

**QEII Health Sciences Centre  
Dalhousie University Faculty of Medicine Halifax, Nova Scotia, Canada  
Division of Otolaryngology, Head & Neck Surgery**

Professor David Morris and Dr Nael Shoman  
2023-2024

**Written by Reshma Ghedia**

I am incredibly grateful and honoured to have received the Thomas Wickham Jones major fellowship. I sincerely thank the TWJ foundation and its trustees for granting me this wonderful opportunity.

The process required good organisation and research to prepare for the application, the interview, immigration and Canadian medical licensing. The interview was conducted virtually and despite there being 13 members on the panel, everyone made a huge effort to put me at ease. The interview felt like a chance for the panel to get to know my motivations and background to see if I had the right experience, intentions and expectations for the fellowship and in the end, it was quite an enjoyable part of the process.

My fellowship supervisor was Professor David Morris. From the moment we met on my first day, it was clear that he was keen for me to have a fulfilling experience both in and out of work. Professor Morris trained in the UK and was the first ever Fellow of the department and understandably decided to return as an Attending Staff (consultant). Dr Nael Shoman was my secondary supervisor who was trained in Canada and America and his training provided an opportunity to be exposed to another style of management of cases and operating. He departed 9 months into my fellowship and focussed on clearing his chronic ear cases before leaving.

The fellowship focusses on advanced otology, implant and skull base surgery. The otology service in Halifax provides tertiary otology care for all of the Maritime provinces (New Brunswick, Nova Scotia, and Prince Edward Island) which has a population of over 1.8 million people and is roughly the size of England. The team receives referrals from family doctors (general practitioners), ENT specialists and other otologists from across the region. The healthcare in Nova Scotia, Canada is publicly-funded and there is no private care. Due to geographical factors and the hub and spoke model for tertiary otology, patients often present with more advanced chronic ear disease than I had seen in my training and we regularly dealt with lateral canal fistulas and tegmen defects.

My timetable was as follows

Monday: All day clinic

Tuesday: All day operating at the Victoria General Hospital

Wednesday: Morning Grand Rounds followed by all day operating at Dartmouth General Hospital

Thursday: All day clinic

Friday: All day clinic

The Dalhousie University is the academic umbrella of the ENT service. The clinics are conducted in the Dickson Building and elective operating is performed at either Dartmouth General Hospital or the Victoria General Hospital. Joint skull base cases with the neurosurgical team are performed at the Halifax Infirmary.

Extra theatre lists were often picked up and on those days, the clinic was cancelled. After Dr Shoman left, Professor Morris took on many extra theatre lists and I did not feel an impact on the number of operative cases.

There was a monthly Cochlear Implant MDT Clinic which was attended by Professor Morris or Dr Shoman, the CI Audiologists and myself. Halifax is the only centre in the Maritimes which performs cochlear implant surgery with dedicated CI operative lists, which meant there were a high volume of CI operations. The cochlear implant program is also growing and the team has

recently begun to implant patients with single sided deafness. They provide all three implant devices (Cochlear, MEDEL, Advanced Bionics) and have a preference for the peri-modiolar electrodes if Cochlear or AB (Cochlear 632 and AB Slim J) which require a two handed technique. These were electrodes which I had not used in my training before and this fellowship not only gave me the opportunity to see a high volume of CI cases, but also broaden my experience with different implant electrodes.

There is a busy monthly lateral skull base MDT clinic which is attended by the Neurosurgeons. There is also a regular NF2 clinic and I was able to see these patients which again I did not have much exposure to in my training.

## **Operating**

Operating is from 7.30am- 3pm or 9am to 5pm. Professor Morris is a fastidious surgeon and is the primary surgeon of the cases. His results for recidivism and hearing were excellent. He is a keen and enthusiastic teacher with lots of tips and tricks which he has developed over his career and has a wealth of experience. Professor Morris is usually scrubbed from the beginning of the case and he or I would then guide the resident through early parts of the surgery. Professor Morris would then inspect and begin the middle ear work and then give a part of each operation to me, such as peeling cholesteatoma off the facial nerve or the stapes, drilling to expose and identify a tegmen defect in the epitympanum or performing the reconstruction. Each case was conducted in a modular fashion between Professor Morris, myself and the residents as a team.

Residents are assigned to the otology service and rotate every 1-2 months. Due to their limited time with the otology service, it is important for them to operate as much as possible and they will be expected to open every ear and perform every cortical mastoidectomy or start some early drilling.

The theatres had excellent operative microscopes with the ability to record every case. Team morale is high and there is an impressive collaborative work ethic between nurses, surgeons and anaesthetists which I enjoyed and valued.

Over the year I attended 301 cases in total. They included the following procedures:

### **Mastoid Surgery:**

- 60 Major mastoid surgeries
- 4 Emergency mastoidectomies
- 12 Blind Sac Closures
- 6 Lateral Canal Fistula Repairs
- 2 Facial nerve decompressions

### **Middle Ear Surgery:**

- 13 Stapedotomies
- 10 Middle ear explorations and ossiculoplasties

### **Skull Base Surgery:**

- 3 Lateral Temporal Bone resections
- 1 Retrolabyrinthine approach to the skull base for biopsy
- 2 Tympanic paraganglioma excisions
- 5 Translabyrinthine excision of Vestibular Schwannoma (2 additional cases I was unable to attend)

### **Other:**

- 11 Canalplasties
- 45 Local anaesthetic myringoplasties
- 26 Tympanoplasties

## **Implant Surgery:**

3 Bonebridge insertions

6 BAHAs under LA

65 Cochlear Implant Insertions

1 incomplete partition, 2 WVA syndrome, 1 obliterated round window, 1 staged insertion

4 cochlear implant removals and reinsertion

## **Clinics**

The clinics are an equally important focus of the Fellowship. Usually there were 20-25 patients across an all-day clinic booked under Professor Morris or Dr Shoman. I did not have my own patient list but rather I would either see patients with my supervisor, or see a patient in another room and then present them to Professor Morris or Dr Shoman. Every single case was an opportunity for discussion, learning and reflection. There has been newly installed videos screens in the clinic to allow an excellent view of the ear so that everyone is able to see.



Professor Morris, Adrienne Comeau (CI audiologist), Alison (CI audiologist), me in clinic.

## **Teaching**

My teaching responsibilities included a departmental grand round session, a teaching session for the residents and cadaveric otology simulation sessions. The department also had a temporal bone laboratory which I had access to at any time, which I found incredibly valuable. I was able to use this out of hours to drill to my hearts content and used in preparation of complex cases such as translabyrinthine skull base cases and lateral temporal bone resections. The two desk set up also allowed me to organise 1:1 teaching sessions for the residents whilst also drilling myself. There was also a monthly evening journal club which was a great way to spend time with colleagues whilst discussing interesting papers. I was able to organise attendance at the Mass Eye and Ear Endoscopic Ear course and Professor Morris very generously offered to pay for all of my travel expenses.

## **Research**

Professor Morris has a very strong relationship with the Dalhousie engineering team. They have developed a optical coherence tomography device which is able to visualise the middle ear

through the tympanic membrane and combine this with laser doppler vibrometry. It was a privilege to have been able to use this device and conduct experimental research. Professor Robert Adamson from the engineering team was always at hand to help me and I am incredibly grateful for his guidance and support.

### Extracurricular activities

Halifax is an absolutely fantastic city which I truly fell in love with. The city is vibrant and exciting with lots to do. There are excellent hiking trails only 15 minutes from the centre of town and it is easy to travel to the Canadian National Parks. Nova Scotia also has some amazing beaches. Outside of work I also spent my time ice skating, swimming, and enrolling into the local art classes. The food in Halifax is also excellent and I spent a lot of my time eating oysters and scallops! Professor Morris also provided me with excellent company both inside and outside of work.

### Costs

My total costs of the visa and licensing was just north of £3000. My salary from TWJ was £27,500 (non-taxable) to cover the first 6 months and the salary from Dalhousie was \$40,000 CAD (which is taxable). Food and rental costs were high but the TWJ stipend and Halifax salary was more than enough to cover my costs. There was an excellent car rental service which also meant that I did not need a car.

### Summary

I would highly recommend this fellowship to anyone who wants to see the management of advanced chronic ear disease, cochlear implant surgery and lateral skull base cases in a beautiful part of the world. The value of having 1:1 supervised training with someone who is so knowledgeable, skilled and affable is immeasurable. Having started my first consultant job, I am putting into practice what I have learnt and have increased confidence to take this next step in my career.



Inside Halifax Public Garden in the Summer



Outside Halifax Public Garden in the Winter