



# RCSI

ROYAL COLLEGE OF SURGEONS IN IRELAND

COLÁISTE RÍOGA NA MÁINLEÁ IN ÉIRINN

## Grants/Fellowship Report Form (Please complete in type print)

<b>Grant Holder Name</b>	Mira Sadadcharam
<b>Brief biography, including qualification and year of graduation (no more than 100 words)</b>	Mira Sadadcharam graduated from University College Dublin in 2003. She completed her Basic Surgical Training in 2006 before completing a PhD in cancer immunogene therapies under the auspices of the late Professor Gerald O'Sullivan in 2009. During the course of her Higher Surgical Training, she was awarded both the DO-HNS and FRCS (ORL-HNS). Post CCT, she completed a Fellowship in Paediatric Otolaryngology with a special interest in airway reconstruction at the Royal Manchester Children's Hospital, supervised by Mr Michael Rothera. She has authored 5 book chapters, 8 peer-reviewed publications and presented at 20 international and 22 national meetings
<b>Title of Project/Fellowship</b>	The Royal Manchester Children's Hospital Paediatric Otolaryngology Fellowship
<b>Year of Award:</b> <b>Commencement Date:</b> <b>Conclusion Date:</b>	2015 October 2015 October 2016

### Summary (no more than 250 words)

My fellowship concentrated primarily on specialised surgery involving paediatric airway surgery and reconstructive techniques, the management of drooling in children with neurodisability and children with mucopolysaccharidosis. My supervisors were Mr Michael Rothera, Professor Iain Bruce, Mrs Jaya Nichani and Mr Neil Bateman. The Fellowship was based at the Royal Manchester Children's Hospital (RMCH). The RMCH sees 220,000 paediatric patients each year across a range of specialties. It is the largest single-site children's hospital in the UK. The outstanding ENT department here has expertise in paediatric airway endoscopy, laryngeal reconstruction, prostheses for congenital ear atresia, and correction of choanal atresia and other congenital abnormalities. The considerable volume and complexity of surgery performed in the unit meant that the learning curve was steep. I gained invaluable experience with diagnostic and therapeutic airway endoscopies, airway reconstruction techniques, neonatal tracheostomies, and implantable hearing devices. During my year here, I authored 4 paediatric book chapters, 2 peer reviewed publications and presented at 15 international and 1 national conference. Notable educational components of the Fellowship include sub-specialty clinics e.g. the airway clinic, microtia clinic and mucopolysaccharidosis clinic. The attendees at these meetings include the surgical team, plastic surgeons and allied health professionals. These meetings gave me a comprehensive grounding in clinical decision-making for complex paediatric patients. The support of RCSI through the Colles Travelling Fellowship Award was invaluable and I am very grateful for the honour. I plan to return to Ireland with an enhanced skill set which I will use to develop my clinical practice.

**Grant Report (in the region of but no more than 500 words)**

Objectives of Project/Fellowship:

1. Develop experience in managing children with complex co-morbidity
2. Gain experience in paediatric airway assessment and airway reconstruction techniques
3. Develop expertise in the decision making processes relating to the individually-tailored medical and surgical management strategies of children with complex airway/genetic/metabolic needs
4. Assume greater clinical responsibility and begin the transition from trainee to trainer
5. Work as part of a large multidisciplinary team dedicated to Paediatric Otolaryngology

Did you achieve these objectives?

My experience in Manchester went above and beyond my expectations and ambitions. We performed nearly 1500 advanced cases including over 75 therapeutic airway procedures during my time there. The multidisciplinary approach in the department was integral to patient care. In addition to the challenging surgery for paediatric airway pathology, I gained invaluable experience pertaining to paediatric airway assessment, neonatal tracheostomies, optimising the management of drooling and sleep disordered breathing in children with neurodisability as well as cultivating a special interest in children with mucopolysaccharidoses. With the experience I have gained here, I have been an invited speaker at an international conference dedicated to the management of children with mucopolysaccharidosis. From a teaching perspective, I have acted as section organiser for Paediatric Otolaryngology at a national training day and been facilitator on a further 4 otolaryngology courses. I am also now a fully qualified simulation-based trainer. From a quality improvement perspective, I am a working group member of the paediatric national tracheostomy safety project (NTSP) involved in multiple aspects of paediatric tracheostomy management including testing and development of emergency algorithms using high-fidelity simulators. I am also a named champion on the Improving Tracheostomy Care/Global Tracheostomy Collaborative, a multidisciplinary team of physicians, nurses, allied health clinicians and patients/caregivers from a global community working together to disseminate best practices and improve tracheostomy-related outcomes. The Royal Manchester Children's Hospital is one of 25 sites selected globally for this purpose.

In your opinion, what is the value of your award to:

(a) Yourself

This award enabled me to gain operative and non-operative management experience in a world-class Paediatric Otolaryngology centre, supervised by an internationally respected Consultant ENT Surgeons. The Royal Manchester Children's Hospital is the largest single-site children's hospital in the United Kingdom. I was exposed to large numbers of challenging patients for whom, in many cases, evidence-based management strategies were not readily available. The learning curve associated with developing individually tailored management strategies for these children was extremely steep but invaluable. Also, as head of Department, Mr Michael Rothera has been an inspirational clinical leader whose passion for improving teaching, service delivery and research permeates every corner of his department. This open approach has motivated me to develop and I have honed my own leadership and management skills concurrently with my clinical ones. In addition, this award also allowed me to see how a cohesive large multi-disciplinary team can improve the lives of children with complex needs.

(b) The institution in which you worked

The institution I worked in benefitted from this award by having a experienced clinician available to provide a dedicated overview of the diagnostic work up and management of complex children. Management of this patient group requires strong clinical planning skills in order to provide appropriate levels of continuity of care. I was responsible for structuring waiting lists, coordinating the multidisciplinary management of children on NICU/PICU with complex co-morbidity, performing 204 diagnostic paediatric endoscopies, 75 therapeutic endoscopies, 21 neonatal tracheostomies, 5 airway reconstruction procedures and 15 BAHAs. The surgical team consisted of two registrars and one SHO and I thoroughly enjoyed teaching them and transitioning from trainee to trainer, drawing on my experiences, both from Ireland and the United Kingdom

(c) In the future for Irish patients

I hope to use the experience I have gained during my Fellowship to contribute to the management of Irish children with complex upper airway disease, sleep disordered breathing and neurodisability. My Fellowship has stressed to me the importance of multidisciplinary input in children with complex needs and I look forward to the opportunity to work in close collaboration with other specialties to provide the best possible care for my patients