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	Wrightington, Wigan and Leigh NHS 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)	Yes Chronic pain

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)					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)					
Patients		x			

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)	
Nurses	
Doctors	
AHPs	
Other (please list)	
Unable to specify as optional and informal	
5. Who delivers pain education in your organisation? Chronic – therapy team, nurses and consultants	
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 (LT) -lecture (didactic)					
Classroom or LT discussion/Q&A				x	
Case study presentation and discussion				x	
Video of past teaching sessions					
Video of expert giving lecture or being interviewed					
Simulation lab-management of a lifelike scenario					

Skills demonstration e.g. injections				x	
Supervised skills practice				x	
Role play					
Supervision in clinical area (supervised practice)					
Specialist embedded in the ward – work alongside					
One to one coaching on request					
Pain ward rounds include ward staff					
Posters in the clinical area					
Pocket guides					
Dashboard messaging					
Audit feedback				x	
Intranet guidelines				x	
Smartphone or app					
Guidance pop-ups in electronic patient management or prescribing system					
Ask the expert sessions					
WhatsApp discussion groups					
Pain meetings in clinical areas				x	
Schwarz rounds					
QI programmes					

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)					
Power points, reading booklets, current research					
8. Are there any other methods that you use?					
N/A					
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.					
x	Pain as a biopsychosocial phenomenon impact on the individual and their family/carers showing understanding of the cognitive, sensory and affective dimensions				
x	The impact of pain on the patient and their family/carers				
X	Pain as a multidimensional phenomenon with cognitive, sensory, and affective dimensions				
x	The individual nature of pain and the factors contributing to the person's understanding, experience and expression				
x	Understand the importance of social roles, school/ work, occupational factors, finances, housing and recreational/leisure activities in relation to the patients' pain				
x	The importance of working in partnership with and advocating for patients and their families,				
x	Promoting independence and self-management where appropriate				
x	Prevalence of acute, chronic/persistent and cancer-related pain and the impact on healthcare and society				
x	The characteristics and underlying mechanisms of nociceptive pain, inflammation, neuropathic pain, referred pain, phantom limb pain and explain nociplastic pain syndromes				
x	The distinction between nociception and pain, including nociceptive, neuropathic and nociplastic pain				
x	Mechanisms of transduction, transmission, perception and modulation in nociceptive pathways				
x	The relationship between peripheral/central sensitization and primary/secondary hyperalgesia				
x	Mechanisms involved in the transition from acute to chronic/ persistent pain and how effective management can reduce this risk				
x	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				
x	The overlap between chronic/persistent pain and common co-morbidities, including stress, sleep, mood, depression and anxiety				
x	The mechanisms underlying placebo and nocebo responses, and their relation to context, learning, genetics, expectations, beliefs and learning				

	The role of genetics and epigenetic mechanisms in relation to risk of developing chronic/persistent pain and pharmacotherapy
x	The importance of interprofessional working in pain management along with potential barriers and facilitators to team-based care
x	How to work respectfully and in partnership with patients, families/ carers, healthcare team members and agencies, to improve patient outcomes
x	Team working skills (communication, negotiation, problem solving, decision-making, conflict management)
x	The professional perspectives, skills, goals and priorities of all team members
x	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
x	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
x	Patients' and families' different responses to the experience of pain and illness including affective, cognitive, and behavioural responses
	The rationale for self-report of pain and the understand in which cases nurse-led ratings are necessary
x	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.
x	Using different assessment tools in different situations, using a person-centred approach
x	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
	Culturally sensitive and appropriate pain assessment for individuals who speak a different language to the language spoken by the healthcare professionals
x	Understand the rationale behind basic investigations in relation to serious pathology
x	What specialist assessment is, when it is needed, and how to refer.
x	Importance of accurate documentation
x	Assessment of pain coping skills and pain behaviours
x	Health promotion and self-management
x	Importance of non-pharmacological management
x	How to work with patients to develop goals for treatment
x	Evidence based complementary therapies for pain management (e.g. acupuncture, reflexology)
x	Physical pain management strategies (e.g. exercise, stretching, pacing, comfort, positioning, massage, manual therapies, heat/cold, hydrotherapy).

x	Psychological pain management strategies (e.g. distraction, relaxation, stress management, patient and family education, counselling, health promotion and self-management).
x	Evidence based behavioural therapies (e.g. CBT, mindfulness, acceptance and commitment, couple/family therapy, hypnosis/guided imagery, biofeedback)
	Electrotherapies (e.g. TENS, spinal cord stimulation)
X	Types of analgesics and potential combinations (non-opioids, opioids, antidepressants, anticonvulsants, local anaesthetics)
X	Routes of delivery
X	Risks and benefits of various routes and methods of delivery (PCA, Epidural, Nerve blocks, Plexus blocks).
X	Onset, peak effect, duration of effect.
X	Adverse events and management of these
X	Which drugs are appropriate to particular conditions and contexts
X	Side effects, detecting, limiting and managing these.
X	Long-term opioid use risks and benefits
X	Risk of addiction in different patient groups (e.g. post-operative management, chronic pain management)
X	Addiction risk factors
X	Identification of aberrant drug use
	Tapering opioid therapy
	Preparation for discharge and ongoing pain management
	X = All the time
10. Do you include anything else in your pain education that has not been captured so far?	
We teach patients self acupuncture	
11. Is there anything else that you would like to tell us about?	
N/A	