

Roshna Rose Paul: interview between trainee and senior surgeon

Professor Paul has been heavily involved with training and educating multiple cohorts of ENT trainees over the years, since 2010. In this article, Mr Reid (a current ENT registrar from the West Midlands) picks her brains.



Prof Roshna Rose Paul, MBBS, MS (ENT), FRCS (ORL-HNS),

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Roshna, thank you for talking to ENT & Audiology News! Could you give a brief overview of your current post and career journey to date?

Hi Jeremy. Thank you for considering me for this interview. I'm currently placed as professor of ENT in Christian Medical College, Vellore (CMC), which is one of the leading medical colleges in India. The ENT department here has five subspecialty units. I work in the laryngology unit (airway, voice, and swallowing). As we are a teaching institution, 50% of our workload is general ENT and 50% is specialty based, which involves phonosurgery, airway surgeries and laryngeal malignancies. I have been here since 1998 when I did my undergraduate training followed by my postgraduate training, which I completed in 2010, and have been working here since.

What do you enjoy most about working as an ENT surgeon?

While figuring out what to do for my postgrad, the only thing I really knew was that I wanted to be a surgeon. Initially it was ophthalmology that interested me but after working as a junior in the ENT department in CMC, I realised that ENT has such a diverse variety of cases. It ranges from fine precision otological microscopic procedures and endoscopic nasal surgeries

to gory elbow-deep-in-blood head and neck surgeries. I was just completely thrilled at the prospect of choosing from this wide range and am so glad I chose ENT.

Once I started working and slowly moved into the laryngology unit in 2014, I started dealing with complex airway cases and head and neck malignancies. Under the able guidance of my seniors, Dr Suma Susan Mathews and Dr Rita Ruby Albert, I was able to grow in this new specialty. The joy of decannulating a patient and listening to him/her speak and eat normally is indeed a true blessing.

I love teaching undergraduates and postgraduates. In this institution, we have an intake of 100 medical students and eight postgraduate trainees a year.

Can you tell me more about your involvement in ENT education and training at CMC, Vellore?

Training here is similar to the UK, with consultant-guided ward rounds and weekly case discussion and topic presentation. One of the ways we teach endoscopic and microscope skills is through posting

to dedicated outpatient endoscope and treatment rooms. In the treatment room, postgraduates in their first year perform suction clearance, FB removals, and even direct laryngoscopy and biopsy under local anaesthetic. By the end of first year, they are posted in the scope room once a week, where they do around 30 rigid and 30 flexible scopes daily, with additional endoscopic biopsies under local anaesthetic. Both postings provide necessary skills for ear and endoscopic surgeries later. We have four operating theatres a day shared between units, so each unit gets four theatres a week. Postgraduates are assigned cases which they workup and present to us the day before. They scrub in on the assigned cases, and we guide them just like in the UK.

What has been the most challenging post you have held so far in your career and what did you learn from the experience?

There have been quite a few challenging points in my working life, rather than one specific post. Every time we deal



Christian Medical College (CMC) in Vellore, India, where Roshna works.

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Roshna and her colleagues from the CMC at one of the many potluck dinners they hold as a team building exercise.

with neck trauma with a critical airway it is challenging. Every airway stenosis patient who comes with the hope of finally removing their tracheostomy is another challenge. Finally, being a working mum who ends up doing late nights is one of the most challenging parts for me.

The challenges just teach me that we will never stop learning. Every patient is different and helps us to think differently and learn new improved ways to help them.

As a mother, I realised that children are quite mature and understand that we are needed at work almost as much as we are needed at home. My children are 10 and 14 years of age. It was a little difficult when they were younger but, believe me, they understand, as long as communication lines remain open. Never be too busy to talk to your children!

What are your passions outside of work?

My ever-supportive family with my husband and two amazing kids are my main passion. But, other than that, I love to do a bit of baking as well. Baking is a stress buster for me. I love baking for my family and my department. Any birthday or a good surgical outcome is a good excuse to bake!

You have worked both in India and the UK. What one positive thing could each country's healthcare system learn from the other?

Working in the UK was an extremely interesting experience. The NHS with its free healthcare is something I wish my country would be able to provide at some point. India's population of 1.4 billion vs. a population of 68 million in the UK is one of

the main reasons it is a distant dream at this point. We do have central government-run hospitals like AIIMS, Delhi and Jipmer, Pondicherry, to name a few, which do provide excellent free healthcare, but the demand far exceeds supply.

Due to the same reason, we get to see many patients during our training. Our institution provides modern global healthcare practices at Indian prices, and this leads to substantial number of patients visiting our hospital. Here, our postgraduates do rotation for three years in the various units within this hospital, unlike the UK where they are placed in different hospitals for five years. Three years of training may appear short, but it is very intensive. Work consists of seven-day weeks and often 10-12-hour days on average with a one-in-three on-call rota. This, combined with the total number of people seeking surgical care, provides a well-rounded training programme. The UK system is excellent as it provides good baseline free healthcare for all.

What do you see as the major issues challenging delivery of ENT healthcare in India over the next five to 10 years?

As mentioned above, there is a huge demand for healthcare with limited supply. With our increase in the intake of postgraduates, we are in a better position to deliver more specialist ENT care, but still have a long way to go. The financial aspect is also a major issue for your average patient and is one of the main reasons for financial debt in my country. I really do wish India would allocate a larger percentage of its annual budgeted expenditure towards health.

We also need people to be aware of when to visit an ENT specialist. Many ignore minor symptoms of change in voice, hearing loss in a child, a persistent sinus infection, until it reaches a point where only drastic intervention may help. So public awareness campaigns through social media would help if they came from the right sources.

Knowing what you know now, if you could give some advice to yourself 10 years back, what would it be?

Ten years ago, I would tell the incredibly nervous me, that life would have its shares of difficulties, but to not worry and enjoy the ride. I would also warn myself of the pandemic and invest in a few stocks and some bitcoin!

Thank you for talking to ENT & Audiology News and for sharing your insights with us, Roshna!

INTERVIEWED BY



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