PALLIATIVE CARE

(1) INTRODUCTION

The Palliative Medicine Residency Program at the University of Manitoba has been in existence since 1999. It is one of the first to have been accredited by the Conjoint Committee of the Canadian College of Family Physicians and the Royal College of Physicians and Surgeons of Canada. The program provides a one year educational experience in Palliative Care Medicine. Trainees completing the year will be able to work as a consultant in palliative medicine in either an academic centre or as a community physician. A series of rotations encompassing inpatient, outpatient and consultation experiences as well as exposure to oncology and rural palliative care make up the program. A scholarly project is a mandatory requirement and a research rotation.

(2) PALLIATIVE CARE PROGRAMS ACROSS CANADA

Programs across Canada are not matched through CaRMS. Direct application must be made to the Palliative Care Director of each unit. Some hospitals have their own Department of Palliative Care Medicine while others can be found under Family Medicine.

(3) UNIVERSITY OF MANITOBA PROGRAM

Selection of Residents

The number of residents in the program will vary according to Manitoba Associated Teaching Hospitals (MATH) funding availability. At present, funding exists for two positions. These residents may be from either the Family Medicine stream or the Royal College stream. Consideration can be given to part-time positions, which can be designed to meet the trainees’ needs and the program requirements.

Residents will be selected from applicants that meet the minimum requirements. This means that they will have completed a postgraduate certification program as set out by the Royal College of Physicians and Surgeons or by the Canadian College of Family Physicians. They must have completed the certification examinations or be eligible to sit these examinations on the completion of the palliative medicine program. A letter of intent accompanying current curriculum vitae is required. As well, the candidates will be interviewed by at least two members of the residency program committee, and external references will be contacted. The Residency Program Committee will approve selection of the successful candidate.

(Revised May 25, 2006)
PROGRAM INFORMATION

The Resources and Locations Involved in Training

The resident will train in a variety of different learning environments including tertiary palliative care and community palliative care units. There will be an opportunity to acquire skills in a hospice or home setting as part of the Home Visit Team. In addition, the resident will undertake rotations as part of the Palliative Medicine Consultation Team at the SBGH or HSC to broaden his/her understanding of the consultative and cultural dimensions of palliative care. There will be interdisciplinary faculty guiding the resident, including Family Medicine, Medical Oncology, Radiation Oncology, Nursing, Social Work, Pastoral Care, Psychiatry and Psychosocial Oncology. Opportunities will exist for the resident to interact with anesthetists, surgeons, and neurologists, through the elective rotation.

Appropriate resources will be provided for administrative support in terms of space, access to libraries and computers with internet access. During the rotations at SBGH, residents will have access to complete diagnostic radiology facilities, including diagnostic ultrasound, CT scanning and MR imaging. Access to surgery and its specialties, as well as anesthesia is also available at St. Boniface.

Curriculum

1) **Eight weeks** supervised training period on the **Tertiary Level** Palliative Care Unit, located at St. Boniface General Hospital (SBGH). Supervision will be determined at the time of the rotation.

This rotation will include:
- inpatient care on a 15-bed academic unit in a tertiary care teaching hospital. This hospital is in the centre of the culturally French-speaking part of Winnipeg. There is a diverse exposure to different cultures, languages and spiritual beliefs.
- in-hospital consultations
- telephone consultations for other city hospitals, the community, and for rural sites
- out-patient Pain & Symptom control clinic.

2) **Eight weeks** at the Riverview Health Centre Palliative Care Unit.

This would involve:
- inpatient care on a 30 bed unit in a community-based long-term care facility
- telephone consultations for city hospitals, community, and for rural sites
- out-patient consultations through the Regional Palliative Care Program
3) **Four weeks** with the **medical oncology** service at CancerCare Manitoba.

The resident will participate in outpatient clinics associated with several Disease Site Group, as well as hospital consultation and academic rounds. The rotation will focus on issues related to learning principles of malignant disease, its diagnosis and treatment. This includes solid tumors as well as hematological malignancies.

4) **Four weeks** with the **radiation oncology** service at CancerCare Manitoba. The resident will rotate through several of the Disease Site Groups, and learn some of the principles of therapeutic radiation as well as the use of radiation as a modality for treatment, especially as therapy for the palliation of symptoms. If the resident has previously completed an oncology training program, these rotations could be spent with the University of Manitoba Family Medicine Program, focusing on issues of communication and interview skills. Alternatively, it may be used for research or elective time. Such alterations in the schedule would require the approval of the program director.

5) **Eight weeks** working with the **Community Consults and Home Visit** Team. This will include the assessment and management of the terminally ill in the home, as well as preparation of the patient and family for death at home. The resident will work in conjunction with an interdisciplinary care team. As well, the resident will provide consultative services to other community hospitals in conjunction with clinical nurse specialists providing supportive and palliative consultation. These services will include pain and symptom management, as well interventions to improve end-of-life care.

6) **Four weeks** in a **rural setting** under the supervision of Dr. Cornelius Woelk, a rural palliative medicine practitioner. This would involve inpatient and home palliative care, both primary and consultative. The resident will be exposed to the unique aspects of the provision of palliative care in the rural setting.

*This may be substituted by another core ward rotation in palliative care if geographic/family difficulties are encountered.*

7) **Four weeks elective** in an area of study of the **resident’s choice**. This may include interventional anesthesiology, psychiatry, psychosocial oncology, bereavement counseling, or other areas related to the delivery of palliative care medicine. The Program Director/Committee prior to commencement of the rotation will approve this program and as well as the specific rotational objectives developed by the trainee.

8) **Four weeks vacation**, which *can be* distributed throughout the training year.

9) The resident will undertake a **scholarly project**, which will be **ongoing throughout the year of training**. The resident will be able to use one rotation to help with the completion of this or other scholarly projects. This block can be used to learn further techniques in biostatistics or clinical trial design. Supervision can be under any of the palliative medicine physicians with research experience, or may be under a physician from another but related area (e.g., radiation or medical oncologist). The resident will also be encouraged to present any findings from the research project at local, national or international conferences.

10) The **final four-week** period is the **Senior Rotation**. The resident will act as an attending physician on the SBGH Palliative Care Unit. Patients will be admitted under him/her, and the resident will initially review consultations. The resident will take responsibility for teaching of other trainees on the unit at this time. Supervision will continue to be provided by the faculty.

11) The resident **will** participate in the **CancerCare Manitoba (CCMB) Pain & Symptom Clinic or the WRHA Palliative Care Clinic** as a horizontal exposure. These clinics have a multidisciplinary focus, with the participation of medicine, nursing, pharmacy, psychosocial oncology and nutrition (CCMB site). It is located at the St. Boniface Site of CancerCare Manitoba. Research and education are an integral part of the clinic. The resident will be expected to participate in this weekly clinic throughout the year.
12) The resident has the option of pursuing up to one clinic a week in the area of their certification (Family Medicine, Internal Medicine, Oncology, etc.). This must not interfere with their progress in the residency, and should be timed to cause the least disruption to their work on the individual rotations.

**Goals and Objectives**

At the end of the rotation, the trainee will be able to:

- Demonstrate an approach to investigation and intervention in the terminally ill that shows consideration of the condition and prognosis of the patient, the hopes and expectations of the patient and family and the reality of what is medically possible.
- Discuss ethical issues in the care of the dying with specific focus on feeding, withdrawal and withholding of treatment, medical futility and sedation in the final days of life.
- Describe a useful approach to pain and symptom management.
- Work effectively with the interdisciplinary team to care for patients and their families.
- Discuss relevant literature and apply critical appraisal skills to help solve clinical problems.
- Describe the complexity of suffering in the terminally ill patient, the interplay of physical/spiritual/sociocultural factors and the concept of “total suffering”.
- Demonstrate effective communication skills in dealing with dying patients and their families.
- Acknowledge the personal issues and challenges in working with the terminally ill patient.

(Developed Jan 04, updated September 2005)

(4) **PALLIATIVE CARE MEDICINE – PHYSICIAN’S SURVEY**

There are no Palliative Care Physician’s Survey results available at this time.