

4 Tips For Developing Your Palliative Care Skill Set In the ED



The emergency department is uniquely positioned for initiating palliative care discussions. Though it is an extremely busy, challenging environment, emergency clinicians have the unique opportunity to play a pivotal role in beginning palliative care conversations and treatments due to the wide variety of patients presenting to the ED daily. Decisions made in the ED often determine the trajectory of a patient's journey, so augmenting the importance of palliative care is critical.

While there is more to know about palliative care conversations than can be summarized here, this tip sheet can help jumpstart a new or renewed focus on this specialty.

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 and respect the patient's goals and values, openly share 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.

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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 appropriate manners. Within these conversations, consider using the **NURSE¹** and **LEARN¹** 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...?”

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

Most providers are feeling 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 four years of education at most medical schools². 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.

ACEP – Palliative Care in the Emergency Department: Tools to help emergency clinicians recognize the needs of patients and families struggling with a serious illness and to identify opportunities to improve care for these patients.

1. Greenwald, J., & Wilson, E. (2019, September). SCP Health Medical Leadership Conference.

2. <https://journals.lww.com>