

Exam Blueprint and Specialty Competencies

Introduction – Blueprint for the Hospice Palliative Care Nursing Certification Exam

The primary function of the blueprint for the CNA Hospice Palliative Care Nursing Certification Exam is to describe how the exam is to be developed. Specifically, this blueprint provides explicit instructions and guidelines on how the competencies are to be expressed within the exam in order for accurate decisions to be made on the candidates' competence in hospice palliative care nursing.

The blueprint has two major components: (1) the content area to be measured and (2) the explicit guidelines on how this content is to be measured. The content area consists of the list of competencies (i.e., the competencies expected of fully competent practising hospice palliative care nurses with at least two years of experience), and the guidelines are expressed as structural and contextual variables. The blueprint also includes a summary chart that summarizes the exam guidelines.

Description of Domain

The CNA Hospice Palliative Care Nursing Exam is a criterion-referenced exam.¹ A fundamental component of a criterion-referenced approach to testing is the comprehensive description of the content area being measured. In the case of the Hospice Palliative Care Nursing Certification Exam, the content consists of the competencies of a fully competent practising hospice palliative care nurse with at least two years of experience.

This section describes the competencies, how they have been grouped and how they are to be sampled for creating an exam.

Developing the List of Competencies

The final list of competencies was updated and approved by the Hospice Palliative Care Nursing Certification Exam Committee.

¹ Criterion-referenced exam: An exam that measures a candidate's command of a specified content or skills domain or list of instructional objectives. Scores are interpreted in comparison to a predetermined performance standard or as a mastery of defined domain (e.g., percentage correct and mastery scores), independently of the results obtained by other candidates (Brown, 1983).

Assumptions

In developing the set of competencies for hospice palliative care nurses, the following assumptions, based on current national standards for nursing practice, were made:

Person/Family

- The unit of care is the person living with a life-limiting illness and the person's family.
- The family is defined by the person.
- The person has intrinsic value as an autonomous and unique individual.
- The person has a right to dignity as defined by self.
- The person can be any age (e.g., antenatal, pediatric, adult, geriatric).
- The person and the family include individuals from all groups, regardless of gender, culture, geographical location, language, spirituality, sexual orientation, diagnosis, prognosis, stage of development and setting.
- Each person and family experiences unique physical, psychosocial and spiritual issues.
- The person and family may have varying levels of participation in all aspects of care as desired by the person and family.
- A substitute decision-maker/health-care proxy may be appointed by the person or by provincial/territorial legislation. This person may or may not be a family member.
- The person, family and/or substitute decision-maker/health-care proxy have the right to be informed and make decisions about all aspects of care.

Environment

- Hospice palliative care should be accessible in all settings of care, including primary, secondary and tertiary settings.
- Hospice palliative care should be provided, when possible, in the setting chosen by the person and family.
- Hospice palliative care is best provided through the collaborative practice of an interprofessional team.
- Hospice palliative care requires planning and innovative solutions to address issues related to quality and safety.
- Hospice palliative care spans the continuum of care from diagnosis to death, including bereavement.

Health

- Health is a state of physical, psychosocial and spiritual well-being, not merely the absence of disease.
- Life has value, and death is a natural process.

- Health for the person with a life-limiting illness is dynamic with varying states of wellness until death.
- Each person and family defines their own quality of life.

Nursing

- Hospice palliative care nurses should integrate the philosophy, norms and standards of hospice palliative care into their practice.
- Hospice palliative care nurses have a responsibility to advocate for a person's right to quality of life.
- Hospice palliative care nurses should respect the dignity and integrity of each person and family.
- Hospice palliative care nurses should incorporate anticipatory planning into their care of the person and family.
- Hospice palliative care nurses should provide comprehensive, coordinated and compassionate care within the context of a therapeutic relationship.
- Hospice palliative care nurses should demonstrate innovation by using specialized knowledge, unique skills and critical thinking.
- Hospice palliative care nurses should use reflective practice to maximize their personal well-being.
- Hospice palliative care nurses collaborate with the interprofessional team to meet the physical, psychosocial and spiritual needs of the person and family.
- Hospice palliative care nursing should be evidence-informed and guided by best practices.
- Nursing leadership, research and mentorship are essential to the advancement of hospice palliative care.

Competency Categories

The competencies are classified under an eight-category scheme commonly used to organize hospice palliative care nursing.

Some of the competencies lend themselves to one or more of the categories; therefore, these eight categories should be viewed simply as an organizing framework. Also, it should be recognized that the competency statements vary in scope, with some representing global behaviours and others more discrete and specific nursing behaviours.

Competency Sampling

Using the grouping and the guideline that the Hospice Palliative Care Nursing Certification Exam will consist of approximately 165 questions, the categories have been given the following weights in the total examination.

Table 1: Competency Sampling

Categories	Approximate weights in the total examination
Person and Family-Centered Care	18-23%
Pain Assessment and Management	16-21%
Symptom Assessment and Management	20-25%
Care in the Final Days	10-15%
Loss, Grief and Bereavement	7-12%
Collaborative Practice	5-10%
Education, Professional Development and Advocacy	7-12%
Ethics and Legal Issues	7-12%

Technical Specifications

In addition to the specifications related to the competencies, other variables are considered during the development of the Hospice Palliative Care Nursing Certification Exam. This section presents the guidelines for two types of variables: structural and contextual.

Structural Variables: Structural variables include those characteristics that determine the general appearance and design of the exam. They define the length of the exam, the format and presentation of the exam questions (e.g., multiple-choice format) and special functions of exam questions (e.g., case-based or independent questions).

Contextual Variables: Contextual variables specify the nursing contexts in which the exam questions will be set (e.g., client culture, client health situation and health-care environment).

Structural Variables

Exam Length: The exam consists of approximately 165 multiple-choice questions.

Question Presentation: The multiple-choice questions are presented in one of two formats: case-based or independent. Case-based questions are a set of approximately four questions associated with a brief health-care scenario (i.e., a description of the client's health-care situation). Independent questions stand alone. In the Hospice Palliative Care Nursing Certification Exam, 60 to 70 per cent of the questions are presented as independent questions and 30 to 40 per cent are presented within cases.

Taxonomy for Questions: To ensure that competencies are measured at different levels of cognitive ability, each question on the Hospice Palliative Care Nursing Certification Exam is aimed at one of three levels: knowledge/comprehension, application and critical thinking.²

1. Knowledge/Comprehension

This level combines the ability to recall previously learned material and to understand its meaning. It includes such mental abilities as knowing and understanding definitions, facts and principles and interpreting data (e.g., knowing the effects of certain drugs or interpreting data appearing on a client's record).

2. Application

This level refers to the ability to apply knowledge and learning to new or practical situation. It includes applying rules, methods, principles and theories in providing care to clients (e.g., applying nursing principles to the care of clients).

3. Critical Thinking

The third level of the taxonomy deals with higher-level thinking processes. It includes the abilities to judge the relevance of data, to deal with abstraction and to solve problems (e.g., identifying priorities of care or evaluating the effectiveness of interventions). The hospice palliative care nurse with at least two years of experience should be able to identify cause-and-effect relationships, distinguish between relevant and irrelevant data, formulate valid conclusions and make judgments concerning the needs of clients.

² These levels are adapted from the taxonomy of cognitive abilities developed in Bloom (1956).

The following table presents the distribution of questions for each level of cognitive ability.

Table 2: Distribution of Questions for Each Level of Cognitive Ability

Cognitive Ability Level	Percentage of questions on Hospice Palliative Care Nursing Exam
Knowledge/Comprehension	10-20%
Application	55-65%
Critical Thinking	20-30%

Contextual Variables

Client Culture: Questions are included that measure awareness, sensitivity and respect for different cultural values, beliefs and practices, without introducing stereotypes.

Client Health Situation: In the development of the Hospice Palliative Care Nursing Exam, the client is viewed holistically. The client health situations presented also reflect a cross-section of health situations encountered by hospice palliative care nurses.

Health-Care Environment: Hospice palliative care nursing is practised in the primary, secondary and tertiary levels in community, acute, chronic and long-term/continuing care settings. However, hospice palliative care nursing can also be practised in other settings. Therefore, for the purposes of the Hospice Palliative Care Certification Exam, the health-care environment is specified only where it is required for clarity or in order to provide guidance to the examinee.

Conclusions

The blueprint for the Hospice Palliative Care Nursing Certification Exam is the product of a collaborative effort between CNA, ASI and a number of hospice palliative care nurses across Canada. Their work has resulted in a compilation of the competencies required of practising hospice palliative care nurses and has helped determine how those competencies will be measured on the Hospice Palliative Care Nursing Certification Exam. A summary of these guidelines can be found in the summary chart Hospice Palliative Care Nursing Certification Development Guidelines.

Hospice palliative care nursing practice will continue to evolve. As this occurs, the blueprint may require revision so that it accurately reflects current practices. CNA will ensure that such revision takes place in a timely manner and will communicate any changes in updated editions of this document.

Summary Chart

Hospice Palliative Care Nursing Exam Development Guidelines

STRUCTURAL VARIABLES																	
Examination Length and Format	Approximately 165 objective questions																
Question Presentation	60-70% independent questions 30-40% case-based questions																
The Cognitive Domain	<table border="0"> <tr> <td>Knowledge/Comprehension</td> <td>10-20% of the questions</td> </tr> <tr> <td>Application</td> <td>55-65% of the questions</td> </tr> <tr> <td>Critical Thinking</td> <td>20-30% of the questions</td> </tr> </table>	Knowledge/Comprehension	10-20% of the questions	Application	55-65% of the questions	Critical Thinking	20-30% of the questions										
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CONTEXTUAL VARIABLES																	
Culture	Questions are included that measure awareness, sensitivity, and respect for different cultural values, beliefs, and practices and vulnerable populations.																
Health Situation	In the development of the Hospice Palliative Care Certification Examination, the person is viewed holistically. The health situations reflect a cross-section of diseases within the continuum of advanced life-limiting illness and address physical, psychosocial and spiritual aspects of care which includes the person, family and care provider.																
Health-Care Environment	It is recognized that Hospice Palliative Care nursing is practiced in a variety of settings. In this exam, the health-care environment is specified only where it is required for clarity or in order to provide guidance to the examinee.																

The Hospice Palliative Care Nursing Exam

List of Competencies

1. Person and Family-Centred Care

The hospice palliative care nurse:

- 1.1 Assists the person and family in exploring their responses to the diagnosis and experience of living with a life-limiting illness.
- 1.2 Explores the cumulative losses inherent in the experience of a life-limiting illness and its impact on the person and family (e.g., anticipatory grief).
- 1.3 Assesses and understands the connection between the life-limiting illness experience and:
 - 1.3a cultural practices (e.g., values, beliefs, traditions);
 - 1.3b spiritual practices (e.g., values, beliefs, traditions);
 - 1.3c family dynamics, structure, roles, responsibilities (e.g., role change, stressors);
 - 1.3d family composition (e.g., developmental understanding, age of children); and
 - 1.3e life experiences of the person and family.
- 1.4 Assists the person and family to identify and develop coping strategies in adapting to the illness and the dying experience.
- 1.5 Uses effective communication skills (e.g., presence, empathy, reflective listening) to facilitate discussion and explore understanding with the person and family regarding:
 - 1.5a diagnosis;
 - 1.5b prognosis;
 - 1.5c change in health status (e.g., delivering bad news);
 - 1.5d goals of care;
 - 1.5e decision-making;
 - 1.5f conflict resolution;
 - 1.5g literacy;
 - 1.5h advance care planning;
 - 1.5i treatments, procedures and investigations;
 - 1.5j location of care/death;
 - 1.5k organ/tissue/body donation and autopsy;
 - 1.5l dying and death; and
 - 1.5m loss, grief and bereavement.
- 1.6 Assists the person and family to determine components that contribute to their quality of life through exploration of beliefs and values about living and dying.
- 1.7 Supports the person and family in making informed choices that are consistent with their values and beliefs as the illness progresses.
- 1.8 Responds to the uncertainty and vulnerability experienced by the person and family.

- 1.9 Assists the person and family to explore and address sensitive, personal and privacy issues related to:
 - 1.9a intimacy;
 - 1.9b sexuality;
 - 1.9c sexual function;
 - 1.9d body image;
 - 1.9e gender identity;
 - 1.9f self-concept and self-esteem; and
 - 1.9g abuse/neglect (e.g., physical, verbal, emotional, financial).
- 1.10 Assists the person to maintain and promote functional capacity and independence, to the extent possible, as the illness advances.
- 1.11 Uses functional assessment tools to assist in care planning (e.g., palliative performance scale (PPS), Eastern Cooperative Oncology Group (ECOG)).
- 1.12 Empowers the person and family to maintain their autonomy as the illness advances.
- 1.13 Explores and addresses the stressors of caregiving.
- 1.14 Uses strategies that promote the possibility of personal and spiritual growth throughout the experience of living with a life-limiting illness (e.g., life review/legacy, reconciliation strategies, presence).

2. Pain Assessment and Management

The hospice palliative care nurse:

- 2.1 Demonstrates knowledge of the concept “total pain.”
- 2.2 Identifies the multidimensional factors that influence the person’s “total pain” experience.
- 2.3 Demonstrates knowledge of the physiology of pain in regards to:
 - 2.3a transduction;
 - 2.3b transmission;
 - 2.3c modulation; and
 - 2.3d perception.
- 2.4 Comprehends the following classifications/types of pain and their importance in effective pain management:
 - 2.4a acute;
 - 2.4b chronic;
 - 2.4c malignant;
 - 2.4d non-malignant;
 - 2.4e neuropathic/sympathetic (e.g., phantom, allodynia, hyperalgesia);
 - 2.4f nociceptive (e.g., somatic, visceral);
 - 2.4g incident; and
 - 2.4h breakthrough.
- 2.5 Demonstrates knowledge of the unique considerations of pain assessment and management for children and older adults.
- 2.6 Demonstrates knowledge of the unique considerations of pain assessment and management for vulnerable populations (e.g., cognitive/communication impairments, language barriers).
- 2.7 Demonstrates knowledge of the World Health Organization’s Pain/Analgesic Ladder.
- 2.8 Integrates principles of pain assessment and management into the delivery of care.
- 2.9 Selects appropriate validated assessment tools for initial and ongoing pain assessment.
- 2.10 Completes and documents a comprehensive pain assessment.
- 2.11 Identifies the possible causes of pain.
- 2.12 Identifies and addresses barriers to pain assessment and management:
 - 2.12a myths and misconceptions regarding opioids (e.g., addiction, tolerance, withdrawal);
 - 2.12b the person, family and health-care providers (e.g., education); and
 - 2.12c health system.
- 2.13 Collaborates with the person, family and interprofessional team to develop a pain management plan.

- 2.14 Evaluates the effectiveness of pain interventions and revises the pain management plan.
- 2.15 Uses medication administration techniques appropriate to the types and severity of pain, and condition of the person (e.g., routes, scheduling, titration, pumps).
- 2.16 Demonstrates knowledge of medications commonly used for pain management and manages potential side effects, interactions or complications:
 - 2.16a constipation;
 - 2.16b opioid-induced neurotoxicity (e.g., myoclonus, delirium, hyperalgesia);
 - 2.16c pruritus/urticaria;
 - 2.16d nausea/vomiting;
 - 2.16e respiratory depression (e.g., opioid-naive); and
 - 2.16f sedation.
- 2.17 Describes the indications for opioid rotation.
- 2.18 Demonstrates knowledge of opioid dosing, breakthrough dose calculations and equianalgesic conversions.
- 2.19 Demonstrates understanding of the pharmacological and physiological use of adjuvant medications in managing pain (e.g., non-steroidal anti-inflammatory drugs, corticosteroids, anticonvulsants, antidepressants, antipsychotics, chemotherapy).
- 2.20 Demonstrates understanding and use of non-pharmacological interventions in managing pain (e.g., radiation therapy, surgery, physiotherapy, rehabilitation therapy).
- 2.21 Recognizes the use and potential impact of complementary and alternative therapies for pain management (e.g., traditional, homeopathic).
- 2.22 Acknowledges and supports the person's and family's decision to seek complementary and alternative therapies for pain management and encourages them to inform the health-care team.

3. Symptom Assessment and Management

The hospice palliative care nurse:

- 3.1 Completes and documents a comprehensive symptom assessment.
- 3.2 Incorporates appropriate, validated assessment tools in initial and ongoing symptom assessment (e.g., Edmonton Symptom Assessment System (ESAS), symptom assessment acronym (OPQRST)).
- 3.3 Identifies the possible causes of the symptoms.
- 3.4 Recognizes and manages common and expected symptoms, including:
 - 3.4a neurological:
 - i) aphasia/dysphasia;
 - ii) extrapyramidal symptoms;
 - iii) lethargy/sedation; and
 - iv) paresthesia/neuropathies.
 - 3.4b cognitive changes:
 - i) agitation/restlessness;
 - ii) confusion;
 - iii) delusions/hallucinations/paranoia; and
 - iv) dementia.
 - 3.4c cardiovascular:
 - i) angina;
 - ii) deep vein thrombosis (DVT);
 - iii) dysrhythmia;
 - iv) edema; and
 - v) syncope.
 - 3.4d respiratory:
 - i) apnea;
 - ii) congestion/excess secretions;
 - iii) cough;
 - iv) dyspnea;
 - v) hemoptysis; and
 - vi) pleural effusion.
 - 3.4e gastrointestinal:
 - i) bowel incontinence;
 - ii) bowel obstruction;
 - iii) constipation;
 - iv) diarrhea;
 - v) dysphagia;
 - vi) jaundice; and
 - vii) nausea/vomiting.
 - 3.4f nutritional and metabolic:
 - i) anorexia;
 - ii) cachexia;

- iii) dehydration; and
- iv) electrolyte imbalance.

3.4g genitourinary:

- i) bladder spasms;
- ii) urinary incontinence; and
- iii) urinary retention.

3.4h immune system:

- i) allergic response/anaphylaxis;
- ii) infection (e.g., pneumonia, urinary tract infection);
- iii) myelosuppression (e.g., anemia, neutropenia, thrombocytopenia); and
- iv) pyrexia.

3.4i musculoskeletal:

- i) pathological fractures;
- ii) muscle spasms; and
- iii) muscle wasting/atrophy.

3.4j skin and mucous membranes:

- i) candidiasis;
- ii) mucositis;
- iii) pruritus;
- iv) wounds (e.g., fungating, malignant, pressure ulcer); and
- v) xerostomia.

3.4k other physical symptoms:

- i) ascites;
- ii) fatigue/asthenia;
- iii) hiccups;
- iv) lymphedema; and
- v) sleep pattern disturbances.

3.4l psychosocial and spiritual:

- i) acceptance;
- ii) anger;
- iii) anxiety;
- iv) burden;
- v) denial;
- vi) depression;
- vii) fear;
- viii) forgiveness;
- ix) guilt;
- x) love/relationships;
- xi) meaning/hope/purpose of life and illness;
- xii) sense of well-being;
- xiii) suffering/distress; and
- xiv) suicidal/homicidal ideation.

3.5 Recognizes and manages the manifestations of the following common emergencies and incidents:

- 3.5a acute bowel obstruction;

- 3.5b cardiac tamponade;
 - 3.5c delirium;
 - 3.5d electrolyte imbalance (e.g., hypercalcemia, hyperkalemia);
 - 3.5e falls;
 - 3.5f hemorrhage;
 - 3.5g pain crisis;
 - 3.5h pulmonary embolism;
 - 3.5i seizures;
 - 3.5j sepsis;
 - 3.5k spinal cord compression; and
 - 3.5l superior vena cava syndrome.
- 3.6 Identifies and implements interventions to correct reversible causes of symptoms while taking into consideration the person's goals of care.
 - 3.7 Evaluates, reassesses and revises symptom management goals and plan of care.
 - 3.8 Uses medication administration techniques appropriate to the types and severity of symptoms, and condition of the person (e.g., routes, scheduling, titration, pumps).
 - 3.9 Demonstrates knowledge of medications commonly used for symptom management and responds to potential side effects, interactions or complications.
 - 3.10 Demonstrates understanding of the pharmacological and physiological use of medications in managing symptoms (e.g., steroids, anticholinergics, prokinetics, neuroleptics, antidepressants, antipsychotics, chemotherapy).
 - 3.11 Demonstrates understanding of the non-pharmacological approaches used in managing symptoms (e.g., radiation therapy, surgery, physiotherapy, rehabilitation therapy, complementary therapies).
 - 3.12 Demonstrates knowledge of the unique considerations of symptom assessment and management for children and older adults.
 - 3.13 Demonstrates knowledge of the unique considerations of symptom assessment and management for vulnerable populations (e.g., cognitive/communication impairments, language barriers).
 - 3.14 Demonstrates knowledge of the unique considerations of symptom assessment and management for advanced illnesses other than cancer (e.g., chronic obstructive pulmonary disease (COPD), amyotrophic lateral sclerosis (ALS), congestive heart failure (CHF)).
 - 3.15 Recognizes the use and potential impact of complementary and alternative therapies for symptom management (e.g., traditional, homeopathic).
 - 3.16 Acknowledges and supports the person's and family's decision to seek complementary and alternative therapies for symptom management and encourages them to inform the health-care team.

4. Care in the Final Days

The hospice palliative care nurse:

- 4.1 Recognizes and manages the manifestations of imminent death.
- 4.2 Demonstrates knowledge of pain and symptom assessment and management strategies unique to the final days of life.
- 4.3 Educates family on the signs of imminent death:
 - 4.3a cognitive changes (e.g., decreased level of consciousness, restlessness);
 - 4.3b physical changes (e.g., respiratory changes, skin discolouration, decreased urinary output);
and
 - 4.3c psychosocial changes (e.g., social withdrawal, decreased communication).
- 4.4 Assists family during the dying process to:
 - 4.4a cope with their emotional responses (e.g., uncertainty, fear, anger, guilt, remorse, relief);
 - 4.4b contact the appropriate resources and support (e.g., significant others, spiritual advisor, health professionals, funeral services); and
 - 4.4c provide comfort measures (e.g., mouth care, repositioning).
- 4.5 Provides support and respects the family's needs (e.g., privacy, rituals), offering presence as appropriate.
- 4.6 Facilitates arrangements for pronouncement and certification of death.
- 4.7 Facilitates care and transportation of the body.

5. Loss, Grief and Bereavement

The hospice palliative care nurse:

- 5.1 Demonstrates knowledge of models of grief and bereavement (e.g., Worden's Tasks of Mourning, the Kübler-Ross Five-Stage Model, Bowlby's Attachment and Loss).
- 5.2 Assists the family in understanding the concept of loss and the normal process of grief and bereavement across the lifespan (e.g., developmental stages, cultural values).
- 5.3 Identifies types of grief:
 - 5.3a anticipatory;
 - 5.3b complicated;
 - 5.3c disenfranchised;
 - 5.3d uncomplicated; and
 - 5.3e unresolved.
- 5.4 Recognizes the manifestations of grief:
 - 5.4a behavioural/social;
 - 5.4b cognitive;
 - 5.4c emotional;
 - 5.4d physical; and
 - 5.4e spiritual.
- 5.5 Recognizes the differences between depression and grief.
- 5.6 Identifies persons at risk for complicated grief.
- 5.7 Facilitates the family's access to bereavement services and programs.

6. Collaborative Practice

The hospice palliative care nurse:

- 6.1 Identifies the strengths and needs of the person and family in collaboration with the interprofessional team to define goals of care and to develop, implement and evaluate a plan of care.
- 6.2 Collaborates with other care providers (e.g., primary health-care provider, community health nurse) to ensure seamless transitions between institutions, settings and services.
- 6.3 Coordinates care and facilitates referrals to appropriate interprofessional team members and other support services (e.g., volunteers, personal support workers, non-profit organizations).
- 6.4 Participates in or leads family conferences.
- 6.5 Assists the person, family and caregiver(s) to access appropriate information and resources to address the following health needs:
 - 6.5a physical;
 - 6.5b practical;
 - 6.5c psychological;
 - 6.5d social; and
 - 6.5e spiritual.
- 6.6 Contributes to the overall functioning and well-being of the interprofessional team.

7. Education, Professional Development and Advocacy

The hospice palliative care nurse:

- 7.1 Promotes awareness by providing education on the philosophy, values, principles and practices of hospice palliative care to the following groups:
 - 7.1a person and family;
 - 7.1b health professionals;
 - 7.1c public;
 - 7.1d students; and
 - 7.1e volunteers.
- 7.2 Recognizes how one's own personal values and beliefs (e.g., related to death, spirituality, culture) may influence the provision of care.
- 7.3 Recognizes stressors unique to hospice palliative care nursing and takes appropriate measures to cope (e.g., debriefing, physical or social activities, peer support).
- 7.4 Identifies the potential opportunities for and barriers to research unique to hospice palliative care (e.g., vulnerable population, participant attrition, sample size).
- 7.5 Advocates for the rights of the person and family by:
 - 7.5a recognizing challenges (e.g., burden of care, caregiver job protection, potential misuse of medications, abuse);
 - 7.5b identifying the needs of underserved populations (e.g., homeless, prison inmates, rural/remote communities); and
 - 7.5c promoting equitable and timely access to appropriate resources.
- 7.6 Advocates for the development and improvement of health care and social policy related to hospice palliative care at the appropriate level (e.g., health-care/educational institutions, government).

8. Ethics and Legal Issues

The hospice palliative care nurse:

- 8.1 Collaborates with the person, family, substitute decision-maker/health-care proxy and the interprofessional team to address ethical issues related to hospice palliative care, such as:
 - 8.1a withdrawing/withholding life-sustaining treatment (e.g., dialysis, nutrition/hydration, ventilation, transfusion, internal defibrillators);
 - 8.1b advance/health-care directives;
 - 8.1c do not attempt resuscitation/code status (e.g., allow natural death);
 - 8.1d euthanasia/assisted suicide;
 - 8.1e futility (e.g., prolongation of dying);
 - 8.1f palliative sedation;
 - 8.1g principle of double effect;
 - 8.1h resource allocation; and
 - 8.1i truth telling/disclosure.
- 8.2 Uses an ethical framework (e.g., grid, decision-making process) and consultation with ethics services to address challenging situations.
- 8.3 Informs the person and family regarding relevant legal issues (e.g., advance/health-care directives, guardianship and trusteeship, power of attorney, substitute decision-maker/health-care proxy).
- 8.4 Respects informed decisions of the person, family, substitute decision-maker/health-care proxy and interprofessional team.