

**TWJ Otology, Neurotology and Skull Base Fellowship  
Vancouver, Canada  
July 2021 to September 2021**

Fellow: Waseem Ahmed

Supervisors: Jane Lea, Brian Westerberg, Mark Felton

It is with immense gratitude to the TWJ Foundation that I was able to complete this short fellowship in Vancouver, Canada. My experience at the St. Paul's Rotary Hearing Clinic & Vancouver General Hospital added invaluable to my skill set as a practising Otologist, enabled me to revise my approach to middle ear pathology, and gain further experience in managing complex cases.

The on-going Covid-19 pandemic had made me rethink what I'd always understood to constitute "normal" clinical practice. With theatre/anaesthetic staff diverted to manage the ebbs and flows of the pandemic, as surgeons we reflected on how we could improve and change the way we deliver elective services. Several issues were at the front of my mind; how clinical activity could be organised to improve patient access, ways in which we could improve patient engagement/experience especially in non-face-to-face consultations, and the potential for shifting some surgical activity into an outpatient clinic setting (and thereby enabling more effective utilisation of scarce theatre resources). Gaining experience in an alternative healthcare system was therefore an ideal way to explore how we could do things differently.

Beyond the logistics and quality improvement aspects of clinical care, my on-going desire to expand my post-CCT surgical training was also a core reason to pursue the fellowship opportunity. It enabled me to gain experience in cochlear implantation, understand the potential and evolving role of endoscopes in ear surgery, the role of mastoid obliteration in primary and revision surgery, and the challenges of managing complex revision cases. Overall, it helped me expand my operative horizons and improve operative outcomes.

With little time to spare (and with phenomenal assistance given to me by the excellent administrative staff at the University of British Columbia), I managed to traverse the complexities of the Canadian immigration system in a relatively short period, and landed in sunny Vancouver by mid-June. The ten-day mandatory isolation was less than ideal, but in reality handed me a much-appreciated rest having worked hard in reducing the waiting lists prior to starting my sabbatical.

The fellowship provided a thorough grounding in all aspects of otological practice, neurotology, and lateral skull base surgery. Dr Jane Lea and Dr Brian Westerberg were very helpful in identifying and listing surgical cases to build upon my existing skillset, accommodating my learning needs, and ensuring my short attachment was a productive endeavour. The fellowship is mainly based at St Paul's Hospital, with the lateral skull base cases being performed at Vancouver General Hospital (VGH).

My weekly timetable accommodated a minimum of two days (occasionally three) of operative sessions at St Paul's Hospital, performing cochlear implant surgery and a wide range of middle ear procedures. Many of these were complex/revision cases, often referred from hospitals around the province, and provided ample opportunity to discuss the challenges/intricacies of difficult ears. Most weeks would also include an additional half-day (occasionally longer) spent at VGH participating in lateral skull base surgery (mainly retro-sigmoid and trans-labyrinthine approaches) with our neurosurgical colleagues. Clinics were run under the supervision of Dr Westerberg and/or Dr Lea, with the Fellow expected to see cases independently and help train the residents rotating through the department. On-call activity was limited, the Fellow mostly acting in a supernumerary capacity to support the resident onsite.

The Canadian health system (much like the UK's NHS) provides a comprehensive, publically funded healthcare service to its citizens. However, there are some notable differences such as the provision of hearing aids: with the exception of a few who may have some recourse to limited public funds (due to their socioeconomic status), patients purchase devices from numerous private providers. Does this encourage patients to pursue surgical options for otosclerosis or other conductive hearing loss pathology? It may be a consideration when deciding to proceed with stapedotomy or ossiculoplasty if finances are tight. Beyond that, there are restrictions in what can be accessed in the private sector, especially if the treatment is already provided via the public purse. Again, this may have a marked impact on the way wealthier patients may engage with the waiting list issues in the health system, with some opting to fly over the border and purchase private care in the USA. It certainly made me appreciate the cost/benefit analyses performed in all healthcare systems, and the resultant differences that arise with regards to healthcare access.

From an educational perspective, there were weekly joint meetings with the audiology department. The meeting was a good platform to discuss complex and interesting cases, and certainly was helpful in deciphering some of the challenging aspects of audiology (from an otologist's perspective). In addition, a temporal bone dissection laboratory is available for regular resident teaching. Unfortunately, the facility wasn't open over the summer recess period when I was visiting, but would certainly complement the clinical training on offer. Both Dr Lea and Dr Westerberg are keen for visiting Fellows to undertake research and the timetable can accommodate projects of value. There is also the potential to undertake a further period of laboratory research if organised beforehand.

During my visit, I was also able to attend clinics and theatres at the BC Children's Hospital. Dr Mark Felton and Dr Frederick Kozak were very helpful in letting me observe and partake in otology cases. The opportunity also afforded me exposure in managing complex paediatric airways and head and neck pathology. Clinic-wise, I was able to spend time with the audiology team assessing, investigating, and managing paediatric hearing loss. Although my time in the Paediatric department was more limited, both placements gave me a holistic experience encompassing ear pathology across the age spectrum, and in some

cases, the syndromic complexities that may need consideration when managing hearing loss.

Vancouver itself was an amazing place to visit during the summer and it's easy to understand why it is consistently voted as one of the world's most liveable cities. Vancouverites are an active bunch with swimming, sailing, hiking, running and cycling being some of the many activities readily available. It certainly helped me embrace physical activity in a more joyful manner! The food and drink on offer were a delight, showcasing some of the finest local produce, and the international cuisine available certainly did justice to the multicultural city that Vancouver is.

Overall, the fellowship not only helped me meet my clinical, operative, and quality improvement objectives, but was certainly an experience of lifetime that has had a lasting impact in how I organise my work priorities and maintain a healthy work/life balance. The friends I have gained whilst working with the respective teams at St Paul's and BC Children's hospitals helped me embrace the gems the city has to offer, and experience the friendliness and warmth for which Canada is renowned. All this would have never been possible if it wasn't for the generosity of the TWJ Foundation for which I will be eternally grateful.