

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: Acute 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	Online - ZOOM platform
Date	09.06.2021.
Organizer	Faculty of Medicine University of Tuzla
Reporting date	July, 05 th , 2021
Report author(s)	Jasmina Smajic

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EVENT DESCRIPTION

with special reference to goals and outcomes

Number of participants at the event	73
Participants (organisations)	PHCC Kalesija, PHCC Tuzla, PHCC Teocak, PHCC Lukavac, PHCC Tesanj, PHCC Sarajevo, UCC Tuzla
Event description:	
<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 Tuzla canton, but there were also participants out of Tuzla canton. 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 basic education regarding acute pain management considering that undergraduate studies do not include modules of pain medicine.</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 and prevention of chronic pain syndrome - Learn how to devise the most commonly used analgesics - Learn the indications, counter-indications and unwanted effects of the most commonly used analgesics <p>Description of activities</p> <p>After drafting the educational material, five lecturers were selected who, each from the field for which it was delegated, wrote the material and made a presentation. The educational event is accredited as a first category seminar with the highest number of KME points. The accreditation notice was sent by e-mail, the pdf version of which is attached to this document. A flyer was prepared in which the program of the meeting was presented, as well as the decision on accreditation. The flyer was posted in digital format on the official website of the University of Tuzla, the Medical Chamber of the Tuzla Canton, the Association of Doctors of Anesthesiology and Resuscitation in the Federation of Bosnia and Herzegovina. In addition, the flyer was sent as a call to potential participants. Due to the epidemiological situation, the seminar was held online through the ZOOM platform. The link for registration and access to the platform is posted on</p>	

the flyer that was published. The date of the seminar was June 9, 2021. from 17:00.

The seminar started at 17.00 with the registration of participants. The coordinator of the team of the University of Tuzla addressed the audience and greeted them. She presented the goals and tasks of the project as well as the activities implemented by the team of the University of Tuzla. She emphasized the importance of the participation of the Faculty of Medicine in Tuzla in this project, as well as the importance of the topic being covered. She emphasized the importance of the project and the implementation of activities for educating health workers on the topic of pain, which is very important but often insufficiently understood.

In the first lecture, the topic was the history of pain medicine. It was pointed out at the outset that pain is probably one of the oldest and most universal forms of stress and one of the earliest sufferings of mankind. It accompanies many diseases and conditions and despite the efforts and the fact that it is as old as humanity itself, pain is neither sufficiently understood nor can it be fully controlled. Man has been dealing with pain since ancient times, and she will always follow him. Descartes was one of the first philosophers of the Western world to explain in detail the somatosensory pathways in man. In his manuscripts, he describes pain as an image that exists in the brain, and distinguishes the phenomenon of transmitting sensory stimuli (now known as nociception) from the perception of a painful experience. What is crucial to the development of Descartes' theory is his conception of nerves as hollow tubes (tubules) that transmit both sensory and motor information. These insights into neurological functions date back to the 3rd century BC. Kr. from Herophilus who assumes the existence of sensory and motor nerves, Erasistratus who assumes that the brain affects motor activity, and Galena who assumes that spinal cord dissection causes sensory and motor deficits. Descartes supplemented Galen's model by proposing that there is a door between the brain and tubular structures that opens a sensory signal. Opening that door would allow "animal spirits," as he called them, to flow through the tubules into the muscles to move them. He describes how the heat of the flame next to the foot activates the fiber inside the nerve tubule that travels through the leg to the spinal cord, and eventually, to the brain. It compares a fiber to a rope attached to a bell. In this case, the bell would be the pores that surround the brain chambers. When the pores open, in response to a sensory stimulus, animal spirits flow through the tubule and stimulate the motor response. This motor response involves turning the head and eyes to detect flames, raising the arms, and moving the body away from the flames for protection. Even just before the scientific renaissance in Europe, pain was not well understood and theorized that pain exists outside the body, perhaps as God's punishment, with the only healing in the management of prayer. there was a theory that pain was a test or experiment on a person. In this case, God inflicted pain on man to confirm his faith. In addition to theories on the pathophysiology of bolacros, methods of pain treatment have also

been developed throughout history. The Ebers Papyrus, called the oldest medical text, dates to about 1550 BC. It was found in Egypt in the 1870s and contains prescriptions written in hieroglyphs of more than 700 remedies for a wide range of ailments, along with early descriptions of the vascular system. , contains the first documented description of a migraine headache and suggests surgical treatment, to free the demon from the aching head. The papyrus is kept in the library of the University of Leipzig in Germany. More than 3,500 years ago, the ancient Sumerians and Egyptians used willow bark as a traditional remedy to relieve pain. Centuries later, Hippocrates in Greece and Pliny the Elder in Ancient Rome advocated for its benefits. Back in ancient Greece, Hippocrates prescribed women to chew willow leaves at birth. "His recipe was not without merit - Willow bark contains one of the oldest medicinal drugs in human history. Willow trees, members of the plant genus *Salix*, contain a form of salicylic acid, active ingredient in aspirin.

But it was not until the mid-1800s that scientists purified willow bark into the medicinal compound salicin. And it wasn't until the turn of the 20th century that scientists at Bayer converted salicin to acetylsalicylic acid, which they called aspirin ("a miracle drug that works wonders").

In the medieval era, pain relief came mainly from a wide range of herbs that were used extensively. The Middle Ages were imbued with polypharmacy, the more drugs, the better. One particularly popular method was known as theriac. "Theriac was considered a truly effective compound. It was usually prepared in a honey base with about 64 different ingredients, created as a remedy for the bites of snakes, mad dogs and wild beasts, later becoming an antidote to all known poisons. Name theriac (treacle), (Greek theriake, Latin theriaca, French th eriaque) is derived from the Greek for wild beast - theriakos. stomach was treated with wormwood, mint and balm. In addition to herbal remedies, minerals were also used in the medieval pharmacopoeia. Among the most popular ingredients were pieces of gold, ivory and, from a time when magical creatures were believed to roam wild, pieces of alleged horn. The first new significant treatment for pain occurred in 1846 using anesthesia for surgery.

After an interesting lecture on the history of pain, a lecture on compressive neuropathies of the upper extremities followed. Compressive neuropathies are defined as damage to peripheral nerves at the sites of their passage through anatomically narrow bone-connective and musculoskeletal canals or tunnels. It was pointed out that Prolonged pressure leads to local demyelination, and then axonal nerve damage, while the most common causes are: inflammatory processes of various etiologies, post-traumatic processes, expansive processes or various anatomical variations. Then, Compression of the median nerve in the wrist - carpal tunnel syndrome, and Compression of the ulnar nerve in the elbow area - cubital tunnel syndrome were presented in detail. Carpal tunnel syndrome is the most common compression neuropathy (90% of all compression neuropathies). It occurs in people of average age, between 40 and 60 years of age, 3 times more

often in women. Treatment is conservative or operative.

Cubital tunnel syndrome occurs 3-8 times more often in men, and in people who keep their elbows in flexion during work (holding mobile phones, hair dryers, impact drills, truck drivers). The predisposition is also represented by repetitive movements of flexion and extension in the elbow (floor cleaners, sports: tennis, golf, baseball throwers).

The treatment is operative

The third lecture was on the topic of pain in rheumatology. It was pointed out that Rheumatic diseases include a large group of diseases. Of all the pains in the family doctor's office, 44.8% is pain in the musculoskeletal system. Rheumatic diseases belong to the group of the most common chronic diseases. The prevalence of rheumatic diseases is about 10-20%. Degenerative rheumatic diseases make up half of chronic diseases in people over 65 years of age. The basis of all these diseases is the involvement of the structures of the locomotor system. Etiologically, pathogenetically, clinically and therapeutically very heterogeneous group of diseases. The chronic inflammatory process leads to structural and functional damage. The main symptom of rheumatic diseases is pain in the structures of the locomotor system. The main sign is a dysfunction of the affected part. Pain and limited functionality lead to a reduction in the patient's quality of life and the appearance of disability. After a detailed lecture on the characteristics of pain in rheumatology, it was concluded that pain in rheumatic diseases is the leading symptom, which is usually chronic, most often nociceptive pain. pain control and quality of life improvements.

This was followed by a lecture on the differential diagnosis of lumbar pain syndrome. Lumbar pain is the second most common symptom and reason to see a doctor. About 84% of adults have lumbar pain sometime in their lifetime. In many cases, episodes of lumbar pain are self-limiting and resolve spontaneously (without specific therapy). In other cases, however, lumbar pain is recurrent or chronic, causing significant pain that interferes with work and quality of life. The long-term outcome of lumbar pain is generally favorable. Prospective studies - 90% of patients with lumbar pain in primary health care did not seek help after 3 months. However, most patients still feel lumbar pain for which they do not seek help, a year after the initial episode. It was pointed out that Although the differential diagnosis of lumbar pain is broad, the vast majority of patients coming into primary practice will have "mechanical" or nonspecific lumbar pain that is not related to neoplasia, infection, or the primary inflammatory cause. Methods of diagnosing lumbar syndrome as well as therapeutic modalities are presented in detail. At the end of the lecture, several interesting cases are presented.

Lastly, there was a very interesting lecture on the causes of pain in the child's hip. The lecture began with an explanation of the anatomical and physiological characteristics of the child's hip, followed by a presentation of three diseases that are the most common cause of painful hip in children. Transient hip synovitis is a short-term, transient disease of the child's hip that is characterized by pain,

limping, as a consequence of increased accumulation of joint fluid due to inflammation of the synovial membrane. The clinical picture is characterized by Pain that can be of varying intensity, anteromedial region of the upper leg, extending either to the knee and to the groin. Clinically, limited hip movements (flexion and internal rotation), palpatory pain sensitivity are established. Methods of treatment are: Rest, Indirect cutaneous traction with a load on the leg in the position of flexion in the hip up to 30 degrees for the next 7 days, and sometimes 2 to 3 weeks, joint puncture, antirheumatic (brufen, salicylates), sometimes corticosteroids. Then, osteochondritis of the hip was presented as a developmental disorder of the ossification nucleus of the epiphysis of the femoral head in children caused by circulatory disorders, and is characterized by a temporary cessation of bone core growth in relation to the cartilage that is still developing. It is characterized by the acute onset of the disease followed by limping, the appearance of pain and limited movements (rotation, flexion), muscle hypotrophy. Pain associated with increased amount of joint fluid and synovial capsule reaction. Chronic onset - symptoms identical but milder in intensity. Symptoms last from a few months to two years. At the end of the disease, the leg may be shorter with limited painless movements in the hip. The treatment is long-lasting - from at least 2 g and even longer. For the goal after completion, minimize better and painless mobility and deformities. Parent-child cooperation is required due to the duration of the illness. Remove irritating factors in abduction and external rotation. Conservative and operative, depending on the degree of damage to the ossification nucleus and the age of the child. Then cases of children with this disease are presented. Finally, a lecture on epiphysiolysis of the femoral head is presented - A disorder of the proximal femoral physique that causes the metaphysis to slide forward and upward relative to the epiphysis, which remains anatomically located in the acetabulum. It is treated conservatively and surgically. Cases of children with this disease are also presented.

After the presented topics, a discussion was opened and the lecturers answered the participants to all the questions asked regarding pain and its treatment. Also, the participants were recommended to download educational material in the form of presentations in pdf format from the HEPMP website. The seminar ended with solving an exit test of knowledge, filling out an evaluation questionnaire and awarding certificates to participants.

The exit test of knowledge was analyzed, which gave an overall insight into the knowledge of the participants after the lectures. By evaluating the course by the educator, it was assessed that the expected outcomes were achieved:

- health professionals (doctors, nurses ...) have gained new knowledge about pain
- Health professionals are ready to implement pain monitoring as a routine skill.

The evaluation questionnaire was also analyzed, and the results are given in the appendix to this document. Interest in the course was extremely high, which was shown by a large number of listeners – 73.

Over 50% of them are highly educated, doctors by structure. The group of

listeners was very heterogeneous, and it consisted of general practitioners, specialists, nurses, pharmacists. The participants gave high marks to the choice of training topics, the content of the training program, the methods used, the duration and organization of the training. Participants in the evaluation questionnaire stated that the teaching was easy to understand. Each of the lecturers was individually graded by the participants, and the grades were between 3 and 5. Participants rated that the lecturers were prepared for the lectures.

Participants were also given the opportunity to leave a personal comment on the evaluation questionnaire, which a large number of them did. The comments were related to remarks, suggestions and praises, but also the proposal of topics in the next program of continuous education.

Participants rated the overall impression of the seminar with an average score of 4.79 (out of 5).

All lectures have been recorded and the entire seminar is available online at <https://cme.ba/course/hepmp3/>.

Attachments

Agenda (pdf)	Leaflet What we know about pain (pdf)
Attendance sheet (pdf)	Annex 4 - HEPMP-attendance list Tuzla (pdf)
Photos (jpg)	5 (jpg)
Quality control (pdf)	Accreditation by The Chamber of doctors in Tuzla Canton (pdf); Annex 6- HEPMP-Event evaluation list; Output test
Deliverable (pdf)	Leaflet What we know about pain? (pdf) https://cme.ba/course/hepmp3/ https://www.facebook.com/113918870024687/videos/2986331641589535
Presentations (pdf)	01 HEPMP Project., Smajić J. pdf 02 Hystory of pain medicine, Smajić J. pdf 03 Compressive neuropathy of upper limb,Hodžić R.pdf 04 Pain in reumatology, Kikanović pdf 05 Lumbar pain syndrome, Hodzic M. pdf 06 Painful hip in children, Smajić N.pdf
Other personal remarks	

Organisation details

Invitation sent to	Health centers of the Tuzla Canton
Date of event material release	May 25 th , 2021
Date of participants list's finalisation	June 09 th , 2021
Date of agenda finalisation	June 04 th , 2021
Number of participants (according to the participants list)	73
Comments	

Problems encountered during the event preparation phase

Please add your comments, if any:

Due to the current epidemiological situation due to the coronavirus pandemic, it was not possible to hold the seminar live but online via the web platform.

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 acute pain assessment as well as different modes of treatment with an emphasis on multimodal approach to treatment. It is recognized that inadequate and inadequate acute pain treatment can lead to a chronic treatment that is difficult to cure.
Suggestions for the improvement	Given the percentage of participants who pleaded not to participate actively, in the forthcoming seminars pay attention to the more active participation of the participants.
Any further comments	

Evaluation details

Results of evaluation of the general organisation of the event

Description
<p>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.</p>
Table(s)/Figure(s)
<p>8. Posebne primjedbe, sugestije i pohvale</p> <p>18 odgovora</p> <p>Hvala Vam što ste izdvojili svoje vrijeme da napravite veoma korisnu edukaciju.</p> <p>Hvala što na ovaj način unapređujete obrazovanje i stvarate priliku da se nauči nešto novo</p> <p>Sve pohvale.</p> <p>Odlična predavanja, pohvale predavačima i organizaciji.</p> <p>Sve pohvale!</p> <p>/</p> <p>veoma poucna edukacija</p> <p>Hvala organizatorima za samu pruženu mogućnost učešća na ovakvom vidu edukacije i sve pohvale za predavače.</p> <p>Primjedbi nemam. naravno sve pohvale na programu edukacije</p>

8. Posebne primjedbe, sugestije i pohvale

18 odgovora

Seminar je ispunjen jako korisnim saznanjima, dodatno pohvaljujem odabranu temu kao i spremnost predavača.

Ništa

Nemam primjedbi, odlicna predavanja kao i na prvom kongresu na Klinici za plucne bolesti

Rijetka i jako kvalitetna tematika. Izuzetno strucan kadar i predavaci. Mnogo poucno i nesebicno poducavanje kolega, narocito mlađe populacije! Dobijene informacije od najboljih sturcnjaka medju najboljima! Sve pohvale i zahvale.

Sve pohvale, jako korisna predavanja.

Sve pohvale za organizaciju i hvala na prenesenom znanju

Sve pohvale

Dobro koncipirana predavanja,lako razumljiva,

Results of evaluation of general working communication

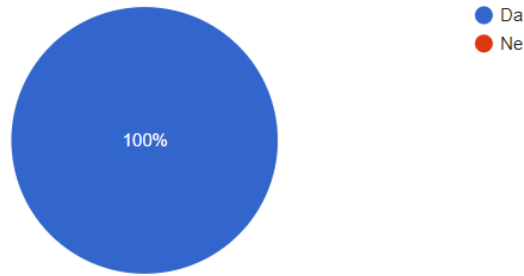
Description

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 3 and 5. The participants evaluated that the lecturers were prepared for the lectures.

Table(s)/Figure(s)

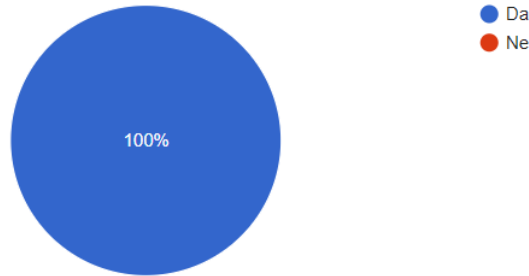
5. Da li je nastava bila laka za razumjevanje?

18 odgovora

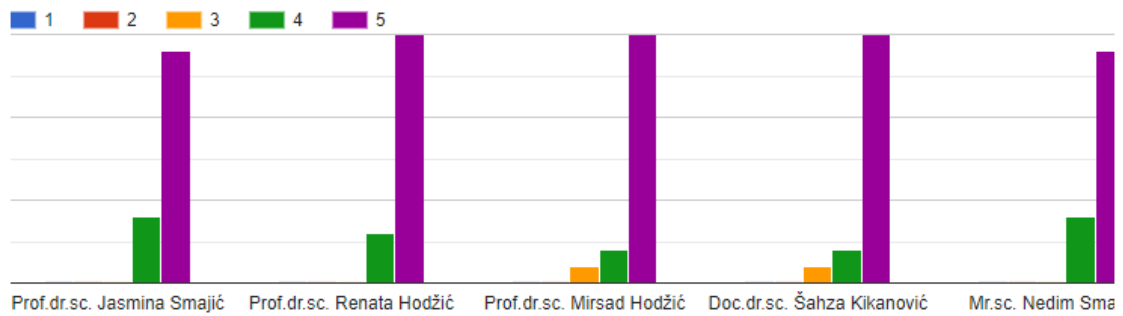


6. Da li su predavači bili dobro pripremljeni za predavanja?

18 odgovora



7. Ocjenom 1 do 5 procjenite način na koji su predavači izložili svoje teme

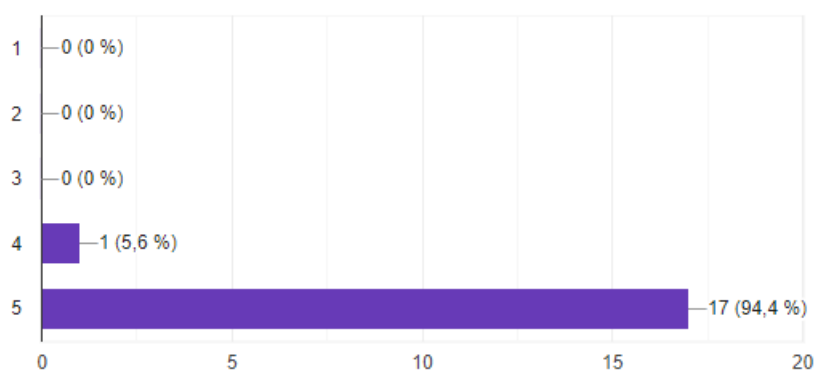


Results of evaluation of overall success of the event**Description**

The participants rated the overall impression of the held seminar with an average score of 4.79 (out of 5).

Table(s)/Figure(s)**9. OPŠTA OCJENA PROGRAMA EDUKACIJE**

18 odgovora



Please indicate your suggestions for further event's improvement:

Location, date

Tuzla, July 05th, 2021

Signature

