

PALLIATIVE MEDICINE SUBSPECIALTY PROGRAM DESCRIPTION, OVERALL GOALS, AND MOCK ROTATION SCHEDULE

Background

In 2016, the Royal College of Physicians and Surgeons of Canada (RCPSC) established standards for the two-year subspecialty residency program in palliative medicine. These standards guide the curriculum of the Program at the University of Ottawa. Our Program celebrates the history of the prior Conjoint Year of Added Competency in Palliative Medicine by offering the subspecialty program in close conjunction to the year of enhanced skills training offered under the College of Family Physicians of Canada. We believe that palliative care as a field, and a training program, is enriched through close collaboration between physicians and interprofessional staff from a variety of backgrounds.

Goals of the Program as per the RCPSC

“Upon completion of training, a resident is expected to be a competent subspecialist in adult Palliative Medicine, capable of assuming a consultant’s role in the subspecialty. The resident must acquire a working knowledge of the theoretical basis of the subspecialty, including its foundations in the basic medical sciences and research, as it applies to adult Palliative Medicine.

Only candidates certified by the Royal College of Physicians and Surgeons of Canada in Internal Medicine, Anesthesiology or Neurology may be eligible for certification in adult Palliative Medicine. Entry may occur from other specialties/subspecialties but must follow completion of the primary specialty or subspecialty training and must meet the specific prerequisites detailed in the Subspecialty Training Requirements for adult Palliative Medicine.

During the course of training, the resident must acquire the medical knowledge, clinical skills, and professional attitudes needed to provide exemplary care throughout the continuum of life, death and bereavement for patients with chronic or life threatening illness and patients’ families. The resident must acquire an understanding of the basic scientific principles of pain and other common symptoms experienced by the population served, to expertly assess and manage the complex issues associated with chronic and life threatening illness. The resident must develop the ability to function as a consultant in the inpatient, ambulatory, and community settings, as part of an interprofessional team. Expertise in communication to promote the development of supportive, respectful, caring relationships, along with moral and ethical principles, especially related to end of life decision making, are essential.

Residents must demonstrate the requisite knowledge, skills, and behaviours for effective patient-centred care and service to a diverse population. In all aspects of subspecialist practice, the graduate must be able to address moral and ethical issues, and issues of gender, sexual orientation, age, culture, beliefs, and ethnicity in a professional manner.”

Please refer to the RCPSC website for information on:

- a) **Eligibility Criteria** – contained in the document “Subspecialty Training Requirements In Adult Palliative Medicine”
- b) **Training / Rotation Requirements** – contained in the document “Subspecialty Training Requirements In Adult Palliative Medicine”. Also see the Mock Schedule below.
- c) **Objectives of Training** – contained in the document “Objectives of Training In The Subspecialty of Adult Palliative Medicine

Overview of the Program at the University of Ottawa

The educational objectives of the Program are defined and operationalized within our rotation structure, longitudinal experiences, and formal teaching curriculum. The objectives reflect the various roles of physicians as defined by CanMEDS, including Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional.

Clinical rotations in the Program are distributed across academic and community teaching sites in the Ottawa region. There are also several longitudinal aspects to the Program, and many elective experiences are available. Some of our core Program components are described below.

Élisabeth Bruyère Hospital – Palliative Care Unit

The Palliative Care Unit (PCU) consists of 31 inpatient beds and is staffed by an interprofessional team. Persons with advanced life-limiting illnesses are admitted to the unit for symptom management and/or end-of-life care.

Palliative medicine subspecialty residents spend a minimum of two blocks on the PCU. This rotation occurs early in the resident’s training to teach them basic palliative care principles, including symptom management. This rotation also allows for observation and teaching on communication skills, such as goals of care discussions and end-of-life and/or discharge planning.

The resident works as a member of the interprofessional team providing care to the patients and their families. The trainee is responsible for the daily care of patients, including attendance at team rounds and family meetings.

The Ottawa Hospital (TOH)

Trainees spend four blocks with the Supportive and Palliative Care Consultation Service at TOH; two at the General Campus, and two at the Civic Campus. The Supportive and Palliative Care Consultation Service is an interprofessional team of health care professionals providing inpatient and out-patient ambulatory services. Consultations include symptom control, and psychosocial and spiritual support.

The Civic Campus offers an opportunity to provide care to patients with palliative care issues in non-oncological diseases, and it is adjacent to The Ottawa Heart Institute. All of the oncology beds for the Integrated Cancer Program are located at the General Campus.

The trainee, under the supervision of a Palliative Medicine Consultant, works as a member of the interprofessional team providing inpatient consultation services.

Community Palliative Care – Regional Palliative Consultation Team (RPCT)

The RPCT supports, educates, and assists primary care providers in the community to provide high quality care to palliative care patients. Services include 24/7 telephone consultation, educational sessions, information on community palliative care resources, and community-based consultation services (in homes, long-term care facilities, hospices and other residential facilities) when they are unable to access ambulatory palliative care services in the Ottawa area.

Trainees spend at least two blocks with the RPCT. The trainee, under the supervision of a Palliative Medicine Consultant and the Advanced Nurse Practitioner Service Coordinator, works with the RPCT to provide telephone and home consultation. The trainee may also provide education to Family Medicine residents in their Palliative Care rotation, and assist with the care of the Family Medicine residents' patients in the community, particularly those in hospices.

Pain Service

The Ottawa Hospital (TOH) Chronic Pain Service holds regular outpatient clinics for patients with chronic pain, and also works closely with the Supportive and Palliative Care Service at TOH to provide interventional pain control for patients with incurable illness who have not been able to achieve adequate relief with other treatment modalities. The Pain Service provides neurolytic blocks, as well as epidural and intrathecal infusions.

Trainees are supervised by the faculty of the Department of Anaesthesia working in the Chronic Pain Service. Trainees will assist in the assessment of ambulatory and inpatients, as well as observe and assist with procedures as determined by the supervising physician. The main focus will be with palliative care patients referred to the service.

Oncology

Subspecialty residents participate in one rotation with each of Medical and Radiation Oncology. The Integrated Cancer Program, part of TOH, addresses the oncology needs of the eastern Ontario region. Under the supervision of attending medical and radiation oncologists, our residents participate in the care of patients attending medical and radiation oncology ambulatory clinics at TOH Cancer Centre. Emphasis is placed on the most common malignancies seen in palliative care - lung, breast, prostate and colon cancers.

Selectives

There are two types of selectives integrated into the subspecialty rotation schedules. Medicine selectives may be chosen from a variety of medical subspecialties to best suit each resident's learning needs and career goals. The Ottawa Hospital provides learning opportunities across all medical subspecialties, and most of those services already work closely with our Supportive & Palliative Consultation Service. Each resident also chooses from a list of general selectives that span a wide variety of disciplines and settings, including spiritual care, public health, psychiatry, and others.

Palliative Care Clinics in the Cancer Center and Longitudinal Clinics

All palliative medicine trainees attend a Palliative Care Clinic at The Ottawa Hospital Cancer Centre once every three to four weeks over the course of the Program. There are also two dedicated blocks of experience in these clinics. Trainees work closely with a Palliative Medicine Consultant to provide longitudinal follow up of ambulatory palliative care patients. Trainees gain experience in following patients as their symptom burden and psychosocial needs change over the illness trajectory. Similar to the RPCT rotation, the Longitudinal Clinics provide trainees with the competence to manage the unique aspects of community and ambulatory palliative care, as they differ from the inpatient setting.

The clinics also allow for each trainee to gradually increase their independence as they work with a consistent supervisor over the course of the Program.

Verbatims

Verbatims are an opportunity for all palliative medicine trainees to improve their communication, collaboration, advocacy, and professionalism competencies using an interactive, low-stakes model. Communication techniques in challenging encounters (especially those involving conflict) are taught and rehearsed. The trainee learns how to reframe situations from conflict to collaboration when possible. Coaching and self-reflection allows them to balance the needs of others with their own self-care, which will lead to greater professional resilience. Coaching is provided one-on-one by a social worker or spiritual care professional. Sessions are held for one hour every other month.

Academic Activities

Trainees participate in teaching sessions and rounds several times per month. These include clinical interprofessional team rounds, Journal Club, LEAP seminars, Academic Half-Days (in-person weekly in the first year and self-study in the second year), and Regional Academic Rounds. Residents also assist with the teaching second-year medical students during their “Integration Week” in palliative care. There are also opportunities to provide additional teaching with the support of the Faculty.

Scholarly Project and Mentoring

Each trainee will complete a scholarly project over the course of the Program. The Faculty will assist the trainee in identifying a topic and supervisor. Projects can be focused on traditional research, medical education, or quality improvement. Each trainee is assigned a separate mentor in the Faculty that provides guidance, support, and career counselling.

Mock Rotation Schedule

The subspecialty Program is designed for delivery over two years. Each year consists of 13 blocks for a total of 26 blocks, each being approximately four weeks in length. The blocks are scheduled as core, selective, or elective rotations, with some rotations spanning more than one block. The mock schedule below is flexible to meet the needs to each resident, within the structure provided by the RCPSC in the “Subspecialty Training Requirements In Adult Palliative Medicine”.

| Year-Block | Rotation Title |
|------------|---|
| Y1-B01 | Palliative Care Unit (Bruyere) |
| Y1-B02 | Palliative Care Unit (Bruyere) |
| Y1-B03 | Palliative Care Consults (TOH-General) |
| Y1-B04 | Palliative Care Consults (TOH-General) |
| Y1-B05 | Medical Oncology |
| Y1-B06 | Radiation Oncology |
| Y1-B07 | Community Palliative Care (Regional Palliative Consultation Team) |
| Y1-B08 | Medicine Selective 1 (e.g. Cardiology) |
| Y1-B09 | Scholarly |
| Y1-B10 | Selective 1 (e.g. Psychiatry) |
| Y1-B11 | Ambulatory Palliative Care (Cancer Centre Clinics) |
| Y1-B12 | Medicine Selective 2 (e.g. Neurology) |
| Y1-B13 | Pain Clinic |

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| Y2-B01 | Pediatric Palliative Care (CHEO & Roger's House) |
| Y2-B02 | Medicine Selective 3 (e.g. Critical Care) |
| Y2-B03 | Medicine Selective 4 (e.g. Nephrology) |
| Y2-B04 | Community Palliative Care (Regional Palliative Consultation Team) |
| Y2-B05 | Ambulatory Palliative Care (Cancer Centre Clinics) |
| Y2-B06 | Medicine Selective 5 (e.g. Respiriology) |
| Y2-B07 | Medicine Selective 6 (e.g. Geriatrics) |
| Y2-B08 | Palliative Care Consults (TOH-Civic) |
| Y2-B09 | Palliative Care Consults (TOH-Civic) |
| Y2-B10 | Scholarly |
| Y2-B11 | Selective 2 (e.g. Hospice and Community Palliative Care) |
| Y2-B12 | Acute Palliative Care Unit (location pending) |
| Y2-B13 | Acute Palliative Care Unit (location pending) |

How to Apply

Please see the separate document: Palliative Medicine Application, Selection, and Match Process. You may also contact our Program directly, as below, for instructions or more details.

Contact Information

If you are interested in our Program or have questions, please contact:

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