The DVD Script

SCENE O1: Introduction

SETTING: Office, residence
DATE/TIME OF FILMING:
MATERIALS NEEDED:

ACTORS: INTRODUCER: Dr. Michael Mintzer
NARRATOR/SUPERVISOR: Nicole Hodges

Hello, my name is Michael J. Mintzer. You are about to view a DVD containing a blended-learning curriculum on **Achieving Competency in Assessing Pain**. Let's take a moment to understand the importance of recognizing pain in our patients and nursing home residents.

All health-care workers need to understand that achiness, soreness, burning, pressure, and other such symptoms are types of pain. Pain, or better stated, the absence of pain, is a key quality-of-life measure. When we effectively assess pain, we not only improve quality of care but we also maintain and often improve quality of life. Our patients, nursing home residents, and their families want the highest quality of life possible. We can help to meet that need by recognizing, assessing, and reporting pain accurately and reassessing the pain as often as needed.

We use objective criteria to measure blood pressure, temperature, heart and respiratory rates. Pain, as the 5th vital sign, is unique because we use the person's subjective perception of the pain as the measurement. Only the person in pain can accurately give us the information we need to fully understand their pain. Because persons with dementia, or other illnesses that impair communication, may have problems telling us about their degree of discomfort, there are several tools available for staff to use to assess pain.

This DVD is designed to help clinical educators and supervisors teach their staff how to assess pain reliably **each and every** time. If you insert this DVD into a compatible computer you will be able to view and print all the materials needed for both the instructors and the learners to complete the training. This training has been produced by Florida's Teaching Nursing Home Program with support from Florida's Agency for Health Care Administration. It is also available on *GeriU*, the online geriatrics university, at www.geriu.org.

CUT TO:
NARRATOR

This training is designed for adult learners with an emphasis on attaining competency. Adult learners need to master skills important to their job – the ability to achieve competency is meaningful; the issue of passing or failing is not! Supervisors will

1

learn how to use role-playing and how to assess learners' skills during role-playing to achieve competency.

CUT TO:
NARRATOR as she continues

NARRATOR
In addition to containing all the necessary materials, the DVD will demonstrate the role-playing components of training for three commonly used pain assessment tools. It will also demonstrate how to convert the pain score obtained using any of the three pain assessment tools to a score on the MDS for nursing home patients.

SETTING: Classroom
DATE/TIME OF
FILMING:
MATERIALS NEEDED:
ACTORS: (4)
                  SUPERVISOR: Nicole Hodges
                  SARA: Julie Peralta
                  DENNIS: James Jones
                  MICHELLE: Keely Roth

INT – EDUCATIONAL CLASSROOM
The classroom is small. There are three nursing students sitting down after completing a written test.
               SUPERVISOR:
               Ok, group, let's begin today's session.
               Today's session has 4 learning objectives.

CUT TO:
TEXT APPEARS ON SCREEN:
- You will recognize that pain is a significant problem in nursing home residents by asking if pain is present.
- You will show sympathy toward residents in pain by using appropriate language.
- You will choose an appropriate pain-rating tool from among three rating-tool options.
- You will appropriately administer and score each of the three pain-rating tools.

CUT TO:
Wide angle of SUPERVISOR and STUDENTS

               SUPERVISOR
               We will use simulation as the instructional method. In simulation
               we try to create a setting that is very similar to your work setting.
               I will act as the resident or patient in pain.

CUT TO:
Close-up shots of SUPERVISOR and STUDENTS as the SUPERVISOR continues

               SUPERVISOR
               You will each have an opportunity to ask me if I am having pain,
               to use empathetic language to console me, and to choose and
               use the appropriate pain assessment tool. Who knows why
               simulation is such a valuable training method for adult learners?

CUT TO:
SARA raises her hand and begins to answer a moment later when the SUPERVISOR looks at her

               SARA
               Because it teaches us things the way we need to do them on our
               jobs.

CUT TO:

Close-up shots of SUPERVISOR and STUDENTS as the SUPERVISOR responds

>SUPERVISOR
>Exactly! And you know what else? In simulation we can make mistakes, and patients and residents do not suffer. In fact, I expect everyone here to make mistakes. More than likely, some of you have never been trained in a simulation session before.

CUT TO:

Wide angle of SUPERVISOR and STUDENTS as the SUPERVISOR speaks

>SUPERVISOR
>You may feel a little awkward at first, but you'll begin to feel comfortable very quickly since it feels so much like what you do every day while you provide care. I remember the first time I attended a training session using simulation. I made a ton of mistakes and we laughed a lot. I think you'll all like this training. Let's get started.

FADE OUT:

The scene shifts to the SI reviewing the 3 pain assessment tools, which are taken from other scenes.

> NARRATOR
> In the training module, the students were introduced to the pain-assessment tools we will be using in this training. The students will be able to practice using the tools, and when each one is ready, they will demonstrate their competency at the bedside.

CUT TO:

VIDEO of STUDENTS administering mild-moderate-severe pain scale (taken from Scene 9)

> NARRATOR
> The none-mild-moderate-severe pain scale is used when the patient or nursing home resident cannot understand the other scales, as can happen in dementia. In essence, this is the scale of last resort. Ask the person in pain if their pain is mild, moderate, or severe. Although the scale uses the terms "mild, moderate, and severe," commonly used words can be substituted. For example a substitution might be: "Is your pain 'a little,' 'in the middle,' or 'a lot?' Or "Is your pain 'small,' 'medium,' or 'large?'"

CUT TO:

VIDEO of STUDENTS administering 0-10 pain scale (taken from Scene 6)

> NARRATOR
> The 0 to 10 pain scale is commonly and successfully used for hospitalized and nursing home patients even those with mild to moderate dementia. The scale is often displayed in several ways: sometimes it is a line numbered from zero to ten, other times it appears as a thermometer that can rise from zero to ten. Persons in pain are asked to state the number that represents their pain or to point to the number that represents their pain. In our exercise, we will ask the person in pain to state the number. The instructions are simple. Tell the person in pain that "0" means no pain and "10" means the worst pain they can imagine. Ask them what number they would give their pain. A common administration error is to describe "10" as "the worst pain you ever had." For some people, the worst pain they ever had may have been something minor like a toothache; and remember, persons with dementia may not be able to remember their worst pain.

CUT TO:

VIDEO of STUDENTS administering Wong-Baker Faces Pain scale (taken from scene 7 or 8)

> NARRATOR
> The Wong-Baker Faces Pain scale is often helpful for assessing persons with moderate to severe dementia who have lost much of their ability to use language to describe pain. This scale uses faces from happy to tearful to demonstrate how a person might be feeling. It should be used

only after the person in pain has demonstrated inability to understand the "0" to "10" pain scale. When administering this scale, you point to each of the faces and say what it means. A common error in administering this scale is to skip the description of one or several of the faces.

FADE OUT:

SCENE 04– Setting Up the Session

SETTING: Hospital/Resident Room
DATE/TIME OF
FILMING:
MATERIALS NEEDED:
ACTORS: (4)
                     SUPERVISOR: Nicole Hodges
                     SARA: Julie Peralta
                     DENNIS: James Jones
                     MICHELLE: Keely Roth

FADE IN:
INT – HOSPITAL/RESIDENT ROOM
SUPERVISOR is talking to all the STUDENTS. A chair (or bed) is located in the room.

        SUPERVISOR
        Here is how we will run this session using simulations. Once we
        begin, I will play the role of the person in pain, and I will not
        come out of that role during the 2 minutes of the exercise.

CUT TO:
Wide angle of STUDENTS and SUPERVISOR as she points to a chair

        SUPERVISOR
        I will sit here. When I say, "I'm ready," one of you will knock on
        the door, enter, and greet me. You can call me Mrs. Smith. You
        will ask me about my pain; use language to console me; and
        then use a pain scale to assess my pain.

CUT TO: You will have all three pain scales as you question me. You will
         need to decide which scale to use. After everyone has had a
         chance, we will discuss the simulation as a group. Any
         questions?

CUT TO: DENNIS
         If we get stuck can we ask you a question?

CUT TO: SUPERVISOR
         Remember, I will be a "person in pain" during the exercise, not
         your instructor. So, if you get stuck, just say, "I'm stuck," and we
         will end it there. Don't forget, this is a simulation. This is where
         we can make mistakes and patients and residents don't suffer. If
         you get stuck, don't worry; we'll try it again. The goal here is to
         make you competent and comfortable in assessing pain. Let's try
         the first simulation.

FADE TO: NARRATOR as she introduces the next scenes

        NARRATOR:
        Let's see how the students perform. You will see in the following
        scenes a series of simulations.

SCENE 05 – "Mrs. Jackson not Mrs. Smith" and 0-10 Scale

SETTING: Hospital/Resident Room
DATE/TIME OF
FILMING:
MATERIALS NEEDED:
ACTORS: (2)
                             SUPERVISOR: Nicole Hodges
                             SARA: Julie Peralta

FADE IN:
INT – HOSPITAL/RESIDENT ROOM
SUPERVISOR is sitting down on a chair (or lying in bed). SARA is waiting outside of the room (or outside of the frame)

> SUPERVISOR
> I'm ready

SARA knocks and enters

> SARA
> Hello Mrs. Jackson. I heard…

SARA stops suddenly, realizing she just addressed the SUPERVISOR and not the patient named Mrs. Smith. SARA seems stunned, embarrassed, and silly, all at once. She starts to laugh at herself.

> SARA
> Ooops! I was supposed to say Mrs. Smith!

> SUPERVISOR
> I told you we would laugh and have fun today. Why don't we
> start over again?

FADE OUT:

FADE TO:
INT – HOSPITAL/RESIDENT ROOM
SUPERVISOR is sitting down on a chair (or lying in bed), framed slightly to the right. SARA is waiting outside of the room (or outside of the frame)

> SUPERVISOR
> I'm ready

SARA knocks and enters, framed slightly to the left

> SARA
> Hello, Mrs. Smith. I heard you are having pain today.

SUPERVISOR, pretending to be Mrs. Smith, grimaces and shakes her head yes while she rubs her knee

SARA
I feel bad for you. You look so uncomfortable. Let me try to
understand your pain better. Ok?

SUPERVISOR
Ok.

SARA
If the number zero means no pain and the number 10 means the
worst pain you ever had, what number would your pain be
today?

SUPERVISOR
It's not a zero. I think it is the worst pain I ever had!

SARA
Let me rephrase that. If the number zero means no pain and the
number ten means the worst pain you can imagine, what number
would your pain be today?

SUPERVISOR
I think about seven. I can imagine a whole lot more things worse
than this old knee of mine.

SARA
Thank you, Mrs. Smith. Let me go out and get you something for
your pain.

CUT TO:
Wide angle of SARA as she begins to leave. The SUPERVISOR breaks
character and interrupts SARA

SUPERVISOR
Sara, I am going to step out of my role now and give you some
feedback. I noticed you made a mistake in the instructions, but
you were able to correct it when I gave you a cue.

SARA
Yes, I remember what you said about a toothache being different
from the worst pain someone could imagine so I changed the
instructions.

CUT TO:
Close-up of SUPERVISOR, framed slightly to the right. SARA is framed slightly to
the left

SUPERVISOR
You also asked about pain at the beginning and used consoling
language when I said I had pain. Well done. Why did you choose
the 0 – 10 scale?

SARA
After I gave you the instructions, you were able to follow them
without a problem.

           SUPERVISOR
           That's exactly right. How did you like this training exercise?

           SARA
           I felt a little funny in the beginning but it did kind of feel like I was
           caring for one of my patients. I liked it.

CUT TO:

Wide angle of SUPERVISOR and SARA

           SUPERVISOR
           Let's try it again. This time, I'm sure you will give the instructions
           properly the first time.

           SARA
           Ok.

SARA begins to walk back to the door

FADE OUT:

<u>**SCENE 06** – **Missed Wong-Baker Faces Pain Scale**</u>

SETTING: Hospital/Resident Room
DATE/TIME OF
FILMING:
MATERIALS NEEDED:
ACTORS: (2)
                SUPERVISOR: Nicole Hodges
                DENNIS: James Jones

INT – HOSPITAL/RESIDENT ROOM
SUPERVISOR, framed slightly to the right, is sitting down on a
chair (or lying in bed) talking to DENNIS. DENNIS is framed slightly
to the left

          SUPERVISOR
          For this practice session, I will be playing Mrs. Smith, a person
          who has mild Alzheimer's disease who is having pain.

          DENNIS
          Ok.

SUPERVISOR pauses as DENNIS leaves the room to initiate the simulation.

          SUPERVISOR
          I'm ready.

DENNIS knocks and enters

          DENNIS
          Hello, Mrs. Smith. I heard you are having pain today.

SUPERVISOR, pretending to be Mrs. Smith, grimaces and moans while she rubs
her shoulder

          DENNIS
          I'm sorry you hurt so much. Let me try to find out how much you
          hurt.

SUPERVISOR looks at SARA, but makes no sound and does not nod yes or no

          DENNIS
          If the number zero means no pain and the number 10 means the
          worst pain you can think of, what number is your pain?

CUT TO:
Close-up of SUPERVISOR, speaking slowly and appearing confused

          SUPERVISOR
          Zero … ten.

CUT TO:
Close-up of DENNIS, appearing a bit confused and flustered

DENNIS
Zero means no pain and the number 10 means the worst pain
you can think of. Is your pain a one or two; or eight or nine?

CUT TO: Close-up of SUPERVISOR, speaking slowly and appearing confused

SUPERVISOR
One, two, three, four, five.

CUT TO: Wide angle of DENNIS, who now looks lost. Then he remembers to look
for other scales on the clipboard

DENNIS
Mrs. Smith, do you hurt a little, medium, or a lot?

SUPERVISOR
A lot.

DENNIS
Thank you, Mrs. Smith. Let me get you something for your back
pain.

CUT TO: Wide angle of DENNIS and SUPERVISOR. The SUPERVISOR breaks
character and interrupts DENNIS

SUPERVISOR
I am going to step out of my role now and give you some
feedback. You asked about my pain right away, and you used
language to console me. That's good. You also recognized that I
could not do the 0 – 10 pain scale. Why did you choose the mild-
moderate-severe pain scale?

CUT TO: Close-up of DENNIS, framed slightly to the left. The SUPERVISOR is
framed slightly to the right

DENNIS
I knew you had Alzheimer's disease, and you weren't able to talk
very much, so I used the easiest pain scale.

CUT TO: Close-up of SUPERVISOR, framed slightly to the right

SUPERVISOR
Remember, you should use the mild-moderate-severe scale
when the person in pain cannot understand the other scales.
You should have also tried the Wong-Baker scale. It is important
to use the other scales first because they are 10-point scales,
and they give us a better understanding of the range of pain a
person is having.

CUT TO: Wide angle of DENNIS and SUPERVISOR as she continues

SUPERVISOR
What do you think you could have done differently?

12

DENNIS
I think I could have tried the faces pain scale.

SUPERVISOR
I think that's a good idea. Why don't we start again from the beginning?

DENNIS
Ok.

DENNIS walks back toward the door

FADE OUT:

SETTING: Hospital/Resident Room
DATE/TIME OF
FILMING:
MATERIALS NEEDED:
ACTORS: (2)
                      SUPERVISOR: Nicole Hodges
                      DENNIS: James Jones

Note that this is the same student as in the "missed Wong-Baker Faces pain scale" scene (SCENE 06).

FADE IN:

INT – HOSPITAL/RESIDENT ROOM
SUPERVISOR, framed slightly to the right is sitting down on a chair (or lying in bed) talking to DENNIS. DENNIS is framed slightly to the left

> SUPERVISOR
> I'm ready.

DENNIS knocks and enters

> DENNIS
> Hello, Mrs. Smith. I heard you are having pain today.

SUPERVISOR, playing the role of Mrs. Smith, grimaces and moans while she rubs her shoulder

> DENNIS
> I'm sorry you hurt so much. Let me try to find out how much you
> hurt.

CUT TO:
Close-up of SUPERVISOR as she looks at DENNIS. SUPERVISOR makes no sound and does not nod yes or no

CUT TO:
Close-up of DENNIS as she responds

> DENNIS
> If the number zero means no pain and the number 10 means the
> worst pain you can think of, what number is your pain?

> SUPERVISOR
> Zero … ten.

> DENNIS
> Zero means no pain and the number 10 means the worst pain
> you can think of. Is your pain a one or two; or eight or nine?

> SUPERVISOR
> One, two, three, four, five

CUT TO:
Wide angle of DENNIS

> DENNIS
> Let me try something else.

CUT TO:
CLOSE-UP of DENNIS (framed slightly to the right) as he holds up the faces from the Wong-Baker scale for the SUPERVISOR to see. DENNIS points to each face and describes it properly

> DENNIS
> This face is happy because he has no pain.
> This face is not so happy because it hurts *just a little bit*.

CUT TO:
CLOSE-UP of Wong-Baker Test (framed slightly to the left) as a pen or other pointer points to each individual face on the scale.

> DENNIS
> This face is not as has happy because he has a *little bit* more pain.
> This face is not so happy, because he has *even more* pain.
> This face is sad because he has *a whole lot* of pain.
> This face is sad, because he is feeling so much pain, he *feels like he wants to cry*.

CUT TO:
CLOSE-UP of the Wong-Baker scale as DENNIS addresses the SUPERVISOR

> DENNIS
> Mrs. Smith, can you show me how you feel today?

CUT TO:
Close-up of SUPERVISOR pointing to face corresponding to six on the scale.

CUT TO:
Wide Angle of DENNIS and SUPERVISOR

> DENNIS
> Thank you, Mrs. Smith. Let me get you something for your back pain right away.

The SUPERVISOR breaks character and interrupts DENNIS

> SUPERVISOR
> OK. Let's stop here. What did you do differently?

> DENNIS
> This time I used the faces scale and you were able to understand it.

CUT TO:
Close-up of SUPERVISOR framed slightly to the right

        SUPERVISOR
        That's right. And you did it very well. I could clearly see the
        faces, and you described each face as you pointed to it. I felt like
        I could really understand what you wanted. How did you feel?

CUT TO:

Close-up of DENNIS framed slightly to the left

        DENNIS
        I felt a little embarrassed that I did it wrong the first time.

        SUPERVISOR
        Do you remember what I told you about making mistakes during
        simulations?

        DENNIS
        You said you make mistakes the first time you did it.

        SUPERVISOR
        That's right, I did. Everyone makes mistakes during simulations
        but no patients ever suffer while we learn. Think about it this
        way: you got it exactly right on the second try!

CUT TO:

Wide angle of DENNIS, who begins to smile as the SUPERVISOR continues

        SUPERVISOR
        I think that's pretty good! What do you think?

        DENNIS
        I guess it is pretty good. Thanks.

DENNIS starts to get up to leave the room

FADE OUT:

SCENE 08 – Mild-Moderate-Severe Pain Scale

SETTING: Hospital/Resident Room
DATE/TIME OF
FILMING:
MATERIALS NEEDED:
ACTORS: (2)
                                  SUPERVISOR: Nicole Hodges
                                  MICHELLE: Keely Roth

In this scene there are no errors. It is done correctly from beginning to end

FADE IN:
INT – HOSPITAL/RESIDENT ROOM
SUPERVISOR, framed slightly to the right, is sitting down on a chair (or lying in bed).

> SUPERVISOR
> I'm ready

MICHELLE knocks and enters the room. MICHELLE is framed slightly to the left.

> MICHELLE
> Good morning, Mrs. Smith. I heard your back is really hurting
> today.

SUPERVISOR moans as she reaches toward her back

> SUPERVISOR
> I'm in pain, Doctor. I'm suffering so.

> MICHELLE
> Let me try to understand your pain better. If zero means no pain,
> and ten means the worst pain you can imagine, what number
> would your pain be?

CUT TO:
Close-up of SUPERVISOR

> SUPERVISOR
> You want me to count to ten?

CUT TO:
Close-up of MICHELLE

> MICHELLE
> No, listen to what I am saying: if zero means no pain, and ten
> means the worst pain you can imagine, what number would your
> pain be?

> SUPERVISOR
> 1, 2, 3, 4, 5 … Is that right?

> MICHELLE
> Let's try something else.

17

CUT TO:

CLOSE-UP of MICHELLE as she holds up the faces from the Wong-Baker scale for the SUPERVISOR to see. MICHELLE points to each face and describes it properly

> MICHELLE
> This face is happy because he has no pain.
> This face is not so happy because it hurts *just a little bit*.

CUT TO:

CLOSE-UP of Wong-Baker Test (framed slightly to the left) as a pen or other pointer points to each individual face on the scale

> MICHELLE
> This face is not as happy because he has a *little bit* more pain.
> This face is not so happy, because he has *even more* pain.
> This face is sad because he has *a whole lot* of pain.
> This face is sad, because he is feeling so much pain, he *feels like he wants to cry*.

CUT TO:

CLOSE-UP of the Wong-Baker scale as MICHELLE addresses the SUPERVISOR

> MICHELLE
> Can you point to how you feel today?

CUT TO:

Close-up of SUPERVISOR who alternately points back and forth to first face and last face

> SUPERVISOR
> Happy face, sad face … happy face, sad face … happy face, sad face …
>
> MICHELLE
> Mrs. Smith, can you tell me is your pain mild, is it moderate like somewhere in the middle, or is it severe?
>
> SUPERVISOR
> Oh, my dear, I am in severe pain. Please, please help me.
>
> MICHELLE
> Ok, Mrs. Smith, I'll go out and get your medicine for pain.

CUT TO:

Wide angle of MICHELLE as she begins to leave. The SUPERVISOR breaks character and interrupts MICHELLE

> SUPERVISOR
> I am going to step out of my role now and ask you how you think you did?

MICHELLE
I think I did pretty well. You seemed to have trouble understanding the 0 – 10 and the faces pain scales so I had to use the other one.

SUPERVISOR
That's right. You did that perfectly. You asked about my pain and consoled me. Then you systematically went through each tool until you discovered you had to use the mild-moderate-severe pain scale. You never knew why I was unable to understand the other scales and that really does not matter. What matters is that you chose the appropriate scale to assess my pain. Well done!

Both SUPERVISOR and MICHELLE get up to leave the room

FADE OUT:

SCENE 09 – Successful Completion and Debriefing

SETTING: Educational Classroom
DATE/TIME OF
FILMING:
MATERIALS NEEDED:
ACTORS: (4)
                                     SUPERVISOR: Nicole Hodges
                                     SARA: Julie Peralta
                                     DENNIS: James Jones
                                     MICHELLE: Keely Roth

FADE TO:
INT – EDUCATIONAL CLASSROOM
The classroom is small. SUPERVISOR speaks to all STUDENTS as they are sitting discussing their individual simulations.

> SUPERVISOR
> Interesting experience, wasn't it?

STUDENTS each say something almost simultaneously, such as "That was great," "It was fun," "I can really use this on my shift." SUPERVSOR continues

> SUPERVISOR
> Each of you used this training session to attain new skills to
> assess a person's level of pain. Each of you has demonstrated
> that you can do it correctly. Do you feel ready to use your new
> skills with your patients and residents?

CUT TO: Close-up of SARA, framed slightly to the left

> SARA
> I wasn't sure I would like this, but I really feel like I know how to
> choose the right scale for the patient.

CUT TO: Close-up of DENNIS, framed slightly to the right

> DENNIS
> Yeah, and I know how to give the right directions for each pain scale!

CUT TO: Close-up of MICHELLE, framed slightly to the left

> MICHELLE
> I really feel ready to use these scales with my nursing home
> residents.

CUT TO: Close-up of wide angle of SUPERVISOR addressing class

> SUPERVISOR
> You are all ready and capable. Next week on the unit, I will
> watch you assess pain on some of the people you care for.

SUPERVISOR and STUDENTS get up to leave

FADE OUT:

SCENE 10 – Bedside Demonstration of Competency

SETTING: Hallway
                                          Hospital/Resident Room

DATE/TIME OF
FILMING:

MATERIALS NEEDED:

ACTORS: (5)
                                          SUPERVISOR: Nicole Hodges
                                          SARA: Julie Peralta
                                          DENNIS: James Jones
                                          MICHELLE: Keely Roth

In this scene, there is no dialog. The content is entirely narrated, over a background of the STUDENTS going into a PATIENT's room and coming out again with a pain assessment form completed. SUPERVISOR goes with each STUDENT separately

FADE IN:
INT – HALLWAY
SUPERVISOR enters and speaks to all STUDENTS as they prepare for their interviews with a patient

> NARRATOR
> All of these students have demonstrated during training with a simulated patient that they could ask a patient or nursing home resident about pain, use consoling language, and appropriately select and administer the correct pain-assessment scale. Today they are demonstrating their new skills at the bedside as the supervisor assesses their competency.

CUT TO: IMAGE or ANIMATION of SUPERVISOR competency assessment APPEARS ON SCREEN

CUT TO: Wide angle of SARA and SUPERVISOR as she checks the patient for pain

CUT TO: Close-up of SUPERVISOR making marks on checklist

> NARRATOR
> For each staff member trained, the supervisor can use this checklist to document demonstration of the skills attained. The checklist follows the learning objectives shown previously: the staff member asks about pain and uses consoling language, then chooses and administers the correct pain-assessment scale.

CUT TO: DENNIS and SUPERVISOR as he checks the patient for pain

CUT TO: Close-up of SUPERVISOR making "no" marks on the checklist. NARRATOR continues

>NARRATOR
>Those students who do not demonstrate competency can be
>remediated using the same simulation exercises.

CUT TO: MICHELLE and SUPERVISOR as she checks the patient for pain

CUT TO: Close-up of SUPERVISOR making positive marks on the checklist.
NARRATOR continues

>NARRATOR
>Once a student demonstrates competency in all areas, both the
>supervisor and the staff member can feel confident in their skills
>for assessing pain.

CUT TO: Wide angle of SUPERVISOR making positive remarks to MICHELLE.
MICHELLE smiles and is happy

FADE OUT:

SCENE 11 – Supervisor Feedback

SETTING:	Office
DATE/TIME OF FILMING:	
MATERIALS NEEDED:	
ACTORS:	(3)
	SUPERVISOR: Nicole Hodges
	SARA: Julie Peralta
	DENNIS: James Jones

There is brief dialog in this scene, which is mostly narrated over a background of the SUPERVISOR speaking to 2 STUDENTS privately in an office, first to SARA, who has demonstrated competency in choosing the faces scale and using consoling language, and then to DENNIS, who has not

FADE IN:
INT – Office
SUPERVISOR greets SARA she sits down. They talk about the assessment.

> NARRATOR
> It is important to give feedback in a constructive manner. This staff member demonstrated competency.

CUT TO: Close-up of checklist with "Yes" checked in all areas

> SUPERVISOR
> Sara, you demonstrated that you know how to choose and use 3 pain-assessment scales while you care for your residents.

CUT TO: Close-up of SARA pleased with her critique

> SUPERVISOR
> You should be proud of yourself, because this enhances your professional skills and your residents will benefit.

CUT TO: Wide angle of SARA and SUPERVISOR

> SUPERVISOR
> I'll keep a copy of this in your training file and here's one for you. Well done.

FADE TO:
INT – Office
Wide angle of SUPERVISOR greeting DENNIS as he sits down. They talk about the assessment

> NARRATOR
> Recognition by the supervisor is an important step in adult learning. Keeping a record of the competencies attained is also important for both the organization and the individual.

          SUPERVISOR
          Dennis, I see you have become competent in several new skills.
          Congratulations.

          DENNIS
          (smiling) Thank you.

CUT TO: Close-up of SUPERVISOR

          SUPERVISOR
          Let's look at some areas where you can improve.

CUT TO: Close-up of checklist with "NO" in various areas. CAMERA stays on the
checklist long enough for the viewer to see even while the supervisor talks

          SUPERVISOR
          I notice that you forgot to use consoling language for your
          resident in pain, and one time you did not give some of the
          directions on the Wong-Baker faces pain scale.

CUT TO: Close-up of DENNIS

          DENNIS
          Yeah, I learned that in the training and did it there, but I just
          didn't do it with my resident.

CUT TO: Close-up of SUPERVISOR

          SUPERVISOR
          Well, Dennis, I want you to go to the training session again next week to work
          on these things. I need you to do them correctly with every resident. Ok?

          STUDENT
          (*sighing slightly*) Ok.

          SUPERVISOR
          Dennis, remember: You have demonstrated several new
          professional competencies here. You just need to fine-tune your
          skills. I'm confident you'll do fine after a little more training.

          DENNIS
          Thanks. I was worried you would yell at me. Now I feel more
          confident about going back for more training.

CUT TO: SUPERVISOR and DENNIS get up. They shake hands and continue to
talk as NARRATOR continues

          NARRATOR
          In this feedback session, the supervisor was very positive about
          the fact that Dennis demonstrated several new competencies.
          Her feedback that all that was needed was some "fine tuning"
          was accepted and gave Dennis the confidence he needed to
          attend remediation.
FADE OUT:

NARRATOR:
For nursing home residents, the frequency, intensity, and location of pain need to be recorded in the MDS for the 7-day assessment period. Here is what the MDS section looks like for pain.

The MDS

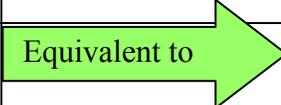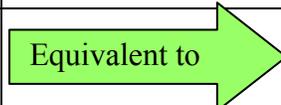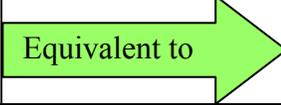| PAIN SYMPTOMS	(Code the **highest level of pain** present in the **last 7 days**)			
	a. FREQUENCY with which resident complains or shows evidence of pain 0. No pain (**skip to J4**) 1. Pain less than daily 2. Pain daily		**b. INTENSITY** of pain 1. Mild pain 2. Moderate pain 3. Times when pain is horrible or excruciating	
PAIN SITE	(If pain present, **check all sites** that apply in **last 7 days**)			
	Back pain	a.	Incisional pain	f.
	Bone pain	b.	Joint pain (other than hip)	g.
	Chest pain while doing usual activities	c.	Soft tissue pain (e.g., lesion, muscle)	h.
	Headache	d.	Stomach pain	i.
	Hip pain	e.	Other	j.

NARRATOR:
Record the **frequency** of pain in the MDS during the 7-day assessment period in the following way: if the resident has had no breakthrough pain and no new pain, enter a "0" and skip to the next section. If there has been pain less often than every day, enter a "1"; and finally, if there has been pain every day, enter a "2." Use the information from your pain assessment tool to record the worst **intensity** of pain felt by the resident during the 7-day assessment period. If the pain assessment tool scores pain as mild, moderate or severe, then, as you can see on the table, the definitions in the MDS are almost identical. Enter "1" for mild pain, "2" for moderate pain, and "3" for severe or excruciating pain

Mild-Moderate-Severe		MDS Intensity Scale	MDS Entry
Mild	Equivalent	Mild	1
Moderate	Equivalent	Moderate	2
Severe	Equivalent to	Times when pain is horrible or excruciating	3

NARRATOR
If the pain assessment tool scores pain on a scale from 1 to 10, enter the worst intensity of pain during the 7-day assessment period in the following way: If the score is 1, 2, or 3, it is mild pain and the MDS entry is "1." If the score is 4, 5, or 6, it is moderate pain and the MDS entry is 2. Finally, if the score is 7 or higher, it is severe or excruciating pain and the entry is 3.

0-10 & Wong-Baker Pain Scales		MDS Intensity Scale	MDS Entry
1 to 3	Equivalent to	Mild	1
4 to 6	Equivalent to	Moderate	2
7 to 10	Equivalent to	Times when pain is horrible or excruciating	3

NARRATOR:
The final entry for pain on the MDS is the location, or **site**, of pain. There are 10 common sites of pain listed, and you should check **ALL** sites where the resident had pain during the 7-day assessment period. For example, if a resident had surgery 6 days ago and you treated him for pain in his incision, pain in his back, and a headache, you would check boxes a, d, and f. It DOES NOT MATTER if the pain was mild, moderate, or severe. If it was present, check it. A detailed description of the 10 common sites of pain is included on this DVD.

SCENE 13 – Summary

SETTING: Educational classroom
DATE/TIME OF FILMING:
MATERIALS NEEDED:
ACTOR: INTRODUCER: Dr. Michael Mintzer

FADE IN:
INT – CLASSROOM
Wide angle of INTRODUCER

>   INTRODUCER:
>   As a supervisor, trainer, or educator, I hope you have enjoyed
>   viewing this blended-learning curriculum on Pain Assessment and
>   Management for the FIRST TIME! Now, it's up to you to incorporate
>   the material into your organization's training schedule.

CUT TO: SCREENSHOT of items on DVD-ROM

>   INTRODUCER
>   All the materials you need to reproduce this training are available
>   on this DVD. When you insert it into a compatible computer, the
>   online module, the review material, the student quiz, the
>   simulations and scripts, and the competency assessment tool
>   are all there for you to review and print. You can easily recreate
>   the simulations you saw on this DVD at your own institution.

CUT TO: SCREENSHOT of DVD indexes

>   Scenes in the DVD have been indexed separately so you can
>   view and review them as often as needed while you learn how to
>   use this curriculum.

CUT TO: Close-up of INTRODUCER, framed slightly to the left

>   This pain curriculum on DVD emphasizes what busy dedicated
>   health-care adult learners need to know in order to accurately
>   assess and record pain. It is designed to be delivered to learners
>   in increments over a few weeks' time: first the online training,
>   then the simulated exercises, and finally the bedside
>   competency assessment.

CUT TO: Wide Angle of INTRODUCER, framed slightly to the left

>   INTRODUCER:
>   If you follow the format recommended in the training, I believe
>   you will be very happy with the outcome of your efforts, but more
>   importantly, those people we serve who are having pain will
>   receive better care and attain a better quality of life.

SCENE 14 – Credits

SETTING:
DATE/TIME OF FILMING:
MATERIALS NEEDED:
ACTORS:

FADE TO: Image on screen of TNH logo with credits and following text on screen:

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