E-Learning Module B: Assessment

This module requires the learner to have read chapter 3 of the CAPCE Program Guide and the other required readings associated with the topic. See the CAPCE Program Guide required and recommended reading list for more information.

Revised: January 2017
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Please reference as follows:

GETTING STARTED

This e-Learning Module has been designed to consolidate key concepts from the required readings and provide an opportunity to begin applying these concepts through self-directed reflection and scenario-based work, in preparation for the case-based discussions, in-person, with other learners.
GETTING STARTED

In this module, you will review the content highlights associated with Assessment.

You may be asked to write down your thoughts or ideas during this module. You can do so in the Notes section at the end of Chapter 3 in your Program Guide. Have your Program Guide with you as you complete this module.

These notes are just for you; you won’t be required to submit them. However, you may be prompted to use your notes for discussion in your Peer-to-Peer Exchange and Coaching Sessions. Please be respectful of confidentiality.
TOPICS COVERED

✓ Assessment: Critical Concepts
✓ Therapeutic Encounter
✓ Assessment
✓ Thinking Critically about Assessment
✓ Taking a history
✓ Assessment Across the Domains
✓ Assessment Tools
ASSESSMENT: CRITICAL CONCEPTS

Key Concepts associated with Assessment include:

✓ Assessment is the beginning stage of the therapeutic encounter and is the foundation on which all other steps are built upon.

✓ Thinking critically and challenging assumptions will help the Nurse develop a deeper understanding of the person and family.

✓ Understanding when and how to use tools to help assess across all the Domains of Issues is an important skill to develop.
THERAPEUTIC ENCOUNTER

To understand the therapeutic encounter, review the Domains of Issues Laminate. You can see that one side has all the domains of issues with the person and family in the middle. The other side illustrates the steps of the therapeutic encounter.

The steps of the therapeutic encounter should appear familiar to you - it closely resembles the nursing process.
THERAPEUTIC ENCOUNTER

A therapeutic encounter takes place between at least two people and is designed to enhance the health of at least one of the people involved.

Remember that the steps of the therapeutic encounter take place over and over again during the course of the therapeutic relationship between you, the person, and the family.
ASSESSMENT

Assessment is the first step of the therapeutic encounter. It’s the foundation upon which all interventions are determined.

During assessment, you must screen for active issues and look for issues that could become a problem if not prevented.

Missed issues can compound quickly and complicate the illness experience for the person and family.
ASSESSMENT

Consider a complex assessment that you’ve conducted in your practice. Answer the following questions in the Notes section.

1. What made the assessment complex?

2. Which Domains of Issues did your assessment include?

3. For the Domains of Issues that were not specifically included, explain why. What would have helped you to include them?
ASSESSMENT

As a Nurse, you will conduct many complex assessments in your career. Using the Domains of Issues to organize your thinking and actions will help you conduct comprehensive, person-centered assessments to effectively initiate therapeutic relationships.
Think Critically About Assessment

Consider Lillian’s story below, take notes as you read and answer the questions in your Notes section. Be prepared to discuss this case with your CAPCE coach at the next Coaching Session.

Lillian was admitted to your long term care home six months ago. Her diagnoses include: Osteoarthritis, Non-Insulin Dependent Diabetes Mellitus, COPD, and advanced CHF. Since her admission, you have learned that her husband died suddenly 7 years ago from an aortic aneurysm, and she has four children; one son and one daughter live in town, another daughter lives out east, and her other son lives in Texas.
Increasingly, over the past several weeks, Lillian has been requesting to stay in bed. She doesn’t want to go to the dining room for meals. She picks at her food and doesn’t socialize with table mates. She looks sad and is increasingly resistant to care. She cries when staff try and get her to do any activities.

What is your initial reaction? What’s going on with Lillian and what should you do next?
THINKING CRITICALLY ABOUT ASSESSMENT

Over and over again, Lillian tells the PSWs that she wishes she were back in her own apartment again. She misses her apartment, her things, her friends, and her church. She also expresses a deep sadness over not being able to do as much for herself anymore.

- Challenge your first assumption. How would you conduct a more thorough assessment and spend time engaging Lillian in therapeutic conversation?
THINKING CRITICALLY ABOUT ASSESSMENT

As you spend time with Lillian, you quickly discover that she misses her husband terribly, and misses the life they shared together. She says she is tired and life isn’t worth living anymore; she just wishes she could die and join her husband. She talks about her belongings, how hard it was to leave her apartment and move into long term care, and she wonders if the people who got her precious things are taking good care of them.
THINKING CRITICALLY ABOUT ASSESSMENT

- After you’ve gathered all the information and completed a more thorough assessment on Lillian, is your initial assumption still the same?
THINKING CRITICALLY ABOUT ASSESSMENT

The nurse in this case initially assumed that Lillian was depressed and may need an antidepressant.

However, when asked to think critically and challenge the assumption, further assessment revealed additional information that allowed the nurse to understand Lillian’s behaviors and feelings were more indicative of grief than depression. Often, as nurses, our minds automatically jump to diagnosis and treatment without a comprehensive assessment.

Critical thinking helps us challenge our initial reactions/assumptions, engage in therapeutic encounters, and think deeply about situations we encounter.
As a Nurse, your critical thinking skills will be used every day and should include:

✓ **Interpretation**: it’s not enough that you recognize or identify a symptom or event, but that you understand the meaning behind it and ask yourself: “Why is this person having this symptom now?”

✓ **Analysis**: based on the objective and subjective information you obtain, you will have to determine an appropriate course of action.

✓ **Evaluation**: you will need to not only assess the value of the information obtained, but also determine if desired outcomes have been reached.
Taking a history is a basic nursing skill; however, taking a comprehensive history in complex situations and discerning when to obtain information from the person and family is an enhanced skill required by the nurse in palliative care.
TAKING A HISTORY

Answer the following questions in your Notes section and use the information in Chapter 3 of your Program Guide as needed.

1. When initiating a therapeutic relationship with a person with a PPS of 70% and his or her family, how difficult is it to obtain a history? Do the initial assessment and history taking help to establish a therapeutic relationship? Why or why not?

2. How would you proceed in establishing a therapeutic relationship when the person’s PPS is 40%? What challenges might you encounter obtaining a history? What would you do about them?

3. Consider initiating a therapeutic relationship with a person and family and the person’s PPS is 10%. How important is it to obtain a history? What steps would you take? What tools might you use to prioritize issues?
ASSESSMENT ACROSS THE DOMAINS

There is a natural tendency to put a greater value on a physical assessment than on the other seven Domains of Issues; however, the nurse must place equal value on every domain when conducting an assessment.
Sheri is a 50-year-old female, married with two teenage children, both living at home. She has led a very health life until diagnosed with breast cancer, for which she had a mastectomy, chemotherapy, and radiation. She was declared ‘cancer free’ two years ago. Previous treatments with chemotherapy caused her to develop Type II Diabetes, but her blood sugars have been well controlled with oral hypoglycemic agents.
Sheri began to experience increased diffuse abdominal pain, as well as continuous nausea. An abdominal CT showed a mass on the liver and deep needle biopsy showed diffuse metastatic liver cancer. The only treatment offered was oral Tamoxifen to arrest further growth of the breast cancer cells.
ASSESSMENT ACROSS THE DOMAINS

Sheri prepared for her final Christmas a few months later and made it a really big deal by giving all her family members a unique gift that reminded her of them, along with a photo of herself and a hand-written letter. As the next year progressed, Sheri’s condition stabilized, but she suffered emotionally as she “waited to die”, and felt abandoned by friends.

The development of slurred speech, missed words, and two falls led to a discovery of metastases to her brain, and she died four weeks later in a Palliative Care unit at her local hospital.
ASSESSMENT ACROSS THE DOMAINS

Based on your understanding of the eight Domains of Issues, write an assessment question for each domain as you might have initiated a therapeutic conversation with Sheri and her family.
ASSESSMENT ACROSS THE DOMAINS

- Compare the eight Domains of Issues and the ESAS-r tool. Which domains of issues are addressed by the ESAS-r tool and which ones are not?

- How might you assess the domains not addressed by the ESAS-r tool?
There is no single tool at your disposal that will give you the full picture of the person. Instead, as a Nurse, you will be required to use many tools in different ways.

At the end of your Program Guide, there is a list of assessment tools.

1. Make a list of the tools in your Notes section.
2. Briefly describe what each tool is used for and identify which domain(s) are addressed by the tool.

Compare your results with your partner(s) at your next peer-to-peer discussion.
BRINGING IT TOGETHER

The nurse has a privileged role in the illness experience of a person and family. In addition to taking a history and completing a comprehensive assessment that addresses all domains, the nurse can facilitate conversations that enable the person and family to formulate and articulate goals.

The nurse can help discern how the person wants to live and die, and accompany the person and family on the journey. With knowledge, skill, empathy, and compassion, the nurse can engage in therapeutic encounters that build therapeutic relationships of trust.
WHAT HAPPENS NEXT

To prepare for the next e-Learning Module, you will need to read the associated Program Guide chapter in advance.

In order to complete the next e-Learning Module, you will need to have the program Guide and the Pallium Palliative Pocketbook with you.