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Role Delineation Study Report

Executive Summary

Hospice and Palliative Credentialing Center (HPCC)

Certified Hospice and Palliative Licensed Practical/Vocational Nurse (CHPLN®)

May 2020

Submitted to:

HPCC
Hospice & Palliative Credentialing Center
Advancing Expert Care in Serious Illness

Where people meet potential

Contents

Executive Summary

This report describes the methodology and procedures used to conduct a role delineation study and develop the exam specifications for the Hospice & Palliative Credentialing Center (HPCC) Certified Hospice and Palliative Licensed Practical/Vocational Nurse (CHPLN®) certification examination.

The three major activities that comprise the role delineation study process described in this report are as follows:

1. **Role Delineation Advisory Group Meeting** – A gathering of subject matter experts (SMEs) to discuss and develop a description of the scope of practice

2. **Role Delineation Survey** – A large-scale survey of practitioners not involved with the SME panel to validate the task statements developed by the advisory group

3. **Development of Examination Specifications** – The development of an Examination Content Outline by the advisory group based on the results of the survey

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

The role delineation study process detailed in this report 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 (Appendix A) indicates a 135-item examination with content distribution requirements at the competency area (content domain) level as well as topic (content subdomain) level. The seven competency areas are:

1. Patient Care: End-Stage Disease Process
2. Patient Care: Pain and Comfort Management
3. Patient Care: Symptom Management
4. Patient Care: Treatments and Procedures
5. Care of Patient, Family, and Other Caregivers
6. Patient and Family Education and Advocacy
7. Interdisciplinary and Collaborative Practice Issues

Introduction

This report describes the methodology and procedures used to conduct a role delineation study and develop the exam specifications for the Hospice & Palliative Credentialing Center (HPCC) Certified Hospice and Palliative Licensed Practical/Vocational Nurse (CHPLN®) certification examination.

The role delineation study was conducted in accordance with principles and practices outlined in the *Standards for Educational and Psychological Testing*[1], which describe principles and guidelines for all aspects of test development, including content validation.

A role delineation study (sometimes referred to as a practice analysis, job analysis, job task analysis, work analysis, or competency profiling) is a scientific inquiry conducted to identify the tasks and work activities involved in a given job role, the context in which those tasks and activities are carried out, and the competencies (knowledge areas, skills, and abilities) required to perform the role successfully[2]. There are various methods for conducting such an inquiry which provide different degrees of specificity in evaluating and describing different work elements; the selected method largely dependent on the intended purpose and use of the results. The methodology of the current study was tailored to the creation of exam specifications for test development.

When completed, the role delineation process use 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 role delineation study is typically performed every 5 to 7 years so that the content outline represents the current scope of practice. Because it serves as the primary basis for content validity evidence, as required by the aforementioned standards, the role delineation study is a primary mechanism by which a certifying body or regulatory board can ensure the accuracy and defensibility of an exam. It serves as the foundation of the certification exam and is critical to the success of the entire exam development process. All necessary documentation verifying that the validation process has been implemented in accordance with professional standards is included in this report.

This report is divided into the major activities of the role delineation study process, which are:

1. **Role Delineation Advisory Group Meeting** – A gathering of subject matter experts (SMEs) to discuss and develop a description of the scope of practice

2. **Role Delineation Survey** – A large-scale survey to practitioners not involved with the SME panel to validate the task and knowledge statements developed by the advisory group

3. **Development of Examination Specifications** – The development of an Examination Content Outline by the advisory group based on the results of the survey

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[1] American Educational Research Association, American Psychological Association, National Council on Measurement in Education (2014). *Standards for Educational and Psychological Testing*. Washington, DC: AERA.

[2] Sackett, P.R., Walmsley, P.T., Laczo, R.M. (2012). *Job and work analysis: Industrial and Organizational Psychology.* In N. Schmitt, S. Highhouse (Eds.), Comprehensive Handbook of Psychology, Volume 12. New York, NY: John Wiley and Sons.

Role Delineation Advisory Group Meeting

HPCC selected subject matter experts (SMEs) to participate on the role delineation advisory group to represent a wide variety of work-related characteristics such as years of experience, role, work setting, and geographic location. A diverse advisory group helps in developing a scope of practice that broadly reflects the roles and responsibilities of the job and is relatively free from bias.

PSI Services LLC (PSI) conducted the role delineation advisory group meeting on September 23, 2019 with SMEs to discuss the scope of practice and develop a list of tasks that reflect the job role of the interest: currently practicing licensed practical / vocational nurses in hospice and/or palliative care. PSI led the SMEs in refining task statements and organizing them into a domain and subdomain structure. The outgoing exam content outline was used as a resource when developing the knowledge and tasks.

The role delineation study advisory group developed 155 task statements and organized them into seven categories to for easier role delineation.

Role Delineation Study Survey

PSI developed, administered, and monitored a survey to validate the tasks and knowledge areas developed by the role delineation advisory group and to help determine content weighting. To this end, the survey collected respondents' ratings of the importance for each task statement. Below is the prompt.

Importance   How important is each task to **your** practice as a hospice and palliative licensed practical/vocational nurse?

> Not Relevant (aka: I don't do this task)
> 1 - Minimally Important
> 2 - Somewhat Important
> 3 - Moderately Important
> 4 - Very Important
> 5 - Critically Important

Between September 27, 2019 and October 6, 2019, a pilot survey was conducted with the role delineation advisory group and HPCC staff members to ensure that the survey was operating correctly, and any modifications or corrections were made address the pilot survey reviewers' comments.

The survey was opened on October 17, 2019 and closed on November 6, 2019. The live survey was distributed by HPCC via a HPCC email list, HPCC social media, employer partners, and hospice and palliative care special interest groups. A total of 251 individuals began the survey.

Following the close of the survey, the data were analyzed to identify any respondents who did not complete the survey, provided responses indicating they were not a member of the target population (currently practicing licensed practical / vocational nurses providing hospice and/or palliative care), or provided task ratings lacking variance (e.g., provided the same response to every task). Responses from 75 respondents were removed from the data set, yielding a final sample of 176 respondents.

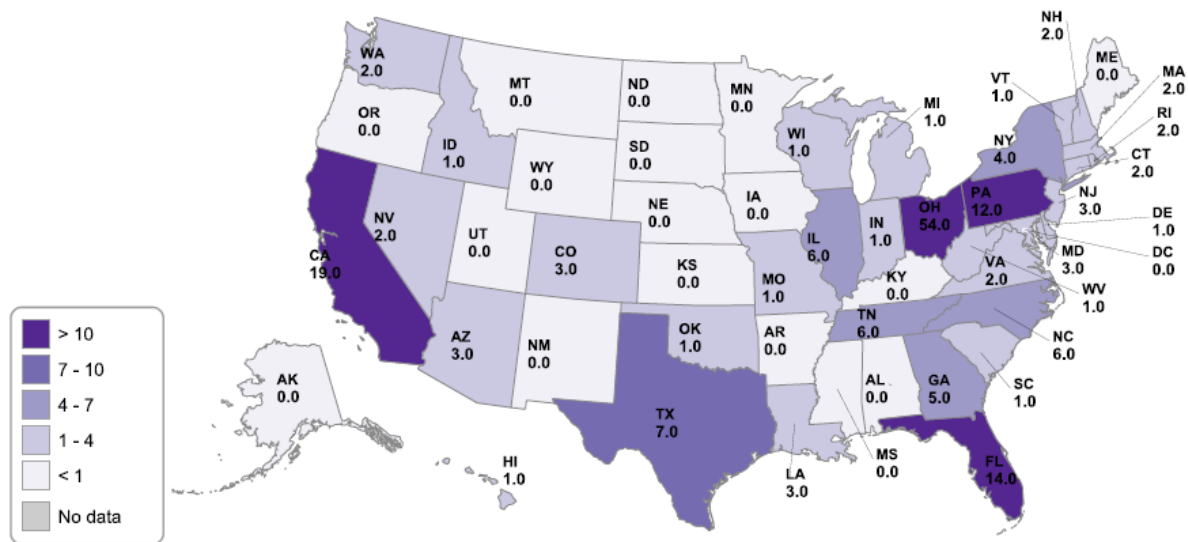Responses to key demographic questions are depicted in the following figures and tables.

Figure 1. In what US state, territory, or district do you practice?

Table 1.

Which type of basic nursing education program you have completed?

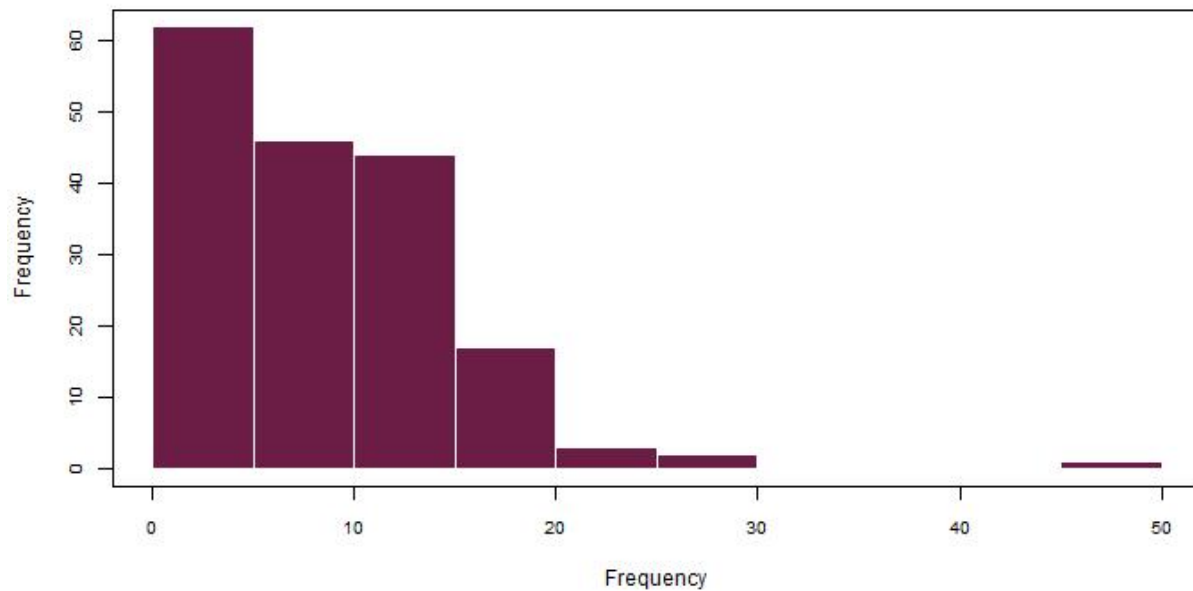| Response	Frequency	Percent
Associate	16	9.10%
Diploma / Certificate	139	79.00%
Other	21	11.90%

Figure 2. How many years have you been a practicing licensed practical/vocational nurse in hospice and/or palliative care?

Table 2.

Which of these best describes your primary employer?

Response	Frequency	Percent
Government agency (e.g., public health dept., Veteran's Administration)	1	0.60%
Home health agency	9	5.20%
Hospice within a hospital system	18	10.30%
Hospital	2	1.10%
Independent hospice agency	136	78.20%
Independent palliative care agency	3	1.70%
Long term care facility	4	2.30%
Palliative care within a hospital	1	0.60%

Development of Exam Specifications

The advisory group met on December 3, 2019 and December 5, 2019 to review the results of the survey, evaluate the demographic characteristics of the sample of respondents, finalize the tasks that would comprise the next Examination Content Outline, and finalize the content weighting for the examination.

The advisory group reviewed the demographic results and confirmed that the results matched expectations and impressions of the practitioner population, suggesting that the respondent sample is reflective of the target population.

Eleven decision rules were used by the advisory group to evaluate surveyed task ratings. The advisory group discussed the percent of respondents who indicated they performed each task, the mean rating of the respondents who indicated they did perform the task, and nine subgroup analyses based on mean task ratings. The advisory group established minimum criteria for inclusion of task statements (thresholds), and tasks that did not meet each threshold were discussed further, with the advisory group electing to either (a) exclude a task from the final outline that did not meet the established threshold or (b) vote to retain a task that did not meet the threshold, due to the advisory group's unanimous agreement of its importance to the role of licensed practical / vocational nurses in hospice and/or palliative care. A total of 20 tasks were ultimately excluded by the advisory group on the basis of the decision rules.

The advisory group then reviewed the draft content weighting, discussing any adjustments necessary to align the number of items per content area for adequate content coverage on the 135-item assessment. The advisory group was instructed to provide weighting to each domain, considering the number of tasks remaining in each domain, the mean rating of tasks remaining in the domain, the weighting of the average recommended weighting by survey respondents, and the extant examination content outline (ECO) weighting. The mean of the advisory group weights was used to guide the final decision. The final examination content outline including content distribution by domain is presented in Appendix A.

Appendix A

Examination Content Outline

Certified Hospice and Palliative Licensed Practical/Vocational Nurse (CHPLN®)	%
1. Patient Care: End-Stage Disease Process	**13**

A. Identify specific patterns of disease progression, complications, and treatment for:

1. Neoplastic conditions
2. Neurological conditions
3. Cardiac conditions
4. Pulmonary conditions
5. Renal conditions
6. Gastrointestinal conditions
7. Debility/decline in health status (e.g., Frailty, Malnutrition, Cachexia)
8. Dementia
9. Hepatic conditions
10. Hematologic conditions
11. Altered immune disease (e.g., HIV)
12. Endocrine conditions

B. Identify and respond to indicators of imminent death

2. Patient Care: Pain and Comfort Management	**20**

A. Data Gathering

1. Identify pain and other distressing symptoms
2. Identify causes of pain
3. Identify types of pain
4. Identify factors that may influence the patient's experience of pain (e.g., fear of pain, depression, despair, cultural or spiritual issues)

B. Pharmacologic Interventions

1. Identify medications appropriate for severity and specific type of pain
2. Administer analgesic and adjuvant medications (e.g., NSAIDS, corticosteroids, anticonvulsants, opioids)

C. Nonpharmacologic Interventions

1. Identify the need for nonpharmacologic interventions
2. Implement nonpharmacologic interventions (e.g., massage, music, aromatherapy, and pet therapy)
3. Respond to psychosocial and spiritual issues related to pain and other distressing symptoms

Certified Hospice and Palliative Licensed Practical/Vocational Nurse (CHPLN®)	%

D. Evaluation

    1. Identify and respond to medication side effects, interactions, and complications

    2. Evaluate efficacy of relief interventions (pharmacologic and nonpharmacologic)

    3. Identify side effects of interventional therapy (e.g., antineoplastic, radiological, surgical)

3. Patient Care: Symptom Management   29

A. Manage symptoms related to Neurological conditions

    1. Aphasia

    2. Dysphagia

    3. Lethargy or sedation

    4. Myoclonus

    5. Paresthesia or neuropathies

    6. Seizures

    7. Extrapyramidal symptoms

    8. Spinal cord compression

B. Manage symptoms related to Cardiovascular conditions

    1. Edema (including pulmonary)

    2. Syncope

C. Manage symptoms related to Respiratory conditions

    1. Congestion

    2. Cough

    3. Dyspnea

    4. Pleural effusions

D. Manage symptoms related to Hepatic conditions

    1. Encephalopathy

    2. Esophageal varices

    3. Ascites

E. Manage symptoms related to Gastrointestinal conditions

    1. Constipation

    2. Diarrhea or bowel incontinence

    3. Nausea or vomiting

    4. Bleeding

    5. Bowel obstruction

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F. Manage symptoms related to Genitourinary conditions
1. Bladder spasms
2. Urinary incontinence
3. Urinary retention
4. Infections

G. Manage symptoms related to Musculoskeletal conditions
1. Impaired mobility
2. Complications of immobility
3. Fractures
4. Weakness or activity intolerance

H. Manage alterations in Skin and Mucous Membrane
1. Dry mouth
2. Oral lesions
3. Pruritus
4. Skin integrity, including wound care
5. Excessive secretions

I. Manage symptoms related to Psychosocial and Emotional conditions
1. Anxiety
2. Stages of grief (e.g., anger, denial)
3. Depression
4. Impaired communication
5. Sleep disturbances

J. Manage symptoms related to Nutritional and Metabolic conditions
1. Cachexia or wasting
2. Dehydration
3. Fatigue

K. Manage symptoms related to the Immune System
1. Fever
2. Neutropenia

L. Manage symptoms related to Mental Status Changes
1. Agitation (including terminal restlessness)
2. Confusion
3. Delirium
4. Dementia
5. Hallucinations

M. Manage symptoms related to Lymphedema

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	%
4. Patient Care: Treatments and Procedures	**9**

A. Care for patients with the following treatments or procedures:

1. Surgical alterations (including tubes, drains, and stomas)
2. Rectal route for pain and symptom management
3. Respiratory therapy (e.g., oxygen, suction, inhalation treatments, tracheostomy care)
4. Subcutaneous pain and symptom management
5. Urinary drainage systems

B. Maintain infection control procedures related to:

1. Pathogens (e.g., bloodborne, airborne)
2. Precautions
3. Chain of infection

	%
5. Care of Patient, Family, and Other Caregivers	**11**

A. Resource Management

1. Identify and respond to socioeconomic factors
2. Identify and respond to environmental and safety risks
3. Monitor controlled substances (including use, abuse, diversion)
4. Monitor health status of family caregiver
5. Recommend appropriate DME for patient well-being
6. Inform patient/family how to access 24-hours a day: services, medications, equipment, supplies

B. Psychosocial, Spiritual, and Cultural

1. Respond to spiritual needs
2. Identify and respond to cultural values and behaviors
3. Respond to stages of grief
4. Respond to loss of hope or meaning
5. Facilitate nearing death awareness
6. Respond to spiritual distress or unresolved spiritual issues
7. Identify suicidal or homicidal ideation
8. Identify unresolved interpersonal matters
9. Respond to family dynamics

C. Grief and Loss

1. Encourage life review
2. Provide emotional support regarding grief and loss for:
   a. adults
   b. children
3. Provide care and support at time of death

Certified Hospice and Palliative Licensed Practical/Vocational Nurse (CHPLN®)	%
6. Patient and Family Education and Advocacy	**10**

A. Caregiver Support

1. Teach family and other caregivers techniques for patient care (e.g., positioning, ostomy care)
2. Monitor family and other care giver's ability to provide care
3. Monitor and respond to caregiver burnout
4. Identify and respond to neglect and abuse

B. Education

1. Identify and respond to barriers to learning (e.g., communication)
2. Teach about the end-stage disease process
3. Teach about pain and symptom relief
4. Teach alternative methods of pain and symptom relief (e.g., relaxation, distraction, humor, massage, aroma therapy)
5. Teach about home safety (e.g., oxygen, firearms, fall hazards, evacuation plan)
6. Teach about medication administration, compliance, safety, and disposal
7. Teach about the signs and symptoms of imminent death
8. Teach about self care methods

C. Advocacy

1. Monitor needs for levels of care or increased services
2. Facilitate communication between patient, family, and health care providers
3. Encourage patient and family to participate in decision-making regarding treatment options
4. Access appropriate interdisciplinary team (IDT) members and other resources to meet the needs of patient and family

7. Interdisciplinary and Collaborative Practice Issues	**8**

A. Coordinate and Collaborate

1. Coordinate patient care with other health care providers
2. Arrange for equipment, supplies, or medications
3. Communicate with patient's attending/primary care provider

B. Practice Issues

1. Identify and incorporate into practice standards (e.g., HPNA standards, ANA standards, NHPCO standards) and guidelines (e.g., National Consensus Project, WHO ladder, CDC)
2. Identify and incorporate legal regulations into practice (e.g., OSHA, Hospice Medicare Conditions of Participation, HIPAA)

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   3. Adhere to documentation standards for levels of care
   4. Participate in evaluating educational materials for patients and family
   5. Participate in quality assurance, performance improvement processes
   6. Demonstrate awareness and knowledge of LPN/LVN scope of practice

C. Professional Development

   1. Maintain boundaries between patient/family and staff
   2. Contribute to development of peers, colleagues, and others as preceptor, educator, or mentor
   3. Participate in self-care (e.g., stress management)
   4. Read professional journals to remain current in practice
   5. Maintain personal continuing education plan to update knowledge
   6. Identify ethical concerns related to the end-of-life

Total	100

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