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Saudi German Health

PAIN-FREE HOSPITAL PROGRAM

Emotional Pain Management

Pain & Comfort Champion Training

SCREEN • COMMUNICATE • MANAGE

Training Agenda

EPM CHAMPION TRAINING · 2 HOURS

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PART 1 — KNOW IT
Clinical Knowledge (60 min)

1	Why Emotional Pain Matters	10 min
2	EPS Framework — Screen, Score & Act	20 min
3	Tiered Support Model	15 min
4	Communication Standards (AIDET + Teach-Back)	15 min

PART 2 — TEACH IT
Champion Capability (60 min)

5	CARE Protocol — Deep Dive	15 min
6	Advanced Level 2 Techniques	10 min
7	Five-Step De-escalation Ladder	5 min
8	Experience Checkpoints & Documentation	10 min
★	**Roleplay Assessment**	20 min

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PART 1 · KNOW IT

Clinical Knowledge

EPS · Tiered Model · Communication Standards

Pain and Emotion Are Clinically Linked

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MODULE 1 · WHY IT MATTERS

Emotional pain is not separate from physical pain — it clinically amplifies it.

FEAR	Activates the HPA stress axis, elevating cortisol.	→	EFFECT ON PAIN: **Directly lowers the pain threshold.**
ANXIETY	Increases central sensitization via the sympathetic nervous system.	→	EFFECT ON PAIN: **Equivalent to a supplemental analgesic dose.**
CONFUSION	Produces learned helplessness; patients refuse treatment.	→	EFFECT ON PAIN: **Higher reported pain despite analgesia.**

SGH VISION

"Every SGH patient will be pain-free in all hospital departments."

As Champions, you close the gap between physical and emotional care.

The Three EPS Domains — Screen Every Patient

MODULE 2 · EPS FRAMEWORK

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⚠ FEAR

ASK

"Are you afraid of what may happen to you here?"

WHY IT MATTERS

Fear lowers your pain threshold. Address it first.

ANXIETY

ASK

"How worried are you feeling right now about your condition or treatment?"

WHY IT MATTERS

Anxiety amplifies pain and prolongs recovery.

CONFUSION

ASK

"Do you feel clear about what is happening and what will happen next?"

WHY IT MATTERS

Confusion creates helplessness — even good analgesia fails.

Total EPS = D1 + D2 + D3 **Range 0–9** Score immediately after each response

Scoring Each Domain (0–3)

MODULE 2 · EPS SCORING

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SCORE	LEVEL	WHAT TO LOOK FOR	EHR PHRASE
0	**No distress**	Calm, natural eye contact, coherent, no tension or tearfulness	*"EPS [D] = 0. No emotional distress noted."*
1	**Mild · self-managing**	Slight nervousness, brief fidgeting, mild tearfulness resolving quickly	*"EPS [D] = 1. Mild distress; brief verbal reassurance provided."*
2	**Moderate · active support**	Persistent tearfulness, repetitive questions, visible tension, shortened attention	*"EPS [D] = 2. Moderate distress. AIDET + reassurance applied."*
3	**Severe · escalate now**	Panic, refusal of care, dissociation, inability to process information	*"EPS [D] = 3. Severe distress. Escalated to [L2/L3] at [HH:MM]."*

Score each domain independently. When verbal and non-verbal signals conflict → score the HIGHER indication of distress.

EPS Score → Required Action

MODULE 2 · SCORING & ACTION

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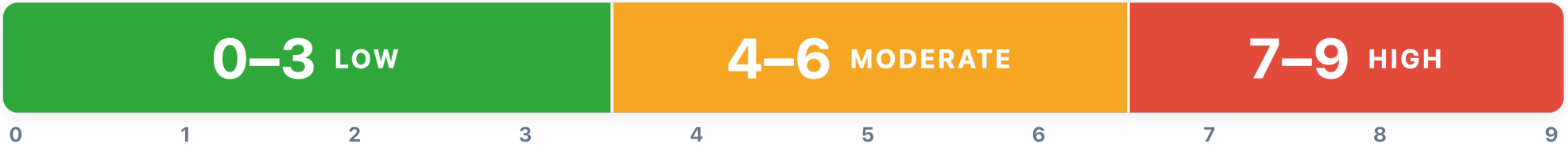

0–3 LOW	4–6 MODERATE	7–9 HIGH
AIDET reassurance. Document EPS in the EHR. Continue care.	Escalate to the Pain & Comfort Champion. Do not delay for any other task.	Escalate to APS / Psychologist. Notify patient. Flag in the EHR.
Immediate	Champion within 15 min	Specialist within 30 min

When verbal and non-verbal signals conflict → always score the HIGHER level of distress.

EPS — Adapted Approaches for Special Populations

MODULE 2 · SPECIAL POPULATIONS

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Paediatric (≥6 yrs)

Simplify language: "Are you feeling scared?" · "Are you worried?" · "Do you know what will happen today?"

Limited language

Use a certified interpreter, in person or telephonic. Never use family members. Translated cards at every nursing station.

Cognitive / delirium

Replace verbal EPS with a validated behavioural distress scale. Nurse observation replaces self-report. Document the method.

Declines to answer

Score on non-verbal observation alone. Document: "Declined verbal screening; scored on behavioural observation."

Acute pain (NRS ≥7)

Prioritise analgesia first. Conduct EPS within 30 minutes of intervention, once the patient can engage.

Rule across ALL populations: when verbal and non-verbal conflict → score the higher indication of distress.

Knowledge Check 1

QUESTION 1 OF 2

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MULTIPLE CHOICE

SCENARIO

Mrs. Fatimah is post-procedure. She grips the chair arms, is tearful, and keeps asking when the doctor is coming. She answers all three EPS questions but minimises throughout, saying "I'm okay, really." Which domain scores correctly describe her presentation?

A Fear 0, Anxiety 1, Confusion 0

B Fear 1, Anxiety 2, Confusion 1

C Fear 3, Anxiety 3, Confusion 3

D Fear 2, Anxiety 0, Confusion 2

HOW TO ANSWER Branch discussion 90 sec → Type answer in chat — branch name first → Facilitator debriefs

Knowledge Check 1

QUESTION 2 OF 2

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MULTIPLE CHOICE

SCENARIO

Mrs. Fatimah is post-procedure, tearful, and keeps asking when the doctor is coming. She minimises throughout. You score: Fear 1, Anxiety 2, Confusion 1. Total = 4. What is the required action?

A Continue care, document in EHR	**B** Escalate to Champion within 15 min
C Escalate to APS within 30 min	**D** Analgesia first — screen later

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Tiered Emotional Support Model

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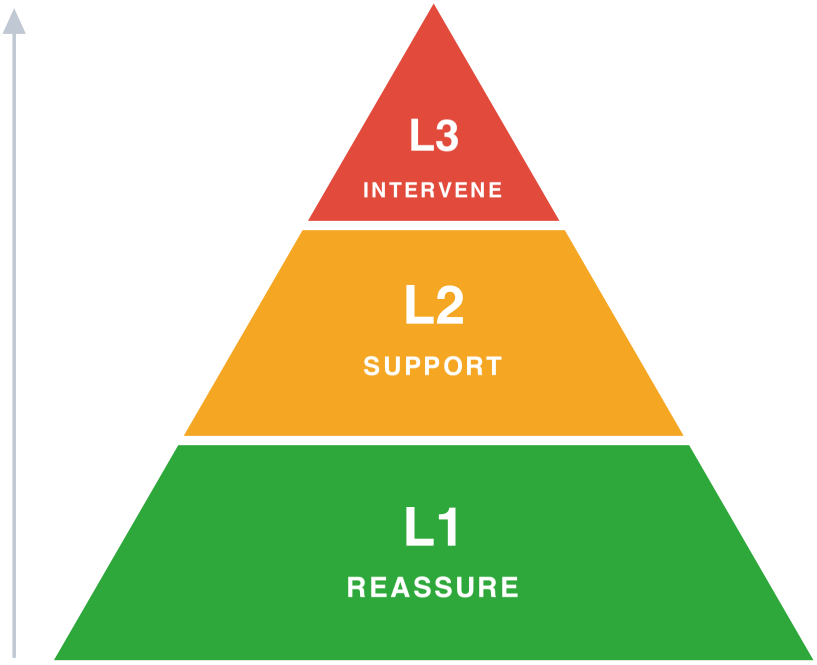
MODULE 3 · TIERED MODEL

If resolved at any tier → re-score EPS, document, and step back down.



Broad base: every clinical staff member · Narrow apex: specialist team

L3 · INTERVENE

Within 30 min · PX ≤ 60 min

APS Team / Psychologist · *Trigger: EPS ≥7 or L2 unresolved*

- Full clinical assessment
- Specialist intervention
- Pharmacological support

L2 · SUPPORT

Within 15 min

Pain & Comfort Champion (YOU) · *Trigger: EPS 4–6 or L1 unresolved*

- Apply CARE protocol
- Re-score EPS after intervention
- Document interaction

L1 · REASSURE

Immediate

All Clinical Frontline Staff · *Trigger: EPS 0–3 or any interaction*

- Apply AIDET
- Warm, specific reassurance
- Document EPS in EHR

AIDET — The Standard for Every Interaction

MODULE 4 · COMMUNICATION

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ACKNOWLEDGE — A

"Good morning, Mr. Al-Ghamdi. I can see you have been waiting — thank you for your patience."

INTRODUCE — I

"My name is Nurse Layla. I am the APS nurse assigned to your care today."

DURATION — D

"This assessment will take about 10 minutes. I will let you know each step as we go."

EXPLANATION — E

"I am going to assess your pain level and ask you a few questions about how you are feeling."

THANK YOU — T

"Thank you for being open with me. Before I go, is there anything else you would like to ask?"

AIDET applies to EVERY patient interaction — not just high-distress cases.

Teach-Back & Language Standards

MODULE 4 · TEACH-BACK & LANGUAGE

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Teach-Back tests how well YOU explained.

1. Explain clearly in plain language.
2. "Could you tell me in your own words what you will do when you get home?"
3. Listen. Identify gaps. Re-explain using a different approach.
4. Re-check understanding.
5. Document: "Teach-back completed. Patient demonstrated [adequate/partial/insufficient] understanding."

Mandatory for: discharge instructions, post-op care, red-flag symptoms, PCA, follow-up.

Say This — Not That

✕ "Don't worry"

✓ "I understand — what worries you most?"

✕ "Medication should be working"

✓ "Let me contact APS now."

✕ "I already explained this"

✓ "Let me try a different way."

Knowledge Check 2

QUESTION 1 OF 2

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MULTIPLE CHOICE

SCENARIO

A Champion runs CARE on a patient with EPS 6. After CARE the patient is calmer but still tearful and asking questions.
What does the Champion do next?

- **A** Escalate to Level 3 immediately
- **B** Observe up to 15 min, then re-score
- **C** Document and hand back to the nurse
- **D** Repeat CARE from the beginning

HOW TO ANSWER Branch discussion 90 sec → Type answer in chat — branch name first → Facilitator debriefs

Knowledge Check 2

QUESTION 2 OF 2

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TRUE OR FALSE

SCENARIO

Mr. Al-Harbi, 61, is being discharged after a cardiac procedure with three new medications, including a blood thinner. He nods along and says "Yes, I understand" — but hasn't asked a single question.

1	Since Mr. Al-Harbi said "I understand" and asked no questions, Teach-Back isn't necessary here.	TRUE	FALSE
2	The correct next step is to ask him to explain the plan back in his own words — e.g., "Can you tell me how you'll take your new medications at home?"	TRUE	FALSE

HOW TO ANSWER Branch discussion 90 sec → Type True / False for each statement — branch name first → Facilitator debriefs

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PART 2 · TEACH IT

Champion Capability

CARE Protocol · Advanced Techniques · De-escalation · Roleplay

CARE Protocol — Step by Step

MODULE 5 · CARE PROTOCOL

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C — STEP 1 CONNECT

Sit or stand at eye level. Introduce yourself as the Champion. Remove physical barriers. Give full attention.

"I'm the Pain and Comfort Champion here. I have time specifically to sit with you right now."

AVOID
Standing over the patient. Glancing at your phone. "I only have 5 minutes."

A — STEP 2 ACKNOWLEDGE

Name the emotion without minimizing it. Do not rush to reassure. Allow silence. Validate before anything else.

"I can see you're going through something really difficult, and your feelings make complete sense."

AVOID
"Don't worry" or "Everything will be fine" before the patient has been heard.

R — STEP 3 RESPOND

Ask an open question to understand the specific source of distress. Listen more than you speak. Reflect back.

"Can you help me understand what is worrying you most right now?"

AVOID
Leading or closed questions. Interrupting. Jumping to solutions.

E — STEP 4 EMPOWER

Offer concrete, specific reassurance tied to an action. Restore control and agency. Involve the patient in the plan.

"Here is exactly what happens next, and what you can do if you feel worried again."

AVOID
Vague language like "We'll sort it out." Promises you cannot keep.

Three Advanced Level 2 Techniques

MODULE 6 · TECHNIQUES

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Grounding

For acute anxiety or near-panic

- Identify **5** things they can SEE
- **4** things they can TOUCH
- **3** things they can HEAR
- 2–3 minutes. No equipment required.
- Shifts focus from anticipatory fear to present reality.

When to use: Patient appears panicked, hyperventilating, dissociating, or unable to focus.

Validation & Reframe

For patients who feel dismissed or hopeless

- Fully validate the emotion BEFORE any information.
- Never say "You shouldn't worry."
- Reframe toward agency: "You are right to want answers."
- Shift from problem → what the patient CAN do.
- Avoid false reassurance at all times.

When to use: Concerns feel unheard, or anxiety comes from feeling out of control.

Family Inclusion Model

When family members are present

- Acknowledge the family's emotional state explicitly.
- Designate ONE family contact for communication.
- Reduces conflicting information reaching the patient.
- Include family in Teach-Back.
- "You can help us by being part of this conversation."

When to use: Family present and distressed, or patient distress amplified by family anxiety.

Knowledge Check 3

QUESTION 1 OF 2

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TRUE OR FALSE

SCENARIO

A patient is hyperventilating, can't focus, and is gripping the bed rail before her procedure.

1	Since she's already panicking, the Champion should skip Connect and Acknowledge and move straight into the Grounding exercise.	TRUE	FALSE
2	Even in acute panic, the Champion should still begin with Connect — approaching calmly, coming to eye level — before starting Grounding.	TRUE	FALSE

HOW TO ANSWER Branch discussion 90 sec → Type True / False for each statement — branch name first → Facilitator debriefs

Knowledge Check 3

QUESTION 2 OF 2

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MULTIPLE CHOICE

SCENARIO

A patient is hyperventilating and can't focus before her procedure, gripping the bed rail tightly. Which technique do you use first?

A Family Inclusion Model

B Grounding (5-4-3)

C Validation & Reframe

D De-escalation Ladder, Step 1

HOW TO ANSWER Branch discussion 90 sec → Type answer in chat — branch name first → Facilitator debriefs

The Five-Step De-escalation Ladder

MODULE 7 · DE-ESCALATION

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Apply in sequence. Do not skip steps. Physical safety always comes first.

Experience Checkpoints & EHR Documentation

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MODULE 8 · CHECKPOINTS

Checkpoints are mandatory clinical interaction moments — not surveys. Surveys are one element at Discharge only.

ARRIVAL

1

- AIDET introduction
- Initial EPS
- Agree target pain score
- Explain pathway

DURING CARE

2

- Pain vs. target
- Re-screen EPS
- Read non-verbal cues
- Update patient

POST-PROCEDURE

3

- Confirm pain ≤ target
- Re-screen EPS
- Teach-Back on post-care
- Answer questions

DISCHARGE

4

- Confirm understanding of plan
- Teach-Back red flags
- Final EPS
- Satisfaction survey

Document EPS score, action, and patient response in the EHR BEFORE leaving the patient.

Knowledge Check 4

QUESTION 1 OF 2

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MULTIPLE CHOICE

SCENARIO

A patient is raising his voice at the nurse, agitated, arguing about a delayed medication. What is your very first step?

A Offer him a choice to restore control

B Find shared ground

C Lower your tone and pace

D Validate the emotion before content

HOW TO ANSWER Branch discussion 90 sec → Type answer in chat — branch name first → Facilitator debriefs

Knowledge Check 4

QUESTION 2 OF 2

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MULTIPLE CHOICE

SCENARIO

A patient returns from a procedure 35 minutes ago. Name the three mandatory EHR documentation items at this Post-Procedure Checkpoint.

A Pain score vs. target · EPS re-score · Teach-Back outcome

B EPS re-score · Satisfaction survey · Pain score

C AIDET note · Pain score · Discharge plan

D Teach-Back outcome · Nurse signature · Discharge date

HOW TO ANSWER Branch discussion 90 sec → Type answer in chat — branch name first → Facilitator debriefs

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MODULE ★ · ROLEPLAY PRACTICE

Demonstrate the CARE Protocol

A practice-and-readiness check · Benchmark: 80%

Roleplay Instructions — Rules & Roles

MODULE ★ · BEFORE YOU BEGIN

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Format

One breakout room per branch (6 rooms). Inside your room, simultaneous pairs — one Champion, one patient, others observe. Rotate the Champion seat for Scenario 2.

Who Plays What

APS team & nurse educators take the Champion seat. PX team observe or play the patient. Odd-numbered branches: one person floats as a second observer.

Scoring & Benchmark

The observer scores the Champion live on six CARE criteria (1–5 each) using a sheet sent privately just before the round. Benchmark: **24/30 (80%)** — a readiness check, not a formal test.

Patient Brief

Whoever plays the patient gets their brief sent privately (chat/WhatsApp) right before their turn — never shown to the Champion. They must draw it out of you, not read it off a page.

REMEMBER Everyone with an APS or educator role takes the Champion seat at least once. Not reaching the benchmark today is fine — short follow-up practice is normal, not a failure.

Scenario 1 — The Fearful Pre-Op Patient

ROLEPLAY · SCENARIO 1

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OBSERVER — use your printed scoring sheet (workbook, roleplay section) to score this Champion on all six CARE criteria.

THE PATIENT

Mr. Khalid, 58 — Elective Hip Replacement

D1 = 3 | D2 = 2 | D3 = 2 | Total = 7

He is gripping the bed rail, avoiding eye contact, and has refused to change into the gown — saying only *"just get this over with."* His wife and adult son are waiting outside; the son has already raised his voice at the front desk about the delay.

LEVEL 2 GOAL **Khalid has not said why he is this anxious — draw it out.**

Scenario 2 — The Chronic Pain Outpatient

ROLEPLAY · SCENARIO 2

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OBSERVER — use your printed scoring sheet (workbook, roleplay section) to score this Champion on all six CARE criteria.

THE PATIENT

Mrs. Fatimah, 42 — Chronic Lower Back Pain · 6th OPD Visit

D1 = 1 | D2 = 3 | D3 = 2 | Total = 6

Arms crossed, flat affect, minimal eye contact. She says: *"There's no point. Nothing ever gets better. I've been here six times and everyone tells me something different."* She came alone today.

LEVEL 2 GOAL **Explore what is really driving her hopelessness.**

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SUSTAINABILITY · BEFORE YOU TRAIN OTHERS

Sustaining the Champion

You cannot pour from an empty cup.

Champion Self-Care — Non-Negotiable

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SUSTAINABILITY · FOUR COMMITMENTS

Before you train others, commit to managing your own emotional load. These four are obligations, not options.

01

Mandatory Debrief

After every high-distress case

- Use the EHR debrief template
- Do not carry cases alone

02

Peer Network

Monthly Champion meetings — mandatory

- Share techniques, not patient details
- A safe space to process the work

03

Know Your Triggers

Self-awareness protects performance

- Identify your most challenging situations
- Inform the PX Coordinator proactively
- Adjust scheduling if needed

04

When to Step Back

Handover is strength, not failure

- Say so if you cannot respond effectively
- Hand over without guilt
- Your wellbeing protects your patients

Sustainability is a clinical requirement, not a nicety — protect yourself so you can keep protecting your patients.

You Are Now a

Pain & Comfort Champion

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AS A CERTIFIED CHAMPION, YOU COMMIT TO:

- Your name is entered in the branch Champion register
- Document every Champion interaction fully in the EHR
- Debrief after every high-distress case — mandatory
- Respond to Level 2 escalations within 15 minutes
- Attend the monthly peer network meeting
- Deliver the next training waves to frontline staff