



## **Guidelines for the organization of an educational programme on headache in Europe (Headache School)**

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on behalf of the European Headache Federation.

### **Introduction**

According to the by-laws, one of the goals of the European Headache Federation (EHF) is to educate Europe about headache through the teaching of the key players, such as young doctors and all those involved in headache management about the seriousness of headache disorders (1). The close geographical relationship in Europe is the prerequisite to foster the exchange of the faculty and the participants. This was the working and the successful mechanism for the past years. A summer school has been organized in different European countries since 1992 every year: Antalya, Stresa, Oporto, Cambridge, Copenhagen, Kiel. Afterwards a permanent Summer Headache School was established in Cambridge (every alter year) and in 2002 the last summer headache school was held in Vilnius.

In the last decade a “patronage activity” was also set up in the way that two countries (one developed, one developing) exchanged doctors and student for training. This activity was successfully endorsed by Austria, Bulgaria, Croatia, Slovakia, Italy, Norway, Albania, Slovenia, Russia and Lithuania (1, 2). In some setting, clinical and research practice was organized in long staying reaching a higher standard of training (2, 3) and creating “clusters” of headache interested people in Europe.

The EHF has also put a lot of effort in publishing easy reading booklets on the basic concepts of primary headache for general medicine doctors (3, 4, and 5).

However, the fast expansion of insight in headache (new molecules, new headache categories etc.) contributes to widen the gap between developing and developed countries. Moreover, we have evidence that during the last 4 years, due to the relative restriction of the national/international drug companies budget, only relatively inexpensive teaching course could be organized (i.e. Lithuania in 2002). Under such circumstances, countries that were developing a medical culture on headache would be more and more impaired. Therefore, the aim of the present guidelines is to promote education about headache in Europe on a national basis organizing courses that should meet standardized requirements of excellence and guarantee (code of conduct), both as investment and increase in knowledge. A general systematic proposal is hereby detailed.

### **Teaching course format**

#### **1. Target of the guidelines**

The guidelines are directed to institutions such as National Neurological Societies, European Neurological Societies or allied scientific organizations that are going to organize postgraduate courses, teaching courses and so forth on headache.

#### **2. Aim of the course**

The aim of the course is to enable participants to gain knowledge, skills, and understanding in the area of primary and secondary headache. This will contribute to personal and professional development. As an outcome they should gain enhanced clinical practice, including capacity to interact appropriately with affected individuals. This in turn should turn into an enhanced quality of life for people with the condition.

The key aim is to apply the knowledge gained from the course into one's own professional area through the application of reflective practice. The course-hosting national society/ research group will apply to the

Government credits for Continuous Medical Education. This will allow participants to attend a course that leads to a certified University qualification.

The course brochure should specify if directed to Family doctors, specialists (Neurologist, Internal medicine, Pharmacologists) or both, and be planned accordingly.

Learning aims of the course are to enable participants to:

- Recognize the various clinical presentations of headache
- Become familiar with the "red flag" and "comfort sign" approach to identifying secondary headaches.
- Understand the latest concepts in headache pathophysiology.
- Develop treatment plans for helping patients with all of their headache treatment needs.
- Formulate a headache management "toolbox" for patients incorporating acute and preventive treatment approaches.
- Devise strategies in order to help patients understand headache treatment tactics and improving patient compliance with therapeutic plans.

### **3. Topics**

Theoretical and practical teaching should merge on a daily basis concerning both primary and secondary headaches.

The organizers should request the faculty to use concise slides considering that at least 40-60 seconds are necessary to explain and understand a slide. Speakers must send their slides in due time in order to have them printed and distributed on a daily basis.

Video-case presentation represents the best opportunity to understand and not forget both simple and complex cases. Ten minutes video plus 10-15 minutes discussion are usually required to become familiar with the clinical history. At least two videos per day should be in the programme.

### **4. Venue:**

The course should be preferably organized in Hospital/University environment. Expensive Hotels with tourist facilities should be avoided.

### **5. Duration of the Course**

The ideal/minimum duration of a course should be 3 days. Concise one-day courses can be organized under the supervision/advice of the European Headache Federation, provided that the ratio of practical/theoretical teaching is respected.

### **6. Number of Participants:**

Overcrowded courses prevent the participants to interact with the teachers and clearly lower the general level of attention. Fifty participants should be admitted, ideally divided in parallel sections of 25 doctors. The attention of the audience is negatively correlated to the length of the lecture. According to a prevailing experience duration of 20-25 minutes (+ 5 min for a couple of questions) is recommended. The course programme should schedule 7-8 teaching hours per day (approx. 15 lectures/case reports). The target audience is: general practitioner, general neurologist, clinical pharmacologist and internal medicine specialist.

### **7. Faculty:**

The course should be an opportunity to meet the experience of international scientists and to exchange opinions and ideas. A 3-4 day course should have a faculty staff of 3-5 foreign teachers (depending on the finances), and they should have the opportunity to hold at least two lectures. The remaining lectures will be taken by the local organizers. The discussion at the end of each lecture or at the end of a certain section offers the opportunity of expressing ideas, second thoughts etc. Therefore, two chairmen of each section should be involved in rising provocative questions, requesting the speaker's personal or international opinion on certain topics.

### **8. Official Language**

The official language of the course should possibly be in English in particular case national language can be used provided that students or doctors may help in the translation. PC presentation should be used.

### **9. Teaching material**

Slide handout should be available at the beginning of the course. The course material should also include a few CV-line of each lecturer. The official organizer of EHF events can help in assembling the teaching material

### **10. Evaluation test**

A multiple choice questionnaire should be filled by each participant at the beginning and at the end of the course. The evaluation test should include two questions concerning each lecture. The test results will be mailed to the participants after the course. The EHF may provide an evaluation questionnaire if requested by the organizers. In order to have CME credits the participant should attend 80% of the activity. An evaluation of speakers and lecturers will be requested to the participants.

**11. Other:**

The course format should be inserted in the preliminary and final programme brochure.

In order to have a formal approval of the European Headache Federation, the school format should be mailed to the President of the European Headache Federation that will distribute the material to the council members for approval. The EHF could provide financial support to those countries where local finances are small. (i.e. covering an economy flight of 3-5 foreign speakers).

The local organizing committee and the Course Chairman are responsible for local promotion and marketing of the Course. The congress organizer of the EHF can provide support to the Local Company in logistic organization.

The European Headache Federation can provide upon request the following material.

- IHS Classification slide kit
- Evaluation test
- Standard three-day programme or personalized programme (see enclosed)

Teaching material available at the moment. (Booklets, brochures etc.).

**Conclusion**

Teaching is an essential part of academic headache specialty practice and represents a major task for international societies (7). According to a survey in USA (8, 9) 22% of the medical school did not have lectures designed to headache, and 43% of postgraduate programme did not have a departmental resident lecture in headache. It goes without saying that it takes both energy and time to set up an optimal teaching strategy to form new generations of headache specialists. However, it is one of the major aims of the EHF to upgrade the level of information and insight into headache problems. For these reasons, in order to achieve a systematic education in headache research and clinical practice a comprehensive teaching is required. We have a strong feeling that the proposal of a headache teaching format might help in distributing knowledge and understanding of headache in European countries.

**References**

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4. Migraine in general practice: basic concepts Ed. K. EKbom, Smith – Gordon: London 1993; 1-109
5. Cluster headache in clinical practice: basic concepts. Eds. O Sjaastad and G. Nappi Smith – Gordon: London 2000; 1-103
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8. Finkel AG. American academic headache specialists in neurology: practical characteristics and culture. *Cephalalgia* 2004; 24:522-527.
9. Finkel AG. Academic headache medicine in America: report of academic membership survey of the American headache society membership survey of the American Headache Society special interest section on Academic Affairs. *Headache* 2003;43:266-271.

Table 1:

Check list to meet the **requirement of the European Headache Federation in the organization of a teaching programme in headache**

<input type="checkbox"/>	Title of the teaching course:  Date:  City:
<input type="checkbox"/>	Chairman of the scientific committee:  Institution:  e-mail/fax:
<input type="checkbox"/>	Congress venue:
<input type="checkbox"/>	Number of participants:  Parallel sections
<input type="checkbox"/>	Foreign faculty members:
<input type="checkbox"/>	Duration of the course
<input type="checkbox"/>	Duration of the lectures
<input type="checkbox"/>	Daily practical/theoretical teaching
<input type="checkbox"/>	PC presentation
<input type="checkbox"/>	Multiple choice evaluation test
<input type="checkbox"/>	Handout material requested
<input type="checkbox"/>	Official language
<input type="checkbox"/>	Guidelines included in the programme
<input type="checkbox"/>	Preliminary programme submitted
Note	

Table 2 **School format sample (3-days course)****Local organization FOR THE STUDY OF HEADACHE***in conjunction with*

EUROPEAN HEADACHE FEDERATION

*presents*

Title of the course

**International School on Headache and Related Disorders  
Venue, City**

Day 1-3 Month, Year

**Day 1, month****8.30.-10.30: section 1**

Chairmen:

8.30 Special Lecture 1: **Classification of headache (Speaker, 30m )**

9.00 Epidemiology of headache (speaker 20-25, discussion 5m)

9.30 Pathophysiology of headache

10.00 The burden of headache

10.30-11.00 coffee-break

**11.00-13.00 section 2: Migraine**

Chairmen:

11.00: Classification of migraine

11.30: Clinical picture of migraine

12.00: Complication of migraine

12.30: Taking the history

13.00-14.00 lunch

**14.30-16.30: section 3: Migraine**

Chairmen:

14.30: (video) case report

15.00: Comorbidities of migraine

15.30: Acute drug treatment: NSADs &amp; ergot

16.00: Acute drug treatment: triptans

16.30-17.00; Coffee-break

**17-18.30: section 4: Migraine**

Chairmen:

17.00: (video) case report

17.30: Prophylactic drug treatment: part 1

18.00: Prophylactic drug treatment: part 2

20.00 dinner

**Day 2, month****8.30.-10.30: section 1 Tension-Type headache (TTH)**

Chairmen:

8.30 Special Lecture 1: **Pathogenesis (Speaker, 30m )**

9.00 Epidemiology of TTH (speaker 20-25, discussion 5m)

9.30 Classification and clinical picture

10.00 Comorbidities of TTH

10.30-11.00 coffee-break

**11.00-13.00 section 2: Tension-type headache**

Chairmen:

11.00: Pharmacological treatment

11.30: Non-Pharmacological treatment  
 12.00: TMD and headache  
 12.30: Medication misuse headache  
 13.00-14.00 lunch

**14.30-16.30: section 3: Varia**

Chairmen:  
 14.30: (video) case report  
 15.00: benign idiopathic headache  
 15.30: Headache attributed to neck disorders  
 16.00: The headache in emergency department  
 16.30-17.00; Coffee-break

**17-18.30: section 4: Migraine**

Chairmen:  
 17.00: (video) case report  
 17.30: Cranial Neuralgia  
 18.00: Which examinations in headache  
 20.00 dinner

**Day 3, month**

**8.30.-10.30: section 1 Trigeminal autonomic cephalalgias (TACS)**

Chairmen:  
 8.30 Special Lecture 1: **Pathogenesis of Tacs (Speaker, 30m)**  
 9.00 Epidemiology and classification of CH (speaker 20-25, discussion 5m)  
 9.30 Clinical picture  
 10.00 Pharmacological treatment  
 10.30-11.00 coffee-break

**11.00-13.00 section 2:**

Chairmen:  
 11.00: Paroxysmal hemicrania Clinical picture and treatment  
 11.30: SUNCT  
 12.00: Differential diagnosis of Tacs  
 12.30: Post-traumatic headache  
 13.00-14.00 lunch

**14.30-16.30: section 3: Varia**

Chairmen:  
 14.30: (video) case report  
 15.00: Headache in elderly  
 15.30: Headache and hormonal life  
 16.00: Treatment of menstrual migraine  
 16.30-17.00; Coffee-break

**17-18.30: section 4: Headache in Children**

Chairmen:  
 17.00: (video) case report  
 17.30: Migraine in children  
 18.00: Use of drugs in children  
 20.00 dinner