Halifax Otology Neurotology Fellowship
Division of Otolaryngology Head & Neck Surgery
Department of Surgery

Supervisors and resource personnel

Manohar Bance  FRCS(C)
Fellowship Founder & Co-supervisor
Professor & Division Head
Division of Otolaryngology Head & Neck Surgery
Cross Appointments: School of Communication Disorders, Division of Neurosurgery, Faculty of Biomedical Engineering, Dept. of Anatomy and Cell Biology

David P. Morris  BSc (Hons) MBBS FRCS(Eng) FRCS(ORL-HNS) MD
Fellowship Director & Co-supervisor
Associate Professor
Division of Otolaryngology Head & Neck Surgery
Cross Appointments: Division of Neurosurgery, Division of Medical Education.

DPM CONTACT DETAILS:

<table>
<thead>
<tr>
<th></th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>902 420 1855</td>
</tr>
<tr>
<td>Office</td>
<td>902 473 1986</td>
</tr>
<tr>
<td>Fax</td>
<td>902 473 1260</td>
</tr>
<tr>
<td>Cell</td>
<td>902 483 0515</td>
</tr>
<tr>
<td>e-mail</td>
<td><a href="mailto:dp.morris@dal.ca">dp.morris@dal.ca</a></td>
</tr>
</tbody>
</table>
Mission statement

We aspire to develop flexible, logical and inquisitive academic Otologists who are clinically and research capable and will be equipped to advance the boundaries of knowledge in our specialty.

We view the Fellowship year as an opportunity for Fellows to become fully 'immersed' in Otology by sharing the day to day business of our established and comprehensive practices.

We hope that this will prove to be a positive and life-changing experience and that our Fellows will carry happy and long-lasting memories of their Halifax experience as they go forward into their Consultant careers. *Esto perpetua* - let it be everlasting.

Introduction

The Otology Neurotology fellowship in the Division of Otolaryngology Head & Neck Surgery, Department of Surgery was founded in 2002 and is primarily based at the Queen Elizabeth II Health Science Centre in Halifax, Nova Scotia. Our service provides tertiary and quaternary otologic care for the children and adult residents of the Halifax Regional Municipality, surrounding counties in Nova Scotia and the adjacent Maritime Provinces of Prince Edward Island and New Brunswick in Atlantic Canada.

Objectives

The Fellow is seen very much as a partner in our Division with three main areas of expertise for targeted professional development.
Clinical work

60% of the Fellow's time will be concerned with clinical activities. The clinical component will encompass the whole spectrum of Otology and Neurotology in both adult and paediatric populations. Halifax is a hub for the Maritime Provinces of Atlantic and both of our practices draw on a broad referral base. This will include the medical and surgical management of audio-vestibular disease, acute and chronic middle ear disease, primary and revision surgery for cholesteatoma, surgical reconstruction of hearing, mastoid obliteration techniques, lateral skull base surgery, implantation otology including cochlear implantation, bone conduction devices (BAHA, Ponto, Bonebridge) and the implantation of novel middle ear drivers (Soundbridge). We have performed over 500 cochlear implants in Halifax and currently perform approximately 50 cochlear implants per year. Bilateral placement is funded for all children.

In addition to regular Otology and Vertigo clinics, specialist clinics are offered for Complex Paediatric Otology (based at the IWK Children’s Hospital adjacent to our main institution), Eustachian tube Dysfunction and Cochlear Implant Candidacy Assessment. The Fellow will also join the multi-disciplinary Maritime Lateral Skull-base Team which cares for over 600 patients with skull base lesions (acoustic neuromas, meningiomas etc). Despite this large population our philosophy of management is increasingly conservative. We perform only about 10 skull base surgeries per year, now almost exclusively large acoustic neuromas. Our team also manages a sizeable population with neurofibromatosis type 2 (NF2) through a dedicated clinic. The Fellow will learn how to manage this complex group using the full range of treatment options (surgical, conservative and stereotactic radiation treatment) which are available in our Halifax facility.

Research

40% of the Fellow's time will be protected for research, with both clinical and basic science opportunities. The Ear and Auditory Research Laboratory (E.A.R. Lab.) has a track record in middle ear mechanics and microanatomy research. The more recently established SENSE Lab offers further opportunity to explore the basic science of bone conduction hearing with state of the art three dimensional scanning Laser Doppler vibrometry. This lab has a strong engineering base and has recently attracted a number of high profile grants to develop new hearing and imaging technologies. Clinical research projects are encouraged through close co-operation with allied colleagues in audiology and vestibular rehabilitation. Fellows will be encouraged to publish and present their work at the local, national and international level.

Teaching

During academic term time there will be both formal and informal teaching to prepare and temporal bone dissection to be supervised in our two-stationed purpose-built lab. Most Fellows have found this to be a great opportunity to consolidate their own knowledge, to interface with the Residents, foster mutual respect and to establish a sound working relationship.
**Professionalism**

It is important that the Fellow exhibits strong interpersonal skills and is able to show sufficient confidence to work well, in an effective and collegial manner, with allied colleagues involved in the care of surgical patients.

The Fellow is expected to demonstrate the professionalism and sensitivity necessary to provide appropriate care to patients and their families. Fellows must demonstrate the requisite knowledge, skills, and attitudes for effective patient-centred care and service to a diverse population. In all aspects of specialist practice, the graduate must be able to address issues of gender, sexual orientation, age, culture, ethnicity, and ethics in a professional manner.

The Fellow is expected to continue to develop the other CanMEDS roles of Communicator, Collaborator, Manager, Health advocate and Scholar during their appointment.

**Interaction with Residents**

It is important to recognize the distinction between the role of the resident and the role of the fellow. The educational experience of the resident should not be impeded by the presence of a fellow. The fellow should guide the resident through surgical procedures and exposures appropriate for their level of training, and should not be seen to be “taking away” cases from the resident. More complex procedures, or key portions of procedures, may be more appropriate for the fellow. Any question of roles and responsibilities can be clarified by the supervising surgeon.
Responsibilities

Clinical

1. Operative care:
   a. The fellow will participate in operative procedures as the primary operating surgeon during cases appropriate to their current abilities, under the supervision of the attending surgeon.
   b. The fellow will participate in operative procedures as an assistant to the attending staff for more complex cases.
   c. The fellow will participate in operative procedures as an assistant to the resident for more routine.
   d. The fellow will be expected to assist in the intraoperative teaching and supervision of surgical residents and medical students.
   e. The fellow will be expected to dictate operative reports for cases where he/she is the primary surgeon, unless otherwise indicated.

2. Inpatient/Outpatient Clinical care:
   a. The fellow will participate in the initial assessment and perioperative care of the surgical patient in collaboration with the attending staff and resident staff. The fellow should round on inpatients with the resident regularly, and assist in management decisions.

3. Call responsibility:
   a. The fellow will be expected to take call from home, in conjunction with the call schedule of the attending staff. The fellow may also be asked to cover additional call with other attending staff to increase clinical exposure, and assist with call coverage as needed. Call ratio will not exceed 1 in 8 call.

Academic

1. Academic rounds:
   a. The fellow will attend and participate in all relevant Divisional and Departmental Academic events, including Grand Rounds, Journal Club, and Fracture Rounds.

2. Teaching:
   a. In addition to clinical teaching, the fellow is encouraged, where appropriate, to take part in the organized teaching sessions for the residents Academic half-day.

3. Presentations:
   a. The fellow is expected to present one appropriate clinical topic at Divisional Grand Rounds per year.

4. Research:
a. The fellow is expected to complete a research project during the time of the fellowship. This should be of sufficient calibre to be published in a reputable journal or to be presented at a national or international meeting.

5. Administration:
   a. The fellow will be responsible for appropriate documentation in the patient record, including timely dictation of clinic notes, operative reports, and discharge summaries for patients directly under their care.

6. Recommended Reading:
   a. The fellow will be expected to critically evaluate clinical literature during the monthly journal club, and should be prepared to comment on relevant articles; to read the pertinent journals; and be capable of performing computerized literature searches.

Salary

An annual salary of approximately $60,000 will be paid in bi-weekly instalments by direct deposit. Required banking information will need to be provided prior to commencement of the fellowship. These funds are paid in part from MSI billings generated as a surgical assistant and through clinical sessions. Accurate and timely submission of billings is essential. No additional benefits are included.

Conferences

The Fellow will be encouraged to attend regional, national and international conferences to present unique research arising from their Fellowship year. Sources of funding support will be discussed and arranged on a case by case basis.

Vacation

Four weeks of vacation time is permitted per year. This should be coordinated with the vacation schedule of both co-supervisors to minimize impact on educational opportunities. Vacation time must be approved in advance by the co-supervisors.

Assessment and Evaluation

Every 3 months, the fellow will be formally assessed by the supervisor. Promotion and continuation of the training will depend on the ability to meet objectives. If the fellow demonstrates insufficient progress in any of the key areas, a period of 3 months remediation will be provided followed by reassessment of the candidate. If satisfactory progress is not demonstrated, the fellow will be terminated.
The fellow will also have the opportunity to formally evaluate the fellowship experience to identify any areas of deficiency or concern.

**Completion of training**

Upon successful completion of training, the fellow will receive a certificate of completion signed by the Fellowship Co-supervisors, as well as the Chief of the Department of Surgery.
## Table of Fellows – Past and Present

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Residency Programme</th>
<th>Current Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003-4</td>
<td>Dr. Lillian Wong</td>
<td>Vancouver. B.C. CANADA</td>
<td>Staff Vancouver BC, CANADA</td>
</tr>
<tr>
<td>2004-5</td>
<td>Dr. Abdulrahman Hagr</td>
<td>Riyadh. KINGDOM OF SAUDI ARABIA</td>
<td>Staff King Abdulaziz University, Riyadh, KINGDOM OF SAUDI ARABIA</td>
</tr>
<tr>
<td>2005-6</td>
<td>Dr. Wael Alian</td>
<td>Goteborg. SWEDEN</td>
<td>Staff Sahlgrenska University, SWEDEN</td>
</tr>
<tr>
<td>2006-7</td>
<td>Dr. Maky Hafidh</td>
<td>Dublin. EIRE</td>
<td>Staff Sydney, Cape Breton, NS, CANADA</td>
</tr>
<tr>
<td>2008-9</td>
<td>Dr Ronald Pennings</td>
<td>Nijmegen. NETHERLANDS</td>
<td>Staff St Radboud University, NETHERLANDS</td>
</tr>
<tr>
<td>2009-10</td>
<td>Dr. Vivek Kaushik</td>
<td>Manchester. England. U.K.</td>
<td>Staff Tameside UK</td>
</tr>
<tr>
<td>2010-11</td>
<td>Dr. Julian Savage</td>
<td>Bristol. England. U.K.</td>
<td>Staff Universite de Sherbrooke, Quebec, CANADA</td>
</tr>
<tr>
<td>2012-13</td>
<td>Dr. Margaret Aron</td>
<td>Sherbrooke. Quebec. CANADA</td>
<td>Staff Universite de Sherbrooke, Quebec, CANADA</td>
</tr>
<tr>
<td>2014-15</td>
<td>Dr. Brandon Wickens</td>
<td>London. Ontario. CANADA</td>
<td>Staff Niagara Falls, Ontario. CANADA</td>
</tr>
<tr>
<td>2015-16</td>
<td>Dr. Nicholas Jufus</td>
<td>Sydney. NSW. AUSTRALIA</td>
<td>-</td>
</tr>
</tbody>
</table>