

McGill University  
Department of Diagnostic Radiology  
Clinical & Research Fellowship in Interventional Radiology

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**FELLOWSHIP DIRECTOR: DR. DAVID VALENTI**

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

**PROGRAM ADMINISTRATOR: CATHY TORCHIA**

*General Overview*

The Department of Radiology of the MUHC offers a 1-year Clinical & Research 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 and teaching.

In addition, the fellowship is heavily weighted in Research and Medical Education, and encourages the applicant to register in a part-time Master's Degree at McGill or elsewhere.

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. The IR service at the MCH provides exposure to pediatric cases.

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 adult IR suites and one Pediatric IR suite at the MUHC. The JGH has 2 IR suites.

There are 6 IR attending staff at McGill at 3 at the JGH.

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

Duration: 1 Year

*Objectives/Guidelines*

The objectives of this fellowship are 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
- Clinical aspects of IR

There is a monthly morbidity and mortality review.

## *Structure*

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

## *Fellow's responsibilities & Schedule*

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

- EXPECTED CASE LOAD (daily)
  - Expected Caseload: 7-10 cases/day

## *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.