

Competencies and Practices for Effective Return to Work Coordination

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- RTW after injury is still a significant problem
- > 75% of those working age + out of work would like to be working, but can't
- RTW problematic:
Ex – LBP recurrent OOW > than 10%

Successful workplace RTW interventions include...

(Review- Franche, 2005 and 2006)

- Adequate workplace accommodations
- Direct contact between healthcare provider and workplace
- Early worker contact, workplace site visits
- Presence of a RTW coordinator / facilitator (RTWC)

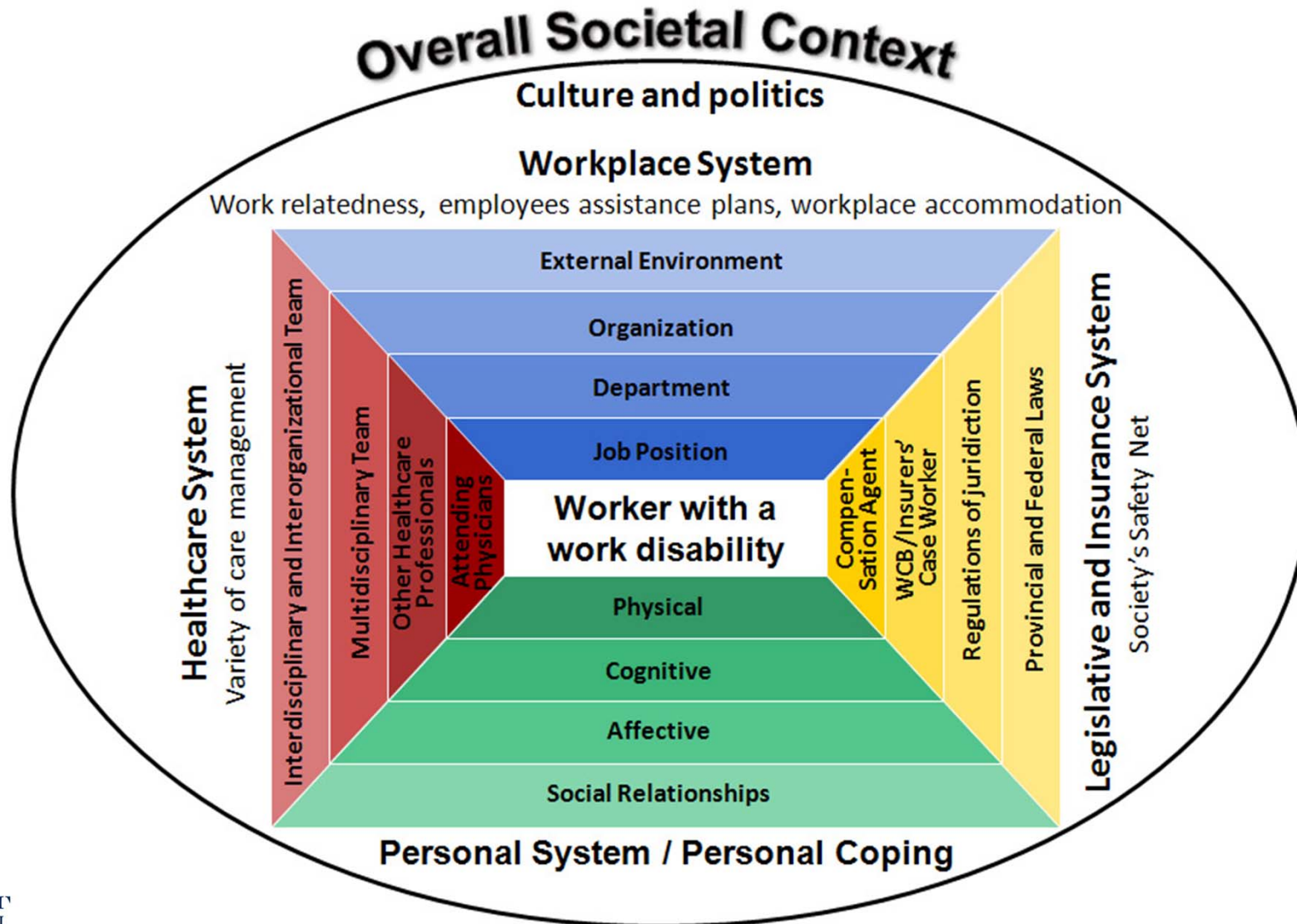
RTW Coordination is defined as....

- efforts by a clinician, insurance claims manager, ergonomist, human resource or safety professional
- Goal: facilitate early workplace re-integration of an individual worker
- Follows sickness / injury absence
- Characteristics: face-to-face, on-site communication among workers, supervisors, and others

Why are RTW coordinators needed?

- Mistrust
- Mis-communication
- Inadequate/inappropriate job modifications
- Perception of inability to work
- Re-injury
- Etc...
(Williams and Westmorland, 1996)

Ecological / Case Management Model (Loisel et al, 2001, 2005)





RTW Coordinator

- Various backgrounds (nursing, OT, PT, educator)
- May follow established protocol
- **But** very little detail in published study reports



Goals of the research

- Identify competencies (knowledge/skills/attitudes) and practices of RTW coordinators
- Evaluate how these vary by setting / RTWC specialty
- Suggest approaches to selection / training / reinforcement

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Certified Return to Work Coordinators may work internally within their own organization or externally as a provider. Responsibilities include, but are not limited to expediting, coordinating and facilitating the return to work of persons with injuries, illnesses and disabilities in a range of settings.

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Project components

- 1. Literature review – RTW studies
- 2. Principal investigator semi-structured interviews
- 3. Focus group - expert practitioner
- 4. Internet survey

1· Review RTW intervention literature for information on RTWC

- Successful interventions where primary goal = improving RTW outcomes
- Randomized trials, pre-post evaluations after enhancement, modification, or initiation of a specific program for workers OOW < 1 year

RTW Processes Are Complex

- Treat acute injury or medical problem, focus on function
- Re-establish adequate work capacity
- Identify/address worker concerns regarding RTW
- Identify/address employer concerns regarding RTW
- Adapt worker and workplace to enable RTW
- Communication and agreement among all involved regarding RTW plan
- Implement actual RTW plan
- Monitor and re-adjust as needed

2. RTW studies with RTWC – 13 principal investigator interviews

- RTW coordinator was key to the success of the program! (but not emphasized in scientific report)
- Varied backgrounds (RN, PT, OT, teacher, VR,...)
- Characteristics:
People- person, negotiator, credible communicator,
less emphasis on knowledge...

3. Practitioner / Stakeholder Focus Groups

- 8 focus groups, 75 participants
- Minimum 3 years' experience; primary role RTW coordination
- Nurses, occupational therapists, physical therapists, physicians, psychologists, HR specialists and case managers
- 3 countries, different foci (WC and non- WC, injury vs. disease) and wide range of arrangements for RTWC
- 904 items – condense to 255 items
- 90 Most commonly identified items (> 3 participants)



How did they learn ?

- “10% prior knowledge,
- 10% acquired knowledge,
- 80% mentorship + experience”

4. Internet Survey

- 90 identified competencies
- Distributed in 8 affinity groups

- “Please indicate the level of importance that you give to each item for success in your role as a return to work coordinator”
 - 1 - not too important
 - 2 - moderately important
 - 3 - important
 - 4 - very important
 - 5 - essential

Sample demographics

- 148 respondents, median age range 40-49, 72% female
- 48% US, 37% Canada, 13% Australia
- 30% voc counselors, 22% nurses, various other backgrounds
- Employer - insurers (26%), health care (20%), large employers (26%), self-employed (15%)
- About 80% primarily focused on workers' compensation cases
- Over 80% > 5 yrs experience

Average rating of items in each expert-defined affinity group

Competency Affinity group	Mean
Professional credibility	4.37
Communication skills	4.32
Inherent individual traits	4.20
Administrative skills	4.14
Conflict resolution skills	4.10
Problem-solving skills	3.87
Case evaluation skills	3.85
Information-gathering skills	3.64

The 25 highest rated competencies

Item	Mean Rating
Respecting and maintaining confidentiality	4.80
Having ethical practices as a RTW coordinator	4.67
Having listening skills	4.60
Ability to communicate well verbally (phone, in person) and in writing	4.59
Being consistent between what you say and what you do	4.56
Being approachable and available	4.52
Being committed to the goal of early RTW	4.51
Ability to relate well to workers and employers	4.50
Ability to respond to others in a timely fashion	4.49

The 25 highest rated competencies

Item	Mean Rating
Ability to install trust and confidence in your role as the RTW coordinator	4.49
Having organizational and planning skills	4.47
Being respectful of other people: their role, their beliefs and their cultures.	4.43
Ability to sort through data and identify what is important	4.40
Being able to communicate in a non-threatening way	4.40
Ability to uncover and evaluate underlying problems affecting RTW	4.39
Being honest and frank in communication	4.35
Ability to adjust communication to a particular situation and individual people	4.35

The 25 highest rated competencies

Item	Mean Rating
Ability to evaluate and accurately describe job requirements	4.35
Having patience with each stakeholders involved in the RTW process	4.34
Having relationship-building skills	4.34
Ability to focus on facts and accurate information	4.33
Being diplomatic and tactful	4.33
Ability to work effectively as part of a team	4.33
Being fair and objective in judgment and actions	4.33
Ability to effectively deal with stress, deadlines, and expectations	4.32



Difference by subgroups?

- No significant differences in affinity group category average ratings by profession, years experience, employer, country, WC or non-WC focus

Implications

- Training - mentorship / case studies vs. classroom
- Selection - personal attributes, observed performance vs testing
- Certification - value of current models?
- Research gaps - stakeholder views, relationship to outcomes
- Other ideas for looking at results?

Research results

- Shaw W, Hong QN, Pransky G and Loisel P. (2008). A literature review describing the role of return-to-work coordinators in trial programs and interventions designed to prevent workplace disability. J Occup Rehabil, 18(1): 2-15.
- Gardner BT, Pransky G, Shaw WS, Nha Hong Q and Loisel P. (2010). Researcher perspectives on competencies of return-to-work coordinators. Disabil Rehabil, 32(1): 72-78.
- Pransky G, Shaw WS, Loisel P, Hong QN and Desorcy B. (2010). **Development and validation of competencies for return to work coordinators.** J Occup Rehabil, 20(1): 41-48.



Thanks!

- WSIB Ontario – funding this research project
- Participating organizations
 - DMEC Disability Management Employer Coalition
 - AAOHN American Association of Occupational Health Nurses
 - CAPRIT Centre d'Action en Prévention et Réadaptation pour l'Incapacité au Travail
 - OEMAC Occupational and Environmental Medical Association of Canada
 - ACOEM American College of Occupational and Environmental Medicine