



## Recognizing and treating pelvic pain in women

PANELISTS

Dr. Marina Abdel Malak • Dr. Mathew Leonardi • Dr. Rachel Shour

WITH

Dr. Stephanie Zhou • Dr. Nikki Bozinoff



Ontario College of  
Family Physicians

**Practising  
Well**  
Share.  
Inspire.  
Connect.




Family & Community Medicine  
UNIVERSITY OF TORONTO

July 26, 2023

Practising Well: Your Community of Practice

Please introduce yourself in the chat!

Your name,  
Your community,  
Your twitter handle



@OntarioCollege  
#PractisingWell

# Your Panelists: Disclosures



## Dr. Marina Abdel Malak

Relationships with financial sponsors (including honoraria):

- Practising Well CoP speaker
- Peer Guide



## Dr. Mathew Leonardi

Relationships with financial sponsors (including honoraria):

- Practising Well CoP speaker
- GE Healthcare
- Bayer
- TerSera
- AbbVie
- Australian Women and Children's Research
- Hyivy
- Health Canada



## Dr. Rachel Shour

Relationships with financial sponsors (including honoraria):

- Practising Well CoP speaker
- Peer Guide
- Medical Psychiatry Alliance
- Princess Margaret Hospital

# Disclosures

## Dr. Stephanie Zhou @stephanieyzhou

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Implementation Group Member, CoP Speaker
- Canadian Medical Association – Honoraria for practice management lectures
- Habitat for Humanity GTA – Board of Directors member
- Toronto Public Health – Board of Directors member

## Dr. Nikki Bozinoff @NikkiBozinoff

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Implementation Group Member, CoP Speaker
- CAMH
- Department of Family and Community Medicine (University of Toronto)
- National Institute on Drug Abuse
- Womenmind
- CIHR
- Academic Health Sciences Alternate Payment Plan

## Disclosure of Financial Support

This program has received funding from the Ontario Ministry of Health and in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto.

### **Potential for conflict(s) of interest:**

N/A

## Mitigating Potential Bias

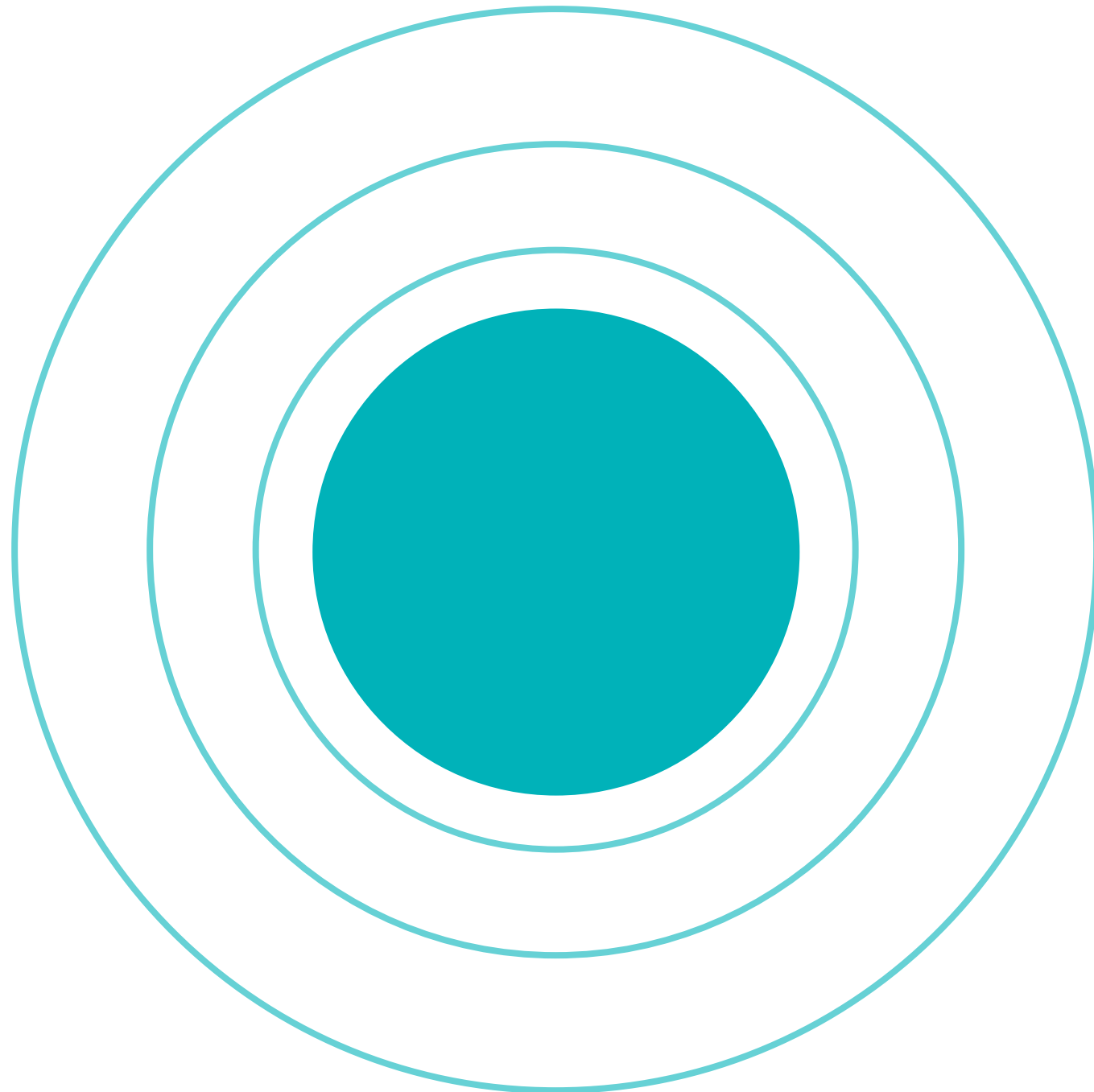
- The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by the SPC.

# Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.





## Recognizing and treating pelvic pain in women

You raised important questions we'll try to work through together today:

1. Differential diagnosis of pelvic pain, counselling regarding non-organic causes of pelvic pain.
2. When should you refer to gyne for pelvic pain? How can you diagnose endometriosis without laparoscopy?
3. Management in family practice and resources for referral in the community: When to complete further investigations? What work up family MDs should be doing prior to referral?

And other questions you add in the Q&A box...





# Your Panelists



Recognizing and treating  
pelvic pain in women



**Dr. Marina Abdel Malak**

Mississauga, ON



**Dr. Mathew Leonardi**

Hamilton, ON



**Dr. Rachel Shour**

Toronto, ON

# Chronic Pelvic Pain – A Family Doctor’s Perspective



Dr Marina Malak, MD, CCFP; BSc. N

[Marina.abdelmalak@thp.ca](mailto:Marina.abdelmalak@thp.ca)

- Book: <https://burnstownpublishing.com/product/recipe-for-recovery-i-battled-and-overcame-an-eating-disorder-and-you-can-too/?v=3e8d115eb4b3>
- Podcast: <https://www.healthplexus.net/content/pills-pearls-patients-3p-public-access>
- Blog: <http://anorexiarecovery1.blogspot.com/?m=1>

# Issues to be aware of...

- Often not/misdiagnosed, identified, or treated
- Fear of judgment or embarrassment; past experiences (with medical system or personal)
- ‘Taboo’ topics or ‘private’
- Women are told that this is ‘normal’ or ‘expected’
  
- Can be debilitating; has a huge psychological impact
- Impacted by culture, socioeconomic status, family structure, supports...

“

**Many endometriosis symptoms have been normalized by our culture, under the golf-sized umbrella with the label ‘female problems.’**

”

# What are the (common) conditions we see?

- Dysmenorrhea; Endometriosis
- Adenomyosis
- Leiomyomas (fibroids)
- Prior pelvic inflammatory disease
- Vaginal Atrophy
  
- Myofascial pelvic pain syndrome; fibromyalgia
- Chronic bladder pain syndrome\*
  
- Psychosocial



# Symptoms

- Dysuria – chronic, intermittent
  - Dyspareunia (‘hitting a wall’; sensitivity)
  - Incontinence
  - ‘Tightness’
  - Neuropathic (burning, tingling, shooting)
  - ‘Dry’, itchy
- 
- Sometimes doesn’t fit into our ‘boxes’ of MSK vs neuropathic vs. functional



# Take a good history

- When did it start? When did you notice it? Is it getting worse/better/changing?
- What does it feel like? Does it radiate?
- How long does it last when it occurs? Is it always there?
- Does it occur with certain positions, triggers, etc.?
- What makes it better/worse?
- Any recent stressors? Changes in diet, clothes, products, etc.?
- Past medical history – don't forget *psychiatric*!
- Medications, substances

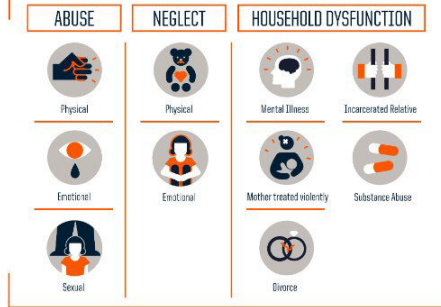


# THE TRUTH ABOUT ACEs

## WHAT ARE THEY?

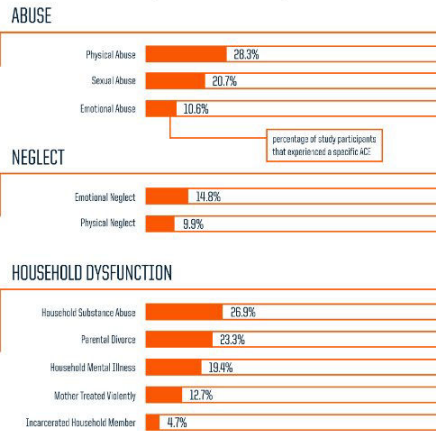
ACEs are  
ADVERSE  
CHILDHOOD  
EXPERIENCES

The three types of ACEs include



## HOW PREVALENT ARE ACEs?

The ACE study\* revealed the following estimates:

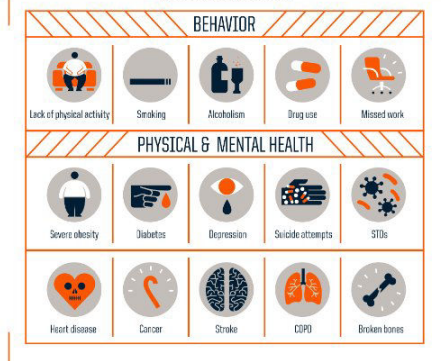


## WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Possible Risk Outcomes:



## Adverse Childhood Experience (ACE) Questionnaire

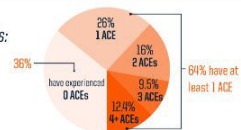
### Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

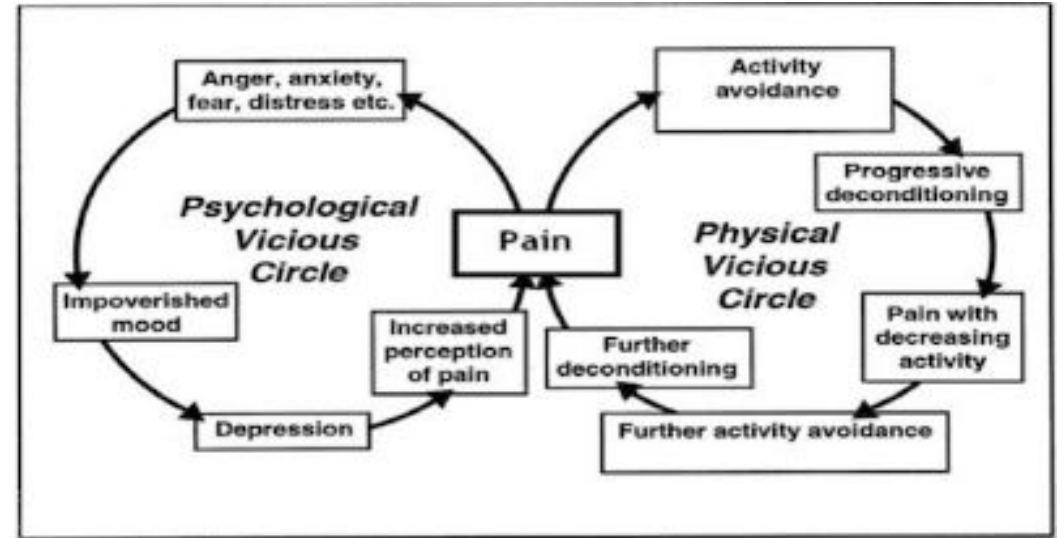
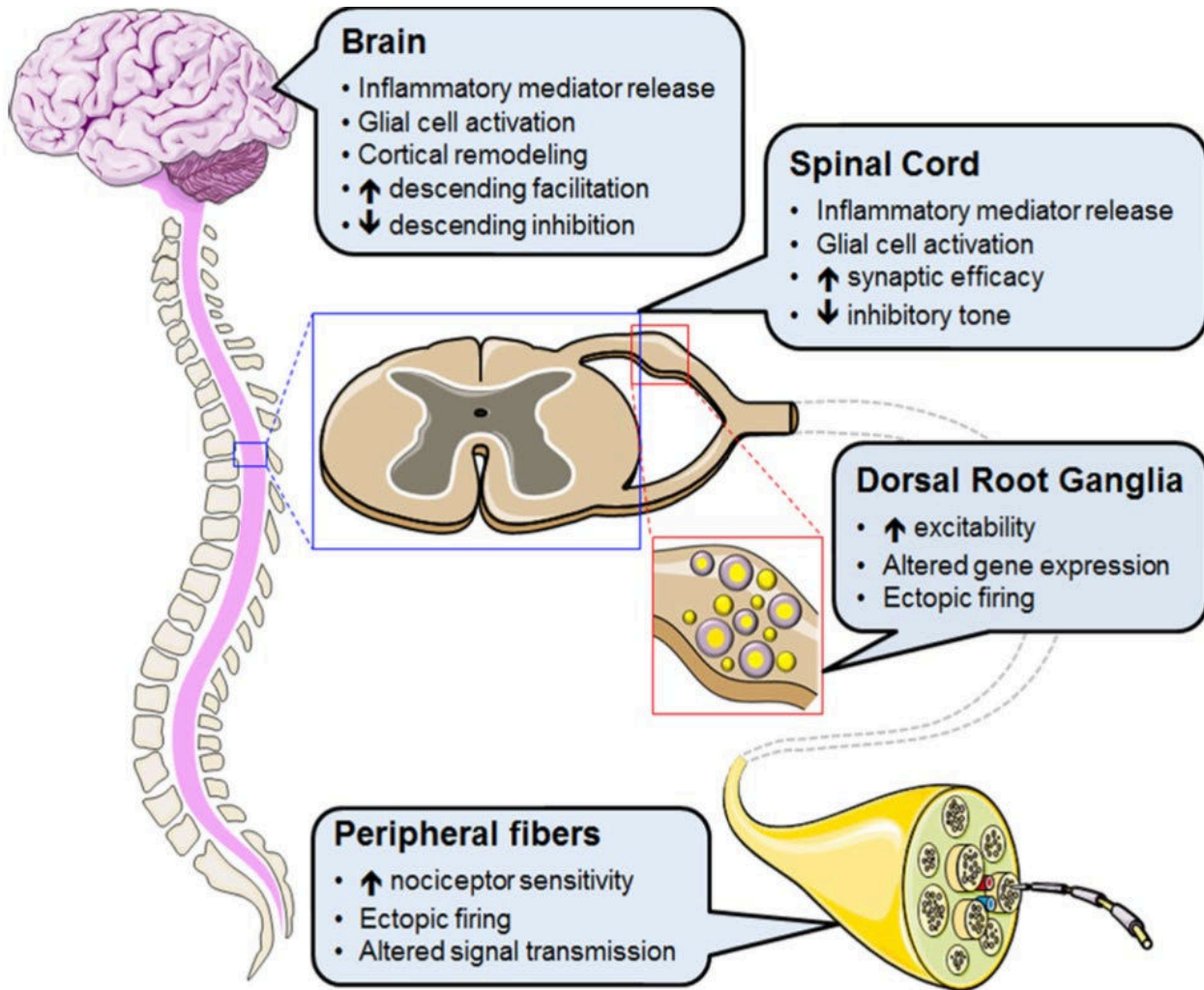
- Did a parent or other adult in the household **often** ...  
Swear at you, insult you, put you down, or humiliate you?  
**or**  
Act in a way that made you afraid that you might be physically hurt?  
Yes No If yes enter 1 \_\_\_\_\_
- Did a parent or other adult in the household **often** ...  
Push, grab, slap, or throw something at you?  
**or**  
**Ever** hit you so hard that you had marks or were injured?  
Yes No If yes enter 1 \_\_\_\_\_
- Did an adult or person at least 5 years older than you **ever** ...  
Touch or fondle you or have you touch their body in a sexual way?  
**or**  
Try to or actually have oral, anal, or vaginal sex with you?  
Yes No If yes enter 1 \_\_\_\_\_
- Did you **often** feel that ...  
No one in your family loved you or thought you were important or special?  
**or**  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes No If yes enter 1 \_\_\_\_\_
- Did you **often** feel that ...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
**or**  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes No If yes enter 1 \_\_\_\_\_
- Were your parents **ever** separated or divorced?  
Yes No If yes enter 1 \_\_\_\_\_
- Was your mother or stepmother:  
**Often** pushed, grabbed, slapped, or had something thrown at her?  
**or**  
**Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard?  
**or**  
**Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?  
Yes No If yes enter 1 \_\_\_\_\_
- Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes No If yes enter 1 \_\_\_\_\_
- Was a household member depressed or mentally ill or did a household member attempt suicide?  
Yes No If yes enter 1 \_\_\_\_\_
- Did a household member go to prison?  
Yes No If yes enter 1 \_\_\_\_\_

Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score

Of 17,000 ACE study participants:







# CNS Neurotransmitters Influencing Pain

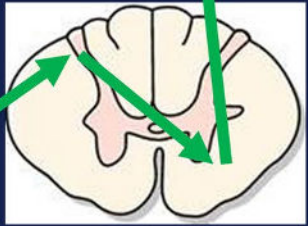
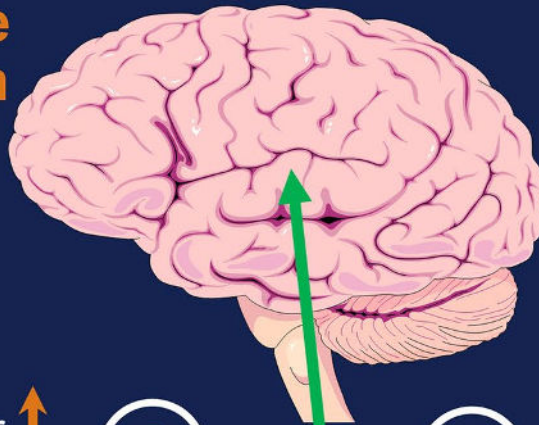
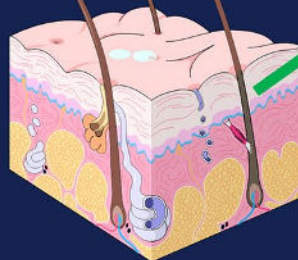
(Arrows indicate direction in fibromyalgia)

## Generally facilitate pain transmission

Gabapentinoids, ketamine, memantine

- Glutamate ↑
- Substance P ↑
- Nerve growth factor ↑
- Serotonin (5HT<sub>2a</sub>, 3a)

Anti-migraine drugs (-triptans), cyclobenzaprine



## Generally inhibit pain transmission

- Descending anti-nociceptive pathways

- Norepinephrine-serotonin (5HT<sub>1a,b</sub>), dopamine

Tricyclics, SNRIs, tramadol

- Opioids

Low dose naltrexone

- Cannabinoids

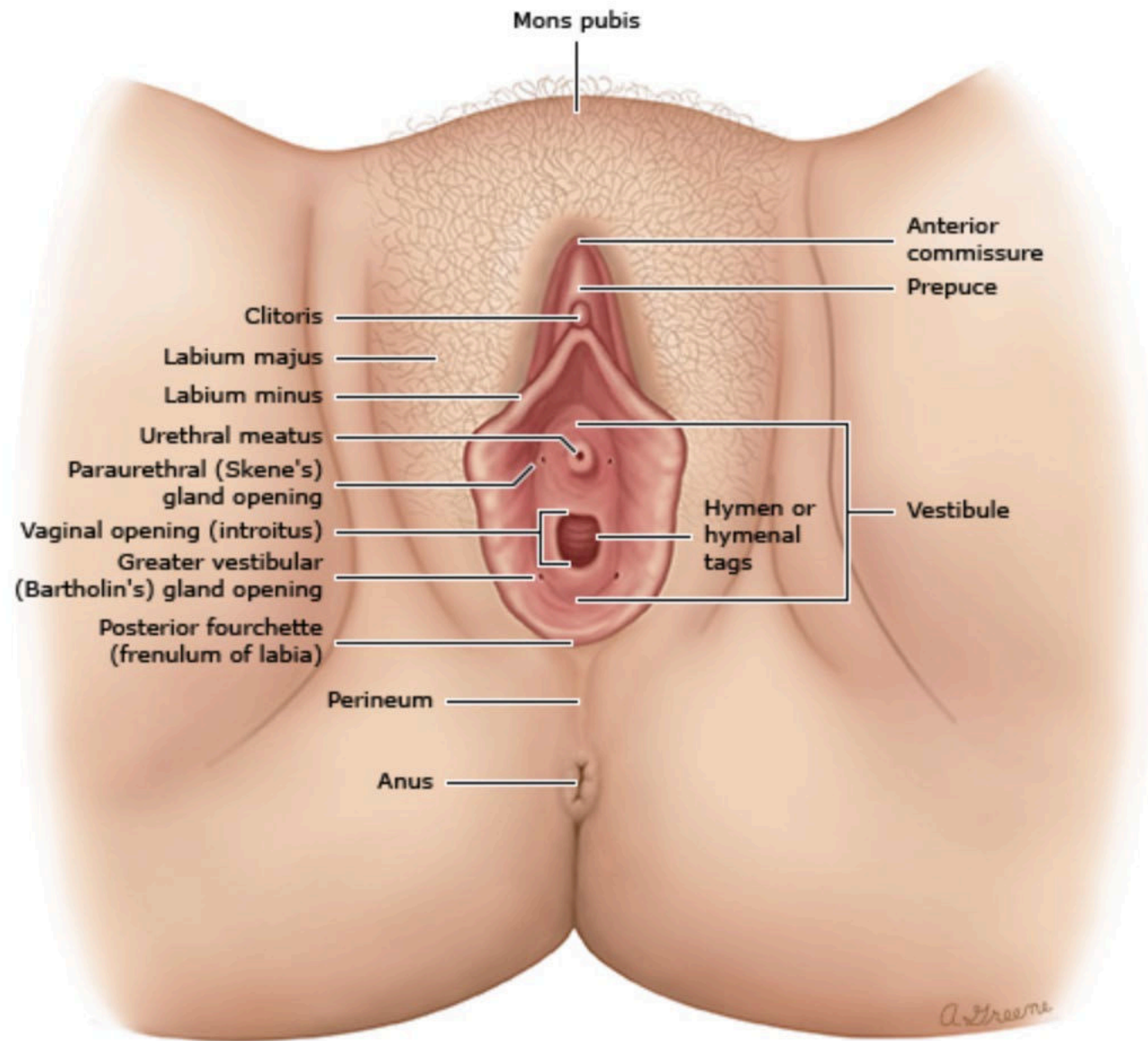
- GABA

Gamma-hydroxybutyrate, moderate alcohol consumption

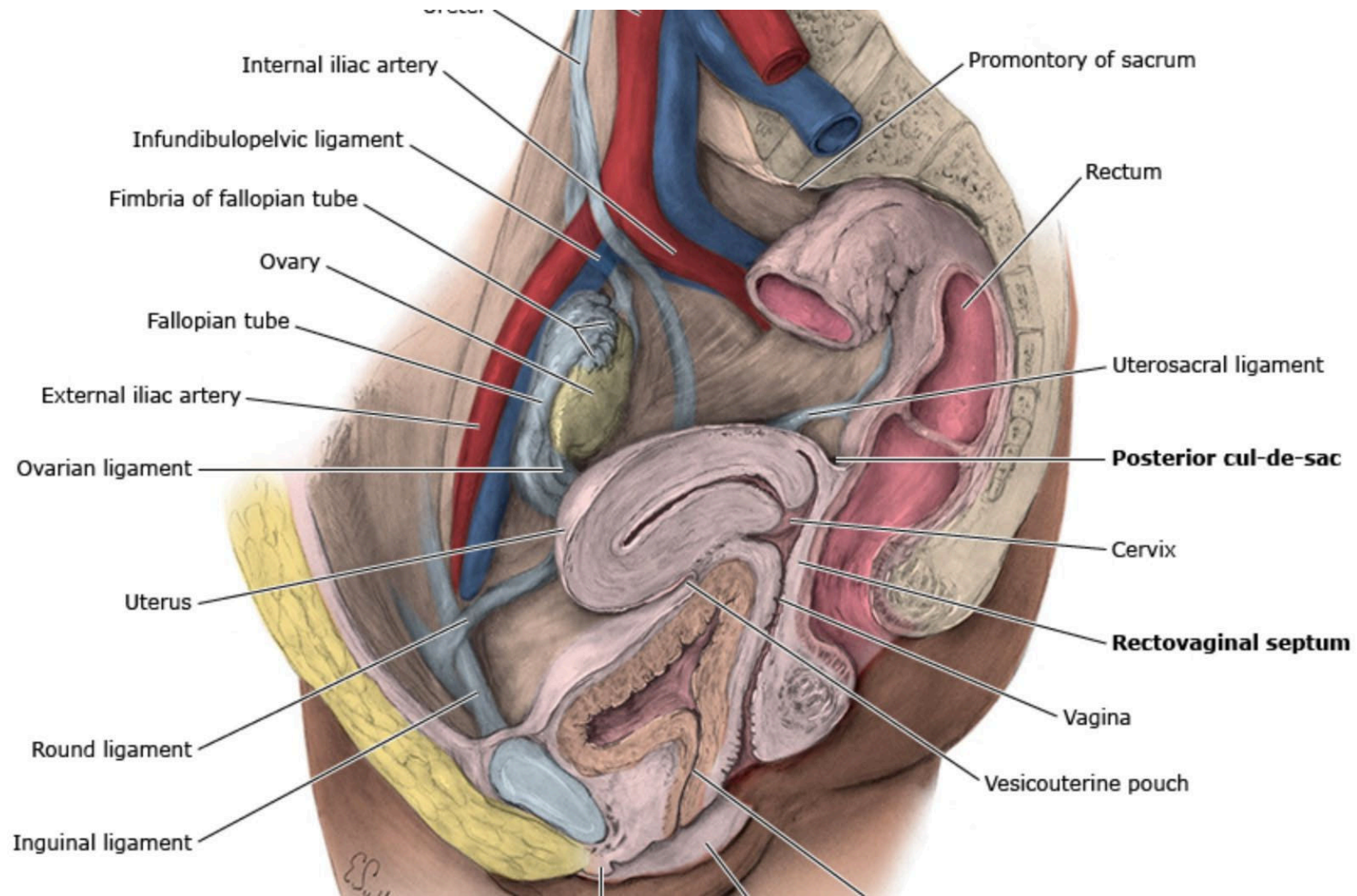
No knowledge of endocannabinoid activity, but this class of drugs is effective

# Physical Exam

- Display sensitivity; ensure patient comfort
- Explain what you are doing
- Be aware that some patients appreciate distraction, others do not (take clues from the patient or ask directly their preference)
  
- General appearance – of patient and area of concern
- Swabs, pap smear, palpation; areas of sensitivity/pain/discomfort







# Investigations

- Pap smear
- Transvaginal ultrasound; CT/MRI
- CBC, ferritin, TSH, prolactin\*, STIs
- Referrals → GYN, GI, Urology, Psychiatry, etc.
- Teamwork
- Communication



# Treatment

- Not just medications!
- Identify problem you are trying to target; is it pain? Pathology? (ex. NSAIDS for pain, IUD for bleeding, etc. )
- Clarify expectations; explain treatment plan
- Express hope and promote empowerment
- Arrange follow-up
- Encourage symptom diary
- Lifestyle approach



# Medications

- Pain: what kind? (NSAIDs, OCP, IUD/IUS)
- Bleeding? (NSAIDs, TXA, OCP/IUD)
- Neuropathic? Psychological component? Co-existing conditions? (anticonvulsants, SSRIs, SNRIs, TCAs, etc.)
  
- Patient resources, preferences, and goals! (Contraception? Previous experiences?)
- Contraindications and side effect profiles





# Holistic Approach

- Lifestyle is HUGE; do not underestimate this!
- Educate patient and empower them
- Caution with trends, social media, Dr. Google, online forums
- Diet → no specific solution
- Exercise
- CBT, counselling (may include partner)
- Pelvic Physiotherapy; <https://pelvichealthsolutions.ca/find-a-health-care-professional>
- Sleep hygiene
- Yoga, Meditation

# Communication is key!

- Open discussion with the patient
- Don't be quick to diagnose; keep an open-mind
- Have an approach with history and physical exams
- Explain the path to diagnosis, as well as treatment
- Symptom-diary is helpful
- Clarify goals, expectations
- Validate the pain and individual's experience
- Take care of yourself too!

“

The biggest communication problem is we do not listen to understand. We listen to reply.

- Stephen Covey

# PelvicPain.Org

## CHAPTER 1: Overview of Chronic Overlapping Pain Conditions

Chronic pain conditions that often occur together in the same person and share similar disease mechanisms have been termed by the National Institutes of Health as Chronic Overlapping Pain Conditions (COPCs, see Figure 1).

Not everyone who develops one of these conditions will go on to develop more, however many do, particularly women. The complexity of overlap is shown in the figure - any combination and number of conditions is possible. Some people develop multiple conditions around the same time, while others develop them in succession over many years.

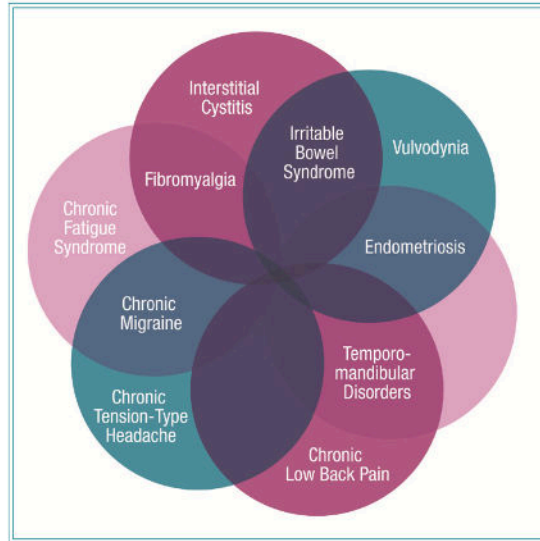
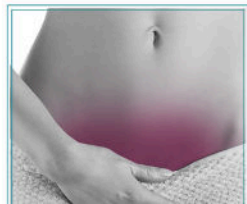


Figure 1

A brief summary of each COPC follows.



**Vulvodynia** is chronic pain in the vulva—the area surrounding the vaginal opening—without an identifiable cause. The most common symptom is burning, however, some women describe the pain as stabbing, raw, stinging and knife-like. Some women with vulvodynia have pain all or most of the time, while others only experience pain with touch or pressure to the

### How soon will I start to feel better?

It may take a long time before you start feeling better, even though your health care provider is trying to provide you with relief as quickly as possible. It took a long time for your pain to become bad and may take weeks or months for it to improve. During your treatment, as you are slowly improving, try to remain calm and patient and keep a positive attitude.

### Will I receive pain medication?

In the early stages of your treatment, you may be given pain medication. The therapies for treatment of CPP take time to work and medication will keep you comfortable until they can take effect. However, remember that the pain medication is just a temporary treatment for the symptoms (the pain you feel) but the therapies you are using are the cure for the problem. Pain medications may not take all of your pain away but may make your symptoms more bearable.

All medications can have side effects, especially opioids which are actually not recommended for the long-term treatment of chronic pain. Your health care provider will probably prefer to try non-narcotic pain relievers first to avoid potential drug side effects.

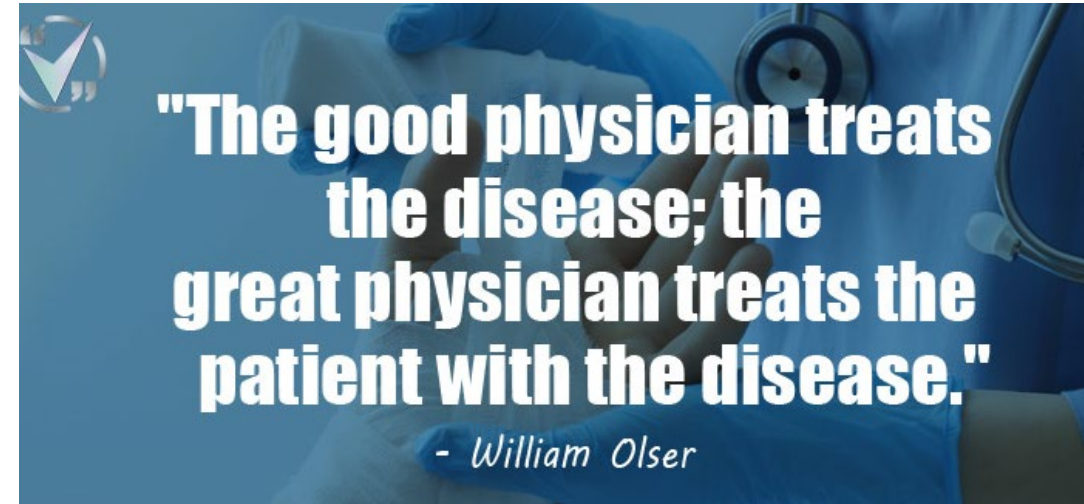
You may be given a combination of medications instead of one. Often medications complement each other and are more effective if used in combination. You may get the most relief using some medications for pain and others for mood such as antidepressants.

Taking medication every time you feel pain can make you dependent on medication. Taking medication at fixed times rather than each time you have pain has been found to be more effective in pain control. Your health care provider will give you prescriptions for a fixed amount of pain medication and you will be told to take a certain dose of medicine on a regular schedule at set times.



**“Pain is whatever the person experiencing it says it is, existing whenever and wherever they say it does”**

*Margo McCaffery  
Specialist Pain Nurse*



# Resources

- <https://www.pelvicpain.org> \*\*\*
- <https://pelvichealthsolutions.ca/knowledge-base/for-the-patient>
- Rapid overview of Pelvic Pain:  
<https://www.ncbi.nlm.nih.gov/books/NBK554585/#:~:text=Chronic%20pelvic%20pain%20can%20be,the%20United%20States%20is%20affected.>
- HealthLink BC on Pelvic Pain: <https://www.healthlinkbc.ca/health-topics/chronic-pelvic-pain>
- SOGC Guideline on Pelvic Pain; AOGC: <https://www.acog.org/womens-health/faqs/chronic-pelvic-pain>

# Your Panelists



Recognizing and treating  
pelvic pain in women



**Dr. Marina Abdel Malak**

Mississauga, ON



**Dr. Mathew Leonardi**

Hamilton, ON



**Dr. Rachel Shour**

Toronto, ON



# Pelvic Pain

## Perspective of Gyn *Surgeon Sonologist*

Dr Mathew Leonardi

McMaster University

Hamilton Health Sciences



# INVISIBLE ILLNESS

---



## WHAT NO ONE SEES

Millions of women who look perfectly healthy on the outside are grappling with chronic conditions that make "normal" life anything but. This is what it's really like to have an invisible illness. BY SUNNY SEA GOLD



BASIC PELVIC ULTRASOUND

**UTERUS**

**OVARIES**

**POUCH OF DOUGLAS / CUL-DE-SAC  
FOR FLUID**

Only **ENDOMETRIOMAS**  
reliably diagnosed

ADVANCED PELVIC ULTRASOUND

**UTERUS**

**OVARIES + MOBILITY**

**BOWEL**

**UTEROSACRAL LIGAMENTS**

**BLADDER/URETERS**

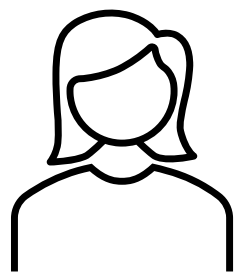
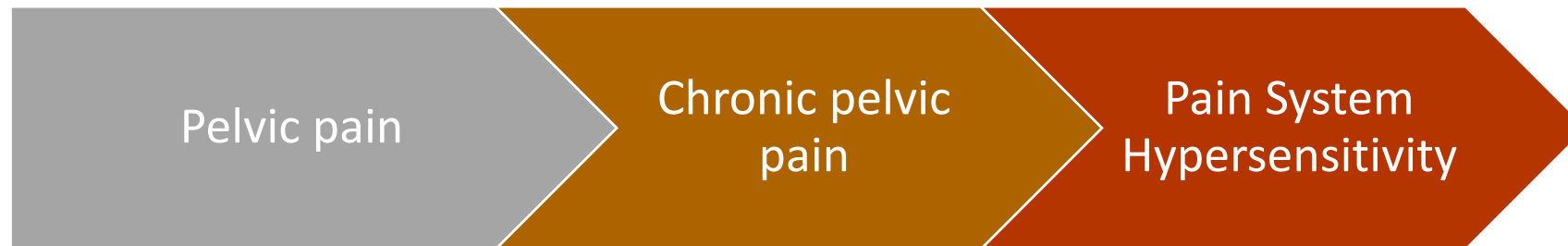
**VAGINA**

**RECTOVAGINAL SEPTUM**

**PERITONEUM**

**POUCH OF DOUGLAS / CUL-DE-SAC  
FOR FLUID, OBLITERATION, NODULES**

OVARIAN ENDOMETRIOMAS, DEEP ENDOMETRIOSIS  
& POUCH OF DOUGLAS OBLITERATION can be  
reliably diagnosed



?

Gynecologic

Gastrointestinal

Genitourinary

Neurologic/Psychosocial

Musculoskeletal

5

# GYNECOLOGISTS



WHEN



referrals

WHAT

NORMAL SCAN



NO PROBLEM

# Ultrasound Report

...

...

...

“It is important to remember that a **normal** “standard of care” pelvic ultrasound does not mean the patient is **normal**. It simply means that we have not identified an anatomical explanation for the patient’s pain on today’s scan.”

Mathew Leonardi MD PhD FRCSC

# RESOURCES

- [Linktr.ee/McMasterEndometriosis](https://linktr.ee/McMasterEndometriosis)
- [sugoclinic.com](https://sugoclinic.com)
- [leonam@mcmaster.ca](mailto:leonam@mcmaster.ca)
- **Twitter:** @mathewleonardi
- **Facebook:** Dr Mathew Leonardi
- **Instagram:** @drmathewleonardi
- **YouTube:** Mathew Leonardi MD



Pain  
education







## Recognizing and treating pelvic pain in women

## Your Panelists



**Dr. Marina Abdel Malak**

Mississauga, ON



**Dr. Mathew Leonardi**

Hamilton, ON



**Dr. Rachel Shour**

Toronto, ON

# Pain: A 'Brief' Mental Health Perspective

## Dr. Rachel Shour, MD, CCFP.

### Three ingredients for a successful relationship with managing pain & unexplained pain:

1. Recognize your role: remain open and curious, maintain humility.
1. Stay attuned to mental health vulnerabilities
1. Offer help where and when you can

# Pain: A 'Brief' Mental Health Perspective

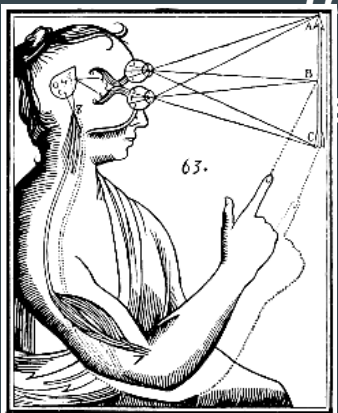
## 1. Recognize your role: remain open and curious, maintain humility.

### PRIMARY CARE

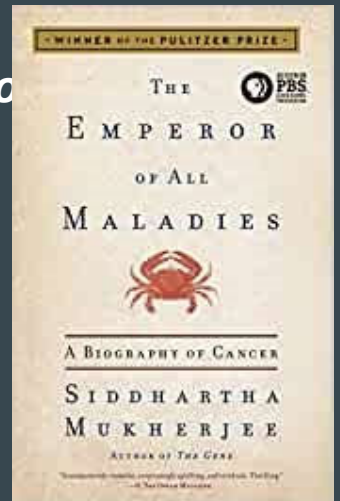
-> first point of contact

- Validate, validate, validate
- EARLY: Mind-body connection, expectation setting.
- HUMILITY:

*"The philosophies of one age have become the absurdities of the next, and the foolishness of today becomes the wisdom of tomorrow." Osler.*



René Descartes' illustration of mind-body dualism



# Pain: A 'Brief' Mental Health Perspective

## 2. Stay attuned to mental health vulnerabilities

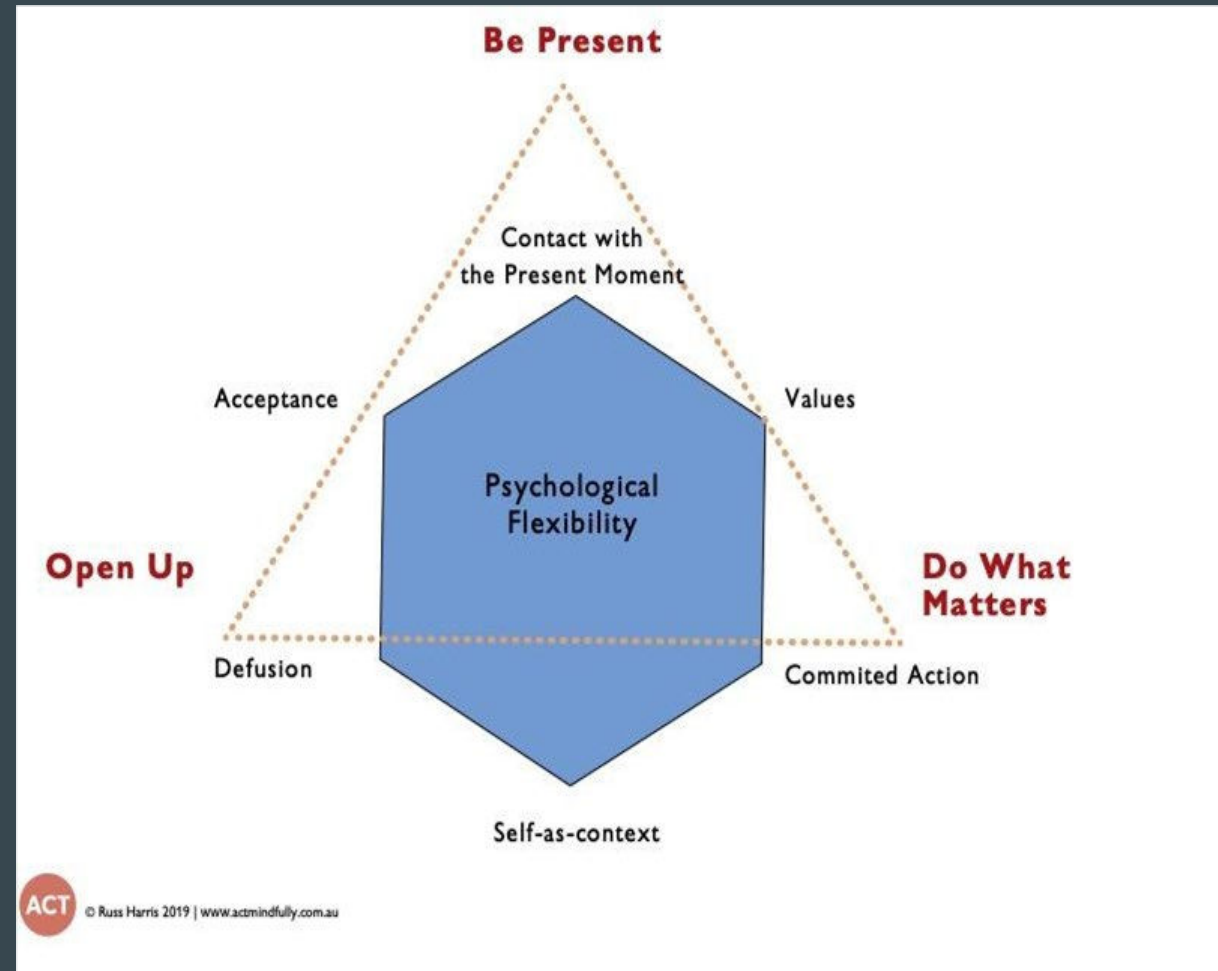
### Vulnerabilities to Consider:

- Historical trauma & medical re-traumatizing
  - somewhere between 30-50% of people who experience chronic pelvic pain have also experienced trauma.
- Substance use/abuse- monitor
- Concurrent mental health disorders
  - anxiety and depression common..

# Pain: A 'Brief' Mental Health Perspective

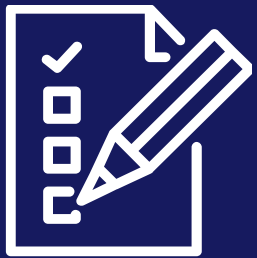
## 3. Offer help where and when you can

- Validate, validate, validate
- Continuously re-emphasize mind-body
- Manage chronicity, challenges of living with pain:
  - Opportunities for self empowerment & advocacy
  - MBSR (Mindfulness-based stress reduction)
  - ACT therapy (Acceptance and Commitment Therapy)



# Resources

# Tools



Links to resources shared today will be sent to participants following the session.



# Tools and Resources

Resource	Link
International Pelvic Pain Society	<a href="https://www.pelvicpain.org/">https://www.pelvicpain.org/</a>
Information for the patient from Pelvic Health Solutions	<a href="https://pelvichealthsolutions.ca/knowledge-base/for-the-patient">https://pelvichealthsolutions.ca/knowledge-base/for-the-patient</a>
Chronic Pelvic Pain (Journal Article) - Rapid overview of Pelvic Pain	<a href="https://www.ncbi.nlm.nih.gov/books/NBK554585/#:~:text=Chronic%20pelvic%20pain%20can%20be,the%20United%20States%20is%20affected">https://www.ncbi.nlm.nih.gov/books/NBK554585/#:~:text=Chronic%20pelvic%20pain%20can%20be,the%20United%20States%20is%20affected</a>
HealthLink BC on Pelvic Pain	<a href="https://www.healthlinkbc.ca/health-topics/chronic-pelvic-pain">https://www.healthlinkbc.ca/health-topics/chronic-pelvic-pain</a>
SOGC Guideline on Pelvic Pain	<a href="https://www.acog.org/womens-health/faqs/chronic-pelvic-pain">https://www.acog.org/womens-health/faqs/chronic-pelvic-pain</a>
Acceptance & Commitment Therapy (ACT)	<a href="https://contextualscience.org/">https://contextualscience.org/</a>
Real Behaviour Change in Primary Care by Patricia J. Robinson, Debra A Gould, and Kirk D. Strosahi	<a href="https://books.google.ca/books/about/Real_Behavior_Change_in_Primary_Care.html?id=V2uf3h17FD4C&amp;source=kp_book_description&amp;redir_esc=y">https://books.google.ca/books/about/Real_Behavior_Change_in_Primary_Care.html?id=V2uf3h17FD4C&amp;source=kp_book_description&amp;redir_esc=y</a>
Psychwire	<a href="https://psychwire.com/harris/courses?gclid=EAlaIQobChMlor38ZKo7AIVUNbACh0gmQvdEAAYASABEgl0dvD_BwE">https://psychwire.com/harris/courses?gclid=EAlaIQobChMlor38ZKo7AIVUNbACh0gmQvdEAAYASABEgl0dvD_BwE</a>
U of T Psychotherapy Course	<a href="https://www.cpd.utoronto.ca/cpfm/">https://www.cpd.utoronto.ca/cpfm/</a>
The Mindful Way Workbook by John Teasdale, Mark Williams, et al.	
The Happiness Trap by Russ Harris	
ACT Made Simple: An Easy-to-Read Primer on Acceptance and Commitment Therapy by Russ Harris	
List of mindfulness programs in Ontario	<a href="https://www.camh.ca/-/media/files/community-resource-sheets/mindfulness-resources-pdf.pdf">https://www.camh.ca/-/media/files/community-resource-sheets/mindfulness-resources-pdf.pdf</a>

Access more **chronic pain** tools and resources through the OCFP's Clinical Tools & Resources repository.



**[Access Tools and Resources](#)**

Resources

# Education



Links to resources shared today will be sent to participants following the session.

# Leadership Academy

---

Empowering family physician leaders to drive change and innovation for Primary Care in Ontario.



## Cultivate and enhance

your leadership skills to navigate the intricacies of healthcare systems, champion patient-centered care and drive innovation.

## Multi-module hybrid learning

allows participants to balance their professional commitments while actively engaging in the program.

## Learn more and apply now

Visit our [program page](#) to learn more about curriculum, faculty and fees.

**Deadline to apply is September 1.**

Questions? Contact [ocfpcme@ocfp.on.ca](mailto:ocfpcme@ocfp.on.ca)

# Practising Well CoP – Self Learning Program

**The Practising Well CoP is now certified for self learning credits!**

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. The self learning program is certified for up to 38 Mainpro+ credits.



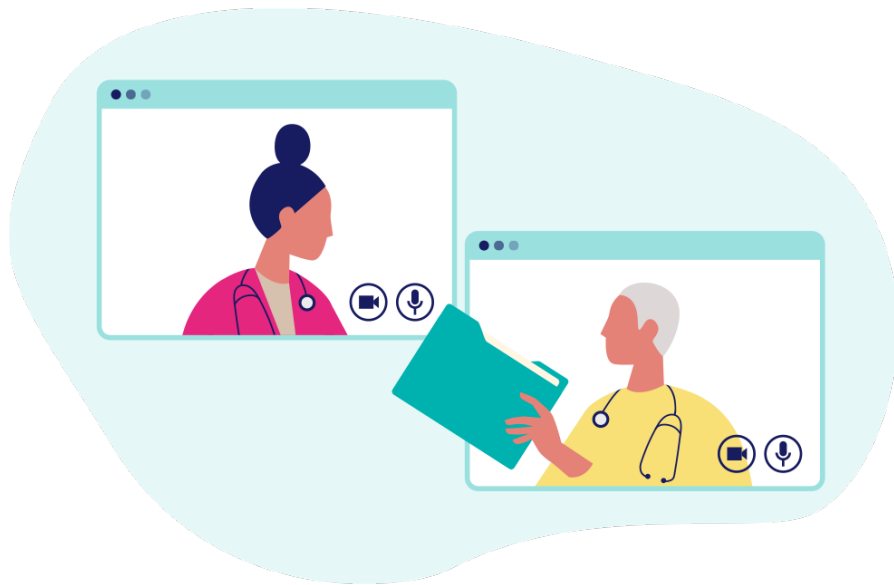
**For more information and to participate:**

<https://www.ontariofamilyphysicians.ca/education-practice-supports/practising-well/practising-well-community-of-practice/practising-well-cop-self-learning-program>

After today's CoP session, continue your learning with:

## Peer Connect

Interested in continuing your learning journey on women and pain? **Join your colleagues and a Peer Guide in small group discussions!** Space is limited.



Complete this short survey to participate:  
<https://www.surveymonkey.com/r/HSW3JQG>



Resources

Supports



Links to resources shared today will be sent to participants following the session.



Resources

## Supports



OMA Physician Health Program

<https://php.oma.org>

Centre for Addiction and Mental Health  
Health Care Provider (HCP) Resource  
Site

<http://www.camh.ca/covid19hcw>

CMA Wellness Hub

<https://www.cma.ca/physician-wellness-hub>



- PARO 24/7 Helpline for Residents, Family Members, Medical Students
- 1-866-HELP-DOC



- <https://www.ontario.ca/#support-health-care-worker>
  - Self-led / With peers / Talk to a clinician
- [Ontario Shores Centre for Mental Health Sciences, Whitby](#)
- [St. Joseph's Healthcare, Hamilton](#)
- [The Royal Ottawa Mental Health Centre, Ottawa](#)
- [Waypoint Centre for Mental Health Care, Penetanguishene](#)
- [Centre for Addictions and Mental Health \(CAMH\), Toronto](#)



- ECHO Coping with COVID
    - for health providers (educational credits)
    - Fridays 2-3pm EST
- <https://camh.echoontario.ca/echo-coping-with-covid/>

Support for you and those you care about.

# Upcoming Community of Practice

## Helpful approaches to insomnia

with Drs. Chris Frank, Marcia Kostenuik, Purti Papneja

**August 23, 2023**  
**8:00am – 9:00am**

[Register Now](#)

[practisingwell@ocfp.on.ca](mailto:practisingwell@ocfp.on.ca)



This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit. The Practising Well Community of Practice includes a series of planned live, interactive sessions. Each session is worth 1 Mainpro+ credits, for up to a total of 12 credits.