CHCA Project ECHO
Integrated Seniors Care

All Teach, All Learn

Bridging the Knowledge Gap in
Home and Primary Health Care

Caring for Others, Sustaining Ourselves: Self-Care in Integrated Palliative Care

Presenter:

Nadine Valk, Coach, Educator, Facilitator and Systems-Level Change Leader

Panelists:

Dr. Aamir Haq, MD, CCFP(PC), Family Medicine and Palliative Physician
Dorothy Ley Hospice Community Physician

Susan Doucette RN CHPCN ©, Provincial Palliative Home Care Clinical Development Coordinator, Health PEI

Host: Jennifer Campagnolo, CHCA
July 15, 2026

Canadian Home Care Association

Land Acknowledgement

Artist Credit: Patrick Hunter

We recognize with humility and gratitude that Canada is located in the traditional, historical and ceded and unceded Lands of First Nation, Inuit and Metis Peoples. On behalf of us all, we acknowledge and pay respect to the Indigenous peoples past, present and future who continue to work, educate and contribute to the strength of this country.

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Introductions

Nadine Valk
Coach, Educator, Facilitator and
Systems-Level Change Leader

Dr. Aamir Haq, MD, CCFP(PC)
Family Medicine and Palliative Physician
Dorothy Ley Hospice Community Physician

Susan Doucette RN CHPCN ©
Provincial Palliative Home Care Clinical
Development Coordinator, Health PEI

Caring for Others, Sustaining Ourselves

ECHO Integrated Seniors Care

Nadine Valk, MPA, Certified Coach

Why Self-Care Matters

- Emotional labour is inherent in palliative care
- Sustaining presence requires sustaining ourselves
- Self-care is an essential competency, not an optional add-on

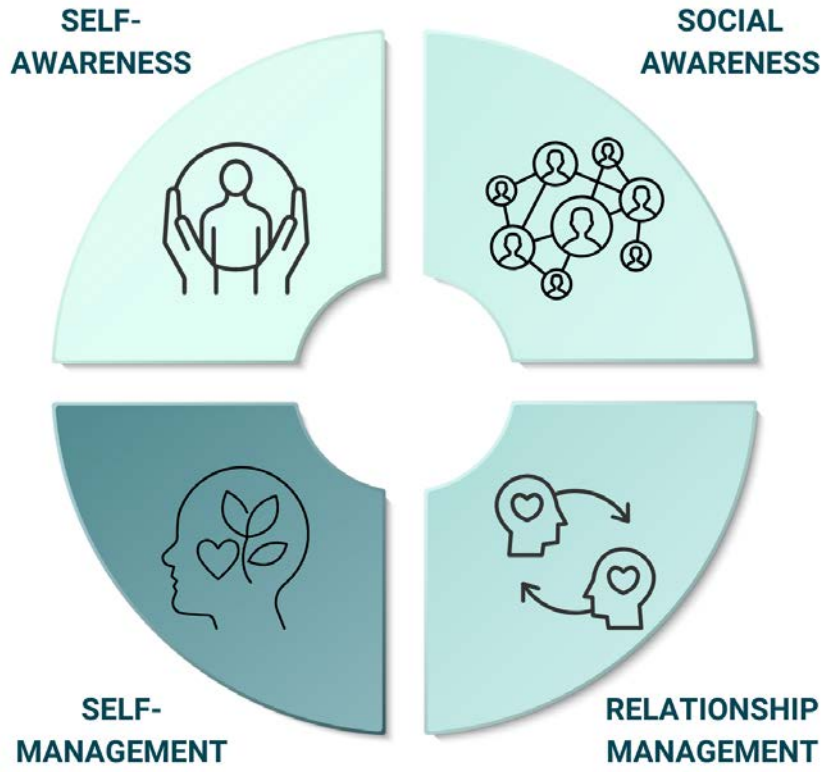
"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without gettering wet"

– Dr. Naomi Rachel Remen

Self-Care Competencies

Self-Care:

A spectrum of knowledge, skills, and attitudes including self-reflection and self-awareness, identification and prevention of burnout, appropriate professional boundaries, and attending to grief and bereavement.



Self-Awareness - Understanding your internal state, reactions, limits, and recognizing how they affect your behaviour and the people around you.

Self-Care Competencies:

- Recognizing emotional responses to suffering, dying, grief, and family distress
- Identifying early signs of burnout, empathy fatigue, and moral distress
- Reflecting on personal values, biases, and cultural assumptions
- Understanding triggers that compromise presence or decision-making
- Using reflective practice to monitor wellbeing and professional functioning

Practice: Noticing & Naming

- Integrating regular opportunities to check-in with yourself
- What do you notice? How can you acknowledge it?

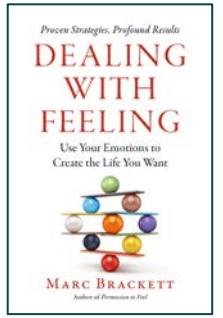
Self Management - The ability to work with your emotions so you can stay steady, think clearly and choose how you want to respond.

Self-Care Competencies:

- Uses healthy coping strategies (mindfulness, grounding, restorative activities)
- Maintains professional boundaries while offering compassionate presence
- Implements routines that support physical, emotional, and spiritual wellbeing
- Applies strategies to manage stress in high-intensity or ethically complex situations
- Seeks supervision, mentorship, or support when needed

Practice: Identify What You Need

Choose one small action that supports you e.g., setting a boundary, stepping outside, talking to someone you trust…



Practice

C - Check-In (what am I noticing?)

A - Acknowledge (name it gently)

L - Listen (what would support me?)

M - Make a plan (how/when can I follow through?)

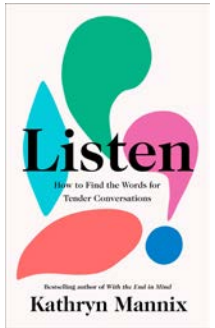
Social Awareness – Noticing what's happening emotionally around you: how others are feeling, how the room feels, and how that affects you.

Self-Care Competencies:

- Recognizes emotional strain in others and contributes to a supportive environment
- Practices cultural humility and understand how systemic inequities and cultural contexts shape patient and family experiences
- Responds sensitively to diverse expressions of grief, suffering, and meaning-making
- Notices team dynamics that may contribute to distress, conflict, or moral injury

Practice: Naming & Noticing

- Gently name one emotion you sense in the other person
- Notice what shifts in your own body
- Add a grounding statement: e.g. "I can stay steady here."



Relationship Management - Supporting clear and compassionate relationships with healthy boundaries.

Self-Care Competencies:

- Communicates needs, limits, and concerns clearly
- Participates in debriefing, reflection, and peer support
- Maintains compassionate relationships while upholding boundaries
- Uses ethical frameworks and team consultation for complex decisions
- Supports colleagues and contributes to psychologically safe team culture

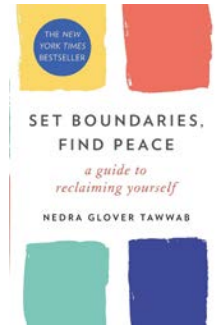
Practice: CALM With Others

C - Check-In (What am I noticing?)

A - Acknowledge (Name it gently)

L - Listen for what's needed (What matters to them?)

M - Make a plan together (What are the next steps?)



Reflective Practice

Where do I Feel Steady? What do I want to strengthen?

Self-Awareness - What emotions show up most often in my work, and how do I usually notice them?

Self-Management - What helps me steady myself or shift down when I notice my warning signs or triggers?

Social Awareness - Whose emotions do I tend to absorb most easily, and how do I know when I'm taking on too much?

Relationship Management - How do I support colleagues in a way that is compassionate and boundaried, without absorbing their distress?

Meet Jordan*

Current Situation

- 42-year-old home and community health care provider in London, Ontario, supporting older adults with serious illness and complex chronic conditions.
- Case load has become more complex, with advanced illness, functional decline, caregiver distress, and transitions between home and hospital.
- Known as compassionate and reliable, Jordan feels responsible for helping clients remain safely at home when families are overwhelmed or services are limited.
- Outside work, Jordan has withdrawn from exercise, meal planning, social connection, and regular sleep.

Medical History and Functional Status

- Jordan notes increasing fatigue, headaches, disrupted sleep, poor concentration, and difficulty recovering between workdays.
- Work habits now include missed breaks, after-hours messaging, and evening documentation.
- Feels torn between responding after hours or staying late and protecting family commitments and personal downtime.
- Feels numb during some visits, tearful or irritable afterward, dreads some declining-client visits, and is less patient with colleagues and families under stress.

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* This case study is based on real-world events and experiences but is a composite scenario, with names and identifying details changed to protect privacy and confidentiality.

Meet Jordan*

Concerns and Pressure Points

- Supporting several clients who wish to remain at home, including one who is in rapid decline with frequent family calls driven by fear and uncertainty.
- Has stayed beyond scheduled visits and taken on extra coordination and reassurance tasks to prevent gaps in care.
- Feels guilt about stepping back, discomfort with task redistribution, and doubt about continuing in the role.
- “I know I can’t do everything, but if I step back, it feels like I’m abandoning them.”
- During a recent team meeting, Jordan became quiet when colleagues discussed redistributing tasks and later shared feeling guilty for “not being strong enough.”

Perspective of Colleagues and Care Recipients

- Families view Jordan as kind, responsive, and trusted, and some rely on Jordan as their first point of contact.
- Colleagues see exhaustion, reduced engagement, isolation, and limited use of team support; check-ins often end when Jordan says, “I’m fine.”
- The team recognizes the work is meaningful but emotionally demanding, particularly through decline, dying, death, grief, and complex family situations.

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Discussion / Q&A

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Upcoming TeleECHO Clinics

cdnhomecare.ca/chca-project-echo-integrated-seniors-care

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Optimizing Comfort and Quality of Life: Integrated Palliative Approaches to Symptom Management in Complex Chronic Conditions
September 30, 2026 | 12–1pm Eastern

Presenter: **Dr. Aamir Haq, MD, CCFP(PC)**Family Medicine and Palliative Physician Dorothy Ley Hospice Community Physician

Thank you for taking a moment to complete the survey!

FACULTY / PRESENTER DISCLOSURE

- Presenter: Nadine Valk
- Relationships with commercial interests:
  - Grants/Research Support: None
  - Speakers Bureau/Honoraria: None
  - Consulting Fees: None

Daniel S, 2011

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- Potential for conflict(s) of interest:
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Daniel S, 2011

SCIENTIFIC PLANNING COMMITTEE DISCLOSURE

- Committee Member: Dr. Aamir Haq
  - Financial Relationships: None.
  - Non-Financial Relationships: College of Family Physicians of Canada.
- Committee Member: Jean Johnston-McKitterick
  - Financial Relationships: Tea and Toast Elderly Planners.
  - Non-Financial Relationships: Osgoode Care Centre Board of Directors.
- Committee Member: Katarina Busija
  - Financial Relationships: None.
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- Committee Member: Dr. Itode Vivian Ewa
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  - Non-Financial Relationships: College of Family Physicians of Canada.
- Committee Member: Dr. Amanda Condon
  - Financial Relationships: CanTreatCovid (CIHR and Public Health Agency of Canada) & OurCare (Max Bell Foundation and Staples Canada)
  - Non-Financial Relationships: College of Family Physicians of Canada, University of Manitoba, Shared Health Manitoba & Charleswood Care Centre.
- Committee Member: Lara de Sousa
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- The information presented in this CME program is based on recent information that is explicitly "evidence-based”.

- This CME Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in the CME/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards

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