EDITORIAL

The Tools of the Trade

Your editor was recently told by his son that the collective noun for a set of examinations was 'hell'. Bearing in mind the approaching school leaving examinations, the comment bore more than a ring of truth at the time. The previously used term 'diet' does not sound quite right. Whatever the correct noun is, those young colleagues who sat the recent examination for the Associateship of the Faculty of Occupational Medicine, displayed a variety of emotional responses when they were confronted with a question on audit. Indeed, the subject of audit as a professional tool has finally arrived and for those of us who believe, in the importance of the approach, it was satisfying to at least have its priority as a subject area of practice at last recognized.

There is however, another topic which has long been neglected in the armoury of prevention. It is pithily expressed as Thomas Morson Legge's Fourth Aphorism as follows:

All workmen should be told something of the danger of the material with which they come in contact and not be left to find it out for themselves—sometimes at the cost of their lives.

The subject appears in most modern legislation as a requirement to provide 'information, instruction and training'. It is the least emphasized of preventive strategies. In the US, it appears at the tail-end of most health standards, almost as an after-thought. It receives the smallest chunk of any budget allocated for health and safety. If it is implemented, it usually is assigned to personnel who lack either credentials or experience as trainers and is rarely, if ever, the subject of enforcement measures by the Health and Safety Executive or indeed those other groups acting as their agents.

This cannot be justified in the light of assessments of the effectiveness of the strategy that conclude that training remains the fundamental method for effective self-protection against workplace hazards.

The information revolution has brought with it a veritable proliferation of media, capable of bringing the training into the workplace in most effective ways. Today, the world of the poster and personal copy of leaflets such as 'Lead and You' have given way to videos and computer-based training. Distance-learning, programmed instruction and slide tape packages have supplemented or replaced the training session.

How effective is training as a preventive strategy? The answer to this question is debatable. Many authors argue that evidence for the role of training in the prevention of illness and injury ranges from the poor to the non-existent. But instruction and training, it is equally argued is the one method useful in modifying behaviour and performance in virtually any area of human activity. The provision of information, instruction and training in occupational health and safety therefore must lead to a reduction in work-related deaths, injury or illness.

At least, that is how the argument runs. Unfortunately, most training is designed to increase skill and knowledge. Unless, the two characteristics are shown to be important causative factors in workplace accidents and morbidity, then information, instruction and training will not be effective countermeasures. It will come as no surprise to anyone who thinks through the issues involved. Handing out leaflets, displaying posters or showing videos are not the modern day, behavioural equivalent of the sticking plaster.

Do such initiatives work at all? One study demonstrated clearly, how training designed and focussed on a specific need could be highly successful. The study, albeit somewhat dated, showed that training and behaviour modification resulted in a reduction of blood lead levels in lead workers. The difference between successful targeting on well-defined needs and using training as a 'sticking plaster' response to all occupational health problems carries with it a significant price tag, including...
the cost of ineffective programmes as well as resources not spent on programmes that could go a long way towards reducing the toll of occupational accidents and disease.

At last, audit has found its rightful niche in the postgraduate training of those who come after us and continue the development of our specialty. But there are other needs that have yet to be addressed. There are well-established principles of adult education—termed by the purists, andragogy. Occupational physicians need a grounding in these together with areas often referred to as educational technology, communication skills or even media studies. The inclusion of a module on communication in the Distance Learning Course of the University of Manchester does not go far enough. Occupational physicians need many skills but one of the more important is the ability to plan and implement education and training initiatives. Their importance needs to be acknowledged not only by their inclusion on the examination syllabus but their occasional appearance on examination papers and in viva voce questions.

Such initiatives do not stop once they are in operation. They need nurturing but more particularly, evaluation. These experiences are the very substance of occupational medicine practice and need to be shared with colleagues. For these reasons, the pages of Occupational Medicine will always be open to papers covering workplace educational initiatives. We hope and trust there will be more of them in the future.

Denis D'Auria
Honorary Editor

REFERENCES

Worn both day and night the Nicotinell patch provides sufficient blood nicotine levels to help prevent cigarette craving...especially first thing in the morning.

Nicotinell® TTS Prescribing Information Presentation
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**Contra-indications** Non-smokers, occasional smokers, children under 18 years. As with smoking, Nicotinell is contraindicated during pregnancy and breast feeding, and in acute myocardial infarction, unstable angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, skin disease preventing patch application and known hypersensitivity to nicotine.

**Precautions** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Persistent skin reaction to the patch. Keep out of the reach of children at all times.

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**Legal category** P. Packs Nicotinell TTS 10 (PL0001/0173) in packs of 7 patches, trade price £8.21, 28 patches, £32.83. Nicotinell TTS 20 (PL0001/0174) in packs of 7 patches £8.64, 28 patches, £34.56. Nicotinell TTS 30 (PL0001/0175) in packs of 7 patches £9.07, 28 patches, £36.28. ® denotes registered trademark. Full prescribing information is available on request from Geigy Pharmaceuticals, Wimblehurst Road, Horsham, West Sussex, RH12 4AB. Telephone: (0403) 272827.

Date of preparation December 1992.
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*) This back-to-back course can be done as a one week course , or split up as two 3-day courses.

Course Costs

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