



# Role delineation study

## EXECUTIVE SUMMARY

Hospice & Palliative Credentialing Center (HPCC)

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**CREDENTIAL:**  
Advanced Certified Hospice  
and Palliative Nurse  
(ACHPN®)

**DATE:**  
April 2026

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**RESTRICTED**

# Executive summary

This report describes the methodology and procedures employed to conduct a role delineation study and to develop the exam specifications for the Hospice & Palliative Credentialing Center (HPCC) Advanced Certified Hospice and Palliative Nurse (ACHPN®) certification examination.

The role delineation study process described in this report consists of three major activities:

1. **Role delineation study committee meeting** – a gathering of subject matter experts (SMEs) to discuss and develop a description of the scope of practice
2. **Role delineation study survey** – a large-scale survey of practitioners not involved with the SME panel to validate the task and knowledge statements developed by the committee
3. **Development of examination specifications** – the creation of an examination content outline by the committee based on the survey results

For this specific study, several practitioners were assembled by HPCC to serve as subject matter experts (SMEs). These individuals represent a wide variety of work-related characteristics, such as years of experience, work setting, geographic location, and areas of specialty, thus helping to develop 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 of the role delineation study become the basis of a validated assessment that reflects the competencies required for competent job performance.

HPCC sent invitations to complete the survey to a list of 2,166 individuals in their database. Additionally, an announcement with link to the survey was placed as a news item on the HPCC web site. From these sources, 418 individuals opened the survey. Responses from 61 respondents were removed from the data set, resulting in 357 usable responses. Of those removed, 17 were removed due to ineligibility, 43 were removed for incomplete surveys, and one was removed due to a lack of variance in the responses. The SME panel determined that the sample was representative of the practitioner population.

The role delineation study process utilized in this study yields exam specifications that accurately reflect the scope of practice, allowing for the development of fair, accurate, and realistic assessments of candidates' readiness for certification. The resultant Examination Content Outline (ECO) indicates a 150-item examination with content distribution requirements at the competency area (content domain) level. This ECO will be used by HPCC to assemble future test forms.

# ACHPN Exam Content Outline

<b>1</b>	<b>Assessment and Data Collection</b>	<b>42</b>
1A	Medical history and review of systems	
1B	Physical examination	
1C	Functional assessment	
1D	Psychosocial, spiritual, and cultural assessment	
1E	Prognostic tools	
1F	Signs and symptoms of serious illness	
1G	Advance care planning	
1H	Disease progression and prognostication	
1I	Signs of imminent death	
1J	Unique needs of specific populations	
1K	Hospice criteria	
<b>2</b>	<b>Evaluation and Management</b>	<b>49</b>
2A	Diagnostic tests and procedures	
2B	Pharmacologic interventions	
2C	Non-pharmacologic interventions	
2D	Disease process and plan of care	
2E	Hospice and palliative care emergencies	
2F	Palliative sedation	
2G	Life support devices	
2H	Opioid stewardship	
2I	Complex clinical decision making	
<b>3</b>	<b>Education and Communication</b>	<b>38</b>
3A	Population-appropriate communication methods	
3B	Communication theory and principles	
3C	Strategies to overcome communication barriers	
3D	Grief, loss, and bereavement	
3E	Hospice versus palliative care	

<b>4</b>	<b>Professionalism and Practice</b>	<b>21</b>
4A	Principles of biomedical ethics	
4B	Professional boundaries	
4C	Scope of practice	
4D	National hospice and palliative care standards and guidelines	
4E	Working with an interdisciplinary team	
4F	Professionalism in the role of a consultant	
<b>Total</b>		<b>150</b>

## Task statements

<b>1</b>	<b>Nursing Process in Caring for Patients and Families</b>
1A	Assessment
1A1	Conduct a comprehensive patient assessment in the context of serious illness including the use of validated instruments
1A2	Collect patient information (e.g., medical & psychosocial history, spiritual & cultural beliefs and values, health practices, comprehensive review of systems, advanced care planning documents, medical decision makers, social determination of health)
1A3	Perform a systems-based physical examination
1A4	Assess patient's and patient support system's understanding of their current health status
1B	Diagnosis and Planning
1B1	Formulate and prioritize differential diagnoses and apply findings to develop the plan of care
1B2	Identify what matters most to patient/support system regarding goals of care and expected prognosis
1B3	Develop intervention based on patient/support system values, goals, and preferences, prognosis, level of care, available resources, and expected risks and benefits
1B4	Establish safe, multimodal symptom management plan
1C	Intervention and Evaluation
1C1	Collaborate with the interdisciplinary team to develop, implement, evaluate, and modify the plan of care based on the patient's changing condition and patient/support system goals
1C2	Recommend strategies to address psychosocial needs and social determinants of health
1C3	Implement and evaluate the efficacy of pharmacologic therapies and nonpharmacologic interventions
1C4	Facilitate advance care planning and care coordination across the care continuum

<b>2</b>	<b>Biomedical, Clinical, and Psychosocial-Behavioral Knowledge</b>
2A	Disease Process
2A1	Understand the disease process and evidence-based palliative management for serious illness.
2A2	Recognize hospice and palliative care emergencies (e.g., spinal cord compression, hemorrhage, seizures, superior vena cava syndrome) and provide evidence-based management in alignment with goals of care
2A3	Understand the psychosocial, emotional, and spiritual needs of patient/support system and evidence-based palliative management
2A4	Understand how to use comprehensive patient assessment and validated instruments, where available, to determine patient prognosis
2B	Serious illness, loss, dying, grief, and bereavement
2B1	Identify how religious, spiritual, and cultural factors impact patient care
2B2	Address loss, bereavement, grief, and mourning in the context of religious, spiritual, and cultural factors
<b>3</b>	<b>Education and Communication</b>
3A	Education (Patients, Support Systems, Communities)
3A1	Utilize population-appropriate teaching methods for patients and support systems regarding serious illness, symptom management, and plan of care
3A2	Educate other health care professionals regarding the support provided by hospice and/or palliative care
3A3	Utilize population-appropriate teaching methods for communities regarding the support provided by hospice and/or palliative care
3B	Communication
3B1	Create a therapeutic environment for effective communication (verbal and nonverbal) and demonstrate presence while maintaining professional boundaries
3B2	Use appropriate techniques to communicate serious news to patient/support system
3B3	Initiate and facilitate patient care meeting with patient, support system, health care team members
3B4	Communicate diagnoses, progression of disease, expected prognosis, and plan of care with the patient/support system and interdisciplinary health care team
3B5	Implement conflict resolution strategies
<b>4</b>	<b>Professionalism</b>
4A	Ethics
4A1	Identify principles of biomedical ethics
4A2	Address ethical issues related to withholding, stopping, or not escalating treatment
4A3	Address ethical issues related to non-beneficial care
4A4	Address ethical issues related to palliative sedation, medical aid in dying, and voluntary stopping of eating and drinking

4B	Scope, Standard, and Guidelines
4B1	Incorporate national hospice and palliative standards and guidelines into advanced nursing practice
4C	Leadership and Professional Development
4C1	Share knowledge through publications, presentations, precepting, and mentoring
<b>5</b>	<b>Practice Issues</b>
5A	Resource Access, Utilization, and Continuum of Care
5A1	Advocate for timely access to palliative care and hospice services
5A2	Identify potential barriers that prevent continuity of care
5A3	Maintain current knowledge of trends in legislation, policy, health care delivery, and reimbursement



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