



D2.2 Educational & Outreach activities' agendas; Workshops' content integration and activity guide.

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Improving the Identification and Management of Patients with Atrial Fibrillation (AF) in Order to Reduce Stroke Risk and Venous Thromboembolism (VTE) in Eastern Europe

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Introduction.

This document is the blueprint upon which the actual event implementations for DEEPRAFT's outreach activities shall be based. Beyond this introduction, it consists of two additional sections. In the Objectives section we present the learning objectives of the infodays and workshops as they have been developed in the relevant doctor's co-creation sessions. In the Activities section, it details the structure and format of each educational workshop and awareness infoday including personnel logistics (facilitators, tutors, etc.) and localization aspects in conjunction with D3.1. While in the scope of the initial deliverable plan, this document would include reference to the relevant digital and non-digital material, this content is covered exhaustively in D1.2.

Objectives

Workshop learning objectives

1. To enhance the capacity of doctors to calculate the risk of thromboembolic complications and the effectiveness of prescription of oral anticoagulants (OACs) in accordance with the CHA2DS2-VASc scale;
2. To enhance assessment of the risk of bleeding in accordance with HAS-BLED score, and also learn how to reduce that risk for each given patient;
3. to teach doctors to assess the probability of INR lability in accordance with SAME-TT2R2 scale, for making decisions about the effectiveness of warfarin prescribing among the patients with AF;
4. To enhance assessment of the probability of a low time in therapeutic range when prescribing vitamin-K antagonists in accordance with SAME-TT2R2 scale
5. To enhance calculation of the estimated glomerular filtration rate (eGFR) for all patients receiving nonvitamin-K oral anticoagulants (NOACs), so as to prescribe appropriate NOAC doses;
6. To teach doctors to choose the most appropriate anticoagulant agent according to patients needs and individual characteristics
7. To teach doctors on how to deal with dosing errors of OACs
8. To teach doctors on the management of bleeding under OAC therapy
9. To teach doctors on the management of patients undergoing a planned invasive procedure or surgery when they are under OAC treatment.
10. emphasize the importance of explaining to patients the need to control the parameters of the coagulogram and the biochemical blood test: INR, total cholesterol, HDL/LDL, triglycerides;
11. to teach doctors to effectively choose treatment algorithm in patients with AF, taking into account all the above scales.
12. To teach doctors to choose the most appropriate anticoagulation duration according to underlying condition leading to DVT
13. to teach doctors to effectively choose treatment algorithm in patients with DVT, taking into account all the relevant scales.

14. To enhance doctors awareness to rare DVT complications
15. To teach doctors their therapeutic options re anticoagulation treatment and
16. To teach doctors their options of reversing anticoagulation in case of emergency (eg severe bleeding, emergency operation)
17. To teach doctors the indications of bridging or discontinuing anticoagulation treatment and to eliminate the unappropriated anticoagulation discontinuation

Infoday learning objectives:

1. To teach patients to recognize complications, to assess the risks and signs of development of thromboembolic complications in atrial fibrillation on their own:
2. Teach patients to assess their condition: HR count, BP control, familiarize with the target INR;
3. Instill self-control and self-learning skills in patients;
4. Familiarize the patients with risk factors (reversible, conditionally reversible, irreversible);
5. Teach patients on skills of calculating the risk of complications on the CHA2DS2-VASc and HAS-BLED scales;
6. Teach algorithms of actions in the event of thromboembolic complications.
7. AF is the most common sustained cardiac arrhythmia
8. AF can have adverse consequences related to the irregular pulse (palpitations), the reduction in cardiac output (fatigue) and to thrombus formation (stroke and peripheral embolization)
9. Patients with AF may be at increased risk for mortality
10. Essential information from the patient's history, physical examination, electrocardiogram, and a transthoracic echocardiogram should be obtained at the time of diagnosis and periodically during the course of the disease. Additional laboratory testing, such as thyroid stimulating hormone assay, and ambulatory ECG monitoring may be necessary.
 - a. One of the principal management decisions regarding AF is deciding on long-term need of anticoagulant therapy.
 - b. Anticoagulant therapy is highly effective in reducing the risk of systemic embolization in patients with AF.
 - c. The choice of agent should be individualized based on the patient's clinical profile and personal preferences
 - d. Should the patient be managed with either a rate or a rhythm control strategy?
11. Self-assessment: HR count, BP control, familiarize with the target INR (2-3) when on VKA
12. Instill self-control and self-learning skills in patients;

Activities

Activities Time Plan

Outreach activities	Tentative Periods	Expected Attendance
Infoday #1	Autumn 2019	>50
Project Workshop	Spring 2020	>10
Infoday #2	Autumn 2020	>50

Infoday Format

Activity	Duration (approx.)	Activity Facilitators
Atrial Fibrillation Section		
Experts' introduction	10'	2 experts, 1 technical facilitator
Facilitated virtual cases hands-on	20'	
Patient-Experts Q&A Discussion	30'	
Coffee Break	20'	
Venous Thromboembolism section		
Experts' introduction	10'	2 experts, 1 technical facilitator
Facilitated virtual cases hands-on	20'	
Patient-Experts Q&A Discussion	30'	
Total Infoday Duration: ~120'		Personnel required: 2 medical experts, 1 technical facilitator

Workshop Format

Activity	Duration (approx.)	Activity Facilitators
Atrial Fibrillation Section		
Virtual Patients Hands-On	30'	3 experts, 1 technical facilitator
Experts' presentations	20'	
Q&A / Discussion	30'	
Coffee Break	20'	
Venous Thromboembolism section		
Virtual Patients Hands-On	30'	3 experts, 1 technical facilitator
Experts' presentations	20'	
Q&A / Discussion	30'	
Total workshop Duration: ~180'		Personnel required: 3 medical experts, 1 technical facilitator