Teaching of occupational medicine to undergraduates

Dear Sir

We read Wynn et al.’s [1] paper with interest, but also with some disappointment, in particular as regards the apparent demise of the workplace visit. We have recently introduced workplace visits into our occupational medicine curriculum and have found them to be extremely useful, not only for teaching but also in stimulating interest in occupational medicine and, for the first time in 3 years, we have students asking about postgraduate training in occupational medicine!

Our current medical undergraduate curriculum includes 15 h didactic teaching and 3 h of site visits and includes material on all the subjects detailed in Table 3 of Wynn et al.’s [1] paper. There is also an option for a research project in occupational medicine during the final year. The advantage we have is a perceived need for undergraduate training in occupational medicine, in particular given the rapid expansion of industry within the United Arab Emirates. While ‘standard target organ lectures’ may not allow for coverage of all aspects of occupational medicine they are useful vehicles for introducing some of the basic principles, such as the hierarchy of controls and medical surveillance, in relation to organ-specific occupational disease.

We have used one of our site visits for including a practical studying on-site measurement of thermal factors and noise levels, thereby also giving the medical students exposure to the role of occupational hygiene. It is interesting to note that, although we are a relatively small faculty in a rapidly developing country, our own syllabus, in terms of hours taught and subject matter, ranks with the best in the UK.

Given the apparent small number of active departments of occupational medicine in the UK (only 6 of the 19 departments surveyed gave 6 h or more formal instruction in occupational medicine) and the apparent decline in teaching in other parts of the world [2] it is suggested that the sharing of teaching materials between relevant university departments on an international basis would be an appropriate way ahead. International bodies, such as the International Commission on Occupational Health, which has an education and training in occupational health section [3], may be suitable vehicles for this. There are already some very useful teaching materials available on the internet, such as the NIOSH’s ‘Occupational Dermatoses—A Program for Physicians’ [4] and presentations in the Association of Occupational and Environmental Clinics Lending Library [5] (e.g. ‘Occupational Health and the Heart’ [6]). Furthermore, the Institute of Occupational and Environmental Medicine in Munich has trialled an interactive computer-based learning system in occupational medicine using ‘virtual patients’ [7].

In terms of question banks, at least one international database, which includes questions on occupational and environmental medicine, has already been established and is coordinated by the Chinese University of Hong Kong and the University of Hong Kong [8].

In commenting on an alternative to the perceived stagnation of occupational medicine in the USA, Ladou [9] remarked on the possibility that occupational medicine continuing to take the responsibility for environmental medicine may be a way forward. However, he did note that, despite an IOM report suggesting the incorporation of environmental and occupational medicine into medical school curricula [10], less than 25% of US medical school faculties were willing to do this [11]. Our own experience is that, in developing our existing occupational medicine curriculum, the growing awareness of environmental medicine has proved to be a positive stimulus in maintaining the level of occupational medicine taught and in encouraging the interest of medical students in the subject.

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References

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Authors’ reply
Newson-Smith and Nicol usefully update the literature published on the subject of occupational medicine undergraduate tuition of UK medical students since our original survey was undertaken in 2000.

Time pressures from other specialities, an increase in undergraduate numbers and the introduction of short (4-year) undergraduate programmes in UK medical schools appear to have contributed to the erosion of occupational medicine teaching. On current evidence, it would be difficult to envisage how the workplace visit could be resurrected within UK universities given the limited academic resources within the speciality and the difficulties of organizing such activities with large numbers of undergraduates. This is a particular concern since, if as Newson-Smith and Nicol suggest, such activities are a significant factor in increasing the profile and interest of medical undergraduates in occupational medicine as a career, then the loss of this teaching opportunity may exacerbate the shortage of occupational medicine-trained physicians within the UK. This shortage will prove increasingly problematic with the possible transfer of sick certification to occupational health departments for a large portion of the UK working population arising out of recent changes to the general practitioner’s contract.

We agree that, in order to renew the status of occupational medicine in UK medical schools, new approaches will be required for delivering training. Worldwide-web-based learning resources, such as those already developed by the University of Manchester, and a curriculum common to a number of universities could help achieve this. The trend towards using a comprehensive approach within the curriculum, instead of dividing it into specific subject areas, may offer an opportunity for occupational medicine teaching to be integrated with that of other disciplines such as clinicians, pathologists, public health specialists, etc. We would agree with Newson-Smith and Nicol that a ‘hands-on’ workplace visit would still be preferred. Whilst the practicalities of ‘industrial’ worksite visits are prohibitive, the use of medical students’ own working environment, i.e. the wards, laboratories, operating theatres and offices of teaching hospitals, should provide a good insight into basic workplace risk assessment and health and safety legislation.

We congratulate the United Emirates University for their success in this area of teaching occupational and environmental medicine.

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Risk factors for low back pain
Dear Sir,

I read with interest the article titled ‘Risk factors for low back pain among office workers in Ibadan, Southwest Nigeria’ [1]. It is based on a descriptive study where the prevalence of back pain has been assessed with a description of the associated factors. However, I would...