



Role Delineation Study Report

Hospice & Palliative Credentialing Center

Advanced Palliative Hospice Social Worker -
Certified

June 2023

Submitted to:



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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) Advanced Palliative Hospice Social Worker – Certified (APHSW-C) certification examination.

The three major activities that comprise the Role Delineation Study process described in this report 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 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.

The RDS 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 (Appendix E) indicates a 135-item examination with content distribution requirements at the competency area (content domain) level as well as topic (content subdomain) level. The four competency areas are:

1. Assessment and Reevaluation
2. Planning and Intervention
3. Death, Grief, and Bereavement
4. Professionalism

Introduction

This report describes the methodology and procedures used to conduct a Role Delineation Study (RDS) and develop the exam specifications for the Hospice & Palliative Credentialing Center (HPCC) Advanced Palliative Hospice Social Worker – Certified (APHSW-C) certification examination.

The RDS 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.

An RDS (sometimes referred to as a job analysis, practice analysis, job task analysis, work analysis, or competency profiling) is a scientific inquiry conducted 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 RDS 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 RDS 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 RDS 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 RDS process, which are:

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 to practitioners not involved with the SME panel to validate the task 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

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., Laczko, 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 Study Committee 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 Services LLC (PSI) conducted an RDS committee meeting on January 18-19, 2023 with SMEs to discuss the scope of practice and develop a list of tasks areas that reflect the job role. 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 tasks. See Appendix B for the presentation used to orient the RDS committee at the beginning of the meeting.

The RDS committee developed 84 task statements, across 4 content domains as follows:

1. Assessment and Reevaluation

- A. Initial Comprehensive Assessment of Patient & Family/Caregiver
 - 1. Use clinical interviewing and behavioral observation
 - 2. Gather biopsychosocial history
 - 3. Administer and interpret results from validated assessment tools
 - 4. Assess for suicide risk
 - 5. Identify support systems and strengths of the patient and family/caregivers
 - 6. Identify barriers and social determinants of health that may impede delivery of care
 - 7. Identify physical, behavioral, emotional, cultural, and spiritual characteristics of patient/family/caregiver
 - 8. Assess developmental stage of patient/family/caregiver
 - 9. Integrate the diagnoses and treatment findings into psychosocial assessment
- B. Ongoing Assessment and Reevaluation
 - 1. Evaluate the psychosocial response to treatment and prognosis
 - 2. Update plan of care in accordance with reevaluation of patient/family/caregiver
 - 3. Participate in ongoing assessment for program eligibility

2. Planning and Intervention

- A. Planning
 - 1. Use therapeutic techniques to help patients and families understand options and participate in healthcare decision-making
 - 2. Use assessment data to plan, coordinate, and follow-up with patient care
 - 3. Assist patient/family/caregiver in setting measurable goals
 - 4. Promote and protect patient autonomy and self-determination in decision making
 - 5. Develop a patient-centered treatment plan of care appropriate for the diagnoses
 - 6. Ensure continuity of care across practice settings
 - 7. Facilitate patient/family meetings for goal setting and care planning

- B. Education
 - 1. Ensure patient understanding of medical language
 - 2. Tailor information about treatment and side-effects to patients and families
 - 3. Facilitate processing and integration of information provided
 - 4. Educate patient/family/caregivers regarding disease trajectory
 - 5. Educate patient/family/caregivers regarding hospice benefits
 - 6. Educate patient/family/caregivers regarding advance healthcare directives
 - 7. Educate patient/family/caregivers about transfer, discharge, or other care transitions
 - 8. Educate patient/family/caregivers about options for end-of-life care (e.g., palliative sedation, medical aid in dying)
- C. Coordination of Care/Case Management
 - 1. Refer to other community programs, specialty services, and volunteer services
 - 2. Order and arrange for transportation, meals, medical translation/interpretation, medical supplies and/or equipment, etc.
 - 3. Assist patient to navigate insurance, entitlement, and financial programs
 - 4. Identify survivor benefits
 - 5. Prepare and assist patient/family/caregivers with transfer, discharge, or other care transitions
 - 6. Facilitate completion of advance healthcare directives
 - 7. Facilitate communication among patient/family/caregivers and team members
 - 8. Monitor progress and modify interventions and plans based on patient/family/caregiver needs
 - 9. Ensure plan of care is communicated clearly with patient/family/caregivers, staff, and supporting agencies
 - 10. Advocate for patient-centered care within interdisciplinary team
 - 11. Collaborate with the care team in patient/family meetings
- D. Counseling and Support
 - 1. Facilitate interventions that promote dignity, quality of life, coping, meaning making, and legacy building
 - 2. Provide psychosocial interventions based on evidence-based practice and clinical assessments/diagnoses
 - 3. Provide crisis intervention
 - 4. Support patient's identity after experiencing serious illness [old 2.B.16]
 - 5. Provide individual and family counseling
 - 6. Apply psychosocial theory to practice situations
 - 7. Address barriers and risk factors identified in assessment

3. Death, Grief, and Bereavement

- A. Death Preparation and Death
 - 1. Assess and support patient through preparatory grief
 - 2. Assess and support family/caregiver through anticipatory grief
 - 3. Provide patient/family/caregiver education about signs and symptoms of impending death
 - 4. Provide patient/family/caregiver education about funeral pre-planning
 - 5. Provide patient/family/caregiver education about options for care of the body after death
 - 6. Support family and caregivers at time-of-death
 - 7. Identify and respect cultural and spiritual customs/practices related to death (e.g., rituals, care of the body)
 - 8. Identify patient and family's preferences for place of death

- B. Grief and Bereavement
 1. Screen and/or refer families for bereavement counseling
 2. Provide bereavement follow-up after death as determined by the social work assessment
 3. Provide family/caregiver education about grief and bereavement
 4. Assess and support family/caregiver through complicated grief
 5. Assess and support family/caregiver through ambiguous loss or disenfranchised grief
 6. Assess and support family/caregiver through somatic and/or emotional manifestations grief
 7. Identify and respect cultural and spiritual customs/practices related to grief and bereavement

4. Professionalism

- A. Quality improvement
 1. Use quality improvement process to identify and participate in improvement opportunities
 2. Communicate social work assessments, goals, and plan of intervention with team and other staff to improve patient quality of care
- B. Collaboration
 1. Serve as liaison to community health, welfare, and social agencies
 2. Cultivate and maintain community partnerships and relationships
 3. Collaborate with other professionals as part of interdisciplinary team
 4. Provide debriefings for end-of-life and death issues to physicians, residents, interns, nurses, and other providers
 5. Model respect for privacy
- C. Personal, professional, and ethical competence
 1. Develop self-awareness and acknowledge signs of compassion fatigue, burnout, vicarious trauma, and moral distress
 2. Practice self-care
 3. Maintain professional boundaries
 4. Pursue ongoing professional development activities
 5. Identify ethical dilemmas and conflicts of interest
 6. Participate in activities that promote team wellness
 7. Develop cultural awareness and humility in self and others
 8. Address biases that may affect justice, equity, diversity, and inclusion
- D. Knowledge of laws, regulations, policies, and standards at the organizational, local, state, or national level
 1. Maintain knowledge of state laws and regulations related to end-of-life care
 2. Ensure compliance with NASW standards and codes of ethics
 3. Identify and report abuse and neglect as mandated by law
 4. Adhere to requirements regarding confidentiality and release of information
 5. Inform policy regarding social work best practices (e.g., caseload, patient volume)
 6. Document ongoing patient/family/caregiver assessments, progress, and response to treatment
- E. Provide training and education in hospice and palliative care at the organizational, local, state, or national level
 1. Train and supervise social work and allied profession learners
 2. Educate team members about social work role
 3. Advocate for the unique skills and expertise social workers provide in hospice and palliative care

Role Delineation Study Survey

PSI developed, administered, and monitored a survey to validate the tasks developed by the RDS committee and to help determine content weighting. To this end, the survey collected respondents' ratings of the importance and frequency for each task. The importance and frequency scale were used to evaluate the appropriateness of the inclusion of each task statement.

- Importance** How important is this task in your clinical practice?
- 0 - NA (Not applicable - I don't perform this task at all)
 - 1 - Minimally
 - 2 - Somewhat
 - 3 - Moderately
 - 4 - Very
 - 5 - Critically
- Frequency** How frequently do you perform this task in your clinical practice?
- 0 - NA (Not applicable - I don't perform this task at all)
 - 1 - Rarely
 - 2 - Seldom
 - 3 - Occasionally
 - 4 - Frequently
 - 5 - Very Frequently

Between January 31 and February 6, 2023, a pilot survey was conducted with the RDS committee and HPCC staff members to ensure that the survey was operating correctly, and any modifications or corrections were made to address the pilot survey reviewers' comments. See Appendix C for a copy of the final RDS survey.

The live survey was sent using online survey software to a list of 1,252 individuals that was obtained from HPCC. The list consisted of individuals in the HPCC mailing list with a background in social work. The invitation was also sent to approximately 10,800 individuals on the SWHPN newsletter distribution list. The survey was opened on February 21, 2023 and closed on April 6, 2023. Five hundred ten (510) individuals responded to the survey. See Appendix D for the email sent to potential respondents.

Following the close of the survey, the data were analyzed to identify any respondents who did not complete the survey or provided responses lacking any variance (i.e., "straight-lining" or providing the same response to every task). Responses from 255 respondents were removed from the data set, yielding a usable number of 510 completed responses. Of those respondents who were removed, 201 were removed due to not completing the survey and 54 were removed for answering "No" to the question about practicing within the last 12 months.



Table 1 shows the mean ratings provided for frequency and importance of the task statements.

Table 1.
Frequency and Importance Ratings for Task Statements.

Task Statements	Importance	Frequency
1 Use clinical interviewing and behavioral observation	3.00	3.01
2 Gather biopsychosocial history	3.09	3.11
3 Administer and interpret results from validated assessment tools	2.35	2.37
4 Assess for suicide risk	2.92	2.64
5 Identify support systems and strengths of the patient and family/caregivers	3.17	3.23
6 Identify barriers and social determinants of health that may impede delivery of care	3.06	3.18
7 Identify physical, behavioral, emotional, cultural, and spiritual characteristics of patient/family/caregiver	3.13	3.09
8 Assess developmental stage of patient/family/caregiver	2.71	2.78
9 Integrate the diagnoses and treatment findings into psychosocial assessment	2.91	2.91
10 Evaluate the psychosocial response to treatment and prognosis	2.96	2.97
11 Update plan of care in accordance with reevaluation of patient/family/caregiver	2.92	2.95
12 Participate in ongoing assessment for program eligibility	2.59	2.52
13 Use therapeutic techniques to help patients and families understand options and participate in healthcare decision-making	2.97	3.00
14 Use assessment data to plan, coordinate, and follow-up with patient care	2.87	2.89
15 Assist patient/family/caregiver in setting measurable goals	2.81	2.82
16 Promote and protect patient autonomy and self-determination in decision making	3.23	3.13
17 Develop a patient-centered treatment plan of care appropriate for the diagnoses	3.06	3.00
18 Ensure continuity of care across practice settings	2.99	2.84
19 Facilitate patient/family meetings for goal setting and care planning	3.07	2.90
20 Ensure patient understanding of medical language	3.10	2.95
21 Tailor information about treatment and side-effects to patients and families	2.82	2.65
22 Facilitate processing and integration of information provided	3.01	2.93
23 Educate patient/family/caregivers regarding disease trajectory	2.93	2.84
24 Educate patient/family/caregivers regarding hospice benefits	3.08	2.96
25 Educate patient/family/caregivers regarding advance healthcare directives	3.04	3.04
26 Educate patient/family/caregivers about transfer, discharge, or other care transitions	2.77	2.75
27 Educate patient/family/caregivers about options for end-of-life care (e.g., palliative sedation, medical aid in dying)	2.81	2.59

Task Statements		Importance	Frequency
28	Refer to other community programs, specialty services, and volunteer services	2.83	2.79
29	Order and arrange for transportation, meals, medical translation/interpretation, medical supplies and/or equipment, etc.	2.48	2.45
30	Assist patient to navigate insurance, entitlement, and financial programs	2.67	2.46
31	Identify survivor benefits	2.31	2.11
32	Prepare and assist patient/family/caregivers with transfer, discharge, or other care transitions	2.67	2.50
33	Facilitate completion of advance healthcare directives	3.00	2.90
34	Facilitate communication among patient/family/caregivers and team members	3.13	3.06
35	Monitor progress and modify interventions and plans based on patient/family/caregiver needs	2.89	2.96
36	Ensure plan of care is communicated clearly with patient/family/caregivers, staff, and supporting agencies	2.95	2.89
37	Advocate for patient-centered care within interdisciplinary team	3.05	3.03
38	Collaborate with the care team in patient/family meetings	3.07	3.12
39	Facilitate interventions that promote dignity, quality of life, coping, meaning making, and legacy building	3.04	2.95
40	Provide psychosocial interventions based on evidence-based practice and clinical assessments/diagnoses	2.92	2.86
41	Provide crisis intervention	2.92	2.53
42	Support patient's identity after experiencing serious illness	3.03	2.91
43	Provide individual and family counseling	2.77	2.66
44	Apply psychosocial theory to practice situations	2.69	2.73
45	Address barriers and risk factors identified in assessment	2.86	2.82
46	Assess and support patient through preparatory grief	3.01	2.93
47	Assess and support family/caregiver through anticipatory grief	3.05	2.97
48	Provide patient/family/caregiver education about signs and symptoms of impending death	3.00	2.85
49	Provide patient/family/caregiver education about funeral pre-planning	2.74	2.62
50	Provide patient/family/caregiver education about options for care of the body after death	2.60	2.43
51	Support family and caregivers at time-of-death	2.89	2.63
52	Identify and respect cultural and spiritual customs/practices related to death (e.g., rituals, care of the body)	2.84	2.69
53	Identify patient and family's preferences for place of death	2.92	2.90
54	Screen and/or refer families for bereavement counseling	2.77	2.66
55	Provide bereavement follow-up after death as determined by the social work assessment	2.50	2.36
56	Provide family/caregiver education about grief and bereavement	2.87	2.75
57	Assess and support family/caregiver through complicated grief	2.61	2.38
58	Assess and support family/caregiver through ambiguous loss or disenfranchised grief	2.65	2.38

Task Statements		Importance	Frequency
59	Assess and support family/caregiver through somatic and/or emotional manifestations grief	2.67	2.29
60	Identify and respect cultural and spiritual customs/practices related to grief and bereavement	2.78	2.62
61	Use quality improvement process to identify and participate in improvement opportunities	2.69	2.70
62	Communicate social work assessments, goals, and plan of intervention with team and other staff to improve patient quality of care	2.98	2.98
63	Serve as liaison to community health, welfare, and social agencies	2.55	2.50
64	Cultivate and maintain community partnerships and relationships	2.70	2.66
65	Collaborate with other professionals as part of interdisciplinary team	3.13	3.12
66	Provide debriefings for end-of-life and death issues to physicians, residents, interns, nurses, and other providers	2.68	2.50
67	Model respect for privacy	3.11	3.10
68	Develop self-awareness and acknowledge signs of compassion fatigue, burnout, vicarious trauma, and moral distress	2.91	2.87
69	Practice self-care	3.03	2.78
70	Maintain professional boundaries	3.18	3.23
71	Pursue ongoing professional development activities	2.94	2.85
72	Identify ethical dilemmas and conflicts of interest	3.02	2.90
73	Participate in activities that promote team wellness	2.74	2.44
74	Develop cultural awareness and humility in self and others	2.93	2.88
75	Address biases that may affect justice, equity, diversity, and inclusion	3.10	2.85
76	Maintain knowledge of state laws and regulations related to end-of-life care	2.92	2.85
77	Ensure compliance with NASW standards and codes of ethics	3.15	3.02
78	Identify and report abuse and neglect as mandated by law	3.10	2.66
79	Adhere to requirements regarding confidentiality and release of information	3.19	3.10
80	Inform policy regarding social work best practices (e.g., caseload, patient volume)	2.74	2.59
81	Document ongoing patient/family/caregiver assessments, progress, and response to treatment	3.13	3.09
83	Train and supervise social work and allied profession learners	2.69	2.40
83	Educate team members about social work role	2.91	2.87
84	Advocate for the unique skills and expertise social workers provide in hospice and palliative care	2.94	2.77

The survey included demographic questions regarding professional characteristics relevant to the job role. Table 2 shows a summary of the demographic questions in the survey.

Table 2.
Results of the Demographic Questions in the RDS Survey.

1. In which state do you practice?	<i>n</i>	%
Alabama	11	2.16%
Alaska	23	4.51%
American Samoa	30	5.88%
Arizona	56	10.98%
Arkansas	28	5.49%
California	60	11.76%
Colorado	32	6.27%
Connecticut	17	3.33%
Delaware	7	1.37%
District of Columbia	10	1.96%
Florida	6	1.18%
Georgia	16	3.14%
Guam	4	0.78%
Hawaii	10	1.96%
Idaho	8	1.57%
Illinois	9	1.76%
Indiana	9	1.76%
Iowa	2	0.39%
Kansas	2	0.39%
Kentucky	5	0.98%
Maine	3	0.59%
Maryland	14	2.75%
Massachusetts	4	0.78%
Michigan	8	1.57%
Minnesota	4	0.78%
Missouri	5	0.98%
Montana	3	0.59%
Nebraska	1	0.20%
New Hampshire	4	0.78%
New Jersey	5	0.98%
New Mexico	2	0.39%
New York	7	1.37%
North Carolina	23	4.51%
North Dakota	1	0.20%
Northern Mariana Islands	1	0.20%
Ohio	10	1.96%
Oklahoma	4	0.78%
Oregon	4	0.78%
Other (please specify)	2	0.39%
Pennsylvania	10	1.96%
Rhode Island	1	0.20%
South Carolina	2	0.39%

1. In which state do you practice?	<i>n</i>	%
South Dakota	2	0.39%
Tennessee	4	0.78%
Texas	11	2.16%
Utah	2	0.39%
Vermont	1	0.20%
Virginia	3	0.59%
Washington	13	2.55%
West Virginia	4	0.78%
Wisconsin	5	0.98%
Wyoming	2	0.39%
Total	510	100%

2. How many years of experience do you have in social work?	<i>n</i>	%
1	8	1.6%
5	155	30.4%
10	149	29.2%
15	28	5.5%
20	44	8.6%
25	38	7.5%
30	41	8.0%
35	23	4.5%
40	15	2.9%
45	8	1.6%
50	1	0.2%

3. How many years of experience do you have in hospice and palliative care?	<i>n</i>	%
1	38	7%
5	247	48%
10	87	17%
15	52	10%
20	46	9%
25	25	5%
30	8	2%
35	3	1%
40	1	0%
45	3	1%

4. What is the highest degree in nursing you have completed?	<i>n</i>	%
High School Diploma	16	3.1%
Associate's Degree	44	8.6%
Bachelor's Degree	135	26.5%
Master's Degree in Social Work	240	47.1%
Doctorate Degree in Social Work	40	7.8%
Master's Degree in Another Field	38	7.5%

5. Select the option that best describes your PRIMARY setting:	<i>n</i>	%
Assisted living facility	27	5.3%
Freestanding hospice care facility	23	4.5%
Home health agency	23	4.5%
Hospice agency	113	22.2%
Hospital	28	5.5%
Hospital palliative care service	75	14.7%
Hospital-based inpatient hospice	20	3.9%
Long-term acute care facility	22	4.3%
Nursing home/long-term care facility	38	7.5%
Other (please specify)	13	2.5%
Outpatient clinic	28	5.5%
Outpatient palliative care program	81	15.9%
Prison	7	1.4%
School	6	1.2%
University	6	1.2%

6. Which of the following credentials (in hospice and palliative social work) do you hold? (Select all that apply)	<i>n</i>	%
APHSW-C	190	37.3%
ACHP-SW	226	44.3%
None	116	22.7%
Other	7	1.4%

7. Based on the nature of your practice, which of the following describes your area of social work care?	<i>n</i>	%
Hospice	184	36.1%
Palliative	221	43.3%
Both	105	20.6%

Development of Exam Specifications

The RDS Committee met on April 11, 2023 to review the results of the survey, finalize the tasks that would comprise the next Examination Content Outline, and finalize the content weighting for the examination.

The committee 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.

The committee reviewed the mean frequency and importance ratings of the tasks and confirmed that survey respondents endorsed the task list. None of the tasks were removed on the basis of their ratings. While evaluating the ratings, the committee judged that task 31 (Identify survivor benefits) could be merged into task 30 (Assist patient to navigate insurance, entitlement, and financial programs), giving a new version of task 30 (Assist patient/family/ caregiver to navigate insurance, entitlement, survivor benefits, and financial programs).

In addition, the committee judged that task 63 (Serve as liaison to community health, welfare, and social agencies) is part of task 64 (Cultivate and maintain community partnerships and relationships), giving a new version of task 64 (Cultivate and maintain community partnerships and relationships with health, welfare, and social agencies).

With the 82 tasks in the 4 content domains, the RDS committee discussed the overall number of items required to adequately assess professional competence. Prior to this RDS, the exam was based on 150 scored items. The committee felt this was longer than necessary for the new content outline and recommended reducing the number to 135 items.

Draft content weightings were developed by calculating the criticality (mean importance rating multiplied by the mean frequency rating) and then determining a percentage weight based on the relative weight of the criticality value for each task. The committee then reviewed the draft content weightings, discussing any adjustments necessary to align the number of items per content area for adequate content coverage on the assessment. The committee decided to base the weightings on the average criticality for each content area rather than by individual tasks.

The committee noted that content area 2, Planning and Intervention, represents a much larger proportion of the social worker's practice, as evidenced by the greater number of tasks within the domain. Consequently, the committee reallocated items from each of the content areas to content area 2.

See Table 3 for a summary of the draft content weighting determination. The final Examination Content Outline can be found in Appendix E.

Table 3.
Content Weighting Determination.

Content Area	Criticality	Weight	# Items
1 Assessment and Reevaluation	7.726	0.2426	33
2 Planning and Intervention	8.328	0.2615	35
3 Death, Grief, and Bereavement	7.284	0.2319	31
4 Professionalism	8.403	.2639	36

Appendix A

Subject Matter Experts

Role Delineation Study Committee

NAME	RELEVANT CREDENTIALS	YEARS OF EXPERIENCE	EMPLOYER/ AFFILIATION	Primary Role/Title *C/A/R/E	GEOGRAPHIC LOCATION
Alfreda Lewis-Johnson	MSW, LSW, ACHP-SW, APHSW-C	22	Einstein Healthcare Network	C	PA
Amy Cooper	LICSW, APHSW-C	4	Baystate Medical Center, Division of Geriatrics and Palliative Care		MA
Anna Blanton	MSW, LCSW, APHSW-C	13	AMOREM	A	NC
April Rodriguez	LCSW	23	Kourageous Kids	C	IN
Caroline Trenary	LMSW, APHSW-C	9	Valley Health Cancer Center	C	WV
Christopher Oates	LCSW	32	NYU Langone Health	A	NY
Dionne Kapp	MSW, LSW, APHSW-C	10	Ohio Hospice Inc, Hospice of Dayton	C	OH
Jason Malcom	LCSW	14	Department of Veterans Affairs	C	OR
Jill Daiss-Lucas	LCSW, AHPHSW-C	8	Dignity Hospice of Colorado	A	CO
Katherine Talbott	APSW, APHSW-C	12	Aurora at Home Hospice and Palliative Care	C	WI
Natalie Depp	LCSW, APHSW-C	12	Amedisys Hospice	C	TN
Rose Takyuka-Johnson	LMSW, APHSW-C (AA)	23	Hospice of the Valley	C	AZ

Appendix B

Role Delineation Study Presentation



Job Analysis

PSI Certification Psychometrics

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Objectives



Develop a description of the profession

- Define the relevant tasks
- Define the relevant knowledge



Develop all other elements for a survey

- Develop background information questions
- Review rating scales



Establish linkages

- Identify meaningful connections between the task and knowledge lists



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Job Analysis Process

1. Prepare Draft Materials
2. Conduct Job Analysis Meeting
3. Conduct Pilot Survey
4. Conduct Live Survey
5. Perform Data Analysis
6. Create Exam Specifications
7. Develop Summary Report



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Introduction



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Purpose of Credentialing Examinations

- To protect the public from harm caused by incompetent professional practice
- To assess professional competence in terms of the knowledge and skills required to successfully perform the tasks associated with the job role
- To establish and apply a consistent standard that reflects the competency level required of practitioners who meet the eligibility requirements
- To provide a valid and reliable means of identifying those who are competent to practice in the profession



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What is a Job Analysis?

“ Procedure to identify the content of a job in terms of activities involved and attributes or requirements needed to perform the activities. ”

This is the primary source of content validity for a credentialing assessment

This is the process by which the Examination Specifications are created

A representative list of knowledge and tasks associated with the job is developed

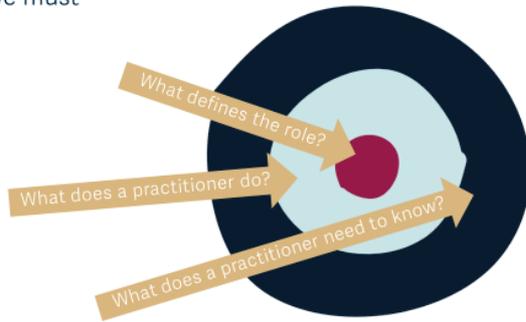


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Multiple Levels of Analysis

To create a comprehensive and accurate representation of the job role, we must identify:

- Target Population
- Tasks Performed
- Knowledge Required



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Terminology

Tasks



Knowledge

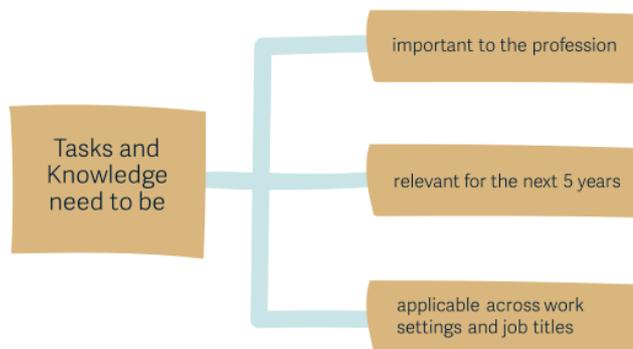


Content Domains (and subdomains)



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Requirements for Tasks and Knowledge



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Rating Scales

Importance

How important is this
[task / knowledge]
to the job role?

0 - Not Relevant
1 - Minimally Important
2 - Somewhat Important
3 - Moderately Important
4 - Very Important
5 - Critically Important

Frequency

How frequently is this
[task performed /
knowledge used]
in the job role?

0 - Not Relevant
1 - Rarely
2 - Seldom
3 - Occasionally
4 - Frequently
5 - Very Frequently



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Why Are You Here?

Subject Matter Experts (SMEs)

You are here to provide your content expertise and your professional experience

Facilitators

We are here to guide you through the process

Client Representatives

You are here to provide additional background information and the certifying body's perspective



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Questions?



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Appendix C

Survey Text

Welcome

This role delineation study is being conducted in an effort to identify significant tasks being performed by those holding the Advanced Palliative Hospice Social Worker Certification and will be used to develop future examinations for this certification.

This survey will likely take 15-20 minutes to complete. You can complete each part of the survey in separate sittings at the same computer. Please be aware that you must completely finish a page before clicking on "Next" to save your responses up to that point. There is no limit on the number of times you can use the link to go back to the survey before clicking on "Done" to submit your survey.

Your individual responses will be kept confidential and will be combined with those of other respondents. Only staff persons from PSI Services and HPCC will have access to the data collected.

Those who complete the survey may choose to enter a raffle for \$50 gift card. Your name and e-mail address are required to participate in the raffle. If you choose to participate in the raffle, your contact information will be used for this purpose only.

If you have any questions regarding the survey, please contact Danny Breidenbach at dbreidenbach@psionline.com.

* Do you agree to take part in this survey?

Yes

No

This role delineation study is being conducted in an effort to identify significant tasks being performed by those holding the Advanced Palliative Hospice Social Worker Certification. The HPCC defines this role as follows:

* A hospice and palliative care social worker provides psychosocial assessment and services to the patient/family/caregivers, facilitates patient-centered goal-setting, and contributes to the plan of care. The social worker provides counseling and case management to meet the identified goals. The social worker assists with decision-making and advance care planning throughout the trajectory of serious illness. A hospice and palliative care social worker strives to improve patient/family/caregiver quality of life through education, addressing needs, and referring clients to the appropriate resources.

Have you practiced as a hospice or palliative social worker at any time in the past 12 months?

Yes

No

Location and Years of Experience

* In which state, territory, district, or province is your primary workplace located?

* How many years of experience do you have in social work?

* How many years of experience do you have in hospice and palliative care?

Education

* What is your highest level of education?

- High School Diploma
- Associate's Degree
- Bachelor's Degree
- Master's Degree in Social Work
- Doctorate Degree in Social Work
- Master's Degree in Another Field
- Doctorate Degree in Another Field

* Which of the following settings best describe your **primary** work setting?

- Freestanding hospice care facility
- Home health agency
- Hospice agency
- Outpatient palliative care program
- Nursing home/long-term care facility
- Long-term acute care facility
- Assisted living facility
- Hospital palliative care service
- Hospital-based inpatient hospice
- Hospital
- Outpatient clinic
- Prison
- School
- University
- Other (please specify)

* Which of the following credentials (in hospice and palliative social work) do you hold?
(Select all that apply)

- APHSW-C
- ACHP-SW
- None
- Other hospice and palliative certification (please specify)

* Based on the nature of your practice, which of the following describes your area of social work care?

- Hospice
- Palliative
- Both

Tasks

In this section of the survey we present a list of practice related activities that *may* be important for the hospice and palliative social worker. Please read through the list of tasks below and use the following rating scales to answer two questions about each task statement.

Frequency - How frequently do you perform this task in your clinical practice?

- NA (Not applicable - I don't perform this task at all)
- Rarely
- Seldom
- Occasionally
- Frequently
- Very Frequently

Importance - How important is this task in your clinical practice?

- NA (Not applicable - the task is not at all relevant in my practice)
- Minimally
- Somewhat
- Moderately
- Very
- Critically

*** 1. Assessment and Reevaluation**

A. Initial Comprehensive Assessment of Patient & Family/Caregiver

Frequency	Importance
Use clinical interviewing and behavioral observation	
<input type="text"/>	<input type="text"/>
Gather biopsychosocial history	
<input type="text"/>	<input type="text"/>
Administer and interpret results from validated assessment tools	
<input type="text"/>	<input type="text"/>
Assess for suicide risk	
<input type="text"/>	<input type="text"/>
Identify support systems and strengths of the patient and family/caregivers	
<input type="text"/>	<input type="text"/>
Identify barriers and social determinants of health that may impede delivery of care	
<input type="text"/>	<input type="text"/>
Identify physical, behavioral, emotional, cultural, and spiritual characteristics of patient/family/caregiver	
<input type="text"/>	<input type="text"/>
Assess developmental stage of patient/family/caregiver	
<input type="text"/>	<input type="text"/>
Integrate the diagnoses and treatment findings into psychosocial assessment	
<input type="text"/>	<input type="text"/>

*** 1. Assessment and Reevaluation**

B. Ongoing Assessment and Reevaluation

Frequency	Importance
Evaluate the psychosocial response to treatment and prognosis	
<input type="text"/>	<input type="text"/>
Update plan of care in accordance with reevaluation of patient/family/caregiver	
<input type="text"/>	<input type="text"/>
Participate in ongoing assessment for program eligibility	
<input type="text"/>	<input type="text"/>

*** 2. Planning and Intervention**

A. Planning

Frequency	Importance
Use therapeutic techniques to help patients and families understand options and participate in healthcare decision-making	
<input type="text"/>	<input type="text"/>
Use assessment data to plan, coordinate, and follow-up with patient care	
<input type="text"/>	<input type="text"/>
Assist patient/family/caregiver in setting measurable goals	
<input type="text"/>	<input type="text"/>
Promote and protect patient autonomy and self-determination in decision making	
<input type="text"/>	<input type="text"/>
Develop a patient-centered treatment plan of care appropriate for the diagnoses	
<input type="text"/>	<input type="text"/>
Ensure continuity of care across practice settings	
<input type="text"/>	<input type="text"/>
Facilitate patient/family meetings for goal setting and care planning	
<input type="text"/>	<input type="text"/>

*** 2. Planning and Intervention**

B. Education

Frequency	Importance
Ensure patient understanding of medical language	
<input type="text"/>	<input type="text"/>
Tailor information about treatment and side-effects to patients and families	
<input type="text"/>	<input type="text"/>
Facilitate processing and integration of information provided	
<input type="text"/>	<input type="text"/>
Educate patient/family/caregivers regarding disease trajectory	
<input type="text"/>	<input type="text"/>
Educate patient/family/caregivers regarding hospice benefits	
<input type="text"/>	<input type="text"/>
Educate patient/family/caregivers regarding advance healthcare directives	
<input type="text"/>	<input type="text"/>
Educate patient/family/caregivers about transfer, discharge, or other care transitions	
<input type="text"/>	<input type="text"/>
Educate patient/family/caregivers about options for end-of-life care (e.g., palliative sedation, medical aid in dying)	
<input type="text"/>	<input type="text"/>

*** 2. Planning and Intervention**

C. Coordination of Care/Case Management

Frequency	Importance
Refer to other community programs, specialty services, and volunteer services	
<input type="text"/>	<input type="text"/>
Order and arrange for transportation, meals, medical translation/interpretation, medical supplies and/or equipment, etc.	
<input type="text"/>	<input type="text"/>
Assist patient to navigate insurance, entitlement, and financial programs	
<input type="text"/>	<input type="text"/>
Identify survivor benefits	
<input type="text"/>	<input type="text"/>
Prepare and assist patient/family/caregivers with transfer, discharge, or other care transitions	
<input type="text"/>	<input type="text"/>
Facilitate completion of advance healthcare directives	
<input type="text"/>	<input type="text"/>
Facilitate communication among patient/family/caregivers and team members	
<input type="text"/>	<input type="text"/>
Monitor progress and modify interventions and plans based on patient/family/caregiver needs	
<input type="text"/>	<input type="text"/>
Ensure plan of care is communicated clearly with patient/family/caregivers, staff, and supporting agencies	
<input type="text"/>	<input type="text"/>
Advocate for patient-centered care within interdisciplinary team	
<input type="text"/>	<input type="text"/>
Collaborate with the care team in patient/family meetings	
<input type="text"/>	<input type="text"/>

*** 2. Planning and Intervention**

D. Counseling and Support

Frequency	Importance
Facilitate interventions that promote dignity, quality of life, coping, meaning making, and legacy building	
<input type="text"/>	<input type="text"/>
Provide psychosocial interventions based on evidence-based practice and clinical assessments/diagnoses	
<input type="text"/>	<input type="text"/>
Provide crisis intervention	
<input type="text"/>	<input type="text"/>
Support patient's identity after experiencing serious illness	
<input type="text"/>	<input type="text"/>
Provide individual and family counseling	
<input type="text"/>	<input type="text"/>
Apply psychosocial theory to practice situations	
<input type="text"/>	<input type="text"/>
Address barriers and risk factors identified in assessment	
<input type="text"/>	<input type="text"/>

*** 3. Death, Grief, and Bereavement**

A. Death Preparation and Death

Frequency	Importance
Assess and support patient through preparatory grief	
<input type="text"/>	<input type="text"/>
Assess and support family/caregiver through anticipatory grief	
<input type="text"/>	<input type="text"/>
Provide patient/family/caregiver education about signs and symptoms of impending death	
<input type="text"/>	<input type="text"/>
Provide patient/family/caregiver education about funeral pre-planning	
<input type="text"/>	<input type="text"/>
Provide patient/family/caregiver education about options for care of the body after death	
<input type="text"/>	<input type="text"/>
Support family and caregivers at time of death	
<input type="text"/>	<input type="text"/>
Identify and respect cultural and spiritual customs/practices related to death (e.g., rituals, care of the body)	
<input type="text"/>	<input type="text"/>
Identify patient and family's preferences for place of death	
<input type="text"/>	<input type="text"/>

*** 3. Death, Grief, and Bereavement**

B. Grief and Bereavement

Frequency	Importance
Screen and/or refer families for bereavement counseling	
<input type="text"/>	<input type="text"/>
Provide bereavement follow-up after death as determined by the social work assessment	
<input type="text"/>	<input type="text"/>
Provide family/caregiver education about grief and bereavement	
<input type="text"/>	<input type="text"/>
Assess and support family/caregiver through complicated grief	
<input type="text"/>	<input type="text"/>
Assess and support family/caregiver through ambiguous loss or disenfranchised grief	
<input type="text"/>	<input type="text"/>
Assess and support family/caregiver through somatic and/or emotional manifestations grief	
<input type="text"/>	<input type="text"/>
Identify and respect cultural and spiritual customs/practices related to grief and bereavement	
<input type="text"/>	<input type="text"/>

*** 4. Professionalism**

A. Quality improvement

Frequency	Importance
Use quality improvement process to identify and participate in improvement opportunities	
<input type="text"/>	<input type="text"/>
Communicate social work assessments, goals, and plan of intervention with team and other staff to improve patient quality of care	
<input type="text"/>	<input type="text"/>

*** 4. Professionalism**

B. Collaboration

Frequency	Importance
Serve as liaison to community health, welfare, and social agencies	
<input type="text"/>	<input type="text"/>
Cultivate and maintain community partnerships and relationships	
<input type="text"/>	<input type="text"/>
Collaborate with other professionals as part of interdisciplinary team	
<input type="text"/>	<input type="text"/>
Provide debriefings for end-of-life and death issues to physicians, residents, interns, nurses, and other providers	
<input type="text"/>	<input type="text"/>
Model respect for privacy	
<input type="text"/>	<input type="text"/>

*** 4. Professionalism**

C. Personal, professional, and ethical competence

Frequency	Importance
Develop self-awareness and acknowledge signs of compassion fatigue, burnout, vicarious trauma, and moral distress	
<input type="text"/>	<input type="text"/>
Practice self-care	
<input type="text"/>	<input type="text"/>
Maintain professional boundaries	
<input type="text"/>	<input type="text"/>
Pursue ongoing professional development activities	
<input type="text"/>	<input type="text"/>
Identify ethical dilemmas and conflicts of interest	
<input type="text"/>	<input type="text"/>
Participate in activities that promote team wellness	
<input type="text"/>	<input type="text"/>
Develop cultural awareness and humility in self and others	
<input type="text"/>	<input type="text"/>
Address biases that may affect justice, equity, diversity, and inclusion	
<input type="text"/>	<input type="text"/>

*** 4. Professionalism**

D. Knowledge of laws, regulations, policies, and standards at the organizational, local, state, or national level

Frequency	Importance
Maintain knowledge of state laws and regulations related to end-of-life care	
<input type="text"/>	<input type="text"/>
Ensure compliance with NASW standards and codes of ethics	
<input type="text"/>	<input type="text"/>
Identify and report abuse and neglect as mandated by law	
<input type="text"/>	<input type="text"/>
Adhere to requirements regarding confidentiality and release of information	
<input type="text"/>	<input type="text"/>
Inform policy regarding social work best practices (e.g., caseload, patient volume)	
<input type="text"/>	<input type="text"/>
Document ongoing patient/family/caregiver assessments, progress, and response to treatment	
<input type="text"/>	<input type="text"/>

*** 4. Professionalism**

E. Provide training and education in hospice and palliative care at the organizational, local, state, or national level

Frequency	Importance
Train and supervise social work and allied profession learners	
<input type="text"/>	<input type="text"/>
Educate team members about social work role	
<input type="text"/>	<input type="text"/>
Advocate for the unique skills and expertise social workers provide in hospice and palliative care	
<input type="text"/>	<input type="text"/>

Perceived Value of Certification Tool (PVCT)

Below are statements that relate to perceived values of certification. Please indicate the degree to which you agree or disagree with the statements.

Values

Validates specialized knowledge

Indicates level of clinical competence

Indicates attainment of a practice standard

Enhances professional credibility

Promotes recognition from peers

Promotes recognition from other health professionals

Promotes recognition from employers

Increases consumer confidence

Enhances feeling of personal accomplishment

Enhances personal confidence in clinical abilities

Provides personal satisfaction

Provides professional challenge

Enhances professional autonomy

Indicates professional growth

Provides evidence of professional commitment

Provides evidence of accountability

Increases marketability

Increases salary

Comments

Please list any missing tasks or any other comments you wish to share with the RDS advisory committee.

Those who complete the survey may choose to enter a raffle for a \$50 gift card. Your name and e-mail address are required to participate in the raffle. If you choose to participate in the raffle, your contact information will be used for this purpose only. Do you wish to enter the raffle?

- Yes
 No

Thank you for completing the survey. To save and submit, be sure to click "Done" below.

Appendix D

Survey Invitation Email

DATE:	February 21, 2023
FROM:	Hospice and Palliative Credentialing Center
SUBJECT:	We need your input
BODY:	<p>Hello Keisha Davidson, CHPLN,</p> <p>The Hospice and Palliative Credentialing Center (HPCC) invites you to participate in an important survey that will be used to develop future Advanced Palliative and Hospice Social Worker – Certified (APHSW-C) certification examinations. Periodic surveys of clinical practice are necessary to gather empirical data to validate the tasks and specialized knowledge required to practice as a hospice and palliative care social worker.</p> <p>The survey will likely take 15–20 minutes to complete. You can complete each part of the survey in separate sittings on the same device. Please be aware that you must completely finish a page before clicking on "Next" to save your responses up to that point. There is no limit on the number of times you can use the link to go back to the survey before clicking on "Done" to submit your survey.</p> <p>Your individual responses will be kept confidential and will be combined with those of other respondents. Only staff persons from PSI Services and HPCC will have access to the data collected. For more information about PSI's privacy and data protection policy, please click here.</p> <p>Those who complete the survey may choose to enter a raffle for a \$50 gift card. Your name and e-mail address are required to participate in the raffle. If you choose to participate in the raffle, your contact information will be used for this purpose only.</p> <p>The deadline for completion of the survey is March 19, 2023.</p> <p>If you have any questions regarding the survey, please contact Danny Breidenbach at dbreidenbach@psionline.com.</p> <p>To access the survey, follow this link:</p> <p>https://www.research.net/r/APHSWC-23</p>

Appendix E

Exam Content Outline

1	Assessment and Reevaluation	25
A	Initial Comprehensive Assessment of Patient & Family/Caregiver	
1	Use clinical interviewing and behavioral observation	
2	Gather biopsychosocial history	
3	Administer and interpret results from validated assessment tools	
4	Assess for suicide risk	
5	Identify support systems and strengths of the patient and family/caregivers	
6	Identify barriers and social determinants of health that may impede delivery of care	
7	Identify physical, behavioral, emotional, cultural, and spiritual characteristics of patient/family/caregiver	
8	Assess developmental stage of patient/family/caregiver	
9	Integrate the diagnoses and treatment findings into psychosocial assessment	
B	Ongoing Assessment and Reevaluation	
1	Evaluate the psychosocial response to treatment and prognosis	
2	Update plan of care in accordance with re-evaluation of patient/family/caregiver	
3	Participate in ongoing assessment for program eligibility	
2	Planning and Intervention	50
A	Planning	
1	Use therapeutic techniques to help patients and families understand options and participate in healthcare decision-making	
2	Use assessment data to plan, coordinate, and follow-up with patient care	
3	Assist patient/family/caregiver in setting measurable goals	
4	Promote and protect patient autonomy and self-determination in decision making	
5	Develop a patient-centered treatment plan of care appropriate for the diagnoses	
6	Ensure continuity of care across practice settings	
7	Facilitate patient/family meetings for goal setting and care planning	
B	Education	
1	Ensure patient understanding of medical language	
2	Tailor information about treatment and side-effects to patients and families	
3	Facilitate processing and integration of information provided	
4	Educate patient/family/caregivers regarding disease trajectory	
5	Educate patient/family/caregivers regarding hospice benefits	

- 6 Educate patient/family/caregivers regarding advance healthcare directives
- 7 Educate patient/family/caregivers about transfer, discharge, or other care transitions
- 8 Educate patient/family/caregivers about options for end-of-life care (e.g., palliative sedation, medical aid in dying)

C Coordination of Care/Case Management

- 1 Refer to other community programs, specialty services, and volunteer services
- 2 Order and arrange for transportation, meals, medical translation/interpretation, medical supplies and/or equipment, etc.
- 3 Assist patient/family/caregiver to navigate insurance, entitlement, survivor benefits, and financial programs
- 4 Prepare and assist patient/family/caregivers with transfer, discharge, or other care transitions
- 5 Facilitate completion of advance healthcare directives
- 6 Facilitate communication among patient/family/caregivers and team members
- 7 Monitor progress and modify interventions and plans based on patient/family/caregiver needs
- 8 Ensure plan of care is communicated clearly with patient/family/caregivers, staff, and supporting agencies
- 9 Advocate for patient-centered care within interdisciplinary team
- 10 Collaborate with the care team in patient/family meetings
- 11 Refer to other community programs, specialty services, and volunteer services

D Counseling and Support

- 1 Facilitate interventions that promote dignity, quality of life, coping, meaning making, and legacy building
- 2 Provide psychosocial interventions based on evidence-based practice and clinical assessments/diagnoses
- 3 Provide crisis intervention
- 4 Support patient's identity after experiencing serious illness
- 5 Provide individual and family counseling
- 6 Apply psychosocial theory to practice situations
- 7 Address barriers and risk factors identified in assessment

3 Death, Grief, and Bereavement

28

A Death Preparation and Death

- 1 Assess and support patient through preparatory grief
- 2 Assess and support family/caregiver through anticipatory grief
- 3 Provide patient/family/caregiver education about signs and symptoms of impending death
- 4 Provide patient/family/caregiver education about funeral pre-planning

- 5 Provide patient/family/caregiver education about options for care of the body after death
- 6 Support family and caregivers at time-of-death
- 7 Identify and respect cultural and spiritual customs/practices related to death (e.g., rituals, care of the body)
- 8 Identify patient and family's preferences for place of death

B Grief and Bereavement

- 1 Screen and/or refer families for bereavement counseling
- 2 Provide bereavement follow-up after death as determined by the social work assessment
- 3 Provide family/caregiver education about grief and bereavement
- 4 Assess and support family/caregiver through complicated grief
- 5 Assess and support family/caregiver through ambiguous loss or disenfranchised grief
- 6 Assess and support family/caregiver through somatic and/or emotional manifestations grief
- 7 Identify and respect cultural and spiritual customs/practices related to grief and bereavement

4 Professionalism

32

A Quality Improvement

- 1 Use quality improvement process to identify and participate in improvement opportunities
- 2 Communicate social work assessments, goals, and plan of intervention with team and other staff to improve patient quality of care

B Collaboration

- 1 Cultivate and maintain community partnerships and relationships with health, welfare, and social agencies
- 2 Collaborate with other professionals as part of interdisciplinary team
- 3 Provide debriefings for end-of-life and death issues to physicians, residents, interns, nurses, and other providers
- 4 Model respect for privacy

C Personal, Professional, and Ethical Competence

- 1 Develop self-awareness and acknowledge signs of compassion fatigue, burnout, vicarious trauma, and moral distress
- 2 Practice self-care
- 3 Maintain professional boundaries
- 4 Pursue ongoing professional development activities
- 5 Identify ethical dilemmas and conflicts of interest
- 6 Participate in activities that promote team wellness

- 7 Develop cultural awareness and humility in self and others
- 8 Address biases that may affect justice, equity, diversity, and inclusion
- D Knowledge of laws, regulations, policies, and standards at the organizational, local, state, or national level
 - 1 Maintain knowledge of state laws and regulations related to end-of-life care
 - 2 Ensure compliance with NASW standards and codes of ethics
 - 3 Identify and report abuse and neglect as mandated by law
 - 4 Adhere to requirements regarding confidentiality and release of information
 - 5 Inform policy regarding social work best practices (e.g., caseload, patient volume)
 - 6 Document ongoing patient/family/caregiver assessments, progress, and response to treatment
- E Provide training and education in hospice and palliative care at the organizational, local, state, or national level
 - 1 Train and supervise social work and allied profession learners
 - 2 Educate team members about social work role
 - 3 Advocate for the unique skills and expertise social workers provide in hospice and palliative care



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