

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	New Project Output: Acute Postoperative Pain Service The University of Ljubljana Course in Tuzla
Type of event	WP3 (Development of LLL courses and interventional pain medicine courses)
Venue	Faculty of Medicine at University of Tuzla
Date	29.11.2019.
Organizer	Faculty of Medicine University of Tuzla, University Clinical Center Tuzla
Reporting date	December, 15 th , 2019
Report author(s)	Jasmina Smajic

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

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EVENT DESCRIPTION

with special reference to goals and outcomes

Number of participants at the event	57
Participants (organisations)	UCC Tuzla, UCC Sarajevo, PHC Sarajevo, PHC Tesanj, GH Travnik
Event description:	
<p>The main goal of organizing and hosting this course was to provide experts from the University Clinical Center of Ljubljana to share their experience on the organization of Acute pain service. Since the University Clinical Center Tuzla does not have this service, the maintenance of this course has enabled the organization to be considered in order to improve the treatment of acute postoperative pain and thus prevent complications due to possible inadequate analgesia. After the development of the training material, selection of trainees, and accreditation of the course by The Chamber of Doctors in Tuzla Canton, the course was held for the purpose to give detailed information regarding acute postoperative pain management considering that there is no organized Acute pain service in University Clinical Center Tuzla.</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 about the importance of acute pain treatment - Learn how to treat acute postoperative pain by different analgesic methods - Learn how to monitor patient with „invasive“ analgesia <p>Description of activities</p> <p>After drafting the educational material, two lecturers were selected who, each from the field for whom it was delegated, wrote the material and produced a presentation. The entire educational material has been systematized, prepared in the required format and is attached to this document. Educational event accredited as the first category seminar with the highest number of CME credits. The accreditation notice was sent by e-mail, the pdf version of which is attached to this document. A flyer was prepared outlining the program of the event as well as the decision on accreditation. The flyer was uploaded in digital format on the official website of the Faculty of Medicine of Tuzla, University of Tuzla, the Medical Chamber of the Tuzla Canton, the Association of Doctors of Medicine of anesthesiologists reanimatologists in the Federation of Bosnia and Herzegovina, the Newsletter of the University Clinical Center Tuzla and and the HEPMP facebook</p>	

page. In addition, a flyer was sent to potential participants in the form of a call. The seminar started from 08.00 with a registration of participants. The attendees were addressed and greeted by the team coordinator of the University of Tuzla, who introduced the participants to the HEPMP project, its goals and tasks through an introductory lecture. Afterwards, the Head of the Department of Anesthesiology and Reanimatology of the University Clinical Center Tuzla addressed the attendees, Prof Semir Imamovic who presented the needs and opportunities of the UCC for the organization of Acute pain service. This was followed by a lecture on the effective removal of pain as a key to a successful surgical outcome. It was pointed out that postoperative pain was not adequately treated and that the control of postoperative pain in Europe and the USA was not optimal. Post-operative written treatment protocols exist in only 60% of hospitals that serve as teaching bases. Inadequately treated postoperative pain increases morbidity, leads to the development of chronic postoperative pain, prolonged use of opioids, impairs mobility and postoperative recovery, decreases quality of life and increases health costs. It was emphasized that for the adequate treatment of postoperative pain, it is crucial to evaluate the pain and the existence of protocols, and to organize an acute pain treatment service. Various methods of treating postoperative pain with an emphasis on multimodal analgesia are presented. Good treatment of postoperative pain implies patient satisfaction, prevention of chronic postoperative pain, and good surgical outcome (early mobilization, good wound healing, shorter hospitalization).

This was followed by a presentation on Acute pain service organization and its implementation in daily practice. Everything that is needed for this organization is presented: written protocols for postoperative analgesia, a new nurse profile (nurse in pain therapy), education (department nurses and patients), regular pain assessment (make pain visible), recording of YOU and consumption analgesics, recording of side effects and complications, analysis, audits (regular meetings and plans for improvement). Nursing duties for pain therapy: daily visits to patients with a pca pump (recording you recently, calculating analgesic consumption, adjusting the pca pump program to the needs of the patient, recording side effects), daily visits to patients with catheters (catheter nursing, recording complications, safe removal epidural catheters), departmental nurse education (regular education programs), statistical analysis, annual reports. Subsequently, the methods of administration of analgesics as well as the different types of pumps for the administration of analgesic compositions are presented. At the end of this lecture, the achievements of the Acute Pain Treatment Service at UCC Ljubljana after 20 years are presented: Pain is routinely evaluated and recorded as the 5th vital sign in all surgical wards, Effective removal of postoperative pain in all SPAN and surgical wards: $YOU \leq 3$. There are few side effects, no serious complications: about 5%, Regular nursing education programs: attendance required, positive results, high patient satisfaction with quality of postoperative pain removal: results of regular surveys 4.9 points (out of a possible 5).

The third lecture was about the evaluation of acute pain. The causes of acute postoperative pain and its consequences are presented at the beginning of the lecture. In the evaluation of acute pain, we evaluate the intensity, location and duration of pain, ensure that the patient is well, evaluate the effectiveness of analgesic therapy, reduce fear, prevent complications. Pain is evaluated after surgery in the recovery room, for the time of admission to the ward, regularly 15-30 min after parenteral, 60 min after oral analgesic application, at rest, during the performance of respiratory and locomotor physiotherapy. Pain is assessed by talking to the patient, observing changes in physiological signs, using pain rating scales. Pain is graded according to the steps: A - ask: ask regularly for pain, evaluate pain systematically; B - believe: trust the patient; C - choose: choose the appropriate method of pain relief regarding the particularities of the patient and the circumstances; D - deliver: measures should be timely, logical and coordinated; E - empower: Encourage patient to monitor pain changes on their own. Methods and scales for assessing pain intensity are presented. Recommendations for clinical approach to pain assessment and recognition are given: interdisciplinary approach to pain management, individualized approach for each patient, always examine the patient in the same way, pain systematically, trust the patient and relatives when talking about pain and how the patient alleviates it, choose for the patient, family and environment the most appropriate way to control pain, perform procedures in a timely and coherent manner encourage patients and family and allow them to monitor pain as much as possible (JCAHO, 2001), preoperative education.

During the fourth lecture, seminar participants had the opportunity to hear about the surveillance of a patient with epidural analgesia. Thoracic and epidural analgesia were presented at the beginning of the lecture as well as medications used for this purpose. LOCAL ANESTHETICS block: sympathetic nerves (bradycardia, vasodilation and hypotension), sensory nerves (blockage of sensation of touch and temperature), motor nerves (muscular weakness, paresis or paralysis). Opioids bind to opioid receptors: they reduce pain (analgesia) and potentially cause opioid side effects (itching Breathing depression). Supervision of a patient with epidural analgesia includes: Consciousness 1 x 3h, frequency, depth and rhythm of breathing 1 x 3h, blood pressure constantly on the monitor, sensory / motor 1 x per turn, diuresis: usually have SUK, catheter and connection monitoring: injection site, fixation, patches, contact with bacterial filter and pump, control of pump for drug delivery. The complications of epidural analgesia and their treatment are also presented.

In the next lecture, the lecturer presented to the participants the monitoring of a patient with a catheter in the wound. At the beginning of the lecture, the stress response of the organism to surgery as well as the importance and methods of multimodal analgesia are presented. One method of multimodal analgesia is the placement of a catheter in the operating wound. The catheter in the wound provides continuous application of local anesthetic to the area of the surgical

wound, is favorable for abdominal, thoracic, orthopedic operations, less invasive procedures: a smaller surgical wound. Features of the catheter in the wound: Length depends on the size of the wound, lateral openings on the part of the catheter that is in the wound, the size of the openings must provide a constant flow LA, marks on the part of the catheter that is outside the wound, and also the epidural catheter. The catheter is placed in the operating room at the end of surgery, under eye control or after suturing the wound with tunneling, injecting fluid through the catheter, ensuring that all holes are in the wound, fixing with sutures and patches. Monitoring of a patient with a catheter in the wound involves: Monitoring in the operating room during catheter delivery, examination of the catheter placement site and surgical wounds with respect to inflammatory processes, catheter patency, catheter discharge, pain relief: YOU, vital signs, monitoring of vital functions for recognition of toxic effects LA: neurotoxicity, cardiotoxicity. Removing the catheter from the wound is a simple and painless procedure. If the catheter is sewn, care must be taken when removing the seams; being careful not to cut the catheter. If the catheter cannot be removed without the use of force, there is a danger that the catheter is covered by a surgical suture - a surgeon should be called. It is necessary to check that the entire catheter is removed. After removal, bandage the area as you wound it.

The short break allowed the educators and participants to refresh, but also to discuss the presented topics in informal circumstances.

The sixth lecture was about analgesic mixtures for perioperative analgesia. Analgesic compositions for intravenous postoperative analgesia are prepared in the operating room and in the surgical wards. For continuous intravenous analgesia (perfuser, PCA): pyritramide 45 mg + 0.9% NaCl solution up to 90 ml: 0.5 mg pyritramide / ml. For administration at specified time intervals: at 6h, at 12h, at 18h, at 24h 5-7 mg of pyritramide + 1.24 g of metamizole in 100 ml of 0.9% NaCl: flows for 2 h. Standardized analgesic mixtures for regional analgesia, prepared by the Central Pharmacy UCC Ljubljana, are presented.

In the next lecture, the lecturer presented to the participants how to prevent complications in a surgical patient receiving opioid analgesia. Ways to prevent acute postoperative pain, as well as commonly used analgesics, are presented at the beginning of the lecture. Continuation of the lecture presented PCA pumps and its benefits in postoperative analgesia: constant level of analgesics in the blood without oscillations, when pain arises the patient can add a single predetermined dose of the drug to himself, shorten the time from when the patient feels pain to the moment he receives analgesic in the vein, the pain is easier to manage, the use of analgesics is smaller, and the possibility of side effects and complications is less. The most important psychic moment for the patient: the pain relief does not depend on the MS, its work and time, the patient needs to be explained and taught to operate the pump, the patient regulates the pain intensity within tolerable limits through the pump with additional doses, to be able to realistically evaluate the severity of his pain, the pump is pre-programmed, safe,

the patient cannot overdose. Then, intravenous opioid analgesia complications and their treatment were presented. The conclusion of the lecture is that effective pain relief is a challenge; good analgesia implies a satisfied patient, better treatment results, faster recovery, shorter hospitalization time; Pain relief involves eliminating pain and improving quality of life, identifying complications in a timely manner, and taking appropriate action.

The following presentation was dedicated to the monitoring of patients with peripheral nerve catheters. Performance of peripheral nerve blockade is shown using ultrasound. Peripheral nerve blockages can be performed as: SINGLE SHOT BLOCK - anesthesia for surgery, dose of local anesthetic 20 - 40ml; or as CONTINUOUS BLOCK - post-operative analgesia per catheter, administration of boluses per catheter only at specified intervals, local anesthetic in continuous infusion, possibility of administration of additional boluses of local anesthetic. Instructions for handling catheters for blockage of peripheral nerves are given, as well as possible complications as well as how to remove the catheter.

This was followed by a lecture on the ethics of treating acute pain. A code of ethics is a set of general rules and principles that guide members of different groups of people in deciding what is right, good and useful. Ethics theories are presented: Deontological Theory (Kant's), Teleological and Utilitarianism, the Virtue Ethic, and the Ethics of Care. Relation to the patient in light of feeling and pain relief can be: verbal (talk, explaining, persuasion, instructions, learning), physical (touch, procedures and interventions), immediate (nurse - patient), indirect (nurse - environment - patient)), personal (when based on the personal qualities and value system of the nurse - courtesy, patience, civility, understanding), professional (when they contain all modern professional principles, values and orientations - expertise, dishonesty, charity, correctness), morally ethical (when the emphasis is on prescribed or desirable standards of behavior and action - trust, secrecy, fairness). Pain treatment and research raise many ethical dilemmas. Pain relief (from ancient Greece) must be a must for all healthcare professionals; for both doctors and nurses. Causes of inadequately treated pain are: insufficient recognition of pain as a priority in patient care, inability to establish a proper relationship between patients and physicians, ignorance of prescribing analgesics, fear of addiction or tolerance to analgesics, pain relief as a front line, inability to be fair and responsible. Pain relief is an ethical obligation. Pain education and pain management is the task of all pedagogical organizations that educate healthcare professionals. Legislation preventing access to opioid analgesics for patients in need is unethical. This presentation was followed by a lecture on opiophobia - the dilemmas and thinking of our doctors. The conclusion emphasizes the golden rule that we treat others the way we would like others to treat us. Translated to the feeling of pain, none of us wants to feel pain, so we must not allow anyone else to suffer pain.

There was a short pause which allowed the educators and participants to refresh themselves, but also to discuss the presented topics in informal circumstances.

This was followed by workshops in which the course participants were divided into groups in which their educators presented subjective pain assessment and physiological signs of pain, postoperative monitoring of the patient by type of analgesia and handling of PCA pumps. After the workshops, the lecturers presented to the participants some cases with queries for analgesic treatment. After each lecture, participants had questions, mini-discussions were initiated, and participants were encouraged to communicate with HEPMP lecturers in informal settings during the breaks to communicate with Strengthening Capacities for Higher Education of Pain Medicine in the Western Balkan Countries. After the presented topics, a discussion was opened and the lecturers answered the participants with all questions raised regarding acute postoperative 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 participants.

An evaluation questionnaire was analyzed and the results are given in the appendix to this document. Interest in the course was extremely high, as was shown by a large number of students - 57 Over 50% of them are highly educated, physicians and nurses graduated by structure. The group of listeners was very heterogeneous and consisted of specialist doctors and specialists, nurses. The 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. 100% of them have estimated that they will use the knowledge acquired during education often or constantly in everyday practice. Participants stated in the evaluation questionnaire that teaching was easy to understand. Each of the lecturers was evaluated individually by the participants, and each received an average grade between 4.88 and 4.9. The participants assessed that the lecturers were prepared for the lectures.

Participants rated the overall impression of the seminar as average 4.94 (out of 5). The seminar was monitored by the media and a report on the education was broadcast on BH radio (BH radio), whose recording is attached to this document

Attachments

Agenda (pdf)	Leaflet Acute pain treatment (pdf)
Attendance sheet (pdf)	Annex 4 - HEPMP-attendance list Tuzla (pdf)
Photos (jpg)	11 (jpg)
Quality control (pdf)	Accreditation by The Chamber of doctors in Tuzla Canton (pdf); Annex 6- HEPMP-Event evaluation list;
Deliverable (pdf)	Leaflet Acute pain tretament (pdf) https://www.facebook.com/HEPMP-113918870024687/?ref=aymt_homepage_panel&eid=ARA8kIhqPnHQFmo9B04JKztRkO41jzEXuZvXS F3bX1kYn5DSYsXHIL1Mfrk8SzKGSNv5dWNMx6zyMK6 .
Presentations (pdf)	01 HEPMP Project., Smajic pdf 02 Effective pain relief is the key to a successful surgical outcome, Vintar pdf 03 Acute Pain Service; Implementation in daily clinical practice, Vintar pdf 04 How to evaluate acute pain, Sostaric pdf 05 Supervision of a patient with epidural analgesia, Vintar pdf 06 A patient with analgesia via a catheter in the wound should be monitored during the postoperative period, Sostaric pdf 07 Analgesic mixtures for perioperative analgesia, Vintar 08 How to prevent complications in a surgical patient receiving opioid analgesia, Sostaric pdf 09 Monitoring of patients with peripheral nerve catheters, Vintar, pdf 10 Ethics and treatment of acute pain, Sostaric pdf
Other personal remarks	

Organisation details

Invitation sent to	Doctors and nurses of surgical departments of University Clinical Center Tuzla as well as of the other hospitals in FB&H
Date of event material release	November 10 th , 2019
Date of participants list's finalisation	November 28 th , 2019
Date of agenda finalisation	November 20 th , 2019
Number of participants (according to the participants list)	57
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 of the seminar have learned the methods of pain assessment as well as different modes of treatment with an emphasis on multimodal approach to treatment. It is recognized that inadequate pain treatment can lead to a serious consequences that are difficult to deal with.
Suggestions for the improvement	
Any further comments	

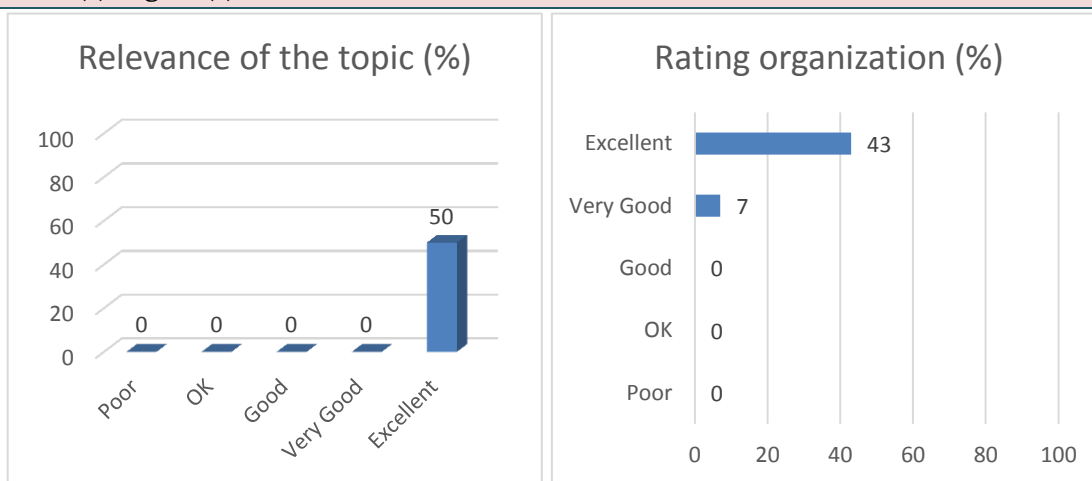
Evaluation details

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)

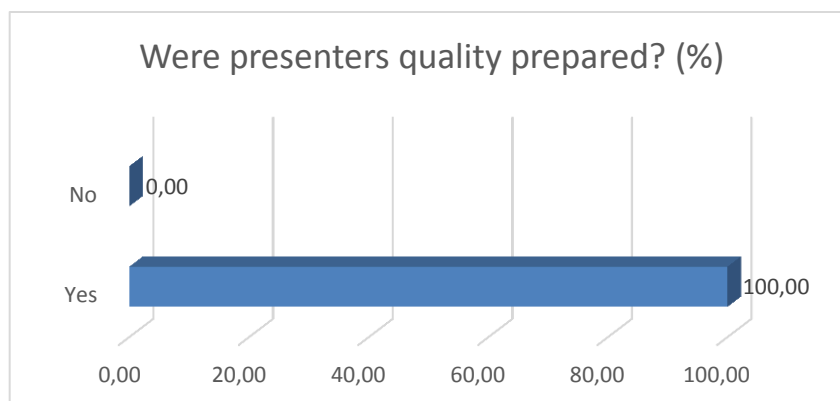
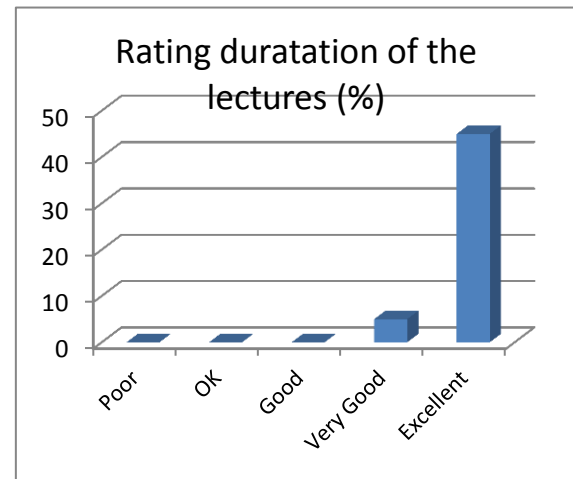
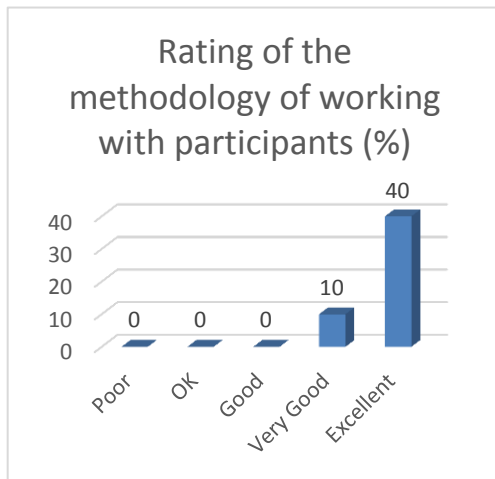


Results of evaluation of general working communication

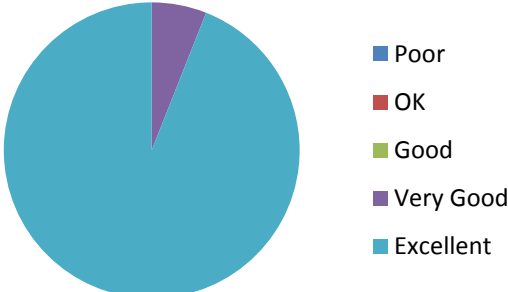
Description

Participants in the evaluation questionnaire stated that the teaching was easy to understand. Each of the lecturers was individually evaluated by the participants, and each received an average rating of between 4.88 and 4.9. 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 4.94 (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>~1%</td></tr><tr><td>OK</td><td>~1%</td></tr><tr><td>Good</td><td>~3%</td></tr><tr><td>Very Good</td><td>~10%</td></tr><tr><td>Excellent</td><td>~85%</td></tr></tbody></table>	Rating	Percentage	Poor	~1%	OK	~1%	Good	~3%	Very Good	~10%	Excellent	~85%	
Rating	Percentage												
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Good	~3%												
Very Good	~10%												
Excellent	~85%												

Please indicate your suggestions for further event's improvement:

Location, date

Tuzla, December 15th, 2019

Signature

