

## **Anesthesia for Thoracic Surgery Fellowship:**

**Length:** 1 year

**Number of positions:** 1

**Fellowship Director:** Dr. Andrew Owen

**Name of Hospital involved:** Montreal General Hospital

**Type of Fellowship:** The fellowship is primarily clinical but the candidate will have the opportunity to participate in the preparation and conduct of clinical research projects.

**Mission statement:** To offer anesthesiologists the possibility to learn all aspects of thoracic anesthesia. The candidate will study the basic pathophysiology of the diseases affecting patients presenting for thoracic surgery as well as the basic and advanced principles of anesthetic care for patients undergoing thoracic surgery.

**Description:** The Montreal General Hospital site of the MUHC is a designated center for thoracic surgery within the province of Quebec. As such, approximately 300 major lung resections (lobectomy, segmentectomy, pneumonectomy) and 70 esophagectomies are performed each year. Clinical work will encompass all major areas of thoracic anesthesia with the exception of lung transplantation. Anesthesia for pulmonary resection, esophageal resection, and mediastinal surgery represents the majority of clinical work. The fellow will also participate in certain special cases of airway surgery (tracheal/bronchial resection) and chest trauma. In addition, there will be anesthesia for diagnostic procedures such as bronchoscopy (flexible/rigid). Endobronchial ultrasound, airway laser and stenting procedures.

Our team of fellowship trained thoracic anesthesiologists will guide the fellow in learning all aspects of perioperative management of patients undergoing thoracic surgery including: one-lung ventilation (double-lumen tubes and bronchial blockers), bronchoscopic guided intubation and examination of the airways, jet ventilation, and thoracic epidural anesthesia.

The trainee is expected to:

- 1) Perform clinical work under the supervision of the staff anesthesiologists.
- 2) Participate in department academic activities (mortality/ morbidity rounds, teaching rounds, research, teaching residents and medical students). There is one non-clinical day per week dedicated to study, prepare rounds and research projects.
- 3) Perform call duties (consisting of one call every ten days on average).

The level involvement with residents' teaching and research activity will depend on the candidate's interests and will be determined by mutual agreement before the start of the fellowship. Interaction with residents is however encouraged.

Support will be provided to allow the candidate to attend a scientific meeting to present academic work conducted during the fellowship, if applicable. Fellows will have access to the McGill and MGH libraries and on line facilities.

Summary evaluations will be performed every three months by the fellowship director, and will incorporate information from all medical and support staff who have worked with the fellow. The evaluation will be based on CanMeds core competencies which includes medical expert, communicator, collaborator, health advocate, leader, scholar and professionalism categories (<http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>). Ad hoc evaluations may also occur as required.

There is the possibility of arranging time in preoperative evaluation of patients, in the pulmonary function laboratory as well as in chest diagnostic radiology.

Areas of active research include: epidural analgesia, fluid responsiveness and evaluation of myocardial ischemia.