



Job analysis

EXECUTIVE SUMMARY

Hospice & Palliative Credentialing Center (HPCC)

CREDENTIAL:
Certified Hospice and
Palliative Nurse (CHPN®)

DATE:
April 2026

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) Certified Hospice and Palliative Nurse (CHPN®) 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 5,996 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, 926 individuals opened the survey. Responses from 201 respondents were removed from the data set, resulting in 725 usable responses. Of those removed, 49 were removed due to ineligibility, 142 were removed for incomplete surveys, and 10 were 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 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.

CHPN Exam Content Outline

1	Patient Care – Assessment and Planning	31
1A	Goals of care and shared decision making	
1B	Interdisciplinary care planning and ongoing evaluation	
1C	Life-limiting disease progression, complications, and treatment	
1D	Indicators of imminent death	
2	Patient Care – Pain Management	30
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	Pharmacologic interventions appropriate to severity and specific type of pain (opioid, non-opioid, adjuvant)	
2E	Titration of medication to determine baseline and breakthrough doses	
2F	Non-pharmacologic interventions including complementary and alternative therapies	
3	Patient Care – Symptom Management	35
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	
4	Support, Education, and Advocacy	22
4A	Advance care planning	
4B	Hospice and palliative care benefits under Medicare, Medicaid, and private insurance	
4C	Patient safety: environmental, physical, socioemotional, emergency preparedness	
4D	Communication: style, needs, techniques, barriers, and cultural humility	

4E	Psychosocial and emotional needs	
4F	Cultural, spiritual, ritual, and religious needs	
4G	Medication management, controlled substances, and medication safety	
4H	Non-pharmacologic interventions application, evaluation, and safety	
4I	Caregiver/Family self-care activities	
4J	Disease trajectory and end-stage disease	
4K	Grief and loss support / bereavement services	
4L	Support at time of death and post-mortem care	
4M	Ethical and cultural issues related to the end of life	
5	Practice Issues	17
5A	Hospice and palliative care compliance under Medicare/Medicaid	
5B	National hospice and palliative care standards	
5C	Legal regulations (e.g., OSHA, CMS, HIPAA)	
5D	Professional boundaries (e.g., NCSBN professional boundaries guidance, ANA Code of Ethics)	
5E	Strategies for self-care and stress management	
5F	Quality assurance and performance improvement activities	

Secondary classifications

COGNITIVE LEVEL	NUMBER OF ITEMS
Recall	34
Application	101

Task Statements

1	Patient Care – Assessment and Planning
1A	Perform comprehensive patient assessment
1B	Identify patient/caregiver goals and expected outcomes
1C	Develop an individualized plan of care to achieve goals and expected outcomes
1D	Coordinate patient care with other health care providers through the continuum of care
1E	Identify and respond to specific patterns of progression, complications, and treatment for life-limiting conditions
1F	Identify and respond to indicators of imminent death
1G	Evaluate progress toward measurable outcomes and update goals accordingly
1H	Monitor need for changes in levels of care
2	Patient Care – Pain Management
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 of pain management interventions
3	Patient Care – Symptom Management
3A	Assess and respond to non-pain signs and symptoms associated with life-limiting conditions
3B	Provide evidence-based pharmacologic and non-pharmacologic palliative management of non-pain signs and symptoms
3C	Provide evidence-based palliative management for psychosocial, emotional, and spiritual needs
4	Support, Education, and Advocacy
4A	Assess and respond to psychosocial, spiritual, and cultural needs
4B	Assess and accommodate communication style preferences, needs, and learning barriers
4C	Facilitate effective communication among patient, family, caregivers, and healthcare team
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	Teach caregiver to provide patient care

4I	Evaluate, support, and validate primary caregiver confidence and ability to provide care
4J	Promote caregiver self-care activities
4K	Provide education about access and use of services, medications, supplies, and durable medical equipment (DME)
4L	Assess for, respond to, and teach about emergency preparedness and environmental and safety risks
5	Practice Issues
5A	Evaluate eligibility for hospice admission, recertification, and discharge
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	Identify and 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
5H	Provide and maintain accurate records and documentation
5I	Utilize technology appropriately and ethically



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