

EVENT REPORT FORM

Project title	Strengthening Capacities for Higher Education of Pain Medicine in Western Balkan countries
Project acronym	HEPMP
Project reference number	585927-EPP-1-2017-1-RS-EPPKA2-CBHE-JP
Coordinator	University of Belgrade
Project start date	October 15, 2017
Project duration	36 months

Event	First course primary health care: PAIN – significance and treatment
Type of event	WP3 (Development of LLL courses and interventional pain medicine courses) 3.4. Delivering of LLL courses of pain medicine in primary health care centers of PCs
Venue	Medical faculty of Podgorica
Date	16.11.2019.
Organizer	Faculty of Medicine University of Montenegro
Reporting date	22.11.2019.
Report author(s)	Danko Zivkovic

Project number: 585927-EPP-1-2017-1-RS-EPPKA2-CBHE-JP (2017 – 3109 / 001 – 001)

*This project has been funded with support from the European Commission.
This publication [communication] reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.*

EVENT DESCRIPTION with special reference to goals and outcomes

Number of participants at the event	71
Participants (organisations)	Physicians in the primary health care of Montenegro
<p>Event description:</p> <p>The main objective was to develop LLL course about acute pain management and deliver it to health care professionals in Primary health care centers in Montenegro After development of the training material, selection of trainees, and accreditation of the course by The Chamber of Doctors in Montenegro , the course was held for the purpose to give basic education regarding PAIN management.</p> <p>Objectives of the course:</p> <ul style="list-style-type: none"> • Teach participants to explain the difference between acute and chronic pain • Teach participants to explain the difference between nociceptive and neuropathic pain • Point out the importance of pain as the fifth vital sign and the pain intensity estimation • Pain intensity estimation methods • Learn the most important principles of pain management in primary practice • Learn the importance of opiate pain therapy, disadvantages and benefits • Explain what is stopping primary care physicians from opiates in pain therapy <p>Description of activities</p> <p>During the preparation of the seminar, it was agreed at the HEPMP team meeting that there would be nine lectures, which were divided into two parts. No program was prepared that envisaged six lecturers participating in the HEPMP project.</p> <p>In the preparation of the project, equipment purchased from the project funds was used.</p> <p>A suitable flyer, entrance and exit test as well as a certificate accredited by the Medical Chamber of Montenegro have been prepared for this seminar. (accreditation has been added to the PDF attached)</p> <p>Educational event was accredited as a first category seminar with the highest number of CME points (10). The accreditation notice is posed by mail, the pdf version of which is enclosed with this document. A flyer was prepared in which a program of events was presented, as well as a decision on accreditation.</p> <p>Information on seminars was also published on the website of the Faculty of Medicine in Podgorica</p> <p>The seminar started at 9 am with the registration of participants. Each participant received a flyer with a seminar program, an entrance test, and a</p>	

completed attendance list.

In the beginning, the dean of science held a salute instead of the dean of the School of Medicine. She emphasized the importance of holding this seminar.

The Coordinator for Montenegro speaks about the HEPMP project, its tasks and goals. In his statement he outlined all the benefits that the project brings, as well as the commitments the University of Montenegro has made in the realization of this project

- The first lecture discussed the principles of a comprehensive approach to pain management and psychological problems related to pain, the recommendations of modern guides, the management of a patient with primary care pain (PHC), the assessment of pain and the effects of treatment in PHC, pharmacological and non-pharmacological chronic pain management interventions in PHC, re was dedicated to neuropathic pain. Initially, the definition of neuropathic pain is presented, epidemiological data are available. We are familiar with pain receptors as well as neurotransmitter pain pathways. We are familiar with clinical entities in neuropathic pain. The lecturer explained in detail the pathways of pain transmission and the methods used to diagnose neuropathic pain. Surveys that are used to identify the shape and severity of neuropathic pain are explained. The pathophysiological mechanism of transmission of neuropathic pain has also been discussed. A special chapter in the lecture was devoted to the therapeutic approach, ectopic activity. These included: the effect of drugs on ion channel activity, the effectiveness of Na⁺ channel inhibitors, Ca⁺ channel modulators.

And in the final word, we came to conclusions:

1. Therapy should be started as soon as possible
 2. Therapy is considered to be clinically successful, if pain reduction is achieved from 30- 50%
 3. First line medication succeeds 40-50% of cases
 4. Individualized approach required
- The following lecture dealt with the treatment of pain in a primary care clinic.

The lecture discussed the principles of a comprehensive approach to pain management and psychological problems related to pain, the recommendations of modern guides, the management of a patient with primary care pain (PHC), the assessment of pain and the effects of treatment in PHC, pharmacological and non-pharmacological chronic pain management interventions in PHC.

Treatment of chronic pain at PHC level is very significant. Evidence-based treatment methods should be used as a first-line strategy. In addition to medicamentous therapies, exercise and cognitive behavioural therapy are preferred. Unrecognized comorbidities and unstable biopsychosocial comorbidities are common in patients with chronic pain, especially those who are poorly functioning and are often a barrier to recovery and risk factors for poor compliance and adherence. The best strategies for treating chronic pain include an interdisciplinary / multidisciplinary approach.

- A special approach to pain management is presented in the lecture on acupuncture. The introductory part of the lecture gives an overview of the history of acupuncture. „Acupuncture is a form of alternative medicine. It is most commonly used to relieve pain, although it is also used to treat a wide range of conditions. Acupuncture is generally used only in combination with other forms of treatment. The We A particularly interesting lecture was on migraine and pain therapy. The medical acupuncture approach involves the use of acupuncture after a medical diagnosis.

Acupuncture is the insertion of thin needles into the skin. It can be related to the application of heat, pressure or laser light. Classically, acupuncture is individualized and based on philosophy and intuition rather than scientific research. There is also a non-invasive therapy developed in Japan in the early 20th century, using a complex set of "needles" to treat children. During the presentation, the lecturer gave a clear account of the pathophysiological mechanism of alternative application of acupuncture to pain therapy.

Emphasis is placed on the scientific basis of acupuncture

There are several theories that explain the mechanism of acupuncture functioning:

1. control door theory,
2. nerve reflex theory
3. neurohumoral,
4. morphogenetic,
5. endorphin theory.

Also shown is the future of acupuncture in pain therapy.

- A particularly interesting lecture was on migraine and pain therapy.

In short, I will pass on some information from the presentation.

“Migraine is a chronic disease that is accompanied by headache attacks. The prevalence of 10-12% in the population of economically developed countries is 4.8% in males and 14.6% in females. Over 50% of patients have migraine attacks in bed and in over 80% occur before 40 years of age. It significantly affects the quality of life of people, as well as the occurrence of complications such as addiction to analgesics, and therapy should be included at the right time. For mild forms, the usual analgesics (ASK, paracetamol, NSAID), for severe forms of tryptane and ergotamine, of course, in any case, are combined with antiemetic, due to gastroparesis existing during migraine attacks.

After a half-hour break, which further clarified some of the concerns of the attendees regarding the lectures held.

- Lecture on analgesics in the treatment of cancer pain, epidemiological data on the number of malignancies and the economic consequences of pain medicine

Methods of measuring pain intensity, various forms of pain scales are presented in a very educational way. Special attention was given to the presentation about opiates, their mechanism of action, doses, the most common concerns about opiate treatment, as well as practical advice on the daily work of doctors in their offices.

- A special chapter deals with patients with diabetes.” Neuropathic pain in diabetic polyneuropathy in an outpatient clinic.” Peripheral nerve disease in diabetics is a weliki problem for both patients and their doctors. Although they are expected to occur in almost all diabetics with long-term illness and unregulated blood glucose levels, it is estimated that almost half of these events remain unrecognized and untreated.

The lecture discussed the most common forms of diabetic polyneuropathy, especially distal symmetric and focal neuropathy, diagnosis at the primary health level, treatment, including treatment of pain. There were first choice medicines (pregabalin and duloxetine), second choices, other medicines and non-medicamentous treatments.

- Particular emphasis is placed on the elderly population and the treatment of pain in them. Here are some details from the lecture.” The world population is aging and it is projected that the current 7.4% of people over 65 will rise to 16.4% in the world by 2050, and that the age group will triple over the age of 80. Acute pain in the elderly population becomes a less intense symptom (mute myocardial infarction). In contrast, elderly people experience chronic pain much more intensively. The drug of choice for mild to moderate pain is paracetamol- a non-opioid analgesic (max day dose up to 4 gr) with minimal side effects, NSAIDs should be avoided due to frequent GI bleeding. In severe pain, opioids should be included. Depending on the severity of the pain, we include weak or stronger pain, and cooanalgesics are also introduced. WHO recommends that patients should become ill regardless of their disease prognosis and diagnosis .”
- Particular attention was paid to the story of opiophobia. The introductory part of the lecture presents the thoughts of patients how much they trust their doctors and how many of them are replaced by another doctor. Through several practical answers from doctors in the Survey on how to treat pain - all the fears and dilemmas of doctors in primary care are presented. The lecturer illustrated in a picturesque way that our doctors have little experience with opioids in pain therapy and that if administered, they are subdosed.
- And at the end of the issue, pain is also presented from the legal side. In the inspired story, legal acts treating the shoe area are presented.

The seminar ended with a discussion with the lecturers and completion of the exit test. The certificates awarded by the Montenegrin Chamber of Commerce were distributed to all present. The listeners received 3 CME points while the lecturers received 7 CME points.

And instead of the end

- 71 listeners were present, mostly selected doctors for adults from health centers, family medicine specialists, internal medicine specialists. The entrance and exit

tests were identical and contained 13 questions pertaining to the diagnosis and treatment of pain. Listeners were asked to encrypt their questionnaires so that an individual shift in the number of points could be monitored. The questions were designed to reflect the content of the course.

The entrance test was completed by 51 participants. They averaged 7.18 points (5-10 range).

The exit test was completed by 48 participants. They averaged 10.2 points (ranging from 4 to 13).

Individual shifts in score could be observed in 41 participants, who wrote identical codes on both questionnaires. The number of points increased by an average of 3.5 (range -1 to 8).

- The survey (taken from the HEPMP Event Reporting Policy) was completed by 45 participants. Predicted grades were from 1 to 5. The average course grade was 4.22.
- “Content of lectures” was best rated with an average of 4.44 points (range 3 - 5). “Engaging participants in activities and discussions” was rated the lowest with 3.6 points (range 1-5). That was the weakness of this course. Discussion time was not foreseen, so an interactive relationship with the audience could not be achieved except during presentations.
- Therefore, planning of the next courses will have to be taken into account in order to achieve the set goals and to maximize the benefits of the course.

<https://www.ucg.ac.me/objava/blog/1283/objava/56600-odrzan-strucni-skup-bol-znacaj-i-lijecenje>

Attachments

Agenda (pdf)	Title Leaflet PAIN- Significance and treatment (pdf)
Attendance sheet (pdf)	Title Annex4-HEPMP-attendance list Podgorica(pdf)
Photos (jpg)	10 (jpg)
Quality control pdf)	Title Accreditation by The Chamber of doctors in Montenegro (pdf); Annex 6- HEPMP-Event evaluation list; Output test
Deliverable (pdf)	www
Presentations (pdf)	01. HEPMP Project., Zivkovic pdf 02. Neuropathic paindf ,Jevdjic pdf 03. Treatment of pain in primary care dispensary,Kezunovic pdf 04. Acupuncture Pain TreatmentZornicpdf 05. Migraines and pain therapy Milačicpdf 06. Analgesics in chronic cancer pain therapy Zivkovic.pdf 07. Treatment of pain in diabetic neuropathy Kezunovic pdf 08.Treatment of pain in elderly patients, Milacic pdf 09. Opiophobia - dilemmas and thinking of our doctors Zivkovic pdf 10. Legal implications of pain ,Santric pdf
Other personal remarks	

Organisation details

Invitation sent to	Health centers of Montenegro
Date of event material release	25.10.2019.
Date of participants list's finalisation	7.11.2019.
Date of agenda finalisation	7.11.2019
Number of participants (according to the participants list)	71
Comments	

Problems encountered during the event preparation phase

Please add your comments, if any:

Strengths and limitations of the event (please include comments received)

Strengths of the event and contributions or activities by participants	Participants learned that different pain states, as well as diseases associated with pain syndrome, are recognized, assessed for the intensity of pain, and determined by the intensity of the type of therapy. They were also introduced to the side effects of analgesic therapy. They are aware of the biggest mistakes that doctors make in their offices when treating pain.
Suggestions for the improvement	In the next seminar, we planned more time to discuss after the lecture and exchange of practical experiences
Any further comments	

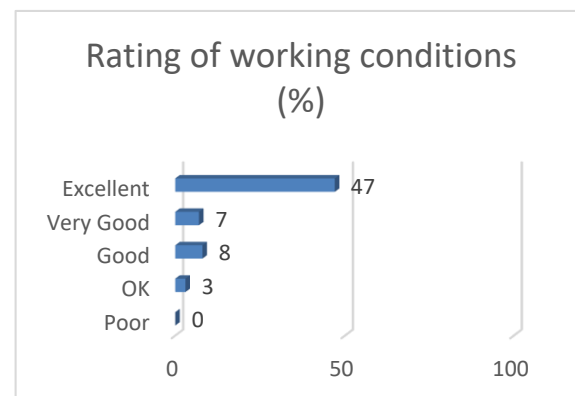
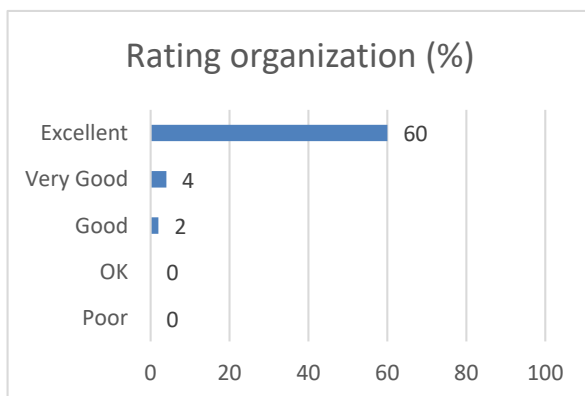
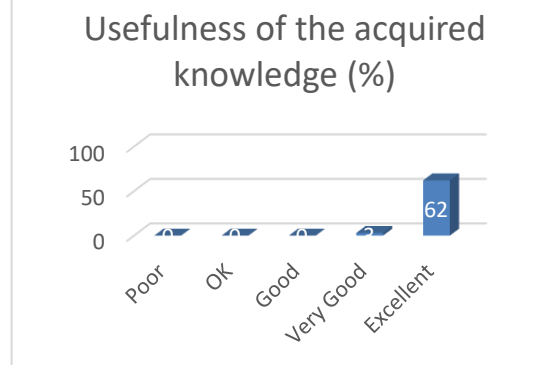
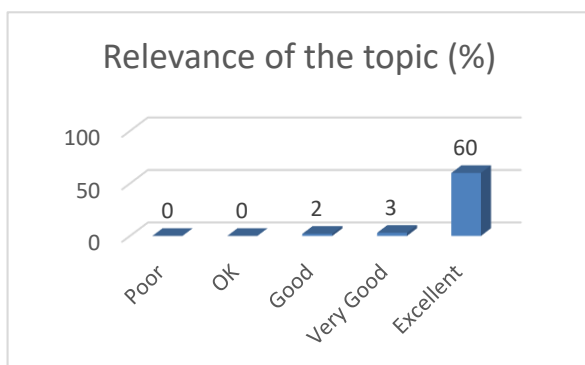
Evaluation details

Results of evaluation of the general organisation of the event

Description

The participants highly rated the choice of educational topics, the content of the education program, the method used, the duration and organization of the education.

Table(s)/Figure(s)

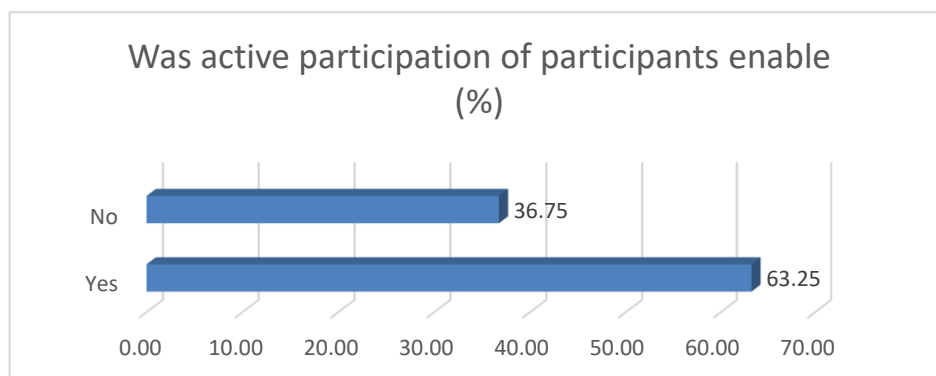
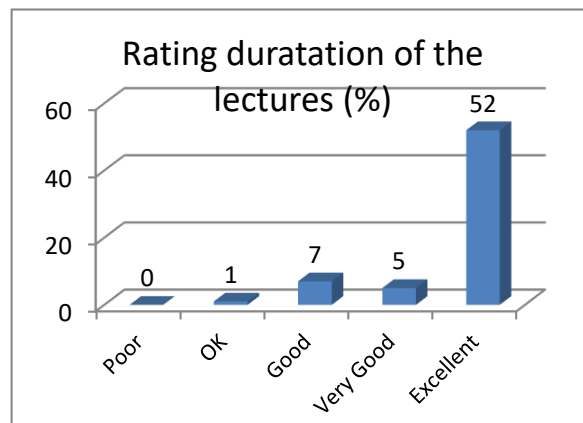
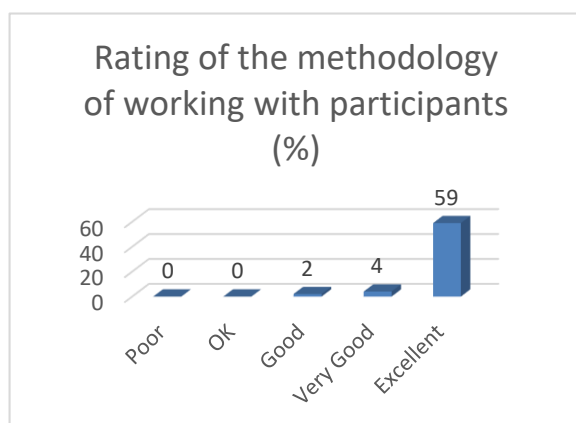


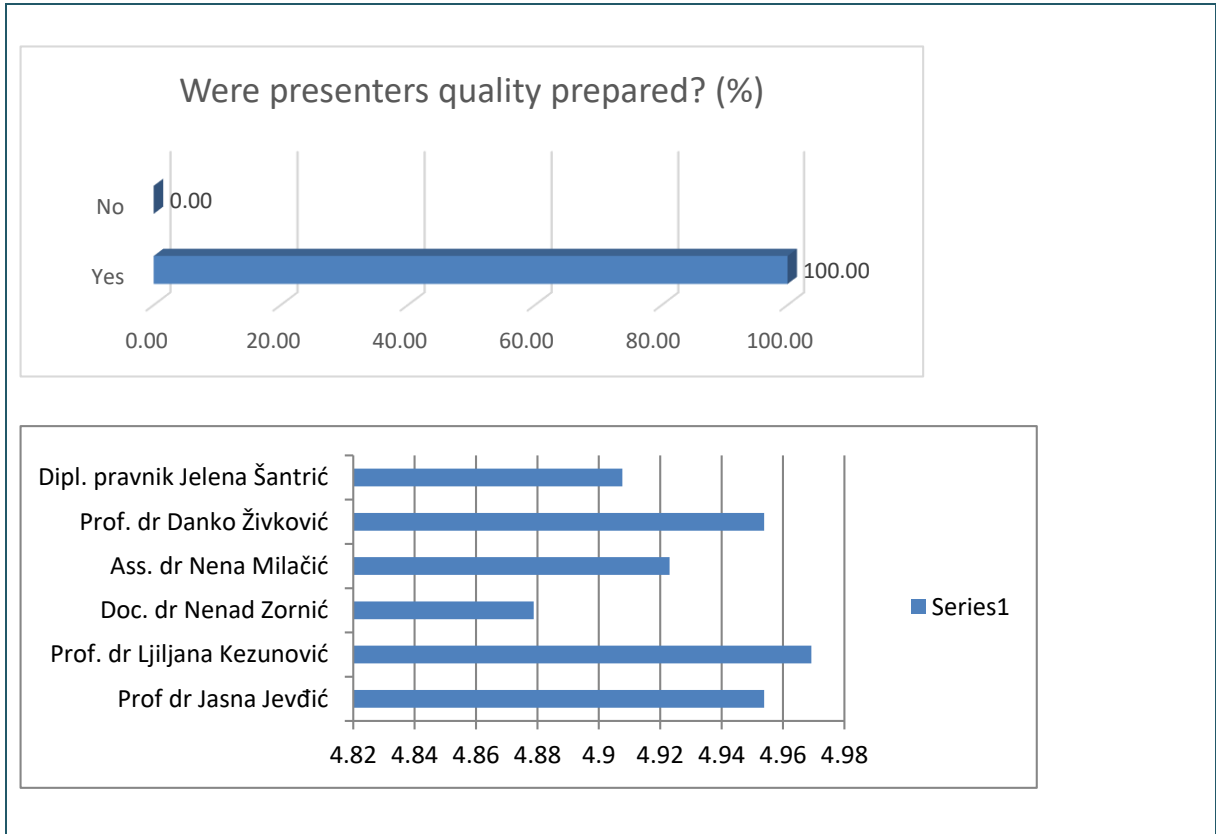
Results of evaluation of general working communication

Description

Participants in the evaluation questionnaire stated that the teaching was easy to understand, but 36.75% considered that attendees did not actively participate in the learning process. Each of the lecturers was individually evaluated by the participants, and each received an average rating of between 4.87 and 4.97. The participants evaluated that the lecturers were prepared for the lectures.

Table(s)/Figure(s)





Results of evaluation of overall success of the event

Description								
The participants rated the overall impression of the held seminar with an average score of 4.63 (out of 5).								
Table(s)/Figure(s)								
<p>The overall rating training (%)</p> <table border="1"> <thead> <tr> <th>Rating</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Poor</td> <td>~10%</td> </tr> <tr> <td>OK</td> <td>~10%</td> </tr> <tr> <td>Good</td> <td>~80%</td> </tr> </tbody> </table>	Rating	Percentage	Poor	~10%	OK	~10%	Good	~80%
Rating	Percentage							
Poor	~10%							
OK	~10%							
Good	~80%							

Please indicate your suggestions for further event's improvement:

Location, date

Podgorica, 22.11.2019.

Signature

