Executive Summary

Globally, pain (of all types) is often an under recognised and inadequately treated problem.

Fortunately, many effective pain management strategies are “low tech” and cheap and can offer significant improvements to an individual’s quality of life.

The Essential Pain Management (EPM) workshop has been developed:
- To improve knowledge about pain.
- To provide a simple framework for treating pain.
- To address pain management barriers.

Two EPM Workshops were organised at Mulago Hospital, on 11th and 13th September 2013. A total of 55 health workers attended.

An Instructor Workshop was held, also at Mulago Hospital, on the 12th September, with 8 participants.

Recommendations:
- Run regular, locally led EPM Workshops
- To develop nationwide protocols
- To audit impact of EPM

Background

Mulago Hospital is the National Referral and Teaching Hospital for Uganda, with a bed capacity of 1,500. It provides specialist services including Surgery, Internal Medicine, Paediatrics, Obstetrics and Gynaecology, Anaesthesiology and Critical Care, Radiology, and Palliative Care. In addition, it serves as the major hospital for the Kampala district which has a population of about 1.72 million people. Pain management in Mulago is carried out primarily by the Departments of Palliative Care Medicine (especially for chronic cancer pain) and Anaesthesiology (especially for acute nociceptive and chronic non-cancer pain).

The EPM Workshop was developed in 2010 to improve pain management worldwide. The workshop uses a management framework called RAT, standing for Recognize, Assess and Treat. This has been used very successfully to discuss common and also difficult pain management scenarios.
Course Dates

We ran two EPM one day workshops, on 11th and 13th September 2013; and one instructor workshop on 12th September 2013. All the workshops were held at Mulago Hospital.

Course Instructors

Dr. Clare Roques (UK organiser)
Consultant Anaesthetist, Mid Yorkshire Hospitals NHS Trust, UK
email: clareroques@hotmail.co.uk

Dr. Emmanuel Ayebale (Uganda organiser)
Anaesthetist and Assistant Lecturer, Department of Anaesthesiology, Makerere University
email: ayebale@gmail.com

Dr. Elizabeth Namukwaya
Physician, Department of Palliative Care, Makerere University and Mulago Hospital
email: liznam2002@yahoo.co.uk

Dr. Ludoviko Zirimena
Physician, Hospice Africa, Uganda
email: ludovikoz@yahoo.co.uk

Dr. Sarah Hodges
Consultant Anaesthetist, CoRSU Rehabilitaton Hospital, Kampala
email: sarahhodges1911@gmail.com

Dr. Barbara Duncan
Retired Consultant Chronic Pain Specialist
email: bbaduncan@icloud.com

Course Participants

See separate lists in appendix 1.

Day 1: One Day Workshop 11th September: 34 participants (doctors from anaesthesia, surgery and medicine)

Day 2: Instructor Workshop 12th September: 8 participants (self selected from day 1)

Day 3: One Day Workshop 13th September: 21 participants (mostly anaesthetic and nursing officers)

Most participants were based at Mulago Hospital.
Programme

The workshops were officially opened on day 1, by Dr Doreen Birabwa-male, Deputy Executive Director of Mulago Hospital, and Dr Cephas Mijumbi, Clinical Head of Surgical Services. Each of the one day workshops then commenced with a brief overview of the current work underway locally, given by Dr Emmanuel Ayebale, Dr Liz Namukwaya and Dr Ludo Ziriminya. The workshops then proceeded with lectures and small group work. The programmes used are attached separately in appendix 2. The workshop on day 3 was enthusiastically delivered by the 8 newly trained instructors from the workshop on day 2, overseen by the overall course instructors.

Venue and Catering

The workshops were held in the senior common room on days 1 and 2, and, due to a last minute change, on day 3, in the medical school skills lab. The venues were generally very good, although there was a small problem with an inconsistent power supply on the third day.

Excellent, hearty and good value food was provided by the hospital restaurant for each of the workshops.

Teaching Materials

The standard EPM Workshop slides were used. Following several discussions on day 1, related to treating pain in sickle cell disease, an additional case was created and used successfully on day 3. The manuals and other paperwork were printed by Makerere University.

Test Results

Course participants completed a 25-question test at the beginning and end of the workshop to assess learning during the day. For the workshop on day 1, the mean pre-course test score was 22.6 and the mean post-course test score was 23.9 (n=22). On day 3 the mean pre-course score was 18.4 and the mean post-course was 22.0 (n=14). For a number of reasons some participants were not able to complete both tests. The mean scores reported here only include those individuals who completed both tests.

Feedback

Participants engaged enthusiastically during the programme, contributing extensively to discussions. Dr Ludo in particular facilitated this with his notably popular ‘energiser exercises’.

Participants and instructors completed a feedback form at the end of each course. Overall, feedback was extremely positive for each of the 3 workshops. “RAT” was popular and the vast majority of participants stated that EPM would change their practice and teaching.
A number of participants suggested that the workshops should be repeated both regularly as refresher courses, and rolled out to a wider range of health care workers and medical specialties. Many asked for the course to be longer.

Following the workshop on day 3, some commented that there was a significant variation in the knowledge and understanding of the participants. It was suggested that the workshop could be more successful if workshops were aimed at specific groups of healthcare workers.

Publicity / Other Activities

In order to build on the considerable local work underway within Palliative Care attempts were made to ensure faculty were present from palliative care and Hospice Africa Uganda as well as from anaesthesia.

Success and Relevance of Workshops

The workshops were very successful. We ran two one-day EPM Workshops and trained 55 participants and 8 new instructors.

Faculty were practitioners in both palliative care and anaesthesia.

The RAT approach to managing pain provided a simple framework for managing a variety of pain problems, and overall feedback was very positive. Course participants contributed enthusiastically to discussions and came up with a number of ways of reducing pain management barriers. These included educational initiatives, the introduction of protocols, and the opportunity to learn from other locally successful programmes (eg use of oral morphine in palliative care).

The course is cheap to run and emphasises low cost management strategies – quality of life can often be markedly improved by very simple treatments. The low cost is partly due to the voluntary contribution of the course instructors and their good will and commitment to improving global pain relief.

Recommendations

1. Future workshops

Participants could be invited from specific locations and specialties, targeted by the course organisers, with close discussion with the local clinic/hospital/service beforehand. This would build a good relationship with senior management to help embed change and facilitate follow-up. Understanding local problems, limitations and strengths beforehand would help provide a sense of direction for change afterwards.

Some sessions would be aided by the division of participants into groups with a similar knowledge base, to consolidate teaching. Other, joint sessions would facilitate understanding of each other's position. Bearing in mind the need to include senior professionals, who ultimately will be key in implementing change.
2. The course could be offered to a wider group of participants, such as professionals working in Kampala outside of Mulago, and in up-country centres where pain management is most deficient. However, thought needs to be given as to how to deliver EPM in areas where morphine is not available.

If funding would permit the basic workshop could be extended to run over two days instead of one. Perhaps to include a more 'hands on' clinical session and more detailed work on how to implement change.

Supporting local teams after EPM workshops could be helpful.

3. **Protocols**

To develop nationwide protocols, in conjunction with palliative care, for the treatment of non-cancer pain. These would need to be suitable for use in both referral hospitals and district hospitals. This could also impact the National drug authority on the drugs purchased and supplied to these units.

To build on the work already in existence. This includes protocols in use and in development, relating to pain assessment and management, such as those from palliative care in Mulago.

4. **Audit**

To consider assessing the wider impact of EPM by audit of markers such as pain scores, patient satisfaction or use of analgesics.

**Acknowledgements**

We are extremely grateful for the support of Dr Doreen Birabwa-male, Deputy Executive Director of Mulago Hospital, and Dr Cephas Mijumbi, Clinical Head of Surgical Services.

The costs of the workshops were met by the British Pain Society and the Association of Anaesthetists of Great Britain and Ireland Foundation, for which are extremely grateful.

**Dr Emmanuel Ayebale and Dr Clare Roques**

**October 2013**
Appendix 1

List of Participants

Day 1:
Dr Connelius Sendagire
Dr Fred Bulamba *
Dr Anena Susan *
Dr Timothy Muyimbo
Dr Mary Juliet Namawu *
Dr Nodreen Ayupo
Dr Charles Kojjo
Dr Catherine Namutebi
Dr Davidson Ocen
Dr Richard Mwase
Dr Diana Serumaga
Dr Janat Tumukunde
Dr Beatrice Kabajumba *
Dr Juliet Namwoga
Dr Rita Nkwine *
Dr Joshua Sempiira *
Dr Philomena Nampooze *
Dr Goretti Nampiina
Dr Ezra Mugisha
Dr Hannington Ssemmanda *
Dr Emma Mwesiga
Dr Peace
Dr Phillip Mulepo
Dr Gonza Kugonza
Dr Anena Brenda
Dr Okot Godfrey Smart
Dr Kirunda Samuel
Dr Okwi Nick
Dr Namugenyi Josephine
Dr Yiga John
Dr Wesonga Ann
Dr Jack
Dr Chan Deng
Dr Herbert Kayiga

Day 3:
Kawanguzi John Bosco
Ndikuno Rose
Azar Edith
Asenkenye Merab
Dorah Kayaga
Asiimwe Sauda Idi
Kibalama John
Massa Alex
Nambi Evelyn
Odoch Wilfred
Musoke Lamek
Kuule Jason
Among Jane Mary
Muhindo Faridah
Nyirantingane Solotinah
Kikulwe David
Nansimbe Laila
Mbazira Anthony
Ruth Mirembe Sessanga
Batende Rosemary
Dr Abdulaziz Osman

Those marked * attended the instructor workshop on day 2, and taught on day 3.
## Workshop Programmes

### EPM WORKSHOP PROGRAM

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<thead>
<tr>
<th>Time</th>
<th>Duration (mins)</th>
<th>Lecture / Discussion</th>
<th>Instructor/s</th>
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<tbody>
<tr>
<td>0830-0915</td>
<td>45</td>
<td>Welcome, local perspective</td>
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<td>Participant introductions</td>
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<td>Pre-test</td>
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<td>0915-0930</td>
<td>15</td>
<td>Introduction</td>
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<td>0930-0945</td>
<td>15</td>
<td>What is pain?</td>
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<td>0945-1000</td>
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<td>Why should we treat pain?</td>
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<td>1000-1015</td>
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<td>Classification of pain</td>
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<td>1015-1045</td>
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<td>Morning tea</td>
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<tr>
<td>1045-1115</td>
<td>30</td>
<td>Physiology and pathology</td>
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<td>1115-1135</td>
<td>20</td>
<td>Pain treatment overview</td>
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<td>1135-1155</td>
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<td>Pain drugs</td>
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<td>1155-1215</td>
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<td>Barriers to pain management</td>
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<td>1230-1300</td>
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<td>Lunch</td>
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<td>1300-1340</td>
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<td>Basic approach to pain management</td>
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<td>1340-1500</td>
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<td>Case discussions</td>
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<td>1500-1530</td>
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<td>Afternoon tea</td>
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<td>1530-1615</td>
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<td>Overcoming barriers</td>
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<td>1615-1700</td>
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## EPM Instructor Workshop Program

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<td><strong>Session 1: Introduction and Teaching Basics</strong></td>
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<td>Welcome</td>
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<td>Introduction</td>
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<td>0900-0915</td>
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<td>Teaching overview</td>
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<td>Giving a lecture</td>
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<td>0930-0945</td>
<td>15</td>
<td>Running a discussion group</td>
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<td>0945-1000</td>
<td>15</td>
<td><em>Morning tea</em></td>
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<td><strong>Session 2: Teaching Rotations</strong></td>
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<td>1045-1130</td>
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<td><strong>Session 3: How to Run an EPM Workshop</strong></td>
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<td>EPM planning</td>
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<td>1145-1215</td>
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<td>Workshop preparation – venue, lecturers, catering etc</td>
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<td>1215-1245</td>
<td>30</td>
<td>Feedback</td>
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