

**DEPARTMENT OF DIAGNOSTIC RADIOLOGY  
McGILL UNIVERSITY  
1-Year INTERVENTIONAL RADIOLOGY FELLOWSHIP**

Duration of training: 1 Year Fellowship Program

Name of Fellowship Director: Dr David Valenti

Name of Program Director: Dr. Jana Taylor

The Department of Radiology of the MUHC offers a 1-year fellowship in Interventional Radiology. The fellowship program offers exposure to all areas of vascular and non-vascular diagnostic and interventional image-guided procedures. The fellowship provides an integrated experience of clinical care, research, and teaching

The MUHC adult hospitals comprise approximately 1,000 beds and perform approximately 250,000 radiologic procedures per year of which IR comprises approximately 5,000-6,000 procedures per year.

Vascular, hepatic and transplant procedures are mostly performed at the Royal Victoria Hospital, while the Montreal General Hospital is a Level I Trauma Centre with a large oncology practice. Both hospitals are dialysis centers. There are 4 IR suites in total, 2 at each site, each with state-of-the-art equipment.

Fellows rotate at the RVH, MGH, MCH and JGH sites.

There are 4 IR attending staff. The fellowship program allows up to 5 fellows simultaneously.

The 'academic' year is July 1 to June 30, however 'off-cycle' candidates will also be considered.

**OBJECTIVES**

To learn the principles and practice of Interventional Radiology.

These include: general topics in IR such as: patient care, awareness of occupational hazards and radiation safety, learning a team approach to building an IR practice, and clinical aspects of IR. There is a monthly morbidity and mortality review.

Specific objectives are to provide deep exposure in the following areas:

- **Diagnostic vascular IR** comprises traditional angiography of the aorta, its branches, the upper and lower extremities, the cervical and intra-cranial

circulation, as well as non-invasive vascular imaging, such as CTA and MRA, and CT cardiac imaging.

- **Vascular Interventions** include treatment of ischemic and aneurysmal disease of the peripheral and visceral arteries. There is a strong focus on embolotherapy, from trauma to uterine fibroids, to oncology, to post-op hemorrhage. There is a large volume of venous interventions, from simple to complex venous access, dialysis work, IVC filters, trans-venous hepatic and renal biopsies, TIPS, and pulmonary AVMs
- **Non Vascular Interventions** include percutaneous biopsy, with CT and US guidance, percutaneous and intra-operative radio-frequency ablation, abscess drainage, fluoro-guided biliary and renal interventions, including in the transplant setting, chest tube placement, percutaneous gastrostomy and enterostomy placement, and spinal procedures such as vertebroplasty, facet and nerve root blocks.
- **Research:** All fellows are encouraged to participate in at least one research project, with the goal of publishing in a major peer-reviewed journal. Fellows are also encouraged to take advantage of the many opportunities to contribute to multi-disciplinary research projects ongoing with other departments.
- **Teaching:** Fellows are expected to teach resident rounds whenever appropriate. This could include general teaching rounds with all the residents, typically one hour per month, and case based teaching in the IR suite. Relation with resident staff: The fellow functions as a junior attending, and as such is incorporated within the teaching team. With respect to procedures, the fellow is primarily responsible for all interventional procedures, and as such has a supervisory over the residents to perform the cases. The residents, however are required to learn basic interventional techniques during their residency training, and the fellow is expected to assist the residents in acquiring the necessary experience in these techniques

**Schedule:** Procedures begin at 08:00 hrs and continue to 17:00 hrs.

**On-Call:** Fellows are on call via pager, approximately one week in four. There is attending staff back up at all times. The resident covers all the major centers while on call. Whenever they are requested to perform a procedure, they must contact the staff radiologist on call to discuss the case.

The Residency Program Director may, in times of extreme need, require a Diagnostic Radiology Fellow to perform an evening / night / weekend General Radiology resident level call. Although this is very rare, the possibility does exist and is included in the Fellow's call responsibilities".

**Vacation/Conferences:** The fellow is granted 4 weeks of vacation plus an additional week during either the Christmas or New Year's holidays. The fellow is also granted one week to attend a conference if he/she wishes to do so. If he/she presents a paper at a major conference, the time of the conference is not counted against his/her conference or vacation time. In addition,

he/she may request funding for expenses incurred to attend the meeting where he/she presents, provided that the research was done in the department of Radiology at McGill University.

**Fellow Evaluation:** The fellow is evaluated on a daily basis by the attending staff and will meet regularly with the fellowship supervisor for face-to-face feedback. A formal written evaluation is completed every six months, using the CanMEDS roles scheme.

**Expected Caseload:** 7-10 cases/day

**Academic Facilities**

- Internet access from all workstations and from fellow's office
- Access to libraries at MGH, RVH and McGill
- Multimedia learning materials available
- Free online journal access via McGill portal

*The fellow's responsibilities are separate from those of the residents, and the fellows positively impact residency training. There is no negative impact of the fellowship on residency training.*