

REPORT 2024

Persistent Pelvic Pain – Leadership in Care

eLearning course for Primary Care practitioners



I am currently working at a sexual and reproductive health clinic where I encounter pelvic pain frequently. Despite some clinical experience and education regarding persistent pelvic pain, I still at times feel overwhelmed when seeing these patients.*

Completing the Vagenius course has been excellent. It is super comprehensive in its' information delivery by various relevant experts - but equally and importantly, it has outlined a practical and useful approach to planning and developing a patient goal-centered and team approach to their care.

I would highly recommend this course - I feel so much more empowered in my ability to be a team leader in the care of these women."

- Dr S. Young

*Endometriosis and Pelvic Pain Clinic



www.vageniustraining.com

VAGENIUS



Persistent Pelvic Pain is complex and hard to treat. GPs ask for “structured, practically applicable, and relevant training”.¹

Summary

Persistent Pelvic Pain – Leadership in Care was released in March 2024. This report is the collation of end-of-year (December 2024) evaluation data from course participants.



26 participants in the first cohort completed the course.

All participants must complete:

- Pre and post-course perception questions
- Pre-course questionnaire
- 9 hrs of online education activity
- 1.5 hrs of online reviewing performance (integrated)
- A post-course evaluation questionnaire; covering:
 - Clinical outcomes
 - Content
 - Delivery
 - Presenters
 - Recommend activity to colleagues Y/N Why?
 - Change practice as a result of activity Y/N Why?

Notes:

- ¹ Frayne J et al (2023), Challenges in diagnosing and managing endometriosis in general practice.

Our innovative and unique approach to the complex nature of persistent pelvic pain, plus application of clinical expertise and practical level of learning, has the capacity to make a significant positive impact in the treatment and management of persistent pelvic pain in primary care.

Understanding and knowledge applied systematically will lead to earlier diagnosis of endometriosis.

Dr Emily Ware takes GPs on 'a journey with their patient', with input from specialists in the multidisciplinary team, lived experience cases, sessions from, and interviews with, experts in pelvic pain treatment and management covering gynaecology, pelvic health physiotherapy, pain science, sonography, nutrition, psychology, and more.

The course includes the following elements:

- Online education and reviewing practice.
- In practice audit using a 'whole self-care plan' with 5 patients (optional).
- 2 x 1hr virtual case study peer group learning sessions (optional).



It is essential to approach management of chronic* pelvic pain in a comprehensive manner, which includes identification of all conditions that contribute to pain symptoms and optimal management of each contributing condition.²

*Or 'persistent' pelvic pain.

100%

of General Practitioners in our first cohort recommend this learning to colleagues.

100%

will implement knowledge and skills into practice immediately.

The content meets quality learning standards and has been approved by relevant GP specialist colleges for continuing professional development (CPD) hours.



RACGP CPD Approved Activity



Notes:

- 2 Till SR, Nakamura R, Schrepf A, As-Sanie S. (2022) Approach to Diagnosis and Management of Chronic Pelvic Pain in Women: Incorporating Chronic Overlapping Pain Conditions in Assessment and Management. *Obstetrics and Gynecology Clinics of North America*. 2022 Jun;49(2):219-239.

Who are we?

Vagenius Training designs and delivers high quality training in Women's Pelvic Health.

In line with Australian Government Strategies, Plans and Measures, 'Persistent Pelvic Pain - Leadership in Care' released last year, is the first and only course of its kind, where practicing clinicians with a track record of success in treating patients with PPP in a multi-disciplinary team, have shared their expertise in such a comprehensive and structured way.

Lived experience stories, contemporary evidence-based practice, and input from experts in the field, are designed by a learning specialist, creating a modular, structured journey with the patient, to embed learning and achieve outcomes.



Our mission is to achieve a standard level of learning in persistent pelvic pain and endometriosis across Australia.



Rachel Andrew

Titled APA Continence and Women's Health Physiotherapist. Clinical Masters of Women's Health, BSc Physiotherapy, Certificate Conservative Management of Prolapse. Rachel is a skilled and experienced clinician. She has worked in the public sector in neuro and pelvic health, and currently works in the private Women's Health space. Rachel has a special interest in pelvic pain and is Founder of Pelvic Physio and Co-Founder of Vagenius Training.



Dr Emily Ware

Women's Health GP Specialist. FRACGP DRANZCOG(Adv) MBBS(Hons) BMedSci. Emily is a highly qualified Women's Health General Practitioner (GP) Specialist who is passionate about improving the quality of life for women of all ages. She works across public and private sectors, and in a multi-disciplinary team for women with persistent pelvic and vulval pain. Emily enjoys sharing her knowledge through clinical guidance and educating others to care for women holistically and inclusively. Emily leads on Vagenius courses.



Colette McKiernan

Trainer and educator, engagement in learning specialist, facilitator, advisor and assessor of supervisory and management standards (UK). Involved in VET Education, School to Work Program (work related skills now embedded in every VET course across Australia), competency-based training packages, Education Business Partnership projects (Facilitator for leaders from schools and leaders from business (LEEP) Gov Initiative across four states and the ACT) M.Ed, B.Ed (Hons), Dip Man, and Co-Founder of Vagenius Training.

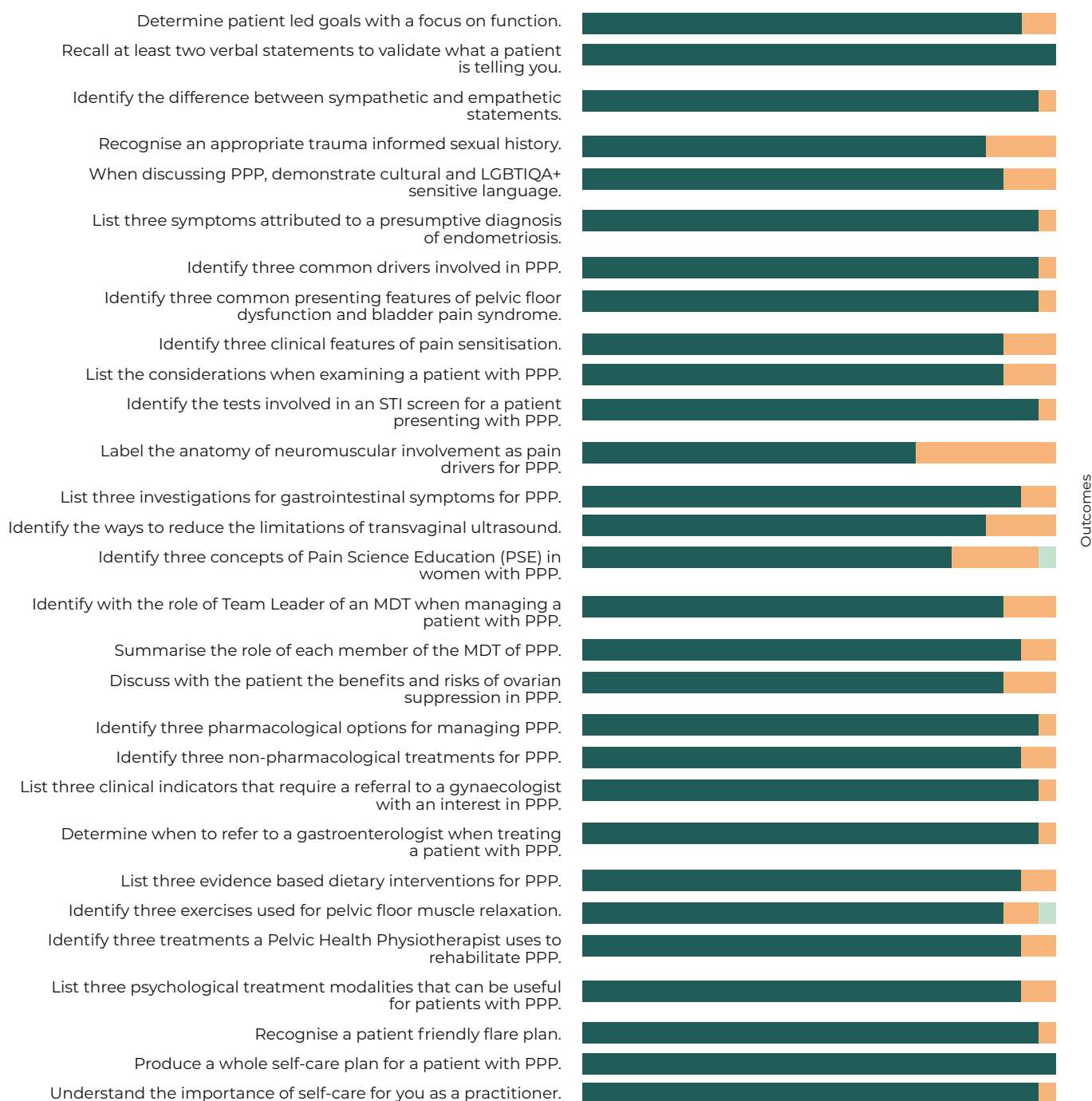
2024 Results – Persistent Pelvic Pain – Leadership in Care

Perception Questions

Of participants 'often' treating patients with PPP (92.5%), **79% felt 'overwhelmed'**, and consider patients with PPP as 'hard to manage'. On completion, **100% of participants** agree they can 'confidently manage a patient with a holistic care plan'.

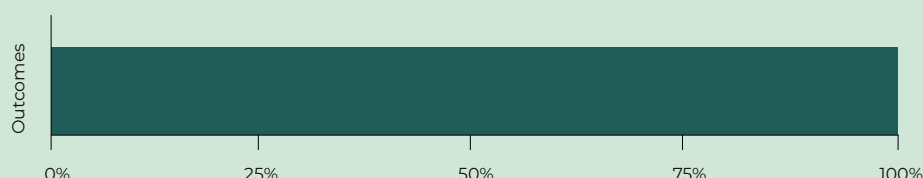
Clinical Outcomes

Entirely met Partially met Not met



Outcomes

How far did the course meet expectations about content?



“ The content was comprehensive, evidence-based and easy to absorb.”

- Dr A Edler

“ This has been the most enjoyable and informative course I have done in a long time!”

- Dr L Aldridge

“ The presentations by Rachel Andrew were so fantastic – I feel really confident now with examination.”

- Dr A Kingshott

“ A fabulous and comprehensive course

– Thank you!.”

- Dr S Young

“ Thoroughly enjoyed this. Very relevant to GPs doing pelvic pain. Would highly recommend.”

- Dr J Bonny

“ Detailed, relevant, accessible.”

- Dr B Agostinelli

“ This was the most comprehensive learning program that I have undertaken since completing a diploma in palliative care at Flinders University.”

- Dr E Greenwood

“ This is an amazing course. I have learnt so much and am so grateful to have had access to it. I feel so empowered to help my patients.”

- Dr K Moore

“ The evidence shown (for treatment) was overwhelming and included areas that are still work in progress.”

- Dr J Omotoso

“ Really excellent coverage of all aspects.”

- CH

“ Everything was explained very well and it was pitched at a good level. I found it really useful.”

- Dr C Cugley

“ Far exceeded expectations, couldn't rate it more highly, excellent content.”

- Dr A Edwards

“ The material presented is very practical and provides the necessary anatomical and physiological basis. The depth of coverage is also quite appropriate.”

- Dr T Lee

“ The content was engaging and I think will have a positive impact on my future practice.”

- KG

“ This course was absolutely fantastic and I felt the content was specific enough and in depth enough to be perfect for myself as a working GP in this space. I felt it was presented amazingly well, and many of the speakers presented the content in an engaging and educational manner.”

- Dr G Dwyer

“ Very relevant to general practice.”

- MS

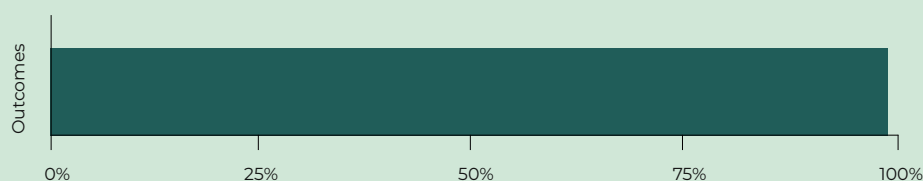
“ It definitely addresses different aspects in diagnosis and management of chronic pelvic pain. Managing chronic pelvic pain is a very complex issue which needs continuous efforts to achieve expertise. I found the course very comprehensive.”

- Dr S Shafiee

“ Really excellent.”

- MH

How far did the course meet expectations about delivery?



“The varied modes of delivery throughout this CPD were so fantastic. There was a really great balance between different presentations, as well as quizzes and patient contributions. I found this CPD very engaging in terms of delivery and found myself consistently and completely engaged and absorbed.”
- Dr A Edler

“Great range of expert opinion and patient stories.”
- Dr J Bonny

“I found it thoroughly engaging and interesting.”
- Dr E Greenwood

“Delivery was fantastic.”
- Dr K Moore

“Easy to digest segments on the different topics.”
- MC

“Well thought out – rewarding bringing in multiple specialists in different disciplines so we know what GP referrals should look like.”
- Dr J Omotoso

“The format was great – a good mix of interviews and presentations.”
- Dr C Cugley

“Very engaging, good length of videos and broken into good length modules.”
- AM

“100% engaging, loved all the presenters, interesting, engaging and so well put together.”
- Dr A Edwards

“Loved the mixture of presentations, cases, patient stories, interviews with providers.”
- CH

“The material and the interviews were informative and practical, rather than didactic.”
- Dr T Lee

“The delivery was easy to absorb, and the self-paced course was manageable.”
- KG

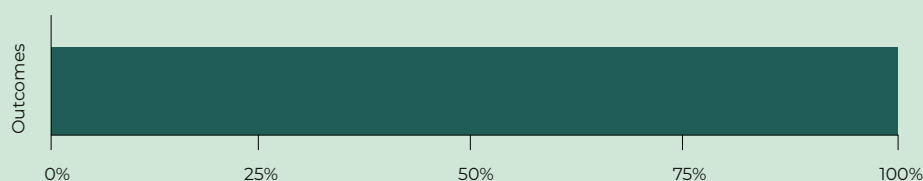
“The online delivery was fantastic, and I found navigating to specific content easy. The way information was presented in video format with patient testimonials, expert advice and detailed visuals enhanced my learning.”
- Dr G Dwyer

“As a practitioner already working in the pelvic pain space, I found this course excellent and comprehensive.”
- LG

“Engaging speakers and concise videos. Excellent patient handouts and especially like the whole person plan.”
- Dr E Ingram

“Content very easy to watch.”
- Dr B Agostinelli

How far did the course meet expectations about presenters?



“ They talked with confidence and explained in detail, all that a GP ought to know to empower them to make well informed, and timely referrals.”

- Dr J Omotoso

“ All presenters were knowledgeable and skilled in their delivery of information.”

- Dr S Young

“ Very interesting. Very good presentations. Different ways of presenting which I enjoyed.”

- Dr J Bonny

“ Presenters were all great.” Dr B Agostinelli

“ I was particularly impressed with the presenters of this course, and I think that contributed in a significant way to the high quality of this course. Rachel spoke particularly well and I learnt so much from her going through pelvic floor assessments and the way she manages pelvic pain patients.”

- Dr G Dwyer

“ Incredible presenters, very engaging and experienced.”

- Dr K Moore.

“ Good clear presenters.”

- MS

“ Excellent.”

- Dr E Ingram

“ One thing that stood out to me was the passion and expertise of each of the presenters. Each presenter was so filled with patient-centred passion and coupled with vast knowledge and experience: It was a delight and a privilege to learn from them.”

- Dr A Edler

“ All excellent!”

- MH

“ They were great, interesting and easy to listen to.”

- Dr C Cugley

“ Very knowledgeable and engaging.”

- AM

“ Loved all the presenters, their passion and knowledge and experience was amazing.”

- Dr A Edwards.

“ Some were outstanding. The gynaecologist was the best I have ever heard on Endo and PPP.”

- CH

“ Easy to understand.”

- MC

“ They are good presenters and educators with the practical knowledge imparted.”

- Dr T Lee

“ All excellent. I found the input from the women featured in the case studies to be invaluable.”

- Dr E Greenwood.

“ All presenters were very engaging, and I appreciated the multidisciplinary inputs.”

- KG

“ Pelvic floor physio was amazing.”

- JW



Feedback from Nurses

Content

“As a nurse and midwife understanding the role of the multi-Disciplinary team is really important to support the patient with expectations, when recommending referral. Multi modal approach very important for best outcomes.”
- JMc

“This is a great course for GPs with an interest in PPP or wanting to gain further knowledge, also useful for other health professionals.”
- LS

Delivery

“Would have liked a transcript recordings of presentations.”
- A PS

“Loved the case study with Hattie with follow through pelvic floor physio.”
- JMc

“Easy to follow, enjoyed the reflective opportunities, great illustrations / diagrams, thank you.”
- LS

Presenters

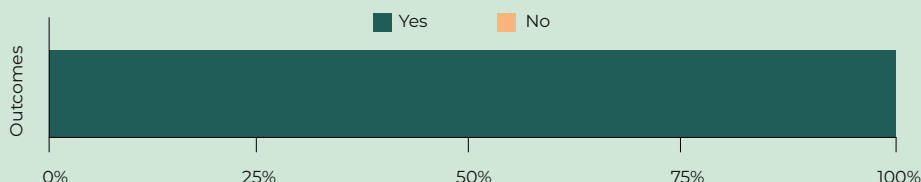
“Explanations were thorough.”
- A PS

“I enjoyed all the presenters.”
- JMc

“Good variety and appropriate for a multi-disciplinary team involved in PPP with a holistic approach.”
- LS



Would you recommend this activity to a colleague?³



– GPs

“Definitely. I have already recommended this CPD to several colleagues. I have never come across such a comprehensive and relevant CPD to engaging with, and leading the management of my patients with PPP. It is such an empowering experience to work through this CPD and build up my own “toolkit” and resources in order to really listen to my patients and be a team leader for them! I feel so empowered by this CPD!”
- Dr A Edler

“Yes, and I just did! My sister is a GP in Victoria, so I have sent her my glowing review. Keep it up people!”
- Dr L Aldridge

“Yes, very practical and easy to navigate.”
- Dr A Kingshott

“Yes. Very helpful. Very relevant. Appropriate level for GP and very practical.”
- Dr J Bonny

“Yes. Excellent learning activity. Highly relevant to any GPs practice, especially if they see a large proportion of women (including gender diverse individuals) in their practice.”
- Dr E Greenwood

“Yes, have already recommended to others.”
- Dr K Moore

“Yes, engaging in format with practical advice.”
- MC

“Yes, because of it’s rich content and manner of presentation which will transform the way they manage a woman with persistent pelvic pain.”
- Dr J Omotoso

“I already have!”
- MH

“I am currently working at a sexual and reproductive health clinic where I encounter pelvic pain frequently. Despite some clinical experience and education regarding persistent pelvic pain, I still at times feel overwhelmed when seeing these patients.

Completing the Vagenius course has been excellent. It is super comprehensive in its' information delivery by various relevant experts - but equally and importantly, it has outlined a practical and useful approach to planning and developing a patient goal- centred and team approach to their care. I would highly recommend this course - I feel so much more empowered in my ability to be a team leader in the care of these women.”
- Dr S Young

Notes:

3 RACGP compulsory evaluation questions.

Would you be likely to recommend this CPD activity to a colleague? Yes/No and why?

– GPs

“ Yes. It has really helped me to have confidence in treating people with PPP and increased my skills.”
- Dr C Cugley

“ Yes. Covers a broad area of information for PPP.”
- AM

“ Yes, absolutely. One of the best courses I've done. So comprehensive, informative and practical. I couldn't rate it more highly.”
- Dr A Edwards

“ Absolutely, yes, but it's a big course.”
- CH

“ Yes as it is self-paced, practical and informative.”
- Dr T Lee

“ Yes, this was an easy to access CPD activity which has increased my confidence in managing persistent pelvic pain.”
- KG

“ Yes. I thought this was a perfect length course., of perfect detail for busy GPs working, not only in this space but for those who work with any patients suffering chronic pelvic pain.”
- Dr G Dwyer

“ Yes particularly if no prior experience with PPP.”
- JW

“ Yes, if interested in PPP.”
- MS

“ Yes. Very comprehensive course on a complex topic.”
- Dr E Ingram

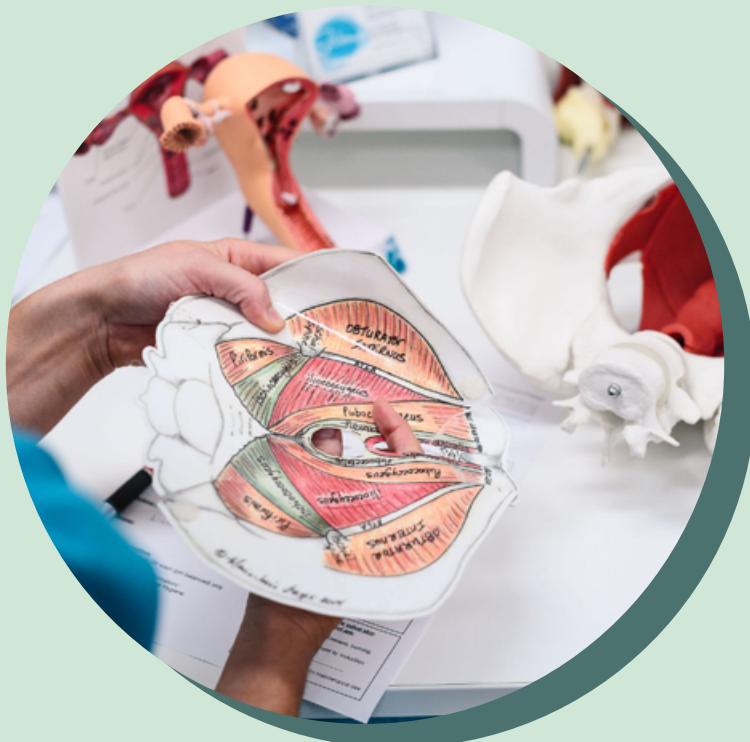
– Nurses

“ Yes, great learning for knowledge and strategies for work in the pelvic pain care area.”
- A PS

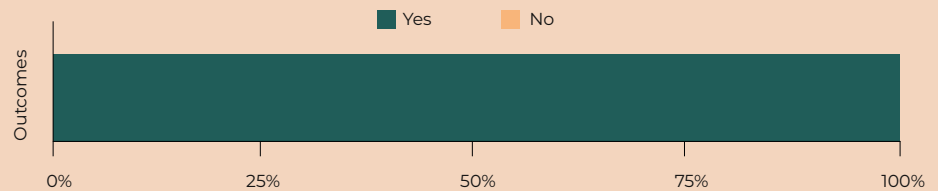
“ Yes. Every nurse should do this course.”
- NB

“ Yes – very informative”
- JMc

“ Yes as it's a good variety of presenters, easy to follow and appropriate for MDT involved in PPP with a holistic approach.”
- LS



Would you be likely to change anything in your practice?



– GPs

“ Yes. So many things. To narrow it down.

1. I am much more equipped to take a pain history as well as make powerful connections for the patient between their different symptoms;
2. I am MUCH more confident to be trauma-informed and draw out history while also holding space for patients' sensitive experiences; and
3. I am so empowered to start including pain science education into consults with patients. What an incredible resource. It's the best course I think I have ever done. The content was evidence based, and clear, but also engaging, relevant and delivered with such passion and conviction. The resources you have developed are so valuable and helpful. There were times when I couldn't wait to get to my PC, so that I could continue with the course – it was that engaging.”

- Dr A Edler

“ Yes. It gives me such good structure around getting all the details dealt with. Usually, I have felt too overwhelmed by all the different aspects of someone's pelvic pain. This has helped me set up a more ordered pathway. Thank you.”

- Dr L Aldridge

“ Yes, I feel more confident to lead the team and formulate a cohesive written plan for patients.”

- Dr A Kingshott

“ Yes, largely allowing more time to develop patient centred goals of care.”

- Dr S Young

“ Yes. Much more likely to refer to a pelvic floor physiotherapist. Feel more confident managing people with a presumptive diagnosis of endometriosis without needing to make a referral immediately to a gynaecologist.”

- Dr E Greenwood

“ Yes, I will be able to implement quality care for my patients with PPP.”

- JH

“ Yes. Self-care plans, flare planning, more confident to use other agents e.g. vaginal diazepam.”

- Dr K Moore

“ The things I would change in my practice are making goals with my patient and not trying to fix everything in one consult admitting to them that this is going to take time, but I will be there with them for the journey and with a team around us we will work together on their goals.

Another thing I would change is considering cyclical urinary pain as endometriosis, I hadn't really considered that before. I also feel more confident with trauma informed practice.

I think I was a bit frightened to go there before. I will also be using flare plans and the whole patient care plans. I love them.”

- Dr J Bonny

Would you be likely to change anything in your practice as a result of this CPD activity?
Yes/No, Why?

“ Yes. Better understanding of pelvic floor physio and dietary interventions specifically.”
- MC

“ Yes lots. Especially bowel and bladder investigations and red flags, dietician tips, medications for pain etc.”
- Dr A Edwards.

“ Yes, because I am now equipped with adequate information.”
- Dr J Omotoso

“ Yes I feel more confident managing these patients in general, but also have far more tools in my toolbelt to manage chronic pelvic pain patients. This includes medical management options, when to refer to gynaecology, how to “sell” physio/dietician / hypnotherapy etc. input to patients (as now I know the great benefit they can offer, but also specifically what they can help with) and how to make thorough whole person focussed management/ care plans. The handouts in particular are very well presented and laid out and I will definitely be using them in my every day practice”
- Dr G Dwyer

“ Yes, it has really helped me have confidence in treating people with PPP and increased my skills.”
- Dr C Cugley

“ I already have!”
- MH

“ Yes. Delivering a more well-rounded and holistic care model for patients with chronic pelvic pain.”
- KG

“ Yes I have more confidence to take a focussed history and how to draw up a whole self-care plan; to build up my local resources team to better my management of such prevalent patients; and to take up the role of a GP coordinator.”
- Dr T Lee

“ Yes, improving on history taking, prescribing and referring in the context of PPP.”
- AM

“ Yes plan and flare plan – will help keep the consult less chaotic and would result in more collaborative care.”
- JW

“ Yes will start doing whole self-care plans.”
- MS

“ Yes, I feel better equipped to support patients with persistent pelvic pain and I am excited to use the knowledge I have gained from this course.”
- Dr E Ingram

– Nurses

“ Yes, more explanation of specific care options and ability to provide referral information.”
- NB

“ Yes, I now know what a GP does and all the people in the team. I know when I see a medication on a patient note, what they are and what they are used for. It helps me support the patients better.”
- AP Smith

“ I like the template for the care plan, especially self-care / lifestyle – I have worked in GP practices as nurse and midwife and I was the advocate for patient, always highlighting their goals. So refreshing to see a change.”
- JMc

“ I would like to, however, unfortunately I am restricted as a nurse and have limited time with GPs.”
- LS



If you have any comments or
require any further information,
please contact:

Colette McKiernan

contact@vageniustraining.com

VAGENiUS

www.vageniustraining.com

©vageniustraining