



Role Delineation Study Executive Summary

Hospice & Palliative Credentialing Center (HPCC)
Advanced Certified Hospice and Palliative Nurse
(ACHPN®)

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Submitted to:



Executive Summary

The role delineation study described here was conducted in 2021 at the request of the Hospice & Palliative Credentialing Center (HPCC). The purpose of the study was to describe the practice-related activities of the advanced practice hospice and palliative care nurse in sufficient detail to provide a basis for the development of a professional, practice-related certification examination for the Advanced Certified Hospice and Palliative Nurse (ACHPN®).

The three major activities that comprise the role delineation study process are as follows:

1. **Role Delineation Study Committee Meeting** – A gathering of subject matter experts (SMEs) to discuss and develop a description of the scope of practice
2. **Role Delineation Study Survey** – A large-scale survey of practitioners not involved with the SME panel to validate the task and knowledge statements developed by the committee
3. **Development of Examination Specifications** – The development of an Examination Content Outline by the committee based on the results of the survey

Several practitioners were assembled by HPCC to serve as subject matter experts (SMEs). The individuals selected represent a wide variety of work-related characteristics such as years of experience, work setting, geographic location, and areas of specialty. This helps in developing a scope of practice that is reflective of the roles and responsibilities of the job role and is relatively free from bias. By analyzing the experiences and expertise of current practitioners, the results from the role delineation study become the basis of a validated assessment that reflects the competencies required for competent job performance.

HPCC sent invitations to complete the survey to a list of 4,537 individuals in their database. HPCC also shared the survey link with their Director of Corporate Partnerships to share with members of the HPNA employer partner program. Four hundred thirty-one (431) individuals responded to the invitation by entering the survey. Responses from 154 respondents were removed from the data set because they completed less than half the survey, yielding 277 completed responses. The SME panel determined that the sample was representative of the practitioner population.

The role delineation study process utilized in this study yields exam specifications that accurately reflect the scope of practice, allowing for the development of fair, accurate, and realistic assessments of candidates' readiness for certification. The resultant Examination Content Outline (ECO) indicates a 150-item examination with content distribution requirements at the competency area (content domain) level as well as overall distribution by cognitive complexity level. This ECO will be used by HPCC to assemble future test forms.



ACHPN Exam Content Outline

1	Assessment and Data Collection	44
A	Medical history and review of systems	
B	Physical examination	
C	Functional assessment	
D	Psychosocial and spiritual assessment	
E	Standardized assessment and prognostic tools	
F	Signs and symptoms of serious illness	
G	Advance care planning	
H	Disease progression and prognostication	
I	Signs of imminent death	
J	Unique needs of specific populations	
2	Intervention and Management	32
A	Diagnostic tests and procedures	
B	Pharmacologic therapies	
C	Non-pharmacologic interventions	
D	Complementary and alternative interventions	
E	Disease process and plan of care	
F	Hospice and palliative care emergencies	
G	Palliative sedation	
H	Life support devices	
3	Education and Communication	36
A	Age-appropriate teaching methods	
B	Communication theory and principles within the context of hospice and palliative care	
C	Strategies to overcome communication barriers	
D	Cultural and spiritual competence	
E	Grief, loss, and bereavement	
4	Professionalism and Practice	38
A	Principles of biomedical ethics	
B	Professional boundaries	
C	Scope of practice	
D	Opioid stewardship	
E	National hospice and palliative care standards and guidelines	
F	Self-care (burnout, compassion fatigue, moral distress)	
G	Clinical decision making	
H	Continuous quality improvement	
I	Hospice criteria	
J	Professional development	

Task Statements

1	Nursing Process in Caring for Patients and Families
A	Assessment
1	Conduct a comprehensive patient assessment in the context of serious illness including functional and nutritional status, patient/caregiver knowledge, emotions and coping strategies, support systems, resources/needs, and environmental factors
2	Collect patient information (e.g., medical & psychosocial history, spiritual & cultural preferences, comprehensive review of systems, advance care planning documents, medical decision makers)
3	Perform a systems-based physical examination
4	Identify past and present goals of care and expectations in the context of health beliefs, values, and practices
B	Diagnosis and Planning
1	Formulate and prioritize differential diagnoses and apply findings to develop the plan of care
2	Identify expected outcomes in relation to patient/caregiver goals of care, prognosis, and the improvement of quality of life
3	Develop interventions based on patient/caregiver values, goals, and preferences, prognosis, level of care, available resources, and expected risks and benefits
4	Establish safe, multimodal pain management plans
C	Intervention and Evaluation
1	Collaborate with the interdisciplinary team to develop, implement, evaluate, and modify the plan of care based on changing functional status, illness trajectory, care system, and patient/caregiver goals
2	Communicate diagnoses, progression of disease, expected prognosis, and plan of care with the patient/caregiver and interdisciplinary health care team
3	Recommend strategies to address psychosocial needs (minimize caregiver burden, patient/caregiver vulnerability, coping, bereavement, emotional and spiritual health)
4	Implement pharmacologic therapies and facilitate nonpharmacologic interventions (e.g., palliative surgery, procedures, radiation, counseling, psychological therapy, complementary and alternative interventions)
5	Facilitate advance care planning and care coordination with inpatient and outpatient teams
2	Biomedical, Clinical, and Psychosocial-Behavioral Knowledge
A	Disease Process
1	Explain the disease process and understand evidence-based palliative management for serious diseases and conditions
2	Recognize hospice and palliative care emergencies (e.g., spinal cord compression, hemorrhage, seizures, superior vena cava syndrome) and provide evidence-based management
3	Identify signs and symptoms associated with serious diseases and conditions and provide evidence-based management
4	Understand psychosocial, emotional, and spiritual needs and provide evidence-based management
5	Determine prognosis using evidence-based tools and comprehensive patient assessment

- B Serious Illness, Loss, Dying, Grief, and Bereavement
 - 1 Identify common tenets of major religions and cultures in relation to serious illness, dying, and death
 - 2 Address issues related to loss, bereavement, grief, and mourning in the context of culture, ethnicity, race, and other factors
- 3 Education and Communication**
 - A Education (Patients, Caregivers, Health Care Communities)
 - 1 Establish a therapeutic environment and apply age-appropriate teaching methods tailored to the needs of the patient, family, and other caregivers
 - 2 Develop, implement, and evaluate formal and informal education
 - B Communication
 - 1 Analyze own communication (verbal and nonverbal) and possible interpretations
 - 2 Recognize and incorporate cultural differences when discussing hospice and palliative care
 - 3 Create an environment for effective communication and demonstrate therapeutic presence while maintaining professional boundaries
 - 4 Use appropriate principles and techniques to communicate serious news
 - 5 Initiate and facilitate conferences among patient, family, caregivers, medical and interdisciplinary team members, and other key stakeholders
- 4 Professionalism**
 - A Ethics
 - 1 Promote principles of biomedical ethics
 - 2 Address ethical issues related to withholding or withdrawing treatment, and non-beneficial treatment
 - 3 Address ethical issues related to palliative sedation, medical aid in dying, and suicide
 - B Scope, Standards, and Guidelines
 - 1 Identify and resolve issues related to scope of practice and practice protocols
 - 2 Incorporate national hospice and palliative standards and guidelines into advanced nursing practice
 - C Leadership and Self-Development
 - 1 Share knowledge through publications, presentations, precepting, and mentoring
 - 2 Educate local, state, and national organizations, institutions, and individuals about hospice and palliative care (e.g., differentiate palliative care from hospice care)
 - 3 Develop practice guidelines to advance hospice and palliative care
 - 4 Identify and address burnout, compassion fatigue, and moral distress in self and others
- 5 Systems Issues**
 - A Resource Access, Utilization, and Continuum of Care
 - 1 Advocate for timely access to palliative care and hospice services
 - 2 Develop hospice and palliative care programs and services
 - 3 Identify potential barriers and resources to promote continuity of care across all settings
 - 4 Maintain current knowledge of trends in legislation, policy, health care delivery, and reimbursement as they impact hospice and palliative care
 - B Quality Improvement
 - 1 Participate in continuous quality improvement
 - 2 Provide value-based, quality care



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