This learning pathway includes training and tools for cardiology teams to manage symptoms, support patients with advance care planning, and improve quality of life along the trajectory of heart disease.

**CAPC Palliative Care Referral Criteria**

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

**Heart Failure**

Interventions to reduce suffering along the disease trajectory for people living with congestive heart failure (CHF) and their families.

**Dyspnea**

Reducing physical and emotional suffering from dyspnea for patients with serious illness.

**Course 14: Pain Management: Putting it All Together**

Safe opioid prescribing for patients with serious illness, using the Federation of State Medical Boards (FSMB) Guidelines for the Chronic Use of Opioid Analgesics.

**Delivering Serious News**

Communicating serious clinical news to patients and families.

**Conducting a Family Meeting**

Communication techniques for an effective family meeting.

**Advance Care Planning Conversations**

How to initiate and conduct conversations about advance care planning.

**Billing and Coding for Advance Care Planning (ACP) Services**

Requirements, best practices, documentation requirements, and time thresholds for Advance Care Planning (ACP) services. Center to Advance Palliative Care, 2018.

**Discussing Prognosis**

How to discuss patient prognosis in a manner that is sensitive, clear, and supportive.
Clarifying Goals of Care

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

Supporting the Family Caregiver: The Burden of Serious Illness

Assessing and supporting caregivers of people with serious illness.

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