ESSENTIAL PAIN MANAGEMENT (EPM) WORKSHOPS

Central Military Hospital
Trauma Hospital
Ulaan Baatar Mongolia

23, 24 and 25 June 2014

Executive Summary

- Globally, pain (of all types) is often an unrecognized and inadequately treated problem.

- Fortunately, many effective pain management strategies are “low tech” and cheap and can offer significant improvements to an individual’s quality of life.

- The Essential Pain Management (EPM) workshop has been developed:
  - To improve knowledge about pain.
  - To provide a simple framework for treating pain.
  - To address pain management barriers.

- We ran one 3 day EPM Workshop at the Central Military Hospital and one at the Trauma Hospital in June 2014 in Ulaanbaatar. We successfully trained 8 new instructors and exposed 89 health workers from the Military Hospital and Trauma Hospitals to the EPM program.

- Recommendations:
  - The locally trained instructors run regular EPM Workshops at the Central Military Hospital and the Trauma Hospital.
  - The MSA take over the leadership role in running EPM in Mongolia.
  - Improve pain assessment and treatment using a multidisciplinary approach.
  - Encourage surgical teams to get involved in postoperative pain management.

Background

Mongolia is the least densely populated country, other than Greenland, in the world. Nearly 33% of the 2.7 million people of Mongolia reside in Ulaanbaatar, the capital city, and approximately 43% live in rural areas. [DA Spiegel, S Choo et al, Quantifying Surgical and Anesthetic Availability at Primary Health Facilities in Mongolia. World J Surg. 2011 Feb;35(2):272-9]

The Central Military Hospital runs 3 operating theatres. There are 12 anaesthetists (4 males and 8 females).

Course participants identified a number of common pain problems, e.g. cancer pain due to advanced cancer pain, postoperative pain and chronic low back pain. If inadequately treated, these pain problems can cause considerable distress for individual patients as well as many negative effects for their family and community.
The Trauma and Orthopaedic Research Centre (TORC) is a 500-bed hospital that functions as the major trauma centre for both adult and paediatric patients in Ulaanbaatar. They manage over 350 presentations per day, in both their Emergency Department and Ambulatory departments.

The Anaesthetic department comprises 11 anaesthetists. The Intensive Care Unit (Reanimation) has a capacity of 15 beds, and is staffed separately by intensivists.

At the TORC, the drug treatments available included paracetamol, nonsteroidal medications (ibuprofen, ketanol, diclofenac, metamizol), ketamine, codeine, morphine (iv/oral), tramadol, lignocaine, amitriptyline, carbamazepine and gabapentin.

The EPM Workshop was developed in 2010 to improve pain management worldwide. The workshop uses a management framework called RAT, standing for Recognize, Assess and Treat. This has been used very successfully to discuss common and also difficult pain management scenarios.

Course Dates

We ran two EPM Workshops at two separate sites. Workshop 1 (lecture by international instructors) was on 23 June 2014, Workshop 2 (instructors training) was on 24 June 2014 and Workshop 3 (lecture by new local instructors) was on June 25. Workshops 1 and 3 were held at Central Military Hospital and Trauma Hospital, and Workshop 2 was held at Trauma Hospital.

Course Instructors at Central Military Hospital

Dr Roger Goucke
Pain Medicine Physician, Anaesthetist, Sir Charles Gairdner Hospital
Email: roger.goucke@gmail.com

Dr Yayoi Ohashi
Anaesthetist, Royal Perth Hospital
Email: ohashiyayoi@gmail.com

Course Instructors at Trauma Hospital

Dr Amanda Baric
Anaesthetist,
Email: abaric@ozemail.com.au

Dr Anna Negus
Anaesthetist,
Email: drannanegus@gmail.com

Dr Alison Jarman
Anaesthetist, Austin and Northern Hospitals
Email: alisonjarman@gmail.com
Course Participants
See Appendix 1.

Workshop 1 at Trauma Hospital: 19 participants - mixture of surgeons, anaesthetists
Instructor Workshop: 3 doctors from Central Military Hospital
11 doctors from Trauma Hospital

Workshop 3: 13 participants doctors, nurses, medical students Military Hospital
44 participants attended some or all of the 8-hour workshop Trauma Hospital

New local instructors
See Appendix 2

Venue and Catering
The workshops 1 and 3 were held in a lecture room at Central Military Hospital and Trauma Hospital. This had enough space to fit all the participants. There were two working projectors at Central Military Hospital, one projector and one TV screen at Trauma Hospital.

Mongolian lunch was provided by the hospital cafeteria on both days.

The workshop 2 was held in a lecture room at Trauma Hospital. This had enough space to fit all the participants. This had one projector and one TV screen. The TV screen initially did not work. After multiple trials, we managed to use the TV screen for the Mongolian slides. The door of the lecture room was frequently opened by patients during the lectures.

Teaching Materials
The standard EPM Workshop slides were used. The workshop manuals had previously been translated into Mongolian (Dr Ganbold) and were prepared by the hospital / Mongolian Society of Anesthesiologists.

Test Results
See appendix 3

Course participants completed a 25-question pre test at the beginning and a post test at the end of the workshop to assess learning during the day. There were only a limited number of matched data from the pre and post tests as participants had to attend to clinical work and missed the testing!

The results from the matched results showed some improvement at both the Military and the Trauma Hospitals on day one (23rd June) but less improvement on the third day 25th June. Data from the Military hospital had only 2 matched data sets and is not shown.

Barriers to Effective Pain Relief
As part of EPM participants are engaged in Brainstorming Barriers to Pain Management and then asked to discuss potential solutions. Barriers identified in both hospitals are shown in Appendix 4
**Feedback from participants**

On the workshop 3, a participant (surgical ward nurse) at Central Military Hospital commented as follow. “I have been working in this hospital over 20 years. I had never had a chance to have a lecture about pain like this (EPM). My mind has been changed and I will look after pain more than before.

Overall feedback was positive. “RAT” and “RICE” were popular and the vast majority of participants appreciated the course.

At workshop 3 at the Trauma hospital, there were up to thirty participants at different times of the day. Most of the participants were nurses from the surgical ward and theatres.

**Feedback from instructors**

Time management was an issue. The first lecture did not start on time on any of the days. There was a big delay resuming the lectures after the tea and lunch break.

**Publicity / Other Activities**

The new local instructors will continue to provide knowledge on pain management in their hospital.

**Success and Relevance of Workshops**

The workshops were successful and stimulated enthusiastic debate. We ran two one-day EPM Workshops, one instructor course the second full day was run be the new local instructors.

The RAT approach to managing pain provided a simple framework for managing a variety of pain problems. A number of participants commented on the appropriateness of the teaching. Course participants contributed enthusiastically to discussions and came up with a number of ways of reducing pain management barriers.

The course is cheap to run and emphasises low cost management strategies – quality of life can often be markedly improved by very simple treatments.

**Recommendations**

1. **Run regular EPM Workshops at the major hospitals in Ulaan Baator.**

   There is a need to run more workshops. A number of doctors and nurses wanted to attend these courses but were unable to do so because of other commitments.

   We recommend that the MSA consider taking over running EPM.

   Running the courses regularly will maintain the knowledge and skills of the instructors and meet the perceived need of the medical and nursing community.
2. **Improve pain assessment record keeping and develop ward protocols**

The groups discussed several ideas for improving pain assessment and treatment, e.g. recording pain scores assessed by numerical scale on observation charts and non-pharmacotherapy in addition to drug treatment.

**Acknowledgements**

We are grateful for the support of Dr Munhko (head of anaesthesia department at Central Military Hospital), Dr Tsolmon (anaesthetist at Central Military Hospital, who interpreted between English and Mongolian during the workshop at Central Military Hospital) and Dr Erka (head of anaesthesia department at Trauma Hospital).

Printing and catering costs were met by the Military and Trauma hospitals. The Australian Society of Aaesthetists are again gratefully acknowledged for supporting the EPM program in Mongolia and for supporting some of Dr Goucke’s travel costs.

We would also like to thanks all the participants for showing interest in Pain Management

Dr Yayoi Ohashi  
Dr Roger Goucke  
Dr Alison Jarman  
Dr Amanda Baric

29 July 2014
## EPM Participants 23 June 2014 Trauma Hospital

<table>
<thead>
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<th>Name</th>
<th>Position</th>
<th>Hospital (centre)</th>
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<tr>
<td>Sayan Erkin</td>
<td>Doctor</td>
<td>TCOF, trauma orthopaedic surgeons</td>
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<tr>
<td>Subaswamy</td>
<td>Doctor</td>
<td>trauma orthopaedic surgeons</td>
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<tr>
<td>B. Botev</td>
<td>Doctor</td>
<td>trauma orthopaedic surgeons</td>
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<tr>
<td>E. Tsend-Ochii</td>
<td>Doctor</td>
<td>trauma orthopaedic surgeons</td>
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<tr>
<td>N. Tumyadaga</td>
<td>Doctor</td>
<td>trauma orthopaedic surgeons</td>
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<tr>
<td>G. Bater</td>
<td>Resident, doctor</td>
<td>trauma, orthopaedic surgeons</td>
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<tr>
<td>L. M. Tugsbayer</td>
<td>Doctor</td>
<td>trauma, orthopaedic surgeons</td>
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<tr>
<td>B. Byamboonor</td>
<td>Resident, doctor</td>
<td>trauma, orthopaedic surgeons</td>
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<tr>
<td>N. Bidaryan</td>
<td>Doctor</td>
<td>trauma orthopaedic surgeons</td>
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<tr>
<td>K. Erdenbat</td>
<td>Doctor</td>
<td>trauma hospital, ICU departement,</td>
<td></td>
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<tr>
<td>O. B. Byamboonor</td>
<td>Anesthesiologist, doctor</td>
<td>trauma hospital, ICU departement,</td>
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<tr>
<td>N. Oyunchuim</td>
<td>Anesthesiologist, trauma &amp; ortho</td>
<td>trauma hospital, ICU departement,</td>
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<td>Y. T. Delgerkhun</td>
<td>Surgeon</td>
<td>trauma &amp; orthopaedic surgeons</td>
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<td>S. S. Totem</td>
<td>S.C.O.T</td>
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<tr>
<td>B. Bolzan</td>
<td>President, trauma orthopaedic</td>
<td>surgery</td>
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<tr>
<td>D. Erchak</td>
<td>Professor, trauma orthopaedic</td>
<td>surgery</td>
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Delgerkhun T.
Trauma and Orthopaedic Centre Participants 25th June 2014

Puntsag Boj
M. Ovun

M. Ovunchandad

G. Khagasuren (Emergency Section) nurse.
M. Digan (A.R.A) nurse
B. Uchibaya (Emergency Section) nurse.
E. Zunduijamts (Emergency Section) nurse
C. Altanbaatar (GTG)
D. Ochiganya (GTG)
D. Munkhseeg (XTT)

Baigalmaa (GTG)

B. Erdenet - XASTT - Uchibaya
D. Enkhjargal - D. ENKHJARGAL - GTG

A. Ovimogii
B. Tschelba

H.3
Ч. Бямцяа Н. Бамцяа
Б. Бямцяа Н. Н. Бямцяа
Т. Бямцяа Н. Н. Бямцяа
Б. Бямцяа Н. Н. Бямцяа
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Б. Бямцяа Н. Н. Бямцяа
## EPM Participant List

**Date:** 23/6/14  
**Location:** Ulaan Baatar

<table>
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<tr>
<td>Enkhbayar E.</td>
<td>Orthopedist doctor</td>
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<td>Altangini</td>
<td>Respiratory</td>
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<td>M. Byamba</td>
<td>Nurse</td>
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<td>H. Duganbat</td>
<td>Business</td>
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<td>T. Tumurbaa</td>
<td>Manager</td>
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<td>B. Ochirbaa</td>
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<td>H. Duganbat</td>
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<td>H. Naranbaa</td>
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<tr>
<td>G. Jargalsaik</td>
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<td>H. Sainbaa</td>
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<tr>
<td>H. Mamnangov</td>
<td>Nurse</td>
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<td>Χρήστος Α. Ζ.</td>
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<tr>
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<td>Ν. Παπαδήμου</td>
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Participants from Military Hospital 25th June 2014
Appendix 2 Combined Instructor Course

Name | Position | Hospital | Room
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Amartuvshin | Military | Surgeon | 24/16/114

1. geleg
2. Urman
3. Sambeeswan
4. Amarsaara
5. Enkhbishrii
6. Dorjdan
7. Oyunkhishig
8. Bartsejih
9. Altanad
10. Sukhbat
11. Badelgerek
12. Naatsag
13. B. Ejgarmbjiren

NTORC Ortho-surgeon
NTORC Surgeon
NTORC Anesthesiologist
Appendix 3  
Results from Pre post Testing

Mongolia military hospital 230614 - matched data

Mongolia trauma hospital 230614 - matched data

Mongolia trauma hospital 250614 - matched data (N=19)
Appendix 4

**Barriers**

**Health workers factors**
Not willing to use Morphine for chest pain [need education]
Anaesthesia not enough time in operating theatres
Knowledge
Over worked (no time)
Nurses busy
Communication

**Patient factors**
Prefer injections more than oral
Expectation: it is supposed to be painful post-op. paracetamol does not work.
Emotional, psychological
Education - poor understanding of instructions, Understanding of their health issues
Economic - unable to afford medications prescribed
Afraid to complain, Worried about addiction

**System issues**
No patient control analgesia (PCA)
Limitation depending on Doctor's level & Hospital's level (No 1,2,3)
No acute pain service (APS), surgical teams look after post-op pain control
No money to buy medicines
Supply
Checking
Counterfeit or false drugs
Limited insurance to cover cost of medications

**Drug issues**
Paracetamol is supplied to surgical ward rather than operating theatre
Wrong drug for type of pain
Wrong route of administration
Dosages
Addiction
Drug interactions
Limited supply and quality of medications
New Instructor teaching EPM

Small group discussion utilising RAT

New Instructors display their certificates