

What does an Effective Work & Health assessment look like?

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Overview of OH Consultation

- **Before Consult**
 - Referral Reason
 - Work information
- **At Start of Consult:**
 - INFORMED Consent
- **Clinical Consultation & Assessment**
 - History
 - **OCCUPATIONAL.** Inc. shift, work demands/tasks, stress and colleague experience [and previous occupational history]
 - HPC, PMH, PPH, PWH, Stress, Medication, Family, Hobbies & Pastimes: Social, Exercise.
 - **BPS Flags**
 - **Functional Assessment**
 - Typical Day, ADLs & IADLs, Specific Activities & Specific domains of functioning.
 - Physical Examination
 - Mental State Examination
 - ,
 - Questionnaires
- **Post Assessment Formulation**
 - Diagnosis
 - Impairments/Capacity
 - Likely/Optimal Clinical Management
 - Disability duration
 - Barriers to recovery/Rehab
 - Adjustments
 - Restrictions/Limitations
 - Legal considerations
 - Risk considerations
- **Outputs**
 - Management Report
 - Third Party Report Request
 - GP advice
 - Follow up?
 - Other letters/Conversations
 - E.g. Safety Rep

Before the Assessment

- Clarify
 - Expectations (customer/stakeholder/others)
 - Information
 - Process
 - Consent

Consultation

- Intro & Consent
- Clarifications
- Work Information
- Clinical Assessment
 - History (inc. occupational & biopsychosocial)
 - Functional Assessment
 - Examination/Observation/Test findings
 - Questionnaires/Investigations
- Formulation
- Outcomes

- **Clinical Assessment**
 - History – selected elements
 - **Occupational history**
 - **Stress**
 - **Psychosocial Flags & Barriers.**
 - **Function**

- Occupational history (some elements)
 - Travel
 - Hours & shifts
 - Demands/tasks,
 - Hazards & Exposures
 - Processes & Equipment
 - Colleagues
 - Environment
 - Personal & colleague experience
 - Previous jobs



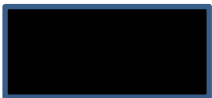
Causes of Stress

- Work [HSE model]
 - Demands
 - Control
 - Change
 - Relationships
 - Role
 - Support
- Personal Life
 - Finances
 - Relationships
 - Bereavements
 - Significant Life Events
 - Legal issues
 - Care Obligations
 - Other

**“FULFILLMENT &
SATISFACTION”**

Psychosocial Flags



- Yellow 
 - (Person) Thoughts/Feelings & Behaviour
- Blue 
 - (Workplace) Fears & misconceptions about work & health
- Black 
 - (Context) External Societal/organisation/business factors that negatively influence early rehabilitation efforts –(e.g. systems & policies)

Sample questions

- What do you think has caused the problem?
- What do you expect is going to happen?
- How are you coping with things?
- Is it getting you down?
- When do you think you'll get back to work?
- What can be done at work to help?
 - from Tackling MSDs, Kendall & Burton 2009

- Functional Assessment
- Explore Current & Recent Activity
 - Typical Day (inc ADLs & IADLs)
 - Wake up, meal times, Sleep time,
 - » Activity in between above
 - TV/Internet/Reading
 - Shopping/Accounts
 - Visiting & Socializing
 - (specific ADLs & IADLs if not obvious from typical day)
 - Holiday [Planning & Going] & Driving
 - Hobbies [Gardening/Gym/Crosswords]
 - Specific Functions (Physical & Mental)
 - *Other considerations – Tests/Investigations/FCE etc.*

- Formulation
 - Diagnosis
 - Impairments & Limitation
 - Capacity & Tolerance
 - Disability duration
 - Barriers/Obstacles to recovery/Rehab
 - Legal considerations
 - Risk considerations
 - Adjustments
 - Restrictions/Limitations

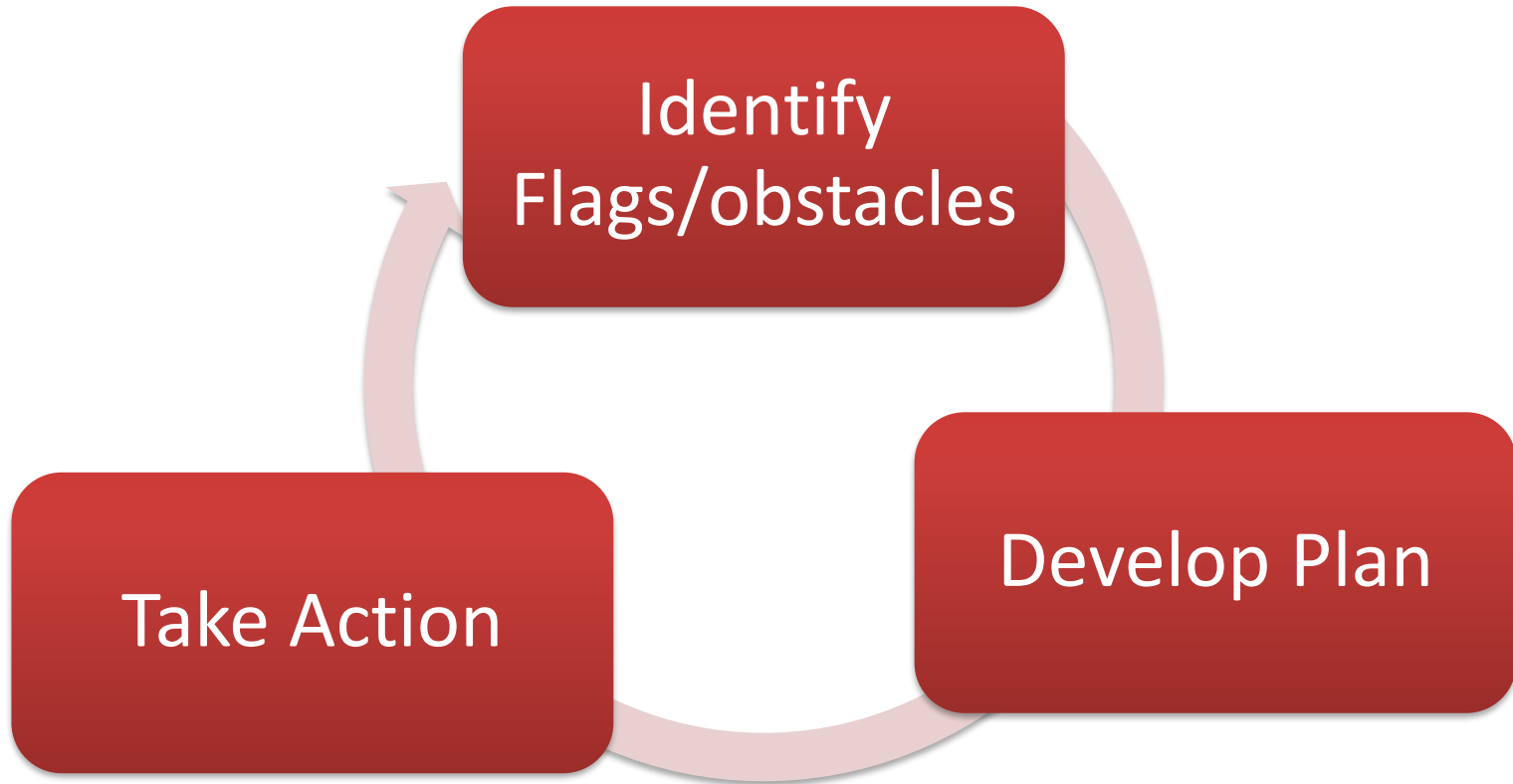
Formulating a plan

- **Obstacles to Return to Work**
 - Medical (red flags)
 - Beliefs (yellow flags)
 - Work (blue flags)
 - Social (black flags)
- **Plan to remove obstacles**
 - Individual
 - Company
 - Other conversations
 - Own doctors/family/friends

Stories/dialogues

- My doctors has said.....
- I have to put my family first.....
- The process/manager/culture.... is still there and my illness will return won't it
- 100% → My supervisor has said not to return until.....

Overall approach



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