



## 4 TIPS FOR DEVELOPING YOUR PALLIATIVE CARE SKILL SET



Palliative care planning discussions are usually characterized by discomfort for both providers and patients. Patients don't want to hear about it, and you don't necessarily want to talk about it—but if palliative care isn't managed well in a hospital setting, it can result in distrust of the medical system and unfavorable outcomes.

While there is more to know than can be summarized here, this tip sheet can help jumpstart a new or renewed focus on palliative care in your hospital medicine practice.

1.

### Tip: Don't treat palliative care as if it's equal to end-of-life care.

The goal of palliative care is to provide quality of life and comfort to a patient living with a serious illness. It requires you to sincerely understand the patient's goals and values, openly share in their worry, and make personalized medical recommendations based on their priorities and your expertise.

2.

### Tip: Remember, it's a team effort.

Your organization may not have a dedicated palliative care team, but you can still rely on your colleagues to help guide your patients through their serious illnesses. If the patient is seeing a team of clinicians, you may not be the first to bring up this conversation—so it's important for you to align goals and methods, especially when it comes to palliative care. While providers typically initiate the conversation, you can involve social workers, nurses, chaplains, case managers, and other support staff to help you both screen for, and support, patients in need of palliative care.

3.

### Tip: Choose your words carefully.

Palliative care conversations are not about illness education or medical explanation. They require you to be truly human, pay attention to patient/family expressions, and respond in an appropriate manner. Within these conversations, consider using the **NURSE**<sup>1</sup> and **LEARN**<sup>1</sup> tools to respond to patients:

To navigate the conversation and handle emotions:

- Name:** "It sounds like you are frustrated"
- Understand:** "This helps me understand what you are thinking"
- Respect:** "I think you've done a great job"
- Support:** "We will work as a team to go through this with you"
- Explore:** "Tell me more"

To respond to comments about miracles/new cures or lost hope/faith:

- Listen actively
- Explore:** "Tell me more about that" or "What does that mean to you?"
- Affirm:** "We hope for that too" or "This is important to you"
- Reframe:** "We will do all we can to help" or "It sounds like you may feel..."
- Refer to chaplain, social worker, or case manager**
- Negotiate:** "Would it be okay if we talked about...?"

4.

### Tip: Use free resources to get comfortable with palliative care conversations, and don't be afraid to request additional learning opportunities.

Most providers feel underequipped for engaging in palliative care conversations and planning—which is not surprising given that an average of only 17 hours are spent on palliative care throughout the four years of most medical schools<sup>2</sup>. The following resources can help you develop your palliative care skills even further:

**Center to Advance Palliative Care:** Events, ideas, and resources for improving the care of people living with a serious illness.

**Palliative Care Fast Facts:** Available in the [App Store](#) and [Google Play](#), this app is the de facto quick reference for palliative care providers, designed for use in a clinical setting.

**Ariadne Labs - Serious Illness Care Resources:** News, research, videos, tools, and case studies to help clinicians and organizations improve their approach to, and execution of, palliative care.

1. Greenwald, J., & Wilson, E. (2019, September). SCP Health Medical Leadership Conference.  
2. <https://journals.lww.com>