

All clinicians have the responsibility to improve outcomes and provide person-centered care for people with serious illness—but many have not received the necessary training. Clinicians and health care organizations can use CAPC’s training recommendations as a skills-building roadmap.

Based on guidance from the National Consensus Project’s [Clinical Practice Guidelines for Quality Palliative Care](#), the recommendations cover four aspects of care:

1. Assessing the needs and concerns of patients
2. Strengthening the clinician-patient relationship and understanding care goals
3. Managing pain and symptoms
4. Preventing crises and helping patients plan ahead

## Training Recommendations by Discipline

- [Physicians](#)
- [Advanced Practice Providers](#)
- [Registered Nurses](#)
- [Social Workers](#)
- [Chaplains](#)
- [Clinical Care Managers](#)

Learn more at [capc.org/trainingrecommendations](https://capc.org/trainingrecommendations)

## For Physicians

Domain	Foundational Skills for All Physicians	Additional Skills for Physicians Who Focus Primarily on Supporting People with Serious Illness
<b>Assess the Needs and Concerns of Patients</b>	<ul style="list-style-type: none"> <li>• Assess patient’s physical, mental, social, and spiritual well-being at all stages of disease</li> <li>• Know what palliative care is, and when to request a consult</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize common sources of suffering for patients with serious illness, and perform a comprehensive assessment including:               <ul style="list-style-type: none"> <li>○ Social risk factors                   <ul style="list-style-type: none"> <li>▪ Presence of caregiver</li> <li>▪ Caregiver burden</li> <li>▪ Access to housing, food, and transportation</li> <li>▪ Racism</li> <li>▪ Financial strain</li> </ul> </li> <li>○ Polypharmacy</li> <li>○ Emotional and spiritual distress</li> <li>○ Physical symptom distress (e.g., pain, dyspnea, constipation)</li> <li>○ Communication barriers (e.g., vision, hearing, language)</li> <li>○ Need for adaptive equipment</li> </ul> </li> </ul>
<b>Strengthen the Clinician-Patient Relationship and Understand Care Goals</b>	<ul style="list-style-type: none"> <li>• Identify the patient’s surrogate decision-maker</li> <li>• Have conversations with patients to understand what matters most to them now that they have a diagnosis of a serious illness, and participate in shared decision-making that is aligned with patients’ values and preferences</li> <li>• Conduct advance care planning conversations and complete advance directives</li> <li>• Identify how culture, race, gender, sexual orientation, and context (e.g., social determinants of health) influence patient and family decision-making in the context of a serious illness, and deliver responsive, unbiased care matched to needs and priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct skilled conversations with patients and families about:               <ul style="list-style-type: none"> <li>○ Bad news</li> <li>○ Prognosis</li> <li>○ Patient/family understanding of the illness</li> </ul> </li> </ul>

Domain	Foundational Skills for All Physicians	Additional Skills for Physicians Who Focus Primarily on Supporting People with Serious Illness
	<ul style="list-style-type: none"> <li>• Identify patients who are eligible for hospice, and support them to make the decision whether to enroll</li> </ul>	
<b>Manage Pain and Symptoms</b>	<ul style="list-style-type: none"> <li>• Assess, identify, and treat common symptoms associated with serious illness, including:               <ul style="list-style-type: none"> <li>○ Pain</li> <li>○ Nausea and vomiting</li> <li>○ Constipation</li> <li>○ Dyspnea</li> <li>○ Fatigue</li> <li>○ Depression</li> <li>○ Anxiety</li> <li>○ Delirium, agitation</li> </ul> </li> <li>• Assess the feasibility and safety of the care plan with the patient (e.g., whether prescribed medications are accessible and affordable)</li> <li>• Assess and identify cognitive impairment</li> <li>• Refer patients for a specialty palliative care consult for complex or intractable symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Anticipate the full spectrum of symptoms related to specific serious illnesses and along the disease trajectory</li> </ul>
<b>Prevent Crises and Plan Ahead</b>	<ul style="list-style-type: none"> <li>• Recognize non-physical sources of suffering, and refer patients for social work, behavioral health, and/or spiritual support when needed               <ul style="list-style-type: none"> <li>○ Investigate access to virtual behavioral health support based on patient insurance</li> </ul> </li> <li>• Assess function and refer patients for a home safety and/or fall risk evaluation when appropriate</li> <li>• Evaluate risks from polypharmacy and anticholinergic burden, and consider de-prescribing as a component of medication management</li> </ul>	<ul style="list-style-type: none"> <li>• Identify community resources that can support patients living with serious illness, and their caregivers (either directly or by connecting your patients to a social worker)</li> <li>• Identify barriers to meeting patient and family needs and honoring their priorities, and discuss the least restrictive alternatives (e.g., home redesign or board and care home versus nursing home placement) either directly, or through referral to the appropriate health professional</li> </ul>

## For Advanced Practice Providers (APPs)

Domain	Foundational Skills for All APPs	Additional Skills for APPs Who Focus Primarily on Supporting People with Serious Illness
<b>Assess the Needs and Concerns of Patients</b>	<ul style="list-style-type: none"> <li>• Assess patient’s physical, mental, social, and spiritual well-being at all stages of disease</li> <li>• Know what palliative care is, and when to request a consult</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize common sources of suffering for patients with serious illness, and perform a comprehensive assessment including:               <ul style="list-style-type: none"> <li>○ Social risk factors                   <ul style="list-style-type: none"> <li>▪ Presence of caregiver</li> <li>▪ Caregiver burden</li> <li>▪ Access to housing, food, and transportation</li> <li>▪ Racism</li> <li>▪ Financial strain</li> </ul> </li> <li>○ Polypharmacy</li> <li>○ Emotional and spiritual distress</li> <li>○ Physical symptom distress (e.g., pain, dyspnea, constipation)</li> <li>○ Communication barriers (e.g., vision, hearing, language)</li> <li>○ Need for adaptive equipment</li> </ul> </li> </ul>
<b>Strengthen the Clinician-Patient Relationship and Understand Care Goals</b>	<ul style="list-style-type: none"> <li>• Identify the patient’s surrogate decision-maker</li> <li>• Have conversations with patients to understand what matters most to them now that they have a diagnosis of a serious illness</li> <li>• Conduct advance care planning conversations and complete advance directives</li> <li>• Identify how culture, race, gender, sexual orientation, and context (e.g., social determinants of health) influence patient and family decision-making in the context of a serious illness, and deliver responsive, unbiased care matched to needs and priorities</li> <li>• Identify patients who are eligible for hospice and support them to make the decision whether to enroll</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct skilled conversations with patients and families about:               <ul style="list-style-type: none"> <li>○ Bad news</li> <li>○ Prognosis</li> <li>○ Patient/family understanding of the illness</li> </ul> </li> </ul>

Domain	Foundational Skills for All APPs	Additional Skills for APPs Who Focus Primarily on Supporting People with Serious Illness
<b>Manage Pain and Symptoms</b>	<ul style="list-style-type: none"> <li>• Assess, identify, and treat (as allowed by state scope of practice) common symptoms associated with serious illness, including:               <ul style="list-style-type: none"> <li>○ Pain</li> <li>○ Nausea and vomiting</li> <li>○ Constipation</li> <li>○ Dyspnea</li> <li>○ Fatigue</li> <li>○ Depression</li> <li>○ Anxiety</li> <li>○ Delirium, agitation</li> </ul> </li> <li>• Assess the feasibility and safety of the care plan with the patient (e.g., whether prescribed medications are accessible and affordable)</li> <li>• Assess and identify cognitive impairment</li> <li>• Refer patients for a specialty palliative care consult for complex or intractable symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Anticipate symptoms related to specific serious illnesses</li> <li>• Consult with or refer patients to palliative care specialists when first-line treatments have not been effective at managing symptoms</li> </ul>
<b>Prevent Crises and Plan Ahead</b>	<ul style="list-style-type: none"> <li>• Recognize non-physical sources of suffering, and refer patients for social work, behavioral health, and/or spiritual support when needed               <ul style="list-style-type: none"> <li>○ Investigate access to virtual behavioral health support based on patient insurance</li> </ul> </li> <li>• Assess function and refer patients for a home safety and/or fall risk evaluation when appropriate</li> <li>• Evaluate risks from polypharmacy and anticholinergic burden and consider de-prescribing as a component of medication management</li> </ul>	<ul style="list-style-type: none"> <li>• Identify community resources that can support patients living with serious illness, and their caregivers (either directly or by connecting your patients to a social worker)</li> <li>• Identify barriers to meeting patient and family needs and honoring their priorities, and discuss the least restrictive alternatives (e.g., home redesign or board and care home versus nursing home placement) either directly, or through referral to the appropriate health professional</li> </ul>

## For Registered Nurses

Domain	Foundational Skills for All Registered Nurses	Additional Skills for Registered Nurses Who Focus Primarily on Supporting People with Serious Illness
<b>Assess the Needs and Concerns of Patients</b>	<ul style="list-style-type: none"> <li>• Assess patient’s physical, mental, social, and spiritual well-being at all stages of disease</li> <li>• Know what palliative care is, and when to request a consult</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize common sources of suffering for patients with serious illness</li> <li>• Collect data on social risk factors, including:               <ul style="list-style-type: none"> <li>○ Presence of caregiver</li> <li>○ Caregiver burden</li> <li>○ Access to housing, food, and transportation</li> <li>○ Racism</li> <li>○ Financial strain</li> </ul> </li> <li>• Perform a medication review for polypharmacy</li> <li>• Screen for emotional and spiritual distress, and advocate with team for effective management</li> <li>• Screen for common symptoms, and advocate with team for effective management               <ul style="list-style-type: none"> <li>○ Pain</li> <li>○ Nausea and vomiting</li> <li>○ Constipation</li> <li>○ Dyspnea</li> <li>○ Fatigue</li> <li>○ Depression</li> <li>○ Anxiety</li> <li>○ Delirium, agitation</li> </ul> </li> <li>• Screen for communication barriers (e.g., vision, hearing, language, and health literacy)</li> <li>• Screen for need for adaptive equipment</li> </ul>
<b>Strengthen the Clinician-Patient Relationship and Understand Care Goals</b>	<ul style="list-style-type: none"> <li>• Identify the patient’s surrogate decision-maker</li> <li>• Elicit information from patients about what matters most to them now that they have a diagnosis of a serious illness, and advocate for care that is aligned with patients’ values and preferences</li> <li>• Conduct advance care planning conversations and complete advance directives</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitate and participate in conversations with patients and families about what to expect, and advocate on behalf of patients’ values and preferences</li> </ul>

Domain	Foundational Skills for All Registered Nurses	Additional Skills for Registered Nurses Who Focus Primarily on Supporting People with Serious Illness
	<ul style="list-style-type: none"> <li>• Identify how culture, race, gender, sexual orientation, and context (e.g., social determinants of health) influence patient and family decision-making in the context of a serious illness, and deliver responsive, unbiased care matched to needs and priorities</li> <li>• Identify patients who are eligible for hospice and discuss with the care team</li> </ul>	
<b>Manage Pain and Symptoms</b>	<ul style="list-style-type: none"> <li>• Manage the implementation of treatments for common symptoms associated with serious illness, including:               <ul style="list-style-type: none"> <li>○ Pain</li> <li>○ Nausea and vomiting</li> <li>○ Constipation</li> <li>○ Dyspnea</li> <li>○ Fatigue</li> <li>○ Depression</li> <li>○ Anxiety</li> <li>○ Delirium, agitation</li> </ul> </li> <li>• Assess the feasibility and safety of the care plan with the patient (e.g., whether prescribed medications are accessible and affordable)</li> <li>• Identify cognitive impairment</li> <li>• Identify patients that would benefit from a specialty palliative care consult for complex or intractable symptoms, and discuss with the care team</li> </ul>	<ul style="list-style-type: none"> <li>• Anticipate symptoms related to specific serious illnesses</li> <li>• Consult with, or refer patients to, palliative care specialists when implementation of first-line treatments according to the palliative care plan have not been effective at managing symptoms</li> </ul>
<b>Prevent Crises and Plan Ahead</b>	<ul style="list-style-type: none"> <li>• Recognize non-physical sources of suffering, and recommend patients for social work, behavioral health, and/or spiritual support when needed               <ul style="list-style-type: none"> <li>○ Investigate access to virtual behavioral health support based on patient insurance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Identify community resources that can support patients living with serious illness, and their caregivers (either directly or by connecting your patients to a social worker)</li> <li>• Identify barriers to meeting patient and family needs and honoring their priorities, and discuss the least restrictive alternatives (e.g., home redesign or board and care home)</li> </ul>

Domain	Foundational Skills for All Registered Nurses	Additional Skills for Registered Nurses Who Focus Primarily on Supporting People with Serious Illness
	<ul style="list-style-type: none"> <li>Assess function and refer patients for a home safety and/or fall risk evaluation when appropriate</li> <li>Screen for polypharmacy, and work with team to consider de-prescribing</li> </ul>	<p>versus nursing home placement) either directly, or through referral to the appropriate health professional</p>



## For Social Workers

Domain	Foundational Skills for All Social Workers	Additional Skills for Social Workers Who Focus Primarily on Supporting People with Serious Illness
<b>Assess the Needs and Concerns of Patients</b>	<ul style="list-style-type: none"> <li>• Know what palliative care is, and when to request a consult</li> <li>• Assess patient’s physical, mental, social, and spiritual well-being at all stages of disease</li> <li>• Assess caregiving needs and resources</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize common sources of suffering for patients with serious illness, and perform a comprehensive assessment using culturally appropriate tools, including:               <ul style="list-style-type: none"> <li>○ Social risk factors:                   <ul style="list-style-type: none"> <li>▪ Presence of caregiver</li> <li>▪ Caregiver burden</li> <li>▪ Access to housing, food, and transportation</li> <li>▪ Racism and other culturally-bound factors that influence care</li> <li>▪ Financial strain</li> </ul> </li> <li>○ Polypharmacy</li> <li>○ Emotional and spiritual distress</li> <li>○ Physical symptom distress (e.g., pain, dyspnea, constipation)</li> <li>○ Communication barriers (e.g., vision, hearing, language, and health literacy)</li> <li>○ Need for adaptive equipment</li> </ul> </li> </ul>
<b>Strengthen the Clinician-Patient Relationship and Understand Care Goals</b>	<ul style="list-style-type: none"> <li>• Identify the patient’s surrogate decision-maker</li> <li>• Have conversations with patients to understand what matters most to them now that they have a diagnosis of a serious illness, and participate in shared decision-making that is aligned with patients’ values and preferences</li> <li>• Conduct advance care planning conversations and complete advance directives</li> <li>• Identify how culture, race, gender, sexual orientation, and context (e.g., social determinants of health) influence patient and family decision-making in the context of a serious illness, and deliver responsive, unbiased care matched to needs and priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct skilled conversations with patients and families about:               <ul style="list-style-type: none"> <li>○ Bad news</li> <li>○ Prognosis</li> <li>○ Patient/family understanding of the illness</li> <li>○ Family conflict</li> <li>○ Financial strain, insurance</li> </ul> </li> <li>• Provide education regarding:               <ul style="list-style-type: none"> <li>○ Coping with serious illness</li> <li>○ Self-care</li> <li>○ Spirituality</li> </ul> </li> </ul>

Domain	Foundational Skills for All Social Workers	Additional Skills for Social Workers Who Focus Primarily on Supporting People with Serious Illness
	<ul style="list-style-type: none"> <li>Identify patients who are eligible for hospice, and support them to make the decision whether to enroll</li> </ul>	
<b>Manage Pain and Symptoms</b>	<ul style="list-style-type: none"> <li>Assess and address the suffering caused by common symptoms associated with serious illness, including:               <ul style="list-style-type: none"> <li>Pain</li> <li>Nausea and vomiting</li> <li>Constipation</li> <li>Dyspnea</li> <li>Fatigue</li> <li>Depression</li> <li>Anxiety</li> <li>Delirium, agitation</li> </ul> </li> <li>Assess the feasibility and safety of the care plan with the patient (e.g., whether prescribed medications are accessible and affordable)</li> <li>Assess and identify cognitive impairment</li> <li>Identify patients that would benefit from a specialty palliative care consult for complex or intractable symptoms, and refer or discuss with the care team</li> </ul>	<ul style="list-style-type: none"> <li>Anticipate the full spectrum of symptoms related to specific serious illnesses and along the disease trajectory</li> <li>Contextualize treatment and/or interventions to incorporate the values, meaning, and priorities of each individual patient to provide person-centered, family-focused, and culturally congruent care</li> </ul>
<b>Prevent Crises and Plan Ahead</b>	<ul style="list-style-type: none"> <li>Collaborate in discharge planning</li> <li>Recognize non-physical sources of suffering, and collaborate with spiritual care colleagues to provide support when needed               <ul style="list-style-type: none"> <li>Investigate access to virtual behavioral health support based on patient need and insurance</li> </ul> </li> <li>Assess functioning, including mental health status, and refer patients for a home safety and/or fall risk evaluation when appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Identify community resources that can support patients living with serious illness, and their caregivers (e.g., housing, food, transportation, faith communities, state and local agencies)</li> <li>Identify barriers to meeting patient and family needs and honoring their priorities, and discuss the least restrictive alternatives (e.g., home redesign or board and care home versus nursing home placement) either directly, or through referral to the appropriate health professional</li> <li>Develop a crisis intervention assessment and plan, including suicide prevention</li> </ul>

## For Chaplains

Domain	Foundational Skills for All Chaplains	Additional Skills for Chaplains Who Focus Primarily on Supporting People with Serious Illness
<b>Assess the Needs and Concerns of Patients</b>	<ul style="list-style-type: none"> <li>• Know what palliative care is, and when to request a consult</li> <li>• Assess for emotional, existential, and spiritual distress</li> <li>• Take the patient’s spiritual history, including whether the patient is part of a faith community</li> <li>• Assess caregiving needs and resources</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize common sources of suffering for patients with serious illness, and perform a comprehensive assessment using culturally appropriate tools, including:               <ul style="list-style-type: none"> <li>○ Social risk factors:                   <ul style="list-style-type: none"> <li>▪ Presence of caregiver</li> <li>▪ Caregiver burden/needs</li> <li>▪ Racism and other culturally-bound factors that influence care</li> <li>▪ Financial strain</li> <li>▪ Access to housing, food, and transportation</li> </ul> </li> <li>○ Emotional and spiritual distress, and how these might manifest as physical symptoms (e.g., pain, shortness of breath, constipation)</li> <li>○ Communication barriers (e.g., vision, hearing, language, and health literacy)</li> <li>○ Protective factors that can support resilience during serious illness</li> </ul> </li> </ul>
<b>Strengthen the Clinician-Patient Relationship and Understand Care Goals</b>	<ul style="list-style-type: none"> <li>• Identify the patient’s surrogate decision-maker</li> <li>• Have conversations with patients to understand what matters most to them now that they have a diagnosis of a serious illness, and participate in shared decision-making that is aligned with patients’ values and preferences</li> <li>• Conduct skilled conversations with patients and families about:               <ul style="list-style-type: none"> <li>○ Serious news</li> <li>○ Patient/family understanding of the meaning of their illness</li> <li>○ Family conflict</li> <li>○ Fear and grief</li> <li>○ Meaning-making</li> <li>○ Death and dying</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Provide support regarding:               <ul style="list-style-type: none"> <li>○ Coping with serious illness</li> <li>○ Self-care</li> </ul> </li> <li>• Conduct advance care planning conversations and complete advance directives</li> <li>• Provide bereavement support for families and caregivers</li> <li>• Support the care team to deliver spiritually-sensitive care; effectively communicate with members of the care team</li> </ul>

Domain	Foundational Skills for All Chaplains	Additional Skills for Chaplains Who Focus Primarily on Supporting People with Serious Illness
	<ul style="list-style-type: none"> <li>Identify how culture, race, gender, sexual orientation, spirituality, and context (e.g., social determinants of health) influence patient and family decision-making in the context of a serious illness, and deliver responsive, unbiased care matched to needs and priorities</li> <li>Support patients who are eligible for hospice in the process of deciding whether to enroll</li> </ul>	
<b>Manage Pain and Symptoms</b>	<ul style="list-style-type: none"> <li>Assess the spiritual/existential underpinnings of suffering caused by common symptoms associated with serious illness, and alert the care team to symptom burden</li> <li>Identify patients that would benefit from a specialty palliative care consult for complex or intractable symptoms, and refer or discuss with the care team</li> </ul>	<ul style="list-style-type: none"> <li>Contextualize treatment and/or interventions to incorporate the values and priorities of each patient to provide person-centered, family-focused, and culturally congruent care</li> <li>Assess the feasibility of the care plan with the patient (e.g., whether prescribed medications are accessible and affordable)</li> </ul>
<b>Prevent Crises and Plan Ahead</b>	<ul style="list-style-type: none"> <li>Connect patients to spiritual supports, including outreach to faith communities</li> <li>Recognize the need for social work or behavioral health services, and make appropriate linkages to these services</li> <li>Identify functioning or mental health needs and make appropriate referrals</li> </ul>	<ul style="list-style-type: none"> <li>Identify community resources that can support patients living with serious illness, and their caregivers, either directly or by connecting your patients to a social worker (e.g., housing, food, transportation, faith communities, state- and local agencies)</li> </ul>

## For Clinical Care Managers

Domain	Foundational Skills for All Clinical Care Managers	Additional Skills for Clinical Care Managers Who Focus Primarily on Supporting People with Serious Illness
<b>Assess the Needs and Concerns of Patients</b>	<ul style="list-style-type: none"> <li>• Know what palliative care is, and how it benefits patients/members</li> <li>• Recognize common sources of suffering for people living with serious illness</li> <li>• Perform a comprehensive assessment of the needs and concerns of patients using open-ended questions, including the following:               <ul style="list-style-type: none"> <li>○ Pain and other physical symptom distress</li> <li>○ Psychological symptom distress, including depression and anxiety</li> <li>○ Polypharmacy and anticholinergic burden</li> <li>○ Functional impairment</li> <li>○ Caregiver burden</li> <li>○ Social risk factors</li> <li>○ Communication needs</li> </ul> </li> <li>• Assess for need for adaptive equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Determine patient/member's level of knowledge about their illness</li> <li>• Listen actively for emotional and spiritual distress; invite dialog on these issues</li> </ul>
<b>Strengthen the Clinician-Patient Relationship and Understand Care Goals</b>	<ul style="list-style-type: none"> <li>• Identify the patient's surrogate decision-maker</li> <li>• Identify how culture, race, gender, sexual orientation, and context (e.g., social determinants of health) influence patient and family decision-making in the context of a serious illness, and deliver culturally-responsive care and services</li> <li>• Advocate for care that is aligned with patients' values and preferences</li> </ul>	<ul style="list-style-type: none"> <li>• Explain what to expect about their illness</li> <li>• Elicit information from patients about what matters most to them now that they have a diagnosis of a serious illness</li> <li>• Conduct advance care planning conversations and complete advance directives</li> <li>• Provide tools and referrals to assist with family communication and decision-making</li> </ul>
<b>Manage Pain and Symptoms</b>	<ul style="list-style-type: none"> <li>• Initiate steps for symptom management when patient is in distress</li> <li>• <i>(If in the context of a health plan or long-term patient engagement)</i> Perform ongoing monitoring and assessment of symptom control</li> </ul>	<ul style="list-style-type: none"> <li>• Identify patients in need of specialty palliative care consultation, educate patient and family on palliative care, and take steps to initiate a consult</li> </ul>

Domain	Foundational Skills for All Clinical Care Managers	Additional Skills for Clinical Care Managers Who Focus Primarily on Supporting People with Serious Illness
	<ul style="list-style-type: none"> <li>Assess the feasibility and safety of the care plan (e.g., whether prescribed medications are accessible and affordable) and alert the care team to any risks</li> </ul>	
<b>Prevent Crises and Plan Ahead</b>	<ul style="list-style-type: none"> <li>Recommend additional supports and make linkages, based on assessment findings and patient's insurance/available benefits; these supports may include:               <ul style="list-style-type: none"> <li>Benefits and entitlements assistance</li> <li>Personal care assistance</li> <li>Meal assistance</li> <li>Home safety assessment and DME need</li> <li>Adaptive equipment</li> <li>Caregiver/family support services</li> <li>Caregiver respite services</li> <li>Behavioral health services</li> </ul> </li> <li><i>(If participating in discharge planning)</i> Educate patient on follow-up appointments</li> <li>Discuss potential hospice eligibility with the primary team</li> </ul>	<ul style="list-style-type: none"> <li>Map the resources and service providers in the community that can support patients with serious illness</li> <li>Identify patients who may be at high risk for exacerbations, and link to 24/7 supportive services, such as home-based care programs</li> <li>Identify barriers to meeting patient and family needs and honoring their priorities, and discuss the least restrictive alternatives (e.g., home redesign or board and care home versus nursing home placement)</li> <li>Recommend spiritual supports, and make linkages as appropriate</li> </ul>