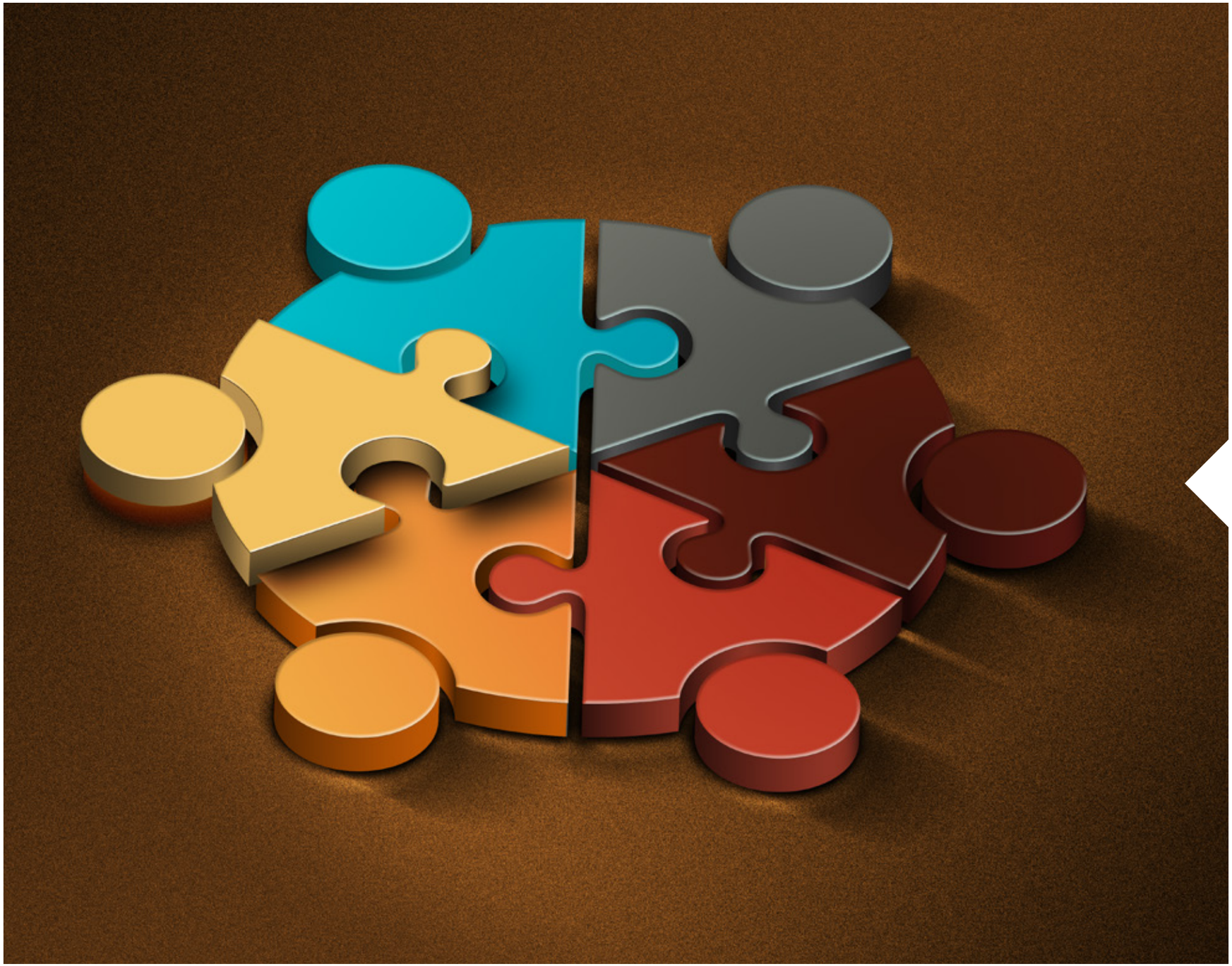

BC Centre for Palliative Care

Inter-professional Palliative Competency Framework

Finalized 05·22·2019

Nurses

Includes Nurse Practitioners, RNs, LPNs, and RPNs

BC Centre for Palliative Care

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This Framework was adapted from the Palliative Care Competence Framework,[1] with the permission of Ireland Health Service Executive and The Nova Scotia Palliative Care Competency Framework,[2] with the permission of the Nova Scotia Health Authority.

The Physician / NP-specific competencies are also line with the scope of practice for B.C. Nurse Practitioners.[7] Nurse Practitioners' competencies include both these Nurse-specific as well as the Physician/NP-specific.

*See the BC Centre for Palliative Care: Inter-professional palliative competency framework for a detailed reference list and the Physician/NP specific competencies.

Discipline-specific competencies

The discipline-specific competencies have been formatted into tables, to allow the reader to see the Core Competencies, which are identical for every discipline, alongside competencies for each category of FEW, SOME and ALL. The competencies are separated into the eight domains.

Health-care providers (HCPs) are expected to demonstrate the competencies only as appropriate for their professional scope of practice, organizational policies, and specific job and role descriptions. Individual practice will range from novice to expert within each category.

DOMAIN 1	DOMAIN 2	DOMAIN 3	DOMAIN 4	DOMAIN 5	DOMAIN 6	DOMAIN 7	DOMAIN 8

DOMAIN 1: PRINCIPLES OF PALLIATIVE CARE AND PALLIATIVE APPROACH

Health-care providers (HCPs) are expected to demonstrate the competencies only as appropriate for their professional scope of practice, organizational policies, and specific job and role descriptions. Individual practice will range from novice to expert within each category.

CORE - COMMON FOR EVERY HCP	GENERALIST - ALL	ENHANCED PRACTICE - SOME	SPECIALIST - FEW
Describes key elements of palliative care and a palliative approach.	Applies palliative care standards, guidelines and policies to care.	Demonstrates and promotes palliative care standards, norms of practice and best practice standards.	Contributes to the development of palliative education, standards and policies.
Identifies people who would benefit from a palliative approach.	Identifies people with life-limiting conditions early in the illness trajectory. Describes the usual trajectory of common life-limiting conditions.	Assists others to identify and apply a palliative approach to people who would benefit. Describes the usual trajectory of less common life-limiting conditions.	Develops practice supports for identifying people who may benefit from a palliative approach.
Identifies who the family is for the person and includes family in care.			
Describes people as holistic beings (i.e., with physical, emotional, psychosocial, sexual and spiritual aspects.)	Provides a holistic approach to palliative care that centers on the person with life-limiting conditions and their family.	Promotes a palliative approach to care within a workplace through person-centred care	Develops practice supports for helping others to apply a palliative approach to care.
	Applies knowledge of life-limiting conditions to anticipate, identify and respond to care needs.	Identifies current and prospective issues in care at a local level.	Applies knowledge of life-limiting conditions to respond to complex and multidimensional care needs. Comprehensively identifies current and prospective issues in palliative care at a system level.
Describes the role and function of the inter-professional team in palliative care.			
	Considerations for care of children and youth		
		Adapts care to accommodate person's stage of growth and development.	Describes the effect of life-limiting conditions on usual growth and development.
		Describes the variety of life-limiting conditions in perinatal and pediatric palliative care along with their anticipated trajectories.	

DOMAIN 2: CULTURAL SAFETY AND HUMILITY

Health-care providers (HCPs) are expected to demonstrate the competencies only as appropriate for their professional scope of practice, organizational policies, and specific job and role descriptions. Individual practice will range from novice to expert within each category.

CORE - common for every HCP	Generalist - ALL	Enhanced practice - SOME	Specialist - FEW
Incorporates the uniqueness of each person, family and community into all aspects of care.	Assesses and addresses the needs unique to each person with life-limiting conditions, along with the family's needs, by considering ethnicity, culture, gender, sexual orientation, language, religion, age, ability and preferences.		
Builds relationships by listening without judgement and being open to learning from others.	Demonstrates openness and sensitivity to social, spiritual, and cultural values and practices that may influence preferences of the person and family.		
Practices self-reflection to understand personal and systemic biases.			Describes the influence of culture on key issues in palliative care.
Advocates for culturally safe practices that are free of racism and discrimination.	Provides opportunities for people and families to participate in cultural or religious practices, referring to supports as requested.		

DOMAIN 3: COMMUNICATION

Health-care providers (HCPs) are expected to demonstrate the competencies only as appropriate for their professional scope of practice, organizational policies, and specific job and role descriptions. Individual practice will range from novice to expert within each category.

CORE - COMMON FOR EVERY HCP	GENERALIST - ALL	ENHANCED PRACTICE - SOME	SPECIALIST - FEW
Provides emotional support to the person and family from diagnosis to bereavement.	Uses a variety of strategies to engage in ongoing compassionate, individualized and timely communication with people and their families.		
	Uses developmentally appropriate communication approaches during conversations involving children.		
	Assesses the need for specialist communication supports such as assistive technology and interpreters for non-English and hearing impaired speakers.		
	Essential conversations		
Asks the person and family what is important to them and, with permission, shares that information with the team.	Invites, facilitates and respects the involvement of the person, their family and their care teams in discussions regarding the care plan.	Facilitates ongoing discussions regarding goals of care, particularly when changes occur in disease status and functional level.	
	Supports people to make informed decisions regarding the depth of information about diagnosis, prognosis and disease progression they wish to receive and share with their families. Takes into account information preferences when communicating.	Identifies the person's and family's information needs and preferences prior to providing information. Responds to and explores any family requests not to share information with the person regarding diagnosis, prognosis and other information.	
	Introduces people and families to the concept of palliative care as the main focus of care or combined with other disease ameliorating treatments.	Explores person's and family's understanding of prognosis and goals of care.	Discusses care and treatment options with the person, family and inter-professional team, along with the anticipated benefits, burdens and risks of those options, while considering the goals of care.

DOMAIN 3: COMMUNICATION cont'd			
	Reviews and clarifies the person's and family's understanding of information presented by other providers.		
	Assesses trajectory of life-limiting condition(s) on an ongoing basis and explores the person's and family's understanding.	Assesses and discusses prognosis and trajectory of life-limiting condition(s) on an ongoing basis within nursing scope of practice (e.g., using language of uncertainty and declining functionality).	Discusses progression of disease and other complications with the person, family and inter-professional team.
	Identifies unrealistic expectations and refers to the inter-professional team for discussion of prognosis.	Explores unrealistic expectations regarding prognosis and treatment options with the person, family and inter-professional team.	Discusses unrealistic expectations regarding prognosis and treatment options with the person, family and inter-professional team.
		Discusses and establishes resuscitation preferences (including DNR) with the person, family and inter-professional team.	

DOMAIN 4: COMFORT AND QUALITY OF LIFE

Health-care providers (HCPs) are expected to demonstrate the competencies only as appropriate for their professional scope of practice, organizational policies, and specific job and role descriptions. Individual practice will range from novice to expert within each category.

CORE - COMMON FOR EVERY HCP	GENERALIST - ALL	ENHANCED PRACTICE - SOME	SPECIALIST - FEW
Incorporates quality of life, as defined by the person, as a key focus of care.	Provides a compassionate presence and attends to person's suffering.		
Identifies issues affecting quality of life and collaborates with the inter-professional team to develop and implement a care plan.	Recognizes the importance and benefit of inter-professional approaches in optimizing comfort and enhancing the quality of life of the person.	Acts as a resource for the inter-professional team regarding the role of discipline-specific interventions in symptom management and optimizing quality of life.	
	Pain and symptom management		
	Uses standardized instruments regularly and appropriately to screen and assess symptoms and needs, including tools adapted for various languages, ages, developmental stages and abilities.		
Provides holistic, person-centred care.	Demonstrates basic knowledge and skill in holistic assessment and management of pain and other symptoms, using evidence-based guidelines.	Demonstrates enhanced knowledge and skill in holistic assessment and management of pain and other symptoms.	Demonstrates specialized knowledge and skill in holistic assessment and management of pain and other symptoms.
Supports people in self-management of their life-limiting condition(s), involving the family as appropriate.	Utilizes a consistent approach to symptom management following these steps: 1. Initiates goals of care conversation with the person and family. 2. Carries out assessment. 3. Determines possible causes. 4. Provides pharmacological and nonpharmacological interventions. 5. Facilitates person and family education.		

DOMAIN 4: COMFORT AND QUALITY OF LIFE cont'd			
	Demonstrates knowledge of the special considerations of pain and symptom assessment and management for older adults and children.		Demonstrates knowledge of the special considerations of pain and symptom assessment and management for persons with special needs (e.g., children, people with developmental disability needs, and those with substance use issues).
	Demonstrates a basic understanding of the principles of dose adjustment with regard to: the frail, elderly, children, those with altered metabolism or organ failure, and those approaching imminent death.	Demonstrates an enhanced understanding of the principles of dose adjustment with regard to: the frail, elderly, children, those with altered metabolism or organ failure, and those approaching imminent death.	Demonstrates a specialized understanding of the principles of dose adjustment with regard to: the frail, elderly, children, those with altered metabolism or organ failure, and those approaching imminent death.
	Identifies people with difficult-to-control symptoms and refers as appropriate.	Manages difficult-to-control symptoms.	Consults with other specialists to manage difficult-to-control symptoms.
	Seeks support to distinguish between difficult-to-manage symptoms and refractory symptoms which may require palliative sedation.	Supports others to distinguish between difficult-to-manage symptoms and refractory symptoms.	
		Identifies persons for whom palliative sedation may be helpful and ensures all criteria are met prior to initiating palliative sedation.	Collaborates with the specialist palliative care physician or pain service to provide palliative sedation.
	Understands the differences between the following terms: palliative sedation, Medical Assistance in Dying (MAiD), unintentional sedation, and double effect.	Describes the ethical issues regarding palliative sedation.	
	Anticipates and identifies emergencies at end-of-life.	Supports others to anticipate and identify emergencies at end-of-life.	
	Implements basic treatment plans for palliative emergencies consistent with the goals of care and trajectory of the life-limiting condition(s).	Implements enhanced treatment plans for palliative emergencies consistent with the goals of care and trajectory of the life- limiting condition(s).	Implements specialized treatment plans for palliative emergencies consistent with the goals of care and trajectory of the life- limiting condition(s).

DOMAIN 4: COMFORT AND QUALITY OF LIFE cont'd			
	Identifies and addresses barriers to pain assessment and management, including the misconceptions of the person, family and other health professionals.	Recognizes and reports health system barriers to pain assessment and management.	Identifies and addresses health system barriers to pain assessment and management.
	Complementary and alternative medicine (CAM)		
	Describes the potential impact of Complementary and Alternative Medicines (CAM) for pain and symptom management.		
	Reinforces the importance of accurate information about CAM use, including open communication to aid in decision-making.		
	Last weeks, days and hours		
	Teaches family signs of imminent death and associated comfort measures.		
	Demonstrates a basic knowledge of pain and symptom assessment and management unique to last hours of life. Anticipaties and plans for needs in final weeks, days and hours of life.	Demonstrates a enhanced knowledge of pain and symptom assessment and management unique to last hours of life.	Demonstrates a specialized knowledge of pain and symptom assessment and management unique to last hours of life
	Provides pronouncement of death in accordance with organizational policy.		
	Identifies candidates for tissue or organ donation.	Facilitates tissue, organ or body donation process.	
	Considerations for community settings		
	Ensures potentially needed medications and supplies are available and accessible.		
	Ensures the family, caregivers and inter-professional teams understand how to safely administer and appropriately dispose of medications.		

DOMAIN 4: COMFORT AND QUALITY OF LIFE cont'd			
	Discusses, teaches and assists the person with management of pain and symptoms, including the recognition of areas needing further assessment.		
	Considerations for care of seniors		
	Addresses the impact comorbidities have on symptoms and symptom management.		
	Accesses resources offering guidance on pharmacological pain management in older adults.		
	Considerations for care of children and youth		
	Recognizes the importance of play, education and sensory stimulation for children/youth with life-limiting conditions and the need to engage in childhood activities.		
	Holistic person-centered and family-centered care		
	Articulates knowledge (including interpretation of screening tools) related to the diagnosis of depression, anxiety, distress, and quality of life issues.		
	Gains an understanding of the roles and relationships within the family and how they may be impacted by the life-limiting condition(s).		
	Assesses and addresses person's depression and anxiety.	Differentiates between normal and abnormal levels of anxiety and depression in persons with life-limiting conditions.	
	Nurtures hope and meaning in a supportive way that is congruent with the goals of care.		

DOMAIN 4: COMFORT AND QUALITY OF LIFE cont'd			
	Assesses, identifies and addresses spiritual and existential needs of persons.		
	Refers to appropriate spiritual and religious care providers.		
	Assesses, identifies and addresses person's and family's social needs at end-of-life.		
	Practices therapeutic use of self to support people and families.		
	Recognizes the overall impact of a life-limiting condition on the person and family, including their mental health and coping mechanisms, and provides support to address identified needs.		

DOMAIN 5: CARE PLANNING AND COLLABORATIVE PRACTICE

Health-care providers (HCPs) are expected to demonstrate the competencies only as appropriate for their professional scope of practice, organizational policies, and specific job and role descriptions. Individual practice will range from novice to expert within each category.

CORE - COMMON FOR EVERY HCP	GENERALIST - ALL	ENHANCED PRACTICE - SOME	SPECIALIST - FEW
	Recognizes clinical limitations and professional boundaries and refers to other colleagues appropriately and in a timely manner.	Assists with coordinating care and making referrals to inter-professional team. Facilitates access to needed services and resources.	
Collaborates with the inter-professional team, person and family to ensure care plans are consistent with goals of care, preferences and advance care plans (ACPs), which may change throughout the life-limiting condition(s).	Reviews goals of care regularly with the inter-professional team, person and family, particularly when changes occur in the status of the life-limiting condition(s) and the functional level of the person. Initiates shared decision-making related to withdrawing or withholding interventions.	Contributes to shared decision-making related to withdrawing or withholding interventions.	Initiates and leads shared decision-making with the person, family, SDM and inter-professional team about withdrawing or withholding interventions, while recognizing when to reinitiate interventions.
	Participates in family conferences.	Co-leads family conferences.	Leads family conferences.
		Supports person and their family during conflict related to decision-making (e.g., different goals of care between competent youth and parents, or SDMs and other family members).	
Anticipates, identities and addresses supportive care needs of the person and family.	Assists the person, family and caregivers to access resources.	Assists the inter-professional team to access specialized palliative care resources.	Identifies the full range and continuum of palliative care services, resources and the settings in which they are available.
	Identifies and accesses services and resources within the setting specific to the person's goals of care.	Identifies and accesses services and resources outside the setting specific to the person's goals of care.	Consults in situations where usual services and resources are not meeting the person's goals of care.
	Effectively collaborates with inter-professional teams to manage pain and symptoms.	Uses shared scopes of practice to optimize care. Facilitates integration of unregulated personnel and volunteers, supervising as needed.	Develops and facilitates practice supports that assist inter-professional communication (e.g., electronic health record (EHR), palliative rounding). Acts as a resource regarding the role of discipline-specific interventions in symptom management and optimizing quality of life.

DOMAIN 5: CARE PLANNING AND COLLABORATIVE PRACTICE cont'd			
	Advance care planning		
	Determines capacity prior to conversations with person regarding goals of care and advance care plan (ACP), considering cognitive ability, developmental stage and stage of life-limiting condition(s).		
	Supports the person to revise or create an ACP when appropriate, engages in ongoing discussion regarding goals of care, and incorporates preferences outlined in the person's ACP.		
	Provides care in keeping with the person's goals of care and/or ACP.		
	Describes how a substitute descision-maker (SDM) is selected and the role they play in decision-making regarding a person's care.		
	Transitions		
	Recognizes the need for a change in the focus of care and treatment goals at critical decision points in the course of a life-limiting condition.		
	Provides supports to help the person to adapt to the changes in their condition.		
	Demonstrates expertise and sensitivity in facilitating safe, smooth and seamless transitions of care the person.	Collaborates within and between inter-professional teams across the continuum of care to facilitate continuity in palliative care.	Coordinates smooth transition between institutions, settings and services.
	Addresses potential issues for people transitioning between services (e.g., pediatric to adult, long term care to palliative care).		

DOMAIN 5: CARE PLANNING AND COLLABORATIVE PRACTICE cont'd			
	Considerations for community settings		
	When able, provides care in the person's preferred place, while recognizing the complexities and challenges involved for persons, families and caregivers.		
	Provides verbal and written information regarding dying at home and after death care.		
	Demonstrates an awareness of the impact of family role change when formulating relevant and realistic care plans.		
	Attends to psychosocial and practical issues related to care provided in the community.		
	Safely and appropriately delegates aspects of care to the family.		
	Accesses appropriate resources to support person requiring palliative care while already living in a long-term care facility so that the person does not have to be moved to an unfamiliar setting.		
	Puts plans into place to support the person and family in their preferred setting of care when possible, avoiding unnecessary acute care visits.		
	Last weeks, days and hours		
	Anticipates, recognizes and responds to the signs of imminent death.		
	Provides information and assurance to the person and family regarding comfort measures during the last days and hours of life.		

DOMAIN 5: CARE PLANNING AND COLLABORATIVE PRACTICE cont'd			
	Collaborates with the person and family to identify resources that will provide support during the last days and hours of life.		
	Addresses person or family requests for autopsies and body, organ or tissue donation.		
	Assesses and respects the family's need for privacy and closure at the time of death, offering presence as appropriate.		
	Identifies situations when the coroner must be contacted.		

DOMAIN 6: LOSS, GRIEF AND BEREAVEMENT

Health-care providers (HCPs) are expected to demonstrate the competencies only as appropriate for their professional scope of practice, organizational policies, and specific job and role descriptions. Individual practice will range from novice to expert within each category.

CORE - COMMON FOR EVERY HCP	GENERALIST - ALL	ENHANCED PRACTICE - SOME	SPECIALIST - FEW
Identifies grief as a common response to loss with multifaceted aspects that affect how it is experienced.	Recognizes the range of individual physical, psychological, spiritual, emotional and social responses to loss and grief.	Proactively responds to complex grief reactions and processes using own skills or appropriate referrals.	
	Acknowledges the cumulative losses inherent in the experience of a life-limiting condition and its impact on the person and family.		
	Demonstrates a basic knowledge of loss, grief and bereavement.	Demonstrates an enhanced knowledge of loss, grief and bereavement.	Demonstrates a specialized knowledge of loss, grief and bereavement.
	Demonstrates a basic understanding of the needs of family and friends, including children at various developmental stages, in dealing with grief and loss.	Demonstrates an enhanced understanding of the needs of family and friends, including children at various developmental stages, in dealing with grief and loss.	Demonstrates a specialized understanding of the needs of family and friends, including children at various developmental stages, in dealing with grief and loss.
	Recognizes the manifestations of grief.	Recognizes the differences between depression and grief, and refers person and/or familiy to inter-professional team and specialists as needed.	
Supports people and their families in their unique ways of grieving.	Accurately assesses person's and family's loss, grief and bereavement needs.	Understands, recognizes and manages pathological responses to loss, referring to the specialist palliative care consult team when appropriate.	Supports person and family experiencing pathological responses to grief as part of the inter-professional team, referring on refer to other resources (e.g., grieving support groups, psychiatrists) as needed.
	Provides guidance, support and information to families and makes referrals to bereavement services, as required.		

DOMAIN 6: LOSS, GRIEF AND BEREAVEMENT cont'd			
	Assists the family in understanding the concepts of loss and the processes of grief and bereavement, considering developmental stages and referring to inter-professional team and specialists as needed.		
	Assists the family in anticipating and coping with their unique grief reactions to loss and death.		
	Facilitates the family's transition into ongoing bereavement services, where needed.	Assesses, refers and provides supportive counselling to people and families who are grieving and/or bereaved.	

DOMAIN 7: PROFESSIONAL AND ETHICAL PRACTICE

Health-care providers (HCPs) are expected to demonstrate the competencies only as appropriate for their professional scope of practice, organizational policies, and specific job and role descriptions. Individual practice will range from novice to expert within each category.

CORE - COMMON FOR EVERY HCP	GENERALIST - ALL	ENHANCED PRACTICE - SOME	SPECIALIST - FEW
	Legal and ethical considerations		
Identifies and addresses ethical and/or legal issues in collaboration with the inter-professional team.	Facilitates discussion and resolution of basic ethical and legal issues in conjunction with the people, families and inter-professional teams.	Facilitates discussion and resolution of more complicated ethical and legal issues in conjunction with people, families and inter-professional teams.	Facilitates discussion and resolution of complex ethical and legal issues in conjunction with people, families and inter-professional teams.
	Applies a basic understanding of contemporary legal, ethical and professional standards to the provision of quality palliative care.	Applies an enhanced understanding of contemporary legal, ethical and professional standards to the provision of quality palliative care.	Applies a comprehensive understanding of contemporary legal, ethical and professional standards to the provision of quality palliative care.
	Selects basic nursing interventions regarding legal and ethical issues.	Selects enhanced nursing interventions regarding legal and ethical issues.	Selects specialized nursing interventions regarding legal and ethical issues.
	Anticipates and addresses ethical and legal issues that may be encountered when caring for patients with life-limiting conditions.		
	Identifies situations where beliefs, attitudes and values limit one's ability to be present and provide patient care; collaborates with others to ensure optimal care is provided.		
	Demonstrates knowledge of relevant legislation and policies.		
	Responds to inquiries regarding Medical Assistance in Dying (MAiD) in accordance with the relevant guidelines, standards and polices of their professional regulatory body and organization.		

DOMAIN 7: PROFESSIONAL AND ETHICAL PRACTICE cont'd			
	Accesses resources to guide ethically complex situations and implements possible resolutions.		
	Research and evaluation		
	Applies knowledge gained from palliative care research.	Participates in research activities.	Leads, facilitates and engages in research in palliative care, where possible.
	Where possible and appropriate, provides people and families with opportunities to participate in research.		Identifies the opportunities for, and barriers to, discipline-specific research unique to palliative care, where possible.
	Contributes to the monitoring and evaluation of the quality of palliative care.	Critically evaluates outcomes against standards and guidelines.	Contributes to the evaluation of the quality of palliative care and the effectiveness of the specialist palliative care consult team.
	Education		
	Participates in palliative care continuing education opportunities.	Advocates for HCPs to participate in palliative care continuing education opportunities.	
	Educates patients, families and inter-professional teams regarding palliative care and the palliative approach.	Educates HCPs, students and volunteers about the competencies unique to palliative care and the palliative approach.	Promotes awareness and provides public education regarding issues, beliefs and attitudes surrounding palliative care and the palliative approach.
	Advocacy		
			Actively influences and promotes palliative care strategic initiatives and policy development.
	Advocates for the needs, decisions and rights of potentially vulnerable people to be incorporated into care planning (including those with cognitive impairment and under the age of majority).		Identifies the determinants of health for the populations served and contributes to efforts to ensure equity.

DOMAIN 7: PROFESSIONAL AND ETHICAL PRACTICE cont'd			
	Promotes equitable and timely access to resources for palliative care.	Advocates for HCPs to have access to adequate resources to provide palliative care.	Identifies organizational issues that affect the delivery of palliative care and acts as an expert resource contributing to palliative care development and delivery.
	Acts as a mediator and advocate for the person in accessing appropriate and timely palliative care.		Advocates for the development, maintenance and improvement of Health-care and social policy related to palliative care.
	Addresses common misperceptions that people, families, and inter-professional teams have of palliative care within their setting.	Assists others in addressing misperceptions of palliative care.	Addresses misperceptions of palliative care from a systems perspective including identifying the beliefs and attitudes of society and health professionals towards palliative care, and addressing beliefs and attitudes of society and HCPs that undermine access to palliative care.
		Describes the role of the Canadian Hospice Palliative Care Association (CHPCA) and the BC Hopsice and Palliative Care Association (BCHPCA) in advocating for patients with palliative care needs.	Participates as a member of organizations which advocate for equitable, accessible, safe, and quality palliative care.
			Describes how changes in legislation, funding and structure of the health system could affect delivery of palliative care.
			Describes the moral, ethical and professional issues inherent in health advocacy related to palliative care.

DOMAIN 8: SELF-CARE

Health-care providers (HCPs) are expected to demonstrate the competencies only as appropriate for their professional scope of practice, organizational policies, and specific job and role descriptions. Individual practice will range from novice to expert within each category.

CORE - COMMON FOR EVERY HCP	GENERALIST - ALL	ENHANCED PRACTICE - SOME	SPECIALIST - FEW
	Explores own attitudes and beliefs regarding death, dying and caring for people requiring palliative care, and attends to own responses.		
Reflects on, and addresses, own well-being.	Identifies the impact of past experiences of suffering, death and dying when providing palliative care.		
Supports colleagues as they address personal well-being in relation to challenges and complexities of this work.	Contributes to a team environment of caring and support by recognizing compassion fatigue in oneself and colleagues, and engaging in healthy activities including accessing counselling services when needed.	Mentors and educates colleagues regarding the personal impact of loss, grief and bereavement, supporting them to recognize their own loss responses, and encouraging engagement in activities to maintain their resilience on an on-going basis.	

All British Columbians affected by serious illness will have equitable access to compassionate, person-centred care and resources.