


 <p style="text-align: center;">HMDCB Detailed Content Outline¹</p>	Approximate Percent ² of Examination ³
<p>1. Patient and Family Care</p> <ul style="list-style-type: none"> A. Oversee and manage: <ul style="list-style-type: none"> 1. family meetings 2. goals of care 3. do not resuscitate (DNR) orders/orders for life-sustaining treatment 4. conflict resolution 5. withdrawal of life-sustaining therapies 6. palliative sedation 7. medication review B. Assess patient and family with regards to cultural and personal diversities C. Educate the patient and family (e.g., disease trajectory, prognosis, symptom management, impending death, and complication anticipation) D. Assess and document the patient's decision-making capacity E. Serve as a patient advocate F. Facilitate legal surrogate's role in decision making G. Support the family through the moment of death H. Ensure provision of primary care to Hospice patients (e.g., when primary physician is not available) <ul style="list-style-type: none"> I. Recognize social problems experienced by hospice patients and their families and collaborate with the interdisciplinary team to assess and manage them J. Assess and resolve issues with family dynamics (e.g., coping styles, psychological defenses, and developmental stages) 	17%
<p>2. Medical Knowledge</p> <ul style="list-style-type: none"> A. Assess and differentiate types of pain including total pain B. Assess and manage: <ul style="list-style-type: none"> 1. acute and chronic pain 2. medications for pain 3. non-opioid medications for pain 4. non-pain symptoms* 5. non-pharmacologic measures for pain and non-pain symptoms (complementary and alternative therapies) 6. disorders* (e.g., delirium, dementia, depression, and anxiety) C. Demonstrate knowledge of: <ul style="list-style-type: none"> 1. the physical, emotional, spiritual, and psychosocial dimensions of care 2. settings where hospice and palliative care are provided 3. patient assessment and management across hospice care settings 4. addiction, pseudo-addiction, opioid toxicity, and dependence and tolerance 5. brain death, persistent vegetative state, and minimally conscious state 6. normal and complex grief 7. pediatric life-threatening conditions 8. signs and symptoms of impending death 9. various routes of medication delivery 10. palliative sedation 	26%

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<ul style="list-style-type: none"> D. Manage medical conditions commonly encountered in hospice care E. Assess and manage of risk associated with drug abuse, addiction and diversion F. Identify indications for interventional symptom management, including radiation therapy* G. Formulate and certify prognosis for hospice patients by: <ul style="list-style-type: none"> 1. Reviewing available clinical data* (e.g., comorbid and secondary conditions, medical findings, disease progression, medications and treatment orders) 2. Understanding the patient's and family's expectations and goals for care H. Demonstrate knowledge of, and recognize limitations of, evidence-based medicine in hospice care 	
3. Medical Leadership and Communication	21%
<ul style="list-style-type: none"> A. Demonstrate interpersonal communication skills* B. Model empathic communication (e.g., expression of compassion) C. Communicate with referring and consultant clinicians about the care plan D. Facilitate conflict resolution and 'service recovery'* E. Explain physician culture and behaviors to hospice staff F. Educate Hospice staff about communication with physicians G. Provide ongoing education for Hospice staff H. Provide education of the community at large <ul style="list-style-type: none"> I. Provide emotional support to staff around difficult decisions and care scenarios J. Communicate the mission of hospice to hospital administrators, clinicians, and community at large K. Facilitate the interdisciplinary team process L. Demonstrate the ability to reflect on his/her personal leadership style and use different styles to suit the situation and goals M. Demonstrate skill as a supervisor and mentor N. Supervise team providers (e.g., physician and nurse practitioner) related to: <ul style="list-style-type: none"> 1. certification and recertification* 2. development of a plan of care 3. symptom management 4. clinical assessments and face-to-face encounters 5. pharmacy and formulary management 6. performance improvement 7. fatigue and burnout 8. documentation of care 9. billing and coding O. Provide oversight of skills management for Hospice staff 	

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<p>4. Professionalism</p> <ul style="list-style-type: none"> A. Recognize and manage fatigue and burnout B. Practice active self-care C. Demonstrate boundaries with colleagues, patients, and families and help interdisciplinary team members do the same D. Recognize and accept responsibility for errors when appropriate E. Disclose medical errors in accord with institutional policies and professional ethics F. Make recommendations to attending and consulting physicians(s) and coordinate medical care G. Collaborate with other health professionals to coordinate the plan of care H. Demonstrate commitment to continuing professional development and life-long learning I. Seek feedback and engage in the self-assessment process 	10%
<p>5. Systems-Based Practice</p> <ul style="list-style-type: none"> A. Apply knowledge of ethics and law related to: <ul style="list-style-type: none"> 1. informed consent 2. confidentiality 3. decision-making capacity for patient and surrogate 4. limits of surrogate decision-making 5. truth-telling 6. foregoing life-sustaining treatment and withdrawing care* 7. medical futility 8. use of artificial hydration and nutrition* 9. physician-aided dying (assisted suicide) 10. euthanasia 11. principle of double effect 12. organ donation 13. nurse-physician collaboration 14. indications for referring to an ethics consultant 15. conflicts of interest B. Demonstrate knowledge of hospice regulation and reimbursement C. Utilize local coverage determinations and understand limitations* D. Participate in the process of: <ul style="list-style-type: none"> 1. additional development requests (ADR) 2. redetermination or reconsideration 3. testifying to the Administrative Law Judge 4. differentiate and respond to technical and medical denials E. Participate in the following aspects of the survey process: <ul style="list-style-type: none"> 1. the role of clinical documentation 2. focused or targeted medical review 3. of a Corrective Action Plan F. Ensure patient access to allied health professionals (e.g., speech therapist, nutritionist) 	25%

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<ul style="list-style-type: none"> G. Comply with legal and regulatory issues surrounding opioid prescribing H. Comply with Medicare/Medicaid Hospice Benefit* (e.g., Conditions of Participation, requirements for certification, related/unrelated to terminal diagnosis, and levels of hospice care) <ul style="list-style-type: none"> I. Perform pre-hospice consultation J. Ensure compliance with accreditation policies (e.g., The Joint Commission, CHAP) K. Understand these elements of quality improvement (QI) in the hospice setting: <ul style="list-style-type: none"> 1. differentiate quality assurance and performance improvement* 2. role of clinical indicators 3. approach to data collection for quality review 4. role of focused QI studies L. Assist in the design of clinically relevant quality-of-care outcome measures M. Use data to demonstrate clinical, utilization, and financial outcomes of hospice care N. Demonstrate awareness of and adherence to patient safety standards O. Observe hospice policy (e.g., related to infection control, employee safety, emergency preparedness, harassment) P. Promote the role of the medical director as a member of the leadership team Q. Develop strategies to manage barriers to utilization of medications (including controlled drugs) in different clinical care settings 	

* Indicates content that should be represented on every exam.

¹ Each test form will include 15 unscored pretest items in addition to the 135 scored items.

² The total percentage does not equal 100 due to rounding.

³ Cognitive Levels: Approximately 12 percent of items will require Recall on the part of the candidate, 60 percent will require Application of knowledge, and 28 percent will require Analysis.