then asked to apply a method to conduct workplace analysis and technological aid allocation for two students. They were free to choose any applications. Each two months, a collective meeting was organised to share the various experimentations; the content of meetings was recorded and analysed. Additional data was collected along the study (log book, questionnaires, interviews). Data triangulation led to a portrait of utilisation barriers and facilitators. Findings were used to establish specifications for future intervention.

Results According to teachers, the principal needs of their students are related to spatial and temporal organisation, execution speed, motor skills, communication difficulties, and learning transfer in various contexts. Teachers mostly used simple, usual and free apps, like calendar, notes, alarm functions, checklists, and few more complex apps that required programming, as My video coach, Shadow Puppet, Explain Everything. The main difficulties with technological aids encountered by teachers concerned the relationship with traineeship companies, implementation time and the degree of involvement of students.

Discussion Two principal stakes emerged from this study. If they are to be used in workplaces, technologies must (1) be operative (i.e. useable and useful at the moment required), and (2) be used autonomously by students in workplace for subsequent mobilisation.

838 INTERSECTORAL MOBILISATION TO BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE IN WORK DISABILITY PREVENTION

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Introduction Best practices exist at the individual and organisational levels to facilitate return to work (RTW) following long-term absence for various health reasons. Yet implementation remains a challenge because of the complex multi-stakeholder context involving different social systems. The question then becomes, 'How can we bridge the gap between research and practice?'

Methods A collaborative research project based on a conceptual framework of sustainability science was used. The framework proposes phases and associated methods. Our study first sought to build a common vocabulary to help collaboratively frame a shared problem, using a group consensus technique. To ensure a common understanding of the problem among participants, we conducted a rapid literature review and held discussions with stakeholders on the effects of ethnocultural, gender and ageing factors on the RTW process in a work disability context where medical professionals have deemed workers ready to RTW following diverse health issues. We then used a consensus technique to enable participants to jointly construct possible solutions and establish research priorities regarding implementation of adapted best practices.

Results A total of 8 multidisciplinary researchers, 2 postdoctoral students, and 12 stakeholders representing patients, employers, unions, healthcare professionals, and legal and insurance systems participated. A bipartite (researcher/stakeholder) governance structure was put in place to facilitate the process. A tool to promote a common vocabulary was developed collaboratively and comprised 79 terms and definitions. To ensure common understanding of the problem, a summary was developed with the advisory and knowledge transfer committee in the governance structure, and a Web-based capsule was produced. A series of consensus groups identified 8 research priorities.

Discussion A collaboration between researchers and stakeholders that is structured by a conceptual framework allows them to jointly identify, in the short term, both the problem and possible activities to bridge the gap between research and practice.

906 USING THE MEDICAL RESEARCH COUNCIL FRAMEWORK FOR THE DEVELOPMENT AND EVALUATION OF A RETURN-TO-WORK INTERVENTION FOR EMPLOYEES WITH BURNOUT

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Introduction Burnout is a work-related mental health problem and may cause long-term sickness absence. The aim of this study is to develop and assess the effectiveness of a return-to-

work intervention that prevents long-term sick leave due to burnout. This intervention will be presented as a multidisciplinary care pathway for burned out employees on sick leave. The study started in January 2016 and will end in December 2019.

Methods We use the Medical Research Council framework to guide 4 phases: development, feasibility, evaluation and implementation. Based on a systematic literature review we made a first draft of the care pathway. During focus groups we discussed this first draft with professionals (i.e. general practitioners, psychologists, occupational physicians) to identify possible barriers and facilitators to implementing the care pathway (*development*). Next we will conduct a pilot study (*feasibility*) followed by a cluster randomised trial (CRT) (*evaluation*). Finally we will use the Reach, Effectiveness, Adoption, Implementation and Maintenance (Re-aim) framework to guide the *implementation* of the pathway.

Results We finished the systematic review and the focus groups. The systematic review showed that (partly) organisation-oriented return-to-work interventions have a positive effect on return to work. The focus groups revealed that professionals find it difficult to differentiate between burnout and other mental health problems (e.g. depression). They also have different opinions on burnout treatment and the role different stakeholders play during the return-to-work process isn't always clear for professionals. We continue working on the next phases.

Discussion Several stakeholders (employees, physicians, employers, psychologists) are involved in the care pathway. Therefore, improving communication between these stakeholders during the return-to-work process is an important focus in this study.

908 FACTORS ASSOCIATED WITH SUPERVISOR SUPPORT OF JOB ACCOMMODATIONS FOR MENTAL HEALTH DISORDERS IN THE WORKPLACE

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Introduction Supervisors of workers with mental health disorders (MHD) play a key role in the prevention of prolonged work absences. Providing appropriate workplace accommodation is one approach supervisors use to facilitate employees staying at work or returning to work early. People with MHD function well in the workplace when they are provided with appropriate work accommodations. Yet, we have little understanding of how factors influence the decision-making of supervisors to develop and provide work accommodations. Therefore, the objective of this study was to understand what factors determine whether workplace accommodations are supported and received from the perspective of supervisors and workers.