Executive Summary

Pain is a global issue, which, for many reasons, may be poorly recognised and treated, resulting in significant suffering, morbidity, and mortality.

The Essential Pain Management (EPM) workshop was developed by Dr Roger Goucke and Dr Wayne Morriss in order to address these issues, to improve knowledge and attitudes about pain, provide a framework for treating pain and to address the local barriers to pain management.

Three EPM workshops, including one instructor workshops were run on 16, 17, 18 November, 2015. A total of 105 participants, including 18 instructors were trained.

Recommendations include:
1. Encourage EPM trained local instructors to continue running local EPM workshops.
2. Invite non-anaesthetic medical staff to participate in EPM workshops.
3. Develop protocols for ward based pain management.

Background

Hanoi is the capital of Vietnam, with a population of 7.088 million. Healthcare workers from surrounding provinces, and a variety of healthcare settings, came to participate in EPM.

Course participants were from an anaesthetic background, with a discussion focus on postoperative pain, and acute pain. The EPM workshop offered an opportunity to discuss common pain management scenarios, and provided a framework for participants to address these, using the RAT approach.

Courses

Three workshops were run. The first workshop on 16th November 2015 was an EPM education workshop. On the 17th of November, a selection of participants returned to do the EPM instructor workshop, and on the 18th of November, those newly trained EPM instructors went on to train a further group of participants.

The course was coordinated by Dr Tomas Gocinski, an anaesthetist from Gisborne New Zealand, with assistance from Dr Heather Loane, an anaesthetist from Melbourne, Australia, and Dr Kate Drummond, an anaesthetic registrar from Hobart, Australia.

On the first day, there were 38 participants, all trainee anaesthetists. 18 of those went on to complete the instructor course, continuing on to train a further 67 junior doctors, commencing anaesthetic training on the third day.

The workshops were held at Hanoi Medical University, in adjacent rooms 201 and 202. Room 201 was spacious, well airconditioned, and had both microphone and
projector set up, which greatly facilitated the workshops. Room 202 was a smaller room, which was perhaps slightly too small for some of the case discussion sessions. A double projector setup, with English and Vietnamese slides, as well as verbal interpreting of those presentations given in English helped facilitate understanding.

An multiple choice test was performed at the beginning and conclusion of days 1 and 3, with results on the first day demonstrating an improvement from an average score of 18.1 to 20.7. On day 3, test scores improved from an average score of 17.5 to 21.8.

Feedback was generally positive, with participants demonstrating a willingness and desire to use the R.A.T. approach to their patients.

Participants however felt they needed more time, that a one day course may be too short, and felt that more case studies would be beneficial. There was a request for solutions to patient cases to be more relevant to local conditions.

**Recommendations**

1. Encourage EPM trained local instructors to continue running local EPM workshops.

   Several of the participants/assistants had participated in the EPM program before, and were certainly very capable and able to act as EPM instructors. Working at a local level, with specific knowledge of local practices, operations, and barriers gives these medical staff a great advantage when it comes to facilitating the learning of other local healthcare workers, in the management of pain. This needs to be encouraged, as there seems to be a reluctance to “take over” from the visiting EPM instructors.

2. Invite non-anaesthetic medical staff to participate in EPM workshops

   Several participants identified a lack of knowledge, understanding, and willingness to change in other healthcare workers, when it comes to pain management, particularly of surgical patients. By encouraging ongoing pain education sessions for these healthcare workers, further improvements in patient care across the hospital system may be facilitated.

3. Develop protocols for ward based pain management

   Again, participants identified that the development of ward based protocols for the assessment and management of pain, using the RAT approach may help to improve patient care.

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Thanks to Tomas Gocinski for his diligent coordination of the course, and to Heather Loane for her role as instructor.

Dr Kate Drummond