Report

Essential Pain Management (EPM) Workshops

Kavieng Hospital, New Ireland Hospital, Papua new Guinea (PNG)

Executive summary

a) Globally pain is often an unrecognised and undertreated problem. There are many reasons for this.
b) Fortunately there are many pain management strategies that are cheap, “low tech” and can offer significant improvements to an individual’s quality of life. This has impacts on family and society.
c) The Essential Pain Management (EPM) workshop has been developed to
1. Improve knowledge about pain
2. Provide a simple framework for treating pain
3. To address pain management barriers
d) We ran three one day workshops at Kavieng Hospital on September 28th, 29th and 30th 2015. We successfully trained 76 health workers.
e) Recommendations
1. Run an EPM instructors course at Kavieng hospital
2. Have a follow up visit to assess impact of this course
3. Add oral immediate release morphine to the formulary at the hospital.
4. Cease use of pethidine. Change to morphine as injectable drug of choice
5. Consider changing name of opioids from being labelled as “dangerous drugs” to pain relievers or analgesics to get away from the stigma of using opioids where they may be indicated
7. Course material suggestions.

Background

Kavieng is the largest town on the island of New Ireland in PNG. It has a population of approximately 17000 people. It services New Ireland and many smaller islands in the vicinity some of which may take several hours to reach by road or boat. It is about 500km north of Port Moresby.

Course participants identified a number of common pain problems such as mouth cancer which is related to the common use of betel nut in the region. They also identified pain such as back pain and headache as being very difficult to treat. They identified issues with pain management such as drug supply and also cases of misuse. They identified that pain problem can cause distress for patients and have impacts on families and communities.

The EPM workshop was developed in 2010 to improve pain management worldwide. The workshop uses a management framework called RAT which stands for Recognize, Assess and Treat. This has been used very successfully to discuss common and more complex management scenarios.
Course dates

We ran three one day workshops over three consecutive days on September 28th, 29th and 30th 2016 at the Kavieng Hospital.

A presentation was done at a special Grand Rounds at the hospital on the following day (October 1st) on opioids and defining the differences between tolerance and addiction and how that may be managed.

A hospital inspection followed that Grand Round.

Course Instructors

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Course participants

Workshop 1: 23 participants including 4 doctors, multiple nurses, HEOS (Health Extension Officers), a pharmacist and physiotherapist

Workshop 2: 24 participants including 4 doctors, multiple nurses, 2 ASOs (Anaesthetic Scientific Officers) and a pharmacist
Workshop 3: 29 participants including multiple CHWs (Community, Health Workers), a dentist, 2 dental technicians, radiographer and nurses. This day had many health workers from the community.

**Venue and catering**

**Venue:** the venue for the Workshops was the continuing education room at Kavieng Hospital. It worked very well. It had a data projector and 2 air conditioners and sufficient seating and tables to allow the workshops to run the lectures and also to break up into smaller groups for discussions. The air-conditioning and data projector intermittently had problems on the second day related to too many appliances being used (when a hot water urn was added to make drinks but this was resolved by the 3rd day).

**Catering:** There was a problem with catering on the 1st day related to a breakdown in communication about payment for the catering. The hospital and hospital kitchen stepped in and provided very good catering from that day forward.

If the course is to be repeated at Kavieng I would suggest that the hospital is used to provide the catering. Their food was fresh and locally sourced.

**Teaching materials**

The standard EPM workshop slides were used. The manuals were printed by the hospital in preparation for the course.

**Test results**

Course participants completed a 50 question (10 stem questions with 5 true and false answers to each question) test at the beginning and end of the workshop to assess learning throughout the day. There was significant improvement throughout the day.

The mean pre-test score was 30/50 and the mean post test score was 37/50.

There were 13 people who scored more than 44/50 on the post test.

**Feedback**

The participants completed a feedback form at the end of each day. Overall the feedback was extremely positive. The majority of participants were able to clearly use the format of RAT to assess and treat pain and said that the course would change the way they would approach managing pain.

The majority of comments relating to how the course should be changed were related to a feeling that the course should be longer and should include more case discussions which were felt to be very useful.

**Publicity/ Other activities**

Dr Mathew Mclee is the CEO of Kavieng Hospital. He was extremely supportive and enthusiastic about the EPM workshops. He facilitated them greatly every step of the way in publicising them, organising for health workers from all different areas to be able to go and facilitating the course by providing excellent facilities and helping in the production of the manuals.

Dr Aisi presented a Grand Round lecture on opioids, their role in managing pain and the concepts of tolerance and addiction. This was very well received with a number of questions at the end. This was
an important and relevant topic as there had been and were ongoing concerns about the misuse of pethidine in the community and about whether it was being prescribed appropriately.

Following the grand round presentation there was a presentation of certificates for all the participants.

There was an inspection of the hospital including the current temporary (last 9 years) and new operating theatres (currently being built).

Discussion took place with the ASO (anaesthetic scientific officers) regarding some of the issues they have been facing including:

1. Problems with one brand of propofol that seemed to almost universally be causing hypersensitivity/ anaphylaxis type reactions some of which had been very severe and had resulted in change of supplier.
2. Problems with a vapouriser
3. Provision of services for visiting surgical teams
4. Provision of care for the severely unwell.

A visit to the pharmacy also took place with discussions around drug supplies in the community and to outreach centres and dispensing difficulties/ problems for community health workers.

**Recommendations**

1. **Run an EPM instructors course at Kavieng Hospital**

   There was enormous feedback that indicated that this was an extremely well received course but that it was too short and there was not enough case discussions. Running an instructors course would allow the provision of many more resource health workers in the community to whom people could go with any questions. It would also potentially allow for more courses, more case discussions to be worked through or shorter “top up” refresher courses to be delivered in the community.

   Dr Mclee made the excellent suggestion that the 10 people who received the best marks in the post exam test should be trained as instructors. I would endorse this suggestion.

2. **Follow up visit to assess impact of course.**

   To assess the impact of the course it would be worthwhile having a follow up assessment of the course participants. Possible ways of doing this would include a visit by just one member of the team (I would suggest Dr Gertrude Marun) to return and retest people with the test used during the workshop and to go through some case discussions assessing the use of the RAT format. This would give an idea of the impact of the course.

   Another possible way of assessing the impact of the course would be to look at changes in prescribing patterns. This would be harder to do and any changes may be multifactorial;

3. **Add oral immediate release morphine to the formulary at the hospital.**

   Apparently oral morphine syrup has been available in PNG and in Kavieng previously but for some reason is now not on the formulary. It’s a very important part of the formulary and as
such is supported by the WHO in its essential medicines list. It has an important role in acute pain and in cancer pain especially for moderate to severe pain where other drugs such as the NSAIMs (Non-steroidal anti-inflammatory medications) are contraindicated.

4. **Change from pethidine to morphine as the parenteral opioid to be supplied and remove pethidine from formulary.**

Pethidine appears to be more addictive than morphine and therefore related to more misuse or inappropriate drug seeking behaviour. In Australia it has been removed from many hospitals formularies for that reason. Morphine can very safely and appropriately be substituted where a strong opioid is required. This should be done in conjunction with education about doses etc.

5. **Consider changing name of opioids from being labelled as “dangerous drugs” to pain relievers or analgesics to get away from the stigma of using opioids where they may be indicated**

6. **A review of prescribing guidelines for community health workers.**

At present because some drugs may be only issued on a prescription from a doctor there are situations where pain management is not optimal even though the drugs may actually be present at the health clinic. This review would best be done by a local (PNG) expert

7. **Course materials suggestions**
   a) Addition of slide specifically mentioning WHO ladder in the body of presentation slides. It is in the manual but I believe it deserves mention in the body of the slides as it’s such a crucial concept and it’s mentioned in the pre and post test questions.
   b) That there be more case discussions that may include chronic non cancer pain (headache and backache as these are very common), pain in the neonate and perhaps obstetric pain
   c) The excellent bookmark shaped “aide memoirs” for the RAT approach to pain be made available as part of the manual and in addition to the manual. The participants found these to be really useful in working out what they would do in managing different cases.

Acknowledgements

We were very grateful for the support of everyone at Kavieng Hospital who helped facilitate our stay. A special mention should go to the Dr Mclee without whose help and enthusiasm it would have not been the success it was.

We were also grateful to all the participants who got involved so enthusiastically.

Dr Anne Jaumees

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