

# Foundational Skills for Care Managers

---

This Learning Pathway contains a comprehensive set of training and tools to help care managers address the unique needs of patients and families living with serious illness. Clinical topics include assessing patient needs and concerns, understanding patients' goals for care, addressing symptom burden, and helping patients to avoid crises and plan for the future.

## Assess the Needs and Concerns of Patients

### **An In-Depth Look at Palliative Care and Its Services**

Defining palliative care, which patients need it, how it is delivered, and how palliative care differs from hospice.

### **Screening and Assessment for Key Gaps in Care**

Screening questions and burden assessments for case management of people with serious illness.

### **Best Practices in Telephonic Care Management**

Summary of care management strategies for patients living with a serious illness, from preparing for the call to working with treating teams.

### **Care Management for Seriously Ill Patients: Addressing Gaps in Care**

Communication and assessment techniques for case managers to elicit goals of care and address suffering for people with serious illness.

### **Revised Edmonton Symptom Assessment System (ESAS-r)**

Assesses for nine symptoms experienced by patients with serious illness and quantifies their severity. Alberta Health Services.

### **PHQ-4 Validated Screening Tool for Anxiety and Depression**

Brief (4-question) screening tool for anxiety and depression.

### **Karnofsky Performance Status Scale Definitions Rating (%) Criteria**

Stratifies patients by level of functional ability. Like the PPS, the Karnofsky score can be used to predict survival.

### **Social Needs Screen**

Assessment tool and resource list to address social risk factors.

### **FICA Spiritual Assessment Tool**

Short conversation guide to elicit information about a patient's spiritual history and preferences.

### **CAPC Palliative Care Referral Criteria**

Checklist of triggers for referral to a specialty palliative care team.

## **Strengthen the Clinician-Patient Relationship and Understand Care Goals**

### **Advance Care Planning Conversations**

How to initiate and conduct conversations about advance care planning.

### **Clarifying Goals of Care**

Strategies for eliciting patient goals and preferences to inform treatment decisions.

### **Unconscious Bias: What It Is, How It Influences Health Care, and What You Can Do About It**

Defines unconscious bias and how it influences patient care, and provides ways to reduce the impact of unconscious bias on care delivery.

### **Responding to Emotion: Vital Talk Quick Guide for Conversations**

Conversation framework and key phrases to share empathy and deepen your relationship with your patient. Vital Talk, 2019.

### **Communication Phrases in Palliative Care**

Phrases to use when talking to members/patients and their families about prognosis, advance planning, and quality of life.

## **Manage Pain and Symptoms**

### **Course 1: Comprehensive Pain Assessment**

Conducting a comprehensive pain assessment to guide safe and effective treatment.

### **Cognitive Assessment Tools**

Recommended validated cognitive assessment tools.

# Prevent Crises and Help Patients Plan Ahead

## Supporting Patients with Serious Illness to Plan Ahead

Considerations for clinicians, patients, and families upon diagnosis, including advance care planning, personal care needs, legal and financial planning, work and retirement planning, and prevention of common medical risks.

## Psychosocial Assessment for Patients with Serious Illness

Assessment questions to help nurses understand the impact of serious illness on a patient's relationships, social and spiritual supports, financial stability, and trust in the health care system. Fast Facts, April 2020

## Reducing Risks for Older Adults

This course provides context and best practices for identifying older adults at risk for poor outcomes, including falls, delirium, and caregiving challenges.

## Talking with Patients About Hospice

This resource lists step-wise tips to foster comfortable, productive dialogue for 'the hospice conversation'.

## View this page online

You must be [logged in](#) to have full access to these resources. Not sure if you have a CAPC account? [Check here](#) to create one.