

McGill University  
Department of Diagnostic Radiology  
Thoracic Imaging

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**FELLOWSHIP DIRECTOR: DR. ERIC ZHANG**

**RESIDENCY PROGRAM DIRECTOR: DR. JANA TAYLOR**

**PROGRAM ADMINISTRATOR: CATHY TORCHIA**

*General Overview*

A fellowship in Thoracic Radiology is offered at the MUHC (Glen and MGH sites). The Division of Thoracic Radiology has an active service, which corresponds to the Center's missions in Trauma and Oncology. A large volume of examinations are carried out with six state of the art multi-detector CT scanners, two 1.5 T and one 3T MR scanners. The candidates are certified general radiologists who wish to practice the specialty with a special interest in Thoracic Imaging.

Duration: 1 Year

*Objectives/Guidelines*

At the end of the fellowship, the fellow will be able to function autonomously as a Chest Radiology consultant, and perform basic chest procedures such as transthoracic needle biopsies and drainages.

*Structure*

The Thoracic Imaging Fellowship consists of 12 months of training in thoracic diagnostic imaging and intervention. The fellow rotates between the Glen site and the Montreal General Hospital (MGH), which allows for a comprehensive and multimodality exposure to thoracic imaging. The schedule may vary according to the needs of the department, but in general the fellow's time will be divided equally between the two sites. Initially the fellow will review all the cases with the attending staff, working toward reading independently by the mid of the fellowship, and only consulting with the attending on difficult cases.

CT-guided transthoracic needle biopsies of the lung and mediastinum, and drainages are performed at both sites. It is the fellow's responsibility to check with the booking clerks or CT technologists to see when these are scheduled, and arrange with the attending staff to participate in these procedures.

Cardiac Imaging: There is no formal integrated Cardiac Imaging component in the Thoracic Imaging Fellowship. Exposure to Cardiac Imaging could be arranged pending approval of the Thoracic Imaging Fellowship and Cardiac Imaging Fellowship directors (up to one day per week).

Relationships with staff in the section: There are 6 chest radiologists at the MGH and Glen. The fellow should interact with all staff-members during the course of the fellowship.

### *Academic duties*

The fellow is expected to give resident teaching rounds on a regular basis (on average once per month). In addition, the fellow is responsible for one-on-one teaching and cases reviewing with the medical students and residents in the department.

The fellow is expected to attend the multidisciplinary Chest rounds held every Friday morning at 8:00 at the Glen. There are also Pulmonary rounds held weekly at the MGH on Thursday mornings at 8:00, room D7-310.

The fellow might be solicited to prepare the cases for presentation at the weekly thoracic and/or GI tumor boards.

Chest club is held twice a year in the evenings in conjunction with the CHUM chest radiologists, where interesting chest cases from both university hospital centers are presented. The fellow is expected to attend and is encouraged to contribute cases.

The fellow is expected during their year of fellowship to create a teaching file of interesting and relevant cases, for their own future use and to be given to the department at the end of their fellowship.

### *Research and Academic Time*

Fellows are expected to pursue a research project during their fellowship. The fellow must present their project to the research committee for approval, as early in the year as possible. The project must lead to publication or a presentation/poster at a scientific meeting. The fellow is also expected to present their research at the McGill annual Research Day held in April of each year.

Once the research committee has approved the project, the fellow will be granted ½ academic day per week. This half day will be flexible and will be taken when it accommodates the chest division work schedule and the fellow's schedule.

Potential conferences for presentation of papers or posters include the RSNA conference in early December in Chicago, the Canadian Association of Radiology conference in Montreal in April, and the Society of Thoracic Radiology (STR) conference in March (location variable). The STR conference in particular is a very valuable meeting in terms of academic quality, and it is suggested that every effort be made by the chest fellow to attend and present at this meeting.

### *Clinical responsibilities*

#### *Diagnostic imaging*

The fellow is responsible for reading plain films and CT chest at the MGH and Glen. In a typical day, the fellow is expected to read a minimum of 15 CTs and 30 plain films. The fellow is expected to participate in at least 2-3 transthoracic needles biopsies per week.

### *Consultant role*

The fellow is expected to function as a consultant to the clinicians and radiology technologists, and is expected to provide over-the-phone preliminary interpretations of chest radiographs and CTs, and protocols for emergency and inpatients CTs upon request. The fellow will be provided with either a SpectraLink phone or a ground line and will be in charge of managing all the incoming calls to that effect. It is also the fellow's responsibility to protocol all routine outpatient chest CT cases; the booking clerk will provide them with these requisitions.

### *Call Schedule*

The current call schedule will require the fellow to do a maximum of one week in four of full chest call coverage. Being on call implies carrying the pager from Monday to Friday to answer any calls with respect to chest imaging at the MGH and Glen sites. Saturday and Sunday the fellow will be responsible for assisting the staff on call with the reading of all emergency and inpatient CTs from the MGH and Glen sites. The fellow will have staff backup at all times during their call. There is no post-call day in the chest fellowship. Any reasonable call requests made in advance will be accommodated as much as possible.

The fellow will be expected to help cover the call/work schedule during either the week of Christmas or New Year's.

Chest procedures done on call are rare, there will occasionally be a complicated drainage requiring CT guidance. When this occurs, the fellow is expected to assist the staff in whatever way is required.

### *Evaluation*

The fellow is evaluated on a daily basis by the attending staff. A formal written evaluation is completed every 3 months, using the CanMEDS roles scheme. The fellow will meet the Fellowship director of his section for direct feedback.