



January 2019

About me

My name is Hollis Roth and I'm a PGY-3 resident in Palliative Care Enhanced Skills, Department of Family Medicine, at the University of Calgary. I'm from North Saanich, British Columbia and I did my undergraduate work at the University of Victoria. I have a B.Sc. with Distinction, Combined Chemistry and Mathematics. I completed my MD and Family Medicine Residency at Queen's University.

Why I chose Palliative Care

I was fortunate to complete a rotation in Palliative Care during my third year of medical school while in my internal medicine sub-specialty rotation. I was immediately drawn to the specialty's holistic focus throughout the course of life-limiting illness. I found the focus on patients as people, including their symptoms, concerns, family, and dignity, refreshing and deeply rewarding. Going into my Family Medicine residency, I suspected that I would pursue further training in Palliative Care.

Clinical Life

What does a typical day of clinical duties involve?

A typical day	
Morning handover	09:30-10:00 with the inter-professional team including: nursing, social work, occupational therapy, physiotherapy, residents, and attending physicians.
Rounding	Rounding on current patients on the unit occurs in the morning (~10:00-13:00).
New admission and consults	New admissions to the unit and new consults are seen at any point during the day; often in the afternoon (~13:00-16:00).
Evening Handover	Handover to the resident on evening call (home call) – 16:00-16:30.
Family meetings	Scheduled times during the week, meeting with patients, their families, and loved ones, as well as members of the interprofessional teams and consulting teams.
Journal club	Twice a week; residents present recent articles.
Teaching	Once a week while on the Intensive Palliative Care Unit (IPCU); topics regularly include delirium, dyspnea, palliative sedation, pain, and advanced care planning.
Academic half days	Every Thursday afternoon during the academic year for Enhanced Skills Palliative Care Residents; teaching is from 15:00-17:00.
Advanced practice rounds	Every month during the academic year. Each Enhanced Skills Palliative Care resident presents 3-4 times per year on a topic of interest aimed at an attending staff level.



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Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00					Home Call		
07:00							
08:00						Journal Club	
09:00		Handover	Handover	Weekly Inter-Professional Rounds	Handover	Handover	Weekend call (once monthly)
10:00		Rounding	Rounding	Rounding	Rounding	Rounding	
11:00							
12:00							
13:00		Lunch	Lunch	Lunch	Academic Half-Day	Lunch	
14:00		New Consults & Admissions	New Consults & Admissions	New Consults & Admissions	Teaching	New Consults & Admissions	
15:00							
16:00							
17:00		Handover to on-call resident	Handover to on-call resident	Home call (until 08:00 next morning)		Handover to on-call resident	
18:00							
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

What kinds of rotations are required in your program?

The year is split into 6 blocks for junior residents then 7 blocks for senior residents, when I function as a junior attending:

- Palliative Care Consults – 1 block Junior, 1 block Senior
- Home Care – 1 block Junior, 1 block Senior
- Intensive Palliative Care Unit (IPCU) – 2 blocks Junior, 1 block Senior (elective)
- Medical Oncology/Radiation Oncology – 1 block combined
- Hospice Care – 1 block
- Rural Palliative Care – 1 block (Lethbridge, Alberta)
- 2 elective blocks – 1 block is IPCU Senior and the other will be in Palliative Psychiatry
- 2 selective blocks – I've chosen 1 block Pediatric Palliative Care and 1 block of a variety of clinics (e.g. ALS, cardiology, nephrology).

Which of your personality characteristics have been particularly helpful in your field?

I am relatively comfortable with often difficult conversations surrounding death and dying; I also strive to ensure that patients and their families are involved in their care and have their questions and concerns addressed. One of my

favourite parts of my job is getting to know the patients I work with as people, instead of solely in relation to their disease. I also focus on radical listening – in brief; ensuring that patients have my purposeful focus and attention when we are speaking.

What are the best aspects of your residency?

One of the most wonderful things about palliative care is the focus on patients and their families/loved ones afforded by continuity of care. The enhanced and inter-professional focus on patients is an opportunity to get to know patients over time and it is a true privilege. The work is deeply rewarding, and I learn an immense amount each day from my patients and inter-professional colleagues.

What are the most challenging aspects of your specialty/subspecialty?

Palliative Care provides care to patients with life-limiting diagnoses and involves care at end-of-life. Some of my most challenging experiences have been with the relationships I've formed with patients over time as I have cared for them as they approach end-of-life. These are times when I have benefitted from having strong mentors: recognizing when I need to talk to close friends and family, and from maintaining a healthy lifestyle. However, I expect that I would face similar challenges regardless of what field of medicine I went into.

What is one question you're often asked about Palliative Care?

I'm often asked why I would go into Palliative Care, because people assume that it is a terribly sad profession, solely restricted to end-of-life care. But working in Palliative Care is incredibly rewarding; while Palliative Care does involve care at end-of-life, it ideally begins as soon as someone is diagnosed with a life-limiting illness. The goal of addressing symptom management includes physical, psychosocial, and spiritual aspects of patient care.

Can you describe the transition from junior resident to senior resident?

The transition from a junior to a senior resident has gone smoothly, as the program and staff are very supportive. While the responsibility has increased, I am fortunate to be doing what I truly enjoy and am learning more every day. I also enjoy having the opportunity to teach junior learners and medical students in my role as a senior resident.

Can you describe your experience with the subspecialty matching process? What resources did you find helpful for this (e.g. choosing electives)?

For my application cycle (Fall 2017), applying to a Palliative Care PGY-3 through Enhanced Skills (Family Medicine) was not done through Canadian Resident Matching Service (CaRMS). All programs released their decisions on the same day, but it was not a binding match. Theoretically, you had the option of receiving more than one offer.

I had two electives (8 weeks in total) through my two-year Family Medicine residency program at Queen's University and completed Palliative Care electives in Ottawa and Edmonton. Completing electives in different centres solidified my interest in Palliative Care and was a wonderful way to see how Palliative Care is practiced in different centres. I also sought out mentors in Palliative Care and was fortunate to be connected with a formal mentor through the Ontario College of Family Physicians (OCFP) mentoring program in my first year of residency.



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Will you be pursuing further training or looking for employment? What resources are available to you for future planning?

While I suspect I will be going back to school to get a Master's Degree at some point in the next few years, I will be looking for employment in Palliative Care when I complete my PGY-3. I am fortunate that my program has a strong mentorship focus; during my PGY-3 I have both a research and a program mentor to provide support, as well as regular meetings with my program director.

Non-Clinical Life

What are your academic interests?

I have a strong interest in narrative medicine and medical education and plan to explore both of these through my PGY-3 research project. I also strive to teach junior residents and medical students on the wards and formally as much as possible.

What is your work-life balance like, and how do you achieve this?

I have just moved to Calgary, so I am starting to get into hiking! I also enjoy yoga and have started ballet barre this past month (I'm terrible but I love it). I have an interest in narrative medicine and enjoy reading and writing in my spare time.

Spending time with friends and family and taking the time to check in with myself constantly, especially when I've had a heavy week or patient case, are important ways I strive to achieve work-life balance, while acknowledging that this is constantly a moving target.

Disclaimer: These specialty profiles illustrate some aspects of the lives of individual residents, and convey their personal perspectives on the challenges, opportunities, and rewards of their chosen fields. These views may not be shared by all residents, as there is tremendous diversity in lifestyle, experience, and interest among the residents in each specialty.