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## About me

My name is Tony Eskander and I'm from Toronto, Ontario. I work as an Otolaryngologist – Head and Neck Surgeon and Surgical Oncologist at Sunnybrook Health Sciences Centre and Michael Garron Hospital.

I completed my residency at the University of Toronto (UofT) in 2016 and then pursued a fellowship in Head and Neck Oncology/Reconstructive Surgery at The Ohio State University before returning to a staff position in 2017..

I received a H.B.Sc. in Integrative Biology before attending medical school at the University of Toronto. During my residency at UofT I completed the Clinician Investigator Program through the Royal College of Physicians and Surgeons of Canada. I completed a Master's of Science in Clinical Epidemiology at the Harvard School of Public Health which allowed me to complete my thesis locally at the Institute for Clinical Evaluative Sciences (ICES; previously known as the Institute for Clinical Evaluative Sciences).

## Why I chose Otolaryngology

I was first interested in medical specialties when building on my undergraduate education in Respiratory Neurophysiology. However, this changed when I realized I had a natural interest in procedures.

I liked the idea of removing parts of the body that were non-functional and trying to rebuild this with a transplant. The first surgery I ever saw was a lung transplant and this led me to explore other specialties.

I received two great pieces of advice as a medical student that still hold true. The first was to not pick a specialty based on an individual mentor. It's better to work with a number of physicians to assess general job satisfaction in a given field.

In doing this, I found many of the Otolaryngologists were extremely satisfied in their work. The second piece of advice was from a great family medicine mentor that recommended exploring surgical specialties in the community.

The rationale was that statistically you'll likely end up working in the community setting. In doing this, I gained exposure to Otolaryngology where I enjoyed working with microscopes, delicate procedures in both the office and OR, the fascinating anatomy, and the long-term relationships with patients. It's the perfect balance of surgery and medicine.

When it came time to find a job, I chose Sunnybrook because it's an academic centre that gives me protected time and the resources for clinical work, as well as a surgeon scientist.

During medical school at UofT, I explored a research career through the Comprehensive Research for Medical Students (CREMS) program. I pursued an advanced degree in residency through the Clinician Investigator Program and a thesis-based Masters at the Harvard School of Public Health.

These experiences crystalized my desire to be a surgeon scientist, blending my clinical expertise with a research focus. Sunnybrook is an excellent fit, there are others here with similar interests, using big data to help create a better healthcare system. It also has geographic proximity to ICES which has opened up collaborations for high level research.

### Clinical Life

What does a typical day of clinical duties involve?



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A Typical Day	
Operating Days (08:00-17:00)	My operating days include a variety of oncology cases. Some of my days may include one lengthy case such as a Laryngectomy, while other days may involve multiple smaller cases, including Thyroidectomies, Glossectomies, and Parotidectomies. Even though the OR usually ends at 15:30, I often round and see a few follow up patients at the end of the day.
Clinical Days (08:00-17:00)	I have my clinic once a week. This is split between fresh referrals of patients with a new head and neck cancer diagnosis requiring surgery, or follow-ups for patients I've operated on or are receiving cancer surveillance.
Research Days (08:00-17:00)	Research days are split between sites, depending on my meetings and whether I need to meet with collaborators/mentees throughout the day. My projects tend to have many moving parts and multiple stakeholders, so these days can be fairly busy to ensure my projects are co-ordinated and moving forward.

Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00				Call			
07:00							
08:00		OR	Research	Research	OR	Clinic	
09:00							
10:00							
11:00							
12:00							
13:00							
14:00						OR	
15:00						Clinic	
16:00							
17:00			Call				
18:00							
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

### How did your residency program prepare you for practice?

The UofT residency program is excellent, both for community and academic Otolaryngology training. The Program Chair and Program Director were very supportive, providing mentorship and helping to secure funds for me to pursue opportunities like the clinical investigator program.

My Otolaryngology rotation at Michael Garron Hospital was a formative one. I worked with clinicians that had a specific academic interest in education, and a large scope of practice. It was some of the best surgical teaching I received and propelled me into my future surgical training.

I found every rotation important, even when off-service. Many questions that I'm looking to answer in my research ties in with other specialties; I draw from my off-service experience to help me understand how other specialties work.

Each year in residency we had one academic half-day devoted to a practice management topic. The topics covered on these days included billing, working with allied health providers (ex. Audiologists), and the practice realities between academic and community jobs.

### Did you seek any resources outside of your residency training to help you prepare for practice?

I surrounded myself with a team of people to manage the different parts of my life and practice. I utilized a financial advisor, accountant, and insurance broker that helped me to better understand these subjects. I continue to utilize them as a staff and have found the continuity from residency to practice beneficial as they work with me to achieve new goals.

### Can you describe the transition from residency to practice?

My transition started with my fellowship. This was one of the most fantastic experiences of my training. You're primed and ready to grow your surgical skills exponentially in an environment that builds lifelong friendships and colleagues.

The transition from fellowship-to-practice is slower than from residency to fellowship. It takes a few months to set up your office, hire a secretary, get the word out that you're around, and build relationships in the community and with colleagues. Even though you're coming out of your training with a vast amount of knowledge, there is still practical knowledge you need to learn.

Having a team of senior colleagues and partners to lean-on and go to for practice management and clinical advice is crucial.



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### What are the best aspects of being in practice?

The best part of practice is by far my patients. There's a certain amount of internal satisfaction that you get as a physician for the care you're able to provide. The gift you've been given being in medicine. The genuine thanks that you get from a patient makes all the difference and is what drives me.

I love the teaching and research aspects of my job. I hadn't thought they would give me such a personal satisfaction, but teaching medical students, residents, and fellows has become an extremely rewarding part of my job. This satisfaction has really impacted my willingness to teach.

Research is something that takes longer to flourish. I have at least two research days a week where I meet with stakeholders, analysts, and assist others with research projects. I get excited watching our work grow into health policy or high-impact manuscripts that push forward the research agenda. We're currently doing exciting work examining the management of thyroid cancer and thyroid nodules. We think this will have a major impact on thyroid management in Ontario.

### **What are the most challenging aspects of being in practice?**

The most challenging aspect of being in practice is the surgical complications you encounter. During residency and fellowship, I found it was easier though to separate yourself from the complications as they may not be yours. As a staff surgeon, these are your patients and your complications. You can't separate yourself from them.

We know complications happen and should be expected, but the physical and emotional effect complications have on you isn't discussed as much as it could be in residency.

These are patients you've gotten to know personally in the clinic, and it can be tough to cope with. I now have a support network to speak to which helps manage this.

### **Is there anything you would do differently in residency now that you are in practice?**

Residency is hard, and I think people put lots of things on-hold. You have more control as staff, but I don't think things get easier. If I were to go back - I would make sure the things that were important to me were prioritized and done. I think my one regret during residency was not being more present with my family. Don't let the things that are most valuable to you be put on-hold just because you're a resident. Whether it's family, a hobby, or some activity that you enjoy, don't assume once residency is done that it's going to get easier.

### **What are your colleagues like and how do you interact with each other?**

My colleagues at Sunnybrook and Michael Garron Hospital are awesome. We're social outside of business hours and are very collegial. We run together, play racquet sports together, our families know each other, and our kids play with each other. I think it's important to get along with the people you work with both professionally and personally to ensure high job satisfaction.

### **How do you achieve your CME hours (i.e. do you go to conferences, read journals, etc.)?**

As an academic physician you have plenty of opportunities to achieve CME hours. I usually review 2-4 articles a month, attend 3-5 conferences per year, and attend local University/Hospital rounds that provide CME hours.

## **Non-Clinical Life**

### **What are your academic interests (e.g. leadership activities, research)?**

My main interest is the intersection of health services research and quality improvement. My ultimate academic goals are to impact the healthcare system and health policy using big data, along with utilizing local data to drive smaller scale quality improvement.

### **What is your work-balance life like and how do you achieve this?**

The three main things I prioritize outside of work is my family, my involvement with the church, and tennis. I have three kids - all below the age of 7 - and my wife is a physician. We make sure to devote our weekends and most of our weeknights to our kids. We enjoy everything together, from working on the kid's homework, extracurriculars, going to the park, and using work conferences as a chance to travel and explore.

Something I'm also very proud of and enjoy is my involvement with the Church and engaging with the community. My main hobby is playing tennis. I used to compete provincially, and although this dropped off in residency, I now enjoy re-engaging in it. These are the things that help me to achieve work-life balance.

### **Are there any major differences in your non-clinical life now compared to residency?**

Yes, it's huge. The responsibility is greater, the pay is greater, and you get more emails. I think the major difference though is that you have greater control over your life. As a resident you have very little control over what time you start and end. As an independent practitioner, even in an academic setting, you do have control over your clinical practice and volume.

You can self-regulate the amount of work that makes you happy and have work partners that can help you out when you need it. Having control over your own time is extremely valuable.

*Disclaimer: These specialty profiles illustrate some aspects of the lives of individual physicians, and convey their personal perspectives on the challenges, opportunities, and rewards of their chosen fields. These views may not be shared by all residents, as there is tremendous diversity in lifestyle, experience, and interest among the residents in each specialty.*