



HPNA Standards for Clinical Education of Hospice and Palliative Nurses

Introduction

Hospice and Palliative Nurses Association (HPNA) first set forth standards for clinical education in 2005. Since then, the field of palliative care has advanced. As a recognized specialty within medicine and nursing, palliative nursing has matured as well. To promote quality palliative nursing education, HPNA defines new standards and criteria created by nurses for nurses. It is essential that nurses recognize they practice nursing, no matter their level of practice or specialty.

This second edition of the HPNA Clinical Education Standards has been expanded to include the full range of clinical education and experiences for registered nurses (RN) and advanced practice registered nurses (APRN), with an emphasis on consistency and demonstrated competence in palliative nursing. Therefore, this document combines several key sources to establish evidence-based palliative nursing clinical education standards. Nursing professional documents represent statements from the Commission on Collegiate Nursing Education which is positioned under the American Association of Colleges of Nursing (AACN), the American Nurses Association (ANA), HPNA and the National Council of State Boards of Nursing (NCSBN). For consistency in practice within the field, the language of several documents has been utilized. This includes: *Palliative Nursing Scope and Standards – An Essential Resource for Hospice and Palliative Nurses*; *Competencies for the Generalist Hospice and Palliative Nurse 2nd edition*; *Competencies for the Hospice and Palliative Advanced Practice Nurse 2nd edition*; the Institute of Medicine (IOM) *Future of Nursing Report*; and the National Consensus Project for Quality Palliative Care (NCP) *Clinical Practice Guidelines 3rd edition*.

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Editor of Clinical Education Standards 2nd Edition 2015
July 1, 2015

Second Edition of the HPNA Clinical Standards Task Force

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Palliative Nursing

Palliative nursing is a nursing specialty practiced by all levels of the nursing profession across the health care continuum. Both the registered nurse and the advanced practice registered nurse levels of practice are recognized.

A growing number of educational opportunities exist for professional nurses to develop and expand proficiency in palliative care in providing primary and specialty palliative nursing. *The Future of Nursing Report* major recommendations focus on supporting transition to practice programs and education (IOM 2010).

As palliative care has emerged as a specialty, two levels have evolved - primary palliative nursing and specialty palliative nursing. The distinction between these levels are defined in the *Palliative Nursing: Scope and Standards* (ANA & HPNA 2014).

Primary Palliative Nursing Practice

“Because palliative care is embedded in nursing practice, all nurses practice aspects of primary palliative care. This is inherent in the definition of nursing: alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations. By the nature of their role, all nurses provide psychosocial support. They have the skills to assess and assist advance care planning, promote illness understanding, and identify spiritual issues and cultural concerns” (ANA & HPNA 2014, p. 19).

Registered Nurse Palliative Nursing Specialty Practice

“Registered nurse palliative nursing specialty practice varies according to educational preparation and level of practice, but should reflect the scope and standards of palliative nursing” (ANA & HPNA 2014, p. 19).

- Examples* – 1) Jaime LeBlanc, RN, CHPN[®], a registered nurse who successfully passed the Certification for the Hospice and Palliative Nurse (CHPN[®]) examination and holds the certified hospice and palliative nurse credential. Certification demonstrates her expertise in palliative nursing in the care of adults.
- 2) Mark Blair, RN, CHPPN[®], a registered nurse who successfully passed the Certification for the Hospice and Palliative Pediatric Nurse (CHPPN[®]) examination and holds the certified hospice and palliative nurse credential. Certification demonstrates his expertise in palliative nursing in the care of children.

Advanced Practice Palliative Nursing Practice

There are two roles in advanced practice palliative nursing practice; one that focuses on clinical care and one that focuses on research, education, and/or administration. Both require graduate level nursing education at the master's or doctoral level. (ANA & HPNA 2014, p. 20).

The first advanced practice role is the graduate-level prepared specialty nurse educated at the master's or doctoral level.

Examples – 1) Erik Smith, PhD, RN, CHPPN®, a pediatric palliative nurse researcher. He has a PhD for his research and can practice in the pediatric arena. His certified hospice and palliative pediatric nurse credential certification is at the RN level as that is the highest level of his clinical nursing education.

2) Anna Jones, MPH, MBA, RN, CHPN®, a palliative care administrator for a community-based program. Her master's degrees support her administrative position. Her certified hospice and palliative pediatric nurse credential certification is at the RN level as that is the highest level of her clinical nursing education.

The second, more common, advanced practice role is the APRN, specifically the nurse practitioner (NP) or clinical nurse specialist (CNS).

Examples – 1) Sharon Green, GNP-BC, ACHPN®, a palliative NP who works with a hospice. Her certification matches her graduate education with a clinical focus.

2) Dan Grey, CNS-BC, ACHPN®, a palliative CNS with a hospital-based palliative care team. His certification matches his graduate education with a clinical focus.

Specialty Education

There are a growing number of educational opportunities for professional nurses to develop and expand proficiency in palliative care in providing primary and specialty palliative nursing.

However, clinical experiences for the RN and the APRN provide focused exposure and competency in primary and specialty palliative nursing practice. Such education may be offered under the auspices of clinical agencies, academic institutions, and professional organizations such as HPNA. Courses for academic credit offered by academic institutions lead to degrees or certificates. Clinical experiences promote focused exposure to primary and specialty palliative nursing practice. The intensity, structure and objectives of these clinical nursing education programs vary by the time and aim for the experience.

Primary palliative nursing skills include:

- 1) Understanding of the natural trajectory of illnesses and conditions and critical decision-making points within this process.
- 2) Management and treatment of serious or life-threatening conditions, including symptom management and end-of-life care, must be evidence-based.
- 3) Discussion of advance care planning, goals of care, issues of advanced disease, and provision of psychosocial support for clients and their families of varying cultures.
- 4) Understanding of hospice and palliative care services, eligibility, and how to access these services in their setting and community.
- 5) Attention to population-specific concerns across the lifespan (e.g., pediatric oncology palliative care, geriatric oncology palliative care) (Dahlin, 2015).

Specialty palliative nursing skills include:

- 1) Acquisition of knowledge about pathophysiology of diseases, pain and symptom management, counseling, and communication skills.
- 2) Possession of advanced knowledge about care of individuals with serious and/or life threatening illness and individuals who are imminently dying.
- 3) Management of complex pain and symptoms using sophisticated regimens.

- 4) Utilization of expert communication skills for exploration of quality of life, illness understanding, promotion of informed decision-making, conflict negotiation or advanced disease.
- 5) Organization of a plan for a patient's dying in terms of setting, proactive pain and symptom management, and education for patient, family and staff about the dying process.
- 6) Direction within transitions of care such as discharge into the community or admission into the hospital.
- 7) Provision of psychosocial and emotional support to patients and family along the illness trajectory. Provision of consistent presence in the difficult journey.
- 8) Attention to cultural and spiritual dimensions of care as specified by the patient and family (Dahlin 2015).

Such experiences for the RN and the APRN may be offered under the auspices of clinical agencies and academic institutions. The intensity, structure, and objectives of these clinical nursing education programs vary by the time and aim for the experience.

Program directors, faculty, and participants may use these standards to plan, educate, and evaluate clinical programs for palliative nursing education and training. These standards should also be used in conjunction with the *Palliative Nursing: Scope and Standards – An Essential Resource for Nurses, Competencies for the Hospice and Palliative Advanced Practice Nurse*, and *Competencies for the Hospice and Palliative Registered Nurse* to evaluate clinical placements in palliative nursing used to fulfill academic degree requirements (ANA & HPNA 2014, HPNA 2014, HPNA 2010). The implementation of these standards is founded in the HPNA RN and APRN Educational Designs. This is explained further in the curriculum section of this document.

The goal of these standards is to transform the care and culture of serious illness through education, competence, advocacy, leadership, and research, in particular to:

- 1) Assure the quality of clinical palliative nursing experiences for RNs and APRNs.
- 2) Promote utilizations of standard competencies for palliative nursing practice.
- 3) Improve the care of individuals with serious illness by assuring knowledge, skills and competence of nurses through palliative nursing education.

I. Types of Clinical Experiences

There are several types of clinical experiences. They range from exposure to palliative nursing to refinement of primary palliative nursing skills to specialty palliative nursing practice. See Section VI for definitions.

The Registered Nurse

For RNs, there are five categories of clinical experiences: 1) observership; 2) preceptorship/practicum; 3) internship; 4) residency; and 5) an immersion course.

The Advanced Practice Registered Nurse

For APRNs, there are five categories of clinical experiences: 1) observership; 2) preceptorship/practicum; 3) residency; 4) fellowship; and 5) an immersion course.

- A. Observership** – This is an experience which may include formal requirements as a component of academic coursework or an informal opportunity in which a nurse shadows another nurse to gain insight of palliative care and/or palliative nursing. Observerships may vary in time, from hours to a day or week-long periods.

The purpose of an observership is an introduction to palliative care and palliative nursing. Specifically, an observership assumes the nurse is a novice to palliative nursing and therefore may observe primary and specialty palliative care, and primary and specialty palliative nursing, within both the RN and the APRN role. These experiences can occur across health settings such as hospice, the hospital, the clinic, the skilled nursing facility or the home. As such, observerships may be helpful for the undergraduate nurse, the graduate nurse, the mid-career nurse as well as the specialty nurse seeking a more in-depth understanding of palliative care.

Because of the observational nature of the experience, nurses in observerships may not participate in the role of a clinical nurse. They may not deliver direct care and may not provide any hands-on care including the administration of treatment or services. They may be present at all patient care, clinical rounds, and the operations of a palliative care team. They may be present in educational forums such as conferences, lectures, seminars, and community meetings.

At the end of an observership, the nurse may meet with his or her preceptor to debrief on their experience and/or may write a journal experience. There is generally no clinical, certification, or educational credit received for observerships.

EXAMPLES OF AN OBSERVERSHIP

Formal requirement or informal clinical experience that corresponds to the HPNA RN and APRN Educational Designs at the Novice Level.

- 1) Undergraduate (RN)
 - Exposure to fundamental aspects of palliative nursing as part of comprehensive care
 - a. Gain initial understanding of pain and symptom management
 - b. Observe advance care planning discussion
 - c. Witness collaborative interdisciplinary palliative care teams who provide transdisciplinary care

- 2) Graduate (APRN)
 - a. Expansion of the graduate nurse's clinical experience and enhancement of his or her primary palliative nursing skills
 - b. Exposure to specialty palliative nursing role
 - c. Gain understanding of palliative care across health care settings
- 3) Mid-career (RN or APRN)
 - a. Refinement or enhancement of primary palliative nursing skills
 - b. Entry into the specialty of palliative nursing
 - c. Exposure to evidence-based palliative care practices

B. Practicums and Preceptorships – These are academic clinical placements or experiences are a component of nursing education during which the nurse gains confidence and experience in a nursing role. The nurse is required to successfully complete clinical education that is part of a formal academic degree program. There are often specific goals and outcomes of the clinical experience in which the nurse integrates theory into practice. The nurse maintains patient logs, treatment plans, and assessment notes as defined by the requirements of a formalized program. Moreover, there is a 1:1 ratio of a palliative nurse preceptor to a student nurse.

Often, there is a student project at the end of a practicum or preceptorship. Projects should be identified that are valuable to the health care organization and promote the student's learning. Projects should be considered that improve the quality of and access to palliative care. The student should use the HPNA RN or APRN Education Design to achieve specific palliative nursing competencies for the RN or APRN.

There is typically a required number of clinical practice hours that must be attained. For RNs, clinical hours are performed in various settings with a focus on perinatal, neonatal, pediatric, adolescent, pediatric, young adult, adult, older adult and geriatric populations. For APRNs, clinical hours are performed within the six population foci for both CNSs and NPs: – 1) family/individual across the life span, 2) adult/gerontology, 3) neonatal, 4) pediatrics, 5) women's health/gender related, and 6) psychiatric/mental health (NCSBN 2008).

ELEMENTS OF A PRECEPTORSHIP AND/OR A PRACTICUM

As an academic requirement, clinical experiences are a component of formal nursing education with specific goals and outcomes. They correspond to the HPNA RN and APRN Educational Designs at the Novice, Advanced Beginner and Competent Levels.

- 1) Undergraduate
 - a. Exposure to the palliative registered nurse role
 - b. Development of the specialty palliative registered nurse role
 - c. Participation in basic and complex pain and symptom assessment and management
 - d. Initiation of an advance care planning discussion
 - e. Participation in collaborative interdisciplinary palliative care teams who provide transdisciplinary care
 - f. Acquisition of understanding of hospice and palliative care in home, hospital, inpatient hospice and palliative care units, and long term care settings

- 2) Graduate
 - a. Enhancement of primary palliative nursing skills including basic pain and symptom management (assessment, physical exam, and pharmacological interventions), advanced care planning, and community resources (Dahlin 2015)
 - b. Acquisition of specialty palliative nursing skills including advanced pain and symptom assessment and management for complex syndromes, psychosocial support for psychological distress, and the initiation of complex communication conversations about poor prognosis, futile care, and conflict (Dahlin 2015)
 - c. Development of Palliative APRN role

C. Internship – This is a temporary position in which a nurse gains experience in hospice, palliative, and/or end-of-life care. Its duration is weeks to months. An internship consists of an exchange of services for experience between the student and an organization with emphasis on on-the-job training under supervision rather than merely employment. Generally, students can use an internship to determine if they have an interest in a particular career, create a network of contacts or gain school credit. An internship can be paid or unpaid, and participants are eligible for future employment because the nurse has received specific education and training. Within hospice and palliative care, these are mutually beneficial experiences that educate students and future health care professionals about care of individuals with serious illness while enhancing the palliative care work force. There are currently several internships offered within hospice, oncology, and palliative care.

EXAMPLES OF AN INTERNSHIP

As formal clinical experience by application process, clinical experiences have specific goals and outcomes that correspond to the HPNA RN and APRN Educational Designs from the Advanced Beginner through Competent Levels.

- 1) Orientation to a range of primary palliative nursing topics
 - a. Articulates hospice care and the Medicare Hospice Benefit
 - b. Describes palliative care philosophy and coverage of benefits
 - c. Performs pain and symptom assessment, determines appropriate medications, and implements management strategies
 - d. Initiates advanced care planning discussions
 - e. Recognizes the broad range of ethical issues
- 2) Orientation to a specific role within a hospice or palliative setting

D. Residency – This is a period of advanced education and training in nursing that supports new graduate and post-graduate nurses in professional development. The required length of time of a residency is at least 12 months (CCNE 2008, CCNE 2015). Nurse residency programs are developed and offered through a partnership between an accredited acute care hospital and one or more accredited academic nursing programs. Nurse residency programs are a two-stage process involving role transition and role integration. The transition phase bridges the gap between academia and practice and is focused on “skill competency through situated learning and guided practice by a more experienced nurse (preceptor)” (CCNE 2015, page 4). The role integration phase involves development of competent, autonomous practice, assimilation into the work group, and demonstration of a professional identity by assuming the norms and values of the nursing profession. Moreover, knowledge and education promotes palliative nursing leadership within the clinical arena (Advancing Expert Care 2015).

The residency training period normally follows graduation from a nursing school in which the nurse has obtained the appropriate license to practice and provide direct care. Residencies can occur at both the level of RN and APRN.

The Commission on Collegiate Nursing Education (CCNE 2008, CCNE 2015) created residency programs to improve quality of patient care by providing additional training and support to the new baccalaureate nursing graduate, as well as to post-graduate nursing students. The purpose is to support the development of competent professionals who will provide leadership in patient care at the bedside. This education will prepare the nurse of the future to function as a collaborator and manager of the complex patient care journey. Specifically, nurse residency programs support residents to:

1. Transition from entry-level, advanced beginner nurse to competent professional nurse who provides safe, quality care.
2. Develop effective decision-making skills related to clinical judgment and performance.
3. Develop strategies to incorporate research-based and other evidence into practice.
4. Develop clinical leadership skills at the point of patient care.
5. Practice collaboratively as members of the interprofessional health care team.
6. Formulate an individual career plan that promotes a life-long commitment to professional nursing (CCNE 2015, p 4-5).

ELEMENTS OF A RESIDENCY

As formal clinical experience by application process, residency experiences have specific goals and outcomes and correspond to the HPNA RN and APRN Educational Designs at the Advanced Beginner through the Competent/Proficient Levels.

- 1) Topics required by CCNE which are directly related to palliative nursing include (CCNE 2015, p 14 -15):
 - a. Patient and family-centered care in care plan delivery
 - b. End-of-life care consistent with preferences
 - c. Palliative care
 - d. Hospice
 - e. Pain and symptom management
 - f. Advance care planning process
 - g. Communication skills
 - i. Effective team communication
 - ii. Communication barriers
 - iii. Interpretation of tensions and conflict escalation
 - iv. Lateral violence
 - v. Conflict management
 - h. Ethics
 - i. Cultural competence

E. Fellowship – This is a post-graduate experience offers specialty role development for the APRN as well as fosters skills for the APRN to assume palliative nursing leadership (Advancing Expert Care 2015). The structured program of didactic instruction and clinical experience is directed toward specialty practice, with the goal of attaining advanced practice hospice and palliative nursing certification preparation for licensed professionals who meet academic criteria for specialty certification.

Advanced tasks and services include the ability to take a patient history, complete a review of systems, perform physical examinations, formulate diagnoses, and treat palliative patients. Prescriptive authority is an aspect of advanced practice. In many states, APRNs are permitted to practice at the physician level, except in regard to prescriptive privileges.

ELEMENTS OF A FELLOWSHIP

As formal clinical experience by application process, fellowship experiences have specific goals and outcomes that correspond to the HPNA RN and APRN Educational Designs at the Competent and Proficient Levels.

- 1) Orientation to palliative nursing - may be in collaboration with a palliative medicine fellowship
- 2) Ongoing education and lectures – may be taught by interprofessional colleagues
- 3) Clinical experience – mentored by an APRN
- 4) APRN Role Development – supervised by an APRN
- 5) Project
 - a. Presentation
 - b. Quality initiative activity
 - c. Article which includes a patient case study
- 6) Research – optional

F. Immersion Course – These are often one-or two-week intensive courses on palliative care from program development and palliative care education, with or without clinical content. There are a number of palliative care immersion courses within both hospice and palliative settings. Instruction is based on extensive exposure to primary and specialty palliative care concepts. The focus is on palliative care in hospice and palliative care settings as delineated by the *Clinical Practice Guidelines 3rd edition*. It is important that nursing is reflected in the interdisciplinary team faculty or in the transdisciplinary delivery of care, as well as in the implementation of these courses. This would include faculty involved in planning and/or teaching, and recognition of the role of the nurse, as well as the integration of nursing literature.

EXAMPLE OF AN IMMERSION COURSE

A formal clinical experience, with application process, immersion courses have specific goals and outcomes that correspond to the HPNA RN and APRN Educational Designs at the Advanced Beginner through the Competent Levels.

- 1) Orientation to a range of topics drawn from the eight domains of the NCP *Clinical Practice Guidelines*
- 2) Orientation to a range of primary palliative nursing topics
 - a. Palliative care
 - b. Hospice
 - c. Pain and symptom management
 - d. Advanced care planning
 - e. Reimbursement and financing of palliative care

II. Faculty

Program leadership and faculty/preceptors demonstrate expert knowledge and clinical skills in, or relevant to, palliative nursing at the generalist and/or advanced level as appropriate to program description and program and participant goals.

- A. For a baccalaureate clinical experience, there is a registered nurse program leader who is identified as specialty palliative RN preferably with the credential of Certified Hospice and Palliative Nurse (CHPN®).
- B. For a graduate clinical experience, there is an advanced practice registered nurse program leader who is identified as a specialty APRN preferably with the credential of Advanced Certified Hospice and Palliative Nurse (ACHPN®) or as appropriate for population served.
 - 1. Example of exception – pediatric or neonatal specialty in which the credential is not at the graduate level nurse but at the RN level.
- C. The nurse program leader provides evidence of experience in nursing education.
- D. Clinical preceptors provide direct clinical mentoring and are certified as CHPN® for generalist level or ACHPN® for advanced level as appropriate to program and participant goals.
- E. The palliative program faculty is interdisciplinary.
- F. Palliative care delivery is transdisciplinary.
- G. The palliative nurse program leader and other faculty/preceptors demonstrate expertise. The following are examples:
 - 1. Appropriate state licensing to practice in his/her specialty area which may be disease specific.
 - 2. Educational preparation or extensive (minimum two years) experience in the clinical or content area in which he/she is teaching or providing clinical supervision.
 - 3. Current relevant clinical practice across the continuum of care (e.g., inpatient, long term care, home care, etc.).
- H. The APRN program leader demonstrates leadership and application of evidence-based practice. Examples of leadership include:
 - 1. Membership and participation in local and national organizations supporting palliative care (e.g. HPNA, American Academy of Hospice and Palliative Medicine [AAHPM], National Hospice and Palliative Care Organization [NHPCO], Center to Advance Palliative Care [CAPC]).
 - 2. Publication of papers and journal articles relevant to palliative care.
 - 3. Presentations and programs relevant to palliative care education within venues at the organizational, community, regional or national level.
 - 4. Promoting evidence-based practice through journal clubs, which review the literature or put theory into practice.
 - 5. Participation in palliative care research.
 - 6. Participation in quality improvement initiatives.
 - 7. Leading and participating in organizational committees such as ethics, medical therapeutics, clinical practice, and policy and procedure development.

III. Curriculum

Curriculum represents the resources and competencies of the HPNA RN and APRN Educational Design. Because the focus is on palliative nursing, efforts should be made to ensure that educational materials include references in this document, in addition to nursing reference textbooks, nursing literature, journal articles that represent palliative nurse researchers and palliative nursing journals. Interprofessional materials are appropriate as long as educational materials include attention to palliative nursing and role development materials authored by nurses themselves.

- A. Observership – Utilization of the HPNA RN Educational Design and the APRN Educational Design - Novice Level
- B. Preceptorship - Utilization of the HPNA RN Educational Design and the APRN Educational Design - Advanced Beginner and Competent Levels
- C. RN Internship – Utilization of the HPNA RN Educational Design Novice - Advanced Beginner through the Competent Level. Inclusion in oncology internships and hospice internships
- D. Residency - Utilization of RN Educational Design - Novice, Advanced Beginner and Competent Levels
- E. Fellowship - Utilization of the HPNA APRN Educational Design - All levels of Palliative Nursing
- F. Immersion Course – Utilization of the HPNA RN Educational Design and the APRN Educational Design – Advanced Beginner and Competent Levels

IV. Evaluation of Outcomes and the Teaching-Learning Process

The outcomes and effectiveness of the teaching-learning process of the program are evaluated by participants, faculty/preceptors and include achievement of program goals, participant satisfaction and achievements, as well as ongoing assurance of faculty/preceptor clinical and teaching competence. This will vary by the nature of the clinical experiences of observerships, practicums/preceptorships, internships, residencies, fellowships, and immersion courses.

- A. Faculty and participant assessments of the program are conducted regularly and documented. These assessments include:
 - 1. Curriculum review focusing on the eight domains of the National Consensus Project 2013 3rd ed. *Clinical Practice Guidelines for Quality Palliative Care*:
 - a. Structure and Processes of Care
 - b. Physical Aspects of Care
 - c. Psychological and Psychiatric Aspects of Care
 - d. Social Aspects of Care
 - e. Spiritual, Religious and Existential Aspects of Care
 - f. Cultural Aspects of Care
 - g. Care of the Patient at the End of Life
 - h. Ethical and Legal Aspects of Care
 - 2. Clinical placement evaluations
 - 3. Nurse participant of faculty competence and teaching effectiveness

- B. Each student participant should be evaluated as he or she progresses through the program, and at the end of the program appropriate to the category.
 - 1. Separate evaluations are completed for the didactic and clinical components of the curriculum.
 - 2. Participant achievement of program and personal goals are documented by faculty/preceptor and participant.
 - 3. Participant satisfaction educational process is documented.

- C. Programs have an ongoing system of tracking achievement measures like employment and certification of participants. The first interval should be set at one year post-graduation. At the completion of the program, the expectation will be that participants will be ready to seek certification if appropriate.
 - 1. Satisfaction with the program
 - 2. Employment
 - 3. Hospice and Palliative Nursing Certification pass rates, if appropriate

V. Resources

Program resources, facilities and services are adequate to support the development, management, implementation and evaluation of clinical experiences.

- A. It is preferred that palliative care programs utilized for all six categories of clinical experiences (observerships, preceptorships/practicum, internships, residencies, fellowships and immersion courses) have been in existence for at least two years, or are able to demonstrate maturity through accreditation, seasoned faculty, and/or established quality standards.
- B. The palliative care program has an established quality assurance program utilizing measures as defined by, but not limited to: the National Consensus Project's *Clinical Practice Guidelines for Quality Palliative Care*, 3rd edition (2013); *Policies and Tools for Hospital Palliative Care Programs: A Crosswalk of National Quality Forum Preferred Practices* (2006); The Joint Commission's *Advanced Certification in Palliative Care* (2011); and the National Quality Forum's *A National Framework and Preferred Practices for Palliative and Hospice Care Quality* (2006).
- C. The palliative care program has sufficient case load (clinical volume) and diversity of clinical settings/experiences and patient population (age, diagnosis, culture, economic status) to meet the level of clinical experience sought, program goals, and the participant's goals.
- D. The palliative care program supports development specific to the level of clinical experience, primary or specialty palliative nursing, and RN or APRN practice established by the ANA & HPNA *Palliative Nursing Scopes and Standards* (2014); *HPNA Competencies for the Hospice and Palliative Generalist Nurse* (2010); and *HPNA Competencies for the Hospice and Palliative Care Advanced Practice Nurse* (2014).
- E. Contractual agreements are in place with agencies or individuals used for outside clinical experiences. Such agreements are part of established policies that protect the clinical site, the educational program, and participants while at sites (e.g., inpatient consult team, inpatient palliative unit, ambulatory care, residential or home care,

hospice, and specific subspecialties such as critical care, pediatrics and geriatrics).
Contracts include maintenance of liability insurance.

- F. Facilities include designated clinical areas, classrooms, administrative spaces, clinical simulation rooms as appropriate, audiovisual aids, information technology system, and library resources.

VI. Definitions

RN Residency: Planned, comprehensive program through which RNs with less than 12 months of experience can acquire the specialty knowledge, skills and professional behaviors to deliver safe, high-quality specialty care that meets defined (organizational or professional society) standards of practice; must be at least six months in length, encompassing organizational orientation, practice-based experience, and supplemental activities to promote nursing professional development.

RN Fellowship: Planned, comprehensive program through which currently licensed RNs with 12 or more months of experience can acquire the specialty knowledge, skills, and professional behaviors to deliver safe, high-quality specialty care that meets defined (organizational or professional society) standards of practice; may include organizational orientation; must include practice-based experience and supplemental activities to promote nursing professional development.

APRN Fellowship: Planned, comprehensive program through which currently licensed APRNs can acquire the specialty knowledge, skills and professional behaviors to deliver safe, high-quality specialty care that meets defined (organizational or professional society) standards of practice; may include organizational orientation; must include practice-based experience and supplemental activities to promote nursing professional development.

Observership: Superficial overview of hospice and palliative nurse roles and care delivery in terms of depth of knowledge vs. intensity or focus of residencies or fellowships.

Immersion Course: In-depth knowledge of palliative care content; may or may not have nurse role development or nursing faculty or nursing research that supports the education of the program.

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**HPNA Mission Statement:
To advance expert care in serious illness**

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