

# Personal Support Worker Series

The Role of Personal Support Workers in Palliative Care



Host: Jeffery Moat

Presenters: Diane Roscoe and Tracey Human

Date: June 24, 2021

A stylized map of Australia and surrounding regions, including parts of Southeast Asia and the Pacific. The landmasses are colored red, and the surrounding water bodies are colored blue. The map is positioned in the upper right portion of the slide.

# **Land Acknowledgements**

# 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.

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# Thank You

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada.

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Canada

Santé  
Canada

# Introductions

## Host

**Jeffery Moat, CM**  
CEO, Pallium Canada

## Presenters

**Diane Roscoe, RN, BScN, CVAA(c), CHPCN(c)**

Educator and IPAC Lead at Carefor Health and Community Services - Ontario  
25 plus years experience as a home care nurse in palliative care  
Guest lecturer and lab instructor at several PSW educational institutions and schools

**Tracey Human, RN, CHPCN(c), PPSMC**

Director  
Palliative Care, Pain & Symptom Management (PPSMC), Toronto Service  
35 years of practice in palliative care specialty  
Clinical Educator; Consultant; Member, Ontario Palliative Care Network Clinical Advisory Council; Content contributor  
palliative Practice Guidelines; Research partner

# Conflict of Interest

## Pallium Canada

- Non-profit
- Partially funded through a contribution by Health Canada
- Generates funds to support operations and R&D from course registration fees and sales of the Pallium Pocketbook

## Presenters

- Diane Roscoe – paid LEAP Facilitator and Pallium course work development
- Tracey Human – paid LEAP Facilitator and Pallium PSW course development

# Welcome and Reminders

- Please introduce yourself in the chat!
- Your microphones are muted. There will be time during this session for questions and discussion.
- You are also welcome to use the Q&A function to ask questions
- Use the chat function if you have any comments or are having technical difficulties.
- 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

# About this Series



June 24<sup>th</sup>, 2021

July 2021- date TBD

August 2021- date TBD



## **Session #1**

The Role of Personal  
Support Workers in  
Palliative Care

## **Session #2**

LEAP Personal Support Worker  
Q&A

## **Session #3:**

Challenging  
Conversations



# Poll Number 1:

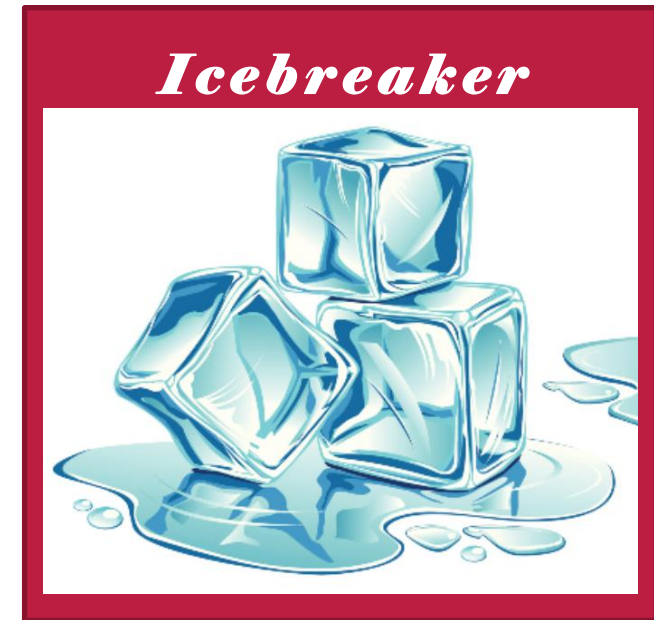
## Where are you employed or volunteering?

- a) Retirement Home
- b) Community/Home Care
- c) Long Term Care
- d) Primary Care (Medical office or similar)
- e) Supportive Housing (individuals with developmental delays/physical disabilities or mental health)
- f) Hospice
- g) Acute Care (hospital)
- h) Other

# Poll Number 2:

**What is your ideal retirement job? These are your only options**

- a) Food Sampler at a grocery store
- b) Greeter at a large department store
- c) Clown for children's birthday parties
- d) Makeup Artist
- e) Mobile ice cream truck driver



# Learning Objectives

By the end of the session, participants will be able to:

Describe palliative care and the palliative care approach

Understand the role of the PSW in palliative care- and as part of the palliative care interdisciplinary team

Apply the PSW role in the delivery of the palliative approach to care (Case Study)

# Palliative Care



What is palliative care?

Who is it for?

When should it start?

# Palliative Care (Definition)

*Is “an approach to care that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification, impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”*

World Health Organization (WHO)

Canadian Hospice Palliative Care Association (CHPCA),  
Model to Guide Hospice Palliative Care: Based on  
National Principles and Norms of Practice, Revised and Condensed Edition: 2013

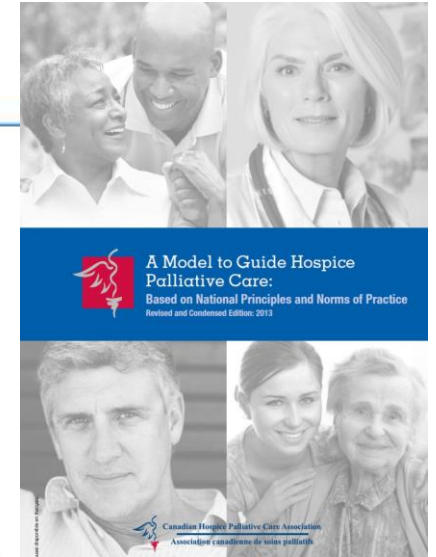


Figure #2: The Role of Hospice Palliative Care During Illness

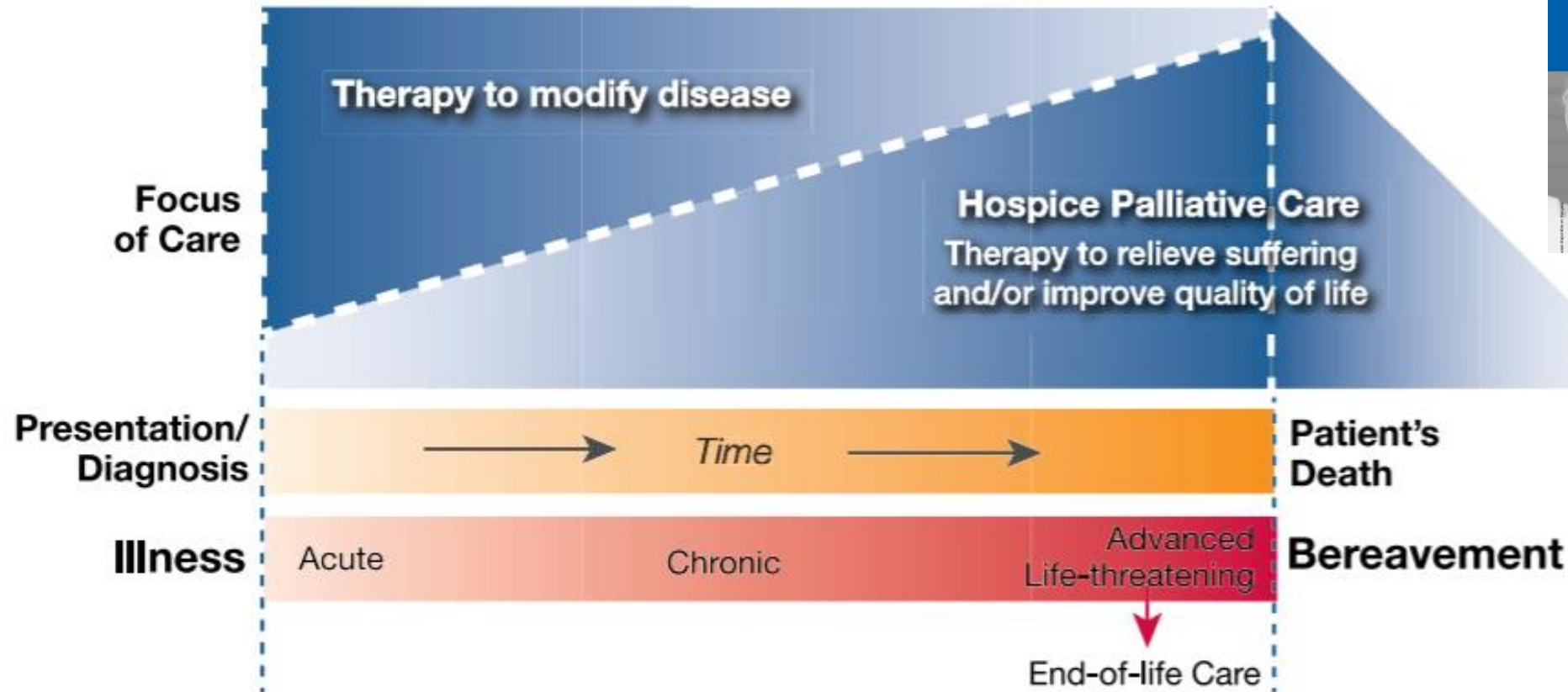
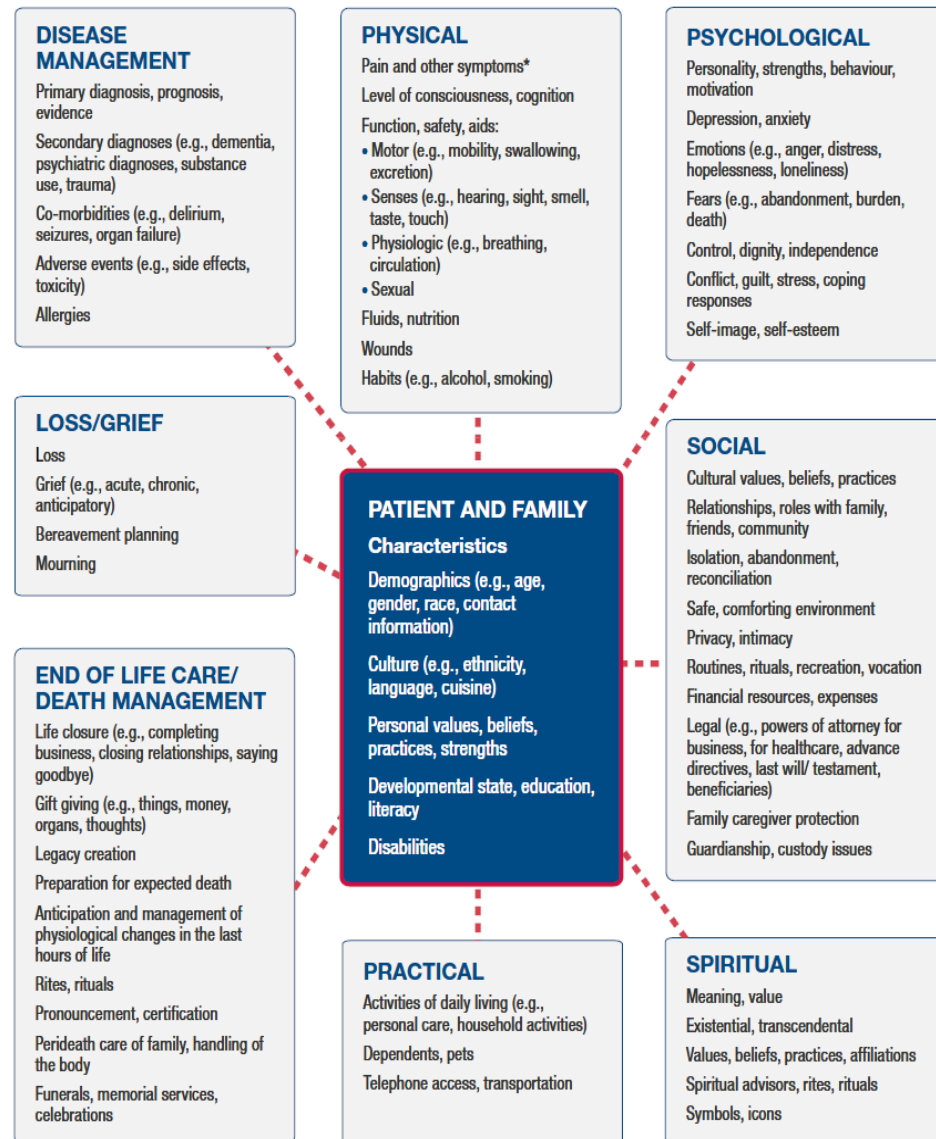


Figure #1: Domains of Issues Associated with Illness and Bereavement



\* Other common symptoms include, but are not limited to:

Cardio-respiratory: breathlessness, cough, edema, hiccups, apnea, agonal breathing patterns

Gastrointestinal: nausea, vomiting, constipation, obstipation, bowel obstruction, diarrhea, bloating, dysphagia, dyspepsia

Oral conditions: dry mouth, mucositis

Skin conditions: dry skin, nodules, pruritus, rashes

General: agitation, anorexia, cachexia, fatigue, weakness, bleeding, drowsiness, effusions (pleural, peritoneal), fever/chills, incontinence, insomnia, lymphoedema, myoclonus, odor, prolapse, sweats, syncope, vertigo

Figure #3: Essential and Basic Steps During a Therapeutic Encounter





# The Palliative Approach to Care is ACTIVE Care

## Palliative Care is:

- Proactive & Needs-based
- About living
- Is person & family centred holistic care
- Appropriate for any age, and all life-limiting illnesses
- Most effective when delivered by a skilled interdisciplinary Team

## Palliative Care is not:

- Only about end of life care
- Just for people living with cancer

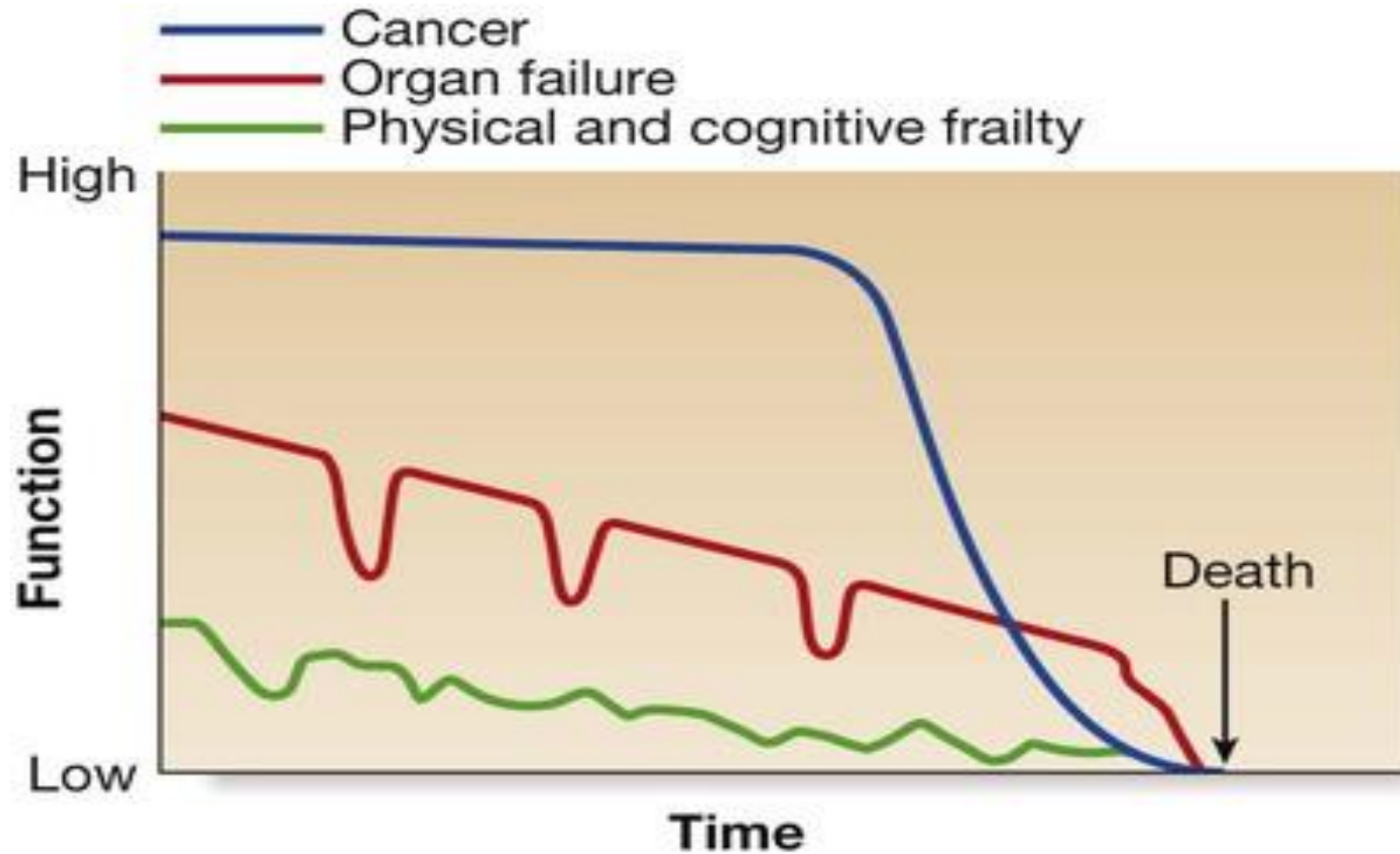
### ***This is key..***

- People are not labeled “palliative” or “deemed palliative”

# Palliative Care - Better Early Than Late

<https://youtu.be/-SzA-kWB8-s>

# Patterns of Dying (Illness Trajectories)



# Poll Number 3:

**Which patterns of dying do you most commonly see?**

1. Cancer
2. End stage organ failure
3. Physical and Cognitive Frailty

In your experience...  
What do individuals living with and  
dying from life-limiting illness want?

## What Individuals & Family Members Tell Us:

- Know me
- Ask me
- Listen to me
- Hear me
- Guide me
- Respect me
- Comfort me
- Support me

## Their Perception of Quality Care

- The time we take with them
- How we actively Listen to them
- How we return their Dignity
- How we earn their Confidence & Trust
- Seeing how the Team works together

Fernstrom et al. *Development and validation of a new patient experience tool in patients with serious illness*; BMC Palliative Care (2016) 15:99, DOI 10.1186/s12904-016-0172-x

Gradwhol et al. *Hospital-based Palliative Care Quality Metrics that Matter*; Journal of Advanced Practice, Oncol 2015;6:597–610



*... to die  
peacefully,  
in my sleep.*

# The Role of Personal Support Workers in Palliative Care





What do you think is the PSW's  
role in palliative care?

# PSW Role is Critical to High Quality Palliative Care

## Personal Support Workers:

- Are 1<sup>st</sup> Responders & an early warning system of client changes and needs
- Are the Eyes & Ears of the Team
- Have therapeutic relationships that are deeply woven into patient care
  - Often involved with the individual & family the longest, you know them in a way other roles on the team may not, therefore can identify even subtle changes
  - Knowing the individual well, delivering intimate care from feeding to bathing and so much more, you have earned trust and know approaches that work best for the person
- Have a part to play in each of the 8 Domains of holistic care delivery
  - Physical; Psycho-social; Spiritual; Practical; End of life; Grief & Bereavement



**The PSW role  
is equally important  
as other roles on the Team  
and Circle of Care**

# 3 Step Framework for each Role includes PSWs

## Identification of Changes (Early & on-going)

- Functional; pain & symptoms; cognitive; emotional

## Screen using evidence informed Tools

- PPS; ESAS; Non-verbal/Cognitively impaired pain/distress screening Tools; Others

## Conduct on-going Observations

- to meet needs
- what is working or not working

## Integral to all aspects of care delivery

1. Identify & Screen

2. Observe / Assess

3. Plan & Manage

# Palliative Care Tools

## STOP and WATCH

- Seems different than usual
- Talks or communicates less
- Overall needs more help
- Pain – new or worsening; Participated less in activities
- Ate less
- No bowel movement in 3 days; or diarrhea
- Drank less
- Weight change
- Agitated or nervous more than usual
- Tired, weak, confused, or drowsy
- Change in skin color or condition
- Help with walking, transferring, toileting more than usual

☐ Check here if no change noted  
eINTERACT, Change in Condition Evaluation  
PointClickCare

## 4 Point Pain Scale



## 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").

## Edmonton Symptom Assessment System: (revised version) (ESAS-R)

Please circle the number that best describes how you feel NOW:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Pain

No Tiredness 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Tiredness  
(Tiredness = lack of energy)

No Drowsiness 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Drowsiness  
(Drowsiness = feeling sleepy)

No Nausea 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Nausea

No Lack of Appetite 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Lack of Appetite

No Shortness of Breath 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Shortness of Breath

No Depression 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Depression  
(Depression = feeling sad)

No Anxiety 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Anxiety  
(Anxiety = feeling nervous)

Best Wellbeing 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Wellbeing  
(Wellbeing = how you feel overall)

No \_\_\_\_\_ 0 1 2 3 4 5 6 7 8 9 10 Worst Possible  
Other Problem (for example constipation)

# Competency Development

The PSW role is so critical to quality palliative care, continuously building on the knowledge & skills you already possess is important to confidently fulfill your role on the Team.

## Benefit of LEAP Personal Support Worker

- It is designed for you
- Assists building your knowledge and understanding to transfer to how you practice

## Areas covered in LEAP Personal Support Worker

- Taking Ownership
- Advance Care Planning (ACP)
- Goals of Care (GOC)
- Screening & Observations for Pain & Symptoms
- Understanding Pain & Symptom Management
- Hydration & Nutrition
- Identification & Approaches for Total Pain Care (Suffering, Spiritual Care, Fear/Hopes/Wishes/ Values)
- Last Hours & Days
- Communication

# PSW Role in Action

Palliative Care Case-Based Discussion



# Thinking about your role as a PSW...

What is an important first step  
in building a therapeutic  
relationship with an individual  
with a life limiting illness?



# Case Study – nikwemes

nikwemes (prefers to be called Nic), is a 77-year-old Cree gentleman, living in a retirement community. Nic never married, has no children and was raised in a remote rural community but moved to the city to be closer to the healthcare specialists involved in his care.

Nic's medical history includes osteoarthritis, heart disease, Type 1 Diabetes, kidney disease, heart disease with episodes of angina.

Nic is independent with all his ADL's, IADLs, manages his medications and healthcare appointments.

# Case Study – Nic (continued)

Over the past few months, Nic has seemed depressed and withdrawn. His appetite has decreased, he has episodes of nausea and he is losing weight, “I feel full so quickly and nothing tastes good anymore.”

What is your role in Nic's Care?

Any concerns, needs,  
observations stand out for you?

# Case Study – Nic (continued)

Last week Nic went to emergency due to a sudden episode of very severe abdominal pain. He was admitted for full investigation and diagnosed with pancreatic cancer.

Nic is not a candidate for surgery. He declined chemotherapy and has accepted radiation therapy to assist his pain and symptom management.

He has been discharged back to his retirement community.

What is your role in Nic's Care?



What ONE pearl from today's session  
will you apply  
to the care you deliver tomorrow?

Quality Palliative Care is not possible without PSWs

THANK YOU FOR ALL YOU DO!!

# Poll Number 4:

**After completing today's session do you agree with the following statement?**

“PSWs are integral to care of individuals and families living with and dying from a life limiting illness. Because PSWs are often the first care team member involved with individuals and spend the most time with them and their family, they can provide unique insights important to the provision of holistic person-centred care. PSWs are the “eyes and ears” of the care team, their skill and observation is critical to individuals who benefit from the palliative approach to care.”

# Wrap Up

- Please fill out the feedback survey after the session
- A recording of this session will be emailed to you within the next week.

## Next Steps:

July 2021: watch for the registration link for the Q&A ECHO: LEAP Personal Support Worker, for those who have completed the course

August 2021: watch for the registration link for the ECHO Session; *Challenging Conversations*

# LEAP Personal Support Worker

Online, self-learning palliative care course for personal support workers, care aides, and health care assistants, and those working in similar roles

- 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.
- approximately 10 hours to complete
- at your own pace
- certificate of completion at the end



[www.pallium.ca/course/leap-personal-support-worker](http://www.pallium.ca/course/leap-personal-support-worker)

# Upcoming ECHO Session – Open for registration

## ***Taking Vitals: The SCQ—The Evidence, Development, and Clinical Necessity of a Measure to Routinely Assess Patients Experiences of Compassion***

Tuesday June 29, 2021 @ 12:00 – 1:00 pm ET

This session will cover the importance of compassion in quality palliative care and participants will be introduced to the Sinclair Compassion Questionnaire (SCQ), a tool for health care providers to utilize to improve patients experiences of care.

**Register now: [www.echopalliative.com](http://www.echopalliative.com)**



# Thank You



**Stay Connected**  
**[www.echopalliative.com](http://www.echopalliative.com)**