

A safety critical worker with declining work performance.

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ATM 2018

Learning aims:

- Know the medical conditions that may contribute to declining work performance in SCW and how they may be assessed.
- Consider the difficulties in doctor-patient relationships that may arise in such cases and how they may be managed.

Maritime pilots for 3000yr.

“Masters speak only to pilots and pilots speak only to God”.



Port Botany. Cargo and oil terminals



Pilot cutter.

Extraordinarily powerful - all weathers



Pilot boarding/leaving ship by rope ladder - no safety harness



Cargo ship showing bridge



Pilot Meets Master/Captain

- communication + interpersonal skills



Bridge – pilot, master and helm.
Cognitive and communication skills.



Tug - need clear concise communication



Berthing -a “controlled collision”
- in all weathers and times of day



Oil tanker – special berth requires skilled pilotage.



Yacht dead ahead (and many other unexpected situations) requires rapid assessment and response.



Passenger liners QE2/QM2

- no room for error



Case Study - John Smith. You are an Authorised Health Professional for Maritime pilots. You are presented with the following letter by John Smith. He has previously cancelled one appointment.

Dear Dr.

Thank you for seeing John Smith, age 57, because of concerns we have regarding his work performance. John has been a maritime pilot with us for 17 years and has had a good work record until recent years. Three years ago he was involved in the grounding of a ship which, at the subsequent inquiry, was held partly to be due to severe weather events but also raised a question about his judgement. Two weeks ago when berthing a ship he caused minor damage to the wharf. He was verbally abusive to a tugboat master who has reported him. An investigation found John's commands to the tug boat master lacked clarity and precision. His last periodic medical examination was 18 months ago when you classified him as fit for duty. A random drug and alcohol test two years ago was clear.

Please could you determine if there is a medical explanation for his decline in work performance. Please do not hesitate to contact me if there is any further information I can provide.

Yours,
Bill Jones
Harbor Master

- **John makes it clear he is resentful of having to attend the appointment. How would you proceed?**

John makes it clear he is resentful of having to attend the appointment. How would you proceed?

Obviously, there is no single answer to this question – it will depend on circumstances. However, some general principles may be considered.

- Ask John about his attitude, for example, “John, you seem to be a bit resentful/unhappy of being here....”
- Explain to him that there have been concerns about his work performance, and that finding a medical explanation is sometimes helpful. But do not paint yourself into a corner by saying that a medical explanation *will be* helpful to him as sometimes it is not.
- Explain to him that the discussion is confidential and that without his agreement medical information will not be reported back to the employer.
- Inform him that if you cannot complete an adequate medical examination you will have to notify the employer and as a result he is likely to be declared temporally unfit for duty.

- **What are the possible diagnoses of a 57-year-old man with deteriorating work performance?**

What are the possible diagnoses of a 57-year-old man with deteriorating work performance?

The differential diagnosis is initially very broad. Obviously history including past and family history and examination may narrow the range of diagnoses. Diagnoses could include the following.

- Psychiatric eg depression or anxiety states
- Neurological eg early onset Alzheimers or other neurodegenerative disease or space occupying lesion.
- Substance misuse – although there was a previous negative random D&A test.
- Sleep disorder/Fatigue which may be due to numerous medical conditions (sleep apnoea, diabetes, hypothyroid, depression, coeliac, etc) and *shift work disorder* after many years of working rosters. Diabetes should have been detected at his last medical examination on fasting blood glucose or HbA1c.
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- Deafness due to noise induced hearing loss (from helicopter transfers) and/or presbycusis

- **What further tests or assessments would you consider to determine his fitness for duty?**

What further tests or assessments would you consider?

Tests and referrals as appropriate to the working diagnosis may include the following.

- Referral to psychiatrist or neurologist or neuropsych.
- Referral for domiciliary sleep study
- A spot D&A screen
- With his consent liaise with GP regarding any health matters.

- **What further information could you seek from the Harbour Master?**

What further information could you seek from the Harbour Master?

- What is his absenteeism history – is it escalating?
- Could they provide more detail of the incidents particularly his alleged “..lacked clarity and precision..” in commands to the tug boat.
- His recent re-accreditation reports
- Have there been any comments about behaviour changes from his peers?
- Etc??

Investigations are largely negative. A neurologist diagnoses Mild Cognitive Impairment (“possible early Alzheimer's disease”).

- **What are the main psychological attributes required for pilotage work?**
- **What further tests or assessments of these psychological attributes would you consider to determine his fitness for duty?**

What are the main psychological attributes required for pilotage work?

- Cognitive skills re navigation
- Communication and inter-personal skills to crew, etc
- Ability to react appropriately in emergency situations

What further tests or assessments would you consider to determine his fitness for duty?

- Clinical tests?
- Referral to a neuropsychologist
- Stress testing of pilotage skills by testing in a simulator or by scale model (Port Ash) or Virtual Reality.

Port Ash (NSW) – scaled simulation



Aerial view of Port Ash (courtesy of Cliff Beazley and Port Ash).



- If John is found to have a significant permanent impairment, can the AHP assist in arranging a *dignified exit* for him? (ie how do you break bad news?)

If John is found to have a significant permanent impairment can the AHP assist in arranging a dignified exit for him? (ie how do you break bad news?)

There are several issues to be considered.

- The AHP needs to make a fitness for work determination and should explain it to the pilot, and be able to justify the decision clearly.
- The harbor master only needs to know if the pilot is fit for duty or otherwise. The pilot may be less hostile to the assessment if he understands that a medical diagnosis can remain confidential.
- There may be a need to liaise with the GP to help give the diagnosis and provide future support for him and family.
- If John has a condition rendering him permanently unfit it may be suggested his wife/partner attends the appointment for support.
- Draw their attention to the EAP/PAN for support.

- **What information do you include in your letter to the employer?**

What information do you include in your letter to the employer?

- The construction of the letter to the employer raises an ethical issue regarding privacy and confidentiality of medical information. The letter from the port authority inquires if there is a “medical explanation for his poor performance”. However, whilst the AHP is able to state a medical condition has been found the AHP is not at liberty to give diagnostic information; the key issue to address is fitness for duty. This may result in a very short letter to the employer, which may not satisfy the employer, but is required by ethics. However, if after discussion with the pilot it is agreed further information may be provided, then this could be included in a letter explaining the decision regarding fitness and future management.

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ANZSOM ASM 2018

- Program at a Glance now available – see website
 - Site visits including Cochlear, Boeing, Victoria Police training centre, Remand Centre
 - Workshops including CPR, **Colour vision**
- Call for papers
 - 15 minute presentations
 - NEW 5 minute “brief reports” format
 - Submissions due by 2nd July



Port of Fremantle – the constant. Ships and crews vary ++++. Pilots work shift rosters



Tugs – clear communication





Fremantle Harbour – the constant Pilots work shift rosters

