

Perspectives on evidence-based work and health

Nordic Conference in Work & Rehabilitation 2018

*Gro Jamtvedt, Fakulty of Health Sciences
Advisory Board or Work and Health*

2nd Oct 2018





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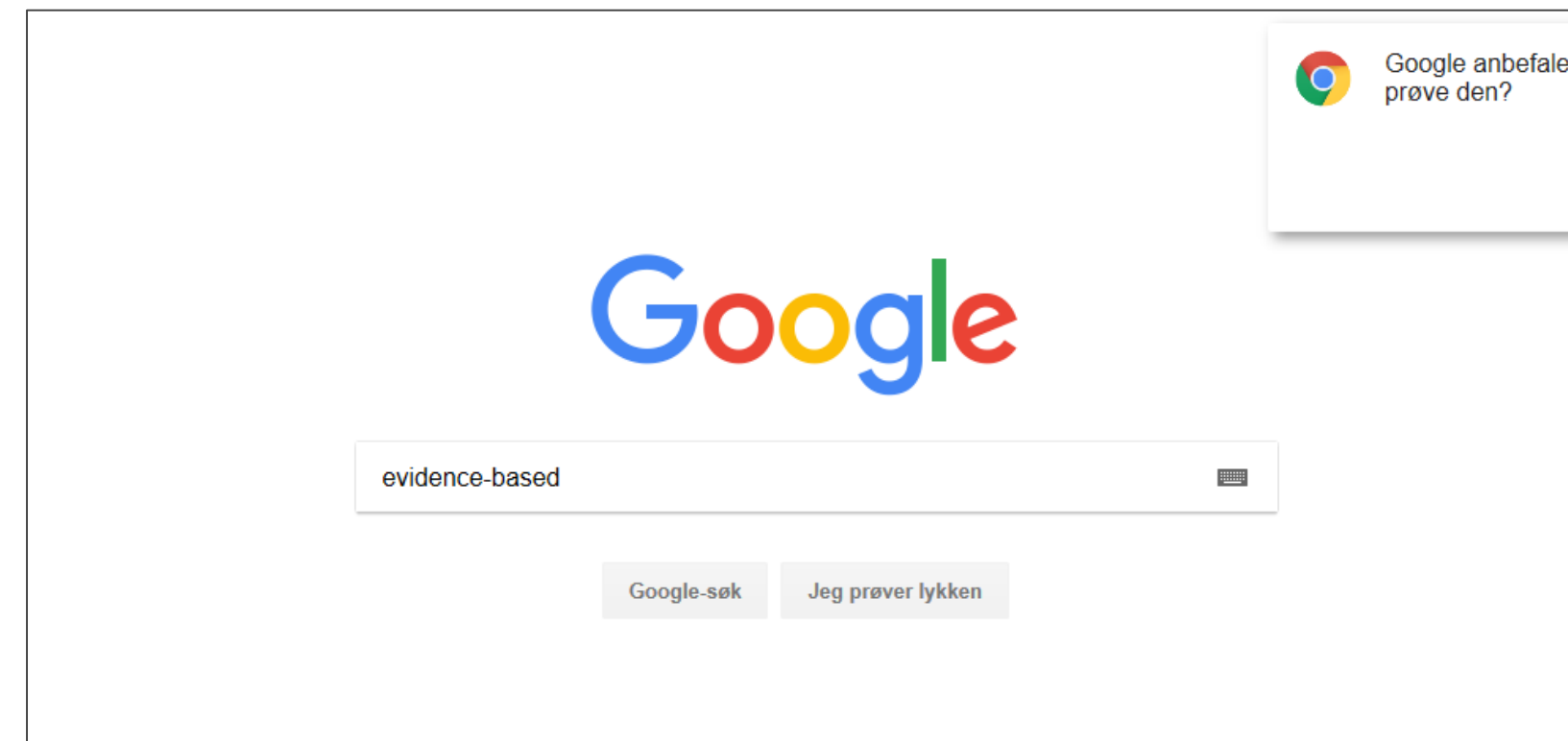
evidence-based



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evidence-based



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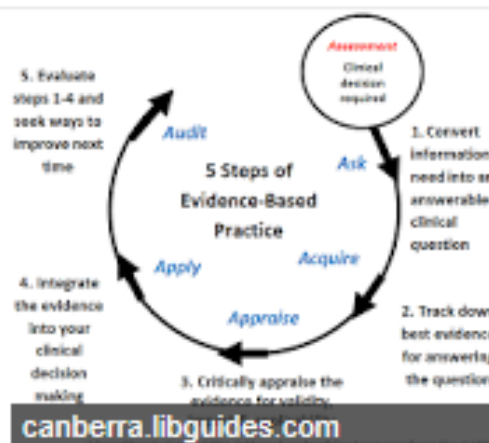
Verktøy

Omtrent 603 000 000 resultater (0,52 sekunder)

Evidence-based practice (EBP) involves complex and conscientious decision-making which is **based** not only on the available **evidence** but also on patient characteristics, situations, and preferences.

[Evidence-based practice - Wikipedia](#)

https://en.wikipedia.org/wiki/Evidence-based_practice



Om dette resultatet



Tilbakemelding

[Evidence-based practice - Wikipedia](#)

https://en.wikipedia.org/wiki/Evidence-based_practice ▼ [Oversett denne siden](#)

Evidence-based practice (EBP) involves complex and conscientious decision-making which is based not only on the available evidence but also on patient characteristics, situations, and preferences.

[History of medicine and ...](#) · [Description](#) · [Vs. tradition](#) · [Research-based evidence](#)

[Evidence-Based Definition - The Glossary of Education Reform](#)

<https://www.edglossary.org/evidence-based/> ▼ [Oversett denne siden](#)

2. mai 2016 - A widely used adjective in education, evidence-based refers to any concept or strategy that is derived from or informed by objective ...



Google anbefaler Chrome. Vil du prøve den?

NEI TAKK

J

Se resultater om

[Kunnskapsbasert praksis](#)

Kunnskapsbasert praksis er norsk oversettelse av evidence-based practice. Begrepet omfatter ...

[Evidensbasert medisin](#)

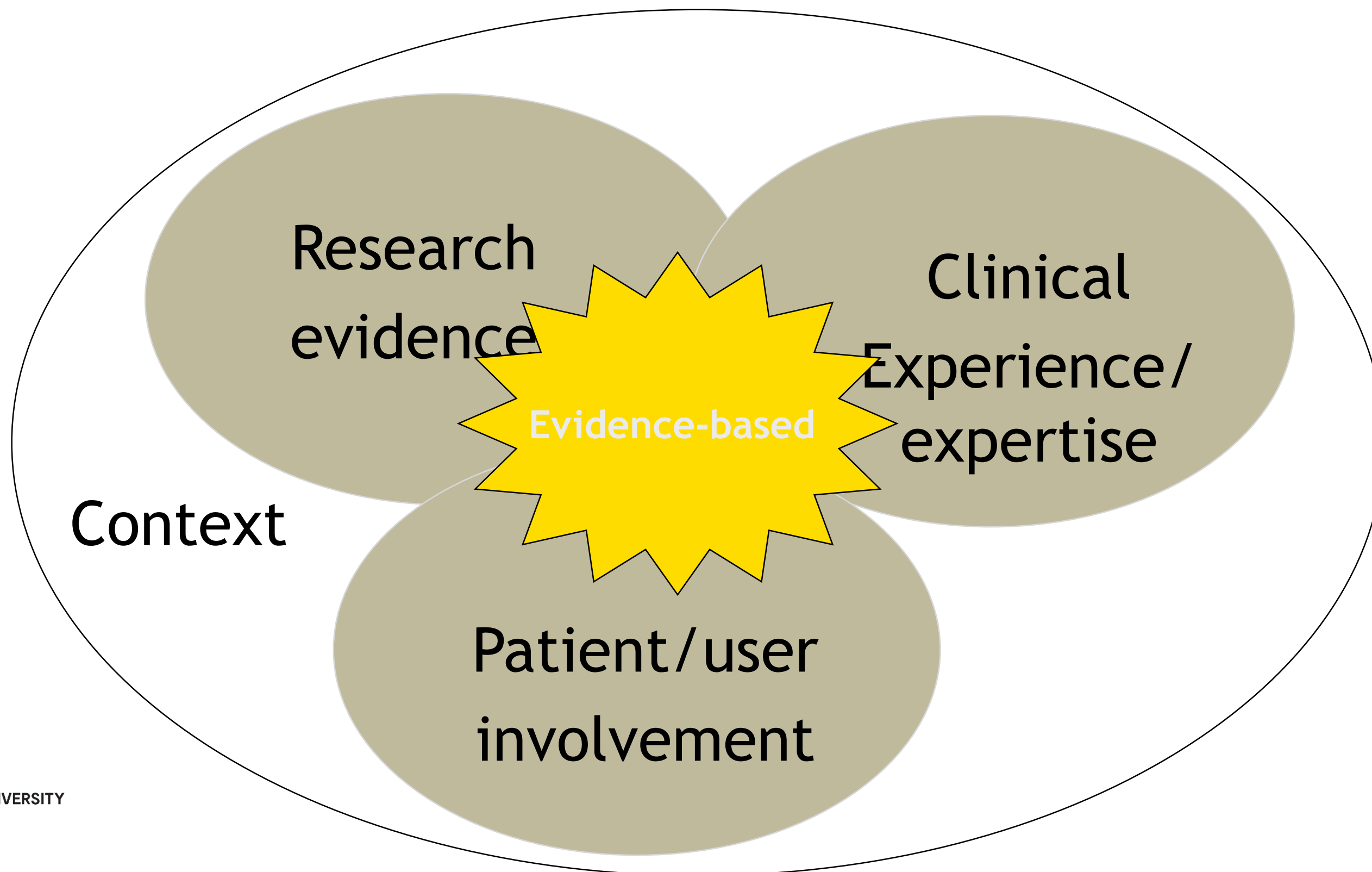
Evidensbasert medisin er en medisinsk behandlingstilnærming basert på å bruke ...



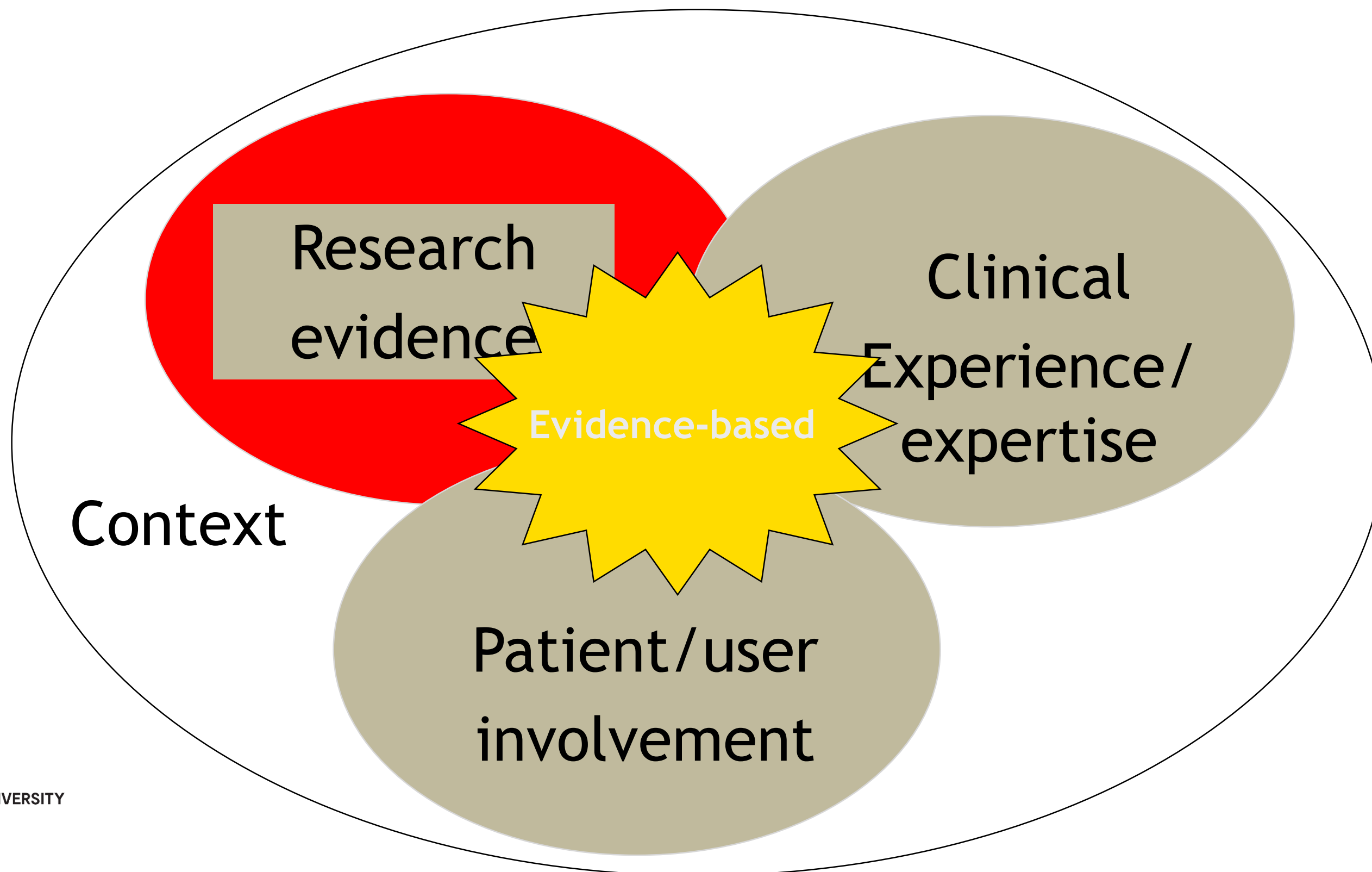
Evidence-based



Evidence-based



Evidence-based



Meet Marie

- Marie is a 45 year old primary school teacher living in a small town on the west coast of Norway
- She is married to Leif, and they have two sons (12 and 15 years)
- Nine months ago she fell off her bike and broke her shoulder
- The fracture is healed but she has developed pain in her neck and back, and her shoulder still hurts
- She is still on sick leave and she is worried she will never return to work
- She sits in your office right now

- Q 1: do you think research can help you?
yes/no
- Q 2: if yes; - which questions would you (and Louise) ask?
Questions please !!!!

QUESTIONS FOR YOU!

What kind of question did you formulate?

- How many have a certain problem?
- How can we decide whether some ...?
- Why do some people get this problem..?
- What can we do to prevent or cure ...?
- What is the prognosis?
- How does it feel or to how can we understand?

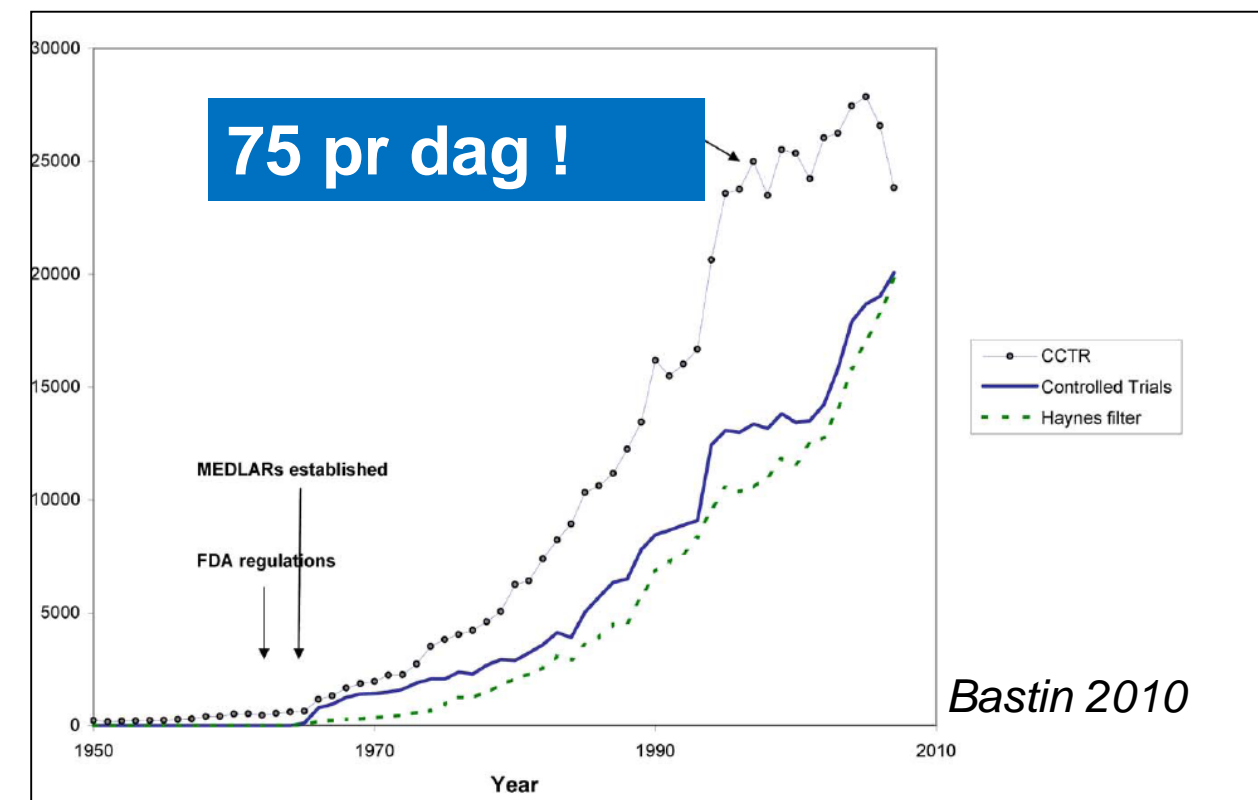
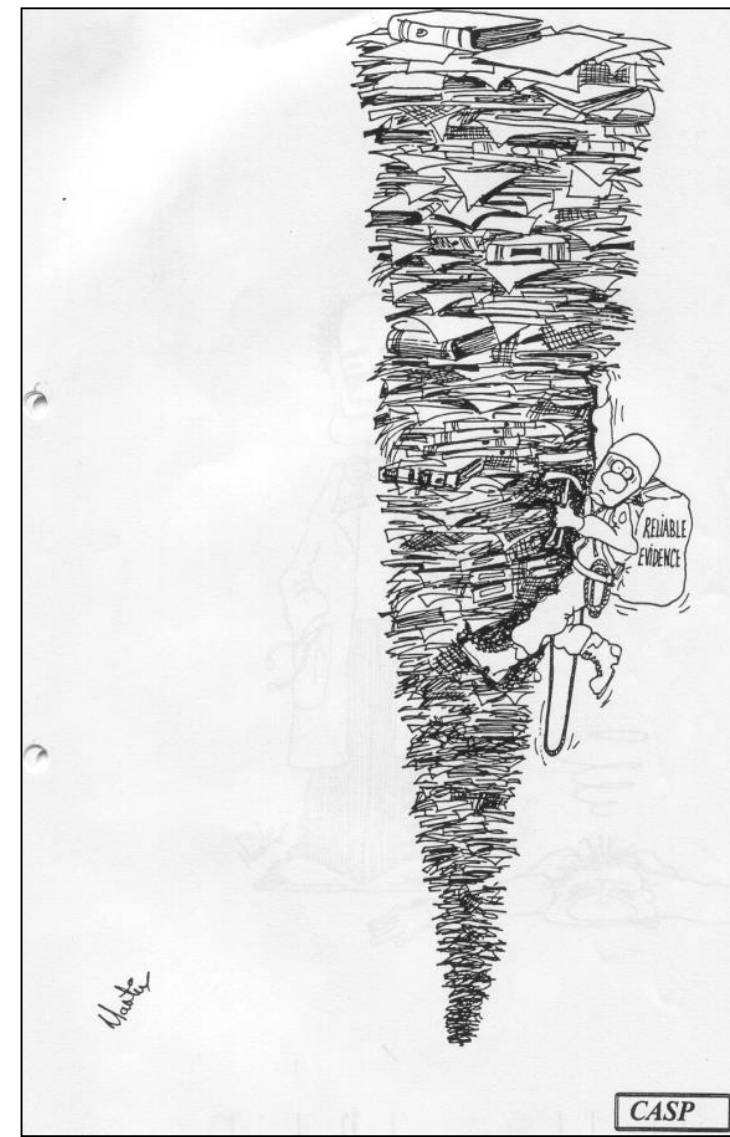
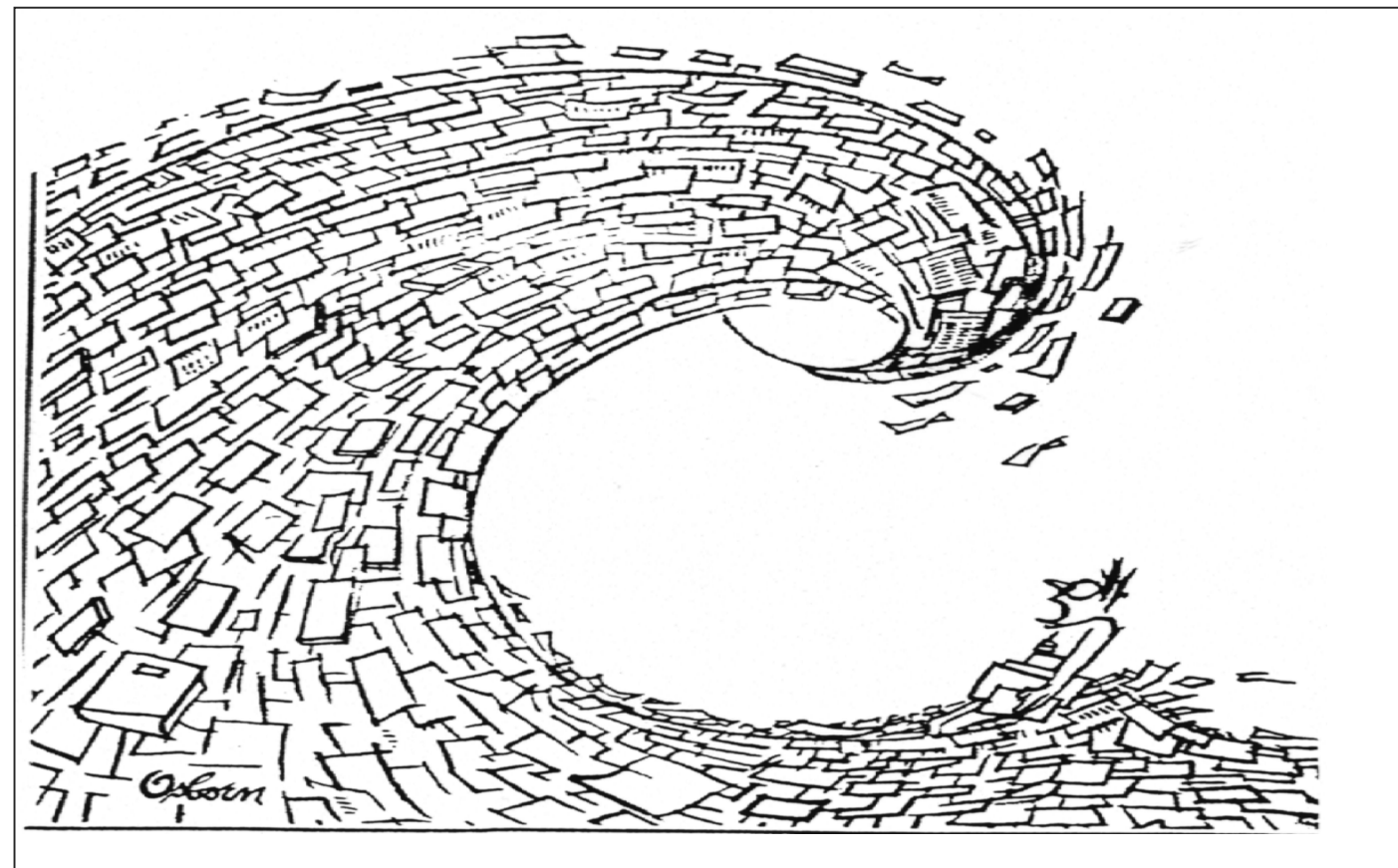
Types of question

- How **frequent** is a disease or condition?
- What **caused** it? (aetiology or risk factors)
- What is the natural history or **prognosis** of a condition?
- How **effective** is an intervention or service?
- What is the value of a **diagnostic** test on clinical symptoms and signs?
- What are patients **lived experiences, meanings or perspectives?**

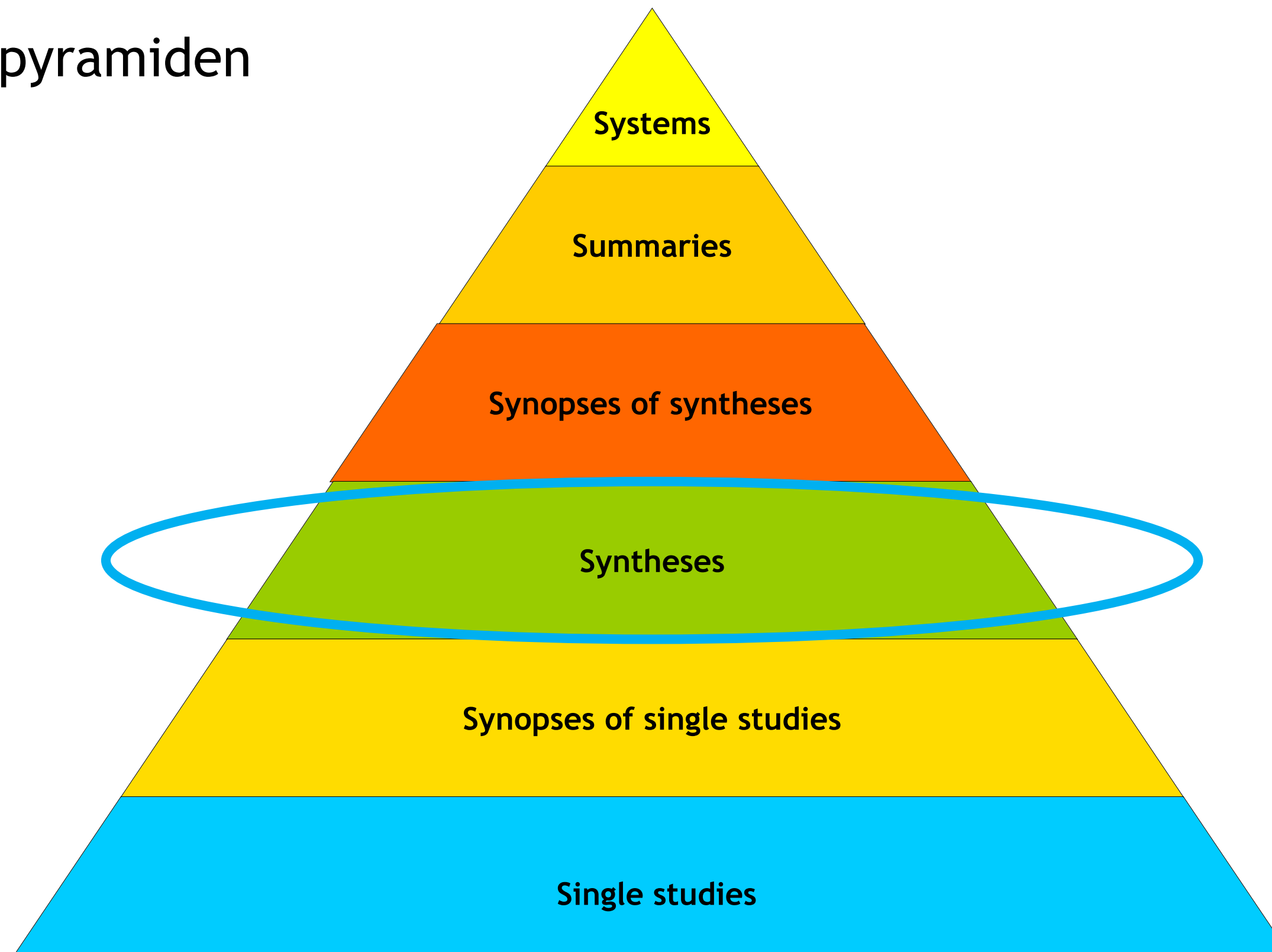
Question and design

| | | |
|--|---------------------------------|---|
| How many have a certain problem ? | Prevalens | <i>Cross-sectional</i> |
| Why do some people get this problem? | Etiology | <i>Cohort, Case-control,</i> |
| How can we decide whether some...? | Measurments, diagnosis | <i>Cross-sectional and a "reference test"</i> |
| What can we do to prevent or cure ? | Therapy, Effectiveness | <i>RCT, CBA, Interrupted time series,</i> |
| What is the prognosis ? | | <i>Cohort</i> |
| How does it feel, or how can we understand ? | Experiences, attitudes, meening | <i>Qualitative research</i> |

Information overload



S-pyramiden



DiCenso A, Bayley L, Haynes B. ACP Journal Club. 151(3), 2009.

Evidence synthesis (systematic review)

- A review of a **clearly formulated question** that uses **systematic and explicit methods** to identify, select, and critically appraise relevant research, and to collect and analyse data from the studies that are included in the review.
- Statistical methods (**meta-analysis**) may or may not be used to analyse and summarise the results of the included studies

Cochrane glossary 2012

Article types

Clinical Trial

Review

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Text availability

Abstract

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Full text

Publication dates

5 years

10 years

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Species

Humans

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Filt

Search results

Items: 1 to 20 of 193

<< First < Prev Page 1 of 10 Next > Last >>

- ☐ [Return to Work of Patients Treated With Spinal Cord Stimulation for Chronic Pain: A Systematic Review and Meta-Analysis.](#)

1. Moens M, Goudman L, Brouns R, Valenzuela Espinoza A, De Jaeger M, Huysmans E, Putman K, Verlooy J.

Neuromodulation. 2018 Aug 17. doi: 10.1111/ner.12797. [Epub ahead of print] Review.

PMID: 30117650

[Similar articles](#)

- ☐ [Prognostic factors for return to work and work disability among colorectal cancer survivors; A systematic review.](#)

2. den Bakker CM, Anema JR, Zaman AGNM, de Vet HCW, Sharp L, Angenete E, Allaix ME, Otten RHJ, Huirne JAF, Bonjer HJ, de Boer AGEM, Schaafsma FG.

PLoS One. 2018 Aug 15;13(8):e0200720. doi: 10.1371/journal.pone.0200720. eCollection 2018.

PMID: 30110333 **Free PMC Article**

[Similar articles](#)

- ☐ [Systematic review and meta-analysis of interventions aimed at enhancing return to work for sick-listed workers with common mental disorders, stress-related disorders, somatoform disorders and personality disorders.](#)

3. Mikkelsen MB, Rosholm M.

Occup Environ Med. 2018 Sep;75(9):675-686. doi: 10.1136/oemed-2018-105073. Epub 2018 Jun 28. Review.

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Scand J Occup Ther.

2016 Nov;23(6):446-57.

doi: 10.3109/11038128.2016.1152294.

Epub 2016 Mar 7.

Perceived factors in return to work after acquired brain injury: A qualitative meta-synthesis.

Frostad Liaset I¹,

Lorås H¹.

Author information

Abstract

OBJECTIVES: A substantial proportion of survivors after brain injuries originating from trauma, tumour, or stroke may experience reduced ability to work due to a number of challenges. The purpose of this review is to summarize and highlight factors that have been perceived and reported as important in order to return to work after an acquired brain injury.

MATERIAL AND METHODS: A qualitative ethnographic meta-synthesis is used to interpret and develop concepts from studies retrieved from systematic searches in the electronic databases PubMed, PsycINFO, and ISI Web of Science.

RESULTS: A total of 16 studies were included in the meta-synthesis. Four key concepts were identified as important for return to work after an acquired brain injury: empowerment, self-awareness, motivation, and facilitation.

CONCLUSION: The results of the meta-synthesis indicate that personal development is experienced as essential in order to return to work after an acquired brain injury, involving identification of each individual's strengths and weaknesses. These personal factors intersect with an emphasis of the employer providing a certain degree of facilitation in the workplace. All of these aspects will affect one's motivation to return to work and can therefore be crucial to succeed.

KEYWORDS: Employment; empowerment; facilitation; motivation; self-awareness

PMID: 26950822

DOI: 10.3109/11038128.2016.1152294

ncbi.nlm.nih.gov/pubmed

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Disabil Rehabil.

2017 Feb;39(3):211-222.

doi: 10.3109/09638288.2016.1141242.

Epub 2016 Apr 21.

Barriers and facilitators associated with return to work after stroke: a qualitative meta-synthesis.

Brannigan C¹,

Galvin R^{1,2},

Walsh ME¹,

Loughnane C³,

Morrissey EJ³,

Macey C³,

Delargy M⁴,

Horgan NF¹.

Author information

Abstract

PURPOSE: To enhance the employment outcomes of individuals who experience a stroke, it is essential to understand the factors that determine successful return to work. The aim of this systematic review was to examine barriers to and facilitators of return to work after stroke from the perspective of people with stroke through the process of a qualitative meta-synthesis.

METHODS: A systematic literature search was conducted. Studies that employed qualitative methods to explore the experiences of individuals with stroke around return to work after stroke were included. The methodological quality of the studies was assessed by two independent reviewers. Overarching themes, concepts and interpretations were extracted from each individual study, compared and meta-synthesized.

RESULTS: Fifteen studies were included and the overall methodological quality of the studies was good. Four broad themes emerged as factors associated with return to work after stroke. These included (i) the nature of the effects of stroke, (ii) the preparatory environment, (iii) personal coping strategies and internal challenges and (iv) the meaning of work.

CONCLUSION: Return to work after stroke is a complex process which can be facilitated or impeded by organizational, social or personal factors, as well as accessibility to appropriate services. Implications for Rehabilitation Following a period of dedicated inpatient rehabilitation, there is a need to integrate community-support services to optimize return to work among stroke survivors. A dedicated community stroke support liaison officer may help to facilitate the transition between the hospital and the community and workplace environment. Education provided by healthcare professionals is necessary in the community and the workplace to ensure that family, friends and employers are aware of the impairments, activity limitations and participation restrictions of the stroke survivor.

KEYWORDS: Employment; empowerment; facilitation; motivation; self-awareness

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Support Care Cancer. 2018 Sep;26(9):2983-2994. doi: 10.1007/s00520-018-4270-6. Epub 2018 May 29.

Return to work in European Cancer survivors: a systematic review.

Paltrinieri S¹, Fugazzaro S¹, Bertozzi L², Bassi MC³, Pellegrini M¹, Vicentini M⁴, Mazzini E⁵, Costi S^{6,7}.

⊕ Author information

Abstract

PURPOSE: Return to work (RTW) of cancer survivors (CSs) fluctuates in different contexts. This systematic review searched for recent data on the RTW rate of CSs in Europe, investigating associated factors.

METHODS: Bibliographic search covered the period from January 2010 to February 2018, with no language restrictions. European population-based studies assessing RTW rate after cancer diagnosis were included. We excluded studies focusing on a specific cancer diagnosis.

RESULTS: Twelve observational studies were selected. The cohorts investigated included 280 to 46,720 individuals from Northwestern and Central Europe diagnosed with cancer from 1987 to 2010. The median interval between diagnosis and documented RTW was 2 years (0.2-23.4 years). RTW rates of CSs ranged from 39 to 77%. RTW of individuals employed at the time of diagnosis ranged from 60 to 92%, the latter registered in a sample with good prognosis. Personal factors, work-related factors, and cancer-related factors were all associated with RTW. Healthcare team interventions facilitated reintegration to work.

CONCLUSIONS: Data from Mediterranean and Central European countries are urgently needed to understand whether RTW is an issue for CSs there as well and whether socio-rehabilitative interventions are required to mitigate the potential negative impact of cancer on individuals and society.

KEYWORDS: Europe; Neoplasms; Return to work; Sick leave; Survivors; Systematic review literature

PMID: 29845421 DOI: [10.1007/s00520-018-4270-6](https://doi.org/10.1007/s00520-018-4270-6)

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National Institutes of Health

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[BMJ Open](#). 2017 Jul 2;7(6):e014939. doi: 10.1136/bmjopen-2016-014939.

Factors associated with return to work among people on work absence due to long-term neck or back pain: a narrative systematic review.

[Rashid M¹](#), [Kristofferzon ML^{2,3}](#), [Nilsson A^{2,3}](#), [Heiden M¹](#).

⊕ Author information

Abstract

OBJECTIVE: The purpose of this narrative systematic review was to summarise prognostic factors for return to work (RTW) among people with long-term neck/shoulder or back pain.

METHODS: A systematic literature search was performed through three databases (Medline, CINAHL and PsycINFO) for studies published until February 2016. Only observational studies of people on work absence (≥2 weeks) due to neck/shoulder or back pain were included. The methodological quality of the included studies was assessed using guidelines for assessing quality in prognostic studies on the basis of Framework of Potential Biases. Factors found in the included studies were grouped into categories based on similarities and then labelled according to the aspects covered by the factors in the category.

RESULTS: Nine longitudinal prospective cohort studies and one retrospective study fulfilled the inclusion criteria. From these, five categories of factors were extracted. Our findings indicate that recovery beliefs, health-related factors and work capacity are important for RTW among people with long-term neck or back pain. We did not find support for workplace factors and behaviour being predictive of RTW.

CONCLUSIONS: Our findings suggest that recovery beliefs, perceived health and work capacity may be important targets of intervention for people with long-term neck or back pain. However, more high-quality prospective studies are needed to confirm the results and improve our understanding of what is needed to facilitate RTW in this population.

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J Cardiopulm Rehabil Prev. 2018 Jul;38(4):215-220. doi: 10.1093/cpr/cay018.

Effect of Psychosocial and Myocardial Infarction: A Systematic Review

O'Brien L¹, Wallace S, Romero L.

Author information

Abstract

PURPOSE: To examine whether the effects of psychosocial interventions for myocardial infarction (AMI) are effective for improving return-to-work outcomes.

METHODS: A search was completed for the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, Embase, CINAHL and PsycINFO up to 1 November 2016.

Inclusion criteria were (1) psychosocial interventions compared to alternative

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J Occup Rehabil. 2018 Feb 3. doi: 10.1007/s10926-018-0018-9.

Factors Influencing Functional Literature.

Darter BJ^{1,2}, Hawley CE³, Armstrong AJ³, Avellone G³.

Author information

Abstract

Purpose Amputation is a life changing event that can have a significant impact on a person's life. This review literature exploring the impact of amputation on return-to-work outcomes. MEDLINE, Embase, CINAHL and PsycINFO were searched using keyword search and one of the following study designs: prospective study, concurrent cohort study, or case-control study. Veterans with amputation were considered for inclusion in the review. While multiple factors were identified as contributing to return-to-work outcomes, amputation can vary widely with many potential factors. The need for more high quality prospective studies is highlighted.

KEYWORDS: Amputee; Disability; Rehabilitation; Return-to-work; Veterans.

PMID: 29397480 PMCID: [PMC6076349](#) [Available on 2019-08-03] DOI: [10.1007/s10926-018-9757-y](#)

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[Cochrane Database Syst Rev.](#) 2017 Mar 30;3:CD011618. doi: 10.1002/14651858.CD011618.pub2.

Return-to-work coordination programmes for improving return to work in workers on sick leave.

[Vogel N](#)^{1,2}, [Schandelmaier S](#)^{3,4}, [Zumbrunn T](#)⁵, [Ebrahim S](#)⁶, [de Boer WE](#)¹, [Busse JW](#)⁷, [Kunz R](#)¹.

Author information

Abstract

BACKGROUND: To limit long-term sick leave and associated consequences, insurers, healthcare providers and employers provide programmes to facilitate disabled people's return to work. These programmes include a variety of coordinated and individualised interventions. Despite the increasing popularity of such programmes, their benefits remain uncertain. We conducted a systematic review to determine the long-term effectiveness of return-to-work coordination programmes compared to usual practice in workers at risk for long-term disability.

OBJECTIVES: To assess the effects of return-to-work coordination programmes versus usual practice for workers on sick leave or disability.

SEARCH METHODS: We searched the Cochrane Central Register of Controlled Trials (CENTRAL; 2016, Issue 11), MEDLINE, Embase, CINAHL and PsycINFO up to 1 November 2016.

SELECTION CRITERIA: We included randomised controlled trials (RCTs) that enrolled workers absent from work for at least four weeks and randomly assigned them to return-to-work coordination programmes or usual practice.

DATA COLLECTION AND ANALYSIS: Two review authors independently screened titles, abstracts and full-text articles for study eligibility; extracted data; and assessed risk of bias from eligible trials. We contacted authors for additional data where required. We conducted random-effects meta-analyses and used the GRADE approach to rate the quality of the evidence.

MAIN RESULTS: We identified 14 studies from nine countries that enrolled 12,568 workers. Eleven studies focused on musculoskeletal problems, two on mental health and one on both. Most studies (11 of 14) followed workers 12 months or longer. Risk of bias was low in 10 studies and high in 4 studies, but findings were not sensitive to their exclusion. We found no benefits for return-to-work coordination programmes on return-to-work outcomes. For short-term follow-up of six months, we found no effect on time to return to work (hazard ratio (HR) 1.32, 95% confidence interval (CI) 0.45 to 3.81, *P* = 0.61), although most studies are from the Netherlands and Scandinavia. There are some research gaps identified in this scoping review that need further attention in primary and secondary studies. Based on the summary of the evidence, we provide guidance for policy, practice and research.

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herefore it is important to provide cancer care review first published in 2011.

tients compared to alternative

n the Cochrane Library Issue 3, 2014), from January 1983 to March, 2014), OSH-ROM and January 1995 to March, 2014), and the reference lists of included studies

physical, and RTW rate

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1 Common Mental

included 19 studies in high

ly) and return to work determinants for SA and nonworking workers with a CMD. In 2016. In order to be able to address all factors according to the 12447 possible relevant codes of CMD, higher gender, lower educational level is consistently predicted by leave duration or RTW. Typically in recent years,


Comissioned reviews

RESEARCH OVERVIEW

Systematic review

Supported Employment for people with disabilities: a systematic review

We conducted a systematic review on the effect of SE/IPS on various populations. We included 38 controlled studies, primarily from USA and Europe, where participants were followed-up until 5 years.

 Downloadable. In Norwegian. English summary.

YEAR:
04.2017

BY:
Folkehelseinstituttet



Participants who receive IPS are probably twice as likely to gain competitive employment compared to participants who receive other interventions. We also found positive effects for time spent in competitive work, income and cost-effectiveness. IPS may not have any effect on quality of life, psychological symptoms, or psychiatric hospitalisations.

Enhanced IPS (various components added) probably has a positive effect on competitive employment. It is uncertain whether SE and enhanced SE have effect (small and few studies), but the findings point in the same direction.

Follow-up time, fidelity scales, geographical/cultural context and type of control intervention do not appear to have significant impact on the effect of IPS. The findings are probably transferable to a Norwegian context.

2017

REPORT

A SYSTEMATIC REVIEW

Motivational Interviewing as a method to facilitate return to work



OSLO METROPOLITAN UNIVERSITY
STORBYUNIVERSITETET

Conclusion

There is scarce evidence for the effect of MI as a method to facilitate return to work. This is especially true for people with less serious conditions and shorter work absences.

The results of this review indicate that MI may be a useful method to facilitate return to work. As the certainty of the included evidence is low to very low, we need more evidence from large well-conducted trials to verify this.

OSLOMET



Can Motivation Interviewing facilitate Return-to-Work in sicklisted people with MSK disorders? A randomised trial within the labour and welfare sector

www.muskhealth.com (engelsk)



Margreth Grotle, professor Oslo Metropolitan University,
Leader of the MUSK Health Research Group /
Senior researcher Formi, Oslo University Hospital, Norway

Electric library on work integration

Søk i alle kilder



Arbeidsinkludering

[Helsebiblioteket.no](#) > Nye nettsider > Arbeidsinkludering

SIDENE ER UNDER ARBEID. Denne nettsiden er en samling av ressurser som kan benyttes av alle som er interessert i forskningsbasert kunnskap om arbeidsinkludering.

Retningslinjer og veiledere

- [Nasjonale faglige retningslinjer](#)
- [Sykemeldere - Faglig veileder for sykemeldere](#)
- [Habilitering av voksne i spesialisthelsetjenesten - Prioriteringsveileder](#)

[Flere retningslinjer](#)

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- [Epistemonikos](#)
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- [Sammenheng mellom arbeid og god helse](#)
- [Supported Employment for arbeidssøkere med bistandsbehov: en systematisk oversikt](#)
- [Active labour market programme \(ALMP\) participation for unemployment insurance recipients](#)

[Mer oppsummert forskning om arbeidsinkludering](#)

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Kontaktperson



Anders Meyn Jensen

Nettredaktør
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Helsefagbiblioteket
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Evidence-based work and health

The Norwegian Strategy on Work and Health

*Norwegian Directorate of Health and
Norwegian Directorate of Labor and Welfare*



An Advisory Board

N o t a t

Et felles fagråd

I «Arbeid og helse – et tettere samvirke. Strategi for Helsedirektoratets og Arbeids- og velferdsdirektoratets felles innsats for arbeid og helse» slås det fast at direktoratene vil «etablere et felles fag-/ekspertråd som kan gi innspill til viktige strategiske valg på lengre sikt og faglige råd av høy kvalitet.»

Det følgende angir noen retningsvisere for etableringen av et slikt fagråd.

Bakgrunn og formål

Arbeidslivsdeltakelse er en av de viktigste bærebjelkene i menneskers liv, ikke minst når man blir rammet av langvarig sykdom eller funksjonstap. Det å være i arbeid er i de langt fleste tilfeller i seg selv helsefremmende. Personer med helseproblemer har ofte behov for tjenester både fra ulike aktører helsesektoren og fra arbeids- og velferdssektoren – og ofte samtidig. Det er behov for felles strategier og nært samarbeid for å oppnå sammenhengende og gode forløp for brukerne – og for å utvikle kunnskap, skape oversikt og implementere effektive samvirketiltak som styrker arbeidslivsdeltakelsen.

Fagområdet arbeid og helse retter seg inn mot hele bredden av befolkningen i arbeidsfør alder. Det favner mange faglige innfallsvinkler og problemstillinger, og mange og ofte sammensatte tiltak og intervensjoner som fordrer samarbeid og koordinering på tvers av fag og sektorer. De som arbeider innen dette feltet og i fagmiljøene har derfor bakgrunn i mange forskjellige

The advisory board

- Input to strategic choices
- Provide evidence-based advice on work and health
- Use evidence-based approach to develop advice

Oppnevning i Nasjonalt ekspertutvalg – fagråd arbeid og helse

Bakgrunn

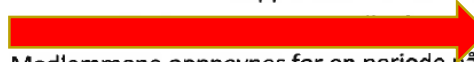
Arbeids- og velferdsdirektoratet og Helsedirektoratet har utarbeidet en felles strategi:

«Arbeid og helse – et tettere samvirke». Strategien påpeker at det er nødvendig med styrket innsats over tid for å styrke kunnskapsgrunnlaget på fagområdet.

Som et ledd i implementering av strategien vil de to direktoratene etablere et felles ekspertutvalg - fagråd som kan gi innspill til viktige strategiske valg på lengre sikt og faglige råd av høy kvalitet.

Fagområdet arbeid og helse favner over mange faglige innfallsvinkler og problemstillinger, med mange og ofte sammensatte tiltak og intervensjoner som fordrer samarbeid og koordinering på tvers av fag og sektorer. Det er et stort potensiale for videre positiv utvikling i grenseflatene mellom de ulike fag og sektorer som er involvert i på dette fagområdet. Et virkemiddel for å løfte og samle dette fagfeltet er derfor å etablere et Nasjonalt ekspertutvalg - fagråd på området arbeid og helse.

Med utgangspunkt i Helsedirektoratets erfaringer med fagråd er det utarbeidet mandat for rådet.

Medlemmene i rådet oppnevnes i kraft av egen kompetanse innenfor sine fagfelt og ikke som representanter e. Rådet skal bruke en kunnskapsbasert tilnærming i sitt arbeid.

Medlemmene oppnevnes for en periode på tre år. Fagrådet har ikke besluttende myndighet men skal gi råd i saker som legges frem for fagrådet, eller som fagrådet fremmer på eget initiativ.



Nasjonale retningslinjer for helse- og sosialfagutdanningene (RETHOS)

Høsten 2017 startet utviklingen av de nasjonale retningslinjene for helse- og sosialfagutdanningene.

Kunnskapsdepartementet

Tema

Høyere utdanning



Forskrift om felles rammeplan for helse- og sosialfagutdanninger

§ 2. Felles læringsutbytte

Læringsutbyttebeskrivelsene skal være i tråd med Nasjonalt kvalifikasjonsrammeverk for livslang læring. Etter fullført helse- og sosialfagutdanning skal kandidaten ha følgende læringsutbytte:

Kandidaten:

- 1) kan identifisere, reflektere over og håndtere etiske problemstillinger i sin tjenesteutøvelse.
- 2) har kunnskap om inkludering, likestilling og ikke-diskriminering, uavhengig av kjønn, etnisitet, religion og livssyn, funksjonsnedsettelse, seksuell orientering, kjønnsidentitet, kjønnsuttrykk og alder, slik at kandidaten bidrar til å sikre likeverdige tjenester for alle grupper i samfunnet.
- 3) har relasjons-, kommunikasjons- og veiledningskompetanse som gjør kandidaten i stand til å forstå og samhandle med brukere, pasienter og pårørende. Videre kan kandidaten veilede brukere, pasienter og pårørende og relevant personell som er i lærings-, mestrings- og endringsprosesser.
- 4) kan samhandle både tverrfaglig, tverrprofesjonelt, tverrsektorielt og på tvers av virksomheter og nivåer, og initiere slik samhandling.
- 5) har kunnskap om og forholder seg til helse- og sosialpolitikk og kan anvende oppdatert kunnskap om helse- og velferdssystemet, lover, regelverk og veiledere i sin tjenesteutøvelse. Kandidaten skal også kjenne til samers rettigheter, og ha kunnskap om og forståelse for samenes status som urfolk.
- 6) forstår sammenhengene mellom helse, utdanning, arbeid og levekår, og kan anvende dette i sin tjenesteutøvelse, både overfor enkeltpersoner og grupper i samfunnet, for å bidra til god folkehelse og arbeidsinkludering.
- 7) har kunnskap om sosiale og helsemessige problemer inkludert omsorgssvikt, vold, overgrep, rus- og sosioøkonomiske problemer og kunne identifisere og følge opp mennesker med slike utfordringer. Kandidaten skal kunne sette inn nødvendige tiltak og/eller behandling, eller henvise videre ved behov.
- 8) kan vurdere risiko for uønskede hendelser og kjenner til metoder for å følge opp dette systematisk.
- 9) har kunnskap om barn og unge og er en utøver som ivaretar deres behov for behandling og/eller tjenester og kan sikre deres medvirkning og rettigheter
- 10) kan tilegne seg ny kunnskap og kan foreta faglige vurderinger, avgjørelser og handlinger i tråd med kunnskapsbasert praksis. Kandidaten skal også kunne dokumentere og formidle sin faglige kunnskap.
- 11) kjenner til nytenkning og innovasjonsprosesser og kan bidra til tjenesteinnovasjon og systematiske og kvalitetsforbedrende arbeidsprosesser.
- 12) har digital kompetanse og kan bistå i utviklingen av og bruke egnet teknologi både på individ- og systemnivå.

«The candidate understands the relation between health, education, work and welfare and can apply this in practice, both to individuals and groups to improve health and work integration»

Input to Ministry of Education and Research – generic learning outcomes for all students in medicine, health and social sciences programs

Knowledge

- Broad knowledge about the relationship between work and health and how health can be improved or deteriorated through work.

Skills

- Skills to communicate the relationship between work and health trustworthy and with empathy
- Can use effective interventions for work integration

Generic competence

- Critically appraise research about work and health.
- Understand own role and the role of other health professionals in the interplay with professions from the labour and welfare area

Evidence-based work and health