

Summary Chart

Hospice Palliative Care Nursing Certification Exam Development Guidelines

Structural Variables			
Exam Length and Format	Approximately 165 multiple choice questions		
Question Presentation	40-50% independent questions 50-60% case-based questions		
The Cognitive Domain	Knowledge/Comprehension	20-30% of the questions	
	Application	50-60% of the questions	
	Critical Thinking	15-25% of the questions	
Competency Categories	Care of the Person and Family	12-15% of the questions	
	Pain Assessment and Management	15-22% of the questions	
	Symptom Assessment and Management	20-27% of the questions	
	Last Days/Hours/Imminent Death Care	15-20% of the questions	
	Loss, Grief and Bereavement Support	5-8% of the questions	
	Interprofessional/Collaborative Practice	7-10% of the questions	
	Education	7-10% of the questions	
	Ethics and Legal Issues	5-8% of the questions	
	Professional Development and Advocacy	5-8% of the questions	
Contextual Variables			
Age and Gender		Male	Female
	0 to 18 years	3-10%	3-10%
	19 to 64 years	20-25%	20-25%
	65+ years	20-27%	20-27%
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 Nursing Certification Exam, 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 Certification Exam List of Competencies

1. Care of the Person and Family

The hospice palliative care nurse:

- 1.1 Assists the person and family in identifying their reactions and responses to the diagnosis and experience of living with life-limiting illness.
- 1.2 Acknowledges the cumulative losses inherent in the experience of life-limiting illness and its impact on 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, roles, responsibilities (e.g., role change, stressors);
 - 1.3d age of children in the family (e.g., considering developmental concept of illness and dying and death); and
 - 1.3e life experience of the person and family.
- 1.4 Assists the person and family to identify, develop and use coping strategies in adapting to life-limiting illness and the dying experience.
- 1.5 Conveys to the person and family a sense of personal comfort when facilitating discussion of issues related to dying and death.

- 1.6 Uses effective communication (e.g., presence, empathy, reflective listening) to facilitate discussion and understanding with the person and family about issues related to:
 - 1.6a diagnosis;
 - 1.6b prognosis;
 - 1.6c goals of care;
 - 1.6d decision-making;
 - 1.6e treatments, procedures and/or investigations;
 - 1.6f location of care;
 - 1.6g dying and death; and
 - 1.6h loss, grief and bereavement.
- 1.7 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.
- 1.8 Supports the person and family in making choices that are consistent with their values and beliefs.
- 1.9 Recognizes and responds to the uncertainty and vulnerability experienced by the person and family.
- 1.10 Assists the person with life-limiting illness and the person's family to explore and address sensitive, personal and privacy issues related to:
 - 1.10a intimacy;
 - 1.10b sexuality and sexual function;
 - 1.10c body image;
 - 1.10d self-concept and self-esteem; and
 - 1.10e abuse/neglect (e.g., physical, verbal, emotional, financial, sexual).
- 1.11 Assists the person to maintain and promote functional capacity and independence, to the extent possible, as the life-limiting illness advances.
- 1.12 Empowers the person and family to attain their desired level of control as the illness advances.
- 1.13 Explores and addresses stressors of caregiving that lead to exhaustion of family.

- 1.14 Uses strategies to facilitate communication between the person and family, with consideration of:
 - 1.14a family structure and function;
 - 1.14b stage of development and associated tasks; and
 - 1.14c conflict resolution.
- 1.15 Prepares the family for the end of the nurse-family relationship.

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 Integrates accepted principles of pain assessment and management into the delivery of care.
- 2.4 Demonstrates knowledge of the physiology of pain:
 - 2.4a transduction;
 - 2.4b transmission;
 - 2.4c modulation; and
 - 2.4d perception.
- 2.5 Comprehends the classifications of pain and their importance in effective management:
 - 2.5a acute;
 - 2.5b chronic;
 - 2.5c malignant;
 - 2.5d non-malignant;
 - 2.5e neuropathic; and
 - 2.5f nociceptive (somatic and visceral).
- 2.6 Completes and documents a comprehensive pain assessment.
- 2.7 Analyzes the pain assessment to identify the possible causes of pain.

- 2.8 Selects appropriate validated assessment tools for initial and ongoing pain assessment.
- 2.9 Demonstrates knowledge of the special considerations of pain assessment and management for children and older adults with life-limiting illness.
- 2.10 Demonstrates knowledge of the special considerations of pain assessment and management for persons with special needs (e.g., cognitive impairments, communication disorders, language barriers).
- 2.11 Demonstrates knowledge of the stepped approach to pain assessment and management based on the type and severity of the pain (e.g., incident pain, phantom pain).
- 2.12 Identifies and addresses barriers to pain assessment and management, including myths and misconceptions held by the person, family and health-care provider.
- 2.13 Identifies and addresses health system barriers to pain assessment and management.
- 2.14 Collaborates with the person, family and interprofessional team to develop a pain management plan.
- 2.15 Evaluates, reassesses and revises pain management goals and plan of care.
- 2.16 Uses the oral route as the preferred method of medication administration, if indicated.
- 2.17 Uses medication administration techniques appropriate to the types and severity of pain, and condition of person (e.g., breakthrough doses, routes, scheduling, titration, pumps).
- 2.18 Demonstrates knowledge of medication commonly used for pain management and responds to potential side effects, interactions, or complications.
- 2.19 Describes the indications for opioid rotation.
- 2.20 Applies knowledge of equianalgesic conversions and collaborates with the interprofessional team to implement indicated changes.
- 2.21 Demonstrates understanding of the pharmacological and physiological use of adjuvant medications in managing pain in life-limiting illness (e.g., bisphosphonates, non-steroidal anti-inflammatory drugs, corticosteroids, anticonvulsants, antidepressants, antipsychotics, chemotherapy).
- 2.22 Demonstrates understanding and use of non-pharmacological interventions in managing pain in life-limiting illness (e.g., radiation therapy, surgery, physiotherapy, rehabilitation therapy).

- 2.23 Recognizes the use and potential impact of complementary and alternative therapies for pain management.
- 2.24 Acknowledges and supports the person's and family's decision to seek complementary and alternative therapies for pain management, and reinforces the importance of accurate information and open communication to assist in decision-making.
- 2.25 Encourages the person and family to inform the health-care team about the use of complementary and alternative therapies to assess compatibility and safety with other treatments where possible.

3. Symptom Assessment and Management

The hospice palliative care nurse:

- 3.1 Completes and documents a comprehensive symptom assessment.
- 3.2 Analyzes the symptom assessment to identify the possible causes of the symptoms.
- 3.3 Incorporates appropriate, validated assessment tools in initial and ongoing symptom assessment.
- 3.4 Anticipates, recognizes, manages and evaluates common and expected symptoms, including:
 - 3.4a neurologic:
 - i) aphasia
 - ii) dysphasia
 - iii) extrapyramidal symptoms
 - iv) lethargy or sedation
 - v) paresthesia or neuropathies
 - vi) seizures
 - 3.4b cognitive changes:
 - i) agitation and terminal restlessness
 - ii) confusion
 - iii) delusions
 - iv) delirium
 - v) dementia
 - vi) hallucinations
 - vii) paranoia

3.4c cardiovascular:

- i) angina
- ii) arrhythmia
- iii) edema
- iv) syncope

3.4d respiratory:

- i) congestion/excess secretions
- ii) cough
- iii) dyspnea
- iv) apnea
- v) hemoptysis
- vi) hiccoughs

3.4e gastrointestinal:

- i) nausea and vomiting
- ii) constipation
- iii) diarrhea
- iv) bowel incontinence
- v) bowel obstruction
- vi) dysphagia
- vii) jaundice

3.4f nutrition and metabolic:

- i) anorexia
- ii) cachexia
- iii) decreased intake of food/fluids
- iv) dehydration
- v) electrolyte imbalance

- 3.4g genitourinary:
 - i) bladder spasms
 - ii) urinary incontinence
 - iii) urinary retention
- 3.4h immune system:
 - i) medication reactions/interactions (e.g., allergic response, anaphylaxis)
 - ii) infection (e.g., sepsis, pneumonia, herpes, stomatitis, candidiasis, urinary tract infection)
 - iii) pyrexia
- 3.4i musculoskeletal:
 - i) pathological fractures
 - ii) weakness
 - iii) muscle spasm
- 3.4j skin and mucous membranes:
 - i) candidiasis
 - ii) malignant wounds (e.g., fungating, fistulas)
 - iii) mucositis
 - iv) pressure areas
 - v) pruritus
 - vi) xerostomia

- 3.4k psychosocial and spiritual:
- i) anxiety
 - ii) anger
 - iii) denial
 - iv) depression
 - v) fear
 - vi) guilt
 - vii) suicidal or homicidal ideation
 - viii) grief
 - vix) suffering
 - vx) distress
 - vxi) meaning and purpose of life and illness
 - vxii) hope
 - vxiii) forgiveness/acceptance
 - vxiv) love and relatedness
 - vxv) transcendence

- 3.4l other:
- i) ascites
 - ii) fatigue/asthenia
 - iii) lymphedema
 - iv) myelosuppression (e.g., anemia, neutropenia, thrombocytopenia)
 - v) myoclonus
 - vi) sleep disturbances

- 3.5 Anticipates, recognizes and responds to signs and symptoms of common emergencies and incidents:
 - 3.5a acute bowel obstruction;
 - 3.5b cardiac tamponade;
 - 3.5c delirium;
 - 3.5d abnormal laboratory values (e.g., hypercalcemia, hyperkalemia);
 - 3.5e falls;
 - 3.5f hemorrhage;
 - 3.5g opioid or medication toxicity;
 - 3.5h pulmonary embolism and pleural effusion;
 - 3.5i respiratory depression/distress;
 - 3.5j seizures;
 - 3.5k spinal cord compression; and
 - 3.5l superior vena cava syndrome.
- 3.6 Identifies and implements interventions to correct reversible causes of symptoms with consideration of the person's goals of care.
- 3.7 Collaborates with the person, family and interprofessional team to develop an individualized care plan.
- 3.8 Evaluates, reassesses and revises symptom management goals and plan of care.
- 3.9 Uses the oral route as the preferred method of medication administration, if indicated.
- 3.10 Uses medication administration techniques appropriate to the types and severity of symptoms, and condition of person (e.g., breakthrough doses, routes, scheduling, titration, pumps).
- 3.11 Demonstrates knowledge of medication commonly used for symptom management and responds to potential side effects, interactions or complications.
- 3.12 Demonstrates understanding of the pharmacological and physiological use of medications in managing symptoms in life-limiting illness (e.g., steroids, anticholinergics, prokinetics, neuroleptics, antidepressants, antipsychotics, chemotherapy).
- 3.13 Demonstrates understanding of the non-pharmacological approaches used in managing symptoms in life-limiting illness (e.g., radiation therapy, surgery, physiotherapy, rehabilitation therapy, complementary therapies).

- 3.14 Demonstrates knowledge of the special considerations of symptom assessment and management for children and older adults with life-limiting illness.
- 3.15 Demonstrates knowledge of the special considerations of symptom assessment and management for individuals with special needs with life-limiting illness (e.g., cognitively impaired, communication disorders, language barriers).
- 3.16 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).
- 3.17 Demonstrates knowledge of the special considerations of symptom assessment and management for advanced, end-stage illnesses other than cancer (e.g., acquired immune deficiency syndrome (AIDS), chronic obstructive pulmonary disease (COPD), amyotrophic lateral sclerosis (ALS), congestive heart failure).
- 3.18 Recognizes the use and potential impact of complementary and alternative therapies for symptom management.
- 3.19 Acknowledges and supports the person's and family's decision to seek complementary and alternative therapies for symptom management, and reinforces the importance of accurate information and open communication to assist in decision-making.
- 3.20 Encourages the person and family to inform the health-care team about the use of complementary and alternative therapies to assess compatibility and safety with other treatments where possible.

4. Last Days/Hours/Imminent Death Care

The hospice palliative care nurse:

- 4.1 Anticipates, recognizes and responds to the signs and symptoms of imminent death.
- 4.2 Demonstrates knowledge of pain and symptom assessment and management strategies unique to the last hours of life.
- 4.3 Teaches family the signs of imminent death:
 - 4.3a cognitive changes (e.g., decreased awareness, increased drowsiness, restlessness); and
 - 4.3b physical changes (e.g., profound weakness, respiratory changes, skin coloration, difficulty swallowing, decreased urinary output).

- 4.4 Educates family about comfort measures associated with imminent death.
- 4.5 Assists family during the dying process to:
 - 4.5a cope with their emotional responses to imminent death (e.g., uncertainty, fear, anger, guilt, remorse, relief);
 - 4.5b maintain a desired level of control;
 - 4.5c communicate their preferences and needs;
 - 4.5d determine the appropriate setting for the death;
 - 4.5e contact significant others;
 - 4.5f contact the appropriate resources and support; and
 - 4.5g communicate meaningfully in the person's last days.
- 4.6 Assists the person and family to prepare for the time of death (e.g., notification of appropriate health-care professionals, providing resources regarding funeral arrangements, organ, tissue, and body donation, developing a list of people to contact at time of death, autopsy).
- 4.7 Assesses and respects the family's need for privacy and closure at the time of death, offering presence as appropriate.
- 4.8 Provides support to the family immediately after death.
- 4.9 Supports the family's wishes and death rituals (e.g., religious, cultural, spiritual).
- 4.10 Facilitates arrangements for pronouncement of death and certification of death, where appropriate.
- 4.11 Provides care of the body and arranges transportation of the deceased, where appropriate.

5. Loss, Grief and Bereavement Support

The hospice palliative care nurse:

- 5.1 Demonstrates knowledge of loss, grief and bereavement.
- 5.2 Assists the family in understanding the concept of loss and the process of grief and bereavement, considering developmental stages and making referrals as needed.

- 5.3 Identifies types of grief:
 - 5.3a anticipatory;
 - 5.3b uncomplicated;
 - 5.3c complicated;
 - 5.3d disenfranchised; and
 - 5.3e unresolved.
- 5.4 Recognizes the manifestations of grief:
 - 5.4a physical;
 - 5.4b cognitive;
 - 5.4c emotional;
 - 5.4d behavioural/social; and
 - 5.4e spiritual.
- 5.5 Recognizes the differences between depression and grief.
- 5.6 Identifies persons at risk for complicated grief.
- 5.7 Assists the family to anticipate and cope with their unique grief reactions to loss and death, considering the unique needs of children at various developmental stages.
- 5.8 Assists the family to recognize the person's legacy.
- 5.9 Facilitates the family's transition into ongoing bereavement services and programs, where indicated.

6. Interprofessional/Collaborative Practice

The hospice palliative care nurse:

- 6.1 Communicates effectively the strengths and needs of the person and family with the interprofessional team.
- 6.2 Collaborates with the person, family, caregiver, substitute decision-maker and interprofessional team to define goals of care and to develop, implement and evaluate a plan of care.

- 6.3 Collaborates with the person's primary care provider or team (e.g., family physician, community health nurse).
- 6.4 Assumes a leadership role in coordinating care and making referrals to appropriate interprofessional team members.
- 6.5 Participates in and/or leads family conferences.
- 6.6 Facilitates the integration of unregulated personnel (e.g., students, volunteers, personal support workers) and supervises as required.
- 6.7 Facilitates and coordinates a smooth transition between institutions, settings and services.
- 6.8 Assists the person with life-limiting illness, family and caregiver to access appropriate resources to address:
 - 6.8a psychological needs;
 - 6.8b social needs;
 - 6.8c physical needs;
 - 6.8d spiritual needs;
 - 6.8e practical needs; and
 - 6.8f illness management.
- 6.9 Contributes effectively to the overall functioning and well-being of the interprofessional team.

7. Education

The hospice palliative care nurse:

- 7.1 Promotes awareness and provides education to the public about end-of-life issues and the beliefs, attitudes and practices of hospice palliative care.
- 7.2 Educates health-care professionals, students and/or volunteers about the competencies unique to hospice palliative care.

- 7.3 Provides relevant information appropriate to the uniqueness of the person and family about:
 - 7.3a disease process and progression of life-limiting illness;
 - 7.3b interprofessional team members and their roles;
 - 7.3c opportunities and challenges of care in specific settings;
 - 7.3d pain and symptom assessment and management;
 - 7.3e physical, psychosocial and spiritual support during the progression of the life-limiting illness;
 - 7.3f medication administration routes and treatments;
 - 7.3g family dynamics and effective communication;
 - 7.3h dying process and death;
 - 7.3i age-appropriate resources on death and dying; and
 - 7.3j loss, grief and bereavement.

8. Ethics and Legal Issues

The hospice palliative care nurse:

- 8.1 Collaborates with the person, family, caregiver, substitute decision-maker and the interprofessional team to recognize and address ethical issues related to end-of-life care.
- 8.2 Uses an ethical process (e.g., consult, grid, decision-making process, lens) for addressing challenging issues and controversial clinical situations, such as:
 - 8.2a withdrawing/withholding life-sustaining treatment (e.g., nutrition, hydration, ventilation, transfusion, pacemakers);
 - 8.2b advance directives;
 - 8.2c do not resuscitate/code status;
 - 8.2d euthanasia/assisted suicide;
 - 8.2e futility;
 - 8.2f medical abandonment;
 - 8.2g palliative sedation;
 - 8.2h principle of double effect;
 - 8.2i research at end of life;

- 8.2j resource allocation; and
- 8.2k truth telling/disclosure.
- 8.3 Supports informed decisions that the person, family, caregiver, substitute decision-maker and interprofessional team have made.
- 8.4 Provides guidance to the person and family in identifying and addressing relevant legal issues (e.g., advance/health-care directives, guardianship and trusteeship, power of attorney, proxy/substitute decision-maker, assisted suicide).

9. Professional Development and Advocacy

Professional Growth and Self-Care

The hospice palliative care nurse:

- 9.1 Demonstrates knowledge of the historical evolution of the modern hospice palliative care movement.
- 9.2 Demonstrates knowledge of the values and principles of hospice palliative care.
- 9.3 Integrates Canadian Hospice Palliative Care Association Norms of Practice and Hospice Palliative Care Nursing Standards into practice.
- 9.4 Recognizes how personal values and beliefs related to life, death, spirituality, religion, culture and ethnicity may influence the provision of care.
- 9.5 Recognizes the benefits inherent in hospice palliative care nursing that promote self-growth.
- 9.6 Recognizes stressors unique to hospice palliative care nursing and utilizes coping strategies that promote well-being.
- 9.7 Recognizes and takes appropriate measures to cope with multiple and cumulative losses and grief reactions (e.g., debriefing, physical or social activities, peer support).
- 9.8 Demonstrates an understanding of the issues related to professional boundaries within the field of hospice palliative care nursing (e.g., role ambiguity, role strain, identification with person and family, awareness of personal vulnerabilities).
- 9.9 Participates in ongoing educational activities and applies new knowledge to hospice palliative care nursing.

Research and Evaluation

The hospice palliative care nurse:

- 9.10 Applies knowledge gained from research in hospice palliative care and related areas.
- 9.11 Identifies the potential opportunities and barriers to nursing research unique to hospice palliative care (e.g., vulnerability of the population).
- 9.12 Participates, when possible, in research activities appropriate to the individual's position, education and practice environment (e.g., data collection, participation in projects).
- 9.13 Integrates current knowledge in approaches to hospice palliative care practice (e.g., reflective practice, research-based standards, clinical guidelines and pathways, and outcome measures).
- 9.14 Participates in the development, monitoring and evaluation of the quality of hospice palliative care programs and services.

Advocacy

The hospice palliative care nurse:

- 9.15 Advocates for the rights of the person with life-limiting illness and family by:
 - 9.15a recognizing potential vulnerabilities (e.g., burden of care, caregiver job protection, potential misuse of medications, abuse);
 - 9.15b supporting autonomous decision-making; and
 - 9.15c promoting the most equitable and timely access to appropriate resources.
- 9.16 Advocates for health-care professionals to have continuing education and adequate resources to provide hospice palliative care.
- 9.17 Advocates for the development, maintenance and improvement of health care and social policy related to hospice palliative care at the appropriate level (e.g., institutional, community).

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