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F	Self-care (burnout, compassion fatigue, moral distress)
G	Clinical decision making
Н	Continuous quality improvement
H	Continuous quality improvement Hospice criteria Professional development



Task Statements

1 Nursing Process in Caring for Patients and Families

A Assessment

- 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
- 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 evidencebased management
- 5 Determine prognosis using evidence-based tools and comprehensive patient assessment
- 6 Explain the disease process and understand evidence-based palliative management for serious diseases and conditions
- Recognize hospice and palliative care emergencies (e.g., spinal cord compression, hemorrhage, seizures, superior vena cava syndrome) and provide evidence-based management
- 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
- 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 nonbeneficial 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

