Essential Pain Medicine Lite
Teaching pain medicine to medical undergraduates

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History
The Essential Pain Management Programme (EPM) was originally developed in Australia and New Zealand by Roger Goucke and Wayne Morriss as an educational tool for health care workers in low- and middle-income countries.1,2 The first course was held in Papua New Guinea in April 2010. In 2013, the EPM UK Working Group was established, with the purpose of running EPM courses across Africa.3

EPM Lite is a scaled-down version of the full EPM course, and is designed to be delivered to medical undergraduates in half a day. It was developed with the additional help of Linda Huggins, a UK pain medicine trained anaesthetist now working as a Palliative Medicine Specialist in New Zealand. The UK Faculty of Pain Medicine took on introducing EPM Lite as a project in 2014, and the first UK EPM Lite course was held in Bristol in September that year.

The EPM Lite course
The course is centred on a three-letter acronym, ‘RAT’ (Recognise, Assess, Treat). This is designed to allow rapid recall of a logical, stepwise system for management, akin to the Airway, Breathing, Circulation approach used in Advanced Life Support training. This structure provides the basis for an evidence-based, standardised and reproducible training session in pain medicine, with its own handbooks for both trainers and students, slide sets and references.

Recognising pain involves a multimodal approach, including looking for verbal, behavioural, physical and physiological signs, and then communicating the findings to the wider team.

Assessment focuses on a logical classification including severity, type, cause and mechanism. A variety of scoring systems are discussed, alongside benefits and potential disadvantages. Students are encouraged to classify the pain by duration (acute, chronic, acute on chronic), cause (cancer, non-cancer) and mechanism (nociceptive, neuropathic, mixed). Each area is explained in terms of pathophysiology and common descriptors for symptoms. Use of a biopsychosocial approach is encouraged, with reference to additional factors which may affect the perception of pain in a particular individual.

The students are taught to treat patients in an individual way and to avoid using a ‘one size fits all’ model. Non-pharmacological therapies, including physical and psychological techniques, are discussed. Whilst pharmacological management includes the World Health Organisation Pain Ladder, there is an emphasis on tailoring this to the individual, particularly with respect to use of appropriate anti-neuropathic agents. Opioids are promoted for use in acute, severe non-cancer pain, such as in the postoperative period and following trauma, and also when treating cancer pain. There is room for discussion of their use and side-effects in chronic non-cancer pain.

The format of the course is short lectures, punctuated with small group discussion sessions covering all elements of the RAT approach, and culminating in a wide series of case-based discussions.

Practicalities of setting up the first course
The University of Bristol Medical School has been the United Kingdom pilot centre. We were fortunate that the idea came along just in time to allow us to run the first course at the start of an academic year, after a few frantic weeks of planning. We have now held the course on four occasions, throughout the 2014/2015 academic year, accommodating all fourth-year medical students. Each session has a timetabled three-hour slot during the ‘Perioperative and Critical Care’ module, with 40–50 students attending. Four facilitators run the course, all of whom are local Consultant or Senior Trainee Anaesthetists with an interest in chronic pain and education.

We have adapted the format on each occasion, according to feedback received. The most common suggestion...
has been a request for provision of food and drink, but we have not as yet obliged! The students felt that too much time was spent on lectures: the most beneficial elements were the case studies and small group discussions. We have therefore minimised the didactic element in favour of group-work; recent discussion with our Australian and New Zealand colleagues suggests this is also their direction of travel. The exact format may need to be adjusted according to the level of the learners; emphasising the more didactic elements of EPM Lite seemed to work well in Plymouth for small group teaching with first-year students.

Due to changes in the undergraduate curriculum structure in Bristol, we are currently preparing to deliver EPM Lite to third-year students as an entire year group. We have also considered delivering the material in smaller groups while the undergraduates are resident in the local hospitals. This would open up opportunities to deliver EPM to other health professionals. Having more teachers involved may also help us to spread the RAT approach through the ranks of qualified doctors and, in time, make RAT as familiar as ABC.

The national picture on pain medicine training for undergraduates

The teaching of pain medicine across the UK at undergraduate level is variable, with topics being covered to variable depth across basic science and clinical elements of the curriculum. EPM Lite is, as far as we know, the first-year students on the Final Year 'survival' course, and an ‘extra-lite’ version has also now been introduced in Oxford and used to teach over one hundred students on the Final Year ‘survival’ course, and an ‘extra-lite’ version has been introduced for the hour-long weekly medical student seminars in the pain relief unit. EPM Lite is also at various stages of consideration or implementation in Aberdeen, Cardiff, Durham, Edinburgh, Exeter, Plymouth and St Andrews.

In other Medical Schools, pain medicine teaching has been recently reviewed and is working well. We have no wish to see anyone throw the baby out with the bathwater, but even in these places it would be interesting to see if the RAT model could provide a structure to enhance current teaching.

We are hugely grateful to all those colleagues who have been working on getting EPM Lite introduced into Medical Schools across the UK. In an ideal world it would be good to see pain management and the RAT model firmly embedded in all areas of teaching and training where pain is an issue. If you'd like to know more please get in touch with Jyoti Chand (jchand@rcoa.ac.uk), Faculties Administrator at the College.

References