

A trans-national EFIC Pain School on multidisciplinary pain management In South-Eastern Europe

Osijek, Croatia; 30th March –2nd April 2026.

Objective: To promote the implementation of multidisciplinary pain management in the South East of Europe, through the training of young doctors and other care providers.

Organising Chapters: Bosnia-Herzegovina, Croatia, Greece, Serbia, Slovenia

Location 2026: Osijek, Croatia

Board of Directors:

Eleni Chrona, Greece

Božena Jerković-Parać, Slovenia

Ivan Keser, Bosnia-Herzegovina

Ivan Omrčen, Croatia

Snežana Tomašević-Todorović, Serbia

Introduction

Although multidisciplinary/interdisciplinary work is recognized as a gold standard of care for chronic pain, it remains difficult to implement in many countries, including the Southeastern part of Europe. This pain school will provide the attendants with the conceptual framework, the theoretical and practical knowledge needed to successfully implement multidisciplinary pain management in their respective environments.

The main objectives

To help young colleagues develop structured teams of health professionals from different disciplines, who regularly meet and update one another to address the diagnostic and management difficulties, and monitor the progress of individual patients with chronic pain.

After introducing the different disciplines and components of multimodal inter-professional approaches, the educational technique will be based on “Case-Based Learning”, or CBL. In multidisciplinary medicine, CBL is an educational approach where students and professionals from different medical fields collaborate to solve real-world clinical cases. This method promotes the integration of knowledge across specialties, encouraging teamwork, critical thinking, and practical problem-solving skills. By examining cases from various perspectives, participants enhance their understanding of complex medical conditions and learn to apply their expertise in a coordinated, patient-centered way. This EFIC school will foster holistic care and prepare learners for real clinical settings where collaboration across disciplines is essential.

EFIC Faculty

Indre Bileviciute Ljungar (Sweden)
Silviu Brill (Israel)
Daniel Ciampi de Andrade
(Denmark)
Luis Garcia-Larrea (France)
Victor Mayoral (Spain)
Lance McCracken (UK, Sweden)
Bart Morlion (Belgium)
Michiel Reneman (The Netherlands)

Regional Faculty

Dino Budrovac (Croatia)
Eleni Chrona (Greece)
Iva Dimitrijević (Croatia)
Dijana Hnatešen (Croatia)
Marija Heffer (Croatia)
Denis Imamović (Bosnia-
Herzegovina)
Josipa Ivanušić Pejić (Croatia)
Božena Jerković-Parać (Slovenia)
Ivan Keser (Bosnia-Herzegovina)
Aleksandar Knežević (Serbia)
Domagoj Kretić (Croatia)
Zdravka Krivdić Dupan (Croatia)
Metoda Lipnik-Stangeli (Slovenia)
Vanja Matković (Croatia)
Vasileia Nyktari (Greece)
Miroslava Pjević (Serbia)
Simon Podnar (Slovenia)
Ivan Radoš (Croatia)
Snežana Tomašević (Serbia)
Kiriaki Vagdatli (Greece)



MONDAY 30 MARCH 2026 - DAY 1

8:45-9:35 Definitions and the Bio-Psycho-Social model <i>Chair: Miroslava Pjević (Novi Sad, Serbia)</i> This introductory session will familiarize attendants with basic concepts and definitions relevant to the school topics, which will be used throughout the following days		
8:45-9:10	Lost in definitions: Multi-modal, Multi-disciplinary, Inter-disciplinary, Inter-professional <i>Bart Morlion (Leuven, Belgium)</i>	<i>While all these terms involve teamwork among professionals from different disciplines, approaches differ at the level of interaction, integration and coordination. Recognizing these distinctions enhances the quality of educational programs, and ultimately benefits our patients.</i>
9:10-9:35	The multidimensional nature of pain and the bio-psycho-social model of chronic pain <i>Michiel Reneman (Gröningen, The Netherlands)</i>	<i>Pain has multiple dimensions: the bio-psycho-social model tries to capture them and represents a major achievement for pain management</i>
9:35-10:30 Back to basics <i>Chair: Marija Heffer (Osijek, Croatia)</i> Incorporating the bio-psycho-social approach is only possible through an understanding of neuroanatomy and neurophysiology. These lectures should provide attendants with a basic yet comprehensive understanding of current neurobiological concepts related to normal and abnormal pain		
9:35-10:05	Normal anatomy & physiology <i>Luis Garcia-Larrea (Lyon, France)</i>	<i>From receptors to the brain. How the neurobiology of pain supports a bio-psycho-social model</i>
10:05-10:35	Pathophysiology and taxonomy of chronic pain <i>Daniel Ciampi de Andrade (Aalborg, Denmark)</i>	<i>Nociceptive versus neuropathic pain. The concept of mixed pain. The concept of nociplastic pain.</i>
10:35-11:00 Coffee break		
11:00-12:30 The multimodal assessment of the patient with chronic pain <i>Chair: Indre Bileviciute Ljungar (Stockholm, Sweden)</i>		
11:00 – 11:15	Assessment versus measurement <i>Daniel Ciampi de Andrade (Aalborg, Denmark)</i>	<i>A brief introduction to clinimetrics: the science of measurement of clinical disorders, tracing of their progression, and calculation of their impact.</i>
11:15-12:30	The clinical examination of the pain patient Sensory, motor & autonomic clinical exam <i>Michiel Reneman, Daniel Ciampi de Andrade, Luis Garcia-Larrea, Aleksandar Knežević (Novi Sad, Serbia)</i> The psychological assessment <i>Lance McCracken (Uppsala, Sweden), Iva Dimitrijević (Osijek, Croatia)</i>	<i>Two groups/rotation. Starting with a normal exam, examples of chronic inflammatory pain, neuropathic pain, mixed pain, nociplastic pain, and pain with psychological distress will be presented</i>

12:30-13:30 Lunch		
13:30 – 15:30 Instrumental diagnostic techniques: when to use them and whom to ask. <i>Chair: Božena Jerković-Parać (Ljubljana, Slovenia)</i> <i>While clinical history and bedside assessment are the key-element to start a diagnostic approach, the “diagnostic ladder” most often requires instrumental techniques to objectivise what the clinician suspects. This session will review different anatomo-physiological diagnostic tools whose value and limitations depend on the context, and should be bear in mind by any pain clinician.</i>		
13:30-13:50	Neuroradiology <i>Zdravka Krivdić Dupan (Osijek, Croatia)</i>	<i>Radiology is an essential element for chronic pain diagnosis, and the development of interventional radiology has make it enter the therapeutic domain.</i>
13:50-14:10	Ultrasound & bedside ultrasound <i>Domagoj Kretić (Osijek, Croatia)</i>	<i>Ultrasound imaging avoids radiation and contrast exposure and allows resolution of muscle, nerves, vessels, connective tissues, and viscera. Visualization of the target structure and needle movement can be seen in real time.</i>
14:10-14:30	Diagnostic nerve blocks <i>Ivan Keser (Sarajevo, Bosnia-Herzegovina), Dino Budrovac (Osijek, Croatia)</i>	<i>Diagnostic blocks provide information about the source of a patient's pain. Differentiating between diagnostic, prognostic and test blocks is essential and will be discussed</i>
14:30-14:50	Bio-potentials – neurophysiology <i>Simon Podnar (Ljubljana, Slovenia), Luis Garcia-Larrea (Lyon, France)</i>	<i>Clinical neurophysiology provides objective data on somatosensory transmission, informs about topography, lends substance to patients’ subjective complaints and guides therapeutic options</i>
14:50-15:10	Molecular biomarkers <i>Marija Heffer (Osijek, Croatia)</i>	<i>Molecular biomarkers from proteomics, metabolomics, microbiomics and genetics offer diagnostic and prognostic potential, though extensive validation is needed</i>
15:10-15:30 Coffee break		
15:30-17:00	Hands-on demonstration of diagnostic techniques: 3 stations with 30’ rotation ● Ultrasound <i>Snežana Tomašević, Domagoj Kretić</i> ● Diagnostic blocks <i>Ivan Keser, Dino Budrovac</i> ● Electrophysiology, QST <i>Luis Garcia-Larrea, Simon Podnar</i>	
17:00-17:45 Round Table: How to put all this knowledge together? (All faculty) <i>We will emphasise the emergence of multimodal strategies that integrate imaging, molecular, sensory, and neurophysiological biomarkers with psychosocial factors in chronic pain management.</i>		

TUESDAY 31 MARCH 2026 - DAY 2

8:30-10:00 A reasoned approach to pharmacotherapy <i>Chair: Vasileia Nyktari (Crete, Greece)</i> A reasoned approach to therapeutics. This section should <i>not</i> be a mere repertoire of drugs, interventions, manipulations, and dosages, but an approach to the mechanisms whereby each therapy works, the rationale of their usage, their inappropriate usage, their adverse effects, and contraindications.		
8:30-9:00	Strong and weak opioids <i>Bart Morlion (Leuven, Belgium)</i>	<i>Opioids remain indispensable in the management of moderate to severe cancer pain, but their role in chronic non-cancer pain is controversial. This lecture will review pharmacology and use of opioids, their role in cancer and non-cancer pain, and will provide practical guidance on prescribing, rotation, and adverse effects</i>
9:00-9:20	Anti-inflammatories, Paracetamol and non-conventional analgesics (Nefopam, Metamizol) <i>Denis Imamović (Sarajevo, Bosnia-Herzegovina)</i>	<i>First-line in acute situations, use of these drugs in chronic pain needs thorough knowledge of their characteristics, limitations and strict regulations in some European countries.</i>
9:20-9:40	Drugs for neuropathic pain (oral, intravenous, topical) <i>Daniel Ciampi de Andrade (Aalborg, Denmark)</i>	<i>Pharmacological treatment of neuropathic pain is challenging, and often applied erratically. This lecture will teach how to manage the different options and optimise their use.</i>
9:40-10:00	Drug polytherapy: why, when and how. <i>Metoda Lipnik-Štagnelj (Ljubljana, Slovenia)</i>	<i>Polypharmacy is the rule among persons with chronic pain. By approaching multiple mechanisms of action, polypharmacy can lead to positive clinical outcomes, but also lead to serious problems,</i>
10:00-10:40 Physical Medicine & Physiotherapy <i>Chair: Snežana Tomašević (Novi Sad, Serbia)</i> Multidisciplinary long-term pain rehabilitation programs are effective in decreasing pain severity and pain interference, but need a team of healthcare professionals		
10:00-10:25	Physical rehabilitation techniques for chronic pain <i>Indre Bileviciute Ljungar (Stockholm, Sweden)</i>	<i>Physical therapy offers an array of techniques to promote healing and alleviate discomfort, which not only address the physical symptoms but also strengthen the patients' capability to manage them</i>
10:25-10:50	Non-invasive peripheral stimulation procedures (TENS, shockwave, ultrasound, low-energy laser...): an evidence-based approach <i>Michiel Reneman (Gröningen, The Netherlands)</i>	<i>Stimulation procedures are multiple, as are the evidence levels they rely upon, which will be clarified in this lecture.</i>
10:50-11:10 Coffee break		

11:10-12:00	Psychological approaches <i>Chair: Iva Dimitrijevic (Osijek, Croatia)</i> <i>Psychosocial factors influence how people experience pain and respond to treatment. Disability from pain is not a product of symptoms alone, but a combination of how symptoms, thoughts and beliefs, emotional reactions, social circumstances, and behavior patterns interact: it is substantially psychosocial</i>	
11:10-11:40	Cognitive behavioral models and therapies <i>Lance McCracken (Uppsala, Sweden)</i>	<i>Different cognitive behavioural approaches have shown positive impact in chronic pain management and have received evidence-based support</i>
11:40-12:00	Psychodynamic approaches <i>Josipa Ivanušić Pejić (Osijek, Croatia)</i>	<i>Grounded in a long-standing theoretical tradition, modern psychodynamic approaches to chronic pain have now been evaluated in RCTs, with favourable outcomes</i>
12:00-13:00 Interventional procedures-1 <i>Chair: Dino Budrovac (Osijek, Croatia)</i> Interventional techniques play an increasingly important role in the management of acute and chronic pain, especially in situations where other conventional approaches prove insufficient or are associated with significant adverse effects.		
12:00-12:30	Nerve, root, epidural blocks. Epidural & intrathecal drug delivery. <i>Silviu Brill (Tel-Aviv, Israel)</i>	<i>In this lecture the attendants will learn the rationale and application of procedures aimed at blocking abnormal activity via drugs applied in situ</i>
12:30-13:00	Invasive neuromodulation (peripheral, DRG, DREZ, spinal, supraspinal) <i>Victor Mayoral (Barcelona, Spain)</i>	<i>Neuromodulation aims at modifying the function of transmission systems, mainly via stimulation applied at multiple levels of the neuroaxis.</i>
13:00-14:00 Lunch		
14:00-15:00 Interventional procedures - 2		
14:00-14:30	Injections for musculoskeletal pain & spasticity (articular, muscles, planes) <i>Ivan Keser (Sarajevo) and Indre Bileviciute Ljungar (Stockholm)</i>	<i>Before resorting to surgical procedures, focal injections may be useful and safe to relieve pain and spasticity related to musculoskeletal disorders.</i>
14:30-15:00	Noninvasive central neuromodulation (rTMS, tDCS) <i>Luis Garcia-Larrea (Lyon) & Daniel Ciampi de Andrade (Aalborg)</i>	<i>Neuromodulation techniques are being increasingly used to alleviate pain and enhance quality of life. Originally intended to predict the efficacy of invasive techniques, noninvasive procedures have now gained a place as an analgesic approach in its own right.</i>

15:00-17:00	Practical sessions: 4 groups alternating in different rooms: Demonstrations of procedures (live, manikins, videos) ● Physical therapies <i>led by Indre Bileviciute Ljungar, Aleksandar Knežević with the Osijek team</i> ● Interventional procedures) <i>led by Ivan Radoš - visit to the interventional pain unit in Osijek Hospital</i> ● Psychological approaches <i>led by Lance McCracken and Iva Dimitrijević</i> ● Noninvasive neuromodulation <i>led by Daniel Ciampi de Andrade and Luis Garcia-Larrea</i>	
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WEDNESDAY 1 APRIL 2026 – DAY 3

9:00-10:30	Implementing a multidisciplinary / inter-professional approach program for chronic pain: A Tale from different regions <i>Chair: Ivan Keser</i> <i>Modes of interprofessional cooperation are multiple, and not all applicable to all contexts. In this session we'll explore different models of collaboration, the role that different specialties may have in multimodal approaches, as well as the difficulties and solutions encountered by countries in Western and Eastern Europe to set up useful collaborations within pain management structures.</i>	
9:00-9:30	Different modes of collaboration. <i>Victor Mayoral (Barcelona, Spain)</i>	Referral of patients to other medical specialists or healthcare professionals. A multimodal therapy approach by one or several practitioners. An interprofessional/multidisciplinary approach by a team.
9:30-10:00	Medical actors: why are they important <i>Luis Garcia-Larrea and faculty</i>	A rapid survey of different medical specialties with impact on multiple aspects of the diagnosis, prevention, and management of chronic pain: anaesthesiology, neurology, physical medicine & rehabilitation, rheumatology, psychiatry, neurosurgery, clinical neurophysiology, and interventional radiology
10:00-11:00	Non-medical actors – what do they do and why are they essential? <i>Physiotherapy (Vanja Matković, Osijek)</i> <i>Psychology (Iva Dimitrijević, Osijek)</i> <i>Pain nursing (Dijana Hnatešen, Osijek)</i> <i>Ergotherapy (Indre Bileviciute Ljungar, Stockholm)</i>	A roundtable discussion featuring four speakers from diverse professional backgrounds. Together, they will explore how experts outside traditional medicine contribute to healthcare innovation, collaboration, and better patient outcomes.

11:00-11:15 Coffee break		
11:15-13:00 Starting a multi-disciplinary pain consultation <i>Chair: Eleni Chrona (Athens, Greece)</i>		
11:15-12:00	Local resources and background: Strengths, weaknesses, opportunities, and threats in each country Bosnia-Herzegovina: <i>Ivan Keser/Denis Imamović</i> Croatia: <i>Dino Budrovac</i> Greece: <i>Eleni Chrona, Kiriaki Vagdatli</i> Serbia: <i>Snežana Tomašević-Todorović, Miroslava Pjević</i> Slovenia: <i>Božena Parać</i>	
12:00-12:45	Examples from Western countries: State of the art in ... France: <i>Luis Garcia Larrea</i> Belgium: <i>Bart Morlion</i> Israel: <i>Silviu Brill</i> Netherlands: <i>Michiel Reneman</i> Spain: <i>Victor Mayoral</i> Sweden: <i>Indre Bileviciute Ljungar</i>	
12:45-13:00	Is there a 'dream team' for multidisciplinary management? <i>Ivan Radoš (Osijek, Croatia)</i>	
13:00-14:00 Lunch		
14:00-16:00	Case-based learning (CBL) Chair: Ivan Omrčen (Osijek, Croatia) Post-surgical pain <i>Denis Imamović</i> CRPS types I and II <i>Daniel Ciampi de Andrade</i> Persistent spinal pain syndrome (PSPS II) <i>Indre Bileviciute-Ljungar</i> Cancer pain <i>Victor Mayoral</i> Peripheral and central neuropathic pain <i>Luis Garcia Larrea</i> Nociplastic refractory pain <i>Snežana Tomašević – Todorović</i>	Interactive discussion of real clinical cases presented by the Faculty, dealing with every step of the diagnostic and therapeutic process. The attendants are expected to discuss collectively issues at each step of the diagnostic and management process.
17:00-18:00	Global discussion with the Faculty	Problems in managing these and other types of complex patients in everyday clinical life. The students will be free to present for discussion their own 'complex patients'

THURSDAY 2 APRIL 2026 – DAY 4

9:00-12:30 (with coffee break at 10:30)	Resolution of complex clinical cases <i>Chairs: All board members together (prepare complex examples)</i>	Either real patients from the pain clinic, or simulated patients (SimPats), possibly from the attendants, present their clinical problem to be interviewed, explored, and given suggestions of management by the students, from history taking to different treatment options.
SimPats will simulate complex pain conditions. A group of other participants will join a “multidisciplinary consultation” to reach a diagnosis, under the supervision of the rest of the Faculty. The SimPat will be given one day to prepare the case (check bibliography, prepare responses, etc). <u>The condition should be such that a multi/interdisciplinary approach is necessary.</u> 4-5 complex examples may be reasonably discussed in 3 hours time : this may include ... 1. Cancer pain with nociceptive and neuropathic origins 2. CRPS type 1, pharmaco-resistant 3. Central spinal injury pain, combining neuropathic and nociceptive components, plus a possible incident problem 4. Chronic post-stroke pain combining central and peripheral neuropathic pain plus nociceptive pain 5. Postcovid pain 6. Complex headache patient		
Conclusions and the end of the school	De-briefing with all participants, questions to the Faculty, ideas for the future, and evaluation of possibilities of (and barriers to) implementing the acquired knowledge in the participants’ clinical practice.	