**EVENT REPORT FORM**

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| 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 |

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| Event | The second course in primary health care: Cancer pain |
| 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 | Primary health care center Indjija |
| Date | 2.12.2019. |
| Organizer | MFUB, UHCDM |
| Reporting date | 06.12.2019. |
| Report author(s) | Prof. dr Predrag Stevanovic, Sanja Ivankovic |

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**EVENT DESCRIPTION**

**with special reference to goals and outcomes**

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| Number of participants at the event | 170 |
| Participants (organisations)  | PHCC Indjija, PHCC Stara Pazova,  |
| Event description:  |
| The main objective was to develop LLL course about cancer pain management and deliver it to health care professionals in Primary health care centre in Indjija. After the development of the training material, selection of trainees, and accreditation of the course by Healthcare Council of Serbia, the course was held for the purpose to give basic education regarding cancer pain management considering that undergraduate studies do not include modules of pain medicine. **Objectives of the course:** Teach students to explain the difference between nociception and pain- Teach students to explain the difference between acute and chronic pain- History taking and examination techniques for patients with acute and chronic pain- Teach students to explain the physiology of the upstream and downstream pathways of nociceptive modulation in the central nervous system in relation to the following mechanisms of action of NSAIDs- Teach participants the side effects (including toxicity) of NSAIDs**Description of activities** After the drafting of the educational material, five lecturers were selected who, each in their own field of expertise, wrote the material and produced a presentation. All educational material was systematized, prepared in the required format and sent to the Serbian Health Council for accreditation. The material was judged to be of high quality and accredited as a first category seminar with the highest number of KME credits. The accreditation was published on the website of the Health Council of Serbia, and proof of this is attached to this document.           A flyer was prepared outlining the program of the event, as well as the accreditation decision. The flyer was uploaded in digital format on the official website of the project, but also sent in the form of invitations to potential participants.The course started at 16.00 h. participant records. At 4.30 pm the participants were greeted by the Director of the Health Center, followed by an introductory lecture through which the participants were introduced to the HEPMP project and the possibilities of pain education through formal education, followed by forums on the HEPMP website, and Prof. Stevanovic reminded that presentations from both the previous seminar in Indjija and other lectures and flyers on pain can be found on the site.Pain is defined by the International Association for the Study of Pain (IASP) as "an unpleasant sensory and emotional experience associated with current or potential tissue damage or a description of such impairment".In the introductory address, the project coordinator reminded the participants that at the time when the diagnosis of malignancy was established, about 30-40% of the patient had present pain as a symptom. In the advanced stage of the disease, approximately 70-80% of cancer patients experience pain, meaning that about 12-13 million people suffer from chronic cancer pain, given the World Health Organization (WHO) estimate that about 17 million people worldwide suffer from malignant diseases . Therefore, the first lecturer, Prof. Palibrk emphasized that pain treatment must begin with an appropriate pain assessment that forms the basis for quality treatment. Only after a complete assessment are we able to define the pain syndrome and offer appropriate therapy. As pain is a subjective phenomenon, one of the basic rules is that we must trust the patient who is assessing the severity of the pain he is feeling. Prof. dr. In the next lecture, Ladjevic introduced the participants to the principles of cancer pain therapy, with a particular focus on opioids. The WHO "stairs" principle for pain therapy was presented, as well as the side effects of opioids. Next lecture Stevanovic meant interactive discussion and solving a clinical problem. Namely, the participants answered the questions through the case presentation, through the android application on mobile phones, on the questions about solving the problem of malignant pain. This segment of the course was extremely interesting to the students who actively participated in the selection and dosing of appropriate therapy appropriate to the given patient. Prof. dr. Jovic then, in a subsequent lecture, introduced modern ways of administering analgesics with a particular focus on PCA. Through the last lecture, Prof. Nesic introduced the course participants to the treatment of pain in the elderly, bearing in mind the multidisciplinary nature of the team involved in therapy, but also often the social and demographic aspects of the problem.It should be emphasized that today it is considered a patient's right and an obligation for healthcare professionals to view pain as the "fifth vital sign".Acute therapy should be clearly distinguished from chronic pain therapy. Due to the characteristics of acute pain and modern pharmacological agents, it is easier to treat than chronic pain.In addition to the proven efficacy in the treatment of acute pain, often, with current knowledge and therapeutic measures, there is no satisfactory success in the treatment of chronic pain. Acute pain weakens over time (with healing), while chronic pain persists or even intensifies or recurs from time to time.It should be borne in mind that the intense pain felt by patients affects their family members and other people in their environment. Therefore, it is clear that pain management is one of the fundamental problems and imperatives in today's medicine.The control of the disease and therefore the pain should be tailored to each patient, respecting three key principles:1. Recognize pathophysiology2. Perform an assessment3. Heal curable, explain what is not.Pain treatment must begin with an appropriate pain assessment that forms the basis for quality treatment. Only after a complete assessment are we able to define the pain syndrome and offer appropriate therapy. The assessment must be continuous and should be carried out at regular intervals as well as in the case of worsening pain. The research concluded that professionals usually underestimate the severity of pain while family members overestimate it. Given the subjectivity of pain, careful analysis of the etiology, objective status, and response to therapy is necessary. Careful assessment of the problem involves not only the physiological components of the problem, but also the emotional and motivational ones. The most common mistake of practitioners is to evaluate and treat only the physical side of pain. Not only pain should be treated, but a "patient in pain". In doing so, one does not have to flee, but on the contrary seek the help of different specialists.The pain assessment therefore includes: a detailed history of pain, physical examination, neurological examination, psychosocial assessment, as well as other tests: radiography, skeletal scintigraphy, CT, MRI, laboratory various analyzes (if necessary and appropriate), etc. The goal of pain management is to alleviate the pain as much as possible, it must be sought that the night be without pain, daily rest without pain, but also movement without pain, which is not always possible.Cancer pain medicines: neopoid analgesics, opoid analgesics, coanalgesics (not given routinely but introduced depending on the specific needs of patients), medicines for the treatment of side effects of analgesics.In the treatment of cancer pain, it is necessary to follow the WHO 'stairs' principle:  Step 1: For mild pain (1-4 / 10 NRS), neopioids are the analgesics of choice. They can be added to coanalgetics if needed.Step 2: (Moderately severe pain: 5-6 / 10 NRS): If the first step drug cannot alleviate the pain, or the patient rates the pain as moderately severe, then weak opioids, in combination with neopioids and coanalgesics, are administered when it is necessary.Step 3: Severe pain or pain previously poorly controlled by other medications requires the use of strong opioids. Strong opioids can also be combined with neopioids and can be added to coanalgesics.          After each lecture, participants had a number of questions, mini-discussions were initiated, and participants were encouraged to communicate with the lecturers in informal settings even after the lecture. After the presented topics, a half-hour discussion was opened and the lecturers answered the participants with all questions raised regarding chronic pain and its treatment. Participants were also advised to download educational material in pdf format from the HEPMP website.The seminar was completed by completing an evaluation questionnaire and awarding certificates to the trainees. **Outcomes** By evaluating the course by educators, it was estimated that the expected outcomes were achieved:- health professionals (doctors, nurses, physiotherapists ..) of the health center have acquired the skill of assessing cancer pain- primary level physicians and pharmacists have acquired the skill of rationally applying algorithms for pharmacological treatment of cancer pain- Primary care physicians and pharmacists have acquired knowledge of the use and side effects of opioids, as well as knowledge of invasive methods of administering analgesics.The interest in the course was extremely high, as was shown by a large number of listeners - 196. The group of listeners was very heterogeneous and consisted of general practitioners, specialists, nurses, physical therapists, dentists, pharmacists and biochemists, with an average of 18. 62 years of service. In total, 35 male and 161 female participants attended the seminar. Over 25% of them are highly educated, physicians and pharmacists by structure. Participants rated the choice of education topics, the content of the education program, the methods used, the duration and the organization of the education highly rated. 80% of them estimated that they would use the knowledge acquired during education frequently or constantly in everyday practice. The participants in the evaluation questionnaire stated that the teaching was easy to understand, and almost everyone stated that they actively participated in the learning process. Each of the lecturers was individually evaluated by the participants, and each received an average grade of 4. 92 and 4.98.Participants were also given the opportunity to leave a personal comment on the evaluation questionnaire, which a number of them did. The comments were about remarks, suggestions and praise, but also suggestions of topics, presenters and methods on the next continuing education program. Some of the suggestions were to address the topics of rheumatic pain and lung cancer through future seminars.           The evaluation questionnaire was analyzed and the results are attached to this document. Participants rated the overall impression of the seminar as average 4.96 (out of 5).The seminar was followed by a local television crew who prepared a report on the same. |

**Attachments**

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| **Agenda (pdf)** | Leaflet CANCER PAIN Indjija (pdf) |
| **Attendance sheet (pdf)** | Annex 4 - HEPMP-attendance list Indjija (pdf) |
| **Photos (jpg)** |  |
| **Deliverable (pdf)** | Leaflet PAIN Indjija (pdf) |
| **Quality control (pdf)** | Accreditation by Healthcare Council of Serbia (print screen); Annex 6- HEPMP-Event evaluation list |
| **Presentations (pdf)** |  |
| **Other personal remarks** |
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Location, date Signature

06. 12. 2019.