

1. Nursing Process in Caring for Adult Patients and Families 31%

A. Assessment

1. Prioritize data collection based on the patient/family immediate condition, needs or chief complaint
2. Collect data from relevant sources (e.g., significant others, other health care providers, patient record)
3. Use various assessment techniques and standardized tools (e.g., pain scales, quality of life instruments, functional assessment scales)
4. Obtain patient's history (e.g., family, social, spiritual, cultural)
5. Obtain a history of previous therapies (e.g., allergies, pharmacologic, nonpharmacologic, complementary and alternative)
6. Conduct a review of systems
7. Perform a systems-based physical examination
8. Identify past and present goals of care and expectations
9. Identify health beliefs, values, and practices
10. Assess nutritional issues within the context of advanced illness
11. Assess patient/family knowledge of and response to advanced illness
12. Assess emotional status of patients and families
13. Assess patient/family for bereavement needs
14. Identify patient/family past/present coping patterns
15. Assess patient/family support systems
16. Assess environmental factors
17. Analyze risks/benefits/burdens related to treatment within the context of goals and care
18. Explore patient/family financial resources/needs

19. Perform additional assessments based on unique needs of specific populations (e.g., substance abusers, homeless, cognitively impaired, elderly, Veterans)

B. Diagnosis and Planning

1. Formulate and prioritize differential diagnoses based on analyses of multidimensional assessment data
2. Apply findings to develop the plan of care
3. Identify expected outcomes that are realistic in relation to patient/family goals of care, life expectancy, and the improvement of quality of life
4. Select interventions based on values, preferences, available resources and goals of the patient/family
5. Assist patient/family in evaluating appropriate and available resources
6. Consider the unique needs of special populations in developing the plan of care

C. Intervention and Evaluation

1. Participate in the development of the interdisciplinary plan of care to achieve patient/family desired outcomes
2. Facilitate self-care, health promotion and maintenance through health teaching within the context of the patient's illness trajectory
3. Recommend strategies to address emotional and spiritual health
4. Provide interventions either directly or indirectly to minimize care giver burden (e.g., families and professionals)
5. Identify the role of pharmacologic therapies
6. Implement nonpharmacologic therapies (e.g., opioid conversion, adjuvant)

7. Identify the potential benefit of the following nonpharmacologic interventions (e.g., palliative surgery, procedures, radiation, counseling, or psychological therapy)

8. Identify the potential benefit of complementary and alternative interventions (e.g., alternative medical systems, mind-body interventions, biologically based therapies, nutrition/special diets, energy-based therapies, and manipulative/body-based therapies)

9. Identify the need for interventional analgesic techniques (e.g., epidural, intrathecal, nerve block)

10. Implement palliative sedation at the end of life

11. Discontinue life support devices/treatments (e.g., ventilator, dialysis, ICD, vasopressors, LVAD)

12. Discontinue medically administered nutrition and hydration

13. Address issues related to patient/family vulnerability

14. Assist patient/family in their search for meaning and hope

15. Implement a culturally and spiritually respectful plan of care

16. Evaluate and modify the plan of care based on changing patient status, patient outcomes, family issues, goals, and expected outcomes

2. Scientific Knowledge (biomedical, clinical, and psychosocial-behavioral) 29%

A. Disease Processes

Explain the disease process and provide evidence-based palliative management for the following disease patterns and progression:

1. Altered Immune Diseases (e.g., AIDS, lupus, rheumatoid arthritis)
2. Neoplastic conditions

3. Neurological conditions (e.g., ALS, CVA)
4. Dementia
5. Cardiac conditions (e.g., CHF)
6. Pulmonary conditions (e.g., COPD)
7. Renal conditions
8. Hepatic conditions (e.g., hepatic failure, cirrhosis)
9. Gastrointestinal conditions
10. Endocrine conditions (e.g., diabetic neuropathy)
11. Hematologic conditions (e.g., neutropenia, disseminated intravascular coagulopathy)
12. Acute injuries (e.g., traumatic brain injury, burns)

Provide evidence-based palliative management for the following hospice and palliative care emergencies:

13. Spinal cord compression
14. Hemorrhage
15. Seizures
16. Superior vena cava syndrome

Provide evidence-based palliative management for the following signs and symptoms:

17. Pain (e.g., nociceptive, neuropathic, acute/crisis, chronic, breakthrough)
18. Cardiac (e.g., angina, edema, dysrhythmias)
19. Respiratory (e.g., dyspnea, cough, secretions, sleep apnea)
20. Gastrointestinal (e.g., constipation, diarrhea, ascites, hiccups, bowel obstruction, nausea, taste changes)
21. Genitourinary (e.g., bladder spasm, urinary retention, incontinence)
22. Musculoskeletal (e.g., pathological fractures, spasms)
23. Skin and mucus membranes (e.g., pruritus, mucositis, stomas, fistulas, fungating wounds, pressure ulcers, edema)
24. Neurological (e.g., myoclonus, encephalopathy, impaired communication, dysphagia)
25. Psychiatric/psychological (e.g., anxiety, depression, delirium, fear, suicidal/homicidal ideation, agitation/restlessness)

26. Spiritual/existential (e.g., distress, hopelessness, death anxiety, grief, suffering)
27. Nutrition and metabolic (e.g., anorexia/cachexia, dehydration, electrolyte imbalance)
28. Fatigue/asthenia
29. Insomnia
30. Lymphedema
31. Complications of therapy (e.g., related to drugs, radiation, chemotherapy, surgery)

B. Diagnostic Tests and Procedures

1. Recommend screening or diagnostic tests that are based on goals of care and risk/benefit/burden ratio
2. Interpret common diagnostic tests and procedures

C. Prognosis

1. Use results of evidence and holistic assessment to determine prognosis

D. Responses to Illness, Loss, Grief, Bereavement

1. Distinguish among culture, ethnicity, and race
2. Identify the basic tenets of major religions and cultures in relation to death and dying
3. Address issues related to loss, bereavement, grief and mourning
4. Identify factors that influence the bereavement process

3. Education and Communication 17%

A. Education (Patients, Families, Health Care Communities)

1. Apply age-appropriate learning principles when providing hospice and palliative care education
2. Establish a therapeutic environment for effective learning
3. Develop, implement, and evaluate formal and informal education
4. Select teaching methods tailored to the needs of the patient/family within special populations
5. Educate local, state, and national organizations, institutions, and individuals about hospice and palliative care (e.g., differentiate palliative care from hospice care)

B. Communication

1. Communicate diagnoses with patient/family, team members, and/or other consultants
2. Discuss progression of the disease and communicate expected prognosis
3. Collaborate with other members of the interdisciplinary team to implement interventions
4. Document diagnoses, plans and interventions using a format that is accessible to the interdisciplinary health care team
5. Facilitate advance care planning
6. Address issues related to patient/family goals of care and treatment preferences
7. Facilitate discussions related to resuscitation status
8. Analyze own communication (verbal and nonverbal) and possible interpretations
9. Respect cultural differences when discussing hospice and palliative care
10. Demonstrate knowledge of communication theory and principles within the context of hospice and palliative care
11. Create an environment for effective communication and demonstrate therapeutic presence while maintaining professional boundaries
12. Use appropriate principles and techniques to break bad news
13. Develop strategies to overcome communication barriers
14. Elicit questions, concerns, or suggestions from patients/family, and health care team members
15. Initiate and facilitate patient/family conferences
16. Assist in having appropriate team members available for input/consultation
17. Facilitate conflict resolution for the patient/family and/or health team members

4. Professionalism 13%

A. Ethics

1. Promote autonomy (e.g., decision making)
2. Promote beneficence
3. Promote veracity (e.g., truth telling)
4. Promote non-maleficence
5. Promote confidentiality
6. Promote justice
7. Address issues related to withholding or withdrawing treatment, and non-beneficial treatment
8. Address issues related to suicide, assisted suicide, or euthanasia
9. Address issues related to sedation

B. Scope, Standards and Guidelines

1. Identify and resolve issues related to scope of practice
2. Incorporate national hospice and palliative standards into nursing practice
3. Incorporate guidelines into practice (e.g., American Pain Society, National Consensus Project)
4. Develop collaborative agreements and practice protocols

C. Self-Care and Collegial Support

1. Incorporate strategies for self-care and stress management into practice
2. Identify and address burnout and compassion fatigue in self and other
3. Facilitate team building activities

D. Leadership and Self-Development

1. Actively participate in professional nursing activities
2. Share knowledge through publications, presentations, precepting, and mentoring
3. Develop initiatives and standards of care to advance hospice and palliative care
4. Create own professional development plan

5. Systems Issues 10%

A. Resource Access, Utilization, and Continuum of Care

1. Advocate for access to palliative, hospice, or other appropriate care and/or treatments
2. Refer patient/family for assistance with financial matters and other resources

3. Identify resources and potential barriers across health care settings
4. Implement strategies to initiate, develop, and foster hospice and palliative care services
5. Use appropriate business strategies to provide effective hospice and palliative care
6. Identify expected outcomes and resources that promote continuity of care across all care settings
7. Maintain current knowledge of trends in legislation, policy, health care delivery, and reimbursement as they impact hospice and palliative care
8. Identify lapses in health care coverage related to hospice and palliative care

B. Quality Improvement

1. Participate in continuous quality improvement
2. Consistently provide cost-effective, quality care