



President's address

Dr Warren Harrex

MSc(OccMed) BMedSc(Hons) MBBS DObstRCOG DAvMed FAFOEM FAFPHM FACAsM

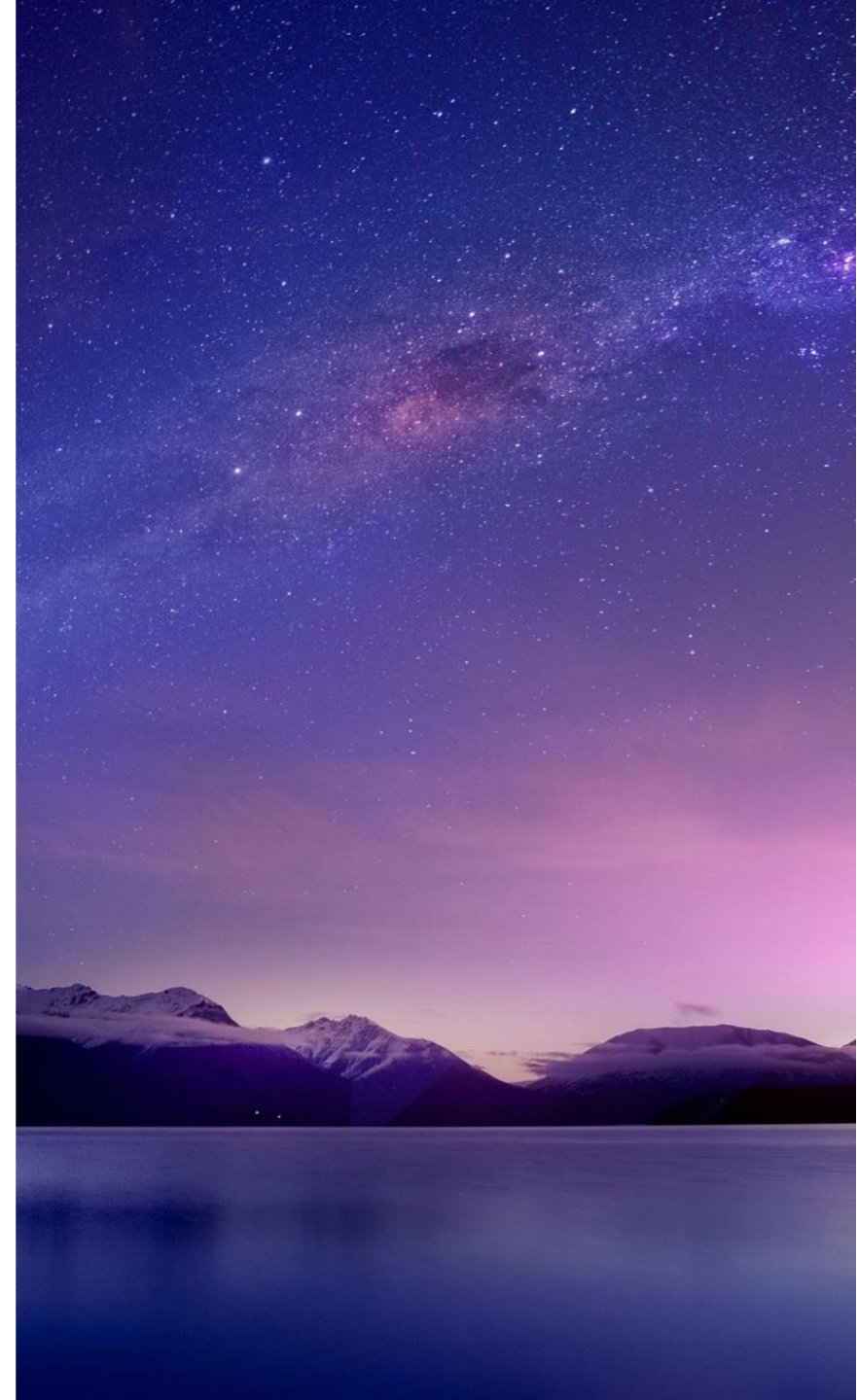
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AFOEM ATM 29 July 2023





Scope



Promise



Future of occupational and
environmental medicine



Purpose



Professional qualities

Three stages of being an occupational and environmental physician

Tradie



Consultant



Architect





The 'Be'

- Things I wish I had known earlier in my career
- Essential for being a leader

Common learning goals (apply to all programs)

Team leadership
(EPA 1)

Supervision and teaching
(EPA 2)

Professional behaviours
(Competencies)

Be, do, know



Why doctors need to be leaders

- If you don't take control of these organizations and throw your hat in the ring and become a leader, then you're going to deserve what you get.
- <https://hbr.org/podcast/2023/07/the-best-leaders-are-also-technical-experts>
- If someone takes over and runs this place in a way that really is uncomfortable for you, they've created lots of managerial processes.
- Hospitals led by physicians rated about 25% higher than those led by non-physician managers.
- Can develop leadership and training while maintaining context.

Clinical quality

- Clinical quality depends on interprofessional teamwork.
- Hence, leadership and management skills are needed at all levels
- Teaching of leadership has traditionally not equaled that of technical and academic competencies.

Medical leadership: An important and required competency for medical students

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5968745/>

Medical leadership

Need to develop both management and leadership skills

Ability to transfer competencies to communication and critical thinking

Need to develop skills in



Purpose

- For whose benefit do we practice occupational and environmental medicine?

Never forget



“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

– Maya Angelou

kindness, respect and compassion



Empowering patients

- Would you rather you didn't smoke?
- Do you drink more than is good for you?
- Are you concerned about your fitness to work?

Approach to OEM issues

- Two important questions
 - What is the problem?
 - So what?



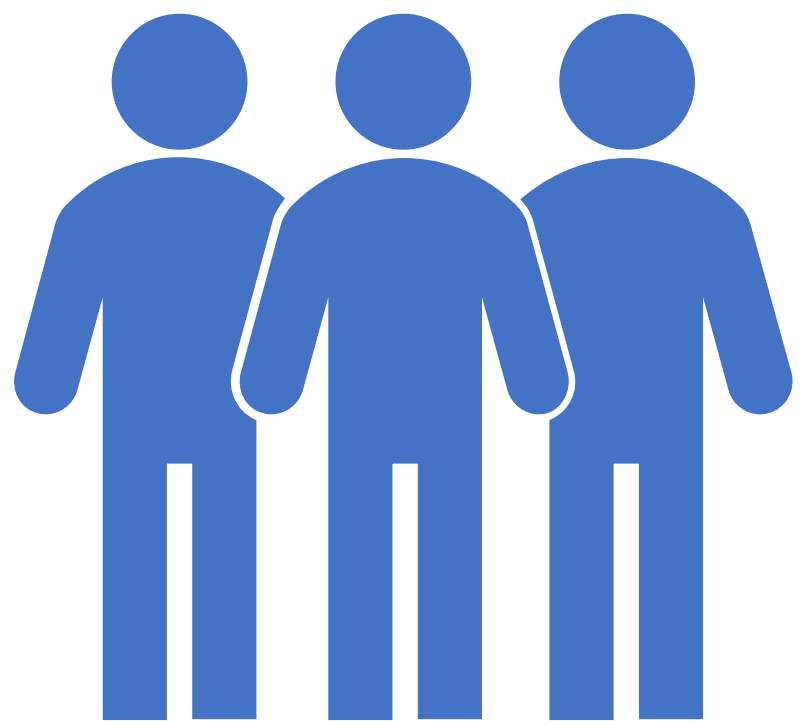
Determining
advice.

Consider the
outcomes



A photograph of a risk assessment matrix on a desk. The matrix is titled "Risk Assessment" in red. It has a grid of colored cells with text inside. A black pen is pointing to the "Medium" cell in the "Rarely" row. A pair of black glasses is in the top left corner. The word "Identify" is partially visible at the bottom.

Severity	Disaster	High	Medium	Minimal
Probability				
Regularly	Critical	Critical	High	Medium
Probable	Critical	High	Medium	Medium
Occasional	Critical	High	Medium	Low
Rarely	High	Medium	Medium	Low
Improbable	Medium	Medium	Low	Low

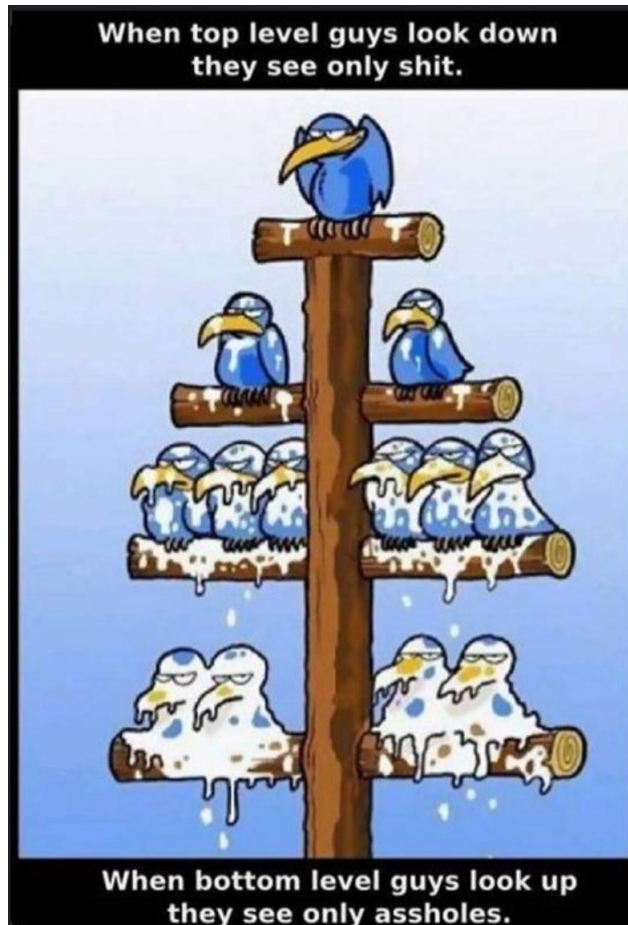


The workplace

A workplace with clear direction but poor management




Toxic workplaces



10 CALL CENTER PROBLEMS (AND HOW TO SOLVE THEM)

- | | |
|---|--------------------------------|
| 1 | High employee turnover |
| 2 | Balancing competing priorities |
| 3 | Low first call resolution |
| 4 | High levels of stress |
| 5 | Lack of employee engagement |
| 6 | Over-reliance on call scripts |

 novocall

And more...



Three questions – quick risk assessment for return to work

- Do you like your job?
 - Do you get on with your boss?
 - Is what you do appreciated?
-
- Örebro Musculoskeletal Pain Screening Questionnaire (Short-form)(Linton et al, 2010)

Common mental disorders and work



Needs to be Good Work

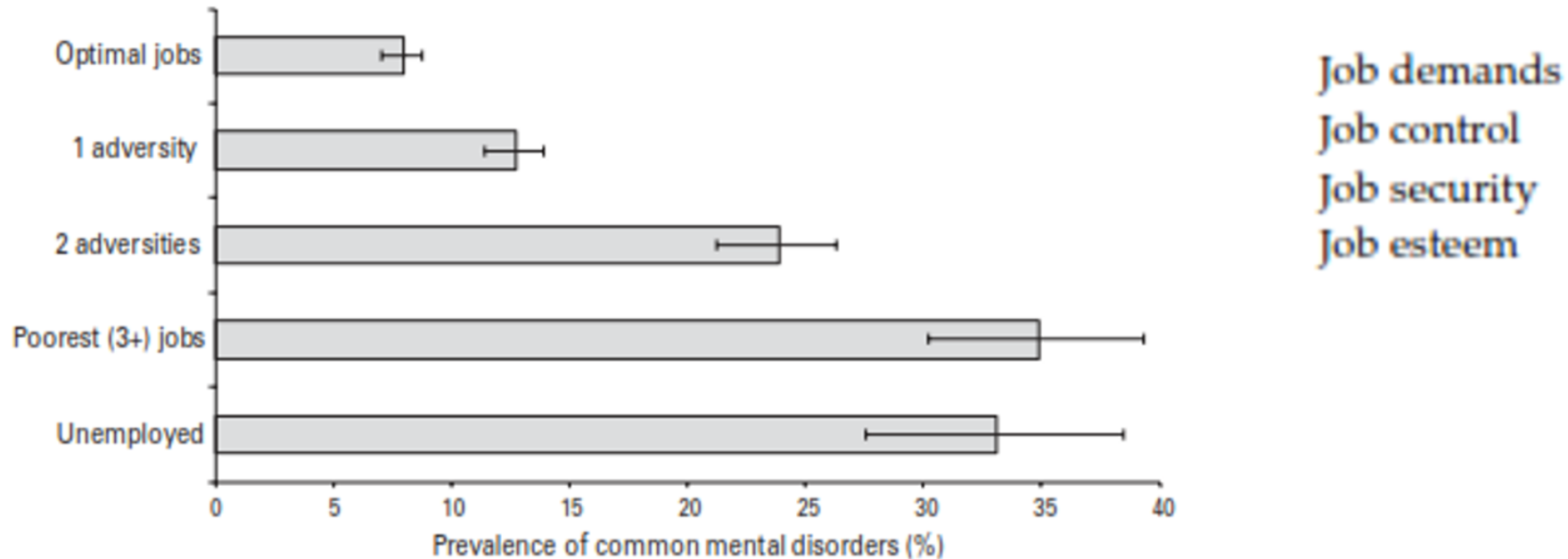


Fig. 1. Prevalence of common mental disorders (and standard errors) by employment circumstances.

Management of issues

- Sadness is common, and all illness and injury is accompanied by a degree of sadness or grief
- Psychosocial issues lead to GP consultations and then mental health diagnoses – mis-labelled as the workers problem
- Often we see normal reactions of normal people to abnormal situations
- If you feel you are being manipulated, you usually are
- No rights or wrongs - people have choices - and are accountable for the consequences
- any dispute between two people: least blameworthy is still 40% responsible
- Blame - not helpful. Avoids taking personal responsibility
- Beware the borderline personality disorder: neurosis or psychosis?
- Substance dependence is common - how to approach
- Loss of status

Will adding programs change the culture?

Employee assistance programs

Mental health support

Immunisation programs

Health and well-being programs

Resilience training

More remuneration

Leadership required for primary prevention in the workplace



Primary prevention aims to prevent diseases before they occur.



This includes preventing exposure to relevant hazards, altering unhealthy behaviour, and increasing resistance to disease in case of exposure.



Protect and promote the health and well-being of workers



**Useful software in
occupational and
environmental
medicine practice**

Presentation software

- Tips
 - One slide per minute
 - Use F5 key to start slide show
 - B, W, Home, End and number keys are very useful



Zotero

- Free reference manager
 - <https://www.zotero.org/>
https://youtu.be/JG7Uq_JFDzE
- Recommended plugins for Zotero:
 - Better BibTex for Zotero- Zotfile (allows pdfs to be stored locally rather than paying for Zotera cloud storage-
 - scite for Zotero (for getting pdfs from behind pay walls)
 - Zotero can be used with Research Rabbit (also free) to find related papers very quickly
 - Mdnnotes for Zotero (for use with Obsidian)

OccLungDiseases - Zotero

File Edit View Tools Help

OccLungDiseases The Occupational Burden o... X

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- _Zotero Practice
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- Occupational and environmental health in middle-aged and older adults
- Parachutes
- PFAS
- Research methods

Everything

Title	Creator
> Estimating Historical Exposure to Respirable Crystalline Silica in the Mining Indu...	Blagrove-Hall et al.
> The Occupational Burden of Nonmalignant Respiratory Diseases. An Official A...	Blanc et al.
blanc_2019_the_occupational_burden_of_nonmalignant_respiratory_diseases_...	
> Silicosis—lessons from Australia’s Dust Diseases Taskforce (2019–21)	Edwards
> Occupational inhalational accidents: analysis of cases from the UK SWORD repor...	Fishwick et al.
> Postexposure progression of pneumoconiosis among former Appalachian coal ...	Hall et al.
> Surveillance of acute nonfatal occupational inhalation injuries treated in US hos...	Hendricks et al.
> Prevalence and risk factors for silicosis among a large cohort of stone benchto...	Hoy et al.
> Correspondence on ‘Demographic, exposure and clinical characteristics in a mul...	Hoy and Sim
> Demographic, exposure and clinical characteristics in a multinational registry of ...	Hua et al.
> Diagnostic challenges of radiological opacities in silicosis - case reports	R. A. Smărăndescu and...
> Review of Respiratory Component of the Coal Mine Workers' Health Scheme	Sim et al.
> Self-reported silica exposures and workplace protections among engineered sto...	Spiegel et al.
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Article Tools

The Occupational Burden of Nonmalignant Respiratory Diseases. An Official American Thoracic Society and European Respiratory Society Statement

Previous Article Next Article

Paul D. Blanc, Isabella Annesi-Maesano, John R. Balmes, Kristin J. Cummings, David Fishwick, David Miedinger, Nicola Murgia, Rajen N. Naidoo, Carl J. Reynolds, Torben Sigsgaard, Kjell Torén, Show All...

19,670 205

https://doi.org/10.1164/rccm.201904-0717ST PubMed: 31149852

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Abstract Full Text References Supplements Cited by PDF

Abstract
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Rationale: Workplace inhalational hazards remain common worldwide, even though they are



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The Occupational Burden of Nonmalignant Respiratory Diseases

An Official American Thoracic Society and European Respiratory Society Statement

Paul D. Blanc, Isabella Annesi-Maesano, John R. Balmes, Kristin J. Cummings, David Fishwick, David Miedinger, Nicola Murgia, Rajen N. Naidoo, Carl J. Reynolds, Torben Sigsgaard, Kjell Torén, Denis Vinnikov, and Carrie A. Redlich; on behalf of the American Thoracic Society and European Respiratory Society

THIS OFFICIAL STATEMENT WAS APPROVED BY THE AMERICAN THORACIC SOCIETY MAY 2019 AND THE EUROPEAN RESPIRATORY SOCIETY MARCH 2019

Rationale: Workplace inhalational hazards remain common worldwide, even though they are ameliorable. Previous American Thoracic Society documents have assessed the contribution of workplace exposures to asthma and chronic obstructive pulmonary disease on a population level, but not to other chronic respiratory diseases. The goal of this document is to report an in-depth literature review and data synthesis of the occupational contribution to the burden of the major nonmalignant respiratory diseases, including airway diseases; interstitial fibrosis; hypersensitivity pneumonitis; other noninfectious granulomatous lung diseases, including sarcoidosis; and selected respiratory infections.

Methods: Relevant literature was identified for each respiratory condition. The occupational population attributable fraction (PAF) was estimated for those conditions for which there were sufficient population-based studies to allow pooled estimates. For the other conditions, the occupational burden of disease was estimated on the basis of attribution in case series, incidence rate ratios, or attributable fraction within an exposed group.

Results: Workplace exposures contribute substantially to the burden of multiple chronic respiratory diseases, including asthma (PAF, 16%); chronic obstructive pulmonary disease (PAF, 14%); chronic bronchitis (PAF, 13%); idiopathic pulmonary fibrosis (PAF, 26%); hypersensitivity pneumonitis (occupational burden, 19%); other granulomatous diseases, including sarcoidosis (occupational burden, 30%); pulmonary alveolar proteinosis (occupational burden, 29%); tuberculosis (occupational burden, 2.3% in silica-exposed workers and 1% in healthcare workers); and community-acquired pneumonia in working-age adults (PAF, 10%).

Conclusions: Workplace exposures contribute to the burden of disease across a range of nonmalignant lung conditions in adults (in addition to the 100% burden for the classic occupational pneumoconioses). This burden has important clinical, research, and policy implications. There is a pressing need to improve clinical recognition and public health awareness of the contribution of occupational factors across a range of nonmalignant respiratory diseases.

Keywords: occupational; workplace; nonmalignant respiratory diseases; interstitial fibrosis; sarcoidosis; respiratory infections; pneumonitis

Contents

Overview

Key Conclusions

Introduction

Methods

Occupational Burden of Asthma

Incidence

Occupational Burden of COPD and Chronic Bronchitis

Occupational Burden of IPF

Occupational Burden of PAP and Other

Interstitial Lung Diseases

Occupational Burden of HP (Extrinsic Allergic Alveolitis) and Other

Granulomatous Lung Diseases, Including Sarcoidosis

Occupational Burden of TB and CAP

Conclusions

Info Tags Related

Item Type Journal Article

Citation Key `blancOccupationalBurdenNonmalignan`

Title The Occupational Burden of Nonmalignant Respiratory Diseases. An Official American Thoracic Society and European Respiratory Society Statement

- ▼ Author Blanc, Paul D.
- ▼ Author Annesi-Maesano, Isabella
- ▼ Author Balmes, John R.
- ▼ Author Cummings, Kristin J.
- ▼ Author Fishwick, David

8 more...

(...) Abstract Rationale: Workplace inhalational hazard...

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Series Title

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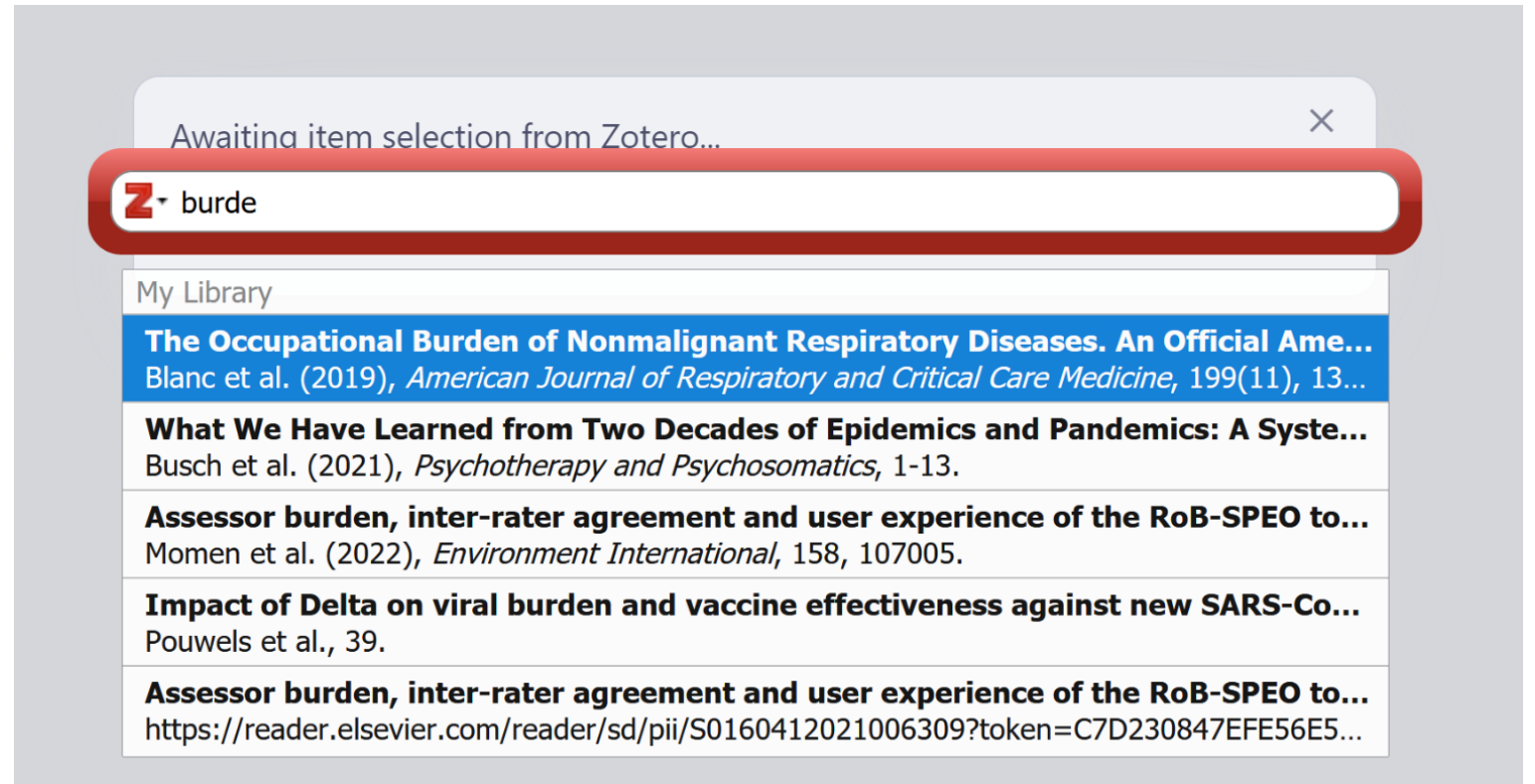
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- What We Have Learned from Two Decades of Epidemics and Pandemics: A Syste...**
Busch et al. (2021), *Psychotherapy and Psychosomatics*, 1-13.
- Assessor burden, inter-rater agreement and user experience of the RoB-SPEO to...**
Momen et al. (2022), *Environment International*, 158, 107005.
- Impact of Delta on viral burden and vaccine effectiveness against new SARS-Co...**
Pouwels et al., 39.
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2 Year: 2019
3 tags: Source
4 Authors: Paul D. Blanc, Isabella Annesi-Maesano, John R. Balmes, Kristin J. Cummings, David Fishwick, David Miedinger, Nicola Murgia, Rajen N. Naidoo, Carl J. Reynolds, Torben Sigsgaard, Kjell Torén, Denis Vinnikov, Carrie A. Redlich
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6
7 Title: The Occupational Burden of Nonmalignant Respiratory Diseases. An Official American Thoracic Society and European Respiratory Society Statement
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11 Results: Workplace exposures contribute substantially to the burden of multiple chronic respiratory diseases, including asthma (PAF, 16%); chronic obstructive pulmonary disease (PAF, 14%); chronic bronchitis (PAF, 13%); idiopathic pulmonary fibrosis (PAF, 26%); hypersensitivity pneumonitis (occupational burden, 19%); other granulomatous diseases, including sarcoidosis (occupational burden, 30%); pulmonary alveolar proteinosis (occupational burden, 29%); tuberculosis (occupational burden, 2.3% in silica-exposed workers and 1% in healthcare workers); and community-acquired pneumonia in working-age adults (PAF, 10%).” Yellow Highlight [Page 1](#)
12
13 There is a pressing need to improve clinical recognition and public health awareness of the contribution of occupational factors across a range of nonmalignant respiratory diseases.” Yellow Highlight [Page 1](#)
14
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Notetaking - Obsidian

- Free and useful notetaking software is obsidian
- <https://obsidian.md/>
- Bit of a learning curve but start simple. YouTube shows many ways to use.
- Mdnotes for Zotero (for use with Obsidian)
- Like a personal wiki
- **Advanced**
- ResearchRabbit (<https://www.researchrabbit.ai/>)
- Introduction <https://youtu.be/7yTs-jZygE0>
- How to use with Zotero <https://youtu.be/6vVcqwdpfK0>



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- Curriculum review meeting 2023-07-21
- Post traumatic epilepsy
- Why doctors need to be leaders
- Software

Topics for presenting to AFOEM trainees

Topics for presenting to AFOEM trainees

1. Things I wish I had known earlier in my career
2. How to set up an occupational business
3. enhancing doctor patient relationships
4. Primary prevention in occupational medicine
5. Writing independent medical opinions
6. How to market occupational health services
7. Personal knowledge system
8. training of occupational and environmental physicians in psychosocial issues.
9. Software recommendations for occupational and environmental practice. This is a list of useful software in occupational and environmental medicine practice
10. Promoting occupational physicians role in workplaces
11. Research approach define the problem and so what
12. Study tips
13. Annual Training Meeting 2023 Presidents address
14. ANZSOM website for jobs: <https://www.anzsom.org.au/careers/job-advertisements>



Links

- How to set up an occupational business
- enhancing doctor patient relationships
AFOEM/Education and Training
- Primary prevention in occupational medicine
AFOEM/Value of OEM
- Writing independent medical opinions
AFOEM/Education and Training
- Personal knowledge system
Obsidian
- training of occupational and environmental physicians in psychosocial issues
- useful software in occupational and environmental medicine practice
- Promoting occupational physicians role in workplaces
AFOEM/Value of OEM
- Study tips

Report - ACT Government CMTEDD Centralised Health Monitoring Program → CMTEDD stakeholders ← Workplace relationships interview pre-briefing ← 2023-07-17-Monday → Topics for presenting to AFOEM trainees

Topics for presenting to AFOEM trainees

- How to set up an occupational business
- 2023-06-13-Tuesday
 - aerospace medicine
 - how to take notes in meeting

Study tips – neuropsychology based



- Say what you want to remember out loud
- Try to predict whether you will remember something you want to remember.
- Spend 40 seconds rehearsing something you want to remember.
- Sleep on things you want to remember.



Enjoy your
careers



Promise



Future of occupational and
environmental medicine



Purpose



Professional qualities