Royal Devon University Healthcare NHS Foundation Trust

Title
Pain Management Education

Reference Number: RDF2148-23
Date of Response: 14/12/23

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1st April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

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	
1. *Name of your organisation*	Royal Devon University Healthcare NHS Foundation Trust
2. *Do you provide education for your healthcare staff about pain management? (Delete as appropriate – if NO please do not continue with the form and return it to a.swift@bham.ac.uk)*	Yes

Section 2

3. *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)			yes		
Nurses			yes		

Midwives				*Newly qualified only*	
Health visitors					*no*
FY1/FY2		yes			
ST1/CT1		yes			
ST2/CT2		yes			
ST3-6		yes			
Consultant		yes			
Support worker (therapy)		yes			
Physiotherapists		Yes			
Occupational therapists		Yes			
Speech and language therapists				No	
Dieticians				No	
Art therapists					Yes
Counselling team		Yes			
Social workers				No	
Dieticians				No	
Chaplaincy				No	
Psychologists		Yes		no	
Pharmacists		yes			
Radiography and imaging team				*no*	
Others (please list)					

4. *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)	*Unknown*
Nurses	*Unknown*
Doctors	*Unknown*
AHPs	*Unknown*
Other (please list)	*unknown*

5. *Who delivers pain education in your organisation? Acute pain team, outpatient pain team (physio, OT, psych, Consultant), digital (learn+)x*

6. *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	*x*				

(LT) -lecture (didactic)					
Classroom or LT discussion/Q&A	*x*				
Case study presentation and discussion	*x*				
Video of past teaching sessions		*x*			
Video of expert giving lecture or being interviewed		*x*			
Simulation lab-management of a lifelike scenario	*x*				
Skills demonstration e.g. injections	*x*				
Supervised skills practice	*x*				
Role play					*x*
Supervision in clinical area (supervised practice)	*x*				
Specialist embedded in the ward – work alongside	*x*				
One to one coaching on request	*x*				
Pain ward rounds include ward staff	*x*				
Posters in the clinical area	*N/A*				
Pocket guides		*x*			
Dashboard messaging			*x*		
Audit feedback			*x*		
Intranet guidelines		*x*			
Smartphone or app			*x*		

Guidance pop-ups in electronic patient management or prescribing system			x		
Ask the expert sessions	x				
WhatsApp discussion groups		x			
Pain meetings in clinical areas	x		x		
Schwarz rounds					x
QI programmes	x	x	x		

7. 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)

All of the above

8. Are there any other methods that you use?

Shadowing, bespoke days, conference, slider

9. Content of pain education.
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.

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
no	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)
yes	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
no	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

10. Do you include anything else in your pain education that has not been captured so far?
no
11. Is there anything else that you would like to tell us about?
no