



# Role delineation study

## EXECUTIVE SUMMARY

Hospice & Palliative Credentialing Center (HPCC)

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**CREDENTIAL:**  
Certified Hospice and  
Palliative Licensed Nurse  
(CHPLN®)

**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 Certification Center (HPCC) Certified Hospice and Palliative Licensed Nurse (CHPLN<sup>®</sup>) 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 job analysis 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 368 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, 92 individuals opened the survey. Responses from 23 respondents were removed from the data set, resulting in 69 usable responses. Of those removed, 9 were removed due to ineligibility, and 14 were removed for incomplete surveys. 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 135-item examination with content distribution requirements at the competency area (content domain) level as well as overall distribution by cognitive complexity level. This ECO will be used by HPCC to assemble future test forms.

# CHPLN Exam Content Outline

<b>1</b>	<b>Patient Care – Assessment and Planning</b>	<b>26</b>
1A	Goals of care and shared decision making	
1B	Ongoing evaluation of the plan of care	
1C	Life-limiting disease progression, complications, and treatment	
1D	Indicators of imminent death	
<b>2</b>	<b>Patient Care – Pain Management</b>	<b>33</b>
2A	Etiology of pain, types of pain, and pain syndromes	
2B	Verbal and nonverbal indicators of pain and pain scales	
2C	Factors that may influence the patient's experience of pain (e.g., fear, depression, cultural, and spiritual issues)	
2D	Medications appropriate to severity and specific type of pain (opioid, non-opioid, adjuvant)	
2E	Titration of medication to determine baseline and breakthrough doses	
2F	Medication adjustment based on route of administration	
2G	Medication side effects, interactions, and complications	
2H	Non-pharmacologic and complementary interventions (e.g., ice, positioning, palliative surgery, palliative radiation, psychological therapy)	
<b>3</b>	<b>Patient Care – Symptom Management</b>	<b>34</b>
3A	Neurological	
3B	Cardiovascular	
3C	Respiratory	
3D	Gastrointestinal	
3E	Genitourinary	
3F	Musculoskeletal	
3G	Skin and mucous membrane	
3H	Nutritional and metabolic	
3I	Immune/Lymphatic/Hematologic system	
3J	Psychosocial, emotional, and spiritual	
<b>4</b>	<b>Support, Education, and Advocacy</b>	<b>32</b>
4A	Advance care planning (e.g., advance directives, continuation of life sustaining therapies)	
4B	Hospice and palliative care benefits under Medicare, Medicaid, and private insurance (e.g., levels of care, palliative care fee for services)	

4C	Patient safety: environmental, physical, socioemotional	
4D	Communication: techniques, barriers, and cultural humility	
4E	Psychosocial, spiritual, and cultural needs	
4F	Resource management (e.g., socioeconomic concerns, medications, supplies, equipment)	
4G	Medication management and controlled substances	
4H	Caregiver/Family self-care activities	
4I	End-stage disease at terminal phase	
4J	Grief and loss support / bereavement services	
4K	Support at time of death and post-mortem care	
4L	Ethical and cultural issues related to the end of life	
<b>5</b>	<b>Practice Issues</b>	<b>10</b>
5A	Hospice and palliative care compliance under Medicare/Medicaid	
5B	National hospice and palliative care standards and guidelines	
5C	Legal regulations (e.g., OSHA, CMS, HIPAA)	
5D	Ethics, professional boundaries, and self care	

## Secondary classifications

COGNITIVE LEVEL	NUMBER OF ITEMS
Recall	27
Application	108

# Task Statements

<b>1</b>	<b>Patient Care – Assessment and Planning</b>
1A	Identify patient/caregiver goals and expected outcomes
1B	Follow the plan of care to achieve goals and expected outcomes
1C	Collaborate in patient care with other health care providers through the continuum of care
1D	Participate in transfer to a different level of care or different care setting
1E	Identify specific patterns of progression, complications, and treatment for life-limiting conditions
1F	Identify and respond to indicators of imminent death
1G	Evaluate progress toward outcomes and update goals
1H	Monitor need for changes in levels of care
<b>2</b>	<b>Patient Care – Pain Management</b>
2A	Perform comprehensive assessment of pain
2B	Identify and administer pharmacologic interventions
2C	Identify and implement non-pharmacologic and complementary interventions
2D	Assess for and respond to complications (e.g., side effects, interactions) and efficacy
2E	Assess and respond to medication diversion
<b>3</b>	<b>Patient Care – Symptom Management</b>
3A	Provide evidence-based palliative management of signs and symptoms associated with life-limiting conditions
3B	Provide evidence-based palliative management for psychosocial, emotional, and spiritual needs
<b>4</b>	<b>Support, Education, and Advocacy</b>
4A	Assess and respond to psychosocial, spiritual, and cultural needs
4B	Facilitate effective communication among patient, family, and caregivers
4C	Encourage patient/caregiver participation in interdisciplinary team/group discussions
4D	Counsel or provide emotional support regarding grief and loss
4E	Facilitate and coordinate support throughout the continuum of care
4F	Teach end-stage disease progression
4G	Teach pain and symptom management
4H	Train caregiver to provide patient care
4I	Monitor, support, and validate primary caregiver confidence and ability to provide care

4J	Promote caregiver self-care activities to address compassion fatigue
4K	Provide education about access and use of services, medications, supplies, and durable medical equipment (DME)
4L	Assess and respond to environmental and safety risks (including abuse and neglect)
4M	Facilitate self-determined life closure
<b>5</b>	<b>Practice Issues</b>
5A	Evaluate eligibility for admission and hospice recertification
5B	Incorporate standards, guidelines, and legal regulations into practice
5C	Identify and address ethical concerns
5D	Participate in continuous quality assurance and performance improvement activities
5E	Maintain professional boundaries
5F	Incorporate strategies for self-care and stress management into practice
5G	Contribute to professional development of peers, colleagues, students, and others as preceptor, educator, or mentor



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