

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The overall composition is clean and modern, with the text centered on a white background.

# Portfolio writing Moving from c to C!!

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# Candidates need to adhere to the following principles:

- ▶ • Informed consent
- Human rights legislation
- Privacy legislation
- Natural justice

# Informed consent

- ▶ The purpose of the assessment - i.e. the difference between your role and role of patients own doctor.
- ▶ Explanation of what is going to happen in the assessment
- ▶ Obtain the patients consent - i.e. any part of the assessment may be include in the report , also inform the patient that they have a right to withdraw.
- ▶ Explain the report will be the property of the third party .Any questions should be addressed to the third party
- ▶ Any sensitive issue - either omit or paraphrase for the report .

# Informed consent

- ▶ Any follow up or rehabilitation will be the GP / other specialist .
- ▶ If they don't understand feel free to ask
- ▶ Support person happy to have - but it the patient being assessed and therefore needs to answer the questions.
- ▶ Emphasize the point that any decisions regarding claim decision are the remit of the insurer not yourself.

# Human Rights Act

*Example: A man was transferred to another workplace because he could not wear the required safety boots due to having diabetes and the necessity to follow diabetic foot-care.*

# HR Act

- ▶ *The company justified the transfer on the grounds that safety boots were necessary to fulfil requirements under the Health and Safety in Employment Act. The company maintained that it had made all efforts to accommodate the complainant's disability by, for instance, allowing him to have two hourly breaks for food. The Commission's Complaints Division found that the company had fulfilled their obligation to try to accommodate him and also found that the 'risk of harm' exemption applied.*

# Rule 1 Privacy Act

## Health agency must not collect information unless:

- ▶ for a lawful purpose connected with the functions of the agency
  - ▶ *i.e.* care and treatment, monitoring, administration, training
- ▶ collection is necessary for that purpose
  - ▶ *i.e.* directly related to functions

# Pre-employment questioning

Gina, a nurse, applies to a hospital for a job. One question on the pre-employment form is “Do you have hepatitis C?” The hospital needs this information because nurses with hepatitis C will be assigned to appropriate tasks for someone with that status.

*Is the hospital entitled to do this?*



- ▶ Exposure-prone procedures are characterised by the potential for direct contact between the skin (usually finger
- ▶ or thumb of the health care worker) and sharp surgical instruments or needles in body cavities or in poorly visualised
- ▶ or confined body sites including the mouth.

# Collection from family

Frank is receiving treatment as a voluntary patient. The psychiatrist suspects that his condition may stem from an incident in his childhood. If so, this would affect the approach taken to treatment. Frank does not seem to know of any incident that may be relevant.

*Can the psychiatrist approach the family?*

# Rule 2

**Health agency must collect from person concerned unless:**

- ▶ person unable to provide it
- ▶ person authorises someone else to do it
- ▶ would prejudice interests or safety of person
- ▶ information publicly available
- ▶ person can't be identified from it

# Making assumptions

Ellen has a blood test which establishes that she would be a suitable kidney donor for her sister. The specialist told her sister that Ellen was a suitable match. Ellen had not decided whether she wanted to donate her kidney and felt very pressured by her family following the disclosure.

*Did the specialist act correctly?*

# Rule 3

**Health agency must take reasonable steps to ensure that person knows:**

- ▶ that the information is being collected
- ▶ by, and for, whom
- ▶ for what reason
- ▶ whether voluntary or mandatory
- ▶ consequences of not providing
- ▶ has the right to access and correction

# Rule 4

**Manner of collection must not be:**

- ▶ unlawful
- ▶ unfair
- ▶ unreasonably intrusive or insensitive
  - ▶ personal
  - ▶ cultural

# Videotaping interviews

- ▶ Hine visits a counsellor who seeks her permission to videotape the interview for training purposes. She is told that only small excerpts would be used and the client would not normally be identifiable. During the session she discloses sensitive information about an abusive relationship. She later discovers that this segment was used for training and that she was identified.

# Rule 5

## Information must be:

- ▶ stored securely
  - ▶ physical & technical
  - ▶ operational
  - ▶ transmitted
- ▶ protected from unauthorised use if disclosed to others
- ▶ disposed of properly



# Rule 6

## **A person has right of access to information:**

- ▶ by oral or written request
- ▶ in an appropriate form
- ▶ within a reasonable time (20 work days)
- ▶ with reasonable assistance
- ▶ unless grounds for refusal exist...

# Correcting medical information

Tim finds a specialist's report on file stating that he had appendicitis in 1976, not 1986. He wants this corrected. Tim also disagrees with the opinion of the specialist as to the significance of a childhood illness he suffered. He wants that section of the report deleted.

*How should you respond to these requests?*

# Retaining information

Donna is dismissed from her job because of poor attendance. She demands to take her employment medical records as she leaves.

*Should the employer comply?*

# Rule 7

## **A person has the right to:**

- ▶ request correction of information
- ▶ have agency notify other recipients of information
- ▶ explanation as to why request refused
  - ▶ be advised of right to complain
- ▶ have the request attached to the information if correction not made

# Rule 8

**Health agency must ensure that the information is:**

- ▶ accurate
  - ▶ advise individual of own responsibility
- ▶ up to date
- ▶ complete
- ▶ relevant
- ▶ not misleading

# Transferring information

Mike applies for a job in another department of a large company. At the interview the manager produces the pre-employment medical questionnaire for his present job, indicating a history of depression. Mike is told that he is unsuitable because of this.

*Should the manager have this information?*

# Rule 9

A health agency must not keep information for longer than needed for purposes for which it can lawfully be used.

*A lawful purpose need not be the original purpose*

# Rule 10

Information obtained for one purpose cannot be used for any other purpose unless an exception applies; e.g...

- ▶ if authorised by that person
- ▶ for a directly related purpose
- ▶ if information publicly available
- ▶ for research (provided not identifiable)
- ▶ for court proceedings, etc.

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# Rule 11

## **Disclosure is not permitted unless:**

- ▶ authorised by person concerned
- ▶ for purpose directly related to collection
- ▶ to prevent or lessen serious and imminent threat to others
- ▶ for maintenance of the law
- ▶ other legislation permits it
- ▶ person cannot be identified (research)

# Principles of natural justice

- ▶ freedom from bias on the part of the person making the decision/judgment; and
- ▶ transparency and fairness of the procedure.
- ▶ maintain confidentiality;
- ▶ consider all the evidence and weigh it carefully before deciding whether there is substance to the complaint;
- ▶ provide both parties with a copy of the decision and the reasons for the decision, and their options in terms of settlement, review, etc.;

# Written Communication Portfolio

- ▶ The Written Communication Portfolio is now a **mandatory summative exit assessment**
- ▶ **1000 up to 2500 words in total**
- ▶ All content should be de-identified
- ▶ Professional report writing standards apply
- ▶ Can include photos / charts etc. as appendices
- ▶ Organise and prioritise information
- ▶ Appropriate language - avoid jargon
- ▶ Explain medical terms

# Written Communication Portfolio

- ▶ The criteria for marking include:
  - clear language appropriate to those receiving the report
  - logical and conventional structure
  - clear and accurate analysis
  - appropriate conclusion and recommendations

# Submission of Reports

- ▶ All two reports must be submitted with a completed cover sheet and appropriate payment to the Faculty office by 31 March of each calendar year.
- ▶ Go to [MyAFOEM - Document & Forms](#) (login needed) and download the Written Communication Portfolio Cover Sheet and Payment Form

# Assessment of Reports

- ▶ Reports are initially judged for style, format, grammar, punctuation, compliance with word limit, and 'content' (in terms of logical flow and conciseness) by an expert in business and professional written communication,
- ▶ forwarded for marking on medical/professional content by examiners appointed by the Assessment Sub-Committee
- ▶ assessed by at least two examiners, and candidates must achieve a satisfactory standard in both reports to achieve a 'pass' in written communication.

# WORKPLACE ASSESSMENT

- ▶ a health issue (such as musculoskeletal, psychological, or respiratory symptoms, etc.) affecting an individual or a group (at a work station or during a work process)
- ▶ recommendations should relate to remediation or prevention, i.e. to changes in occupational hygiene or ergonomics, rather than to legal consequences.

## Covering note

- ▶ A covering note describing the context and purpose of the report (no more than 300 words) should be submitted in addition to the report.
- ▶ the 'what', 'why', 'who' and 'what not' issues
- ▶ What issue led to the need for the report and how and when it arose?
- ▶ Purpose of report
- ▶ The status of the person for whom the report was prepared
- ▶ Constraints - what processes/sites were included and what related ones weren't.
- ▶ Ethical issues that affected what were done or who was involved.



# ASSESSMENT CRITERIA

- ▶ Language and structure
- ▶ Appropriate length (word count)
- ▶ Use of terminology suited to the person/agency for whom the report was prepared
- ▶ Conventional grammar, punctuation, and style
- ▶ Abbreviations and necessary specialist terms explained
- ▶ Concise language (avoidance of emotive or unhelpful information)
- ▶ Information arranged logically
- ▶ Flow of ideas that assists a reader's understanding
- ▶ Photographs or diagrams where appropriate in appendices

# Analysis / Appraisal

- ▶ observations to fit the purpose of the report
- ▶ relevant laws or standards,
- ▶ collation of and apt weighting of evidence according to nature of hazards or degree of risk
- ▶ Orderly statement of relevant observed information
- ▶ Acknowledgement of any relevant information that could not be obtained because of
- ▶ circumstances
- ▶ Results of hygiene assessment, sick leave or other relevant records
- ▶ Comparative reference to journals, customs, laws, standards where relevant
- ▶ Deductions/inferences and how these were based

# Conclusions and recommendations

- ▶ This criterion concerns whether the report has addressed its purpose, whether its limitations are made explicit, and the quality of the recommendations
- ▶ Summary of findings
- ▶ Recommendations - apt, practicable, and specific to the issue at hand

# MEDICO-LEGAL REPORT

- ▶ concern an issue such as an assessment of the work-relatedness of a condition,
- ▶ dispute regarding a worker's capacity for work, or an alleged breach of statute (employment discrimination, hazardous industrial practice, etc.).

# ASSESSMENT CRITERIA

- ▶ **Language and structure - as per previous criteria**
- ▶ Analysis/Appraisal:
- ▶ Orderly statement of relevant information
- ▶ Results of relevant special tests or other relevant records
- ▶ Reference to published articles, algorithms, other externally sourced information where
- ▶ relevant
- ▶ Deductions/inferences and how these were based

# Surveillance video

- ▶ Asked by insurer after you have seen the person for a fitness to work issue re your comments regarding her work ability given the information you see on the video
- ▶ How respond?
- ▶ What are the issues ?

# Surveillance video

- ▶ Clarify if patient is aware - if not then it may be difficult to form a valid medical opinion on a video made without the patient's knowledge, in non-clinical circumstances and without the opportunity to ask the patient questions arising from the recording.

# On the record

- ▶ What are grounds re refusing a video recording ?
- ▶ Why do patients want to record?
- ▶ Legitimate grounds for this ..



## On the record

- ▶ Need to justify why refused i.e. need to stand up to scrutiny..
- 1. The presence of a recording device will hinder the open sharing of information
- 2. A recording cannot convey the relevant non- verbal cues that effect an assessment
- 3. The recording may be edited in ways that alter its significance
- 4. The subsequent use of the recording will be outside your use and could be used to misinterpret your actions or views.
- 1. MPS - these issues have all arisen ...

# Case discussion

- ▶ Case against Dod
- ▶ High flying financial advisor - became depressed , seen by psychiatrist - went on rx , had counselling - CBT improved
- ▶ Another 2 yrs. passed - managed fine then depressed again and was compliant with meds
- ▶ Insurance taken out was for the specific job he was doing not any financial advisor
- ▶ Requires self driven , calling clients , attending to phone calls - late hours ,
- ▶ Highly stressful work

# Case discussion

- ▶ Issues :
- ▶ Should you take on the case if requested by Dods lawyer - what are the ethical dilemmas?
- ▶ OT had produced a job description but dod disagreed with this ..
- ▶ Lawyer ( for the insurer ) asks what are your thoughts if someone says I am as busy as I want to be - would you not say that means they are managing their job well ?
- ▶ Quiz you re the issue of fatigue - how do you come to the at conclusion - isn't this subjective Dr?
- ▶ Testimony re previous psychiatrist - misled the court as the declaration did not point out that he had seen dod in the last 2 weeks - how would you address this when called to the witness stand ?

# Case discussion

- ▶ Rehearse your case - familiarity - read over thoroughly prior to court day .
- ▶ If you change your mind - say so - on reflection what I meant your honour..
- ▶ Stick to your guns - remember its not you who has done anything wrong ..
- ▶ Discredit you either on
- ▶ 1. your qualifications
- ▶ 2. your report
- ▶ 3 your argument
- ▶ E.g. 2 /12 gap between report and when I saw him , quote from another report - typographical error ..

# Why you are there?

- ▶ Expert knowledge in a particular field - either training or experience
- ▶ May be subpoena - under penalty - i.e. you have info the court want to know
- ▶ Stick to your field of knowledge - bail out early e.g. morphine case
- ▶ Meet with lawyer before hand
- ▶ Allow time - usually take the day off - clarify re payment - prev experience with lawyers ...
- ▶ If you don't understand question ask for it to be repeated

# Expert Witness

- ▶ Practical points - what do I wear ?
- ▶ Dark business attire
- ▶ Make sure which court you are to attend - come early to familiarise yourself
- ▶ Often not allowed to listen to other peoples testimonies - but may be reverse-  
i.e. lawyer wants you to hear others and incorporate what you hear into your  
opinions ..

# Confidence

- ▶ Walk to the stand as if you can not wait to testify
- ▶ Your attitude is as influential as your words..
- ▶ Nb psychiatrist - very meek ..
- ▶ Avoid the water - why ?

# Supporting docs

- ▶ Everything you have can be examined e.g. briefcase - to intimidate you
- ▶ Quizzed over where my notes were - I pointed them out to the lawyer ...again an intimidation tactic
- ▶ If you need time to reflect or read the material - do so and ask the judge
- ▶ The oath - using the bible or another sacred book
- ▶ Will be asked to spell your name by the clerk



# Examination

- ▶ 2 types of questions short ones - yes/no answers
- ▶ Free narrative - explain your argument - how you drew your conclusion - why you differ from the other doctors opinion
- ▶ Ask yourself “what question would I have for me if was sitting on the other side of the table?”
- ▶ Opposing lawyer has a job to do - i.e. test your testimony
- ▶ Watch out for the flattery questions- thanks you for taking time out from your busy schedule ...
- ▶ Answer simple - less is more
- ▶ Be careful of the opening question “Dr don’t you agree that ..
- ▶ Watch out for qualifying questions “never”

# Examination

- ▶ Eye contact - e.g. jury look at or alternatively judge
- ▶ Watch out for snarls from the lawyer - if being obnoxious avoid their gaze ..
- ▶ If they quote an article and you don't recognise it - ask to see the text and read it for yourself - e.g. if quote a study you may be able to point out the flaws ..

# Slights

- ▶ E.g. female physician may be called Mrs - be oblivious and polite
- ▶ If you are asked a yes or no answer - you can refuse - i.e. oath to tell the truth ..
- ▶ So if yes no questions - first provide all your qualifiers then conclude with a yes or no answer e.g. yes but ...may be dismissed
- ▶ You have an opportunity to speak to the judge if you don't feel you have been given opportunity to answer a question
- ▶ You may be asked further questions by the lawyer who call you - but only on info noted in the cross examination
- ▶ Leave court confidently -not dejected
- ▶ Slight bow to the judge - often reciprocated ..

# Testimony super performance

- ▶ Dynamism - i.e. refers to delivery - bold energetic, active , friendly , frank and empathic -i.e. you care about your topic
- ▶ Trustworthiness- honest , objective, unselfish and just
- ▶ Say I don't know occasionally raises credibility
- ▶ Clerco - great roman statesman “the aim of forensic oratory is to teach , to delight , to move”
- ▶ For novices - aim to teach

# Advanced tactics

- ▶ Know the lawyers names
- ▶ Push - pull method - if asked under cross - exam - "that's an excellent question , I'm glad you asked that and you are absolutely right - i.e. if lawyer push on door , don't push back but pull

# Keep up with clinical skill

- ▶ 23yr old gentleman - rugby player - fell 2m through a trap door during work as an insulator
- ▶ s/b ED - no fracture
- ▶ Had u/s - subscapular calcific tendonosis
- ▶ Had MRI *No evidence of rotator cuff tear or glenohumeral instability. There is a grade II dislocation of the acromioclavicular joint with a cyst in the lateral end of the clavicle.*
- ▶ *The calcification in the subscapularis with MRI, but this does mean it is calcification rather than ossification.'*

# Keep up your clinical skills

- ▶ Had cortisone to ac joint - no significant improvement
- ▶ Still pain particular worse when lifting above 90 - no pain at rest
- ▶ O/E full rom all mm 5/5
- ▶ Myofascial trigger point
- ▶ Impingement tests all negative
- ▶ Diagnosis ??

# How?

- ▶ Grand round
- ▶ GP talks evening CME
- ▶ Journal articles
- ▶ Work in a different area to keep up general skills



# Duty of care

- ▶ E.g. lady with *epilepsy* - *only sleep epilepsy now driving 30 tonne dumper truck ?*
- ▶ Is she fit for 40 hrs of work /week