**Educating Ghanaian Tutors on the Assessment and Management of Pain in Children**

**Background**

Despite available evidence to guide pain management practice (Twycross et al, 2015), pain is still a common occurrence in hospitalised children (Twycross & Williams, 2014; Kozlowski et al., 2014). Under treatment of paediatric pain emanates from several factors one of which includes lack of knowledge. The challenge of achieving effective paediatric pain management is particularly prominent in sub-Saharan Africa. African children are especially vulnerable to diseases and injury and consequently to pain. Factors such as limited resources, language barriers, cultural diversity, and poor education limit such children from gaining access to essential pain care (Albertyn et al., 2009). Gaps in Ghanaian nurses’ knowledge regarding pain management can be attributed to limited training during their pre-service education and lack of opportunities for continuing professional education regarding pain management post qualification (Aziato & Adejumo, 2014). Educating tutors about paediatric pain was felt to be vital in enabling them to transfer evidence based knowledge to the students they teach.

**AIM**

To explore the effect education could have on tutors’ abilities to meaningfully teach nursing students paediatric pain management.

**METHODS**

A mixed methods design was employed to conduct the study in one Ghanaian nursing school. Purposive sampling was used to select 37 tutors and 24 students. Data collection was completed between September 2018 and February 2019. Quantitative data was collected using the Knowledge and Attitude Survey Regarding Pain (KASRP) at 3 stages; pre-intervention, post-intervention and at three month follow-up. Qualitative data was collected via focus-groups at 2 stages; pre-intervention and at 3-months follow-up. The intervention comprised a Paediatric Pain Education Workshop (PPEW) for tutors, the content of the educational intervention depended on the tutors’ specific knowledge deficits assessed via a needs assessment to tailor the education to their unique needs regarding paediatric pain management. Quantitative data were analysed using descriptive and inferential statistics while the qualitative data analysis drew on Braun and Clarke’s thematic analysis. The results of this poster focus on the quantitative data as the qualitative data is still been analysed.

**RESULTS**

**Quantitative results**

**Table 1: Summary statistics of respondents’ KASRP scores**

|  |  |  |  |
| --- | --- | --- | --- |
| **Variable**  | **Pre-intervention (N=37)** | **Post-intervention 1 (N=30)** | **Post-intervention 2 (N=26)** |
| **Mean (SD)** | 20.35 (4.56) | 26.93 (5.02) | 25.19 (5.80) |
| **Median**  | 20.00 | 27.00 | 26.00 |
| **IQ Range** | 17.50-22.00 | 25.00-30.00 | 20.00-29.25 |

Results from table 1 above revealed increased knowledge and change in attitude towards paediatric pain management in terms of mean (SD). A significant increase in the KASRP scores from pre-test to post-test 1 were observed - Mean (SD) from 20.35(4.56) - 26.93(5.02) and a p-value of <0.001. Tutors had slightly decreased scores at three months post-education - Mean (SD) from (26.93(5.02) to 25.19(5.80). However, scores from pre-intervention to post-intervention 2 (Mean (SD) 20.35(4.56) – 25.19 (5.80) still revealed a significant increase (p < 0.001). Hence initial evidence shows tutors were retaining their knowledge three months following the education.

**LIMITATIONS**

Small sample size for quantitative data even though it was the total population of the target audience

**CONCLUSION**

The PPEW was effective in increasing tutors knowledge and attitudes towards pain in children. Education is therefore a possible means to enhance tutors knowledge and attitudes which could in turn be transferred to students and ultimately improve pain management.

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