French et al Response to Educational Interventions Should Be Carefully Defined and Costed

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


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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