



Conversations about pain

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10
min

Time needed to run this module with your staff

OVERVIEW OF MODULE

This education module provides staff with information on how to have conversations about pain with aged care residents/patients/clients, families and colleagues.

Learning objectives

- 1** Recognise opportunities to identify pain
- 2** Identify when pain needs to be referred to a nurse for further management
- 3** Outline phrases that can be used when starting conversations and/or reassuring aged care residents/patients/clients about their pain

Key messages

-  If personal care workers don't notice and report pain, it will easily be missed
-  Use language that is meaningful to the aged care resident/patient/client (e.g., "We know that you are living with pain, are you in pain right now?")
-  Listen to aged care residents/patients/clients and their families – validate and acknowledge that you know they are in pain, then take action to escalate as needed

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

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 module script and discussion notes
- Reflect on recent conversations about pain in your aged care facility/aged care provider organisation. What worked well? What didn't work well?
 - Aged care staff-to-staff conversations (e.g., nurses with Personal Care Assistants (PCAs))
 - Aged care staff conversations with doctors or specialists
 - Aged care staff conversations with residents/patients/clients or families
- Read key resources when needed (see below)
- Print participant handouts, one for each staff member attending the education module
- Practice the session using the Education Module Script provided, aiming to complete it within 10 minutes

Key resources to support this topic (background reading)

- 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 and handouts are relevant for information on conversations about pain in aged care:
 - These facts sheets and handout can be found here: <https://www.apsoc.org.au/PMG2Toolkit>
 - Fact Sheet 3d: Pain Identification (5-minute read)
 - Fact Sheet 3m: Tips for reassuring residents about their pain (1-minute read)
 - Handout 4i: Role of care staff in the pain management process (2-minute read)
 - PMG Toolkit, page 30 – refer to 'Practice Tip' (see important points included below)

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

The following script can be used to run this module with 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 to nudge the 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 'Conversations about pain', which focuses on how we communicate with residents, families, other staff, and clinicians about pain.

First, take a few minutes to jot down your thoughts on the reflection questions.

Then I'll show you a short video that has some good examples of how to talk about pain with a resident, how to escalate pain to a staff member that needs addressing and then how to follow-up to ensure a pain is managed appropriately.

<Show the video 'Conversations about pain' (video runtime is 2.5 minutes).>

Video description:

- *Mary (resident) tells Jane (personal care worker) she didn't sleep well and woke up with a sore back. Jane asks if Mary would like her to talk to the nurse to organise some pain medication. Mary doesn't want to be a bother, but Jane reassures her.*
- *Jane reports this pain to the nurse, who says she will talk to Mary.*
- *The nurse reports back to Jane about giving Mary medication and next steps (pain chart, doctor, assess mattress), and thanks Jane for informing her about Mary's pain.*
- *Jane helps Mary out of bed once the medication has taken effect and talks her through every step of the process.*

In the video, the nurse tells the personal care worker, Jane, that if she hadn't reported Mary's pain, the nurse wouldn't have known. This means it's possible Mary might have spent the whole day in bed and missed out on doing things she enjoys.

It's important to remember that recognising pain is everyone's responsibility.

This includes nurses, but also importantly care staff, lifestyle staff, catering staff, and anyone who comes into contact with residents/patients/clients - you're the people most likely to notice pain. Please report suspected pain to the nurse in duty when you notice it.

Are there any questions or comments about the video?

<Allow 1-2 minutes for comments or questions.>

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.>



If personal care workers don't notice and report pain, it will easily be missed

Personal care staff are the 'eyes and ears' at the aged care facility/aged care provider organisation. They need to pay attention and notice what residents/patients/clients are saying, how they are behaving, and think about whether they are showing signs of being in pain. This is called being 'pain vigilant.'

When reporting incidents to a nurse, what do you expect that the nurse will do about it? Is it important that you receive feedback from nurses about what's being done to help people with their pain after you've reported it?

<Allow for two minutes of responses from staff.>

If there is minimal engagement from staff, ask any nurses attending the session:

- *What do you think is important to feed back to care staff when pain is reported to you?*
- *How can that feedback help staff provide better care for the residents/patients/clients?*



Use language that is meaningful to the aged care resident/patient/client (e.g., "We know that you are living with pain, are you in pain right now?").

In the video, Mary says that her back is sore. Jane, the Personal Care Assistant reflects the same phrasing back to Mary when talking about her pain.

It's important that we use language that is meaningful to the resident. Sometimes you might ask, "Are you in pain?" and the resident might say no because they think their back is just sore. This means it's helpful for us to follow up with another question to make sure.

Let's come up with some different examples of ways we can ask residents/patients/clients about pain.

<Allow for two minutes of responses from staff.>

Some examples could include:

- *Are you sore or aching anywhere?*
- *Do you have any discomfort? Are you uncomfortable?*
- *Is anything hurting? Is anything tingling?*
- *How does it feel if you (move/do this)?*
- *Asking if they are in pain in the preferred language*

You can also refer to this Practice Tip from the PMG Toolkit (page 30):

PRACTICE TIP: Building relationships with residents, being aware of changes and asking them about pain

Many older people are reluctant to report pain. They may not want to feel they are a burden to busy staff, they have had a poor experience in the past when they talked about their pain, they believe that pain is part of ageing and should be endured, or they are apprehensive about reporting pain as it may indicate a worsening of their condition or result in further testing or medical intervention.

Ask residents if they are experiencing any pain. Explain the reason for your interest and how they will have choice in any proposed management. Help the resident feel comfortable talking to you and that you want to understand what they are experiencing so that you can help.

Spend time building quality relationships with residents. When staff know a resident well, they will be able to notice changes or behaviours that are not normal for that resident. Some of these changes or behaviours may indicate that the resident has pain.



Listen to aged care residents/patients/clients and their families – validate and acknowledge that you know they are in pain, then take action to escalate as needed

It can be hard sometimes for residents/patients/clients or their families to talk about pain. Our role is to validate and acknowledge what they're sharing with us, and then do something about it. That might be to report it to the nurse in charge.

Can you think of some examples of when you've talked with residents or families, and how differently they respond when they feel like they've been heard and looked after?

<Allow for two minutes of responses from staff.>

If there is minimal engagement from staff, consider any conversations you have had with residents/patients/clients and families and what went well/didn't go well in those interactions. Share some of these examples and insights. Take care not to blame or embarrass any attending staff who were involved in these interactions. Speak broadly and focus on the takeaway messages, not on who was involved.

Other notes to consider for discussion:

- *It is important to acknowledge and provide comfort so that residents/patients/clients/families know we heard them, we know there is pain.*
- *Remind participants that it is **important not to dismiss the resident/patient/client experience**. It doesn't matter whether you think that they are being difficult or whinging, acknowledge and validate their pain all the same.*
- *It can sometimes be helpful to acknowledge pain while providing care. For example, "I know you have a sore shoulder, so here is what I'll do to keep you comfortable while I shower you."*
- *Give residents/patients/clients a choice, ask what we can do to help them so we can do our best to address it. For example, asking, "Do you want me to shower you now, or wait to give your pain medications a while longer to take effect? How can I make it more comfortable for you now?"*

You can also refer to this Practice Tip from the PMG Toolkit (page 18):

PRACTICE TIP: The PRAISED principle - Discussing the resident's pain with the family

Families may feel overwhelmed or powerless when a resident has persistent pain. We suggest the following principles when talking with families:

Proactive: Staff should be proactive in contacting families and providing information about pain management, and proactive in educating families about pain. Use the fact sheets provided.

Respectful: Building a trusting relationship with families is important in pain management.

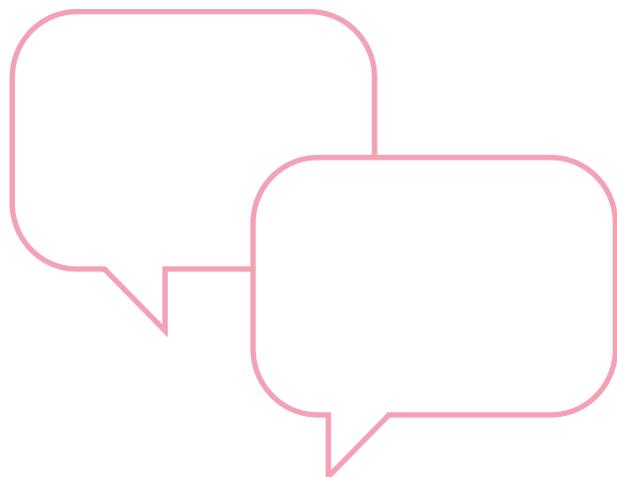
Available: Staff need to be available to discuss any family concerns about pain management.

Involve: Staff should actively involve the family in supporting the resident and their pain management plans.

Sensitive: Staff should be sensitive to the needs of the family as they may also be suffering from the consequences of the resident's pain and its impact.

Educate: Wherever possible, educate the family on pain.

Direction: Families may feel lost in how to help a resident with pain. Staff providing direction or suggestions may be helpful.



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.

Multiple Choice Question (answer)
D) all of the above

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