



# RCSI

## Grant/Fellowship Report Form

<b>Grant Holder Name</b>	Ms. Paula Casserly
<b>Brief biography, including qualification and year of graduation (no more than 100 words)</b>	Paula Casserly graduated from University College Dublin in 2000 and completed her internship at the Mater University Hospital. She completed Basic Surgical Training at Tallaght before completing a laboratory-based MCh at the Conway Institute. She was awarded both DOHNS and FRCS-ORL during her ENT training, which she completed in 2013. Post CCT she gained experience in mastoid and middle ear surgery at the Causse Clinic, Colombiers, France before commencing a Neurotology & Skull Base Surgery Fellowship at The Ear Science Institute Australia & Sir Charles Gairdner Hospital, Perth, supervised by Professor Marcus Atlas.
<b>Title of Project/Fellowship</b>	The Ear Science Institute of Australia & University of Western Australia Neurotology & Skull Base Fellowship
<b>Year of Award: Commencement Date: Conclusion Date:</b>	2013 June 1 <sup>st</sup> 2013 May 27 <sup>th</sup> 2014

### Summary (no more than 250 words)

My fellowship concentrated primarily on specialised surgery involving the ear, skull base, vestibular system and inner ear. My supervisors were Professor Marcus Atlas, Winthrop Professor of Otolaryngology at the University of Western Australia (UWA) & Professor Peter Friedland, Head of Otolaryngology at Sir Charles Gairdner Hospital (SCGH) and UWA. The fellowship is based at The Ear Science Institute of Australia (ESIA), SCGH and St. John of God's Hospital in Perth. The clinical job takes place mainly in SCGH which is one of Australia's leading teaching hospitals with over 600 beds and 420,000 patients per year. The ESIA also plays a central role in the Fellowship and is an outstanding unit dedicated to otology and neurotology with research, audiology and balance departments, complex-hearing assessment and implantable hearing device units and an ENT training centre. The considerable volume and complexity of surgery performed in the unit meant that the learning curve was steep. I gained invaluable experience with translabyrinthine, retrosigmoid and middle cranial fossa approaches to the skull base in addition to a whole new philosophy of mastoid and cochlear implant surgery. Notable educational components of the fellowship include weekly neuroradiology meetings, multidisciplinary teaching ward rounds & a monthly implantable hearing-device meeting. The attendees at these meetings include the surgical team, neuroradiologists, audiological scientists and allied health professionals. These meetings give Clinical Fellows a very comprehensive grounding in clinical decision-making for neurotology 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 complex neurotological and otological cases
2. Gain experience in cochlear implant surgery and other implantable hearing devices
3. Develop expertise in decision making processes regarding the expanding criteria for implantation
4. Assume greater clinical responsibility and begin the transition from trainee to trainer
5. Work as part of a large multidisciplinary team dedicated to Neurotology and Otology

Did you achieve these objectives?

My experience in Perth far exceeded my expectations and ambitions. We performed nearly 300 advanced cases including over 70 cochlear implants during my time there. The multidisciplinary approach in the department was integral to patient care. In addition to the challenging surgery for skull base tumours, I gained invaluable experience pertaining to implantable hearing devices including; hearing preservation surgery in cochlear implantation, employing subtotal petrosectomy to implant chronically diseased ears, expanding indications for cochlear implants (such as single-sided deafness & the novel concept of simultaneous labyrinthectomy and cochlear implant for Meniere's Disease) and experience with new implantable hearing devices such as the Bonebridge implant and BAHA Attract. We performed the world's first adolescent BAHA Attract during my time there.

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

(a) Yourself

The award enabled me to gain operative and non-operative management experience in a world-class Neurotology & Skull Base Surgery centre, supervised by an internationally respected Consultant ENT Surgeon. I was exposed to large numbers of challenging patients for whom, in many cases, evidence-based management strategies were not readily available. Hence the ability to individually tailor management plans for such patients was very dependent on the experience of my two principal supervisors. Also, as head of Department, Professor Friedland is an inspirational clinical leader whose passion for improving teaching, service delivery and research permeates every corner of his department. This really motivated me to develop my own leadership and management skills concurrently with my clinical ones. The award also allowed me to see how a cohesive large multi-disciplinary team, working under Consultant Neurotologist supervision, can improve the lives of adults with hearing loss with appropriate surgery.

(b) The institution in which you worked

The institutions I worked in benefitted from this award by having a senior clinician available to provide dedicated oversight to the diagnostic work up and management of complex neurotology patients. Management of this patient group requires strong clinical planning skills in order to provide appropriate levels of continuity of care. I was responsible for the running the wait-list in the public sector, allocating resources and performing surgery on 34 publically funded cochlear implants and acted as the senior clinician in a busy otology and skull base clinic. The surgical team consisted of four registrars and two interns and I thoroughly enjoyed helping with their training, drawing on my experiences, both from Ireland and Australia

(c) In the future for Irish patients

I hope to use the experience I have gained during my Fellowship to contribute to managing Irish patients with hearing loss, chronic ear disease and skull base tumours. I've witnessed a new and exciting philosophy in the management of these patients and hope to have the opportunity to expand upon these skills in Ireland.

