



# painACT

pain Aged Care Training



## Introduction to pain in aged care

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**10**  
min

Time needed to run this module with your staff

## OVERVIEW OF MODULE

This education module provides staff with an overview of pain in residents/patients/clients at your aged care facility or aged care provider organisation.

### Learning objectives

- 1** Explain the different types of pain seen in aged care
- 2** Identify signs of pain and know the common causes of pain in aged care residents/patients/clients
- 3** Recognise pain management is based on individual goals

### Key messages

- 1** Most people in aged care have pain
- 2** Pain is often not noticed and under-reported, and therefore under-treated
- 3** Total elimination of pain is not always possible, and 100% pain relief is not necessarily the goal of pain management

### Length of the education module

The 10 minutes includes:



Self-led, pre-video reflection, completed by participants on their handout



Watching a short video



Post-video discussion/questions led by trainer, focusing on the learning objectives for this module

## Trainer preparation prior to running the module

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At least 30 minutes should be set aside for the trainer to prepare for running this module.

The following preparations are suggested:

- Review this module guide and discussion notes
- Watch the video before training
- Review documentation on aged care residents/patients/clients and their current pain management
- Review any recent complaints about pain management at your facility
- Scan the handover sheet for that day and conduct a quick count of people with pain-related conditions. Bring this handover sheet to the training session
- Prepare at least two examples of when you considered residents/patients/clients to be in pain but they didn't or couldn't tell you about their pain. Include in these examples what made you think they were experiencing pain. If needed, these examples can be used during the discussion to prompt more discussion
- Read key resources when needed (see below)
- Print participant handouts, one for each staff member attending the education module
- Practice the session using the Module Script provided, aiming to complete it within 10 minutes

## Key resources to support this topic (background reading)

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- For a full and comprehensive exploration of this topic, refer to the source reference "Pain in Residential Aged Care Facilities: Management Strategies, 2nd Edition": <https://www.apsoc.org.au/publications> (optional)
- Primary resources are the Pain Management Guide (PMG) Toolkit 2nd Edition and the Pain in Residential Aged Care Facilities: Management Strategies 2nd Edition
- In particular, the following fact sheets are relevant for information on pain in older people in Residential Aged Care Facilities (RACFs):
  - These fact sheets can be found here: <https://www.apsoc.org.au/PMG2Toolkit>
    - Fact Sheet 3i: Pain and Older People in Residential Care Facilities (5-minute read)
    - Fact Sheet 3a: Pain Management in Residential Aged Care (5-minute read). Practice the session using the Module Script provided, aiming to complete it within 10 minutes

### Material needed to run the education module

- A computer with sound/speaker capacity to show the short video for this module
- Printed participant handouts
- Printed copy of this document for you to refer to

# Running the education module

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The following script can be used to run this module with your staff at your aged care facility/aged care provider organisation. This script includes:

- **boxed text**, which can be read directly to the staff when running this module
  - **<directions>**, which are actions to do at certain times e.g., playing short videos, giving out participant handouts
  - *Text in italics*, which is additional information to promote discussion e.g., prompt questions for the trainer to ask guide discussion forward, suggested answers to discussion questions
- 

## Education module script

**<Begin session by giving a participant handout to each staff member.>**

**1**

### Introduction and video

Today, we are going to be running one of the education sessions that is part of the painACT Program. Each session focuses on one pain topic for about 10 minutes.

The topic today is an 'Introduction to pain in aged care'. Today we will learn more about pain concepts, and talk about what can cause pain, what to look for, as well as an overview about pain at this aged care facility/aged care provider organisation.

First, take a few minutes to jot down your thoughts on the reflection questions. Then I'll show you a short video to give you an overview about pain in aged care. This video talks about why pain occurs, and the different types of pain in aged care.

**<Show the video 'About pain' (video runtime is 3.5 minutes).>**

The video showed the two main types of pain, acute pain and chronic pain. The video also showed the three main mechanisms of pain: nociceptive pain, neuropathic pain and nociplastic pain.

Are there any questions or comments about the video?

**<Allow for a minute or two of comments or questions.>**

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**2**

### Discussion about video

**<Begin discussion on key messages. Let participants know that it might be helpful to write some notes under the 'post-video discussion/questions' section on the handout. Also prompt them to complete the post-video questions to help solidify their learnings.>**



### **Most people in aged care have pain**

We are now going to talk about pain and how it relates to this aged care facility/aged care provider organisation. Let's think about the residents here and how many say they have pain, and how we manage pain.

My first question is:

For the residents/patients/clients you have cared for in the last week, how many have said that they were in pain? Record your thoughts on the participant handout provided.

**<Allow for two minutes of responses from staff.>**

Thank you for sharing. In fact, most residents/patients/clients will experience pain. In fact, up to 80% of people living in residential aged care have chronic pain – that means their pain is ongoing.



### **Pain is often not noticed and under-reported, and therefore under-treated**

The aim of this discussion is for staff to see that pain is often under-reported (and therefore under-treated), and to then discuss the most common conditions that cause pain in aged care.

My second question is:

Were there any residents/patients/clients who you think were in pain but haven't or can't tell you about their pain? What makes you think they were experiencing pain?

Record your thoughts on the participant handout provided

**<Allow for two minutes of responses from staff, and start thinking about possible pain-related causes for the scenarios staff have shared.>**

*Share some of your own examples if there aren't many responses. It's best if they are based on residents/patients/clients currently at your aged care facility/aged care provider organisation. If possible, reflect on why those people might be in pain. It may help to write your examples below beforehand.*

*Some examples:*

- *A male resident groans every time he stands up, but says "no" when asked if he is in pain. He may have an old back injury that has now developed into chronic pain and also has osteoarthritis in his knees, so he will have pain when he stands up.*
- *A resident living with dementia pulls a face when she eats – people typically think she doesn't like the food. She may have some oral care issues e.g., she may have ulcers or dental issues that need investigation.*
- *A resident with Parkinson's disease rubs her stomach often and sits on the toilet for a very long time every day. Staff assume this is just normal for her. Constipation is a very common issue in Parkinson's disease, and uncomfortable seating (i.e., sitting on the toilet for long periods of time) will only add to her musculoskeletal pain. Although her bowel chart is regular, we would need to address her constipation.*

These are good examples, and I'm glad you've noticed them because pain is often under-reported or not noticed for a number of reasons. This unfortunately means that even though most residents might experience pain, many of them don't get treated because we don't always know that they're in pain.



### **Total elimination of pain is not always possible, and 100% pain relief is not necessarily the goal of pain management**

Raise your hand if you have noticed residents having pain that might only last a short time, or pain that is light and not severe, even though we've done everything to help manage their pain (for example, they're on pain medication)? .

#### **<Count the number of hands raised.>**

Thank you. It's fair to say that pain is something we will see regularly.

It's important to know that total elimination of pain is not always possible, and 100% pain relief is not necessarily the goal of pain management. Because pain medications can have side effects that are uncomfortable or difficult to live with, residents/patients/clients may choose to tolerate some pain instead.

But that doesn't mean that we ignore pain when we notice it. Observe if any pain experienced is tolerable and still allows our residents/patients/clients to function the way that they want. If they want more pain relief, we can organise that for them. But if they prefer this level of relief, then we just keep checking in with them to make sure they remain comfortable.

Remember that every resident/patient/client has the right to make these choices for themselves. The aim of pain management is to maximise quality of life, not eliminate the sensation of pain, and quality of life means something different to everyone.

*The key message here is that the goal isn't total elimination of pain; the goal is person-centred care.*

- *These are reasons why you might see people who are still in pain. While we want to help stop the pain as much as we can, it's important to realise that sometimes it's a level of pain they've chosen to live with to balance out the medication side effects.*
- *That's also why it's important for us to help make sure residents are as comfortable as possible when we do manual handling and positioning. This can prevent unnecessary pain.*

**3**

### **Wrapping up**

Does anyone have any questions?

#### **<Allow brief time for questions if possible or invite staff to ask you questions personally whenever they have a moment.>**

All right, take some time to record your answers to the questions in your participant handout, but that's it for today! Thank you, everyone.

**For more information, refer to the "Pain in Residential Aged Care Facilities: Management Strategies, 2nd Edition"  
resource: <https://www.apsoc.org.au/publications>**