Executive Summary

Globally pain of all types is often an unrecognised and inadequately managed problem.

There are many effective pain management strategies that are simple and cheap and can offer significant improvement to the quality of life of individuals who have pain.

The Essential Pain Management (EPM) workshop was developed with the aims:

- To improve knowledge about pain.
- To provide a simple framework for treating pain.
- To address barriers to pain management.

We ran two one day EPM Workshops and a half-day Instructor Workshop at Queen Elizabeth Central Hospital, Blantyre, Malawi from 19 to 21 November 2014. We successfully trained a total of 52 healthcare workers.

Background

Malawi has a population of 14 million. Blantyre is the largest city in Malawi with a population of around 1 million. Queen Elizabeth Central Hospital (QECH) is the main hospital in Blantyre and it has over 1,000 beds. It is one of the largest hospitals in Central Africa and offers almost every surgical speciality. Often bed occupancy is greater than 100%. Kamuzu Central Hospital in Lilongwe has upwards of 1,000 beds.

There had never been teaching courses on pain management in Malawi before these EPM Workshops. Participants and other health workers to whom we spoke in Malawi identified pain management a major deficiency in local healthcare provision.

During the workshops course participants identified a number of significant barriers to the delivery of effective pain management. These included:

1. Lack of awareness and education of healthcare workers about pain management.
2. Cultural issues for staff and patients when suffering from or dealing with pain.
3. Failure to recognise and assess pain.
4. Problems with the procurement of appropriate medication including morphine.
5. Failure to administer appropriate treatment because of lack of staff and administrative issues.

Course Dates
One day EPM Workshops were held on 19 and 21 November 2014. An Instructor Workshop was held on 20 November 2014 and those new instructors were supervised teaching on the EPM Workshop on the following day.

Course Instructors

Douglas Justins
Consultant in Pain Medicine and Anaesthesia, St Thomas’ Hospital, London, UK

Karen Gilmore
Consultant in Pain Medicine Torbay Hospital, Torquay, UK

Cyril Goddia
Chief Anaesthetic Clinical Officer and Head of Anaesthesia Training, Queen Elizabeth Central Hospital, Blantyre, Malawi

Sarah Clark
Anaesthesiology Resident, Stanford Hospital, California, USA, Educational Fellow at Queen Elizabeth Central Hospital Blantyre.

Course Participants

See separate lists.

Workshop 1: 27 participants (2 doctors, 10 clinical officers, 15 nurses)

Instructor course: 8 participants (1 doctor, 2 clinical officers, 5 nurses)

Workshop 2: 25 participants (2 doctors, 12 clinical officers, 11 nurses)

Workshop participants came from Blantyre, Lilongwe and the Malamulo College of Health Sciences. Participants on the Instructor course came from all three of the above centres giving the potential for wide dissemination in Malawi.

Venue and Catering

The workshops were held in the Anaesthetic Lecture Room, Queen Elizabeth Central Hospital, Blantyre, Malawi. Two offices adjacent to the lecture room were used for group discussions.

Tea and coffee were provided on all three days. Lunch and afternoon tea or coffee was provided on Day 1 and Day 3.
Teaching Materials

The standard EPM slides were used on all three days. Sixty-five Workshop Manuals and 15 Instructor Manuals were printed by an outside printer that had been recommended by the local hospital staff.

Assessment

Course participants completed a 24-question test at the beginning and the end of the workshop to assess learning during the day. There was a significant improvement in scores – the mean pre-course score was 18.1 and the mean post-course score was 22.4.

Feedback

Participants completed a feedback form at the end of each of the 3 days. Overall the feedback was extraordinarily positive.

Feedback from the 1-Day Workshops

[1] Average scores for the first 1-Day Workshop were (1=strongly disagree; 5=strongly agree):

- EPM will be useful in my daily work. 4.9
- EPM has improved my understanding of pain. 4.8
- I will now be able to assess pain better. 4.7
- I will now be more willing to prescribe or give opioids. 4.8
- The training today was effective. 4.8

[2] Average scores for the second 1-Day Workshop taught by the newly trained local instructors were (1=strongly disagree; 5=strongly agree):

- EPM will be useful in my daily work. 4.9
- EPM has improved my understanding of pain. 4.9
- I will now be able to assess pain better. 4.6
- I will now be more willing to prescribe or give opioids. 4.6
- The training today was effective. 4.8

This demonstrates that a Workshop run by newly trained local Instructors can generate very satisfactory feedback from the participants.

Some comments from the Feedback Forms:

“IT has been a really helpful course, well taught.”

“IT was a great workshop and an eye-opener in pain management and will change my perspective a lot.”

“Explain how to use morphine and when plus routes and doses in more detail.”
Thirty out of the 52 participants asked for more time for the Workshop (even suggesting 2 or 3 days) and/or regular refresher courses.

Many participants commented that the course should include “all health workers” and the need to include pharmacists was highlighted in many feedback forms.

**Feedback from the Instructor Workshop**

Average scores for the Instructor Workshop ((1=strongly disagree; 5=strongly agree):

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
</tr>
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<tbody>
<tr>
<td>The EPM training objectives were met.</td>
<td>5.0</td>
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<tr>
<td>The EPM training materials were relevant locally.</td>
<td>5.0</td>
</tr>
<tr>
<td>The pain management examples were relevant locally.</td>
<td>5.0</td>
</tr>
<tr>
<td>Participants were actively engaged in the workshop.</td>
<td>4.9</td>
</tr>
<tr>
<td>The workshop well organized.</td>
<td>4.9</td>
</tr>
<tr>
<td>The training overall was effective.</td>
<td>5.0</td>
</tr>
</tbody>
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Some comments from the Feedback Forms for the Instructor Workshop:

“The training was generally fantastic and giving a lecture was a wonderful experience.”

“ The instructing was a very exciting experience.”

A number of the trainee Instructors would have liked more time to prepare and suggested that the Workshop material could be provided on USB sticks. For many participants internet-access is either unreliable or simply not available.

**Success and Relevance of the Workshops**

Based on feedback and other comments the workshops were judged to be very successful. We ran two one-day EPM Workshops that trained 52 healthcare workers (4 doctors, 26 nurses and 22 clinical officers) and one Instructor Workshop that trained 8 healthcare workers (1 doctor, 5 nurses and 2 clinical officers).

It was agreed that the RAT (Recognise, Assess, Treat) approach provided a simple framework for managing a variety of pain problems and that it could be utilised in the local hospitals. Participants observed that the teaching was pitched at the right level and that it was relevant to the current situation in Malawi.

**Recommendations**

*[1] Audit of current pain management practice*

It is recommended that support be given to the suggestion from local clinicians to conduct an audit of current pain management practice in Queen Elizabeth
Central Hospital. This would provide additional justification for the proposed initiatives to address education, availability of medication and dissemination of protocols listed below.

[2] Education

Regular courses are needed to maintain knowledge and instructor skills and to disseminate EPM principles more widely.

- It is recommended that further EPM Workshops be run within 12 months at Queen Elizabeth Central Hospital or at other centres such as Lilongwe Central Hospital and District Hospitals and then at regular intervals thereafter.

- It is recommended that Dr Karen Gilmore contacts Dr Chris Orlikowski from ANZCA with a view to organising a return EPM trip to Malawi, possibly in September 2015.

- EPM Courses should include as many surgeons as possible because, at present, they have the main responsibility for prescribing post-operative analgesia in Queen Elizabeth Central Hospital. It would be helpful if a number of surgeons were trained as EPM Instructors as soon as possible.

- The local pharmacists should be invited to participate in EPM Workshops.

- There is a need to identify sources of funding for these EPM courses. Ideally this should be local.

- One option is for EPM instructors to travel to various centres to conduct 1-Day Workshops thereby avoiding travel expenses for participants.

[3] Availability of medication

In the light of numerous comments from workshop participants it is recommended that a review be carried out of the procurement and provision of drugs. In particular these comments focused on the following two areas:

- Morphine in injection, tablet and oral liquid form should be made more available.

- Participants asked to have improved access to appropriate medication at all times. Difficulty in obtaining controlled analgesic drugs from locked cupboards was highlighted repeatedly as a major problem.


In the light of numerous comments from workshop participants it is recommended that consideration be given to introducing regular measurement and assessment of pain in the hospital.
In addition to above recommendation participants suggested:

- The assessment could be linked to protocols that provide appropriate treatment for patients with unrelieved pain.

- That one way to achieve this would be by establishing a Pain Service for the hospital composed of anaesthetists, nurses and pharmacists.

[5] Providing EPM Instructor Resources on USB Sticks

It is recommended that the EPM Working Group in the UK consider providing Instructor Resources on USB Sticks for participants on the EPM Instructor Course. This will allow them to prepare more thoroughly before they are launched as Instructors and provide access to all the teaching materials if they run future Workshops. Internet access is not always reliable.

Acknowledgements

We are grateful for the enthusiastic help and expert organisational skills of Cyril Goddia, Chief Anaesthetic Clinical Officer, and Samson Mndolo, Head of Anaesthesia, from Queen Elizabeth Central Hospital, Blantyre. We thank the various heads of departments from Hospitals and Colleges in Malawi who allowed their staff the time to attend the Workshops.

Money from the generous grant of the International Relations Committee of the AAGBI Foundation was used to fund travel and accommodation for the overseas instructors as well as for the catering and printing costs of the workshops. We are extremely grateful to the Association of Anaesthetists of Great Britain and Ireland and to the Royal College of Anaesthetists for their support of the EPM project.

The Faculty of Pain Medicine of the Royal College of Anaesthetists is responsible for the administration of the EPM-UK Working Group and we offer special thanks to Dawn Evans from the Faculty for her help in organising these workshops.

Douglas Justins

Karen Gilmore

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