A National Role Delineation Study of the Hospice and Palliative Advanced Practice Registered Nurse

Executive Summary

Conducted for the

Hospice and Palliative Credentialing Center

Prepared by

Lawrence J. Fabrey, PhD, Sr. Vice President, Psychometrics
Lily Chuang, MS, Associate Psychometrician
Neil B. Guman, MA, Research Associate

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Introduction

The purpose of this study was to identify the responsibilities of hospice and palliative advanced practice registered nurses as a first step in the development of a job-related certification examination for the Advanced Certified Hospice and Palliative Nurse (ACHPN®). The Hospice and Palliative Credentialing Center (HPCC) requested the services of AMP, a PSI business (PSI/AMP) to design and conduct a study that would provide the support necessary to develop specifications upon which a content valid certification examination could be built.

The HPCC appointed a Role Delineation Study Advisory Committee (AC) to conduct the activities necessary to identify hospice and palliative advanced practice registered nurses' responsibilities and develop Examination Specifications. The diversity of this group was reflective of the specialty areas within hospice and palliative advanced practice nursing throughout the United States, and all AC members had demonstrated expertise in their respective areas of specialization.

Methodology

Seven major tasks were initiated during the AC meeting held in February 2016. These steps included:

1. Defining the target practitioner

For the purposes of this study, the HPCC adopted the following target practitioner definition of an ACHPN®:

> *A Hospice and Palliative Advanced Practice Registered Nurse is a Clinical Nurse Specialist (CNS) or Nurse Practitioner (NP) who holds an advanced degree in nursing (e.g., master's degree in nursing, post master's certificate, or doctorate) and is actively practicing at the advanced practice level of nursing in hospice and/or palliative care.*

2. Developing a sampling plan

The AC considered various methods of identifying individuals who consider themselves to be hospice and palliative advanced practice registered nurses, or who would be knowledgeable about the duties of hospice and palliative advanced practice registered nurses. It was determined that invitation e-mails containing a link to the online role delineation study survey would be distributed by HPCC to hospice and palliative advanced practice registered nurses listed in the HPCC and HPNA databases, and by NACNS to clinical nurse specialists listed in the NACNS database.

3. Identifying tasks for the survey instrument

The draft list was thoroughly discussed during the meeting held in February 2016. Tasks representing individual job responsibilities were modified, added, and removed, and all tasks were verified as being appropriately linked to the associated knowledge domain (e.g., Professionalism). At the conclusion of this meeting, a draft list that included 135 tasks was developed by the AC. After the review of the draft task list, the AC authorized development of the final survey.

4. Identifying knowledge domains

The committee identified 5 knowledge domains, under which the 135 tasks were categorized into subcategories. The AC unanimously agreed on the linkage of each task to the respective knowledge domain. The domains were as follows:

1. Nursing Process in Caring for Adult Patients and Families
2. Scientific Knowledge (Biomedical, Clinical, and Psychosocial-Behavioral)
3. Education and Communication
4. Professionalism
5. Systems Issues

5. Determining the rating scales

The committee discussed the advantages and disadvantages of various rating scales that could be used in responding to the tasks. PSI/AMP suggested the use of a single significance scale. This single scale is intended to solicit judgments that combine the importance of a task with the frequency with which it is addressed in practice, after first considering the extent to which it is necessary to the performance in practice. The significance scale adopted by the AC is shown below.

Consider both importance and frequency, how significant is each activity to your practice?

0 = Not necessary for my job
1 = Minimally significant
2 = Significant
3 = Critically significant

6. Determining the relevant demographic variables of interest

The committee identified 26 relevant and important demographic survey variables. Since this was a national study, it was important to identify the respondents' geographic regions of employment. Other demographic questions were written to assess characteristics of the representativeness of the respondents, including highest nursing degree, highest non-nursing degree, HPCC certifications held, years certified as an ACHPN®, other advanced practice certifications, HPNA membership status, role, years of experience as an advanced practice registered nurse, years of hospice and/or palliative nursing care experience, years of advanced hospice and/or palliative nursing care experience, hours per week employed in hospice and palliative care, time spent in direct patient care, nature of advanced nursing practice, time spent in hospice and/or palliative care, time spent with various patient age groups, primary employer, patient setting, primary source of information for guiding the practice, HPNA live review course attendance, HPNA online review course completion, prescriptive authority, prescriptive categories, age, gender, and race/ethnicity.

7. Integrating demographics, rating scales, and tasks into a survey instrument

After the first meeting, all components of the survey (demographics, rating scales, and tasks) were combined and designed into a draft survey instrument. As a pilot test, this draft was distributed to the AC and other individual content experts via an e-mail message, which included a link to the survey. Following a review of the comments, the final survey was prepared and distributed via an e-mail invitation.

Results

Of the 2,002 e-mail invitations distributed, a total of 380 respondents accessed the survey. After adjusting for participants who accessed the survey but did not provide any responses (n=29) and respondents who responded to less than 25% of the survey (n=6), it was determined that 17.2% of the sample provided usable responses (n=345).

Demographic Information

Responses to some of the demographic variables are depicted in the following graphs.

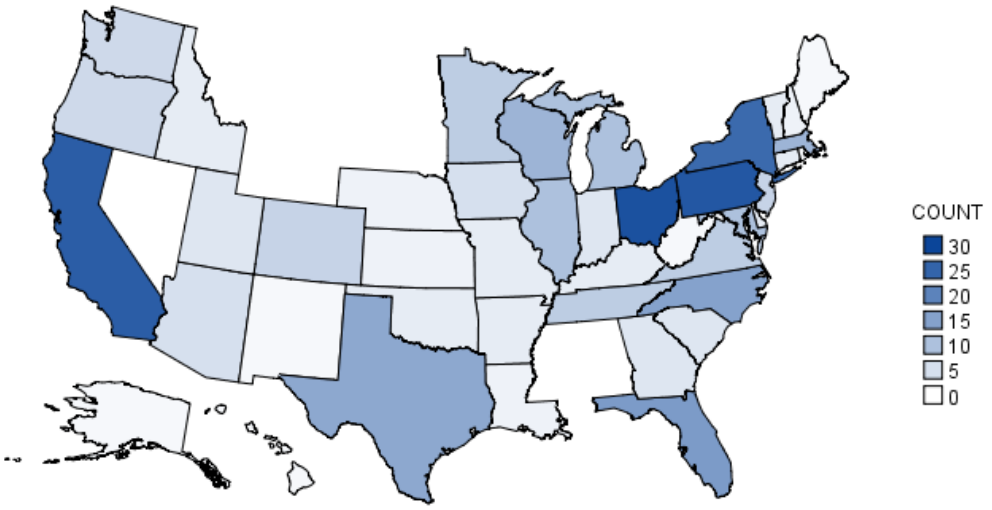

Figure 1. In what state do you practice?

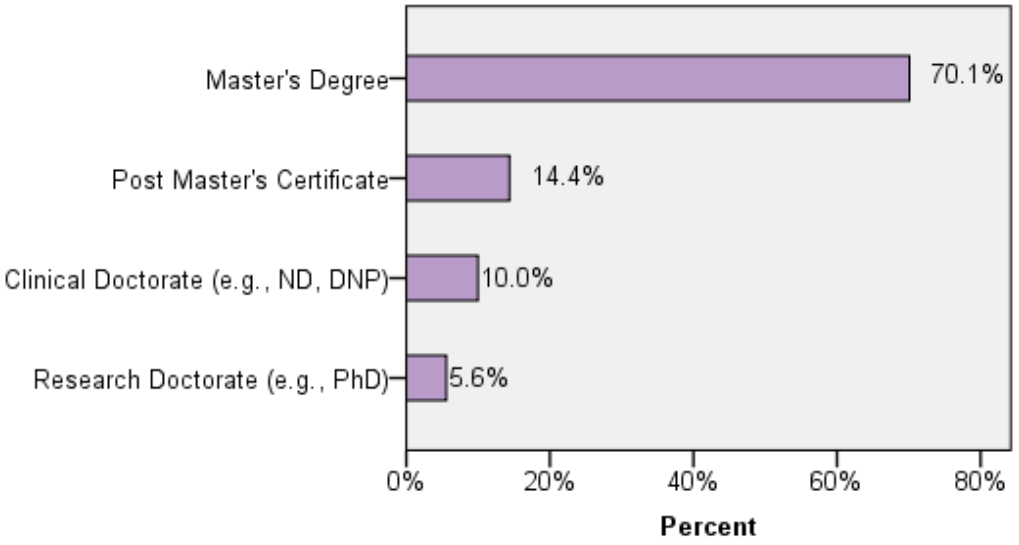

Figure 2. What is the highest degree in nursing you have completed?

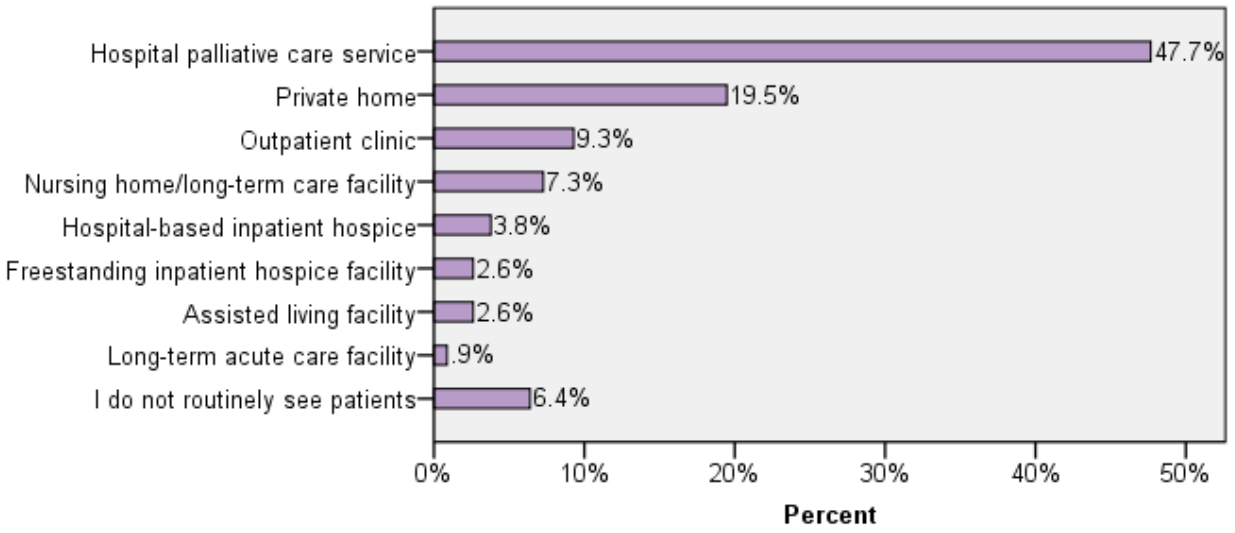

Figure 3. In which setting do you most often see patients?

The AC concluded that this information is consistent with the population of hospice and palliative advanced practice registered nurse, and a sufficient number of responses in relevant subgroups were received to facilitate subsequent analysis.

Adequacy of the Instrument

Approximately 93.9% of those who responded to the question about survey coverage on significant tasks felt that the survey at least adequately addressed the responsibilities of hospice and palliative advanced practice registered nurses. Another aspect of the adequacy of the instrument relates to its reliability.

Task reliability estimates show to what extent each scale "hangs together." A high task reliability value may indicate that the scale represents a consistent collection of tasks. Rater reliability estimates are more important and indicate the degree to which raters agree on the significance of an item. Overall, the calculated reliability estimates are quite acceptable. Overall, the calculated reliability estimates were around 0.9 or higher. Since 1.00 represents a maximum reliability coefficient, the survey results can be considered reliable.

Examination Specifications

In developing Examination Specifications, or a Detailed Content Outline (DCO), AC judgment were used in interpreting the data gathered through the role delineation study. Of particular significance to a certification examination program is that the Examination Specifications appropriately reflect the responsibilities of all groups who will participate in the certification program. Therefore, it is important to ensure that the Examination Specifications and the resulting examination forms sample tasks that are considered to be significant responsibilities of the individuals for whom the examination is intended.

Several decision rules were proposed for consideration and adopted by the AC in determining which tasks should be considered *ineligible* for assessment, and therefore, excluded from the DCO. Applying these decision rules provides objectivity in ensuring that the resulting examination reflects the responsibilities of hospice and palliative advanced practice registered nurses, as judged by a demographically representative group of hospice and palliative advanced practice registered nurses. The first decision rule helped ensure the DCO would only reflect tasks that were a part of practice; any that received a high percentage of respondents providing a “0” rating (Not necessary for my job) were eliminated. The second decision rule established a threshold for the mean significance rating for the overall respondent group, ensuring that what remained on the DCO was clearly significant to practice. Finally, six different decision rules were adopted based on subgroup analyses, to ensure that the remaining topics were significant to practice throughout the United States, and significant regardless of years of experience, APRN role, full-time employment, time spent directly with patients, and nature of practice. A total of 4 tasks were eliminated.

In addition to applying decision rules, the AC examined the respondents' comments and any additional topics or tasks that respondents had listed. Based on this review, the AC decided that no additional topics or tasks were needed to appropriately reflect the profession. In summary, a total of 131 tasks were eligible for assessment on ACHPN® certification examination.

Confirmation of the Link between Tasks and Knowledge Domains

When developing the survey, the AC determined that each task was clearly linked to the associated knowledge domain. During the meetings in July 2016, the AC reconfirmed that linkage. Item writers will be instructed to classify items according to a specific task, and to ensure that the item is associated with the major knowledge domain. When approving items, the Examination Development Committee (EDC) will similarly confirm that linkage.

Development of Final Detailed Content Outline and Examination Specifications

The AC reviewed the final task list after application of the decision rules. They considered the mean significance ratings for each of the content categories, the number of remaining tasks in each category, and the number of items suggested by survey respondents for each area to guide their final decisions regarding the number of items for each of the five content areas of practice. The goal was to distribute items in accordance with known working patterns across the content areas.

After the number of items was determined, the next step involved defining the cognitive complexity of the content. A complexity scale was used to determine at what cognitive level individual tasks were performed. The information provided a basis for matching test item complexity to job complexity. The AC discussed each task in each section and considered the typical complexity of task performance. They then determined a distribution for each major content category by the cognitive categories of recall, application, and analysis.

Advanced Certified Hospice and Palliative Nurse (ACHPN®) Detailed Content Outline	Percent of ITEMS
1. Nursing Process in Caring for Adult Patients and Families	**31%**
A. Assessment 1. Prioritize data collection based on the patient/family immediate condition, needs, or chief complaint 2. Collect data from relevant sources (e.g., significant others, other health care providers, patient record) 3. Use various assessment techniques and standardized tools (e.g., pain scales, quality of life instruments, functional assessment scales) 4. Obtain patient's history (e.g., family, social, spiritual, cultural) 5. Obtain a history of previous therapies (e.g., allergies, pharmacologic, nonpharmacologic, complementary and alternative) 6. Conduct a review of systems 7. Perform a systems-based physical examination 8. Identify past and present goals of care and expectations 9. Identify health beliefs, values, and practices 10. Assess nutritional issues within the context of advanced illness 11. Assess patient/family knowledge of and response to advanced illness 12. Assess emotional status of patients and families 13. Assess patient/family for bereavement needs 14. Identify patient/family past/present coping patterns 15. Assess patient/family support systems 16. Assess environmental factors 17. Analyze risks/benefits/burdens related to treatment within the context of goals and care 18. Explore patient/family financial resources/needs 19. Perform additional assessments based on unique needs of specific populations (e.g., substance abusers, homeless, cognitively impaired, elderly, Veterans) B. Diagnosis and Planning 1. Formulate and prioritize differential diagnoses based on analyses of multidimensional assessment data 2. Apply findings to develop the plan of care 3. Identify expected outcomes that are realistic in relation to patient/family goals of care, life expectancy, and the improvement of quality of life 4. Select interventions based on values, preferences, available resources and goals of the patient/family 5. Assist patient/family in evaluating appropriate and available resources 6. Consider the unique needs of special populations in developing the plan of care	

Advanced Certified Hospice and Palliative Nurse (ACHPN®) Detailed Content Outline	Percent of ITEMS
C. Intervention and Evaluation 1. Participate in the development of the interdisciplinary plan of care to achieve patient/family desired outcomes 2. Facilitate self-care, health promotion and maintenance through health teaching within the context of the patient's illness trajectory 3. Recommend strategies to address emotional and spiritual health 4. Provide interventions either directly or indirectly to minimize care giver burden (i.e., families and professionals) 5. Identify the role of pharmacologic therapies 6. Implement pharmacologic therapies (e.g., opioid conversion, adjuvant) 7. Identify the potential benefit of the following nonpharmacologic interventions (e.g., palliative surgery, procedures, radiation, counseling, or psychological therapy) 8. Identify the potential benefit of complementary and alternative interventions (e.g., alternative medical systems, mind-body interventions, biologically based therapies, nutrition/special diets, energy-based therapies, and manipulative/body-based therapies) 9. Identify the need for interventional analgesic techniques (e.g., epidural, intrathecal, nerve block) 10. Implement palliative sedation at the end of life 11. Discontinue life support devices/treatments (e.g., ventilator, dialysis, ICD, vasopressors, LVAD) 12. Discontinue medically administered nutrition and hydration 13. Address issues related to patient/family vulnerability 14. Assist patient/family in their search for meaning and hope 15. Implement a culturally and spiritually respectful plan of care 16. Evaluate and modify the plan of care based on changing patient status, patient outcomes, family issues, goals, and expected outcomes	
2. Scientific Knowledge (Biomedical, Clinical, and Psychosocial-Behavioral)	**29%**
A. Disease Processes *Explain the disease process and provide evidence-based palliative management for the following disease patterns and progression:* 1. Altered Immune Diseases (e.g., AIDS, lupus, rheumatoid arthritis) 2. Neoplastic conditions 3. Neurological conditions (e.g., ALS, CVA) 4. Dementia 5. Cardiac conditions (e.g., CHF) 6. Pulmonary conditions (e.g., COPD) 7. Renal conditions 8. Hepatic conditions (e.g., hepatic failure, cirrhosis) 9. Gastrointestinal conditions 10. Endocrine conditions (e.g., diabetic neuropathy)	

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11. Hematologic conditions (e.g., neutropenia, disseminated intravascular coagulopathy) 12. Acute injuries (e.g., traumatic brain injury, burns)	
Provide evidence-based palliative management for the following hospice and palliative care emergencies:	
13. Spinal cord compression 14. Hemorrhage 15. Seizures 16. Superior vena cava syndrome	
Provide evidence-based palliative management for the following signs and symptoms:	
17. Pain (e.g., nociceptive, neuropathic, acute/crisis, chronic, breakthrough) 18. Cardiac (e.g., angina, edema, dysrhythmias) 19. Respiratory (e.g., dyspnea, cough, secretions, sleep apnea) 20. Gastrointestinal (e.g., constipation, diarrhea, ascites, hiccups, bowel obstruction, nausea, taste changes) 21. Genitourinary (e.g., bladder spasm, urinary retention, incontinence) 22. Musculoskeletal (e.g., pathological fractures, spasms) 23. Skin and mucus membranes (e.g., pruritus, mucositis, stomas, fistulas, fungating wounds, pressure ulcers, edema) 24. Neurological (e.g., myoclonus, encephalopathy, impaired communication, dysphagia) 25. Psychiatric/psychological (e.g., anxiety, depression, delirium, fear, suicidal/homicidal ideation, agitation/restlessness) 26. Spiritual/existential (e.g., distress, hopelessness, death anxiety, grief, suffering) 27. Nutrition and metabolic (e.g., anorexia/cachexia, dehydration, electrolyte imbalance) 28. Fatigue/asthenia 29. Insomnia 30. Lymphedema 31. Complications of therapy (e.g., related to drugs, radiation, chemotherapy, surgery)	
B. Diagnostic Tests and Procedures 1. Recommend screening or diagnostic tests that are based on goals of care and risk/benefit/burden ratio 2. Interpret common diagnostic tests and procedures	
C. Prognosis 1. Use results of evidence and holistic assessment to determine prognosis	

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D. Responses to Illness, Loss, Grief, Bereavement 1. Distinguish among culture, ethnicity, and race 2. Identify the basic tenets of major religions and cultures in relation to death and dying 3. Address issues related to loss, bereavement, grief, and mourning 4. Identify factors that influence the bereavement process	
3. Education and Communication	**17%**
A. Education (Patients, Families, Health Care Communities) 1. Apply age-appropriate learning principles when providing hospice and palliative care education 2. Establish a therapeutic environment for effective learning 3. Develop, implement, and evaluate formal and informal education 4. Select teaching methods tailored to the needs of the patient/family within special populations 5. Educate local, state, and national organizations, institutions, and individuals about hospice and palliative care (e.g., differentiate palliative care from hospice care) B. Communication 1. Communicate diagnoses with patient/family, team members, and/or other consultants 2. Discuss progression of the disease and communicate expected prognosis 3. Collaborate with other members of the interdisciplinary team to implement interventions 4. Document diagnoses, plans and interventions using a format that is accessible to the interdisciplinary health care team 5. Facilitate advance care planning 6. Address issues related to patient/family goals of care and treatment preferences 7. Facilitate discussions related to resuscitation status 8. Analyze own communication (verbal and nonverbal) and possible interpretations 9. Respect cultural differences when discussing hospice and palliative care 10. Demonstrate knowledge of communication theory and principles within the context of hospice and palliative care 11. Create an environment for effective communication and demonstrate therapeutic presence while maintaining professional boundaries 12. Use appropriate principles and techniques to break bad news 13. Develop strategies to overcome communication barriers	

Advanced Certified Hospice and Palliative Nurse (ACHPN®) Detailed Content Outline	Percent of ITEMS
14. Elicit questions, concerns, or suggestions from patients/family, and health care team members 15. Initiate and facilitate patient/family conferences 16. Assist in having appropriate team members available for input/consultation 17. Facilitate conflict resolution for the patient/family and/or health team members	
4. Professionalism	**13%**
A. Ethics 1. Promote autonomy (e.g., decision making) 2. Promote beneficence 3. Promote veracity (e.g., truth telling) 4. Promote non-maleficence 5. Promote confidentiality 6. Promote justice 7. Address issues related to withholding or withdrawing treatment, and non-beneficial treatment 8. Address issues related to suicide, assisted suicide, or euthanasia 9. Address issues related to sedation B. Scope, Standards, and Guidelines 1. Identify and resolve issues related to scope of practice 2. Incorporate national hospice and palliative standards into nursing practice 3. Incorporate guidelines into practice (e.g., American Pain Society, National Consensus Project) 4. Develop collaborative agreements and practice protocols C. Self-Care and Collegial Support 1. Incorporate strategies for self-care and stress management into practice 2. Identify and address burnout and compassion fatigue in self and other 3. Facilitate team building activities D. Leadership and Self-Development 1. Actively participate in professional nursing activities 2. Share knowledge through publications, presentations, precepting, and mentoring 3. Develop initiatives and standards of care to advance hospice and palliative care 4. Create own professional development plan	

Advanced Certified Hospice and Palliative Nurse (ACHPN®) Detailed Content Outline	Percent of ITEMS
5. Systems Issues	**10%**
A. Resource Access, Utilization, and Continuum of Care 1. Advocate for access to palliative, hospice, or other appropriate care and/or treatments 2. Refer patient/family for assistance with financial matters and other resources 3. Identify resources and potential barriers across health care settings 4. Implement strategies to initiate, develop, and foster hospice and palliative care services 5. Use appropriate business strategies to provide effective hospice and palliative care 6. Identify expected outcomes and resources that promote continuity of care across all care settings 7. Maintain current knowledge of trends in legislation, policy, health care delivery, and reimbursement as they impact hospice and palliative care 8. Identify lapses in health care coverage related to hospice and palliative care B. Quality Improvement 1. Participate in continuous quality improvement 2. Consistently provide cost-effective, quality care	

AMP, a psi business
18000 W. 105th St. • Olathe, Kansas 66061-7543
+1 913 895 4600 • Fax +1 913 895 4650