



Strengthening Capacities for Higher Education of Pain Medicine in Western Balkan Countries (HEPMP)

Kick-off Meeting, December 01 – 02, 2017

MEETING MINUTES

DAY 1: Friday, December 01, 2017

After the Registration (13:00), numerous esteemed members of the University of Belgrade welcomed the participants and opened the kick-off meeting: Rector of the University of Belgrade - Academician Prof. Dr. Vladimir Bumbasirevic; Dean of the Faculty of Medicine University of Belgrade - Academician Prof. Dr. Nebojsa Lalic; Academician Prof. Dr. Dragan Micic; Academician Prof. Dr. Djordje Radak; Prof. Dr. Predrag Stevanovic - Project Coordinator; with the attendance of Vice-Rector Prof. Dr. Ivanka Popovic, as well.

14.00 Introduction of partner institutions - brief outline and the role in HEPMP

University of Kragujevac - Prof. Dr. Jasna Jevdjic presented the history of the Faculty established in May 1986; that includes 5 study programs in Dentistry, Pharmacy and Medicine; accredited PhD studies, etc. Today, it has more than 289 Professors and Assistants employed, with 29 visiting Professors.

University of Banja Luka - Prof. Dr. Darko Golic presented the numbers for their University: 811 Professors and Associates employed; 175 visiting Professors; with 31.500 graduated students so far. The first generation of students was enrolled in 1978, and today there are 744 students (Medicine, Dentistry and Pharmacy all together).

University of Tuzla - Prof. Dr. Jasmina Smajic presented 40-year-existence of their University, with 50 student profiles (undergraduate, postgraduate and doctoral studies from few years ago). It includes 13 Faculties, 13.400 students, continuing medical education, with the emphasis on a new program: Nursery.

University of Podgorica - Prof. Dr. Danko Zivkovic presented their University, founded in 1974. Today, it includes 28 Faculties + over 20.000 students. The Faculty of Medicine celebrates 20-year-anniversary. It is both an educational and scientific institution. Future physicians, dentists, and pharmacists are trained there, in accordance with the framework of the Bologna Process since 2004/2005.

UCHC “Dr. Dragisa Misovic - Dedinje” - Dr Vlahovic presented the long tradition of the Clinical Hospital Center together with its important educational role. With 20 specializations, 14 sub specializations, 2200 deliveries per year (high average epidural anesthesia); Clinical standards raised, forcing laparoscopic procedures, average 1.5 days of recovery, 180 patients per bed per year; with oncology as the main cause of hospitalization. It is consisted of 4 Clinics, 5 Hospitals and 6 Medical Services; Total number of employees 1085, 191 Doctors, 637 Nurses, 228 Technical staff.



14.45 Introduction of EU partner institutions - brief outline and its role in HEPMP

University of Florence, Italy - In front of the Florence Project team, instead of Prof. Dr. De Gaudio, Dr Villa introduced their University as a very important part of the Pain medicine development in Serbia. With 126 Degree courses organized in 10 Schools, with a population of about 51.000 enrolled students, the School of Medicine is the responsible for the training, assessment, practice and continuing professional development of specialist medical practitioners in the management of pain. It supports a multi-disciplinary approach to pain management, with the Pain Medicine Unit existing since 1970, as well as Postgraduate school in Anesthesiology, Intensive Care and Pain therapy. The Careggi Teaching Hospital cooperates together with the University of Florence, providing care for more than 3.500 outpatients with acute, chronic, and cancer pain problems. They have “Hub and Spoke” model where patients are treated with complex assistance. This model ensures the continuity of care of the patient from the hospital to their home, including the whole set of health care facilities and professionals dedicated to supply palliative care and pain control at all stages of the disease and for any type of patient.

University of Ljubljana, Slovenia - Prof. Dr. Maja Sostaric presented the 3 pillars: Research, Educational & Knowledge transfer; with 4000 registered researchers, established in 1919, it has 23 Faculties and 3 Arts Academies; and each year 150 students enroll Medicine. They are positioned on the Shanghai list of the 500 best Universities in the World. Faculty of Medicine is also established in 1919 for Medical and Dental Medicine, with 1500 graduates per year + 8 Teaching Hospitals of the University Medical Center Ljubljana (2160 beds and 7800 employees), with another important Faculty of Medicine in the country - University of Maribor. It has one Master Study program Medical and Dental medicine and Doctorial Study Program in Biomedicine with 180 PhD students.

University of Rijeka, Croatia - Assist. Prof. Vlatka Sotosek Tokmadzic presented us with their University that is consisted of: 1) Clinical Hospital Center Rijeka: founded in 1984, as 1/5 Clinical Hospital Centers in Croatia today, taking care of 600.000 population; it is a hospital, educational and science center all together; 2) Faculty of Medicine, University of Rijeka: founded in 1955, as the educational and scientific center; and 3) Faculty of Health Studies, included in the Faculty of Medicine, separately established since 2014, as the educational center for health studies, nursing, practitioners etc.

15.30 Presentation of project’s official website – Dr Nikola Ilic, Faculty of Medicine

Dr Ilic presented HEPMP Project Official Website: www.hepmp.med.bg.ac.rs and its Telecommunication Systems and reminded everyone to apply for Newsletter and use the official e-mail: hepmp@med.bg.ac.rs. The website will increase the Project’s visibility and facilitate communication channels through standard forms such as: contact mail, contact form and newsletter list; it will inform the Partners and Public of the past and upcoming Events; improve cooperation and education by using Educational Teleconferencing and reduce costs. Teleconferencing is something specific that will allow the sustainability of the Project, and it will allow you to have additional meetings and perform lectures.



15.45 Overview of the HEPMP project’s goals and project implementation (intended policy, impact, structure, work plan, timetable, and task distribution)

Prof. Dr. Predrag Stevanovic as the **Coordinator** of the project greeted all the partners once again and introduced them with the team from the Faculty of Medicine University of Belgrade. Prof. Dr. Stevanovic also reminded that all the partners are mainly from partner countries, except 3 partners from program countries (Italy, Slovenia and Croatia). The main reason for this project was the development of the Pain Medicine and Palliative Care sub specialization, with the 4th generation enrolled in 2017, and the focus on the need for the training of the doctors. The whole Project was created on the idea to put the patient and their needs first. With separate course in Rijeka as Physiology of Pain at the 1st year of studies, and in Slovenia in the 5th year, it is a perfect mix that should be adapted in Serbia. Florence also has an outstandingly organized program. In the countries of Western Balkan there is low awareness, not only in the general population but within the medical doctors as well. The richness of the program is in its interdisciplinary nature. We wished to improve our curriculum– one of the main outcomes of the project. It is important to create it together. The importance of the topic is recognized through the National Palliative Care Strategy (2008) and National Programme Serbia against Cancer. It is also recognized by the WHO Strategy for 2020. The main aim of HEMP project is to increase quality of education in Pain Medicine, in order to contribute to the improvement of public health care services in partner countries. This project aims are supporting the development of Pain medicine service provision in the country by providing qualified trained staff. Support will be granted to operationalise the recently established an educational program in the form of pain medicine specialization and the possibility of the development of undergraduate education programs. Define what is there in the program countries that can be useful, all the suggestions and changes to implement in order to improve it. The analyses are necessary for all the partners in this project, Analysis of Labor Market needs, for this profile. Regarding the Tasks of the Universities of Program countries, they should assist in the analysis of the current situation and define the possible changes that would improve or introduce curriculum. The Tasks of Universities of Partner countries would be to modernize the existing curriculum and to develop a module lectures for undergraduate studies, as well as to develop a web platform for mutual learning and communication for professionals who deal with Pain Medicine, and to organize courses for doctors in primary health care together with LLL (books, brochures, scripts, leaflets, digital material). Once again, to point out: WP1 - Comparative analysis of education offer in Pain Medicine and Purchase and installation of equipment in the 1st year of the Project; WP2 - Development of joint curricula and Long Life Learning (the modules should be prepared until the fall of 2017); WP3 - Development of LLL courses and interventional courses; Prof. Stevanovic pointed out the WP4 Establishment of the Academic network as one of the most important outcomes, together with the teleconferences, Pain Research forum and Establishment of PAINWeb platform and APMN Academic Pain Management Network – a Web server application that is independent of operative systems, so it is visible (usable) from all devices like mobile phones, tablets, desktop. It allows greater and faster availability of doctors of various profiles who deal with pain for all patients, plus minimal spending of all resources (money, fuel, papers, time ...); WP5 - Project dissemination: Creation of Web site of HEPMP; Pain Medicine Textbook; monograph; script; Promotion of HEPMP program events; WP6 - Quality control: Establishment of quality control board and the development of control plan for quality assurance in teaching process with regular Quality board meetings. All the parts are defined closely and they need to have adequate reports.

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16.15 Presentations of WP1 and WP2 by WP leaders: Analysis of higher education offer of Pain medicine in Serbia

Prof. Dr. Dejan Nesic, University of Belgrade, started with the first ideas for the implementation of Pain Medicine and gathered experience from Lyon and Florence; in cooperation with the Ministry of Health, and their Strategy, we got both the specialization in Palliative Medicine and sub specialization in Pain Medicine. So, from 2014, sub specialization in Pain Medicine is of 1 year duration, for all the specialties, because of its multidisciplinary approach. We are very proud of the intense growth of number of students every year. Since this is a deficit specialization, you should not waste time. We implemented what we were taught in Italy and France = to be patient oriented. All of these should be implemented through our Project. Pain Medicine includes: 120 classes, 32 members from different Clinics, 18 different specializations, 3 Academicians, etc. The goal is to improve the curriculum, under the supervision on more experienced partners from program countries; and on the other hand to help the development of others as well. It is extremely important to have practical work. We want to create 2 textbooks, Continuing Medical Education, with a possibility to develop a PhD module one day in Pain Medicine, etc.

Prof. Dr. Nebojsa Ladjevic, University of Belgrade shared the idea to create a module for undergraduate course, with a support from Germany for the translation of the textbook, as well as to create new educational programs and new teaching methods. The change of methods of evaluation of students that will include more e-learning is necessary. Prof. Ladjevic pointed out the cooperation with The European Pain Federation (EFIC) on harmonization of curriculum of the sub specialization in pain medicine with their postgraduate curriculum. Also, there is a cooperation with German Ministry of Health and German association for pain therapy - to introduce the obligatory course in Pain Medicine at the Faculty of Medicine; cooperation with London Pain Forum and with PainOut program – European Society of Anesthesia, as well. The necessity of continuing medical education for future lecturers, development of medical didactics and innovative teaching methods are pointed out. It is necessary to define a “Common trunk” of knowledge for every specialist, which all subspecialists should have. Development of certified training centers, with structured examinations and identification of lecturers for theoretical and practical aspects of working in the field of pain medicine is of core value.

Prof. Dr. Jasna Jevdjic, University of Kragujevac explained that their University only has Pain Medicine within the Surgery course, no separate course so far, but if there is a proper implementation of the curriculum, the situation can change. They are interested in development of the modules of Pain medicine for undergraduate studies at the Faculty and organize courses of Pain medicine aimed to educate doctors in primary health care.

Analysis of higher education offer of Pain medicine in Bosnia and Herzegovina

Prof. Dr. Jasmina Smajic, University of Tuzla and Prof. Dr. Darko Golic, University of Banja Luka: they pointed out that there is no unique course to which the students acquire wide knowledge about the epidemiology, physiology, assessment and treatment of pain. In Tuzla, Physiology of pain from the 2nd year of studies, and included in the neurology, anesthesia and family medicine. They emphasized that they are very proud of the participation in this project and wish to improve and create a curriculum.

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Analysis of higher education offer of Pain medicine in Montenegro

Prof. Dr. Danko Zivkovic, University of Podgorica said that there is one segment in the PhD programs possible, but no specific courses and modules, only included in the surgery; in the project team the Dean of the Faculty and the economist are included, so this project will mean a lot for their improvement and further development.

17.15 Presentations of WP1 and WP2 by WP leaders: Analysis of higher education offer of Pain medicine in Italy

Dr. Gianluca Villa introduced us with the elective Course about Pain Management that should provide us to: appreciate the complex and multi-dimensional nature of chronic pain; develop the interpersonal and communication skills in the settings of complex chronic pain diseases; know how functioning in a multidisciplinary team setting; evaluate patients with an acute and chronic pain; and to learn non-invasive and invasive pain therapies, including non-pharmacological approaches. In their experience, it goes through School of Medicine, then Postgraduate School in Pain Medicine and Master in Pain Therapy. It is an inter-professional program intended for health care professionals who want to specialize in the field of pain. Approximately 20 places are offered each year and the majority of students are self-funded, though some obtain awards from trusts.

Analysis of higher education offer of Pain medicine in Slovenia

Prof. Dr. Maja Sostaric explained how in Slovenia, Pain Medicine is covered by different Departments and Institutes: Pathophysiology, Pharmacology, Surgery, Internal Medicine, Psychiatry, neurology, Anesthesiology, Oncology; with courses like Pain, Anesthesiology + many optional courses that include Perioperative Pain Management, Chronical Pain, Non-conventional pain management etc. In Ljubljana, at the Acute Pain Service UMC there are lectures, practical work etc. It includes new nurse profile: pain nurse; education of doctors; education of ward nurses and patients, all of that with one main purpose - make pain visible: pain assessment. Not only acute pain, but perioperative pain, non surgical pain: untractable pain, of different etiologies, neurological cause, infections, ishemic pain etc. Effective postoperative pain relief in all recovery rooms and surgical wards is also extremely important, with high patient satisfaction. Pain treatment techniques that are used are: Analgesic epidural blocks, intraarticular blocks, trigger blocks, US guided blocks, RTG guided bocks, Acupuncture etc.

Analysis of higher education offer of Pain medicine in Croatia

Prof. Dr. Zeljko Zupan, University of Rijeka - Education: Faculty of Medicine – Department of Physiology and Immunology, Department of Anaesthesia, Resuscitation and Intensive care Medicine – students and PhD students; Facutly of Health Science – students; Clinical Hospital Center Rijeka – residents. We should point out the Research of pain and many Publications, as a result of everyday practice in Clinical Hospital Center Rijeka. Division for Pain Medicine was established in 2000. For Pain management, Prof. Zupan enlisted the following: conventional tretment; acupuncture; regional analgesia; acute pain service. Future perspectives: strengthening education in pain medicine – student residence and specialists – Facutly of Medicine, Clinical Hospital Center Rijeka, workshops (Rijeka, Osijek, Zagreb); aplications for EU science projects - reserach of pain; developing pain practice – invasive and non-invasive pain tretment etc.

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DAY 2: Saturday, December 02, 2017

09.00 Project management, reporting and financial monitoring

Darko Milogoric, from the **Erasmus+ Office in Belgrade, Serbia**, gave us advices regarding the awareness of the Erasmus+ rules for all the partners in the Project, not just the Coordinator; how important is good planning of costs and obligations; to develop a clear division/delegation of tasks and responsibilities of all the partners; to define Project teams at each of partner institutions (consisting of managing, teaching, administrative and technical staff); to have transparent decision-making procedures (what about the deadlock situations etc.); use communication & continuous self-evaluation for everybody to see (including teleconferences sometimes, not all the meetings have to be with physical presence); nourish the problem-solving approach; support of national and institutional authorities; perform the appropriate dissemination of project results. As an advice, Prof. Stevanovic said that if someone does not an Erasmus+ Office at its Institution already, it is wise to include an economist in the team for all the financial reporting that is very complex. Darko continued with explaining what Good practice includes: detailed partnership agreements; efficient and easy to use communication & management tools; Cash flow tables; Clear instructions on how to fill the requested documents – a manual with samples; Regular internal reporting and checking of documents; Internal monitoring – use of the LFM and WP, paying attention to delivery dates. There is a list of the relevant documents that partners should be aware of and Management is based on Grant agreement and other previously presented relevant documents, as well as on partnership agreements applicant institution is signing with all partners in the project. It is highly recommended for all the partners to have separate project accounts to identify transactions more easily. All relevant documentation can be found at: https://eacea.ec.europa.eu/erasmus-plus/beneficiaries-space_en. Partnership Agreement could be multilateral (one document signed by all partners) or bilateral (partner A + coordinator); deadline is 6 months of the signature of the GA. Main topics that need to be covered are: Bank accounts (beneficiary/coordinator), Finances & activities, Eligible costs, Liability (as the most important, there is a template but we can include wider range of topics and problems, for every institution); decision making process - voting, measures that are at disposal to the coordinator; Ownership of the results (all materials produced under the scope of the project must be made available for the public, in digital form, freely accessible through the Internet under open licenses); Confidentiality & personal data protection; and Conflict of interest. Regarding the Financial and reporting aspects: during the Project we have three installments. Pay attention to the rules in the presentation. Transfer between budget headings is possible but not more than 10% without consent of the EACEA. Agency shall reduce the amount of the final Grant in the event of weak implementation (we will receive points for the implementation of the Project). It is wise, in case you anticipate a problem, that the Quality Board makes a report and makes some kind of a recommendation how to solve it. Quality Board does not include all the partners like the Management Board, and it is for internal evaluation. Tendering procedure for all contracts awarded between EUR 25000 and EUR 134000 is obligatory. Without splitting the purchase- it is very important! It is wise to have a joint tender procedure. If not possible, explain why. Monitoring can be done by the EACEA and the National Erasmus Offices: Preventive* (in the first year of project implementation) and Advisory* (after the first half of project implementation). The impact is also evaluated (after the end of the project - to show sustainability of the Project results after it is finished, for example, are the programs accredited, is the platform still ongoing, documents implemented in the institutions, training etc.). NEO monitoring is based on deliverable achievement. It is performed in the Partner countries by the relevant National Erasmus+ Office. All the communication goes through Coordinator and the EACEA. It is in both interests that the Project is successfully implemented and finished.

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NEO reports are sent to EACEA desk officer (every Project has its own Project Officer to help in the implementation). NEO monitoring questionnaire contains questions about: Implementation, Sustainability, Relevance, and Partnership & Cooperation. Some useful remarks: Be aware of the ineligible costs (for example: VAT, hospitality costs, registration fees for courses, seminars, symposia, conferences, congresses, etc.) Communication with the EACEA goes through project coordinator. Changes during the course of the project implementation have to be reported to and/or need to be approved in advance by EACEA. Challenges: Purchase of the equipment – not splitting the purchase, not recorded in inventory books; Different and complex national legislations; Different institutional procedures; Importance of maintaining the institutional cooperation etc. Pay attention to: Management Manual, Quality Manual, Dissemination plan (dates, publications, number of people, activities, targets, indicators...) and Sustainability plan (how to sustain the obtained results from both financial and academic point of view).

10.15 In-depth presentations of WP1, WP2 and WP3 (putting an emphasis on 1st year)

Dr. Sandra Radenkovic, University of Belgrade emphasized the need to modernize a curriculum of Pain Medicine (PM) specialty, with developing a program or modules of Pain medicine that will be included in undergraduate studies; organizing courses of PM for health care workers and highly specialized courses for interventional pain management; establishing an regional academic network for exchange of knowledge of professionals who deal with PM etc. Comparative analysis of education offer of PM as WP1 for partner countries will show existing differences in methodological approach and in content of study program (all the data should be included, as the details of what you have in different courses, programs, even parts of courses). It is intended for M1 for partner countries. The same report goes for program countries but in M2. For program countries it includes everything you are already offering. The analysis should be in a form of a Report. Important for Montenegro and Bosnia and Herzegovina Universities is to introduce a new study program of PM through analysis of the labour market needs relevant for PM. WP2 includes training of existing teaching staff in program countries aimed to introduce academic staff from partner countries with EU standards of education through updated study program of PM. Equipment and everything goes through tender procedures after M3. Staff education is intended for M4 (Ljubljana) and M8 (Croatia), for example. Development of courses - WP3 includes development of learning materials for LLL courses for HCWs who work in primary health care centres. Next, the establishment of PAINWB Platform, regional academic network as a professional body would deal with the exchange of knowledge regarding PM. Dissemination - WP5 predominantly through creation and promotion of HEPMP website and different conferences and develop promotional material. Assessment of quality control of HEPMP - WP6 includes the establishment of quality board who will monitor project maintenance and control assurance of teaching, it will be explained further. Management of the project - WP7 Creation of project management guide is wise, which will contain the main determinants for the implementation of the project. Regular management meetings will be useful for follow up of the project conduction and the regular reports from these meetings will be necessary. Final report will be the crucial assessment of project results. Conclusion: Organizing courses in PM will develop awareness of the importance and raise the level of knowledge in primary health care. It should be 1 curriculum made for Serbia, Montenegro and Bosnia and Herzegovina. Book preparation, as a main output of the project, Quality plan very important, and all the outputs are textbook, international monograph of Serbian Academy of Sciences and Arts, accredited programs, manuals, lectures... all of this is time consuming.

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10.45 Establishment of Project Management Board

Management Board consisting of members from the entire Project partners has been established and consisted out of Project Team Coordinators: Prof. Dr. Predrag Stevanovic – Project Coordinator, Prof. Dr. Jasna Jevdjic, Prof. Dr. Radisav Scepanovic, Prof. Dr. Danko Zivkovic, Prof. Dr. Jasmina Smajic, Prof. Dr. Darko Golic, Prof. Dr. Angelo Raffaele De Gaudio, Assoc. Prof. Dr. Maja Sostaric and Assoc. Prof. Dr. Zeljko Zupan.

11.00 Establishment of Project Quality Control Board

As already defined, this is a way of internal evaluation; it is wise to have members from Belgrade so the meetings are more commonly held (due to technical issues). Suggested members are: Dr. Jelena Santric, Administrative Director of the Faculty of Medicine, University of Belgrade and Doctor of Legal Sciences; Prof. Dr. Vesna Plesinac Karapandzic from the Faculty of Medicine, University of Belgrade; and Prof. Dr. Dragica Pavlovic Babic from the Faculty of Mathematics University of Belgrade. All the present members agreed on the suggested Quality Board.

11.15 Planning future activities and scheduling meetings

Since M1 was for the analysis; M2 comparative analysis; M3 for the equipment; now we have M4 and scheduling our first meeting after the kick-off, that should be in Slovenia, Ljubljana. At the same time, a meeting of the Management Board is planned. There will be a training (1 week per group) for two groups from partner countries: Serbia, Montenegro and Bosnia and Herzegovina. The meeting should be planned in the timeframe February 15-March 15, 2017. It should present to partner countries how pain is taught in program countries, Slovenia in specific. Head of Financial Department of the Faculty of Medicine University of Belgrade, Slavica Petricevic, explained what is necessary from documentation for partners to send to the Coordinator. It is advised to delegate a person from each Project team to be responsible for all the administrative tasks. Also, the need to pay attention to the National legislation regarding the costs of stay was pointed out.

12.00 Discussions and closing the meeting

Prof. Dr. Predrag Stevanovic thanked everyone for participating and helping this kick-off meeting to be a success and pointed once again that the most important task for all the partners is to create the content of the curriculum for the programs that would be accredited in the future, as the main outcomes of the Project.

Annex 1: Participants list with signatures

Annex 2: Kick-off Meeting HEPMP Agenda

*PDF files of the PowerPoint Presentations of participants are available on the official website of the Project:
www.hepmp.med.bg.ac.rs