

Personal Support Worker Community of Practice Series

Tools Practicum Part 2



Presenters: Tracey Human and Diane Roscoe

Date: January 25th, 2022

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

Stay connected: www.echopalliative.com

Thank you!

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



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Welcome and Reminders

- Please introduce yourselves in the chat!
- Your microphones are muted for background noise, but we do want dynamic sharing, so please raise your hand to unmute to talk. Sharing or asking questions in the chat is also welcome.
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session
- Terminology (Personal Support Worker)

Series Objectives

Our PSW Palliative Care Community of Practice

- PSWs with a passion to become PSW experts in palliative care
- A place for Peer-to-Peer practice support
- Facilitated and coached by palliative care experts
- Shared skill building in the Palliative Approach to Care
 - We engage in topic-based discussions, share knowledge and experiences to learn from each other, used cases to practice applying our skill caring for individuals/ families living with life-limiting illness
 - We share resources, tools, best-practice approaches
- Build on foundational knowledge acquired through LEAP PSW

Overview of Topics

Session #	Session Title	Date/ Time
Session 1	Introductory Session	Nov 16 th , 2021 from 5-6pm
Session 2	Essential Communication Skills Part 1	Nov. 30 th , 2021 from 5-6pm ET
Session 3	Essential Communication Skills Part 2	Dec. 14 th , 2021 from 5-6pm ET
Session 4	Tools Practicum Part 1	Jan. 11 th , 2022 from 5-6pm
Session 5	Tools Practicum Part 2	Jan. 25 th , 2022 from 5-6pm ET
Session 6	Pain and Shortness of Breath Management	Feb. 8 th , 2022 from 5-6pm ET
Session 7	Understanding Tubes, Pumps, Bags and Lines	Feb. 22 nd , 2022 from 5-6pm ET
Session 8	The PSWs Role in the Last Days and Hours	Mar. 8 th , 2022 from 5-6pm ET
Session 9	End of Life Medications and Side Effects	Mar. 22 nd , 2022 from 5-6pm ET
Session 10	End of Life Delirium	Apr. 5 th , 2022 from 5-6pm ET
Session 11	Post-mortem Care: Cultural Considerations and what happens at the funeral Home	Apr. 19 th , 2022 from 5-6pm ET
Session 12	Culturally Relevant Care	May 3 rd , 2022 from 5-6pm ET
Session 13	Trauma Informed Care and Cultural Safety	May 17 th , 2022 from 5-6pm ET
Session 14	Indigenous End of Life Care	May 31 st , 2022 from 5-6pm ET

Tools Practicum Part 2

PAINAD



TOOLS

Illness Stages & Trajectories

Domains of Issues

Norms of Practice

ID/Screen

Observe/Assess

Plan/ Manage

Gold Standard Framework - “The Surprise Question”

Palliative Performance Scale (PPS)

ESAS-r

PAINAD; DOLOPLUS; ABBY; CPS-NAID

Clinical Frailty Scale

CHESS; PSI

DOS

Dignity in Care - ABCD's

Depression Scales

Total Pain & Suffering

FICA; Spiritual; Meaning; Forgiveness;
Relatedness and Hope Pain Scale

Observing for Loss & Types of Grief

SBORS

Self-Care / Compassion Fatigue Inventory

Others

PAINAD - Pain Assessment IN Advanced Dementia

- Validated tool
- Used to screen for pain-related behaviors in adults unable to self-report
 - non-verbal; cognitively impaired; others unable to communicate their pain
- Used by PSWs and Nurses utilizing observation skill

Note:

- *Behavior observation should be considered in conjunction with knowledge of existing painful conditions the individual is living with, and*
- *Report from a person who knows client/patient (like a family member or PSW) and their pain behaviors*
- **Remember that some individuals may not demonstrate obvious pain behaviors or cues**

PAINAD - How to Use

- **Observe 3 - 5 minutes** at rest and during activity or movement (e.g. bathing, turning, transferring)
- **Select the score** (0, 1, 2) for each of the 5 items that reflects the current behavior
- **Add item scores** to achieve a **Total Score**
 - Total scores range from 0 to 10
 - much like the ESAS 0 - 10 scoring in clients able to self-report
- **Higher score suggests more severe pain**
 - (0= “no pain” to 10= “severe pain”)
- **PSWs should report any changes & scores to the nurse for pain assessment**

PAINAD

Pain Assessment IN Advanced Dementia- PAINAD (Warden, Hurley, Volicer, 2003)

ITEMS	0	1	2	SCORE
Breathing Independent of vocalization	Normal	Occasional labored breathing. Short period of hyperventilation	Noisy labored breathing. Long period of hyperventilation. Cheyne-stokes respirations.	
Negative vocalization	None	Occasional moan or groan. Low- level of speech with a negative or disapproving quality	Repeated troubled calling out. Loud moaning or groaning. Crying	
Facial expression	Smiling or inexpressive	Sad, frightened, frown	Facial grimacing	
Body language	Relaxed	Tense. Distressed pacing. Fidgeting	Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out	
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract or reassure	
TOTAL*				

* Total scores range from 0 to 10 (based on a scale of 0 to 2 for five items), with a higher score indicating more severe pain (0="no pain" to 10="severe pain").

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DOLOPLUS-2 SCALE

BEHAVIOURAL PAIN ASSESSMENT IN THE ELDERLY

NAME :		Christian Name :	Unit :	DATES			
Behavioural Records							
SOMATIC REACTIONS							
1 Somatic complaints	• no complaints	0	0	0	0		
	• complaints expressed upon inquiry only	1	1	1	1		
	• occasional involuntary complaints	2	2	2	2		
	• continuous involuntary complaints	3	3	3	3		
2 Protective body postures adopted at rest	• no protective body posture	0	0	0	0		
	• the patient occasionally avoids certain positions	1	1	1	1		
	• protective postures continuously and effectively sought	2	2	2	2		
	• protective postures continuously sought, without success	3	3	3	3		
3 Protection of sore areas	• no protective action taken	0	0	0	0		
	• protective actions attempted without interfering against any investigation or nursing	1	1	1	1		
	• protective actions against any investigation or nursing	2	2	2	2		
	• protective actions taken at rest, even when not approached	3	3	3	3		
4 Expression	• usual expression	0	0	0	0		
	• expression showing pain when approached	1	1	1	1		
	• expression showing pain even without being approached	2	2	2	2		
	• permanent and unusually blank look (voiceless, staring, looking blank)	3	3	3	3		
5 Sleep pattern	• normal sleep	0	0	0	0		
	• difficult to go to sleep	1	1	1	1		
	• frequent waking (restlessness)	2	2	2	2		
	• insomnia affecting waking times	3	3	3	3		
PSYCHOMOTOR REACTIONS							
6 washing &/or dressing	• usual abilities unaffected	0	0	0	0		
	• usual abilities slightly affected (careful but thorough)	1	1	1	1		
	• usual abilities highly impaired, washing &/or dressing is laborious and incomplete	2	2	2	2		
	• washing &/or dressing rendered impossible as the patient resists any attempt	3	3	3	3		
7 Mobility	• usual abilities & activities remain unaffected	0	0	0	0		
	• usual activities are reduced (the patient avoids certain movements and reduces his/her walking distance)	1	1	1	1		
	• usual activities and abilities reduced (even with help, the patient cuts down on his/her movements)	2	2	2	2		
	• any movement is impossible, the patient resists all persuasion	3	3	3	3		
PSYCHOSOCIAL REACTIONS							
8 Communication	• unchanged	0	0	0	0		
	• heightened (the patient demands attention in an unusual manner)	1	1	1	1		
	• lessened (the patient cuts him/herself off)	2	2	2	2		
	• absence or refusal of any form of communication	3	3	3	3		
9 Social life	• participates normally in every activity (meals, entertainment, therapy workshop)	0	0	0	0		
	• participates in activities when asked to do so only	1	1	1	1		
	• sometimes refuses to participate in any activity	2	2	2	2		
	• refuses to participate in anything	3	3	3	3		
10 Problems of behaviour	• normal behaviour	0	0	0	0		
	• problems of repetitive reactive behaviour	1	1	1	1		
	• problems of permanent reactive behaviour	2	2	2	2		
	• permanent behaviour problems (without any external stimulus)	3	3	3	3		
COPYRIGHT				SCORE			

DOLOPLUS-2 SCALE : LEXICON

Somatic complaints

The patients expresses pain by word, gesture, cries, tears or moans.

Protective body postures adopted at rest

Unusual body positions intended to avoid or relieve pain.

Protection of sore areas

The patient protects one or several areas of his/her body by a defensive attitude or gestures.

Expression

The facial expression appears to express pain (grimaces, drawn, atonic) as does the gaze (fixed gaze, empty gaze, absent, tears).

Investigation

Any investigation whatsoever (approach of a caregiver, mobilization, care procedure, etc.).

Washing/dressing

Pain assessment during washing and/or dressing, alone or with assistance.

Mobility

Evaluation of pain in movement: change of position, transfer, walking alone or with assistance.

Communication

Verbal or non-verbal.

Social life

Meals, events, activities, therapeutic workshops, visits, etc.

Problems of behaviour

Aggressiveness, agitation, confusion, indifference, lapsing, regression, asking for euthanasia, etc.

PAINAD - How to Video

“How To Try This Video: Pain Assessment in Older Adults” for training staff

Case 1

- <https://youtu.be/WGCgIW4sYP8?t=1128>

Case 2

- <https://youtu.be/WGCgIW4sYP8?t=884>

Retrieved from: Hartford Institute for Geriatric Nursing, USA; Pain Screening & Assessment in Geriatrics (1 hr video)

Reference: Warden, V, Hurley AC, Volicer, V. (2003). Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) Scale. J Am Med Dir Assoc, 4:9-15. Developed at the New England Geriatric Research Education & Clinical Center, Bedford VAMC, MA.

PAINAD - When to Use & Documentation

When to Use:

1. At admission
2. Every shift - in individuals with behaviors suggesting pain is not controlled
3. Each time a change in individual's pain status is reported
4. Following a pain intervention to evaluate treatment effectiveness (within 1 hour)
5. At quarterly care conferences

Documentation:

- In the healthcare record that is readily accessible to other health care team members

Reference: Warden, V, Hurley AC, Volicer, V. (2003). Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) Scale. J Am Med Dir Assoc, 4:9-15. Developed at the New England Geriatric Research Education & Clinical Center, Bedford VAMC, MA.

Case Studies



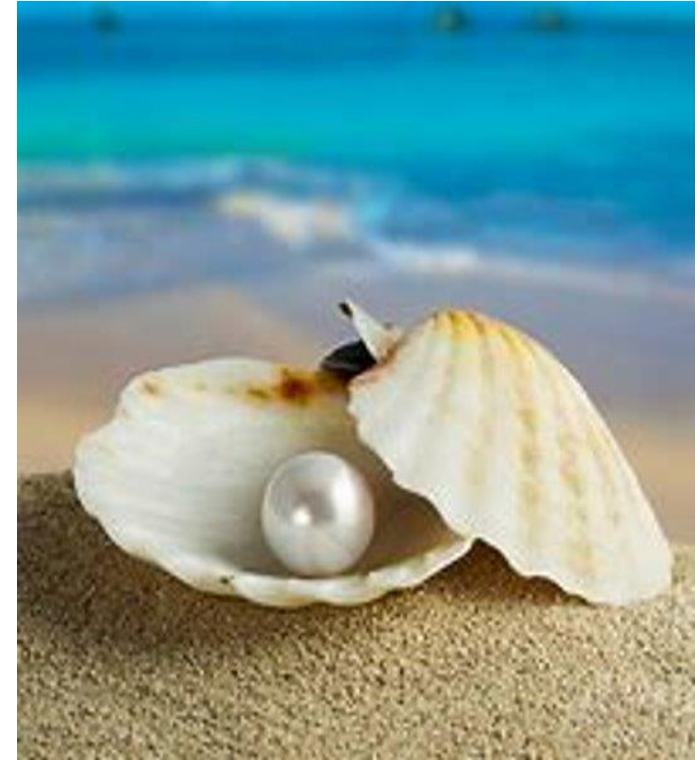
Case-Based Discussion

Let's do some peer-2-peer sharing!

Anyone using the PAINAD?

Any questions; practice discussion or a case where you used the PAINAD to share?

Practice Pearls



Wrap Up



Wrap Up

- Please fill out our feedback survey! A link has been shared in the chat
- A recording of this session will be emailed to you within the next week
- Make sure you have the next session marked in your calendar!
 - Pain and Shortness of Breath Management
 - February 8th, 2022 from 5-6pm ET

Long-Term Care- Community of Practice Series

- This community of practice is for health care professionals, administrators and system leaders working in long-term care.
- Participants will have the opportunity to build on foundational palliative care knowledge and practice skills through a 13-part series that will include knowledge exchange opportunities and interactive, case-based discussions.
- Next session takes place this Thursday (Jan. 13th)
 - Presented
- Register at www.echopalliative.com

LEAP Personal Support Worker



- LEAP Personal Support Worker is an online, self-learning course that provides personal support workers and care aides with the essential competencies to provide a palliative care approach
- Register at: <https://www.pallium.ca/course/leap-personal-support-worker/?enroll=enroll>

“I feel this course was great, and straight forward. It was easy to navigate, and had very good information, and knowledge”

“A great course, lots of information just for the PSW role. Information very informative and easily learned.”

“This course is really amazing, well made and really helped me understand palliative care”

“I feel this course was absolutely fantastic! I enjoyed it very much.”



“Wonderful journey, thank you”

Thank You

See you on February 8th



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 Pallium Canada

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