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

Executive Summary

Conducted for the

Hospice and Palliative Credentialing Center

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November 2016

Introduction

The purpose of this role delineation study was to identify the responsibilities of the hospice and palliative registered nurse as a first step in the development of a job-related certification examination for the Certified Hospice and Palliative Care Nurse (CHPN®). 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 responsibilities of the hospice and palliative registered nurse and develop Examination Specifications. The AC was reflective of the hospice and palliative registered nurses in all relevant respects, for example: geographic, professional area, level of responsibility, educational background, gender, and work setting. 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 a CHPN®:

> *Hospice and palliative nursing practice by the Registered Nurse is the provision of care for patients and their families with the emphasis on their physical, psychosocial, emotional, and spiritual needs. The care is patient and family-centered with a focus on pain and symptom management. Care is provided in a collaborative, interdisciplinary manner in diverse settings to those experiencing serious illness.*

2. Developing a sampling plan

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

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., Patient Care: Pain Management). At the conclusion of this meeting, a draft list that included 160 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 160 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. Patient Care: Life-Limiting Conditions in Adult Patients
2. Patient Care: Pain Management
3. Patient Care: Symptom Management
4. Patient and Family Care, Education, and Advocacy
5. Practice 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?

Not Necessary for My Job
Minimally Significant
Significant
Highly 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 and non-nursing degree, HPCC certifications, years of CHPN® certification, other certifications held, HPNA membership, years as a Registered Nurse, years practicing in hospice and/or palliative nursing, hours per week employed in hospice or palliative care, of hours spent in hospice or palliative care what percent of time spent in direct patient care, nature of nursing practice, percent of time split between hospice and palliative care, percent of patients in various age groups, primary employer, role, setting, primary work setting, primary source of evidence-based hospice and palliative care information, HPNA live review course attendance, HPNA online course participation, age, gender, and racial and ethnic background.

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 15,506 e-mail invitations distributed, a total of 1,452 respondents accessed the survey. After reducing the sample size for participants who accessed the survey but did not provide any responses (n=166) and for those who did not complete at least 25% of the survey (n=167), a total of 1,119 responses were considered to be valid responses, for a corrected response rate of 7.22%.

Demographic Information

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

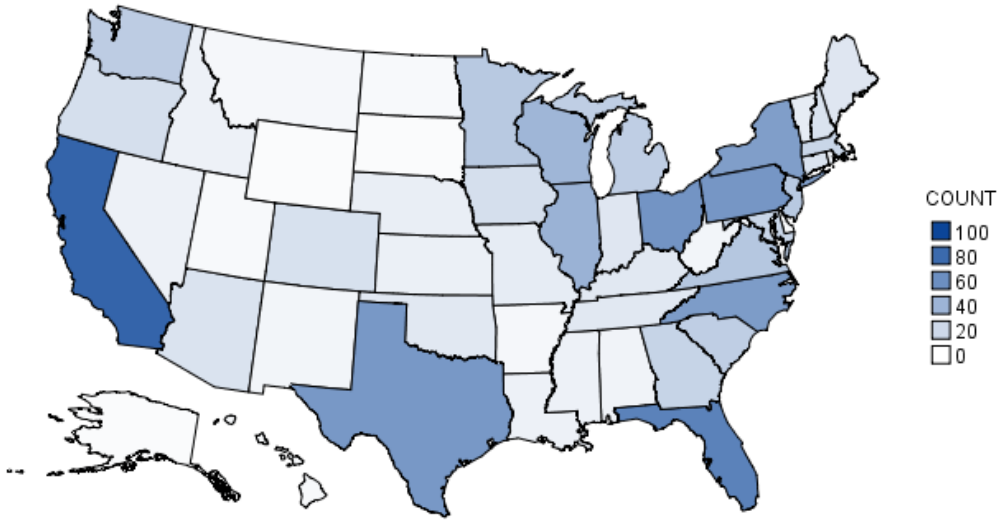

Figure 1. In which state do you practice?

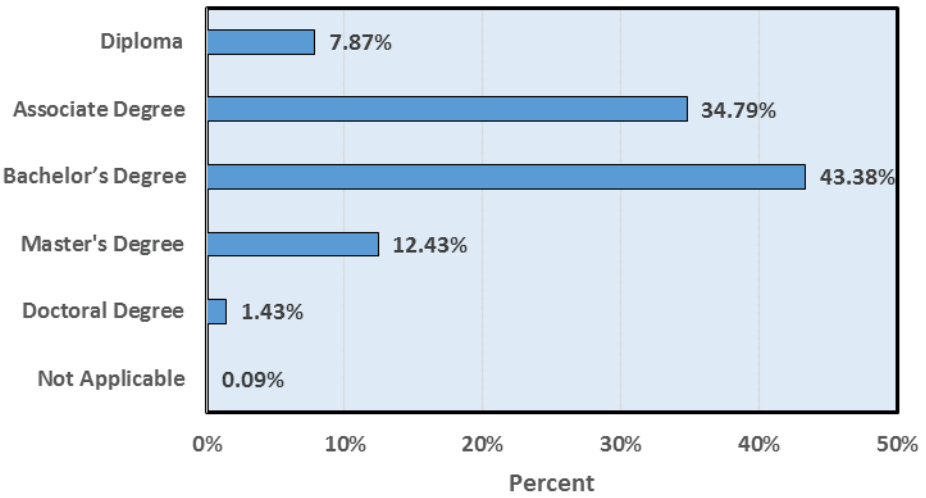

Figure 2. What is the highest nursing degree you have completed?

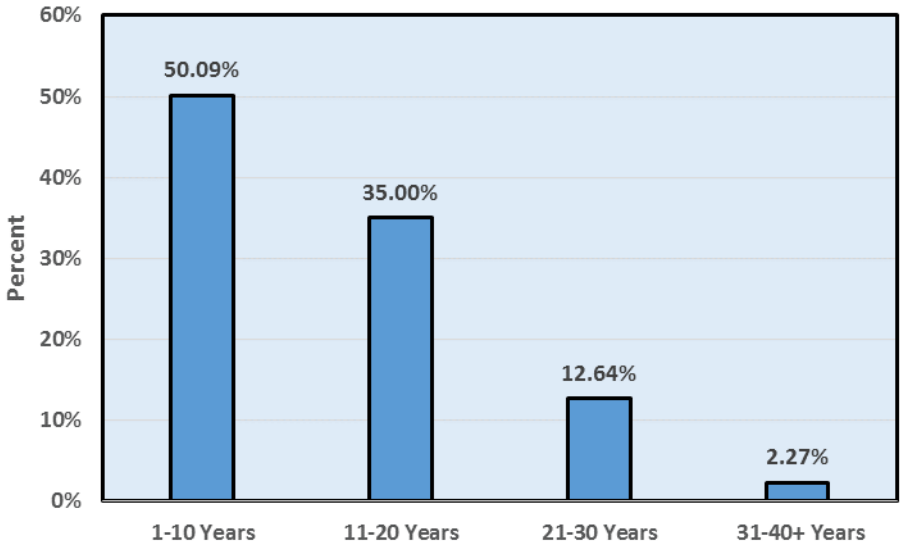

Figure 3. How many years have you been practicing in hospice and/or palliative nursing?

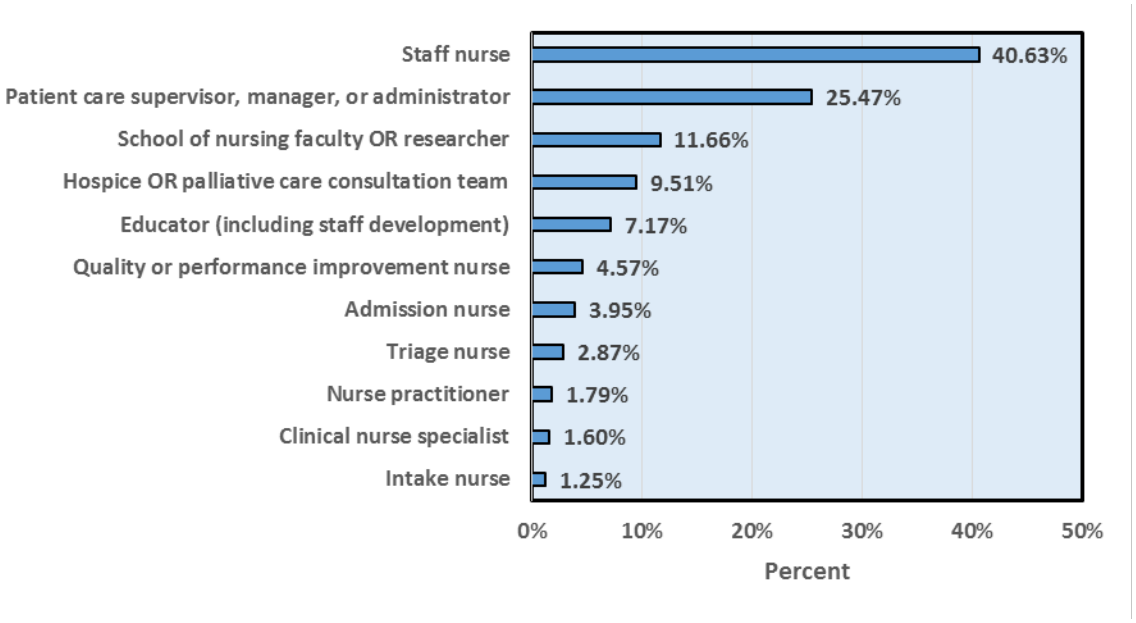

Figure 4. Which of these best describes your role in hospice and palliative care?

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

Adequacy of the Instrument

Approximately 94% of those responding to the question about survey coverage on significant tasks felt that the task list in the survey at least adequately addressed the responsibilities of hospice and palliative registered nurse. Another aspect of the adequacy of the instrument relates to its reliability.

Reliability estimates of both the task ratings and the raters (or respondents) are calculated. 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 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), committee judgment must be used in interpreting the data gathered through the role delineation study. Of particular importance to a national certification examination program is that the Examination Specifications must appropriately reflect the responsibilities of all groups who will participate in the certification program. Therefore, it is important to ensure that neither the Examination Specifications nor the resulting examinations include tasks that are not considered to be important responsibilities of the individuals for whom the examination is intended.

Several decision rules were proposed for consideration and adopted by the AC in determining criteria by 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 the hospice and palliative registered nurse, as judged by a demographically representative group of hospice and palliative registered nurses. The first decision rule helped ensure the content outline 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 content outline was clearly significant to practice. Finally, 10 different decision rules were adopted based on subgroup analyses, to ensure that the remaining tasks were significant to practice throughout the United States, for different levels of education, HPNA membership, years of hospice/palliative nursing experience, years certified in hospice and palliative nursing, time spent in direct patient care, nature of practice, primary patient setting, role in hospice and palliative care, and the primary work setting subgroups, based on their demographic responses. Application of decision rules eliminated two tasks as total.

In addition to applying decision rules, the AC examined the respondents' comments and any additional tasks that respondents had listed. Based on this review, the AC added no additional tasks. In summary, a total of 158 tasks were eligible for assessment on CHPN® 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 Multiple-Choice Detailed Content Outline and Test Specifications

The AC reviewed the final task list after application of the decision rules. For each knowledge domain, they considered the mean significance ratings, the number of remaining tasks, and the number of items suggested by survey respondents to guide their final decisions regarding the number of items. The goal was to distribute items in accordance with known working patterns across the knowledge domains.

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 domain 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*.

Certified Hospice and Palliative Nurse (CHPN®) Detailed Content Outline

	Percent of ITEMS
1. Patient Care: Life-Limiting Conditions in Adult Patients	**18%**
A. Identify and respond to indicators of imminent death B. Identify specific patterns of progression, complications, and treatment for conditions related to: 1. hematologic, oncologic, and paraneoplastic disorders (e.g., cancer and associated complications) 2. neurological disorders 3. cardiac disorders 4. pulmonary disorders 5. renal disorders 6. gastrointestinal and hepatic disorders 7. dementia 8. endocrine disorders (e.g., diabetes as a comorbidity)	
2. Patient Care: Pain Management	**22%**
A. Assessment 1. Perform comprehensive assessment of pain (e.g., verbal vs. non-verbal) 2. Identify etiology of pain 3. Identify types of pain or pain syndromes 4. Identify factors that may influence the patient's experience of pain (e.g., fear, depression, cultural issues) B. Pharmacologic Interventions 1. Identify medications appropriate to severity and specific type of pain (e.g., routes, initiation, scheduling) 2. Titrate medication to effect using baseline and breakthrough doses 3. Administer analgesic medications 4. Identify dosage equivalents when changing analgesics or route of administration 5. Administer adjuvant medications (e.g., NSAIDS, corticosteroids, anticonvulsants, tricyclic antidepressants) 6. Identify the need for palliative sedation C. Non-pharmacologic and Complementary Interventions 1. Respond to psychosocial, cultural, and spiritual issues related to pain 2. Implement non-pharmacologic interventions (e.g., ice, heat, positioning, distraction) 3. Identify the potential benefit of the following non-pharmacologic interventions (e.g., palliative surgery, procedures, radiation, counseling, or psychological therapy) 4. Identify the potential benefit of the following complementary and alternative therapies (e.g., Reiki, hypnosis, acupressure, massage, pet therapy, music therapy)	

Certified Hospice and Palliative Nurse (CHPN®) Detailed Content Outline	Percent of ITEMS
D. Evaluation 1. Assess for and respond to complications (e.g., side effects, interactions) and efficacy	
3. Patient Care: Symptom Management	**24%**
A. Neurological 1. aphasia 2. dysphagia 3. level of consciousness 4. myoclonus 5. paraesthesia or neuropathies 6. seizures 7. extrapyramidal symptoms 8. paralysis 9. spinal cord compression 10. increased intracranial pressure B. Cardiovascular 1. coagulation problems 2. edema 3. syncope 4. angina 5. superior vena cava syndrome 6. hemorrhage C. Respiratory 1. congestion 2. cough 3. dyspnea and shortness of breath 4. pleural effusions 5. pneumothorax 6. increased secretions D. Gastrointestinal 1. constipation 2. diarrhea 3. bowel incontinence 4. ascites 5. hiccoughs 6. nausea or vomiting 7. bowel obstruction 8. bleeding	

Certified Hospice and Palliative Nurse (CHPN®) Detailed Content Outline	Percent of ITEMS
E. Genitourinary 1. bladder spasms 2. urinary incontinence 3. urinary retention 4. bleeding F. Musculoskeletal 1. impaired mobility or complications of immobility 2. pathological fractures 3. deconditioning or activity intolerance G. Skin and Mucous Membrane 1. dry mouth 2. oral and esophageal lesions 3. pruritus 4. wounds (e.g., pressure ulcers, tumor extrusions, non-healing wounds) H. Psychosocial, Emotional, and Spiritual 1. anger or hostility 2. anxiety 3. denial 4. depression 5. fear 6. grief 7. guilt 8. loss of hope or meaning 9. nearing death awareness 10. sleep disturbances 11. suicidal or homicidal ideation 12. intimacy/relationship issues I. Nutritional and Metabolic 1. anorexia 2. cachexia or wasting 3. dehydration 4. electrolyte imbalance (e.g., hypercalcemia, hyperkalemia) 5. fatigue 6. hypoglycemia/hyperglycemia J. Immune/Lymphatic System 1. infection or fever 2. myelosuppression (i.e., anemia, neutropenia, thrombocytopenia) 3. lymphedema	

Certified Hospice and Palliative Nurse (CHPN®) Detailed Content Outline	Percent of ITEMS
K. Mental Status Changes 1. level of consciousness 2. agitation or terminal restlessness 3. confusion 4. delirium 5. hallucination	
4. Patient and Family Care, Education, and Advocacy	**24%**
A. Goals of Care 1. Identify patient/family goals and expected outcomes 2. Develop a plan of care to achieve goals and expected outcomes 3. Evaluate progress toward outcomes and update goals B. Resource Management 1. Explain Medicare and Medicaid hospice benefits 2. Explain care options possible under private insurance benefit plans 3. Provide education about access and use of services, medications, supplies, and durable medical equipment (DME) 4. Modify the plan of care to accommodate socioeconomic factors 5. Assess and respond to environmental and safety risks (e.g., falls, oxygen) 6. Advise on adaptation of the patient's environment for safety 7. Monitor controlled substances (e.g., use, diversion, disposal) 8. Identify available community resources C. Psychosocial, Spiritual, and Cultural 1. Assess and respond to psychosocial, spiritual, and cultural needs 2. Assess and respond to family systems and dynamics 3. Identify unresolved interpersonal matters 4. Facilitate effective communication D. Grief and Loss 1. Encourage life review 2. Counsel or provide emotional support regarding grief and loss for adults 3. Counsel or provide emotional support regarding grief and loss for children 4. Provide information regarding funeral practices/preparation 5. Provide death vigil support 6. Provide comfort and dignity at time of death 7. Facilitate and coordinate support at the time of death (e.g., pronouncement and notification for family and coworkers) 8. Facilitate transition into bereavement services 9. Participate in formal closure activity (e.g., visit, call, send card)	

Certified Hospice and Palliative Nurse (CHPN®) Detailed Content Outline	Percent of ITEMS
E. Caregiver Support 1. Monitor primary caregiver confidence and ability to provide care 2. Promote family self-care activities 3. Assess and respond to caregiver fatigue or burden F. Education 1. Assess knowledge base and learning style 2. Assess ability to learn and respond to barriers 3. Teach caregiver skills for patient care 4. Teach the signs and symptoms of imminent death 5. Teach end-stage disease progression 6. Teach pain and symptom management 7. Discuss benefit versus burden of treatment options 8. Teach medication management 9. Evaluate educational intervention and materials for patients and family G. Advocacy 1. Monitor need for changes in levels of care 2. Identify barriers to communication 3. Facilitate effective communication between patient, family, and care providers 4. Make referrals to interdisciplinary team/group 5. Support advance care planning (e.g., advance directives, life sustaining therapies) 6. Assist the patient to maintain optimal function and quality of life 7. Facilitate self-determined life closure 8. Monitor care for neglect and abuse 9. Facilitate discussions about ethical issues related to end of life	
5. Practice Issues	**12%**
A. Care Coordination 1. Coordinate patient care with other health care providers 2. Delegate tasks to assistive personnel and supervise outcomes 3. Coordinate transfer to a different level of care within the Medicare or Medicaid Hospice Benefit 4. Coordinate transfer to a different care setting B. Collaboration 1. Collaborate with attending/primary care provider 2. Evaluate eligibility for admission and hospice recertification 3. Encourage patient/family participation in interdisciplinary team/group discussions	

Certified Hospice and Palliative Nurse (CHPN®) Detailed Content Outline	Percent of ITEMS
4. Participate in development of an individualized, interdisciplinary plan of care with the interdisciplinary team/group 5. Identify needs for volunteer services C. 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. Incorporate legal regulations into practice (e.g., OSHA, CMS, HIPAA) 5. Educate the public on end-of-life issues and palliative care 6. Educate health care providers regarding hospice benefits under Medicare/Medicaid 7. Participate in continuous quality improvement activities D. Professional Development 1. Contribute to professional development of peers, colleagues, students, and others as preceptor, educator, or mentor 2. Identify strategies to address ethical concerns related to the end of life 3. Maintain professional boundaries between patient/family and staff 4. Incorporate strategies for self-care and stress management into practice 5. Participate in professional nursing activities 6. Maintain personal professional development plan 7. Maintain current knowledge of trends in legislation, policy, health care delivery, and reimbursement as they impact hospice and palliative care	

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