

Clinician Education and Engagement

Fact Sheet

Analgesic stewardship (AGS) facilitates appropriate use and review of analgesics to optimise patient outcomes and reduce the potential for analgesic-related harm. This factsheet forms part of the AGS Toolkit developed by Safer Care Victoria and Alfred Health to support introduction or enhancement of analgesic stewardship programs in health services.

The AGS Toolkit introduces structured approaches to governance and accountability, policy, education, monitoring and improvement activities.

Education is a key component of an AGS program. All clinicians should be aware of pain management principles and appropriate analgesic prescribing to optimize patient outcomes and reduce the potential for analgesic-related harm.

Developing an educational strategy

An educational strategy should consider educational interventions that improve knowledge around pain management, change attitudes towards appropriate analgesic prescribing behaviours and increase awareness of other AGS strategies and resources. It should take into consideration prescribing practices or other factors relevant to individual health services.

An educational strategy should be multi-faceted, linking various educational interventions and modes of delivery to target key clinicians that influence prescribing at different touchpoints across practice environments. It should be organized to complement other strategies in the AGS program.

Educational approaches adopted by other stewardship programs such as antimicrobial stewardship support combining passive and active interventions which combine clinician, patient and consumer education in different formats. This has been found to be the most successful in reducing inappropriate prescribing.

There are few definitive recommendations on single interventions that have been demonstrated to make an impact on prescribing behaviour for opioid analgesics.

Educational Content

The content in AGS educational strategies should be tailored to targeted disciplines. Content should be developed in consultation with relevant stakeholders from the discipline such as nursing educators and acute pain clinical nurse consultants for nursing education or surgical registrars and pain physicians for medical education. Utilizing governance structures such as an Analgesic Stewardship Committee will also ensure consistent information or principles are conveyed to the different disciplines.

The Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard provides quality statements that provide guidance on delivering appropriate care and these can be considered when developing education content. These include patient information and shared decision making, acute pain assessment, risk-benefit analysis, pathways of

care, appropriate opioid analgesic prescribing, monitoring and management of opioid analgesic adverse effects, documentation, review of therapy and transfers of care.

Educational interventions and methods

An educational strategy should consider various modes of delivery to ensure interventions can occur at times convenient to clinicians. The strategy should consider how to provide content to be repeated to reinforce messages through different methods and also consider methods that do not require significant periods of time commitments that may limit engagement.

Method	Description
Self-directed learning	<ul style="list-style-type: none"> Guidelines or clinical resources for clinicians FAQ factsheets
e-Learning	<ul style="list-style-type: none"> Existing online modules such as the Australian Commission on Safety and Quality in Health Care's High Risk Medicines Education Module Modules within local health service learning systems
Presentations, workshops, tutorials, in-services	<ul style="list-style-type: none"> Presentations to Pharmacy Team/Department Meetings, Nursing Education Meetings, Medical Team/Department Meetings, Ward Teams Workshops with pharmacy interns/residents/pharmacists, prescribers (interns/registrars), nursing (undergraduate/postgraduate) Presentation at Grand Round Meetings, Morbidity and Mortality Meetings and other practice meetings Ward-based education (e.g. medical/nursing handover) Informal discussions with groups of/individual clinicians Presentation at journal clubs, Nursing study days Recorded webinars
Awareness materials/resources	<ul style="list-style-type: none"> Posters Notices/prompts near computers Lanyard cards (e)Newsletters Information brochures and handouts Screensavers

Evaluation of educational interventions

When planning an educational strategy, consideration should be given to the evaluation of the effectiveness and sustainability of education interventions.

Consider evaluating and monitoring various aspects of educational interventions beyond impact, including type and frequency of education, extent of confirmation/attendance/participation and clinician satisfaction with content.

Knowledge assessments alone may not be enough to evaluate the effectiveness of education interventions.

Consider various tools to assist in evaluating interventions such as surveys, questionnaires, focus groups, objective structured clinical examinations (OSCEs), multiple choice questions, self-evaluations, peer-evaluations, audits or qualitative observations.

Resources

Liu S, Gnjjidic D, Nguyen J, Penm J. Effectiveness of interventions on the appropriate use of opioids for noncancer pain among hospital inpatients: A systematic review. *British Journal of Clinical Pharmacology*. 2020;86(2):210-243. DOI: 10.1111/bcp.14203.

Hopkin R, Bui T, Magliano DJ, Arnold C et al. Systematic Review Prescriber Education Interventions to Optimize Opioid Prescribing in Acute Care: A Systematic Review. *Pain Physician* 22 (6):E551. DOI:10.36076/ppj/2019.22.E551

Stevens J, Trimboli A, Samios P, Steele N, et al. A sustainable method to reduce postoperative oxycodone discharge prescribing in a metropolitan tertiary referral hospital. *Anaesthesia* 2019;74:292-299.

Hopkins RE, Bui T, Konstantatos AH, Arnold C, et al. Educating junior doctors and pharmacists to reduce discharge prescribing of opioids for surgical patients: a cluster randomised controlled trial. *Med J Aust* 2020;213(9):417-423.

Kennedy MB, Malik M, Haq I, Williams SE, et al. Safe prescribing training provision for junior doctors: is this optimal. *BMC Medical Education* 2016;16:220.

Brown CS, Vu JV, Howard RA, Gunaseelan V, et al. Assessment of a quality improvement intervention to decrease opioid prescribing in a regional health system. *BMJ Qual Saf* 2021;30:251–259. doi:10.1136/bmjqs-2020-011295.

High Risk Medicines Education Module

<https://hrmeducation.health.gov.au/course/details/opioids>

The Australian Commission on Safety and Quality in Health Care has developed an e-learning course that promotes the safe management of opioid analgesics. This course is intended for all healthcare staff involved in the management of high-risk medicines, specifically opioid analgesics. It is designed to take around an hour to complete and on successful completion of the assessments, participants can download a certificate of completion.

On completion of the course, participants will be able to:

- explain what opioid analgesics are
- analyse why opioid analgesics are high risk medicines
- define differences between opioid equivalencies
- identify risks associated with different opioid analgesic formulations
- identify risks associated with look-alike, sound-alike (LASA) opioid analgesics
- distinguish between opioid analgesics in relation to prescription and administration in acute, chronic and cancer pain settings
- review the use of more than one opioid analgesic for an individual patient
- monitor opioid analgesics and adverse effects in patients