**We welcome your interest and inquiries regarding the Palliative Medicine Residency**

Please direct to:

Clareen Akshinthala  
Administrative Coordinator  
Tel: 905-525-9140 ext. 20494  
Email: akshint@mcmaster.ca  
Web Site: www.fhs.mcmaster.ca/palliativecare

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**Palliative Care Residency Program Director**

**Dr. Alan Taniguchi**

Assistant Clinical Professor, Dept. of Family Medicine

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This 12 month program is fully accredited by the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC).

**PROGRAM DESCRIPTION**

This program provides comprehensive exposure and training in palliative medicine in order for residents to gain enhanced clinical expertise in the provision of palliative care. Rotations occur in various practice settings such as acute care hospitals, community-based home-visiting teams, and inpatient palliative care units. Exposure to different patient populations occurs. The resident will have opportunity to learn about pain and symptom management, psychosocial care, ethical decision-making, and interprofessional collaborative practice.

The following is an outline of program rotations:

## 1. PALLIATIVE CARE CORE CONCEPTS

This eight-week block provides the resident with core clinical experience in palliative care through working with an expert interprofessional palliative care team.

The resident will assess and manage patients with the symptom issues and psychosocial needs commonly seen in palliative care. S/he will also assess and manage the supportive care needs of families and learn about interprofessional collaborative practice.
II. ONCOLOGY ROTATION
This block comprises 8 weeks of learning in ambulatory oncology care clinics and an in-patient oncology unit. The emphasis is on management of common cancers, and their complications and crises (physical and emotional). The resident will be exposed to the common modalities of treatment (systemic, radiation, surgical).

III. PALLIATIVE CARE CORE CONCEPTS
This rotation provides further opportunity to learn and consolidate knowledge and skills in the fundamental practice of palliative care. The resident will continue to refine pain and symptom management and psychosocial skills by working with an expert interprofessional palliative care team.

IV. COMMUNITY EXPERIENCE
Residents will experience the whole continuum of care at home including death at home and care of family around time of death and in the bereavement period. Residents will be assigned several patients and families and will work with a community-based, home-visiting Palliative Care team.

V. CHRONIC PAIN
This block involves providing care to patients with chronic, non-cancer pain who are not considered to require palliative care. The objective of the rotation is to learn how pain management differs for chronic pain patients as compared to patients receiving palliative care.

VI. SENIOR PALLIATIVE CARE
This block is scheduled for the end of the program and affords the resident increased responsibility and opportunity for independent practice. The setting of care will include an inpatient palliative care unit where the resident will act as attending physician and also become involved in Manager roles in running the unit.

VII. ELECTIVE EXPERIENCE
Electives will be organized based on the needs and interests of the resident. Some possible areas of elective study include pediatric palliative care, geriatric palliative care (LTC), HIV, work in an inpatient palliative care unit in another city, bereavement counseling, pharmacology, research elective.

The resident will develop foci for electives in collaboration with their advisor/mentor and the program director.

VIII. LONGITUDINAL PALLIATIVE CARE CLINIC
The resident will participate in an outpatient palliative care clinic on a weekly basis (half-day). S/he will follow a cohort of patients and experience continuity of care provision over the duration of the program.

IX. ACADEMIC HALF-DAY
The academic half-day occurs once per week throughout the duration of the program. Some sessions will be held in conjunction with residents from other programs such as oncology, geriatric medicine, anaesthesia, and family medicine. The format will include seminars, case-based discussions, and independent study. A teleconference series with palliative medicine residents from across the country and palliative care physician journal club will be part of this experience. Some half-days will be allocated for the resident to work on the scholarly project.

X. SCHOLARLY PROJECT
The resident will complete a scholarly project during the program. S/he will identify a project for indepth inquiry near the beginning of the year, develop a methodology to explore the topic of interest, and conduct relevant scholarly activities, with the goal of presenting their scholarly work at year’s end. Preparation of a paper suitable for publication is encouraged. A mentor is provided by the program to facilitate the resident’s scholarly endeavours.

APPLICATION PROCESS
For PGY3 positions in Family Medicine, please submit a covering letter outlining your interest, a CV and letter of references not later than October 2, 2015 to:

Dr. Keyna Bracken
Program Director Enhanced Skills Program
Department of Family Medicine
McMaster University
1280 Main St West
DBHSC 2nd Floor
Hamilton, ON L8S 4K1

Royal College residents please submit to:

Dr. Alan Taniguchi
Palliative Medicine Residency Program Director
Division of Palliative Care
Department of Family Medicine
McMaster University
1280 Main St West
DBHSC 2nd Floor
Hamilton, ON L8S 4K1

SELECTION
The Selection process includes the following steps:

A. All candidates will be required to submit their CV; letter of intent detailing previous experience in palliative care, rationale for pursuing training in palliative medicine, and personal learning objectives for the residency; program director letter of support; and 2 reference letters by deadline.

B. Applications will be reviewed by the Palliative Medicine Residency training committee and the director.

C. Interviews will be granted to selected candidates, to ensure that the residency program can meet the learning needs of the applicants.

D. Final selection of residents will occur. Letters of offers to successful candidates will be sent December 4, 2015.