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In Response to “Education on Prehospital Pain Management: A Follow-up Study”

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French SC, Chan SB, Ramaker J: Education On Prehospital Pain Management: A Follow-Up Study. *West J Emerg Med.* 2013;14(2):96-102.

To the Editor:

French et al should be congratulated for reporting their study of the effects of an educational intervention on prehospital care management of pain.¹ Following the educational intervention paramedics certainly improved their management of pain— but there remain some unanswered questions on the intervention and the outcome.

First of all the intervention was quite substantial and multifaceted. However it is interesting to ask what facet of the intervention caused the positive outcomes. Could a shorter (1 or 2 hour) intervention resulted in a similar outcome? Could the same outcome have been achieved as a result of an e-learning intervention or print-based learning materials? Is it possible that the surveys themselves had an effect on the changed management? These questions cannot be answered from the current results as all learners received the same intervention. Perhaps a further follow up study might be conducted where different groups of learners receive different interventions. In this way more effective and more efficient interventions might be uncovered.

Secondly the educational intervention was not costed; nor indeed was any cost utility assigned to the outcomes. Low cost educational interventions that result in more efficient care and as a result lower cost care are obviously the interventions most sought after by educators and educational providers alike. However this is only possible when interventions and their outcomes are properly and thoroughly costed.

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Conflicts of Interest: By the WestJEM article submission agreement, all authors are required to disclose all affiliations, funding sources and financial or management relationships that could be perceived as potential sources of bias. The authors disclosed none.

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1. French SC, Chan SB, Ramaker J. Education on prehospital pain management: a follow-up study. *West J Emerg Med.* 2013;14(2):96-102.

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In reply:

We would like to thank Dr. Walsh for highlighting two additional aspects of education which concern many of us. We incorporated this investigational study into our already established monthly 3 hour continuing education (CE) session provided for paramedics in our emergency medical services system; therefore, this study added no additional costs to the program. It would, however, be helpful to learn if a shorter session on pain assessment and management would be just as effective. This would allow us to add additional topics to the 3 hour CE session thus making the time more efficient. Dividing the paramedics into subgroups to apply different types of educational tools would be quite simple with our model. We could separate them on the basis of the 3 different shifts they work within a station or according to the different station locations within each suburban village.

Cost is all too important when it comes to delivering CE. We educate paramedics from fire services during their regularly scheduled shifts so no additional pay for personnel time is required. Our private ambulance providers are required to attend CE during their off-shift time; however, other private providers throughout Illinois and throughout the country are compensated for attending CE. Identifying more efficient methods to provide CE would make better use of the paramedics' time and save costs for those ambulance/fire services which pay for time spent in attendance at CE sessions. We have also looked at providing CE which is either videotaped for later playback or conferenced live video in order to decrease the number of CE sessions that the paid infield nurse educators have to provide and to include additional paramedics at other locations.

Thanks again to Dr. Walsh for identifying additional questions to the education intervention that we hope to address in future studies.

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