Executive Summary

Globally, pain (of all types) is often an unrecognised 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.

Two 1-day EPM Workshops were organised at St Mary's Hospital, Lacor, on 24th and 26th September 2014. A total of 57 health workers attended.

An Instructor Workshop was held, also at St Mary's Hospital, Lacor, on the 25th September, with 8 participants.

Key Recommendations:
- Run regular, locally led EPM Workshops
- Develop (nationwide?) protocols
- Audit the impact of EPM
- Work toward setting up an acute pain service

Background

St. Mary’s Hospital Lacor is a referral, private, not for profit hospital, accredited to the Uganda Catholic Medical Bureau. It is the largest private non-profit catholic based institution in Uganda. It has a 482-bed capacity and 3 Peripheral Health Centres - each with 24 beds (Opit, Amuru and Pabo), making a total bed capacity of 554 beds. Also incorporated are a Nurse Training School, a Laboratory Training School, a School of Anaesthesia and Gulu University teaching site for its Faculty of Medicine. The hospital is located in Northern Uganda, Gulu Municipality, Bardege division, about 6 km west of Gulu Town, along the Highway to the Republic of South Sudan.

The hospital serves a total population of over 5 million people from over 20 districts of northern and eastern Uganda, and from the republic of South Sudan. On average, every day it accommodates 600 inpatients plus their attendants, and receives 600
outpatients. There are about 1,000 employees combined with their family members living within the hospital grounds.

During the EPM workshops, course participants identified a number of common pain problems including cancer pain due to advanced cervical cancer, postoperative pain and pain due to sickle cell disease. 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 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 1-day workshops, on 24th and 26th September 2014; and one instructor workshop on 25th September 2014. All the workshops were held at St Mary's Hospital, Lacor.

**Course Instructors**

Dr. Clare Roques (UK organiser)
Consultant Anaesthetist
Mid Yorkshire Hospitals NHS Trust, UK
Email: clareroques@hotmail.co.uk

Dr Ocen Davidson (Lacor organiser)
Anaesthesiologist
St Mary's Hospital, Lacor, Uganda
Email: d4davidson@yahoo.co.uk

Dr Estella Kisembo
Consultant Anaesthesiologist
St Mary's Hospital, Lacor, Uganda

Dr Fred Bulamba MD
Anaesthesia
Makerere University, Uganda
Email: fredflybulamba@gmail.com

Dr Ssemmanda Hannington
Senior Resident, Anaesthesia and Critical Care Medicine
Makerere University, Uganda

Dr Andrew Vickers
Consultant in Anaesthetics and Pain Medicine
Lancaster, UK
Email: andrewvickers54@gmail.com
Course Participants

See separate list attached (appendix 1).

Day 1: 1-Day Workshop 24th September: 30 participants

Day 2: Instructor Workshop 25th September: 8 participants (selected from day 1)

Day 3: 1-Day Workshop 26th September: 27 participants

All participants were based at St Mary's Hospital, Lacor, and included doctors, nurses and medical officers. Many departments were represented, including anaesthesia, surgery, paediatrics, palliative care, medicine, training schools (nursing, anaesthesia, and laboratory schools), pharmacy, radiology and physiotherapy.

Programme

The workshops were officially opened on day 1, by Dr Opira Cypriano, Executive Director if St Mary's Hospital. The workshops then proceeded with lectures and small group work. The programmes used are attached separately in appendix 2. The workshop on day 3 was opened by the Medical Director of St Mary's Hospital, Mr Odong Emilio Ayello, and was enthusiastically delivered by the 8 newly trained instructors from the workshop on day 2, as well as Okongo Francis, from Palliative Care. This workshop was overseen by the overall course instructors.

Venue and Catering

The workshops were held in the Nursing School Assembly Hall, which was a great venue, with plenty of space for the lectures and to break out into smaller discussion groups. There were, however, some comments that the room became noisy during the discussion times and when food was being prepared for the breaks. Excellent, hearty food was provided by the local restaurant for each of the workshops.

Teaching Materials

The standard EPM Workshop slides were used. An additional case, written at the previous EPM workshops held in Mulago Hospital in 2013, related to treating pain in sickle cell disease, was used successfully. The manuals and other paperwork were printed at St Mary's Hospital and at a local internet cafe.

Of note, during the preparation of the course, the printing carried out at a local store took considerably longer than anticipated. Consequently some of the materials were only just ready in time.

Test Results

Course participants completed a 25-question test at the beginning and end of the workshop to assess learning during the day. For the workshop on day 1, the mean
pre-course test score was 20 and the mean post-course test score was 23 (n=23). On day 3 the mean pre-course score was 17.8 and the mean post-course was 21.0 (n=26). For a number of reasons a few participants were not able to complete both tests. The mean scores reported here only include those individuals who completed both tests.

Feedback

Participants engaged enthusiastically during the programme, contributing extensively to discussions. The newly trained instructors on day 3 picked up the course materials and teaching methods very quickly, and taught with great skill and confidence. Participants and instructors completed a feedback form at the end of each course. Overall, feedback was extremely positive for each of the 3 workshops. “RAT” was popular and the vast majority of participants stated that EPM would change their practice and teaching.

Many participants suggested that the workshops should be repeated both regularly as refresher courses, and rolled out to a wider range of health care workers and medical specialties. Many asked for the course to be longer. Some also suggested that the amounts of time allocated to each topic could be modified.

Other Activities

In keeping with the ethos of EPM to encourage early handover of teaching to local teams, three of the instructors present (Dr Ocen Davidson, Dr Fredfly Bulamba and Dr Hannington Ssemmanda) had attended the workshops run last year in Mulago Hospital Kampala. There were also specific attempts to ensure there was representation from multiple departments, including anaesthesia, surgery and palliative care.

The course was notably very well supported by senior members of the hospital staff ensuring fantastic attendance and engagement from a huge range of participants, instructors and hospital departments.

Success and Relevance of Workshops

The workshops were very successful. We ran three EPM Workshops and trained 57 participants and 8 new instructors.

The RAT approach to managing pain provided a simple framework for managing a variety of pain problems, and overall feedback was very positive. Course participants contributed enthusiastically to discussions and came up with a number of ways of reducing pain management barriers. These included the introduction of guidelines and protocols, training of healthcare workers, and initiatives to improve communication with patients.

The course is relatively cheap to run and emphasises low cost management strategies – quality of life can often be markedly improved by very simple treatments. The low cost is partly due to the voluntary contribution of the course instructors and their good will and commitment to improving global pain relief.
Recommendations:

1) Future EPM workshops

Run regular EPM workshops at St Mary's Hospital to improve pain management knowledge and awareness amongst local healthcare workers. Workshops could also be run (perhaps by a faculty based at St Mary's Hospital) for participant healthcare workers in other nearby regions of the country.

2) Develop protocols

Develop protocols in conjunction with all related departments. So, for example, post-operative pain management would be coordinated by a team from surgery, anaesthesia and paediatrics. Input should also be sought from those departments with significant local knowledge and experience of pain management, such as palliative care. Efforts should be made to coordinate the development of protocols at a national level.

3) Audit the impact of EPM

Consider how best to audit the impact of EPM at St Mary's Hospital. Initial assessment could begin with a 'snapshot' audit of the state of pain management in the hospital. Data collected would include how many patients have pain, of what type is it, and what treatment has been prescribed and given.

4) Work toward setting up an acute pain service

Although this would incur considerable financial outlay, there was considerable enthusiasm from the local faculty to set up an acute pain service. Plans can be drawn up to see how this could be rolled out within the hospital, to include both what the benefits would be as well as the resource implications.

Acknowledgements

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Dr Clare Roques
Dr Ocen Davidson
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