



Role Delineation Study Executive Summary

Hospice & Palliative Credentialing Center (HPCC)

Certified Hospice and Palliative Nurse (CHPN®)

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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 hospice and palliative care nurse in sufficient detail to provide a basis for the development of a professional, practice-related certification examination for the Certified Hospice and Palliative Nurse (CHPN®).

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 live survey to a list of 18,494 individuals. In addition, the survey link was distributed to the HPNA Director of Corporate Partnership to share with colleagues and members of the HPNA employer partner program. The number of individuals that responded to the invitation by entering the survey was 1,184. Responses from 657 respondents were removed from the data set, yielding a usable number of 527 completed responses. Of the respondents who were removed, 635 were removed due to not completing the survey and 22 were removed due to inattentive rating. The SME panel determined that the remaining 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 135-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.

CHPN Exam Content Outline

1	Patient Care – Assessment and Planning	25
A	Goals of care and shared decision making	
B	Interdisciplinary care planning and ongoing evaluation	
C	Life-limiting disease progression, complications, and treatment	
D	Indicators of imminent death	
2	Patient Care – Pain Management	26
A	Etiology of pain, types of pain, and pain syndromes	
B	Verbal and nonverbal indicators of pain and pain scales	
C	Factors that may influence the patient's experience of pain (e.g., fear, depression, cultural, and spiritual issues)	
D	Medications appropriate to severity and specific type of pain (opioid, non-opioid, adjuvant)	
E	Titration of medication to determine baseline and breakthrough doses	
F	Dosage equivalents when changing analgesics or route of administration	
G	Non-pharmacologic interventions (e.g., ice, positioning, palliative surgery, palliative radiation, psychological therapy)	
H	Complementary and alternative therapies (e.g., Reiki, hypnosis, acupuncture, massage, pet therapy, music therapy)	
3	Patient Care – Symptom Management	28
A	Neurological	
B	Cardiovascular	
C	Respiratory	
D	Gastrointestinal	
E	Genitourinary	
F	Musculoskeletal	
G	Skin and mucous membrane	
H	Nutritional and metabolic	
I	Immune/Lymphatic/Hematologic system	
J	Psychosocial, emotional, and spiritual	
4	Support, Education, and Advocacy	28
A	Advance care planning (e.g., advance directives, life sustaining therapies)	
B	Hospice and palliative care benefits under Medicare, Medicaid, and private insurance	
C	Patient safety: environmental, physical, socioemotional	
D	Communication: techniques, barriers, and cultural humility	
E	Psychosocial, spiritual, and cultural needs	
F	Medication management and controlled substances	
G	Caregiver/Family self-care activities	
H	End-stage disease at terminal phase	
I	Grief and loss support / bereavement services	
J	Support at time of death and post-mortem care	
K	Ethical issues related to end of life	

5	Practice Issues	28
A	Hospice and palliative care compliance under Medicare/Medicaid	
B	National hospice and palliative care standards	
C	National practice guidelines and standards (e.g., National Consensus Project)	
D	Legal regulations (e.g., OSHA, CMS, HIPAA)	
E	Professional boundaries	
F	Strategies for self-care and stress management	
G	Trends in legislation, policy, health care delivery, and reimbursement as they impact hospice and palliative care	

Secondary Classification

Cognitive Level	Items Required
Recall	25%
Application	75%

Task Statements

1	Patient Care – Assessment and Planning
A	Identify patient/caregiver goals and expected outcomes
B	Develop a plan of care to achieve goals and expected outcomes
C	Coordinate patient care with other health care providers through the continuum of care
D	Coordinate transfer to a different level of care or different care setting
E	Identify specific patterns of progression, complications, and treatment for life-limiting conditions
F	Identify and respond to indicators of imminent death
G	Evaluate progress toward outcomes and update goals
H	Monitor need for changes in levels of care
2	Patient Care – Pain Management
A	Perform comprehensive assessment of pain
B	Identify and administer pharmacologic interventions
C	Identify and implement non-pharmacologic and complementary interventions
D	Assess for and respond to complications (e.g., side effects, interactions) and efficacy
3	Patient Care – Symptom Management
A	Provide evidence-based palliative management of signs and symptoms associated with life-limiting conditions
B	Provide evidence-based palliative management for psychosocial, emotional, and spiritual needs

4 Support, Education, and Advocacy

- A Assess and respond to psychosocial, spiritual, and cultural needs
- B Facilitate effective communication among patient, family, and caregivers
- C Encourage patient/caregiver participation in interdisciplinary team/group discussions
- D Counsel or provide emotional support regarding grief and loss
- E Facilitate and coordinate support throughout the continuum of care
- F Teach end-stage disease progression
- G Teach pain and symptom management
- H Train caregiver to provide patient care
- I Monitor, support, and validate primary caregiver confidence and ability to provide care
- J Promote caregiver self-care activities
- K Provide education about access and use of services, medications, supplies, and durable medical equipment (DME)
- L Assess and respond to environmental and safety risks
- M Facilitate self-determined life closure

5 Practice Issues

- A Evaluate eligibility for admission and hospice recertification
- B Incorporate standards, guidelines, and legal regulations into practice
- C Identify and address ethical concerns
- D Participate in continuous quality assurance and performance improvement activities
- E Maintain professional boundaries
- F Incorporate strategies for self-care and stress management into practice
- G Contribute to professional development of peers, colleagues, students, and others as preceptor, educator, or mentor



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