Executive Summary:
- Even in well-developed health care settings, pain is often poorly managed
- Surgical residents rarely receive training in pain management
- We ran an EPM Lite Course in Winnipeg to improve the orthopedic residents’ and nurses’ knowledge of pain and to provide them with a simple framework which would help them to better recognize, assess and treat pain
- Following the case discussions, we added a panel to the course where participants were encouraged to bring up questions they had on difficult pain management problems. A lively discussion ensued and several interesting issues were discussed.
- We trained 22 health care professionals
- Recommendations
  - Include more orthopedic focused problem-based learning discussions
  - Add a final panel of faculty where any questions can be discussed

Background:
This EPM Lite Course was held at the request of the Residents in Orthopedic Surgery in Winnipeg. It was suggested that they invited the nurses, physiotherapists and pharmacists from the orthopedic ward to participate. Accordingly there were 22 attendees – 12 nurses, 1 pharmacist and 9 residents in orthopedic surgery.

Course instructors:
Dr Angela Enright, Anesthesiologist, Victoria, BC – Course Leader
Dr Doug Maguire, Anesthesiologist, Winnipeg
Dr Dave Lambert, Anesthesiologist/Pediatric Pain Specialist, Winnipeg
Dr Mehdi Sefidgar, Anesthesiologist/Pain Fellow, Winnipeg
Dr Jennifer Plester, final year Anesthesia Resident, Winnipeg

Venue:
The course was held in Room 61 of the new Pharmacy building. It was the perfect size, had built in audio-visual equipment, a screen and four large whiteboards plus appropriate tables and chairs. The ventilation was excellent. Washrooms were nearby. The building was very convenient to everyone.
Catering was good with coffee, snacks and lunch provided courtesy of the Department of Orthopedics.

Teaching Materials:
All participant manuals were circulated electronically before the course. Printing of pre- and post-tests, evaluations and certificates of attendance was done by the Department of Orthopedics. In addition, instructor manuals and PowerPoint
presentations were sent to the instructors electronically. On the day of the course, printed copies of the cases to be discussed were given to the discussion group leaders. At the conclusion of the course, each participant was given a wallet-sized card with relevant pediatric drug doses. Following the course, several relevant articles were sent to the Orthopedic residents.

**Assessment:**
All participants took a 10 question pre- and post-test in order to evaluate learning during the day. All participants showed improvement. The entire group improved its post-test scores from a pre-test mean of 37.04 to 42.4; mean pre-test score for non-physicians 36; mean post-test score 40.92; mean pre-test score for the residents 38.5, mean post-test score 45.14. The pre-test range was from 26-49; range post-test 33-50.

**Feedback:**
Each participant completed a post-course feedback form. All but 1 participant agreed or strongly agreed that the EPM would be useful in their daily work and would improve their understanding of pain. That participant was not sure. Three participants were not sure they would be better able to assess pain. There were several suggestions that EPM Lite could be improved by spending more time discussing difficult pain problems. Most participants liked the RAT model and felt that they better understood the complexity of pain and how to assess it.

**Conclusion:**
This was a useful undertaking. Rarely do different professional groups come together for learning. Everyone enjoyed the course and knowledge of pain management was improved.

**Appreciation:**
Special thanks goes to all the instructors who did a wonderful job. Appreciation also goes to the Department of Orthopedics for supporting the course.

Angela Enright
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