

# Evaluation Results

## PPFA 2023 SEMINAR

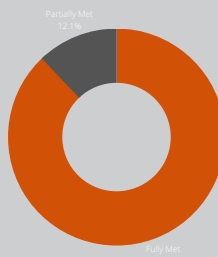
WOULD I RECOMMEND THIS SEMINAR TO A COLLEAGUE?



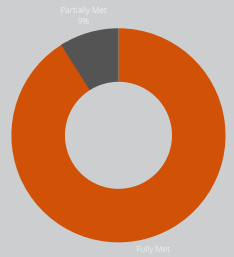
### COMMENTS:

- "Good variety of topics & fantastic speakers"
- "Absolutely fantastic & inspiring session for those passionate"
- "I think I have resources to go looking for the answers more confidently now. Also have been left with great resources for myself and patients"
- Speakers were "brilliant", "wonderful", "excellent & informative, passionate educators" "informative & engaging"
- "very useful workshop, great to be interdisciplinary and such a focus on communication"
- "Menti was a great way of being interactive"
- "Consider having cases written by multiple disciplines"
- "Very useful, Topical, Handy for new Endo Clinics"
- "Amazing day. Important information from multi-disciplinary sources that all fit together"
- "All primary care doctors who manage women's health should have these workshops given"
- "experts who shared their knowledge and explained well because they want the best for those with PPP"
- "Loved the interactive panel discussion and case based learning to put what we have learnt in to practice."
- "Learnt so much that I am excited to put into practice to change outcomes for our patients with pelvic pain"

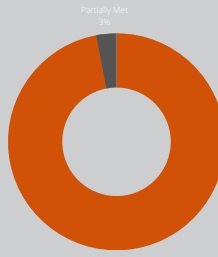
**Learning outcome 1 Recall and characterise current, innovative approaches to Persistent Pelvic Pain Management including education, pharmacotherapy, imaging and phenotyping**



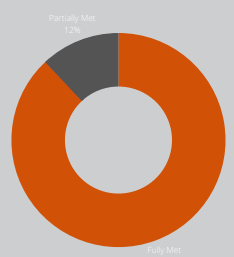
**Learning outcome 2 Outline effective relaxation treatment for the management of comorbid stress, anxiety or pelvic muscle myalgia in patients with persistent pelvic pain.**



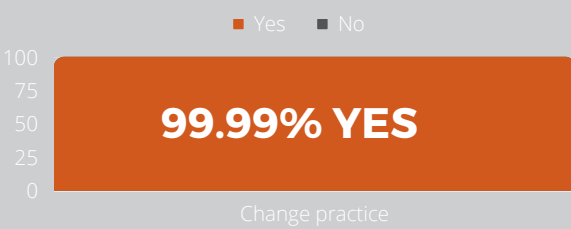
**Learning outcome 3: Identify risks of burnout and formulate self-care strategies when caring for patients with chronic pelvic pain and/or opioid dependence**



**Learning outcome 4 Devise plans to assess and treat complex persistent pelvic pain using pharmacotherapies and non-pharmacological therapies, including working collaboratively with other mDC professionals in supporting people experiencing pain.**



### WILL I CHANGE PRACTICE?



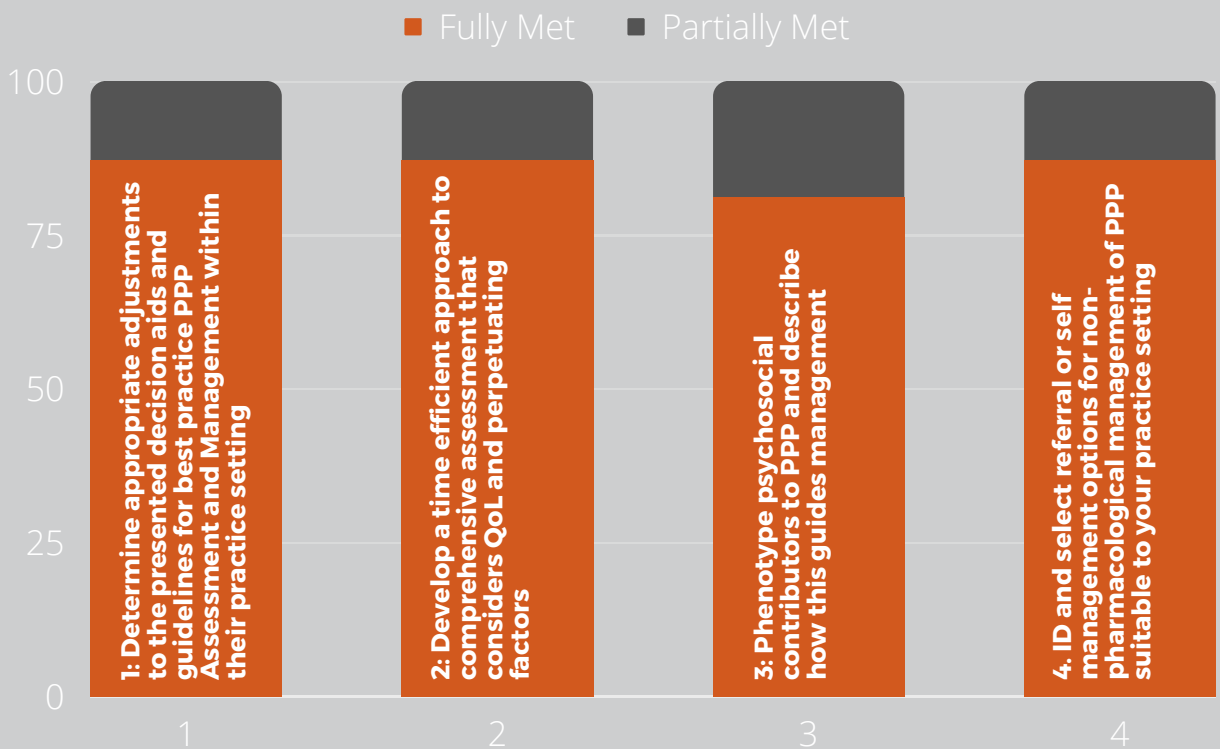
**Learning outcome 5: Describe Pelvic Pain education that is based on up-to-date evidence, including differences in persistent pelvic pain mechanisms compared to other conditions.**



### CHANGES TO PRACTICE:

- will definitely look at ways to streamline first appointments develop stronger collaboration with our nurses
- improving relaxation toolbox, looking at group appointments
- Consider testosterone use, More structured approach to pain education
- Reframe the way I deliver pain education and utilize online resources
- I have taken away pearls of wisdom that will be incorporated into education and management strategies for staff and patients
- Greater integration of mental health strategies for management of pelvic pain, Greater communication strategies with patients around pelvic pain
- more specific/tailored approach for managing endometriosis and pelvic pain in my patients
- Yes! More pain science education
- Yes, more awareness of COCP effect on SHBG and the significance of low T in endo. The distinction of chronic pelvic pain being separate (but can coexist with endo) is huge... loved this being articulated so clearly. My histories will be more clear now particularly distinguishing historical response to laps

### SUNDAY WORKSHOP LEARNING OUTCOMES:



### CHANGES TO PRACTICE:

- Reframe the way I talk about pelvic pain and the contributing factors
- Psychosocial interventions , use of graded exposure, desensitisation, guided imagery in pelvic pain
- Yes, ensure multidisciplinary team and communication between team members
- Yes, use of new tools that are not medication to take back for our patients. The importance of the MD team
- Using 3PSQ as screening tool to guide management. Using Migel for vulvodynia. Useful resources for patients eg Nerva, Calm.
- 1. Will be using more PROMs and I'm now better at interpreting them. Picking up key indicators in the PROMs.
- 2. Do not use/ start PV diazepam, any opioids.
- 3. Can use long acting NSAIDs for pain.
- Introduce graded exposure and imagery
- Greater use of questionnaires to quantitate progress
- Pr voltaren more duloxetine adapt GPMP and TCA implement more of the surveys
- Screening
- Graded exposure techniques
- Role of pelvic Physio
- Meeting expectations of patients
- Sexual health - introducing into conversation.
- Providing models and pictures to explain. Handouts from Ppfa