

NHS Pain Education

This information is being requested as a freedom of information request. We are trying to find out what education is taking place in the workplace for staff who work directly with patients. Although this form is several pages long it should take less than 10 minutes to complete.

Section 1

• Name of your organisation	East Kent Hospitals University NHS Foundation Trust
• Do you provide education for your healthcare staff about pain management? (Delete as appropriate – if NO please do not continue with the form)	Yes

Section 2

• Who do you deliver pain education to?
The following section is divided into staff groupings. Please add a cross in the relevant box to indicate who you provide pain management education to at least annually.

	Mandatory	Optional	Mandatory for some but not all	Not provided	Not a staff group in this organisation
Band 3 support worker (nursing or midwifery)		x			
Nurses		x			
Midwives				x	
Health visitors					x
FY1/FY2		x			
ST1/CT1		x			
ST2/CT2		x			
ST3-6		x			
Consultant		x			
Support worker (therapy)				x	
Physiotherapists				x	
Occupational therapists				x	
Speech and language therapists				x	
Dieticians				x	
Art therapists				x	
Counselling team				x	
Social workers				x	
Dieticians				x	
Chaplaincy				x	
Psychologists				x	
Pharmacists		x			
Radiography and imaging team				x	

Others (please list)					
Student nurses		X			
NMP Students		X			
What percentage of each of the following staff groups attending at least one pain education event in the last 12 months.					
Support workers (nursing and midwifery)	0%				
Nurses	Variable				
Doctors	Approximately 50%				
AHPs	Small numbers of physio/OT/Pharmacists attend				
Other (please list)					
Student nurses shadow pain rounds					
<ul style="list-style-type: none"> Who delivers pain education in your organisation? 					
6x Pain CNS's (4.16 Whole Time Equivalent) with support from 1x NHSP CNS.					
<ul style="list-style-type: none"> What methods do you use to deliver pain education to staff? 					
	Face to face	Online – asynchronous	Online – synchronous	Both F2F and online, participant chooses	Method not used.
Classroom or lecture theatre (LT) - lecture (didactic)	Yes	Yes	Yes	No	
Classroom or LT discussion/Q &A	Yes	No	No	No	
Case study presentation and discussion	Hypothetical scenarios				
Video of past teaching sessions					No
Video of expert giving lecture or being interviewed					No
Simulation lab-management of a lifelike scenario					No
Skills demonstration e.g. injections					No

Supervised skills practice	Yes	No	No	No	
Role play					No
Supervision in clinical area (supervised practice)	Yes	No	No	No	
Specialist embedded in the ward – work alongside					No
One to one coaching on request		Yes			
Pain ward rounds include ward staff		Yes			
Posters in the clinical area		Yes			
Pocket guides		Yes			
Dashboard messaging				Yes	
Audit feedback		Yes			
Intranet guidelines		Yes			
Smartphone or app		Yes			
Guidance pop-ups in electronic patient management or prescribing system	Yes				
Ask the expert sessions				Yes	
WhatsApp discussion groups		Yes			
Pain meetings in clinical areas	Yes				
Schwarz rounds				Yes	
QI programmes				Yes	

<ul style="list-style-type: none"> If you have a virtual learning environment as part of your pain management education please describe what methods are used (e.g. case studies, narrated powerpoints, quizzes, reading materials) - 	
<p>We use a combination of PowerPoint, case studies, online video instructions for pump training, Microsoft Teams online training.</p>	
<ul style="list-style-type: none"> Are there any other methods that you use? 	
<p>As above</p>	
<ul style="list-style-type: none"> Content of pain education. <p>The EFIC core curriculum contains seven domains. Please indicate which aspects of the curricula you include in your pain education all or some of the time.</p>	
Yes	Pain as a biopsychosocial phenomenon impact on the individual and their family/carers showing understanding of the cognitive, sensory and affective dimensions
Yes	The impact of pain on the patient and their family/carers
Yes	Pain as a multidimensional phenomenon with cognitive, sensory, and affective dimensions
Yes	The individual nature of pain and the factors contributing to the person's understanding, experience and expression
Yes	Understand the importance of social roles, school/ work, occupational factors, finances, housing and recreational/leisure activities in relation to the patients' pain
Yes	The importance of working in partnership with and advocating for patients and their families,
Yes	Promoting independence and self-management where appropriate
Yes	Prevalence of acute, chronic/persistent and cancer-related pain and the impact on healthcare and society
Yes	The characteristics and underlying mechanisms of nociceptive pain, inflammation, neuropathic pain, referred pain, phantom limb pain and explain nociplastic pain syndromes
Yes	The distinction between nociception and pain, including nociceptive, neuropathic and nociplastic pain
Yes	Mechanisms of transduction, transmission, perception and modulation in nociceptive pathways
Yes	The relationship between peripheral/central sensitization and primary/secondary hyperalgesia
Yes	Mechanisms involved in the transition from acute to chronic/ persistent pain and how effective management can reduce this risk
Yes	The changes that occur in the brain during chronic/persistent pain and their possible impact (including cognition, memory and mood) and cognitive-behavioural explanations such as fear-avoidance
Yes	The overlap between chronic/persistent pain and common co-morbidities, including stress, sleep, mood, depression and anxiety
Yes	The mechanisms underlying placebo and nocebo responses, and their relation to context, learning, genetics, expectations, beliefs and learning
Yes	The role of genetics and epigenetic mechanisms in relation to risk of developing chronic/persistent pain and pharmacotherapy
Yes	The importance of interprofessional working in pain management along with potential barriers and facilitators to team-based care
Yes	How to work respectfully and in partnership with patients, families/ carers, healthcare team members and agencies, to improve patient outcomes
Yes	Team working skills (communication, negotiation, problem solving, decision-making, conflict management)
	The professional perspectives, skills, goals and priorities of all team members

Yes	How to take a comprehensive pain history, an assessment of the patient across the lifespan and in care planning, consider social, psychological, and biological components of the pain condition
Yes	Person-centred care including how the following may influence the experience of illness, pain, pain assessment and treatment: Social factors, Cultural factors, Language, Psychological factors, Physical activity, Age, Health literacy, Values and beliefs, Traditional medical practices, Patients' and families' wishes, motivations, goals, and strengths
Yes	Patients' and families' different responses to the experience of pain and illness including affective, cognitive, and behavioural responses
Yes	The rationale for self-report of pain and the understand in which cases nurse-led ratings are necessary
Yes	At risk individuals for under-treatment of their pain (e.g., individuals who are unable to self-report pain, neonates, cognitively impaired) and how to mitigate against this.
Yes	Using different assessment tools in different situations, using a person-centred approach
Yes	Valid, reliable and sensitive pain-assessment tools to assess pain at rest and on movement; tools that are appropriate to the needs of the patient and the demands of the care situation
Yes	Culturally sensitive and appropriate pain assessment for individuals who speak a different language to the language spoken by the healthcare professionals
Yes	Understand the rationale behind basic investigations in relation to serious pathology
Yes	What specialist assessment is, when it is needed, and how to refer.
Yes	Importance of accurate documentation
Yes	Assessment of pain coping skills and pain behaviours
Yes	Health promotion and self-management
Yes	Importance of non-pharmacological management
Yes	How to work with patients to develop goals for treatment
Yes	Evidence based complementary therapies for pain management (e.g. acupuncture, reflexology)
Yes	Physical pain management strategies (e.g. exercise, stretching, pacing, comfort, positioning, massage, manual therapies, heat/cold, hydrotherapy).
Yes	Psychological pain management strategies (e.g. distraction, relaxation, stress management, patient and family education, counselling, health promotion and self-management).
Yes	Evidence based behavioural therapies (e.g. CBT, mindfulness, acceptance and commitment, couple/family therapy, hypnosis/guided imagery, biofeedback)
Yes	Electrotherapies (e.g. TENS, spinal cord stimulation)
Yes	Types of analgesics and potential combinations (non-opioids, opioids, antidepressants, anticonvulsants, local anaesthetics)
Yes	Routes of delivery
Yes	Risks and benefits of various routes and methods of delivery (PCA, Epidural, Nerve blocks, Plexus blocks).
Yes	Onset, peak effect, duration of effect.
Yes	Adverse events and management of these
Yes	Which drugs are appropriate to particular conditions and contexts
Yes	Side effects, detecting, limiting and managing these.
Yes	Long-term opioid use risks and benefits
Yes	Risk of addiction in different patient groups (e.g. post-operative management, chronic pain management)
Yes	Addiction risk factors

Yes	Identification of aberrant drug use
Yes	Tapering opioid therapy
Yes	Preparation for discharge and ongoing pain management
	<ul style="list-style-type: none"> Do you include anything else in your pain education that has not been captured so far?
No	
	<ul style="list-style-type: none"> Is there anything else that you would like to tell us about?
	The FOI Act applies to recorded information, therefore EKHFT declines to provide a response where opinions are sought