TWJ Otology / Neurotology Fellowship 2021-2022
St Paul's Hospital, Vancouver, British Columbia, Canada

Fellowship Supervisors:
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It is with the deepest sense of gratitude that I sit and write this report to the TWJ Foundation for the support it has provided to enable me to undertake my Otology Fellowship in Vancouver, Canada. The past year, whilst at times challenging, has undoubtedly been one of the best years of my life both clinically and personally and I recognize that without the support of TWJ the year simply would not have been possible.

The Fellowship provided me with a broad and diverse clinical exposure to otology and neurotology. The operative opportunities included: cochlear implants, both retrosigmoid and translabyrithine vestibular schwannoma resections (almost weekly), complex cholesteatoma and mastoid work (with some opportunity for endoscopic approaches), and a wide range of rarer cases such as CSF leak repairs, canal plugging for BPPV, partial labyrinthectomy approaches to petrous apex lesions and extended temporal bone resection for cancer cases in conjunction with the head and neck team. Clinics were busy but fulfilling and the close interaction between otologists and audiologists provided an excellent springboard for learning and collaboration. The department is also fortunate to have an excellent rhinology department, so combined management can be offered for balloon dilatation of the dysfunctional eustachian tube and closure of the eustachian tube in refractory CSF leaks when appropriate.

Once a week I provided supervision to the residents on the UBC ENT programme whilst they undertook an emergency clinic. This dedicated and motivated group were without exception a pleasure to work with. I was fortunate to "supervise" some of the senior residents who taught me as much as I could teach them and gave me an interesting insight both clinically and pastorally into their journey through training. Out of hours the residents phoned for clinical advice whenever my supervisors were on-call (which averaged about 1 in 4 weeks), but their high level of competence meant the on-call burden was low.

Whilst an international fellowship provides a great opportunity for learning and development, it is fair to say that emigrating with our young family at the height of a global pandemic came with its fair share of challenges. As governments internationally put new requirements in place to restrict travel and curb the spread of COVID-19, the untested protocols had inherent shortcomings and teething difficulties that were difficult to circumnavigate. Immigration services closed their physical office spaces and call centres to protect their staff but all before any alternative support system was in place. Whilst the Canadian immigration service had expedited my visa application and that of my wife on the basis that we were flying to provide medical services, they had not done so for our two-year-old daughter. On attempting to depart from Heathrow to start the Fellowship we discovered that she had not been issued with a certificate to fly, despite requesting it in advance in line with the guidance, and we were actually turned away at the airport to wait an anxious few days until it arrived. It goes

without saying that the 2-week mandatory quarantine in a flat with our 2-year-old is not something we ever want to repeat!

More complicated still, my wife was 6 months pregnant with our second child when we were due to depart. With government advice being that all travel was banned except for essential purposes, no commercially available health insurance company would provide cover for us. Thankfully our situation was rescued by a combination of the kindness of a Vancouver obstetrician who offered to take over our care pro-bono, and the efforts of the human resources team at the University of British Columbia (UBC) and the Fellowship supervisors who between them managed to secure and fund valid emergency insurance through the university on our behalf, to our great relief.

Thankfully, the stress of emigrating with a family during the pandemic was more than outweighed by the most amazing clinical experience I received in Vancouver. Furthermore, the bountiful and beautiful British Columbian scenery and location meant that I was able to spend quality time with my family when not working in the most stunning environment imaginable, more than making up for the travel problems we had endured.

Outside of work, Vancouver is undoubtedly one of the most fantastic cities to live in anywhere in the world. My morning jog to work took me round the picturesque False Creek and into the heart of the commercial district. After work we could go for food or drinks in the city and walk home via Sunset Beach (when the weather allowed). Weekends provided time to explore the surrounding landscape with the family. We saw whales, bears and walked trails lined by unbelievably tall trees. Surrounding the city the immense mountains seem to rise effortlessly from the sea. For rest and relaxation we spent time skiing in Whistler only an hour to the north and journeyed to Vancouver Island to experience the peace and tranquility of the remote beaches and shoreline there.

Operatively my Fellowship supervisors were a pleasure to work with; highly competent and keen to reflect on every operation and streamline their own actions so that they could improve their efficiency. We used video analysis of every surgery so that we could review our actions and ensure that every single movement we made intraoperatively generated an optimal outcome. When there was a complication, we could use the footage to look at what went wrong and improve for the future, not to mention also building a library of cases should the same operation be repeated. Prior to surgery, we reviewed videos of previous similar cases, to determine what we would improve and used mental imagery techniques to visualise in advance how the new, improved operation would go. It goes without saying that the learning curve was drastically shortened by taking the time to do this and my surgical skills advanced far beyond what I thought possible.

Whilst this commitment to learning requires time, it was made possible by delegating to Canadian administration and ancillary staff any roles that did not specifically need a clinician to perform. Prior to theatre, the post-op advice leaflet is pre-printed by the medical office assistants, much of the operation note is pre-populated and the consent form is signed in advance of surgery in line with the risks stated on the clinic letter at the time of booking. This leaves surgeons to focus on performing and reflecting on their surgery, not filling paperwork. Patients in Canada are encouraged to take a much greater ownership of their own care. For

example the responsibility for booking follow-up appointments falls to them rather than to the hospital. The hospital in turn places a much greater emphasis than we do in the UK on staff wellbeing, with updated facilities and support to reduce staff burnout and maximize productivity. Adding exercise as part of your daily routine, such as making it part of your commute (whether that be jogging, cycling or paddleboarding to work), is not just encouraged but the norm, so the need for high quality shower and changing facilities and a staff lounge and coffee machine is not just a dream but an expectation. The improvement this has on staff morale, physical and mental health and longevity is of course obvious.

Whilst some of what I learnt over the year was technical, or thought processes behind how you might manage the particular nuances of otologic conditions, much of what I learned extended beyond this towards attitudes, reflective techniques and even insight into how the Canadian system offers care to patients using different approaches to our own.

Whilst the Canadian system was great to experience, a year without the NHS also gave me time to reflect on what the NHS delivers well. Free healthcare, available to all, at the point of care (as we found out personally!) is something of which we as a country should be very proud. Our national bodies (such as the National Institute for Health and Care Excellence) offer guidance on delivering a standard of care which is envied around the world. Simple things we take for granted in the UK for a variety of reasons are not commonplace internationally. For example, CEPOD theatres are not profitable to run in a part-private system due to their unpredictable nature so are not adopted, even though it seems clear to all that they save lives. Returning to work in the NHS I hope to emulate those practices I learnt that positively impacted patient care, to build on the excellent care we already deliver in the NHS with renewed vigour. For example all patients in Vancouver received a quick phone call the day following surgery to briefly outline their procedure and follow-up plans; a practice which takes only a few minutes but undoubtedly reduces patient anxiety, complaints and re-admissions. I am genuinely excited and looking forward to returning to an NHS system I certainly took for granted prior to my departure. I hope I can put to good use the new-found skills, attitudes and techniques to benefit patients in the UK. I would therefore like to end by thanking TWJ for providing me and my family with this most amazing opportunity to learn, reflect and improve my practice. I would also like to extend special thanks to Dr Jane Lea and Dr Brian Westerberg for all their patience, teaching and support. I can wholeheartedly state that I know I am without a doubt a better surgeon following the opportunity and will use it to help provide a higher standard of care in the UK for my patients.