

Anticipated Outcomes of CAPC Clinical Training

Organizations across the country are leading clinical training initiatives to reduce and prevent crises and strengthen the quality of care for their sickest patients.

Browse the list below to learn why health systems, disrupters, and others are using CAPC's curriculum to meet their clinical training goals and improve both patient and clinician satisfaction.

CAPC courses provide free continuing education credits for:

- Physicians
- Advanced practice providers
- Nurses
- Social workers
- Case managers

ABIM-boarded physicians also receive MOC credits.

Organizational Goal	How Training Can Help	Who to Train and Resources
Improve Outcomes for Patients with Serious Illness		
Quality care: Reduce crisis ED visits and hospitalizations for patients living with serious illnesses	Nearly 80% of crisis ED visits and hospitalizations (excluding pneumonia) are due to exacerbations of chronic symptoms. With training, clinicians can manage these symptoms and improve care quality.	Train primary care, home-visiting teams, specialists, and hospitalists to manage common symptoms using CAPC's Symptom Management curriculum .
Pain: Reduce adverse opioid events while improving the patient experience of pain	To manage pain safely and appropriately, prescribers need training in: <ul style="list-style-type: none"> • Selecting the lowest-risk, highest-efficacy pain regimen for each patient • Evidence-based opioid prescribing guidelines, including monitoring and tapering • Assessing risk for substance use disorder • Mitigating the risk of opioid misuse 	All prescribers who care for patients with serious illness-related pain benefit from education in safe opioid prescribing and risk mitigation . This includes primary care, hospital medicine, oncology, cardiology, critical care, and others.

		CAPC provides prescribing guidance for providers, as well as pain management education for nurses, social workers, and case managers.
<u>Age-friendly care:</u> Mitigate the risk of poor outcomes for older, frail adults by providing age-friendly care	Common but preventable risk factors lead to preventable crises, ED utilization, and readmissions for older adults: polypharmacy, anticholinergic burden, lack of caregiver support, lack of shared decision-making.	Both inpatient and outpatient clinicians can improve quality of life by helping patients and families make difficult decisions, and by evaluating the use of certain medications in older adults. See CAPC's Preventing Crises Through Whole-Person Care curriculum.
<u>Goal concordant care:</u> Ensure that the care you provide reflects what matters to patients	Clinicians often do not receive pre-professional training in how to have difficult conversations with seriously ill patients and their families. But, these conversations are needed to make sure that care plans reflect patients' goals and values.	All clinicians benefit from training in: <ul style="list-style-type: none"> • How to talk with patients about their goals for care • Having family meetings • Advance care planning • Discussing prognosis Browse CAPC's Communication Skills courses..
<u>Dementia:</u> Empower clinicians to improve quality of life and reduce crises for patients living with dementia	People with dementia have higher ED utilization, readmissions, and mortality rates than those without dementia--and clinicians often report feeling powerless to help. Train clinicians to support patients and families through dementia care best practices.	CAPC's Dementia Care Best Practices curriculum is particularly beneficial for clinicians working in: <ul style="list-style-type: none"> • Primary care • Emergency medicine • Hospital medicine • Case management

Create a Common Culture of Care through Onboarding Protocols and Teaching Programs

<p><u>Teaching programs:</u> Embed communication and symptom management training in your teaching programs</p>	<p>Health systems use CAPC courses to supplement undergraduate, graduate, and fellowship teaching programs for physicians, nurses, pharmacists, and others.</p>	<p>Clerkship and residency directors choose the right courses for their trainees.</p> <p>Self-study courses provide baseline education for all trainees. In many health systems, the specialty palliative care team reinforces this teaching through face-to-face workshops or rotations.</p>
<p><u>Social worker and psychosocial skills:</u> Standardize social work competencies in care for patients with serious illness</p>	<p>Whether through onboarding requirements or systematic professional development, health systems train social workers in recognition of their key role supporting patients and families through the stressors of a serious illness, and connecting them to needed services.</p>	<p>CAPC's Social Work Serious Illness Designation contains comprehensive education in key social work skills for the seriously ill patient population.</p>
<p><u>Nursing skills:</u> Standardize nursing competencies in care for patients with serious illness</p>	<p>Whether through onboarding requirements or systematic professional development, health systems train nurses in recognition of their key role in communicating with patients and families, assessing for symptoms and other sources of distress, and supporting family caregivers.</p>	<p>CAPC's Registered Nursing Serious Illness Designation contains comprehensive education in key nursing skills. Additional pathways are available for Critical Care and Pediatric Nursing</p>

Build Resilience and Meaning for Clinicians

<p>Relieve suffering for patients (and distress for clinicians)</p>	<p>Anecdotal evidence is emerging that clinician satisfaction is improved when they have the training and self-efficacy to hold difficult conversations, and to better address the suffering of their patients.</p>	<p>Every health professional: Navigating difficult conversations and discussing goals of care</p> <p>ED, ICU, Hospitalist teams: Managing anxiety, shortness of breath, and other symptoms</p>
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