



See, Say, Do, Write and Review: Five Key Actions for Careworkers to Support Residents

Hi, I'm Gina. I've been a careworker in residential aged care for about twelve years. It's very rewarding work.

Careworkers have a central role in providing the best possible day-to-day care and support for residents and their families. This is particularly important when residents are coming to the end of their lives and require what's called a 'palliative approach' - which means the focus of care is on residents' comfort and quality of life, rather than on curing their health conditions.

In this short video, I'll talk about five key actions that a careworker can do when looking after residents. When used as part of everyday care, these five actions help careworkers to:

- recognise common problems that residents might have
- report these problems quickly to nursing staff, and
- provide the right care within their scope of practice.

Let's take a look at the five key actions.

The 'see, say, do, write and review' model is practical and breaks down clinical care into five key actions:

1. **See** – which means to recognise and assess the symptom.
2. **Say** – which means to report your assessment – what you've seen – to nursing staff.
3. **Do** – which means to manage the symptom by doing things for the resident that are within your scope of practice.
4. **Write** – which means to document – write down – the actions you've taken to manage the symptom.
5. **Review** – which means to check that what you've done to manage the symptom has helped the resident.

Let me show you how the model works using a situation from earlier today as an example.

Fred is an eighty-two year old gentleman. I've been looking after him here for about nine months. He's a great bloke – loves watching the cricket, listening to the horse races on his radio, sitting in the garden reading the paper, and talking about the 'old days' when he was a professional fisherman.

This morning, when I was helping Fred make his way to the dining room, I noticed he was wheezing and seemed short of breath. We had to stop a couple of times so he could cough and catch his breath.

The first action in this model is to 'see' – which means to recognise and assess the symptom – or clinical problem.

It looked like Fred may be experiencing 'dyspnoea' which means 'shortness of breath' or 'breathlessness'. Dyspnoea is a person's feeling of uncomfortable breathing. It's not so much about how fast or slow, deep or shallow someone is breathing. Everyone experiences it differently - and for some residents, it can be very distressing. So, in simple terms, if someone says they're short of breath, then they are.

When possible, it's important to assess a clinical symptom by asking the resident to rate its severity or how bad it is.

Gina (careworker): You seem a bit breathless today Fred. On a scale of zero to ten, where zero is no breathlessness at all and ten means the worst breathlessness possible, how breathless are you right now? Can you give me a score out of ten?

Fred (resident): I reckon I'd be about four. I've been like that since I got up this morning.

Gina: OK. Why don't we just sit down and have a little rest.

To assess a clinical problem, you could use a rating scale like the one I used with Fred, or ask the resident if they're feeling more or less breathless than the day before. If a resident isn't able to communicate, it's important to take some time to observe the problem. For example, see how the resident's breathlessness is affecting them – do they need to raise their shoulders to help air get into their lungs? Do their neck muscles seem to be working extra hard?

It's also important to see whether the problem is affecting the resident's sleep, mood or ability to do things. Your facility may use specific tools and charts to assess residents' clinical problems. If so, it's important to be familiar with these assessment methods - and know when and how to use them if it's part of your role.

It's really important for careworkers to accurately recognise and assess common clinical problems experienced by residents. For example, problems related to pain, dyspnoea, nutrition and hydration, oral care, and delirium. I'll give you some tips on how to develop your skills in recognising, assessing and responding to common clinical problems later in this video.

The second action in the model is to 'say'. This means to report your findings about the resident to a nurse. This allows them to decide how urgently they need to review the resident.

Gina (careworker): Hi Dave.

Dave (registered nurse): Hi Gina.

Gina: I've just been with Fred Brown. It looks like he's short of breath and he had trouble walking from his room to the dining room – in fact we had to actually stop a couple of times for him to rest and catch his breath. I also noticed he's been wheezing and coughing. And when he sits in a chair, he's actually gripping the side of it and lifting his shoulders up and down as if he's trying to get more air into his lungs.

Dave: When did he say this started?

Gina: This morning. And he rates his breathlessness as four out of ten.

Dave: OK, thanks for letting me know Gina. I'll check on him now.

Gina: OK. Alright. See you then.

Can you see how that description of Fred's condition was better than me just saying 'Fred can't breathe properly, please come and review him'? It's important for careworkers to provide as much information as possible when reporting about a resident to nursing staff. This helps them decide how urgently the resident's condition needs to be reviewed.

The third action in the model is to 'do' – which means to manage the clinical problem using methods within your scope of practice.

Residents benefit when the care we provide helps prevent, or at least reduces the impact of, their clinical problems. For example, in helping to manage Fred's shortness of breath, it's important that I don't rush him. Hurrying might make Fred anxious which could make his breathlessness worse. He needs time to rest during activities. Alternatively, you could suggest using a wheelchair so the resident doesn't have to walk or ask if they'd prefer to have their meal in their room.

Later, when Fred was back in his room, I made sure he was able to sit upright comfortably by propping him up with some pillows. Sitting him upright opens up his chest and lung space to allow in more air. I also opened his window and set up a bedside fan so he could feel the air circulating around him. Before leaving Fred's room, I told him to press the buzzer if he needed me and that I'd come back soon to check how he's going.

The fourth action in the model is to 'write' – which means to write on the resident's chart what you did to help them.

Many facilities expect careworkers to write information on residents' assessment charts and in residents' clinical records. If this is the case at your workplace, be as detailed as possible and avoid using general statements. So it's not enough to just write: 'I made Fred comfortable when he was short of breath'. Instead, I wrote: 'I saw that Fred was breathless when he was walking to the dining room at 08:30. He was wheezing and coughing. At the time, Fred rated his breathlessness as four out of ten. I reported this to the RN on duty at 08:45. When Fred was back in his room at 09:30, I opened his window, propped him up with pillows in his armchair and set up a bedside fan. I checked him at fifteen minute intervals to see how he was going until he said he was feeling better.'

The fifth action in the model is to 'review' – which means to check whether what you did to help the resident has worked. It's important to evaluate your care - did it help? You can do this:

- by asking the resident to rate the problem again
- by asking the resident if their mood, sleep and functioning has improved
- by observing the problem and seeing if it affects the resident's mood, sleep or their ability to do things, or
- by using a combination of these methods.

And remember, you may need to do this 'review' several times.

Gina (careworker): It's almost lunch time. Would you like me to help you to the dining room? Or would you prefer to have lunch in your room today?

Fred: Yes thanks Gina. I think I'd like to try to make it to the dining room. I'll just turn off the radio and I'll get my 'walker'.

Gina: I'll get that in a 'sec'. You seem like you're a little better. How are you feeling now?

Fred: I'm feeling a bit better. Dave checked me over and he's going to speak to the 'doc' when he comes in later today and they might need to change my tablets.

Gina: OK. Earlier in the day you said your breathlessness was four out of ten. Using that same scale, how are you feeling now?

Fred: I'm definitely better. I'd say I'd be two out of ten.

Gina: Oh that's good. Alright, well shall we start making our way to the dining room then? We've got plenty of time so there's no rush. If you need to stop along the way to catch your breath or anything you just let me know. And I can get you a wheelchair if you'd prefer. It's no trouble - whatever you'd like.

Fred: I'll just use the 'walker'.

Gina: OK.

Remember it's important to report what you see to a nurse. And also write it down if that's part of your role in your facility.

The 'see, say, do, write and review' model is an ongoing process. When used as part of everyday care, it helps careworkers provide the best possible clinical care for their residents.

To use the model well, it's important for careworkers to build their skills in recognising, assessing and responding to common clinical problems experienced by residents – for example, those related to pain, dyspnoea, nutrition and hydration, oral care, and delirium.

You'll find that the Residential Aged Care Palliative Approach Toolkit – or PA Toolkit for short – includes a lot of useful tips for careworkers. In particular, the 'careworker self-directed learning package' and the 'clinical care domains' flipchart, use the 'see, say, do, write and review' model to show careworkers how to support the best possible clinical care of residents requiring a 'palliative approach'.

PA Toolkit resources can be accessed and downloaded at no cost from the website: www.caresearch.com.au/PAToolkit. Or your facility should have received a Toolkit, so ask your manager about it.

This is a transcript of a Palliative Approach (PA) Toolkit video *See, Say, Do, Write and Review: Five Key Actions for Careworkers to Support Residents*. To view the video visit www.caresearch.com.au/PAToolkit

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