

# THE AFFECTIVE DOMAIN IN EMS PAIN MANAGEMENT EDUCATION

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(Cape Times, 2006 - Unaltered)



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***“A primary goal of reassuring and comforting patients (as well as relieving distress and pain) .....should be a source of pride and for now, the major focus of EMS”.*** (Callaham, 1997)

Callaham, Michael. 1997. “Quantifying the Scanty Science of Prehospital Emergency Care.” *Annals of Emergency Medicine* 30 (6): 785–90. [https://doi.org/10.1016/S0196-0644\(97\)70049-0](https://doi.org/10.1016/S0196-0644(97)70049-0).

*“...the relief of pain and suffering of patients must be a priority for every emergency medical services (EMS) system.”*

Alonso-Serra, Hector, and Keith Wesley. 2003. “Position Paper: Prehospital Pain Management.” *Prehospital Emergency Care* 7 (4): 482–88. [https://doi.org/10.1197/S1090-3127\(03\)00226-0](https://doi.org/10.1197/S1090-3127(03)00226-0).

# PAIN AND THE EMERGENCY MEDICAL SERVICES

*Review Article*

# **Acute Pain in the African Prehospital Setting: A Scoping Review**

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- Decisions based on prior experience. Pain assessments not always applied
- Abdominal pain is still a problem
- Paramedics understand Morphine dosing, but still choose to use lower doses (< 5mg) and titrate very slowly.
- Fear of adverse events

Vincent-Lambert, Craig, and Joalda Marthiné De Kock. 2015. "Use of Morphine Sulphate by South African Paramedics for Prehospital Pain Management." *Pain Res Manage* 20 (3): 141–44.

- 530 Patient Care Records
- 5mg Morphine or less in 75% (95% CI 70–79), mostly in single doses
- Single doses in 72.2% (95% CI 67–77)
- Pain Assessment recorded 21% (95% CI 18-25)
- Second Pain Assessment Recorded 6% (95% CI 4-9)

Matthews, R., M. McCaul, and W. Smith. 2017. "A Description of Pharmacological Analgesia Administration by Public Sector Advanced Life Support Paramedics in the City of Cape Town." *African Journal of Emergency Medicine* 7 (1).

- a. Mandatory assessment of both the presence and severity of pain*
- b. Use of reliable tools for the assessment of pain.*
- c. Indications and contraindications for prehospital pain management.*
- d. Non-pharmacologic interventions for pain management.*
- e. Pharmacologic interventions for pain management.*
- f. Mandatory patient monitoring and documentation before and after analgesic administration.*
- g. Transferal of relevant patient care information to receiving medical personnel.*
- h. Quality improvement and close medical oversight to ensure appropriate use of pre-hospital pain management”*

*“to actually give someone a pain-relieving drug, I have to believe they are in moderate to severe pain so if I don’t think, even, they can scream as loud as they like, if I don’t believe it’s genuine pain I won’t give them a drug.”*

Jones, Georgina E, and Ina Machen. 2003. “Pre-Hospital Pain Management: The Paramedics’ Perspective.” *Accident and Emergency Nursing* 11 (3): 166–72. <http://search.ebscohost.com/login.aspx?direct=true&db=cmedm&AN=12804613&site=ehost-live>.

*“The paramedics mentioned the pain scales only as a way to highlight the incongruity between a patient’s stated pain level and the patient’s appearance”. Walsh 2013*

*“I almost make a decision on that first impression. As you walk into the room, and you look at the patient ... I’ll almost make a decision right then and there”*

*“You got to be careful with pain control because we have a lot of pain seekers ... “.*

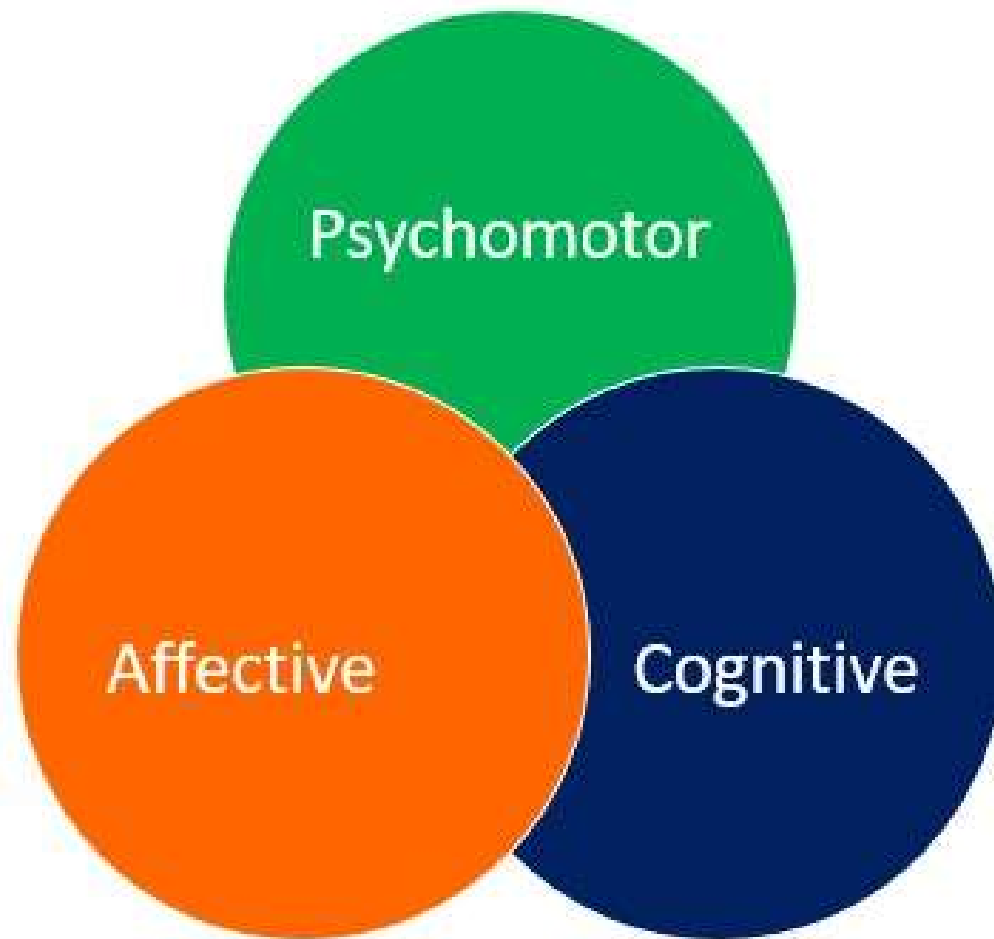
*“I noticed up here, at [local hospital], they don’t want you to give narcotics. It was very clear in a class that I took with them that [ED physicians] would just rather have you wait, and let them decide whether or not to give it”.*

*“...take the edge off...”*

*“Well, that was one of the main concerns, is if you’re giving it, it’s going to mask any kind of an injury”.*

Education can improve specific outcomes.

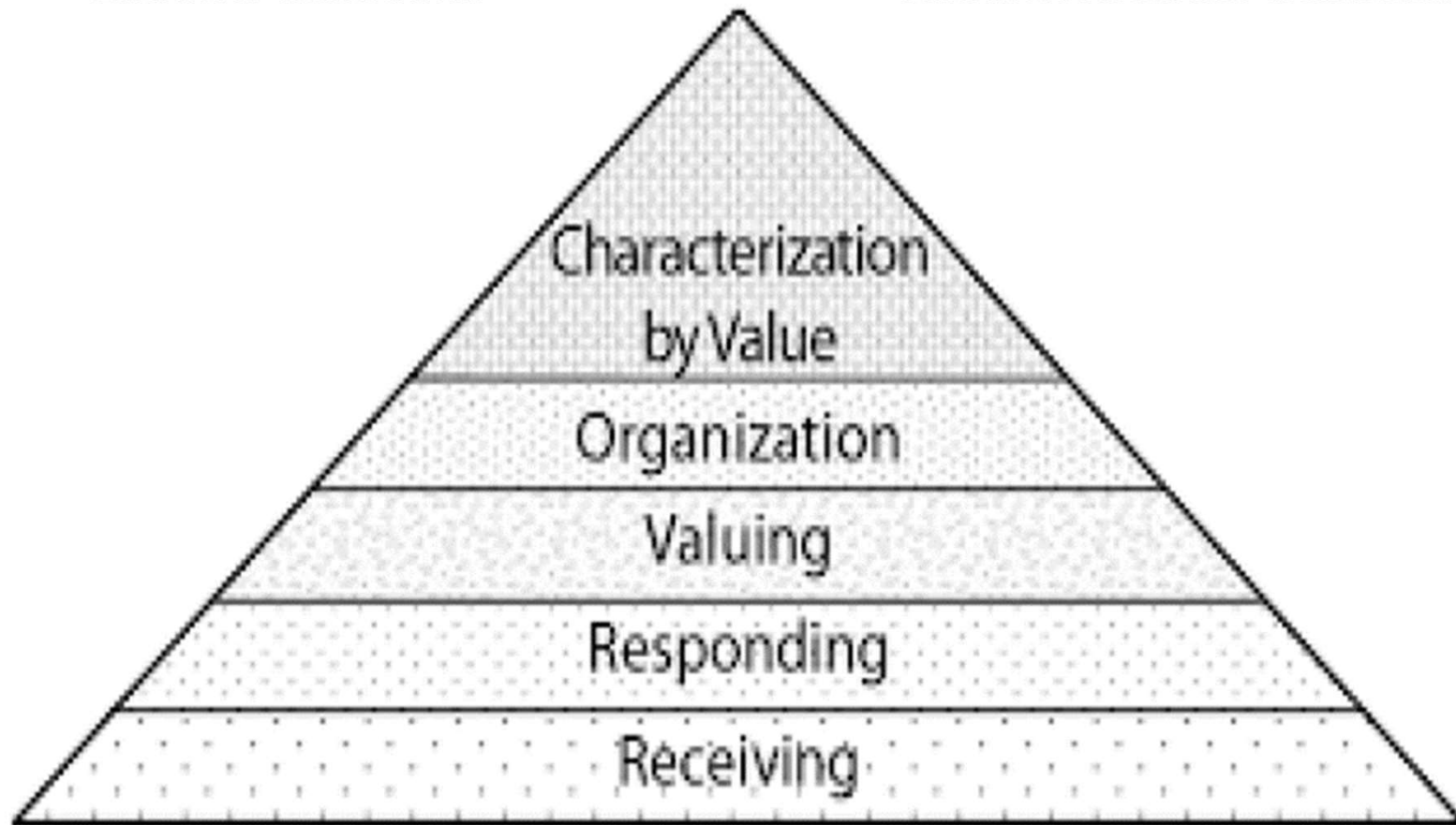




*[Bloom, B. S.](#); Engelhart, M. D.; Furst, E. J.; Hill, W. H.; [Krathwohl, D. R.](#) (1956). *Taxonomy of educational objectives: The classification of educational goals. Handbook I: Cognitive domain.* New York: David McKay Company.*

Bloom's Taxonomy

Bloom's Revised Taxonomy



*“An unpleasant  
actual or potential  
damage”.*



*ed with  
such*

Loeser, John  
<https://doi.org/10.1029/2018GL079111>

(3): 473–77.

*“...human behaviour is mediated by what people know and think”*

*“Knowledge is necessary, but not sufficient, to cause a change in behaviour”*

*“Behaviour is influenced by individual beliefs, motivations and skills...and environment”.*

# What is the Affective Domain?

- Where we deal with things emotionally:
  - Feelings
  - Values
  - Attitudes
  - Enthusiasms

# Affective Domain

Internalisation and conceptualisation of attitudes, emotions and values

which in turn influence

Individual values

Decisions

Behavioural choices

Donlan, Pamela. 2018. "Developing Affective Domain Learning in Health Professions Education." *Journal of Allied Health* 47 (4): 289–95. <http://www.ncbi.nlm.nih.gov/pubmed/30508841>.

- Competence in the Affective domain attributes directly affect clinical and operational performance.
- The Cognitive and Affective domains are linked and can't really be separated.
- Competence in the Cognitive and Affective domains are essential for critical thinking

*“ambulance personnel, by using their clinical knowledge and by **empowering the patients to participate in their own care**, managed to individualize the pain relief for patients”*

*“tried to increase the patients’ level of participation in the treatment of their own pain by creating conditions for participation and by adapting to the patients’ needs”.*

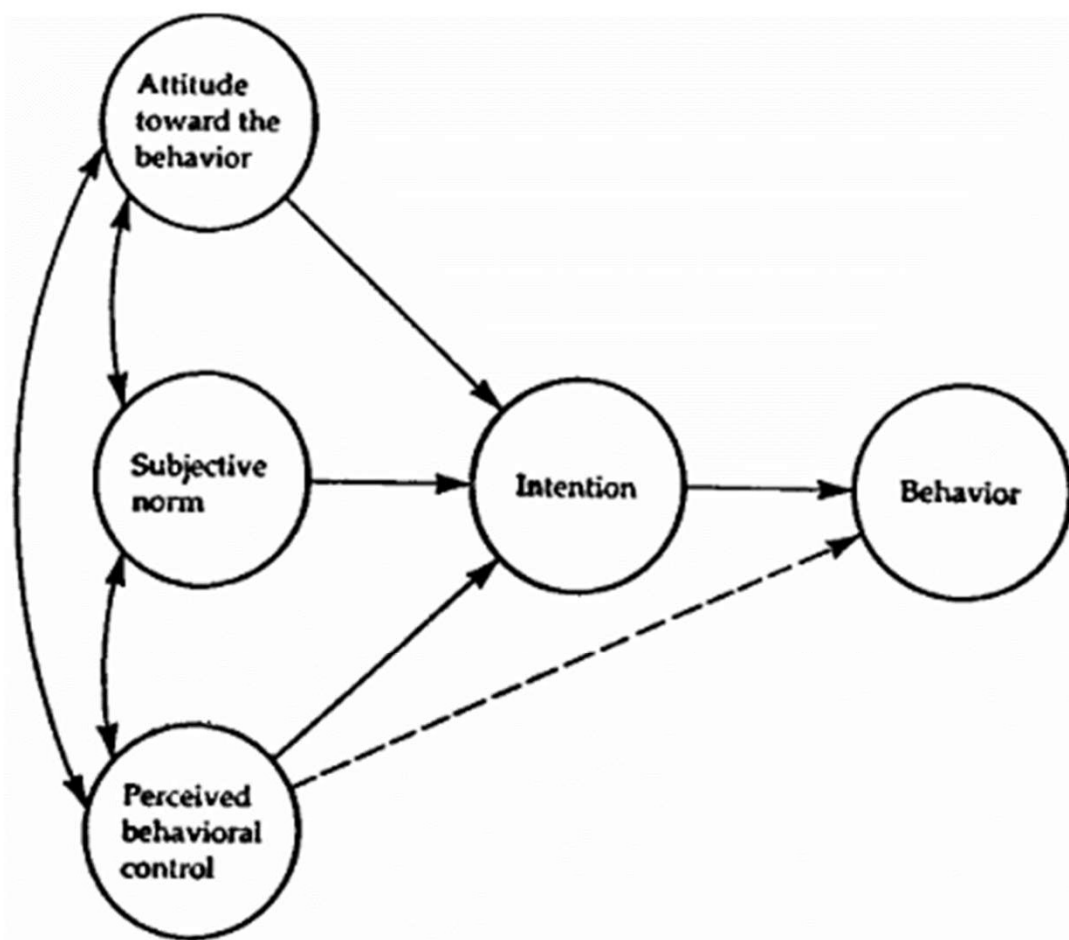
# Teaching Practices

Improve self awareness

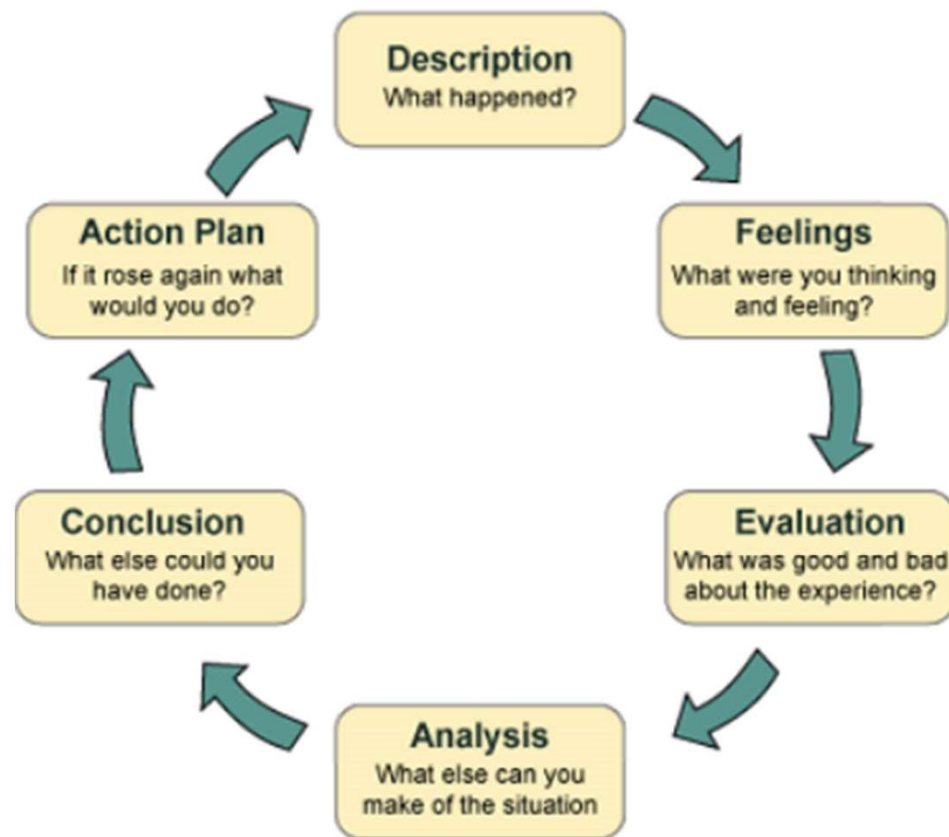
Expose multiple points of view

Shape perspective

Donlan, Pamela. 2018. "Developing Affective Domain Learning in Health Professions Education." *Journal of Allied Health* 47 (4): 289–95. <http://www.ncbi.nlm.nih.gov/pubmed/30508841>.



## Gibbs Reflective Cycle



# Teaching Methods

- Think-pair-share
- Simulation
- Reflective Journals
- Structured Controversy

*“what people remember most about their healthcare experiences is how information and service was delivered.”*

Cavanaugh JT, Konrad, SC. Fostering the development of effective person-centered healthcare communication skills. *Work*. 2012; 41(3):293–301.