

## **Pediatric Interventional Radiology Fellowship**

### **Children's Healthcare of Atlanta**

**Location:** Georgia USA

**Affiliated Academic Institution:** Emory University School of Medicine

**Contact:** Annie Gill

**Email:** anne.gill@emory.edu

**Website:**

[https://med.emory.edu/departments/radiology/education/fellowships/pediatric-radiology/pediatric\\_interventional\\_radiology\\_fellowship.html](https://med.emory.edu/departments/radiology/education/fellowships/pediatric-radiology/pediatric_interventional_radiology_fellowship.html)

### **Description of Fellowship**

Children's Healthcare of Atlanta is the only pediatric hospital system in the state of Georgia, and is the largest in the southeastern United States. Our practice covers >800 beds at two large tertiary care children's hospitals, leading to a high-volume, highly complex practice.

We are intricately involved with the Children's Vascular Anomalies Clinic, leading to greater >300 vascular anomalies interventions per year. We participate in the multi-disciplinary, in-person, weekly vascular anomalies clinic with hematologists, pediatric surgeons, dermatologists, otolaryngologists, and plastic surgeons. Additionally, our attending interventional radiologists have a full additional day of outpatient IR clinic, in which the fellow will learn outpatient management of pediatric IR patients.

Our practice is intrinsically linked with the liver and renal transplant service as well as pediatric oncology service. We also have a thriving trauma practice at our Level I trauma hospital.

### **EVALUATION**

- All procedural work of the fellow will be closely supervised by one of the five IR attendings; all dictations will be reviewed and cosigned by an attending physician.
- The fellow will be formally evaluated in writing and verbal evaluation with the program director every six months. All evaluations will be kept confidential.
- Promotion through the program as well as final certification will require acceptable evaluations and overall satisfactory performance.

### **SCHEDULE**

- Hospital Service/Practice: Fellow will be expected to participate in all aspects of the pediatric interventional radiology practice (consults, consents, procedures, rounding, progress notes, etc.)
- Outpatient Clinic: Fellow will be expected to complete at least two full days of clinic per month.
- Vacation: Fellow will be given 15 days of vacation and 5 days of meeting time to attend relevant medical conferences

### **Fellowship Details**

**Pediatric IR Section Chief or Division Chief:** Matt Hawkins

**Pediatric IR Fellowship Director:** Annie Gill

**Fellowships Available:**

- Pediatric Interventional Radiology Only

**Durations Available:**

- One year

**Number of 1 year or greater Fellowships:** 1

**Start Date:** July 1

**Approximate Call Frequency:** Every fifth night

**Elective Time offered during Fellowship:** Yes, one month of elective time

**Number of Pediatric Fellows trained here in the last 5 years:** 4

**Does a combined fellowship result in eligibility for a CAQ (such as in IR or pediatric radiology), or other accreditation:** Not Applicable

**Prerequisite requirements:**

- Radiology Residency
  - Medical Licensure in your country
  - Medical Licensure in your state, province, or region
    - Completion of ACGME approved Interventional Radiology Residency (Integrated, ESIR, or Independent pathway)

**Service Details**

**Number of pediatric IR attendings:** 5

**Number of adult IR attendings with direct teaching responsibility for the PIR fellows:** Not applicable

**Number of neuroradiology or interventional neuroradiology attendings with direct teaching responsibility for the PIR fellows:** 1

**Approximate annual IR Pediatric case volume:** Greater than 3000

**Approximate annual case volume by subspecialty:**

Vascular Access	> than 200 cases a year
Biopsy Drainage	> than 200 cases a year
Body Angiography & Intervention	Between 20 and 200 cases a year
Spine Interventions	Between 5 and 20 cases a year
Vascular Anomalies	> than 200 cases a year
Venous Interventions	Between 20 and 200 cases a year
Enteric access (G,GJ), Cecostomy	> than 200 cases a year
Locoregional tumor therapy	Between 5 and 20 cases a year
Musculoskeletal Interventions	Between 20 and 200 cases a year
Biliary Interventions	Between 20 and 200 cases a year
GU Interventions	Between 20 and 200 cases a year
Diagnostic Cerebral Angiograms	Between 5 and 20 cases a year