

JLO Travelling Fellowship 2005

This report covers my visit to the Department of Paediatric Otorhinolaryngology Head & Neck Surgery, Hospital For Sick Children, and the Department of Otolaryngology and Neuro-otology, Toronto General Hospital, Toronto, Canada, 2005.

As a trainee, I became interested in paediatric otorhinolaryngology and consequently spent years five and six in subspecialty training. I therefore decided to travel to Toronto, to visit two departments there with world class reputations for paediatric otorhinolaryngology. The travelling fellowship awarded to me by the *Journal of Laryngology & Otology* was augmented by funding from the Royal College of Physicians and Surgeons of Glasgow and the Midlands Institute of Otolaryngology; this sponsorship made a visit to Toronto's Hospital for Sick Children and the Toronto General Hospital possible. My hosts were Dr Blake Papsin, Dr Vito Forte and Dr Adrian James at the Hospital for Sick Children, and Dr John Rutka at the Toronto General Hospital.

Hospital For Sick Children, Toronto

This hospital was founded in 1875 by a group of Toronto women and is now known worldwide for its achievements, which include nutritional research, orthopaedic and cardiac surgery, genetics, and intensive care. The department of paediatric otorhinolaryngology has six consultants, all of whom have a subspecialty interest. The chairman of the department is Dr Vito Forte, who has a special interest in head and neck surgery, and my attachment was with Dr Forte and also with Dr Blake Papsin and Dr Adrian James. Dr Papsin is an otologist and directs the paediatric cochlear implant programme in addition to running the bone-anchored hearing aid and auricular prosthesis programmes. In the UK, he has been a fellow at the Great Ormond Street Hospital, and his research focuses on the growth and development of the auditory system after cochlear implantation. Dr James trained in Britain and was previously at the Bristol Children's Hospital. He is also interested in airway management and was my educational supervisor throughout my travelling fellowship.

I had the freedom to observe and participate in all the activities of the department. I took part in academic meetings and attended out-patient clinics and operating theatre sessions. The work on complex embryological anomalies, such as lymphatic

and arteriovenous malformations of the head and neck, was fascinating. Referrals for this work came from all over the world, and patients had usually been operated upon previously, thus making the surgery far more complex. Surgical excision, which was often staged, was the preferred management option, and I had the opportunity to observe such major operations every week. Complex disorders of the branchial apparatus were also routinely operated on, requiring major approaches such as parotidectomy and facial nerve dissection. Paediatric oncology procedures, such as neck dissections and tumour resections, were not uncommon, and diagnostic endoscopies and laryngeal reconstructions were routinely performed. It was fascinating to observe minimally invasive procedures in the paediatric airway, such as endoscopic diathermy and histoacryl glue application for tracheoesophageal fistulae. Dr Forte is also the world expert on endobronchial stent applications, and I was able to observe this technique during my stay.

Paediatric otology, under Dr Papsin and Dr James, was very advanced in this hospital, and I was able to compare and contrast Canadian and UK practice. The Hospital for Sick Children cochlear implant programme began bilateral, simultaneous cochlear implant insertion during the time I was there, a fascinating procedure to witness. During my operating theatre attendance, I also saw several complex middle-ear and mastoid cases with Dr James and Dr Papsin.

In the department, there are several postgraduate students, residents and clinical fellows working on various research projects, with the support of a PhD audiological scientist. During my stay, I completed two research projects, which have both already been presented at the annual British Paediatric Otolaryngology meeting in 2005, and one has since been published in the *Journal of Paediatric Otorhinolaryngology*. The hospital's library and information technology facilities were superb, with most journals being available on-line, and I was able to access almost all articles immediately. Doing research in Canada made me realize how important it is for trainees' projects to be supported by the appropriate systems and facilities, and how important investment in information technology can be for hospitals and libraries.

The staff at the Hospital for Sick Children were very friendly, and I was invited to various social

events and evenings. My attachment was a wonderful professional experience, and the friendship of the consultants and their families was particularly special to me.

Toronto General Hospital

The Toronto General Hospital was opened for patients in June 1829 and, in the course of its history, has incorporated or become responsible for the joint administration of several other institutions. The hospital merged with the Toronto Western Hospital in 1986 and with the Princess Margaret Hospital in 1998, becoming one institution on three sites. The Toronto General is proud of several 'firsts' in its history, such as the development and first clinical use of insulin in 1922, the clinical use of the anti-coagulant heparin, and the world's first single and double lung transplants. The otology and neuro-otology department is run by Dr John Rutka, who is well known to the many British trainees who have undertaken fellowships with him.

I spent my first week in Toronto doing the Toronto temporal bone dissection course organized by Dr Rutka. There was no limit on cadaveric temporal bones, the equipment was modern and technical staff were always available to help. The dissection was very well structured and supervised by the faculty and the lectures were well constructed, with tips from years of experience. There was a laser station to practise laser stapedectomy, supervised by Dr Halik, a cochlear implant station, supervised by Dr Papsin and Dr James, and a bone-anchored hearing aid station to practise bone-anchored hearing aid insertion.

Dr Rutka has an otology and neuro-otology practice, with theatre sessions at the Toronto General Hospital and joint sessions with neurosurgeons for skull base cases. He has a tertiary referral practice and commonly manages difficult mastoid surgery revision cases referred from other hospitals. I attended his skull base theatre sessions, observing



FIG. 1

With Dr Vito Forte, operating suite, the Hospital for Sick Children, Toronto.



FIG. 2

With Dr Blake Papsin and Dr Adrian James, the Hospital for Sick Children, Toronto.

the treatment of acoustic neurinomas, vestibular nerve sections and complex skull base tumours. I also visited Dr Jerry Halik, who is famous in Canada for his stapedectomy practice, at the Markham Hospital. He has performed over 1000 stapedectomies and his skill was a joy to watch.

Dr Rutka is famous for his interest in balance. He runs a renowned neuro-otology clinic in a multidisciplinary setting, attracting referrals from throughout Canada. Here, patients are also seen by a neurologist, and the clinic is well supported by a centre for balance investigation and rehabilitation. Several outstanding publications have come from this clinic, and the balance centre, the database and the investigations are all available for research. Many fellows from all over the world visit Dr Rutka every year and, apart from the learning opportunity that this represents, he also organizes the fellow's social programme, which includes visits outside Toronto. Once a month, the team goes to the Niagara Falls for out-patient clinics. These are followed by a visit



FIG. 3

With Dr John Rutka at the Niagara Falls, following the monthly out-patient clinic.

to the world-famous falls and dinner, usually by the lake. His associate at Niagara Falls, Dr Len Mackerowitz, has been host to several fellows over the years.

Toronto

My family and I enjoyed our stay in Toronto, and we will always look back with wonderful memories. The weather was excellent and we had a proper, warm summer. Canadians are very hospitable and Toronto is a cosmopolitan city with a strong British tradition. There is a lot for young children to do in Toronto, and this was very important for me and my two-year-old son, who enjoyed trips to water parks, art centres, museums and Lake Ontario. Of all the attractions, the Niagara Falls was the most outstanding.

Conclusion

My travelling fellowship was a success in many ways. Going abroad at the end of my UK training helped me to observe Canadian practice with a critical mind. I was very interested to observe and understand how the two departments I visited were managed and how they have been able to achieve such high standards in clinical practice and research. I had numerous discussions with the consultants regarding the financial issues and management of the Canadian public health service and also about doctors' training.

Regarding clinical practice, my exposure to complex paediatric work was important and my further training in otology and neuro-otology also taught me a great deal. My two presentations and one publication from the trip improved my curriculum vitae, and the first hand experience I gained of the two hospitals' research facilities was invaluable. I have no doubt that a high level of research contributes greatly to a department's reputation, and the research I observed and undertook was certainly well supported. Canadian primary care is well

organized in all specialties, and only institutions with high levels of expertise deal with complex work, which has an impact on budget management and doctor training.

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I also, of course, thank all those in Canada who allowed me the opportunity to attend their units and who provided such enthusiastic teaching. In particular, I would like to thank Dr Adrian James for organizing my time, for supervising and guiding my research, and for all his support during my stay. His role was essential to me and I will always be grateful to him. Finally, I would like to thank my husband and family for being so patient and supportive. Travelling abroad on a fellowship is always a major step for a family with a small child and requires careful planning and organization. The support of my family has been incredible, and I will always be grateful to them.

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