

SPOTLIGHT ON ESSENTIAL PAIN MANAGEMENT IN HONG KONG



ANZCA's leadership in introducing Essential Pain Management (EPM) to Hong Kong's health system is already paying dividends. We joined one of the program's developers, Associate Professor Roger Goucke, on his recent trip there to see how role play scenarios are engaging participants in EPM workshops.

Simon Tam was riding his motorbike to meet a friend for breakfast near his Hong Kong home when he had a head-on collision with a car. From that moment in 2006 the management consultant's life changed. He was rushed to hospital and spent a week in the intensive care unit. With a shattered pelvis, numerous fractures and other injuries he has since endured more than 20 operations.

Over the next decade he lived in a medicated "fog" having been prescribed a cocktail of opioids and other pain medicines to help relieve his severe back pain and sciatica.

Now retired, and having experienced the benefit of being cared for and treated by a multi-disciplinary pain medicine team, the 62 year-old volunteers as a patient counsellor at the Alice Ho Miu Ling Nethersole Hospital Pain Clinic in Hong Kong. The clinic, the first of its kind in Hong Kong, was established in 2002 by ANZCA and FPM fellow Dr Phoon Ping Chen.

Mr Tam now shares his own experience with patients at the clinic to help them cope with their conditions.

"I'm now giving back by helping patients with how to live with their pain. For years and years I was living in so much pain and was always looking for a solution which meant having operation after operation. The doctors would keep giving me pain medication and I was taking up to 30 pills a day and sleeping pills on top of these. I so wanted to be pain free. I was a very active person before the accident, I ran my own business and went on motorbike trips with friends but that moment (of the accident) was when everything stopped for me."

A "board of appreciation" greets visitors at the clinic's entrance featuring dozens of photographs and testimonials from former and current patients, including Mr Tam.

After being told by an orthopaedic specialist that he was at the "maximum medical improvement" stage the specialist mentioned to Mr Tam and his wife Wendy that he could refer him to the pain clinic.

"I really had no hope but the team were very patient with me, they listened to me and they understood me and they could see how much pain I was in," Mr Tam explained.

Mr Tam worked with the clinic's team of specialist pain medicine physicians and the allied health team over several weeks so he could wean himself off medication and commit to an exercise and stretching program.



"I learnt to concentrate on the things I enjoyed doing rather than focusing on the negatives and this motivated me."

An associate consultant at the clinic, Dr Debriel Or Yin Ling, says Mr Tam's experience highlights the benefits of using a multi-disciplinary approach for pain management. In addition to pain medicine physicians, the team includes occupational therapists, clinical psychologists and nurses.

Providing multidisciplinary pain management education in Hong Kong – the place of EPM

Dr Or is one of several ANZCA and FPM fellows who are playing a key role as champions for the roll out of EPM in Hong Kong under the leadership of Professor Roger Goucke, a former FPM dean. ANZCA is responsible for EPM program support, implementation and funding in Australia, New Zealand, South-East Asia and the South Pacific Islands. The program is supported as an initiative of the college's Overseas Aid Strategy. The World Federation of Societies of Anaesthesiologists (WFSA) is responsible for EPM in Europe, Africa and the Americas.

Speaking on the sidelines of a recent series of EPM Instructor and EPM Lite workshops for allied health staff in Hong Kong, Professor Goucke explained how the program was evolving there. More than 700 allied health staff have completed the EPM program in Hong Kong since its introduction in 2017 and 20 EPM courses are held there each year with support from the Hong Kong Department of Health and the Hong Kong Hospital Authority.

For the first time the Hong Kong EPM workshops used a role play, or simulation, approach so participants felt more engaged with the program and its recognise, assess, treat (RAT) principle. The participants use group role play sessions to "assess" patient case studies.

Professor Goucke said the response to the simulation approach by participants at the recent Hong Kong sessions had been very encouraging.

"One of the challenges with introducing the program in Hong Kong has been how we can best motivate the workshop participants and embed the RAT approach at the local level. By introducing simulation or role play as part of our delivery of the program the concept is embedded," he said.

"By emphasising the multi-disciplinary approach to pain management it means we get input and experience from many different practitioners and specialties. This means doctors and allied health professionals learn from each other when designing individual treatment plans for each patient."

"By formalising the role play approach we can better teach EPM and it means participants are more confident in using the program," Professor Goucke said.

Although the EPM program is designed to teach the RAT principle in low- and middle-income countries the program has been so successful in the UK that 18 of the UK's 44 medical schools are now using it in their pain medicine teaching modules.

The half-day workshops were held at the Hong Kong Health Hospital Authority building in Kowloon. The first "train the trainer" instructor session for 14 participants included anaesthetists, specialist pain medicine physician trainees, social workers, physiotherapists and nurses.

At the EPM Lite session the following day 24 participants were introduced to the RAT principle. Physiotherapists, occupational therapists, nurses, podiatrists and pharmacists worked together in groups for a series of sessions.

"By formalising the role play approach we can better teach EPM and it means participants are more confident in using the program."

EPM champion Dr Fiona Tsui, an ANZCA Hong Kong fellow and pain medicine physician explained how the key to the program's support in Hong Kong was its emphasis on the basics of pain management at the local level.

"Our aim is to improve pain management in Hong Kong by working with health professionals at the local level to improve their pain knowledge and provide a simple framework for managing patients' pain. The goal of EPM is to promote the RAT approach concept of pain management so our health staff can recognise, assess and treat pain."

The concept of pain management as a separate medical discipline is now recognised in Hong Kong but the number of practising specialist pain medicine physicians is low compared to Australia. Of the 51 fellows of pain medicine of the Hong Kong College of Anaesthesiologists (15 of whom are FFPANZCAs), 34 work in the public sector.

"We hope that EPM will help contribute to a broader recognition of the importance of specialist pain medicine in Hong Kong and to the wider medical and allied health community," Dr Tsui explained.

Workshop participant Dr Ara Li, an anaesthetist and specialist pain medicine physician at Hong Kong's Prince of Wales Hospital said she hoped the program would contribute to a better understanding and recognition of pain medicine in Hong Kong.

"I'll now be able to promote this in the hospital as part of a broader education program," she said.

Another participant, Dr Olivia Ng, an anaesthetist and pain medicine trainee said Hong Kong's cultural differences meant some patients just accepted their pain and did not seek advice or treatment from specialists.

"If it's not life threatening, many patients, particularly older patients, will not seek treatment so this will be useful to raise awareness about the pain management options that are available."

For local Hong Kong physiotherapist Winny Lee the workshop gave her a better understanding of pain medicine.

"The program is good. Physiotherapists already have their own systems for assessing pain in patients but this has been useful as it emphasises the importance of the multi-disciplinary approach and learning how to recognise chronic and acute pain. The role play has been helpful too because often when you just listen to a lecture you don't digest the information in the same way. The role play is more practical and it makes the RAT concept easier to understand and deliver."

Carolyn Jones
Media Manager, ANZCA

Clockwise from left: Workshop participants Dr Ara Li, Dr Alfred Chan (sitting) and Dr Olivia Ng; EPM workshop participants get ready for their first session with Associate Professor Roger Goucke; Alice Ho Miu Ling Nethersole Hospital pain clinic patient Simon Tam with advanced practice nurses Marlene Ma and Anne Woo; Associate Professor Roger Goucke presents workshop participant, physiotherapist Winny Lee, with her EPM certificate. Photos: Carolyn Jones

WHAT IS ESSENTIAL PAIN MANAGEMENT?

Essential Pain Management (EPM) is a short, easily delivered and cost-effective training program designed to improve pain management worldwide. EPM provides a systematic approach for managing patients in pain and also a system for teaching others about pain management.

EPM aims to:

- Improve pain knowledge.
- Teach health workers to “recognise, assess and treat” pain (the “RAT” approach).
- Address pain management barriers.
- Train local health workers to teach EPM.

Good pain management is similar to good trauma management. Health workers are all familiar with the airway, breathing, circulation (ABC) approach in trauma management but until now, there has been no similar approach in pain management. RAT offers this systematic approach.

EPM is cost effective, multidisciplinary and encourages early handover of teaching to local instructors. It is designed for any health worker who comes in contact with patients who have pain. The RAT approach can be applied to all types of pain and can be used by all types of health workers including doctors, nurses, clinic workers and pharmacists.

Following initial piloting in Papua New Guinea in 2010, EPM was further developed with ANZCA and is supported by the World Federation of Societies of Anaesthesiologists (WFSA), the International Association for the Study of Pain the Australian Society of Anaesthetists and the Royal College of Anaesthetists (UK). EPM has been taught in over 50 countries around the world.

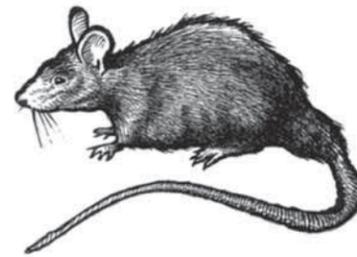
There are two EPM programs – Standard EPM and EPM Lite.

Standard EPM comprises two parts to the EPM program – the EPM workshop and the EPM instructor workshop. Typically, a “one day—half day—one day” course structure is used. Day one is the EPM Workshop, a program of interactive lectures and group discussions. Participants learn the basics of pain management, apply the RAT approach during case discussions and problem-solve pain management barriers. Day two is the EPM Instructor Workshop, a half-day program designed to provide the EPM workshop participants with the knowledge and skills to become EPM instructors. Participants learn the basics of adult learning, practise teaching skills and plan their own EPM workshops. On day three, the EPM Instructor Workshop is followed by one-day workshops taught by the new instructors with the help of the visiting team.

EPM Lite is designed for medical and nursing students and is a modified version of the one-day workshop. The program can be delivered in four to five hours and covers the basics of pain management as well as how to use the RAT approach.

For more information visit www.essentialpainmanagement.org.

RAT Recognize Assess Treat



80%

of the world's population lacks adequate access to pain treatment.

SPOTLIGHT ON ESSENTIAL PAIN MANAGEMENT IN PAPUA NEW GUINEA



Unrelieved pain is a major global healthcare problem – the World Health Organization (WHO) estimates that five and a half billion of the world’s seven billion people lack access to treatments for moderate to severe pain.

In July 2018 a series of EPM workshops was held in Lae and Madang, Papua New Guinea. PNG’s territory encompasses tropical islands, high mountain ranges, grasslands and dense rainforest. It has a population of eight million people and is one of the most culturally diverse countries in the world. PNG Pidjun (tok pisin) and, to a lesser extent English, are shared languages for many, but there are over 850 known languages in total. More than 80 per cent of the population live outside urban centres. This cultural, lingual and geographical diversity adds considerable challenges to a stretched healthcare system.

EPM was initially developed in response to a request from Dr Gertrude Marun, a PNG anaesthesiologist, who wanted to support doctors and other health professionals in understanding and providing effective pain management. The first EPM workshop was held in Lae in 2010 and since then 38 courses have been run in centres throughout PNG and around 700 health care providers have received training.

On a recent visit to PNG, a standard one-day EPM workshop was run in Lae and an EPM Lite workshop was held in Madang. At Angau Hospital in Lae EPM course instructors Dr Wayne Morriss, Dr Marun, Dr Jess Lim and registered nurse Jacqui Morriss ran an instructor workshop for 10 participants (five doctors and five nurses). The following day, these 10 newly-trained instructors ran an EPM workshop for 21 participants.

Underscoring the value of EPM training, a show of hands at the commencement of the workshop highlighted that none of the participants had received any formal undergraduate training in the multidisciplinary management of pain and only three of the 21 felt confident in being able to manage pain after having qualified. Barriers to pain management included:

- Patient factors such as late presentation and misconceptions.
- Health worker factors including limited staff and inadequate pain management training.
- Medication factors such as poor or erratic supply and expired or damaged stock.
- System factors such as limited funding and logistics.

In Madang, an EPM Lite workshop was held in the morning followed by an EPM Lite instructor workshop in the afternoon on the same day for a group of 14 lecturers and tutors from the MBBS program at the Divine Word University. The EPM Lite program is adapted from the EPM workshop and is designed for incorporation into undergraduate medical and nursing curricula. On the following day, these 14 instructors delivered an EPM Lite workshop to 20 third year medical students.

Given EPM’s history in PNG and the large number of workshops conducted there, the opportunity was also taken during this visit to speak with past EPM workshop participants to gain qualitative insights into how EPM had changed their management of pain. Their responses, such as:

“It has greatly improved my practice, especially recovery times for post-op patients. I get them to sit up and walk sooner than expected, most obviously because of the good pain management I learned at the workshop.”

and

“Many patients come out of surgery and they yell and scream. I assess the patient and ask the anaesthetist to give them something to relieve the pain. Before we didn’t do that because we thought it was part of the surgery.”

will form part of an EPM in PNG evaluation report. The responses indicate that EPM has led to improvements in pain management for patients in PNG, particularly in the post-operative environment.

This year marked a new phase in the governance of EPM with the establishment of a new joint ANZCA/World Federation of Societies of Anaesthesiologists steering committee to oversee the guidance and coordination of EPM globally.

Jacqui Morriss
Registered Nurse (RN)

Anthony Wall
Operations Manager, Policy, Safety and Quality, ANZCA

Above: Scenes from recent EPM workshops in Papua New Guinea.