

“Where Does It Hurt?” Instructor Guide

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain

Date: 10/15/2022

Exporting name: pain scales instructor guide

Learning objectives:

Upon completing the course, the learner will be able to:

- Identify and recall the range of problems that can occur in provider-patient conversations about pain.
- Identify the types of pain scales that can be used in different patient situations to mitigate problems in discussing pain.
- Evaluate a situation and justify an appropriate pain scale to use.
- Administer the appropriate pain scale with 90% accuracy.

Client name: Fictitious HealthGroup

Developing Tool: PowerPoint

Requested Length: 75 minutes (including assessment time)

Course Content:

Module 1: Introduction

Module 2: The Problem of Pain

Module 3: Pain Scales

Instructor Notes

The course gives health-care providers (HCPs) a chance to discuss, evaluate, and practice, in an inclusive and safe environment, how to talk with patients about physical pain.

Speaking scripts have been provided for each slide, but in order to generate an atmosphere in which the learners can practice and critique the use of pain scales, the instructor is encouraged to adapt the scripts as needed to produce a natural, conversational approach to this topic. This conversational approach helps the learners relax, engage with the material, and ask questions as needed. It also models the professional but open conversational style that can be used when discussing pain with patients.

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain	
Module #: 1	Slide #: 1
Module section title: Title Slide	Slide title: none
Course Objective: <ul style="list-style-type: none"> • N/A 	
Slide Objective: <ul style="list-style-type: none"> • Present the title of the course 	
Slide text: Where Does it Hurt? Using Pain Scales to Communicate Effectively About Pain	
Graphics/animation: Large central image showing a group of diverse people (age, race, ethnicity, gender, ability and disability) including both HCPs and patients.	
User instructions: Instructor manually advances slide when appropriate.	

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain	
Module #: 1	Slide #: 2
Module section title: Welcome!	Slide title: none
Course Objective: <ul style="list-style-type: none"> • N/A 	
Slide Objective: <ul style="list-style-type: none"> • Welcome the learners • Make introductions 	

Slide text:

Welcome to this short course on pain communication and the effective use of pain scales in clinical practice.

In a few minutes, I will ask everyone to share with the group your name, pronouns (if you feel comfortable sharing) and something interesting about yourself.

Instructor Notes:

A quick ice-breaker activity has been provided, but can be modified as needed/desired by the instructor.

Recommendation is to leave the slide up and visible as learners enter the room and before beginning the session. This gives the learners an opportunity to brainstorm what they would like to share about themselves with the rest of the group.

Be sure to introduce yourself first as this will model for the group the expectations for the ice-breaker.

Advance slide when introductions are complete.

Speaking Script:

Hi everyone, welcome. My name is _____, and I use _____ pronouns. In a minute, I'm going to ask the person on my left (gesture towards the person) to introduce themselves and share something interesting about themselves. Please feel free to tell us your preferred pronouns, as well, if you would like.

One interesting thing about me is _____.

Comment conversationally with learners as they share about themselves.

User instructions/actions:

Manually advance slide when introductions are complete.

Time:

3-5 minutes, depending on group size.

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain

Module #: 1

Slide #: 3

Module section title: Welcome!	Slide title: Course Participation Reminders
Course Objective: <ul style="list-style-type: none">• N/A	
Slide Objective: <ul style="list-style-type: none">• Remind participants about course participation expectations.	
Slide:	
<h1>Course Participation Reminders</h1> <hr/>	
<p>Just a few quick reminders about participation in this course:</p> <ul style="list-style-type: none">• Please be respectful of others in the room. If you need to take a call, text, or conduct other necessary business, please discreetly leave the room and use the hallway outside.• I welcome and appreciate note-taking and questions! Note-taking spaces have been provided in the Participants Guide.• I have a number of items available for anyone who would like to keep their hands busy as we work. Please feel free to help yourself.• Please let me know if you would like any of these materials in a different format to make them easier for you to access.	
Slide text: <p>Just a few quick reminders about participation in this course:</p> <ul style="list-style-type: none">• Please be respectful of others in the room. If you need to take a call, text, or conduct other necessary business, please discreetly leave the room and use the hallway outside.• I welcome and appreciate note-taking and questions! Note-taking spaces have been provided in the Participants Guide.• I have a number of items available for anyone who would like to keep their hands busy as we work. Please feel free to help yourself.• Please let me know if you would like any of these materials in a different format to make them easier for you to access.	
Instructor Notes: <p>Please modify/adapt this slide to your course expectations for participation.</p>	

If you are able to provide items for those who need/desire concentration objects, here is a recommended list: sketch paper; pens/pencils/markers; pipe cleaners.

Speaking Script:

Thanks for the great introductions, everyone. It's a pleasure to meet you all. I just want to take a minute for a few quick reminders about course participation and norms for this session. In order to ensure everyone benefits from this module, I ask you to please be respectful and conscious of others in the room. If you do have some business you need to address, please take care of that in the hallway so that we can minimize disruptions. If you would like to take notes or keep your hands busy as we work, I've placed some items on the table in the back. Feel free to help yourselves. If you would like to stretch or move around, I've cleared some space in the back of the room.

All the materials we're using today are available in other formats, as well. If you'd like access to these materials in a different format, please just let me know.

Finally, I do welcome questions as we work through this material! If you have a question, please write it down or wave at me. If I can take the question in the moment, I will. Otherwise, I may nod at you to acknowledge I've seen your question, but will wait to address it when we have a more natural break in the material. If I forget to circle back to your question, definitely flag me again.

User instructions/actions:

Manually advance slide when discussion of slide is complete.

Time:

2 minutes

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain

Module #: 1	Slide #: 4
Module section title: Introduction	Slide title: Instructional Goals

Course Objective:

- N/A

Slide Objective:

- Identify for the learners the instructional goals of the module/session.

Slide:

Instructional Goals



Effective assessment of and relief from pain requires clear communication between a patient and the health care provider concerning the nature of the pain, its onset and severity, goals for treatment, and possible outcomes.

This module

- helps providers recognize potential barriers to effective communication about pain.
- provides guidance on the use of three common types of pain scales to facilitate conversations about pain.
- lets providers practice determining the appropriate pain scale to use in different sample situations.

Slide Text:

Effective assessment of and relief from pain requires clear communication between a patient and the health care provider concerning the nature of the pain, its onset and severity, goals for treatment, and possible outcomes.

This module

- helps providers recognize potential barriers to effective communication about pain.
- provides guidance on the use of three common types of pain scales to facilitate conversations about pain.
- lets providers practice determining the appropriate pain scale to use in different sample situations.

Speaking Script:

I'd like to provide a quick overview and reminder of the goals of this course before we move into the material itself. Our course overall focuses on comprehensive pain assessment. In this specific lesson, however, we'll be discussing the ways in which problems of communication about pain can impede pain assessment and how we can use pain scales to overcome those problems. We'll be covering three main areas today: 1.) recognizing potential barriers to effective communication about pain; 2.) guidance on using pain scales to facilitate conversations about pain; and 3.) determining which pain scale is most effective in a given situation to get an accurate pain assessment.

Instructor Notes:

Pain and pain assessment are complex and far-reaching topics. The learners will likely have a lot of comments, thoughts, and questions on pain, pain scales, and communication about pain as you move through this material. You may need to repeatedly re-focus the group on the topics in this particular lesson and remind the learners as needed that there will be other opportunities to discuss some related issues as we move through the other lessons in this course.

User instructions/actions:

Manually advance slide when discussion of slide is complete.

Time:

3 minutes

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain

Module #: 2	Slide #: 5
Module section title: The Problem of Pain	Slide title: How do we talk about pain?

Course Objective:

- Identify and recall the range of problems that can occur in provider-patient conversations about pain.

Slide Objective

- Begin identifying the range of problems that can occur in provider-patient conversations about pain.

Slide:

How do we talk about pain?

It seems like physical pain should be easy to talk about, since almost everyone experiences pain at some point. However, it can be quite difficult.

Why is that?

Please pair up with someone nearby and share a few thoughts about why physical pain can be difficult to discuss.



Slide text:

It seems like pain should be easy to talk about, since almost everyone experiences pain at some point. However, it can be quite difficult.

Why is that?

Please pair up with someone nearby and share a few thoughts about why physical pain can be difficult to discuss.

Speaking Script:

So, how do we talk about pain? Pain seems like something that should be relatively easy to talk about—everyone experiences pain, after all. But actually, it can be very difficult? Why, do you think? Please pair up and take a few minutes to share with each other why talking about pain can be surprisingly hard to do. When you're done, all ask some of you to share with the whole group your responses.

Instructor Notes:

Rather than immediately giving the group lists of reasons why communicating about pain can be hard, allow them to work in small groups first to develop their own ideas.

Leave this slide up as the group discusses first in pairs and then as a large group so that their responses are not directed by the slides. Move to the next slide to review the material as needed.

User instructions/actions:

Manually advance slide when discussion is complete.

Time: 3 minutes

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain

Module #: 2 **Slide #:** 6

Module section title: The Problem of Pain **Slide title:** It Just Hurts!

Learning Objective:

- Identify the range of problems that can occur in provider-patient conversations about pain.

Slide Objective:

- Identify the range of problems that can occur in provider-patient conversations about pain.

Slide:

It Just Hurts!

Many different problems can inhibit the successful communication of pain between patient and provider, including the following:

- the use of different vocabulary or languages to understand and describe the sensations, effects, and areas of pain.
- differing cultural and social values concerning pain, its severity, and its significance.
- embedded and internalized biases that affect perceptions of pain.
- physical, psychological, cognitive, or developmental impairments that make it difficult or impossible to describe or discuss pain.

Slide text:

Many different problems can inhibit the successful communication of pain between patient and provider, including the following:

- the use of different vocabulary or languages to understand and describe the sensations, effects, and areas of pain.
- differing cultural and social values concerning pain, its severity, and its significance.
- embedded and internalized biases that affect perceptions of pain.
- physical, psychological, cognitive, or developmental impairments that make it difficult or impossible to describe or discuss pain.

Speaking Script:

Thank you all for sharing your responses. We already covered some of these in our discussion, but here are a few we missed [adjust response as needed].

Instructor Notes:

Review each of the bullet points even if the group already noted these in the group discussion.

Examples:

Different languages: HCPs and patients do not always speak the same languages or dialects, and translators cannot always provide an exact 1:1 translation. Relying on ad-hoc interpreters (family members or caregivers, for instance) who may not be trained specifically in medical translation can lead to miscommunication and errors.¹

Different vocabularies: HCPs and patients do not always use the same vocabulary to describe pain or other sensations, even when the provider and patient speak the same language. HCPs often rely on medical discourse—specialized language we use to communicate about medical concerns—that the patient may not be familiar with, for instance. Can anyone give me a specific example? [Many technical medical terms/concepts could work here, but these are a few easy examples: an HCP might use the term “patella,” while a patient might use the term “knee”; an HCP might use the term “hypertension,” while a patient might use the term “high blood pressure.”]

Cultural and social values: There are a wide variety of social and cultural values concerning pain which can affect how and what a patient might say about their pain, the causes of their pain, or their wishes regarding treatment for pain. Some cultures, for instance, value stoicism, and thus some patients may display (or attempt to display) more neutral facial expressions even when experiencing pain.²

Internalized biases: Because pain is culturally and socially informed, responses to pain can reflect embedded and internalized biases. Quantitative research has shown, for instance, disparities in pain management for White, Black, and Hispanic patients³.

Impairments: Sometimes patients with a variety of physical or cognitive impairments, such as memory decline, non-verbalization, or other medical conditions, cannot communicate their pain or details about their pain.

¹ Bauer AM, Alegría M. Impact of patient language proficiency and interpreter service use on the quality of psychiatric care: a systematic review. Psychiatr Serv. 2010 Aug;61(8):765-73. doi: 10.1176/ps.2010.61.8.765. PMID: 20675834; PMCID: PMC2946248.

² Givler A, Bhatt H, Maani-Fogelman PA. The Importance Of Cultural Competence in Pain and Palliative Care. [Updated 2022 May 23]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK493154/>

³ Bonham VL. Race, ethnicity, and pain treatment: striving to understand the causes and solutions to the disparities in pain treatment. *J Law Med Ethics* 2001; 29: 52–68.

User instructions/actions:

Manually advance so text on slide appears.

Manually advance slide when discussion of slide is complete.

Time: 4 minutes

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain

Module #: 2 **Slide #:** 7

Module section title: The Problem of Pain **Slide title:** It Just Hurts!

Learning Objective

- Identify the range of problems that can occur in provider-patient conversations about pain.

Slide Objective:

- Identify the range of problems that can occur in provider-patient conversations about pain.

Slide:

It Just Hurts!

Additionally, conversations about pain can be impeded by:

- an absence of a provider-patient relationship and/or medical history.
- doubt about the existence of pain or the sincerity of the patient's experience of that pain.
- anxiety about pain medication addiction.

Slide text:

Additionally, conversations about pain can be impeded by:

- an absence of a provider-patient relationship and/or medical history.
- doubt about the existence of pain or the sincerity of the patient's experience of that pain.
- anxiety about pain medication addiction.

Speaking Script:

Other factors can also play a role in inhibiting communication, as you all mentioned. Sometimes the provider and patient don't have enough of a relationship to really talk through issues of pain, or the provider doesn't have access to a medical history and the patient cannot provide one. Because pain is both a physiological and a cultural-emotional experience, we all often express doubts about pain others experience. A boss might wonder if an employee is really in too much pain to come into work; a parent might wonder if their child is really in pain or needs another form of attention (a hug or a treat). Doubt about pain happens all the time, including in medical situations. Addiction and addiction epidemics have also increased distrust between patients and providers about pain medications. Both patients and providers may exhibit skeptical behaviors or anxiety about drug addictions when discussing possible treatment options.

Instructor Notes:

Specific examples may not be as needed by the group for these bullet points, but these particular points can also elicit strong responses. The group may need to be steered back to the focus of the session and discussion moved on to the material on the next slide.

User instructions/actions:

Manually advance so text on slide appears.

Manually advance slide when discussion of slide is complete.

Time: 3 minutes

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain

Module #: 3	Slide #: 8
Module section title: Pain Scales	Slide title: none

Learning Objective:

- Identify the types of pain scales that can be used in different patient situations.

Slide Objective:

- Articulate the importance of patient self-report of pain.
- Clarify how pain scales can be used to overcome problems in patient-provider communication about pain.

Slide:



- Patient self-report is “the single most reliable indicator of how much pain the patient is experiencing” ([VHA, National Pain Management Coordinating Committee](#)). Self-report of patient pain should never be replaced by the provider’s observations.

- The provider can supplement the self-report with a physical exam and conversation with the patient.

- When a patient has difficulty self-reporting pain, a pain scale can be used to get a sense of the severity and intensity of that pain.

- There are many different types of pain scales. No single pain scale will work in every situation.

Slide text:

Patient self-report is “the single most reliable indicator of how much pain the patient is experiencing” ([VHA, National Pain Management Coordinating Committee](#)). Self-report of patient pain should never be replaced by the provider’s observations.

The provider can supplement the self-report with a physical exam and conversation with the patient.

When a patient has difficulty self-reporting pain, a pain scale can be used to get a sense of the severity and intensity of that pain.

There are many different types of pain scales. No single pain scale will work in every situation.

Speaking Script:

Given the problems of pain that we were just discussing—particularly issues of internalized biases, cultural differences in perceptions of pain, doubt about the intensity of pain, and anxiety about pain treatment—it’s important that we remember that “patient self-report of pain is the single most reliable indicator of how much pain the patient is experiencing.” Providers should never replace the patient’s self-report with their own observations. They can, however, supplement the patient’s self-report with notes.

Pain scales are used to give patients a way to self-report pain in a standardized format. Pain scales help patients provide information about the intensity and severity of their pain. There are lots of different pain scales in use; we’re going to talk in a few minutes about three very common pain scales, but we should remember that no single pain scale will work in every single situation.

Instructor Notes:

None.

User instructions/actions:

Manually advance so text on slide appears.

Manually advance slide when discussion of slide is complete.

Time: 3 minutes

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain

Module #: 3	Slide #: 9
Module section title: Pain Scales	Slide title: Visual Analog Scale (VAS)

Learning Objective:

- Identify the types of pain scales that can be used in different patient situations.

Slide Objective:

- Review the VAS and its function.

Slide:

Visual Analog Scale (VAS)



A VAS is a line, typically 10cm long, with a descriptive anchor at each end.

The patient will mark a spot along the line that best represents the **intensity** or **severity** of pain they feel.

Slide text:

A VAS is a line, typically 10cm long, with a descriptive anchor at each end.

The patient will mark a spot along the line that best represents the **intensity** or **severity** of pain they feel.

Speaking Script:

The VAS, as you can see, is straightforward pain scale. It consists of a line 10 cm long, and typically has a description at each end. Here the descriptions are “No pain” and “Worst possible pain,” but you may see variations of these descriptors on different versions of the VAS. The patient is asked to mark a spot along the line that indicates the **intensity and severity** of their pain. It’s important with the VAS that there are no intervals or other descriptors along the line (for instance, “4, 5, 6” or “somewhat painful”) to indicate different levels of pain.

Instructor Notes:

None.

User instructions/actions:

Manually advance so text/images appear.
Manually advance slide when discussion of slide is complete.

Time: 2 minutes

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain

Module #: 3

Slide #: 10

Module section title: Pain Scales

Slide title: Visual Analog Scale (VAS)

Learning Objective:

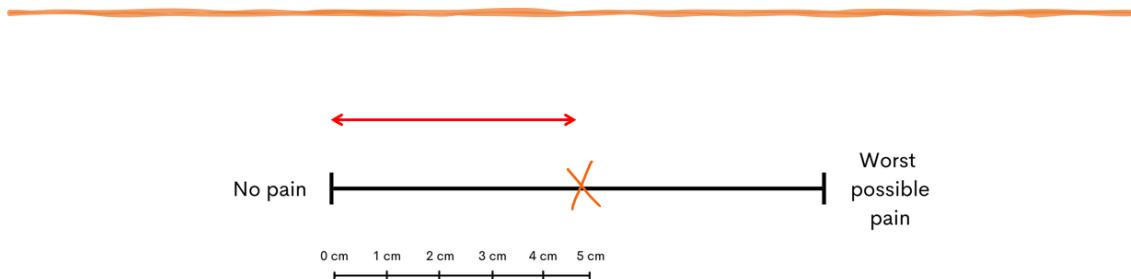
- Identify the types of pain scales that can be used in different patient situations.

Slide Objective:

- Review the function and administration of the VAS.

Slide:

Visual Analog Scale (VAS)



- Patients are asked to place a mark that corresponds to the severity of their pain.
- Pain is measured on the scale from the **left** in **cm**.
- These marks can be recorded in order to identify fluctuations in pain or to compare pain between different patients.
- The scale can be administered in a manual or digital format.

Slide text:

- Patients are asked to place a mark that corresponds to the severity of their pain.
- Pain is measured on the scale from the **left** in **cm**.
- These marks can be recorded in order to identify fluctuations in pain or to compare pain between different patients.
- The scale can be administered in a manual or digital format.

Speaking Script:

So, as I mentioned, the patient is asked to mark a spot along the line that corresponds to the severity of their pain. You then measure from the left side of the scale (“No Pain”) to the mark in cms and then chart the information so that you can see any fluctuations in pain over time for a patient (or to compare levels of pain between different patients). The VAS can be administered by paper (which means you will manually measure) or in digital format—research indicates that the manual vs. digital format does not affect the reliability of the responses.¹

¹ Delgado DA, Lambert BS, Boutris N, McCulloch PC, Robbins AB, Moreno MR, Harris JD. Validation of Digital Visual Analog Scale Pain Scoring With a Traditional Paper-based Visual Analog Scale in Adults. *J Am Acad Orthop Surg Glob Res Rev*. 2018 Mar 23;2(3):e0088. doi: 10.5435/JAAOSGlobal-D-17-00088. PMID: 30211382; PMCID: PMC6132313.

Instructor Notes:

None.

User instructions/actions:

Manually advance so text/images appear.

Manually advance slide when discussion of slide is complete.

Time: 5 minutes

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain

Module #: 3	Slide #: 11
Module section title: Pain Scales	Slide title: Visual Analog Scale (VAS)

Learning Objective:

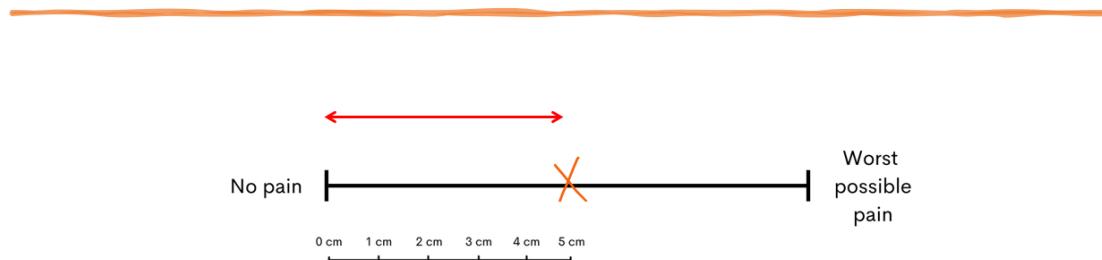
- Identify the types of pain scales that can be used in different patient situations.

Slide Objectives:

- Practice administering the VAS with a partner.
- Critique the benefits and drawbacks to using a VAS.

Slide:

Visual Analog Scale (VAS)



With your partner, please practice administering and measuring the VAS using the paper scales and rulers provided.

When you are done, discuss with your partner the benefits and drawbacks to using a VAS.

Slide text:

- With your partner, please practice administering and measuring the VAS using the paper scales and rulers provided.
- When you are done, discuss with your partner the benefits and drawbacks to using a VAS.

Speaking Script:

Okay, everyone, we're going to practice administering the VAS. Please pair up and introduce yourselves again if you've forgotten each other's names, and then use the VAS provided in your participant guides to practice. Each person needs to practice being the patient (giving your response) and then practice being the provider (measuring the other person's response). I'll come around and give each group a ruler and answer questions you might have.

When you're done practicing, I'd like you to spend a few minutes discussing the benefits and drawbacks to the VAS. What about it seems to be a benefit? What about it might be a drawback?

Instructor Notes:

Depending on the group, you can let participants choose their own partners or pair them up.

User instructions/actions:

Manually advance so text/images appear. Images will repeat without needing additional advance.
Manually advance slide when discussion of slide is complete.

Time: 5 minutes

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain

Module #: 3 **Slide #:** 12

Module section title: Pain Scales **Slide title:** Visual Analog Scale (VAS)

Learning Objective:

- Identify the types of pain scales that can be used in different patient situations.

Slide Objectives:

- Review the group's responses to the discussion prompt from the previous slide.
- Review the benefits and drawbacks to the VAS.

Slide:

Visual Analog Scale (VAS)

Benefits

- It can be administered very efficiently.
- The scale minimizes translation needs.
- It can be used repeatedly to understand and rate fluctuations of pain over time.

Drawbacks

- The manual format can be difficult for those with low-mobility or cognitive difficulties to complete.
- Measuring the responses manually can be time consuming.
- The VAS is not suitable for very young children and comatose/non-communicative patients.

Slide text:

Benefits

- It can be administered very efficiently.

- The scale minimizes translation needs.
- It can be used repeatedly to understand and rate fluctuations of pain over time.

Drawbacks

- The manual format can be difficult for those with low-mobility or cognitive difficulties to complete.
- Measuring the responses manually can be time consuming.
- The VAS is not suitable for very young children and comatose/non-communicative patients.

Speaking Script:

So, thoughts on the VAS? Let's start with the benefits. What seem to be some useful benefits to the VAS?

Drawbacks? Why might this scale **not** be useful or beneficial in every situation?

Instructor Notes:

Do not advance the slide to show the bullet points until the group has completed their discussion and shared their responses to administering the VAS. Manually advance the bullet points to review any points the group did not offer on their own during discussion.

User instructions/actions:

Manually advance so text on slide appears as you review any points missed in discussion.

Manually advance slide when discussion of slide is complete.

Time: 3 minutes

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain

Module #: 3	Slide #: 13
Module section title: Pain Scales	Slide title: Numeric Ratings Scale (NRS)

Learning Objective:

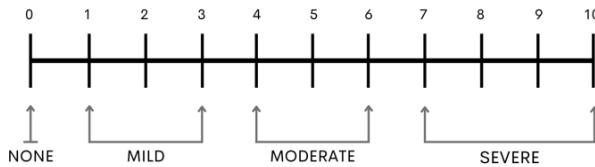
- Identify the types of pain scales that can be used in different patient situations..

Slide Objective:

- Review the function and administration of the NRS.

Slide:

Numeric Ratings Scale (NRS)



- A NRS is a type of VAS that uses numbers to help patients rate the **severity** and **intensity** of their pain.
- Patients are asked to provide a number that corresponds to the intensity of their pain.
- These marks can be recorded in order to identify fluctuations in pain or to compare pain between different patients.

Slide text:

- A NRS is a type of VAS that uses numbers to help patients rate the **severity** and **intensity** of their pain.
- Patients are asked to provide a number that corresponds to the intensity of their pain.
- These marks can be recorded in order to identify fluctuations in pain or to compare pain between different patients.

Speaking Script:

Alright everyone, nice work with the VAS. We're going to move on now to the Numeric Ratings Scale, or NRS. A NRS is basically a type of VAS, but it uses numbers to help patients rate the **severity and intensity** of their pain. The VAS just has those two descriptive anchors at each end, "No pain" and "Worst pain ever." The NRS, by contrast, has numbers 0-10 so that patients can assign a specific number to their pain. Typically, a NRS will also use descriptive labels to assist patients in measuring their pain. 0 indicates "no pain," 1-3 indicates "mild pain," 4-6 indicates "moderate pain," and 7-10 indicates "severe pain."

As with the VAS, you can use this scale to chart fluctuations in pain over time for a patient, or to compare pain levels between different patients.

Instructor Notes:

None.

User instructions/actions:

Manually advance so text on slide appears.

Manually advance slide when discussion of slide is complete.

Time: 3 minutes

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain

Module #: 3 **Slide #:** 14

Module section title: Pain Scales **Slide title:** Numeric Ratings Scale (NRS)

Learning Objective:

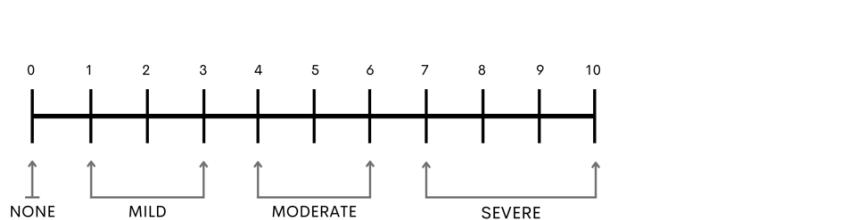
- Identify the types of pain scales that can be used in different patient situations.

Slide Objective:

- Critique the benefits and drawbacks to using the NRS.

Slide:

Numeric Ratings Scale (NRS)



Examine the pain scale carefully and discuss it with your partner. Given our earlier conversation about common problems in pain communication, what do you feel are some benefits to using a NRS for patient self-report of pain? What might be some drawbacks to using this scale?

Slide text:

Examine the pain scale carefully and discuss it with your partner. Given our earlier conversation about common problems in pain communication, what do you feel are some benefits to using a NRS for patient self-report of pain? What might be some drawbacks to using this scale?

Speaking Script:

The NRS is easy to administer, so we won't practice it today, although you're welcome to do so now with your partner if you would like. Please take a few minutes, though, to examine the NRS and discuss with your partner what you think some benefits and drawbacks to using this scale might be for patient self-report of pain.

Instructor Notes:

Leave the slide up as pairs discuss the scale before advancing to the next slide.

User instructions/actions:

Manually advance so text on slide appears.

Manually advance slide when discussion of slide is complete.

Time: 5 minutes**Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain****Module #: 3****Slide #: 15****Module section title: Pain Scales****Slide title: Numeric Ratings Scale (NRS)****Learning Objective:**

- Identify the types of pain scales that can be used in different patient situations.

Slide Objectives:

- Review the group's responses to the discussion prompt from the previous slide.
- Review the benefits and drawbacks to the NRS.

Slide:

Numeric Ratings Scale (NRS)

Benefits

- It can be administered very efficiently.
- The scale minimizes translation needs.
- It can be used repeatedly to understand and rate fluctuations of pain over time.

Drawbacks

- It represents pain as a rigid metric with clear interval jumps (e.g., from a 3 to a 4).
- It does not provide patients with a language to describe their pain (type, location, sensations, etc.)
- It assumes a patient understands numerical intervals.

Slide text:

Benefits

- It can be administered very efficiently.
- The scale minimizes translation needs.
- It can be used repeatedly to understand and rate fluctuations of pain over time.

Drawbacks

- It represents pain as a rigid metric with clear interval jumps (e.g., from a 3 to a 4).
- It does not provide patients with a language to describe their pain (type, location, sensations, etc.)
- It assumes a patient understands numerical intervals.

Speaking Script:

So, thoughts on the NRS? Let's start with the benefits. What seem to be some useful benefits to the NRS?

Drawbacks? Why might this scale **not** be useful or beneficial in every situation?

Instructor Notes:

Do not advance the slide to show the bullet points until the group has completed their discussion about the NRS. Manually advance the bullet points to review any points the group did not offer on their own during discussion.

User instructions/actions:

Manually advance so text on slide appears as you review any points missed in discussion.

Manually advance slide when discussion of slide is complete.

Time: 3 minutes

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain

Module #: 3	Slide #: 16
Module section title: Pain Scales	Slide title: Wong-Baker FACES

Learning Objective:

- Identify the types of pain scales that can be used in different patient situations.

Slide Objectives:

- Review the function and administration of the Wong-Baker FACES scale.
- Critique the benefits and drawbacks to using the Wong-Baker FACES scale.

Slide:



Wong-Baker FACES

- The [Wong-Baker FACES scale](#) is designed to be used with patients who might struggle understanding or responding to a VAS or NRS.
- The scale uses monochrome faces depicting different expressions of distress to help patients self-evaluate their physical pain.
- **With a partner, discuss why the Wong-Baker FACES scale might be especially useful for young children to use when self-evaluating pain. What might also be some drawbacks to using this scale?**

Slide text:

- The [Wong-Baker FACES scale](#) is designed to be used with patients who might struggle understanding or responding to a VAS or NRS.
- The scale uses monochrome faces depicting different expressions of distress to help patients self-evaluate their physical pain.
- **With a partner, discuss why the Wong-Baker FACES scale might be especially useful for young children to use when self-evaluating pain. What might also be some drawbacks to using this scale?**

Speaking Script:

Okay, everyone, our last pain scale for discussion and review today. The Baker-Wong FACES scale differs from the other scales we've looked at today because it relies on pictures to indicate different levels of pain. [Load link and leave link screen up for view as you discuss the scale.] This scale is primarily used with younger children or other patients who might struggle to understand a VAS or NRS. The faces look like black-and-white drawings and display different expressions of distress or suffering as a way to help patients self-report their level of pain. Please take a few minutes to talk with your partner about why this scale might be useful especially with young children. What might be some drawbacks to this scale?

Instructor Notes:

The Baker-Wong FACES scale is a copyrighted image that cannot be used directly on the slide. For that reason, a link to the image has been provided. Please load the link so that the participants can examine the scale as you review its attributes and while they discuss it in pairs.

User instructions/actions:

Manually advance so text on slide appears.

Manually advance slide when discussion of slide is complete.

Time: 3 minutes

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain

Module #: 3	Slide #: 17
Module section title: Pain Scales	Slide title: Baker-Wong FACES Scale

Learning Objective:

- Identify the types of pain scales that can be used in different patient situations.

Slide Objective:

- Review the benefits and drawbacks to the Baker-Wong FACES scale

Slide:

Baker-Wong FACES Scale

Benefits

- The scale can be used with young children who cannot understand a VAS or NRS.
- The scale minimizes translation needs.
- It can be used repeatedly to understand and rate fluctuations of pain over time.
- The scale allows for both verbal and non-verbal patients to communicate their pain.

Drawbacks

- The faces represent an external expression of pain. Some patients may confuse an emotional expression (e.g., the patient feels sad) and physical pain because the scale uses common emotional expressions.
- It does not provide patients with a language to describe their pain (type, location, sensations, etc.)

Slide text:

Benefits

- The scale can be used with young children who cannot understand a VAS or NRS.
- The scale minimizes translation needs.
- It can be used repeatedly to understand and rate fluctuations of pain over time.
- The scale allows for both verbal and non-verbal patients to communicate their pain.

Drawbacks

- The faces represent an external expression of pain. Some patients may confuse an emotional expression (e.g., the patient feels sad) and physical pain because the scale uses common emotional expressions.
- It does not provide patients with a language to describe their pain (type, location, sensations, etc.)

Speaking Script:

So, thoughts on the Baker-Wong FACES scale? Let's start with the benefits. What seem to be some useful benefits to the scale?

Drawbacks? Why might this scale **not** be useful or beneficial in every situation?

Instructor Notes:

Do not advance the slide to show the bullet points until the group has completed their discussion about the Baker-Wong FACES scale. Manually advance the bullet points to review any points the group did not offer on their own during discussion.

User instructions/actions:

Manually advance so text on slide appears.

Manually advance slide when discussion of slide is complete.

Time: 3 minutes

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain

Module #: 3 **Slide #: 18**

Module section title: Pain Scales **Slide title:** Selecting a Scale

Learning Objective:

- Evaluate a situation and justify an appropriate pain scale to use.

Slide Objectives:

- Recall the types of pain scales that can be used in different patient situations.
- Evaluate a situation and justify an appropriate pain scale to use.

Slide:

Selecting a Scale

When do you use a specific scale? In what circumstances?

- Some organizations require the use of a specific scale.
- When it is your choice, determine the appropriate scale based on the situation.
- The benefits to each scale are similar, but the drawbacks differ.
- Select the scale based on minimizing the drawbacks in a given situation.

With your partners, discuss the scenarios provided in the participant guide workbook and determine which scale you would use and your reasoning for that choice.



Slide text:

When do you use a specific scale? In what circumstances?

- Some organizations require the use of a specific scale.
- When it is your choice, determine the appropriate scale based on the situation.
- The benefits to each scale are similar, but the drawbacks differ.
- Select the scale based on minimizing the drawbacks in a given situation.

With your partners, discuss the scenarios provided in the participant guide workbook and determine which scale you would use and your reasoning for that choice.

Speaking Script:

Thanks for the discussion, everyone! We're now going to practice selecting the appropriate scale in specific situations. Some things to remember, as we practice this: first, some organizations require the use of a specific scale, so in many cases you won't make a choice at all—you'll use the assigned scale. Second, when you do have a choice, you need to determine the appropriate scale based on your assessment of the situation. If you're working with a young child, for instance, then the NRS might not be the best choice. As we've seen, the benefits to the three scales we've reviewed are fairly similar, so you may often be selecting a scale based on the drawbacks to each scale, not the benefits. This means you need to recall the drawbacks to using different scales and adjust as needed.

Please open up your participant workbooks to the "Scenarios" section and work with your partner following the direction in the workbook.

Instructor Notes:

Circulate among the groups as they work and check-in with each group for follow-up questions. Address any particularly relevant questions to the whole group after they have completed the scenarios.

Select 1-2 scenarios to review as a large group together, and then ask the group if they would like to discuss any other scenarios together.

User instructions/actions:

Manually advance so text on slide appears.

Manually advance slide when discussion of slide is complete.

Time: 5 minutes

Course name: Where Does It Hurt? Using Pain Scales to Communicate Effectively About Pain

Module #: 3	Slide #: 19
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Module section title: Pain Scales	Slide title: Review and Assessment
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Learning Objective:

- Administer the appropriate pain scale with 90% accuracy.

Slide Objective:

- Conclude presentation portion of the session.

Slide:

Review and Assessment

Thank you all for your participation and discussion.

We're now going to move on to the review and assessment portion of the course. The assessment can be found in the provided participant workbook.

In our next module, we'll be covering comprehensive pain assessments.



Slide text:

Thank you all for your participation and discussion.

We're now going to move on to the review and assessment portion of the course. The assessment can be found in the provided participant workbook.

In our next module, we'll be covering comprehensive pain assessments.

Speaking Script:

Thanks, everyone, for your participation and discussion! We're now going to transition to the assessment portion of our session today. You can find the written assessment in the participant workbook under "Assessment." I'll collect the sheets when you're done, and you're welcome to leave once you've completed the assessment. Just a reminder that in our next module, we'll be moving on from specific pain scales to cover more comprehensive pain assessments, again in relation to problems of patient-provider communication, so you may want to review the communication sections in the workbook that we covered today before that session. See you all next meeting.

Instructor Notes:

Collect the sheets as indicated in your complete instructor course guide.

User instructions/actions:

Conclusion of slides—use participant workbook to administer assessment.

Time: 15 minutes