



ROLE DELINEATION STUDY REPORT

Executive Summary

CERTIFIED HOSPICE AND PALLIATIVE NURSING ASSISTANT

HOSPICE & PALLIATIVE CREDENTIALING CENTER

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PSI SERVICES

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SUBMITTED TO



EXECUTIVE SUMMARY

This report describes the methodology and procedure used to conduct a Role Delineation Study and develop the exam specifications for the HPCC Certified Hospice and Palliative Nursing Assistant certification examination.

The three major activities that comprise the Role Delineation Study process described in this report are as follows:

1. **Role Delineation Study Advisory Group 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 panel
3. **Development of Examination Specifications** – The development of Examination Specifications by the panel 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.

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 document (Appendix A) indicates a 100-item examination with content distribution requirements at the competency area (content domain) level as well as cognitive level. The four competency areas are:

1. Patient Care: Activities of Daily Living
2. Patient Status and Environment
3. Psychosocial/Spiritual Care of the Patient and Family
4. Professional Skills

INTRODUCTION

This report describes the methodology and procedure used to conduct a Role Delineation Study and develop the exam specifications for the HPCC Certified Hospice and Palliative Nursing Assistant (CHPNA®) certification examination.

The procedure 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 job analysis, practice analysis, or work analysis) is a scientific inquiry conducted in order to identify the tasks and work activities conducted, the context in which those tasks and activities are carried out, and the competencies (knowledge areas, skills, and abilities) required to perform a job role successfully². Different methods can be used which may differ in the levels of specificity in analyzing and describing different work elements, with the choice of method largely dependent on the intended purpose and use of the results. The methodology of the current analysis was tailored to the creation of exam specifications for test development.

When completed, 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 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 Study Advisory Group 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 to practitioners not involved with the SME panel to validate the task statements developed by the panel
3. **Development of Examination Specifications** – The development of the Examination Specifications by the panel based on the results of the survey

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., Lazo, R. M. (2003). *Job and Work Analysis*. Handbook of Psychology. One: 2: 19–37.

ROLE DELINEATION STUDY ADVISORY GROUP MEETING

HPCC selected Subject matter experts (SMEs) to represent a wide variety of work-related characteristics such as years of experience, work setting, geographic location, and areas of specialty to develop a scope of practice that is reflective of the roles and responsibilities of the job and is relatively free from bias. See Appendix A for a complete list of the SMEs and their qualifications.

PSI conducted a Role Delineation Study Advisory Group meeting on January 18, 2019 with SMEs to discuss the scope of practice and develop a list of task statements that reflect the job role. PSI led the SMEs in refining task statements and organizing them into a domain and subdomain structure. The extant and prior CHPNA exam content outlines were used as the primary resources when developing the tasks.

The Role Delineation Study Advisory Group developed 165 task statements and organized them into five categories to allow for easier role delineation.

ROLE DELINEATION STUDY SURVEY

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

Significance: Considering both how frequently you perform the task and the importance of the task to your work, please rate the significance of each task to your job as a hospice and/or palliative nursing assistant using the scale below:

Not Relevant (aka: I don't do this task)

1 - Of Minor Significance

2 - Somewhat Significant

3 - Moderately Significant

4 - Very Significant

5 - Critically Significant

Links to the live survey were distributed by HPCC via the Hospice and Palliative Nurses Association (HPNA) membership database, the HPNA and HPCC newsletters, the HPCC Facebook page. HPCC also provided survey links to several hospice and palliative care employers to disseminate with employees who work as nursing assistants. The survey was opened on April 3, 2019 and closed on May 10, 2019. A total of 429 respondents began the survey, and respondents were excluded from the final sample who did not agree to participate in the survey ($N = 5$), respondents who indicated that the stated description of the Hospice and Palliative Care Nursing Assistant did not describe their role ($N = 12$), and respondents who answered fewer than 70% of the task statements ($N = 100$). Data from for the remaining respondents ($N = 312$) were used for analysis.

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

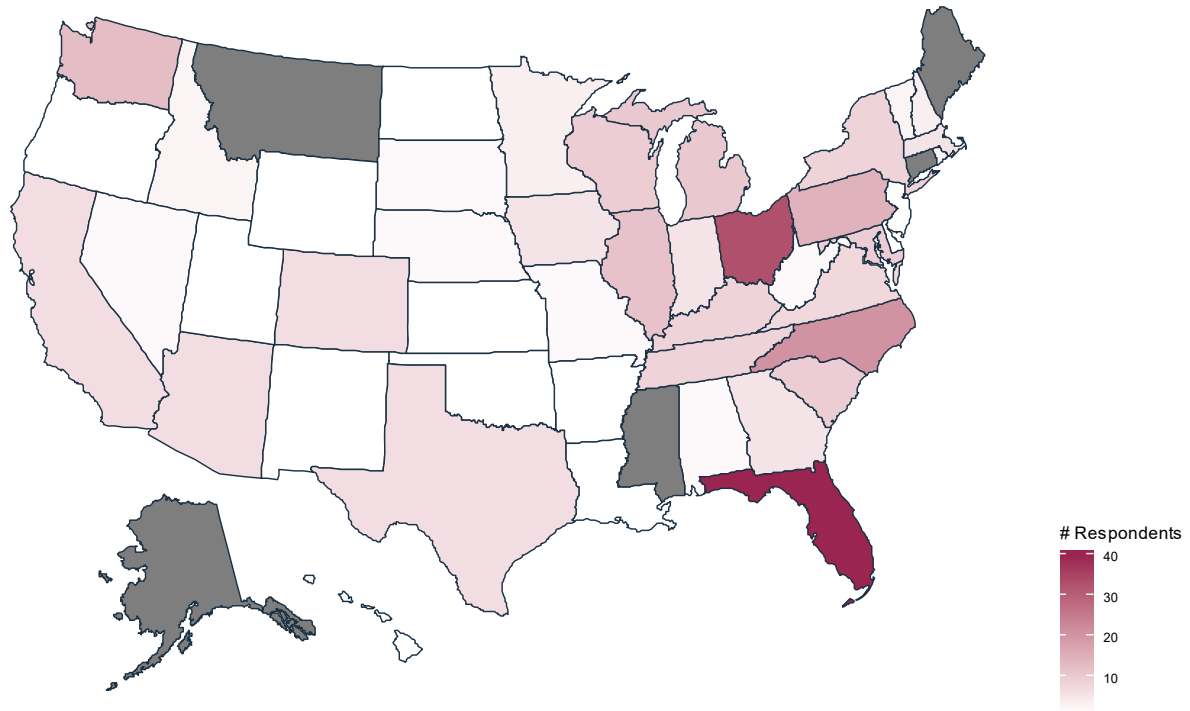


Figure 1. Number of Respondents by State

Table 1. What type of nursing assistant training have you completed? (Select all that apply)

Training	Frequency	Percent
Certified Nursing Assistant	272	88.9
Home health aide	110	35.9
Licensed Nursing Assistant	56	18.3
Nursing assistant	56	18.3
Medical Assistant	21	6.9
Patient care technician	26	8.5
No formal training	2	0.7
Other	55	18.0

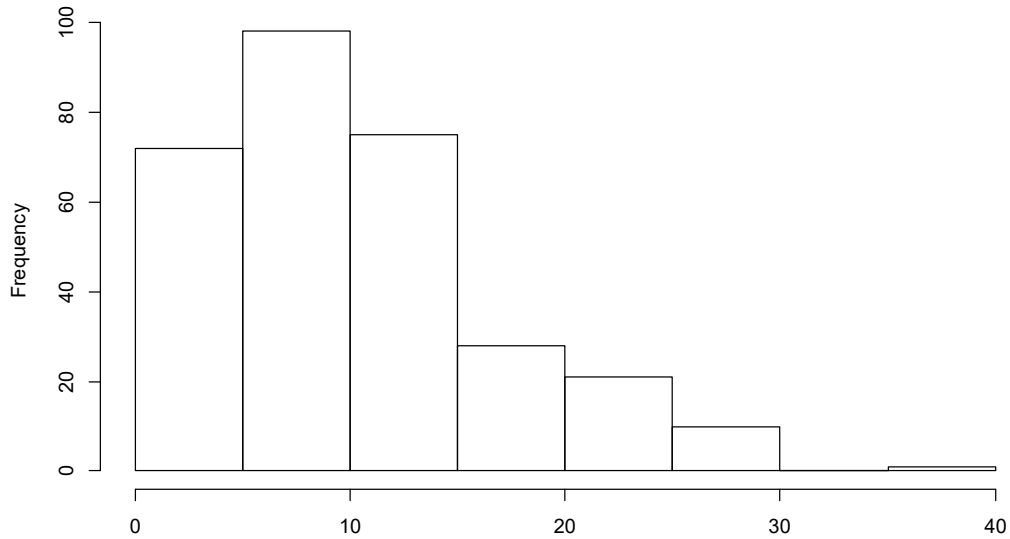


Figure 2. How many years have you been working as Nursing Assistant in Hospice and/or Palliative Care?

Table 2. Which of the following best describes your primary employer?

Employer	Frequency	Percent
Agency (e.g., temporary nursing agency)	6	2.0
Government agency (e.g., public health dept., Veteran’s Administration)	8	2.6
Health system	12	3.9
Home health provider	10	3.3
Hospice provider	257	84.0
Hospital	9	2.9
Long-term care facility	4	1.3
Total	306	100.0

DEVELOPMENT OF EXAMINATION SPECIFICATIONS

The Role Delineation Study Advisory Group met virtually in June 2019 to review the results of the survey, finalize the tasks statements that would comprise the next exam 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 those currently working as hospice and/or palliative nursing assistants.

Ten 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 eight 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 hospice and palliative care nursing assistants. Based on the decision rules, a total of nine task statements were excluded by unanimous consent of the advisory group.

The advisory group reviewed survey comments for suggestions of additional task statements that were not included on the surveyed task list. Based on the feedback from several survey comments, the advisory group unanimously voted to add one task to the examination content outline: *post mortem care (e.g., care of body, care of room)*. The advisory group agreed that had this task been surveyed, a sufficient number of respondents would have indicated they perform this task, and the rating would be high enough to warrant inclusion in the content outline. The advisory group agreed to add this task to the outline under Domain 3. Psychosocial/Spiritual Care of the Patient and Family, Subdomain D. Assure Dignity and Honor Patient/Family Choices at the Time of Death.

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 100-item assessment. The advisory group elected to combine Interdisciplinary Collaboration and Ethics, Roles, and Responsibilities into a single domain, labeled "Professional Skills". The advisory group made final weighting decisions for the remaining four domains, the results of which can be found in Appendix A.

APPENDIX A

FINAL EXAMINATION CONTENT OUTLINE



Certified Hospice and Palliative Nursing Assistant (CHPNA) Examination Content Outline

1. **Patient Care: Activities of Daily Living (32%)**
 - A. **Assist with Hygiene**
 1. routine personal care (e.g., bathing, shaving)
 2. oral care
 3. personal odor control (e.g., colostomy, perineal, wounds)
 4. skin care
 5. denture and partial care
 - B. **Assist with Grooming**
 1. hair care
 2. nail care (e.g., cleaning, filing)
 3. foot care (e.g., soaking, cleaning)
 4. hearing aids and eyeglasses
 5. support patient/family choice for clothing and accessories (e.g., jewelry)
 6. getting dressed
 - C. **Assist with Ambulation/Mobility**
 1. foster/maintain independence
 2. use of durable medical equipment (DME)
 3. positioning
 4. exercise and range of motion
 5. transfers
 6. prevention of falls
 7. immobility devices (e.g., braces, slings)
 - D. **Assist with Toileting**
 1. bowel and bladder training (e.g., scheduled toileting)
 2. catheter care
 3. ostomy care
 4. adaptive equipment (e.g., raised toilet seat, bedside commode)
 - E. **Nutrition/Hydration**
 1. support patient decision not to eat/drink
 2. help patient/family cope with appetite and weight changes
 3. feed patient safely
 4. offer fluids
 5. provide foods to patient's choice and/or comfort
 6. observe and report issues related to tube feeding and IV hydration

2. Patient Status and Environment (28%)**A. Observe and Report on Patient Condition**

1. Patient status in relation to the documented diagnosis
2. Pain
 - a. level of pain (e.g., on a 0-10 scale)
 - b. changes in pain
 - c. nonverbal cues
 - d. type and location of pain
3. Medications
 - a. effectiveness of medications
 - b. side effects of medications

B. Facilitate Non-Drug Treatment for Symptoms

1. relaxation
2. music
3. deep breathing
4. diversional/recreational activities
5. massage
6. hot/cold compresses (e.g., heated cloth, cool cloth)
7. repositioning
8. one-on-one support (e.g., sitter)

C. Maintain Infection Control

1. universal precautions
2. biohazardous waste disposal (e.g., sharps, blood)
3. isolation techniques

D. Provide and Maintain Best Possible Patient/Family Environment to Support Patient

1. personal environment (e.g., familiar objects, pictures, homelike)
2. calming environment (e.g., lighting, important things within reach)
3. death in patient's place of choice (e.g., not ER, hospital)
4. care according to the patient's preferred schedule
5. safety (e.g., fall precautions, prevention of hazards, oxygen storage and use)
6. odor control
7. privacy

E. Identify Changes in Physical Status

1. activity level
2. vital signs
3. weight (e.g., rapid loss or gain)
4. skin impairment (e.g., breakdown, rash, itching)
5. injury
6. elimination habits
7. swallowing ability
8. nausea/vomiting
9. edema and ascites
10. signs of impending death
11. seizure activity

- F. Identify Changes in Mental Status**
 - 1. confusion
 - 2. responsiveness
 - 3. emotional change (e.g., anxiety, fear, depression)
 - 4. agitation
 - 5. terminal restlessness
 - 6. near death awareness
 - G. Identify Changes in Functional Status**
 - 1. mobility
 - 2. weakness
 - 3. sleepiness
 - 4. fatigue
 - 5. appetite
 - H. Identify Changes in Respiratory Status**
 - 1. Effectiveness of interventions
 - a. nebulizers and inhalers
 - b. oxygen therapy
 - c. air circulation (including use of fans)
 - d. repositioning
 - 2. Respiratory concerns
 - a. change in breathing patterns (including cough)
 - b. increased secretions
- 3. Psychosocial/Spiritual Care of the Patient and Family (20%)**
- A. Spiritual Care**
 - 1. identify spiritual issues (e.g., guilt, estrangement, meaning of life)
 - 2. honor individual spiritual beliefs
 - 3. enable spiritual practices (e.g., sacraments, prayer, arrange transport services)
 - 4. provide spiritual support
 - 5. give patient permission to let go / permission to die
 - B. Respect Differences and Maintain Neutral Attitude Regarding:**
 - 1. ethnicity
 - 2. race
 - 3. cultural background
 - 4. religious/spiritual preference
 - 5. sexual preference
 - 6. age difference
 - 7. living conditions (including social and economic circumstance)
 - 8. treatment choices (e.g., advance directives)
 - 9. veterans
 - C. Identify and Assist Patient and Family Needs**
 - 1. Education
 - a. information about impending death
 - b. agency/community services
 - c. grief and loss
 - d. energy saving techniques
 - e. universal precautions
 - f. isolation procedures

- g. nutrition/hydration (including unique needs as the patient declines)
 - h. personal care techniques and comfort measures
 - 2. Patient and Family Support
 - a. respite (including volunteer support)
 - b. companionship and compassion
 - c. advocacy for patient and family
 - d. reframing hope (patient's expectations)
 - e. presence (companionship) during the final hours
 - f. end of life concerns (e.g., advance directives)
- D. Assure Dignity and Honor Patient/Family Choices at the Time of Death**
 - 1. preparation of the body and environment
 - 2. time for closure (e.g., final words, adequate time for loved ones)
 - 3. bereavement resources (e.g., support groups, literature)
 - 4. post mortem care (e.g., care of body, care of room)
- E. Participate in Bereavement/Grief Follow Up**
 - 1. memorial services
 - 2. condolence cards, letters, or telephone calls
- F. Assist with Communication Between Patient, Family, and Care Providers**
 - 1. barriers to communication
 - 2. active listening
 - 3. provide literature
 - 4. life reviews
 - 5. goals of care
 - 6. adaptive communication devices (e.g., word boards)
 - 7. interpreters
- G. Provide Support for Changes in Body Image**
 - 1. amputation
 - 2. physical appearance (e.g., weight change, hair loss)
 - 3. elimination changes (e.g., ostomies, incontinence)
 - 4. physical ability
- H. Provide Support for Changes in Mental Status**
 - 1. memory
 - 2. medication-related altered mental status
 - 3. depression
 - 4. anxiety
 - 5. post-traumatic stress disorder
- I. Offer Opportunities to Enhance Socialization**
 - 1. volunteer visits
 - 2. activities of patient's choice (e.g., storytelling, walks)
- J. Observe and Report Threats to Patient/Family Safety**
 - 1. physical abuse
 - 2. neglect
 - 3. substance abuse
 - 4. caregiver's inability to provide care
 - 5. suicidal ideation

4. Professional Skills (20%)**A. Interdisciplinary Collaboration**

1. Plan of Care
 - a. encourage patient/family participation
 - b. provide input to team members for the plan of care
 - c. work with the team to carry out the plan of care
 - d. communicate patient/family goals and wishes
2. General
 - a. communicate with other health care providers involved in care
 - b. provide support and communication during changes in levels of care and across care settings (e.g., assisted living, hospitalization, respite)
 - c. recognize and report change in family status
 - d. review death with the team

B. Ethics, Roles, and Responsibilities

1. Identify and respond to ethical issues (e.g., confidentiality, honest communication)
2. Maintain boundaries (e.g., within job description, with patient/family)
3. Assist in resolving work-related conflicts
4. Maintain documentation according to the plan of care
5. Identify risks to personal safety (e.g., firearms in the home)
6. Serve as a mentor/preceptor for new staff
7. Assist with orientation of volunteers and staff
8. Participate on committees
9. Maintain continuing education
10. Promote hospice and palliative care in the community
11. Participate in:
 - a. professional organizations for nursing assistants
 - b. quality improvement activities
 - c. research activities (e.g., surveys)
12. Practice self care (e.g., stress management)