

From overwhelmed to empowered.

Become a VAGENiUS

Development of a comprehensive, pragmatic eLearning for primary care practitioners to be confident and competent in treating Persistent Pelvic Pain (PPP).

INTRODUCTION

- In Australia Persistent Pelvic Pain affects 25% of women¹. Endometriosis is prevalent in approximately 14% of women and those assigned female at birth (AFAB). Average time between the onset of symptoms and diagnosis is 6 and 8 years².
- Women and AFAB report lack of validation, arduous diagnostic journeys and perceived lack of medical support³.
- There is little or no training in Persistent Pelvic Pain(PPP)/Endometriosis in medical school or general practice registrar training.
- To treat and diagnose endometriosis there is a heavy focus on surgical / biomedical intervention⁴ despite RATE tool released by RANZCOG in 2022.

WHY PRIMARY CARE?

- GPs are often the first point of care for women with Endometriosis and PPP.
- GPs have self-reported low understanding of the mechanisms of PPP ('only 23% report very good to excellent understanding') and self-reported low confidence in treating PPP ('only 22% report quite or extremely confident')⁵.
- GPs are asking for structured, practical training, that is easily applicable in clinic⁶.
- GPs are skilled in performing a thorough review of all body systems and obtaining a full picture of health history which can include Chronic Overlapping Pain Conditions (COPC)⁷.
- COPC increase likely hood of central sensitisation and reduce likelihood of effective pain treatment when treatment is targeted at single systems under specialists⁷. Complex pelvic pain requires a whole-person approach.
- GPs/family physicians best placed experts in 'Holding the Complex Whole'⁸.

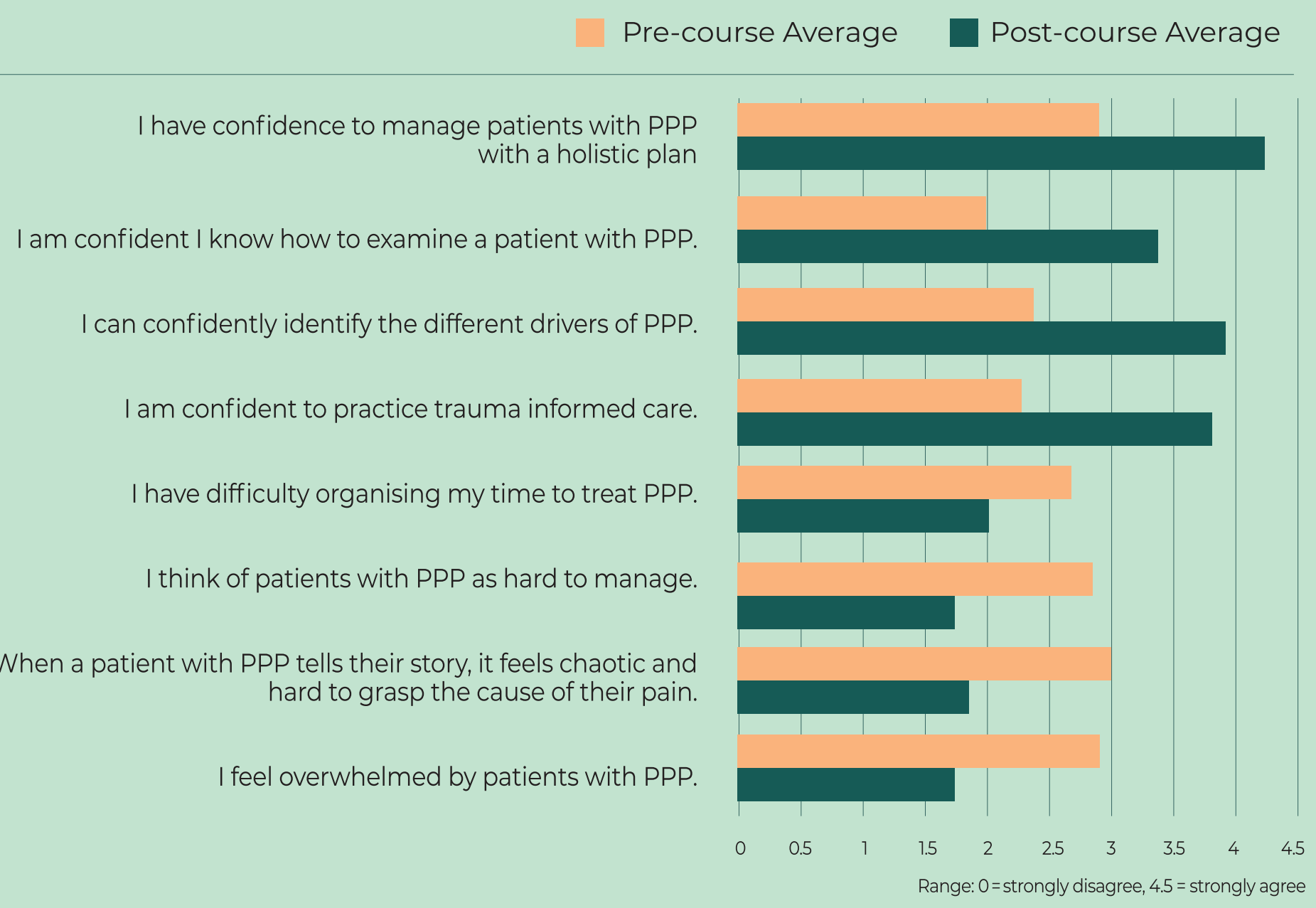
METHOD

- A learning and development specialist gained approvals from specialist colleges by mapping outcomes to GP curriculum.
- Patient survey and GP workshop to inform clinical outcomes. Course tested and feedback actioned.
- Patient stories shared, by amazing Endo Warriors, filmed, grouped for pattern recognition for optimum clinical learning.
- Skilled and experienced WH GP – Dr Emily Ware, leads clinicians on a journey from the initial appointment and onwards.
- Care in design to support rural and remote GPs specific challenges with distance.

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Pre and Post self-reflection



MULTIDISCIPLINARY APPROACH

Multidisciplinary approach to treatment of PPP and Endometriosis is most effective⁹

- Multidisciplinary team shared expertise, helped with development of resources and with knowledge that it is enriching for clinicians to understand more of what other disciplines do.
- We recognise not everyone has access to a full multidisciplinary team.
- GPs in rural and remote areas supported with patient resources, planning strategies, peer group learning opportunities and community.



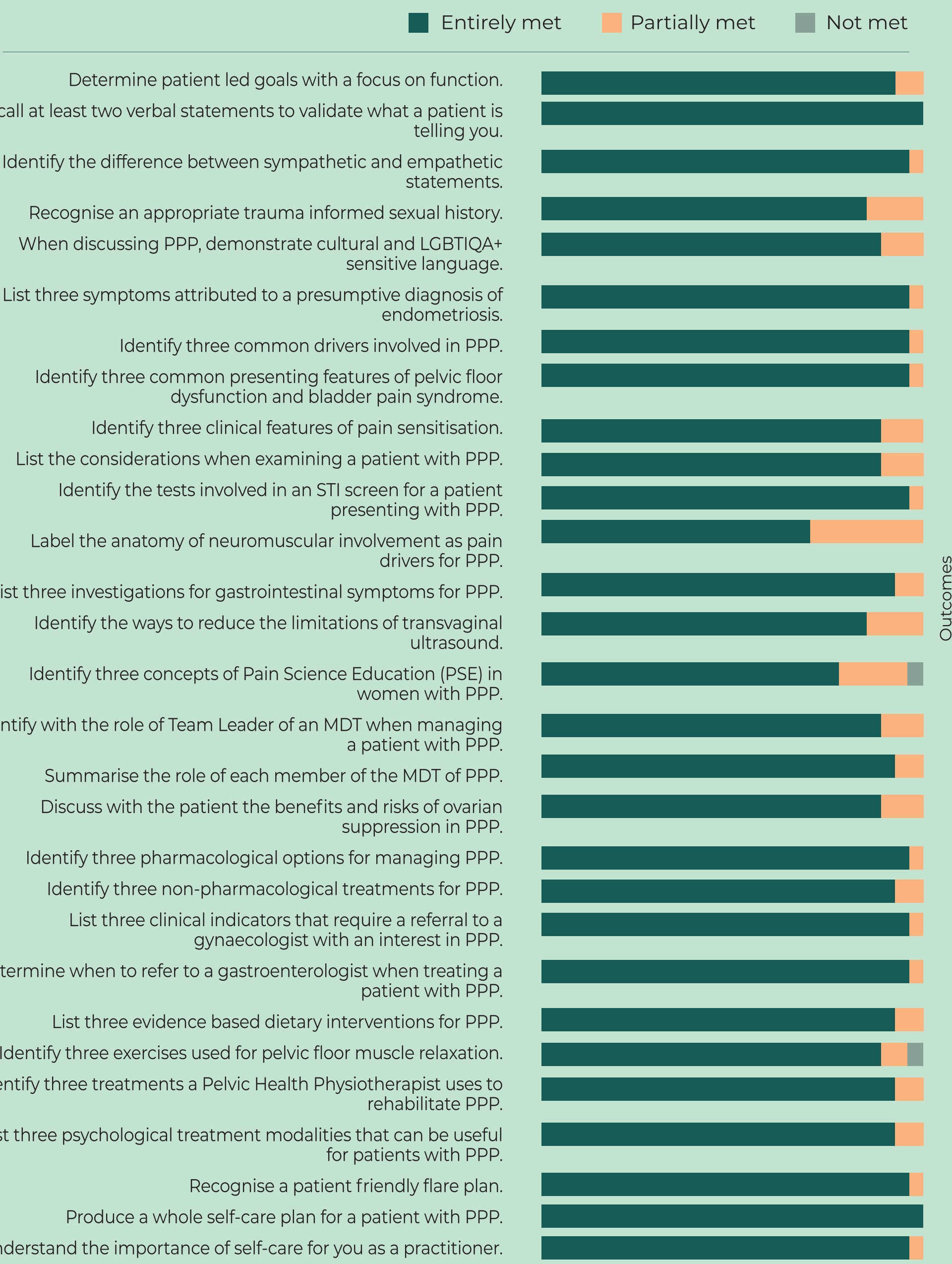
CONCLUSION

We provide a systematic and pragmatic approach to treating PPP that is immediately applicable in clinic. Included is an awareness of self-care for practitioners and as designers of the course, we understand

- A structured education program to increase clinicians' efficiency and effectiveness in treating PPP, may lessen compassion fatigue¹⁰.
- With a comprehensive, pragmatic approach, GPs can become competent and confident in diagnosing and managing Endometriosis and PPP.

100% recommend this course to colleagues.

Clinical Outcomes



Persistent Pelvic Pain (PPP) – Leadership in Care

COURSE OVERVIEW:

- Take a functional goal-directed history.
- Identify pain drivers.
- Work with patient to produce a whole self-care plan.
- Take trauma informed, culturally aware, LGBTIQ+ inclusive sexual history.
- Make a presumptive diagnosis of endometriosis.
- Identify clinical features of central sensitisation.
- Maximise effectiveness of investigations and referrals.
- Discuss and deliver pain science education specific to PPP.
- Navigate benefits and risks of ovarian suppression with patients.
- Have confidence with pharmacological and non-pharmacological treatments for PPP.
- Progress treatment in complex cases.
- Understand specific roles within the multidisciplinary team.
- Utilise collaborative flare planning.
- Have access to innovative resources for patients and practitioners.
- Bring a complex case to peer group learning.
- Embed knowledge with a 5 patient audit using the whole self-care plan.

Approved by:



Acknowledgements:

Clinical leads: Dr Emily Ware WHGP FRACGP DRANZCOG(Adv) MBBS(Hons) BMedSc
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