



**Student Training Outline – Occupational Medicine Physician/Clinic
Year 4 Health Care Management Clerkship (OCOM 895)
Appendix E - Academic Year 2007/2008**

I. Purpose

The primary intent of the occupational medicine clinical observation experience is to have students understand the process of how job-related injured or ill workers gain access to the Occupational Medicine physician as well as the “company” physician’s role in providing quality and cost effective treatment for individual workers. Students will gain insight into: 1) the system of government agencies associated with occupational medicine; 2) whether pre-placement and other types of employee evaluations are cost effective; 3) how American College of Occupational and Environmental Medicine (ACOEM) recommended clinical practice/treatment guidelines promote quality of care for injured/ill workers; and 4) what affect laws and regulations have on the workplace and the safety of workers.

II. Suggested Learning Issues (to be supplemented by the Occupational Medicine Physician)

During the Occupational Medicine Clinic experience, the preceptor is asked to:

1. Describe how different agencies, laws, and regulations (e.g., Occupational Safety and Health Administration, Equal Employment Opportunities Commission, Americans with Disabilities Act, Food and Drug Administration, Environmental Protection Agency, Department of Labor, etc.) impact the employer and applicant/employee relationship.
2. Review ACOEM and other appropriate “Treatment Guidelines” and discuss how these guidelines affect quality of care for employees with work-related injuries and illnesses.
3. Review most common work-related hazards/injuries/diseases and the process for First Report of Injury (FROI), and Chronic or Unresolved injury.
4. Compare and discuss differences between a personal physician’s and a “company” physician’s practice and the physician/patient relationship.

III. Possible Questions for Students to Ask/Initiate during this Experience

- A. What is the purpose and cost effectiveness of a pre-placement exam? return to work exam? medical surveillance exam? independent medical exam (IME)? Department of Transportation (DOT) exam? What must the physician do as part of various individual evaluations of workers?
- B. How does IME differ from a second opinion examination?
- C. What is the purpose and cost effectiveness of drug testing? alcohol testing?
- D. What medical findings are able to be shared with the employer?
- E. What is a Functional Performance Assessment/Functional Capacity Evaluation? What are the limitations of this evaluation? When is it indicated or used?
- F. What are the federal and state regulations regarding physical requirements to be hired/to hold certain types of jobs (e.g., DOT, Firefighters, Law Enforcement, etc.)?
- G. Is there easier access, increased cost, better quality of care, or a conflict of interest if individual medical evaluations are performed by a worker’s personal physician?
- H. What is considered an OSHA recordable injury/illness?

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- I. What is the difference between impairment and disability?
- J. How does a physician become a patient's physician of record (POR)?
- K. What are the physician's responsibilities as the POR?
- L. What are the goals of Workers' Compensation? Are they in conflict with return to work and improved health of the injured/ill worker?