



Since the inception of Essential Pain Management (EPM) and the first program in Lae, Papua New Guinea, in 2010, 19 countries have hosted EPM programs, training more than 1433 participants and 292 local instructors. Thirty-two external instructors have been trained to deliver the program and a further 32 have expressed interest.

It is a good time to review where we have been, where we are now and where we are going.

Assessment and evaluation

Since we started, we have applied simple measures to evaluate EPM with pre and post-tests and a feedback form from participants. We are reviewing our assessment and evaluation mechanisms and are considering using the Kirkpatrick model, popularised by the SAFE ([Safer Anaesthesia From Education](#)) programs. This is a four-level model used in industry and commerce, which has been adapted for medical education. The levels are:

- **Level 1 Reaction.**
- **Level 2 Learning.**
- **Level 3 Behaviour.**
- **Level 4 Results.**

While some of these evaluation levels are easy to implement, others are more complex.

As part of our assessment and course feedback we have collected a lot of information about barriers perceived by local healthcare workers, and potential solutions. We have classified these into system issues, health workers, drugs and patient issues. Many of the solutions call for education at all levels. Healthcare workers often identify the lack of protocols in areas such as post-operative pain management, pain management in the emergency department, measurement of pain in the surgical wards or managing out-of-date drugs.

We are looking for a volunteer to develop generic protocols to address these issues.

EPM Sub-Committee

This year, the ANZCA Overseas Aid Committee established an Essential Pain Management Sub-Committee to advise on governance issues. Paul Cargill is the sub-committee's policy officer.

The sub-committee is drawing up a five-year plan to guide us in our evaluation efforts and in the further roll out of EPM. It is clear that some countries can continue running EPM and address their own barriers with little external input. Other countries will need more EPM programs to achieve a "critical mass" and some may discover that EPM is not for them.

As our five-year plan is clarified we hope to be able to focus on countries where uptake is likely to be the greatest. A major challenge is to find an in-country, in-hospital or in-city "pain champion" to take a lead in running EPM locally.

Partnerships and funding

We are actively developing partnerships with, for example, the Hoc Mãi Foundation in Vietnam, with Interplast, and with societies of pain and anaesthesia groups in the UK, South Africa and central and South America.

We have been very fortunate to receive financial support from the International Association in the Study of Pain, the World Federation for Societies of Anaesthesia, the Australian Society of Anaesthetists, the Australian and New Zealand College of Anaesthetists, the Pacific Island Project funded by AusAID, the Royal Australasian College of Surgeons and the Ronald Geoffrey Arnott Foundation through Perpetual Trustees.

Communication

We have established a [Facebook page](#) and we would like to be “friends” with you all!

We also are developing our webpage and you can download our slides and workshop manual from www.essentialpainmanagement.org.

Now that we have a strong database of people interested in supporting and teaching EPM, we anticipate there will be regular email contact about upcoming EPM programs. Organising an EPM program takes time, however dates sometimes crystallise very quickly! We know that this makes it difficult for some people to commit because requesting leave and rearranging lists may not be easy.

Some EPM programs scheduled for 2014 are likely to need external instructors. These include:

- October 31 – November 7 2013: Chang Mai and Chon Buri (Pattaya) Thailand
Local facilitators will be a Thai rehabilitation physician and very experienced nurse educators. The course would be suitable for an instructor new to EPM or an “old hand”.
- First half of 2014: North, east and south Asia.
- Early 2014: Sri Lanka.

If you are interested/available for any of the following trips please Paul Cargill on pcargill@anzca.edu.au.

We welcome feedback on any issues raised in this newsletter. Please contact Paul Cargill on pcargill@anzca.edu.au.

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