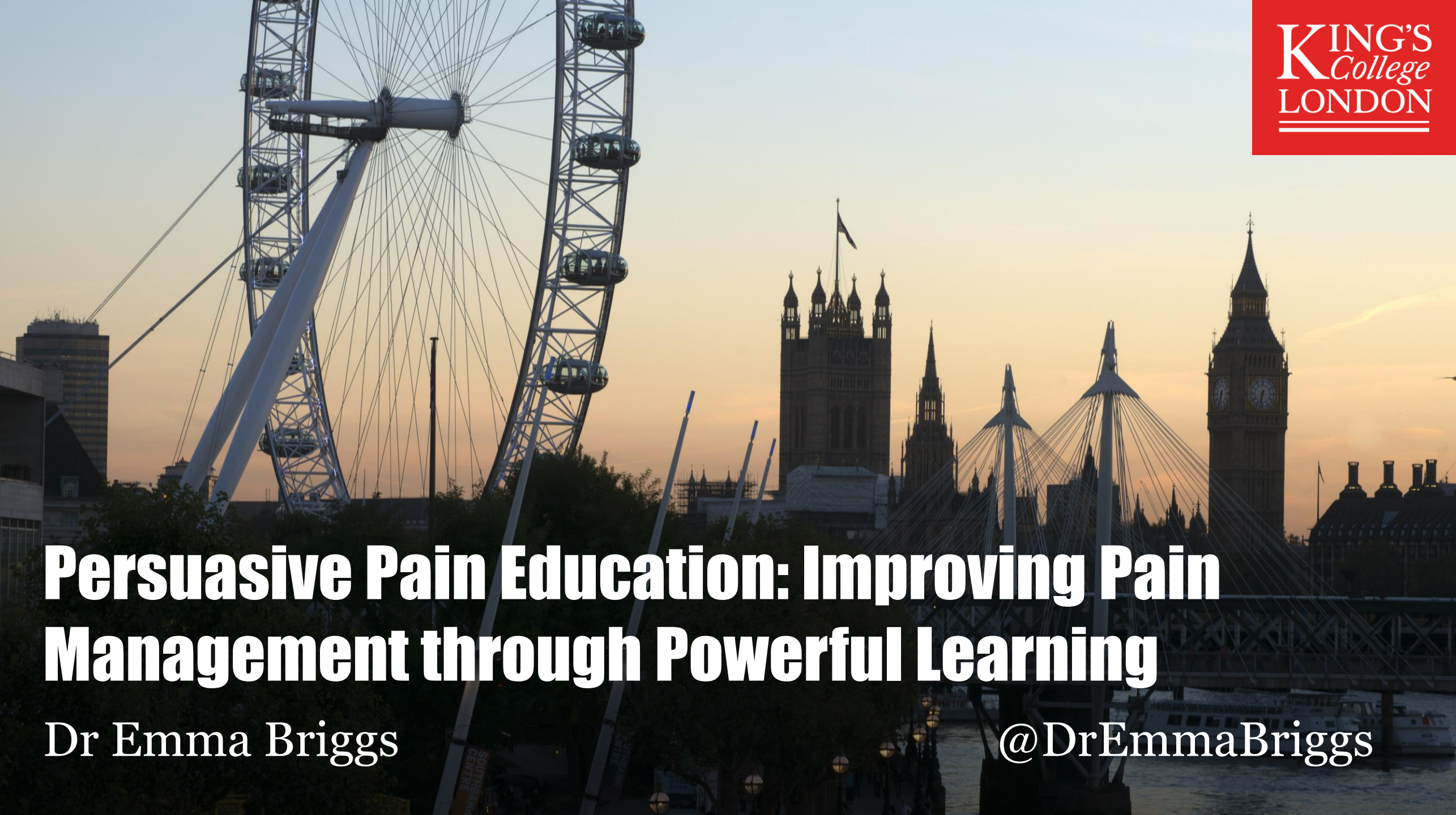


# Persuasive Pain Education: Improving Pain Management through Powerful Learning

Dr Emma Briggs @DrEmmaBriggs

“***** off and leave me to die!”

‘The whole purpose of education is to turn mirrors into windows’

Sydney J Harris (American Journalist)

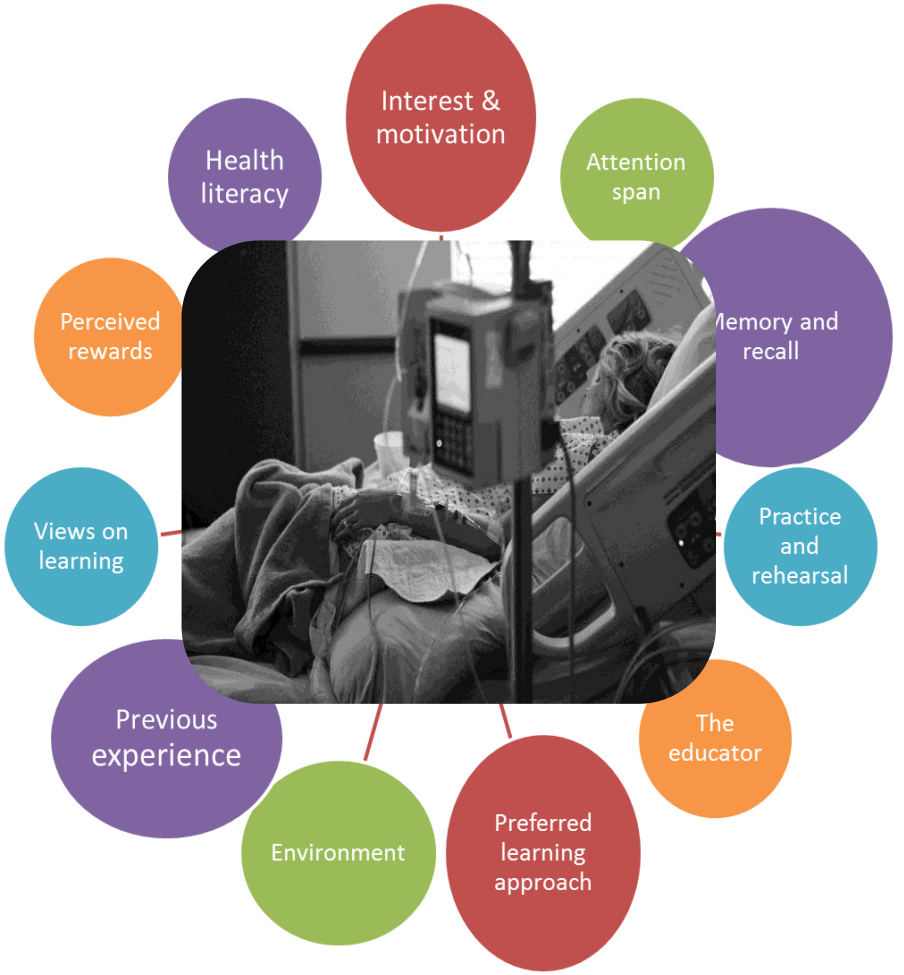
Notes: In pain education, it is not a single pane of glass we want people to see through. Clinicians need to understand multiple perspectives (patient and other professionals). More of a mirror ball.

Biopsychosocial

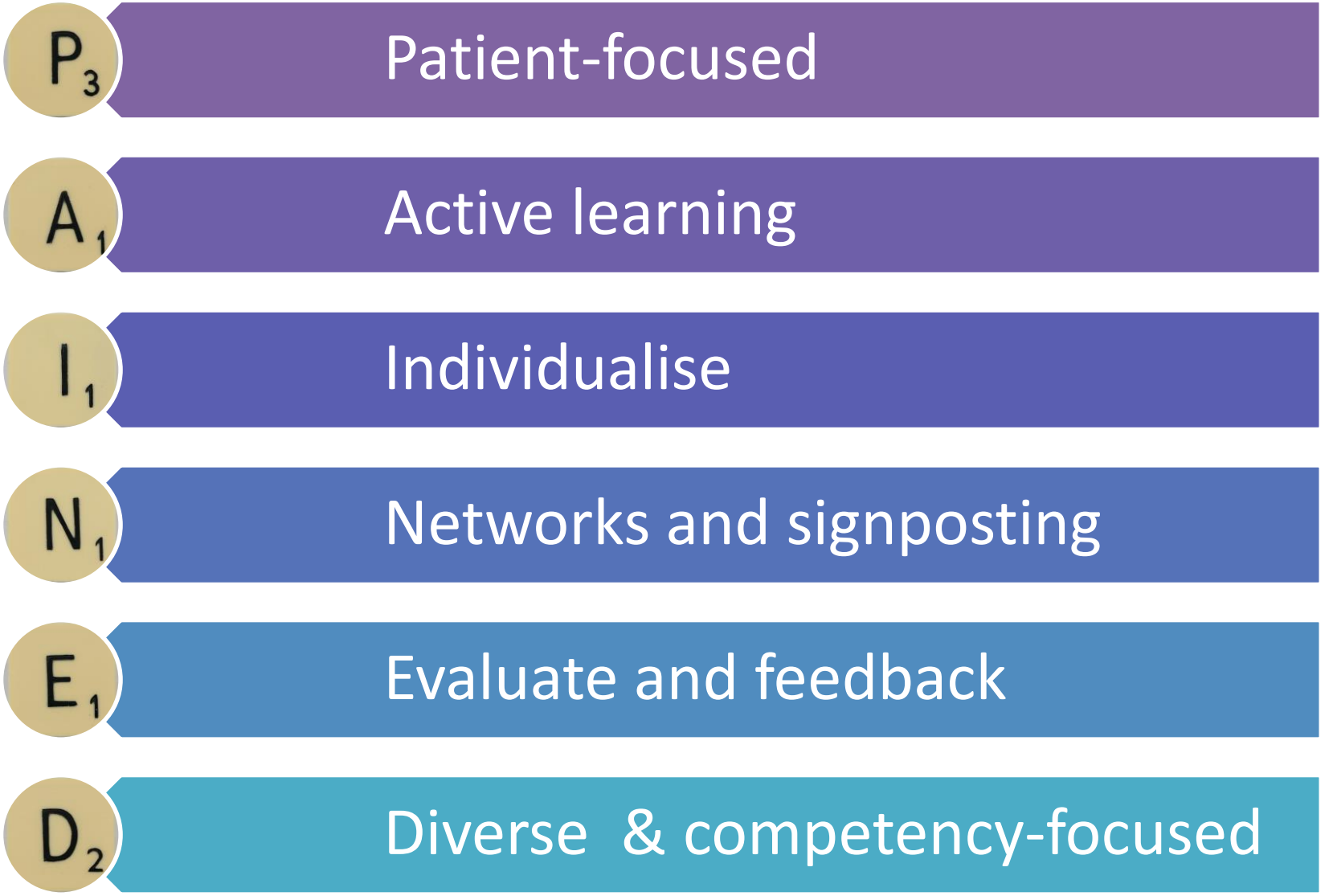

Family

# Biopsychosocial


**Pain** intensity, location, meaning
Underlying mechanism
Previous pain experience
Impact on social, physical and cognitive health
Background: family, culture, language
Expectations of pain and pain relief
Environment
Ability to verbally communicate

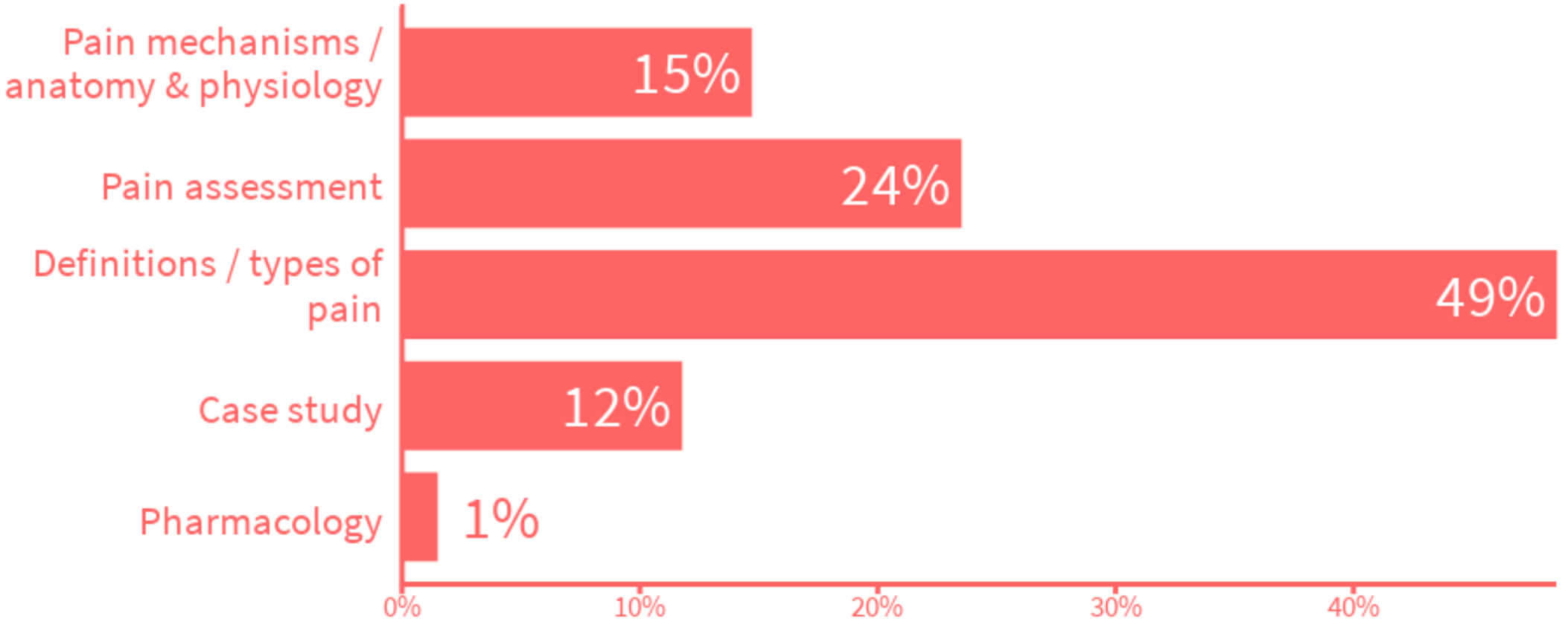

Interest & motivation
Health literacy
Attention span
Memory and recall
Perceived rewards
Views on learning
Practice and rehearsal
Previous experience
The educator
Environment
Preferred learning approach

# PainEd -Briggs Model of Powerful Learning



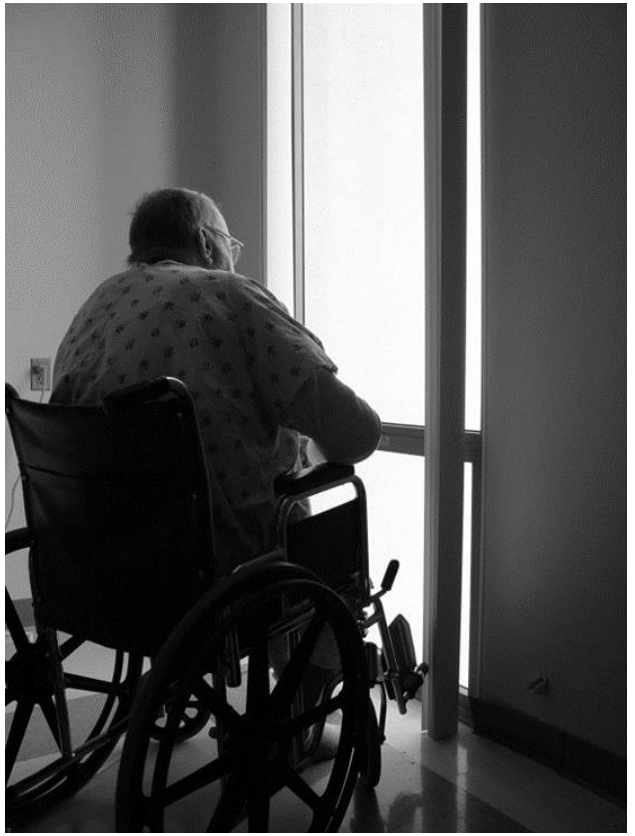
When poll is active, respond at **PollEv.com/emmabriggs**

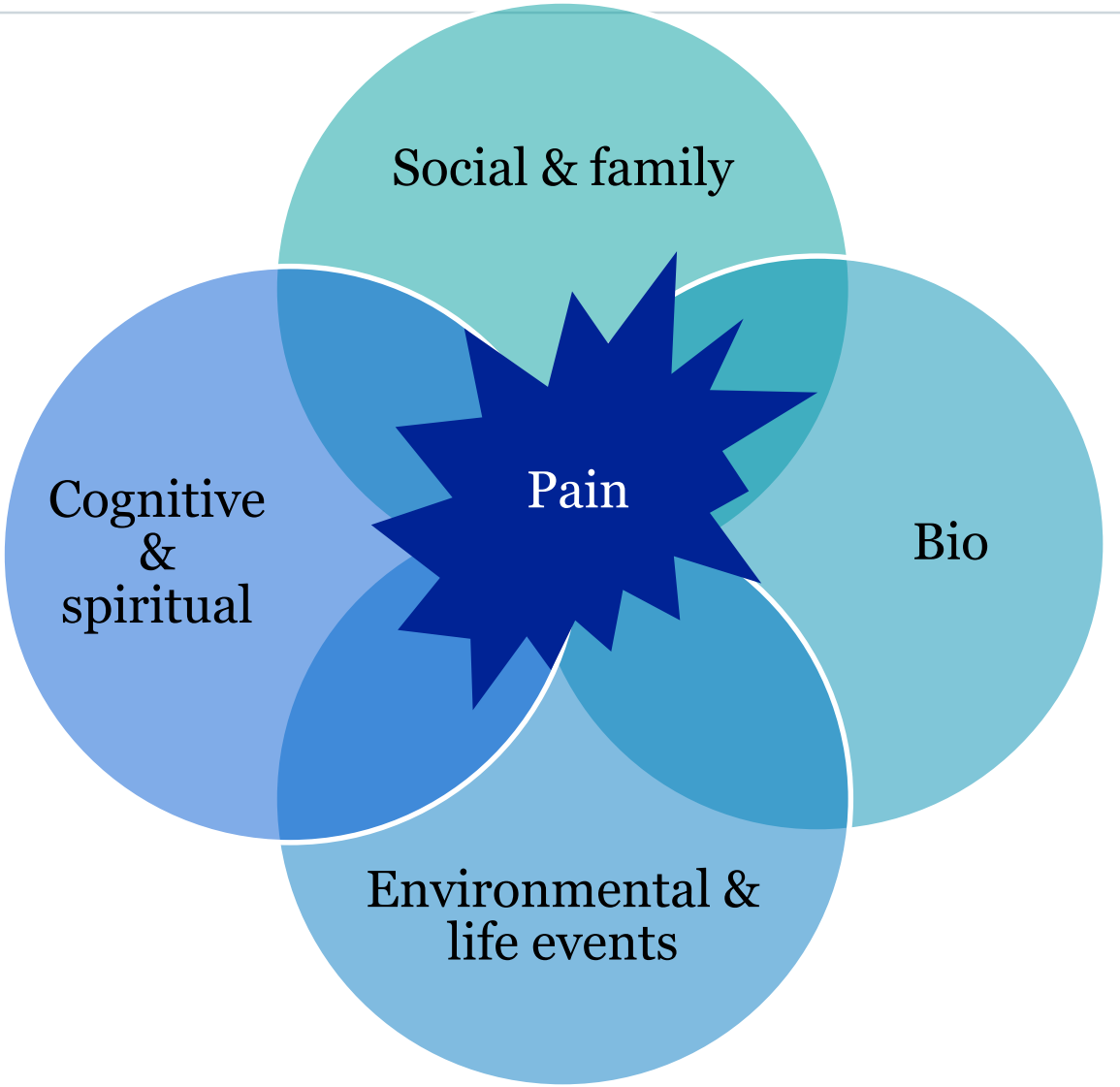
# When you teach pain, what topic do you start with?



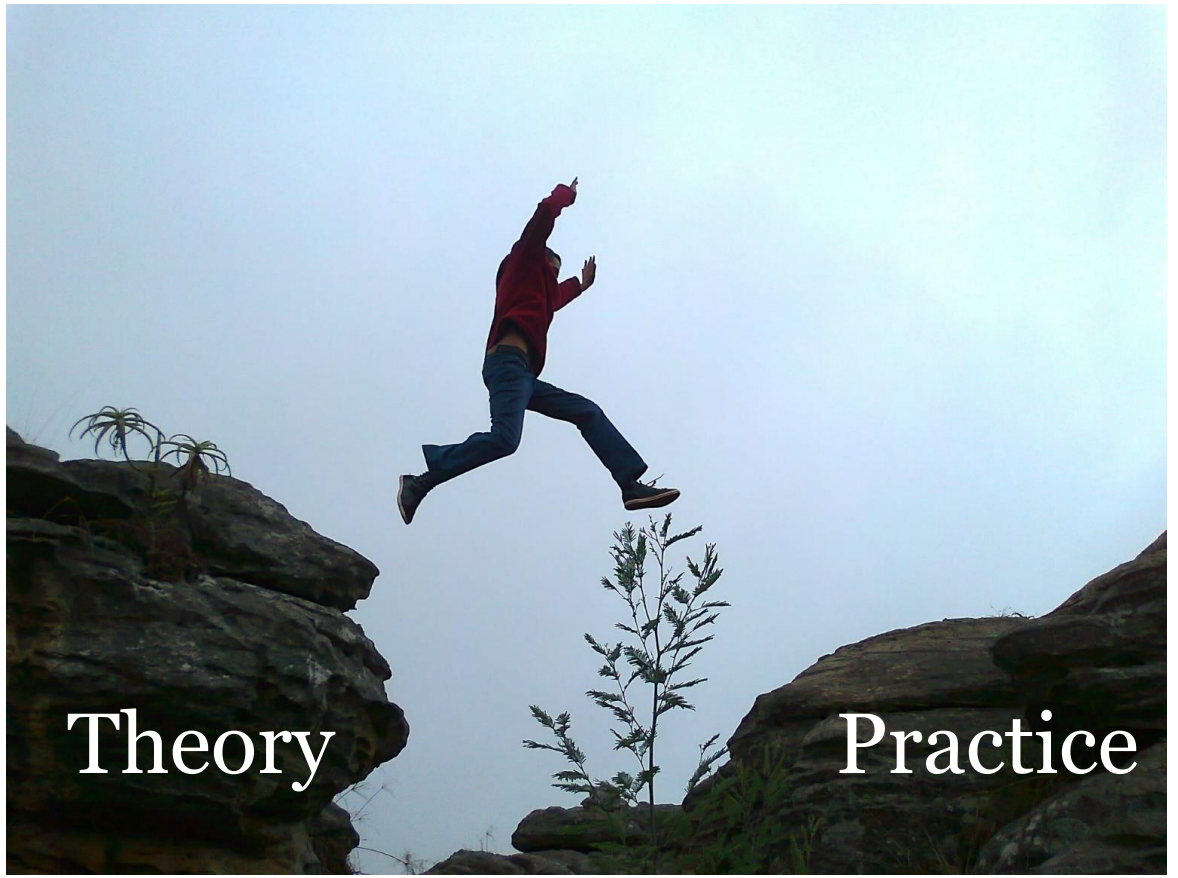
# P –Patient-focused - start with real-word examples

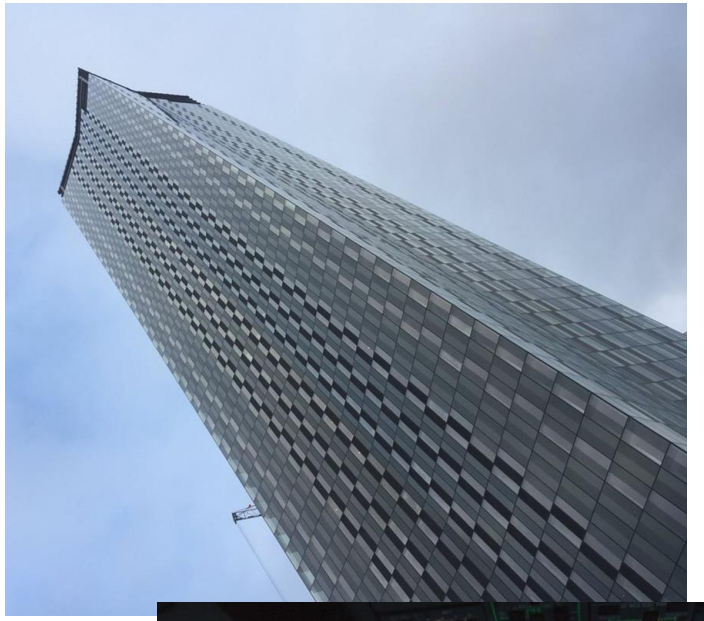
## Power of patient stories





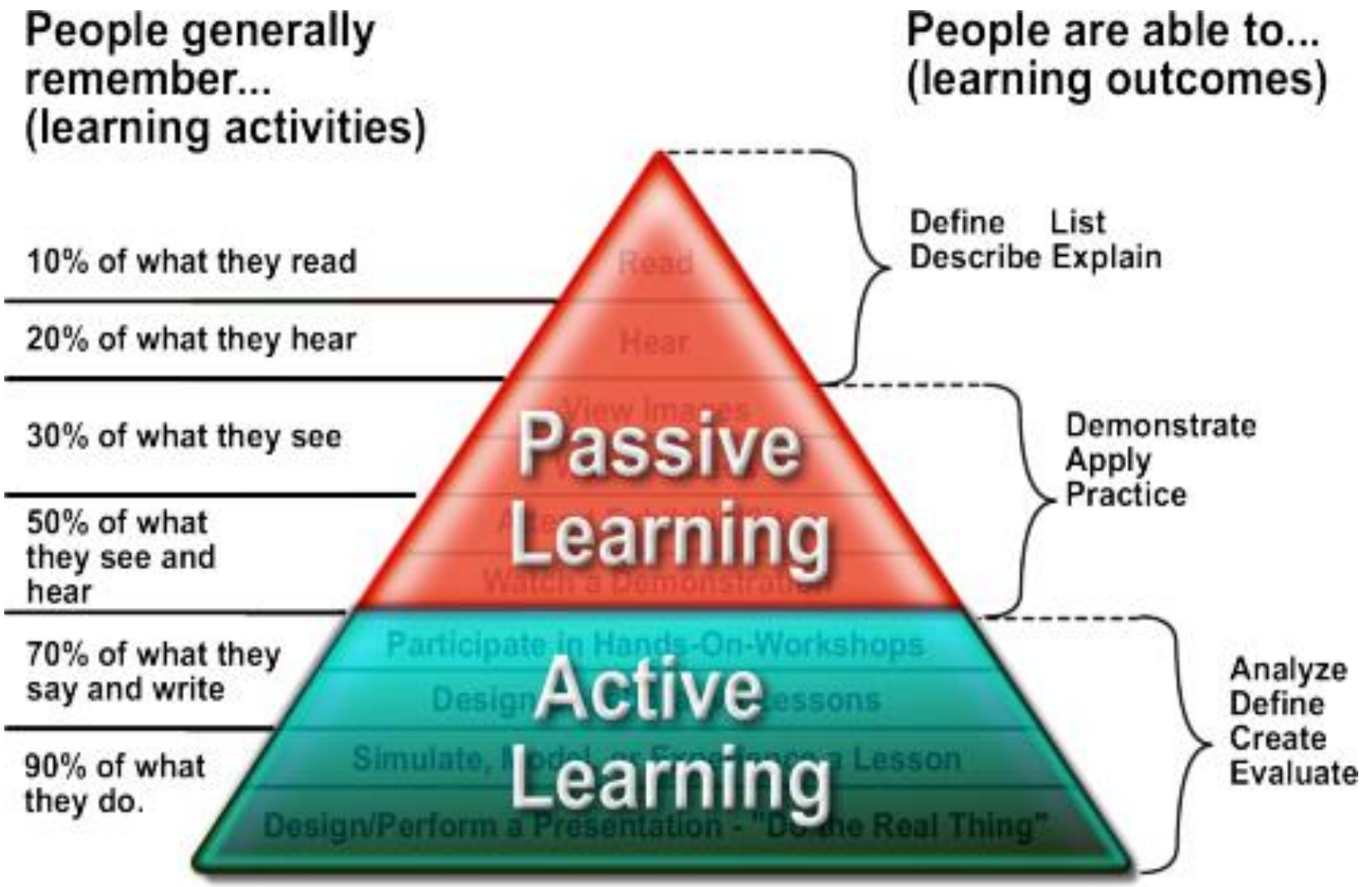

MIND THE GAP


Theory
Practice




- Reality shock ??
- Exposure over time – students (e.g. Allcock & Standen 2001; Mackintosh-Franklin 2014)
- Moral distress (e.g.  Morley et al 2015; Green et al 2016; Morley et al , *under review*)

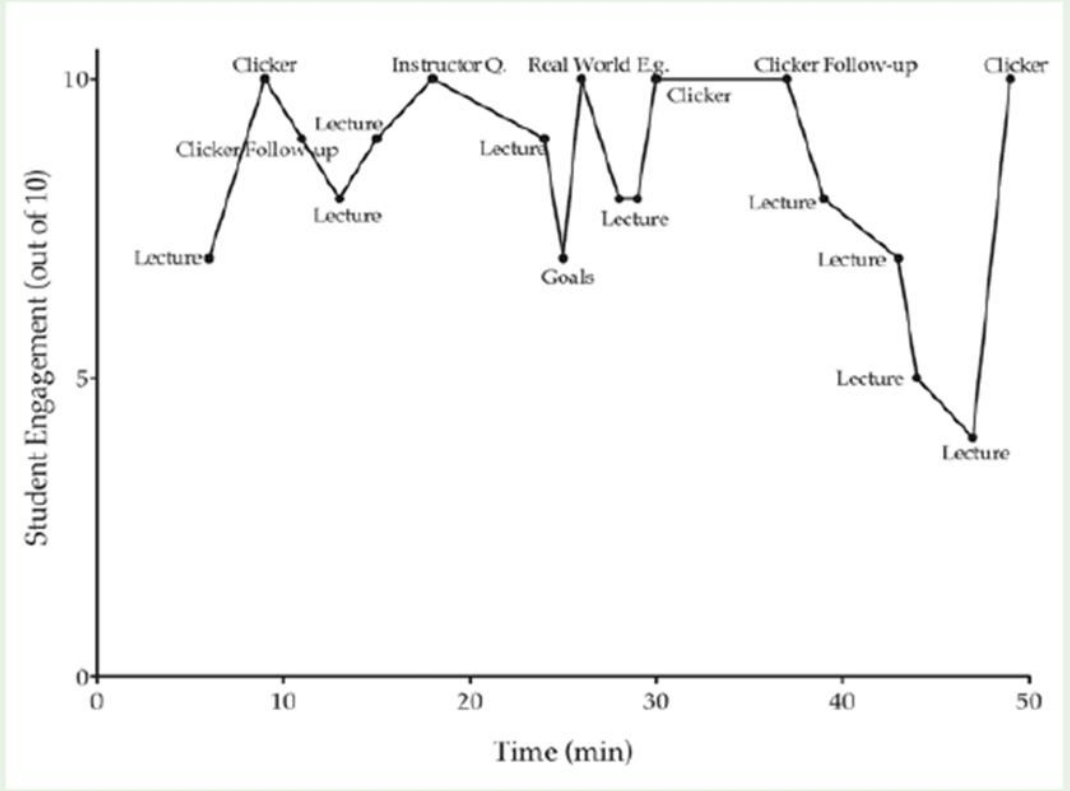
# A –Active Learning




Zayapragassarazan (2016) Based on Dale's Cone of Experience (1969)

# A –Active Learning


**Sample of engagement data over a 50-minute class period, showing classroom activities that are more/less engaging. Data like these are provided to instructors shortly after observation.**




Lane & Harris (2015)

# Age of distraction



## Use it or (ask them to) lose it

- FOMO
- Sana et al (2013) Multitasking on laptops

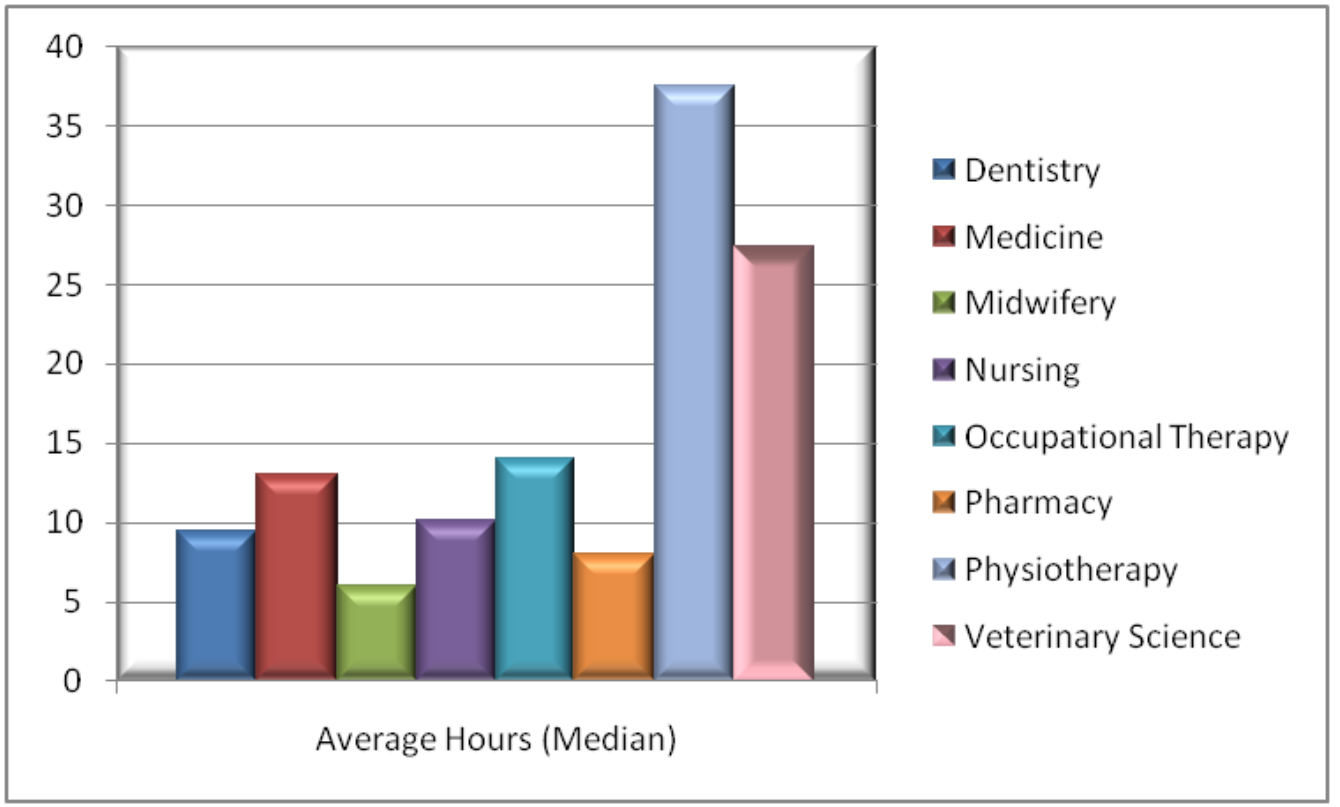
- Notes
- Learners who multitasked on laptops – performed worse on recall tests (poorer note taking)
- Learners in the vicinity did twice as badly (thought to be due to the lack of control over distractions)
- Other studies have shown note takers retain more that taking notes on electronic devices

# –Individualise

## Know your learners

- What do want / need to learn about pain?
- What challenges do you face in managing pain?
- What do you understand about mechanisms of analgesics and what do you want to know?

# UK: Median Hours




Briggs et al 2011. Eur J Pain

Some disciplines pain <1% of the taught curriculum

European Medical undergraduates:
Briggs et al 2015. BMJ Open

Thompson et al 2018. Pain

Watt-Watson et al 2019. Pain Medicine

# N – Network & signpost

## NETWORK
## *Educating a community*

Notes:

Learning is a social activity - where interactive, deeper, more meaningful learning. Reflects interprofessional practice where we can share knowledge, sharing power, learning about roles, negotiating, problem solving

1 or 10 or 100 people – you are always educating a community – Just like Twitter – your reach is much further that the staff member and patients they care for. So encourage that community and where people share their learning, more is retained. What is the one thing you would share with someone else today about managing pain?

# Sharing is caring - one thing from this session or the conference that you will share with a colleague.....

| | |
|---|---|
| The importance of how knowledge is shared | The importance of psychological aspects of pain |
| Asking learners what they want | ??? IV Lidocaine |
| Signs of borderline personality disorder | TPS info |
| Try to minimise the gap between theory and practice | Post op Lidocaine |
| Lignocaine protocols | Liposome LA |
| Lidocaine infusion,  The Briggs pained, managing opiods | PollEv |
| Changes in acute pain | The fact that using devices in lectures etc decreases learning |
| Inter professional not multi disciplinary | Patient follow-up |
| Transitional service. | Use lidocaine in Acute setting |
| Psychologist should run the pain service | Transitional pain team |
| pt Stories - use in teaching | Patient examples and the way we educate staff on pain |
| Patient story | Complex pain services |
| Collaboration | Listen to the patient |
| Ask the learners | Transitional pain approach |
| Lessons learned from setting up & running transitional services | Know your learners |
| Biochronomer bupivacaine will render us all unnecessary. | PAINED Model, gives a good format to training sessions |
| Real life examples | We need more money to do what we want |
| Clinical psychologists are needed! | Iv lidocaine |
| Transitional pain team | Take home message New knowledge or skills gained |
| TPS info | Find gaps in learning |
| Other pain team models | Managing deprescribing of opiates. |
| Joined up care between specialists | Patient stories |
| Transitional Pain Services, managing complex pain patients | Slow release local anaesthetic for wounds |
| Patient story first | The Briggs painEd method |
| Complex/ functional pain team | Networking |
| Begin teaching with case study | Start teaching with patient story |
| The vast importance of pain education for ALL staff | Switch phones off |
| PainEd process | PainEd process |
| We need psychology and physios on Pain teams. | Opioid free pain management |
| Lidocaine infusion | I've lignocaine protocol |
| Don't take notes on a laptop | Patient examples first! |
| From patient to person! | Use of real world examples and patient stories |

# N – Network & signpost

## SIGNPOST
## *Inspire don't inundate*

Sign posting
What's your role as an educator- try to avoid the information transmission mode.  Plutarch's words…."The mind is not an empty vessel, but a fire to be ignited.' Try to be that spark of curiosity or fuel the flames.

Inspire rather than inundate –large volumes of information  are not retained.

# E – Evaluate & Feedback


## Powerful feedback and feedforward

- Timely, constructive

## Powerful Evaluation

- Avoid evaluating you
- Process and outcome
- What do you feel most / least confident about?
- What has helped you learn?
- Anything I/we should do differently?

Briggs (2012) Brit J Pain

# D – Diversify - learning

**Multimodal analgesia**

**Multimodal education**

# D – Diversify - learning


***Scientia potential est***

**but…**

**Competency (not just knowledge)**

- Assessment skills
- Interpretation & problem-solving
- Understand and apply evidence
- Decision-making
- Negotiation
- Interprofessional working and learning

# D – Diversify - the learners

## Interprofessional Working & Learning

'two or more professions learn *with, from* and *about* each other in order to improve collaboration and the quality of patients' care'

(Centre for the Advancement of Interprofessional Education 2002)

- Higher levels of collaboration had more adequate pain management (Martin-Rodreguiz et al 2008)
- IPE improved interprofessional communication, increased pain assessments and improved pain scores (Carr et at 2003; Allen et al 2011)

# Curricula & Competency Frameworks

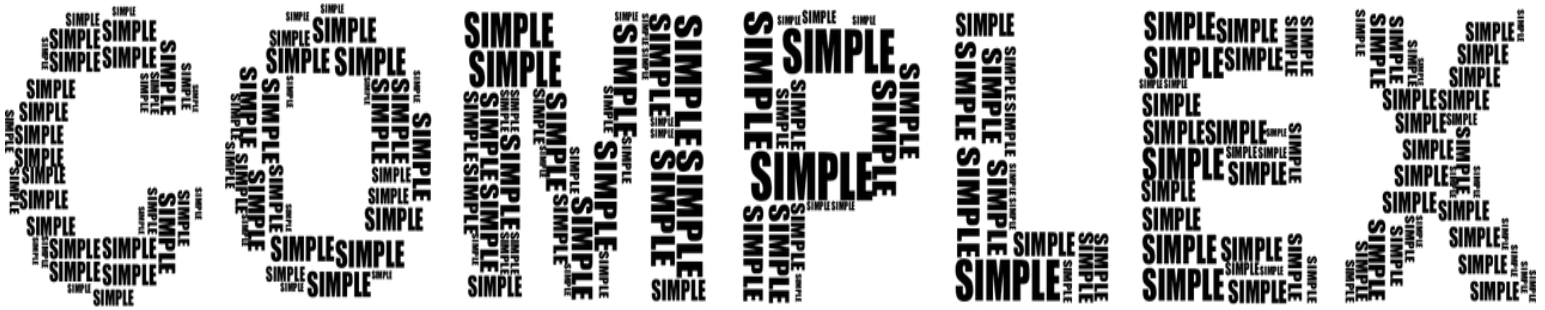
## To registration

International Association for the Study of Pain
IASP
*Working together for pain relief*


## Across levels

RCN Pain Knowledge and Skills Framework for the Nursing Team


## Specialist only




# Education – panacea or part of an essential package?

- Pain Services
- Knowledge transfer / exchange/ mobilisation
- Effective preceptorship / clinical supervision
- Technology
- Organisational structures

# Summary

**P**atient-focused & real world challenges

**A**ctive not passive learning activities

**I**ndividualise – know your learners

**N**etworks – community and signpost

**E**valuate & feedback

**D**iversity and competency

**Poll locked.** Responses not accepted.

# Clinicians and teachers that have inspired you…in one word, what made them inspirational? Can submit more than once

# Enjoy Being a Powerful Pain Educator!

# Thank you

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