

Emergency Medicine at the Top of the World

**EMERGENCY PHYSICIANS WANTED IN NEPAL
FOR A
NEW EMERGENCY MEDICINE TRAINING PROGRAM
AT THE
PATAN ACADEMY OF HEALTH SCIENCES**



PATAN ACADEMY OF HEALTH SCIENCES

LALITPUR, NEPAL

2013

The Mission

To empower Nepal's emergency medicine leaders through collaborative education.

The field of emergency medicine is growing in urban Nepal. Large urban hospitals have triage systems and dedicated GP emergency physicians. Pre-hospital care has begun in the valley, and attention is paid to disaster preparedness. But the Nepal Medical Council does not yet recognize the specialty of EM, and no physician in Nepal has completed specialized EM education.

Despite this, three institutions, including the Patan Academy of Health Sciences (PAHS) are beginning formal EM education to evolve the specialty. **The purpose of the EM Fellowship at PAHS is to prepare teaching faculty for future EM residency programs.** We are taking experienced GPs who currently practice emergency medicine for a 12-18 month fellowship and supplementing their EM knowledge, skills and attitudes. The EM Fellows are already, and will continue to be, the leaders in pre-hospital care, disaster preparedness, triage and emergency medicine education at all levels, in urban centres.

Why we need you

Nepal has no credentialed emergency physicians, and the Patan Academy of Health Sciences wants experienced emergency physician volunteers to assist in teaching the inaugural EM Fellowships.

Simply put, **we want expert coaches.** If you have experience practicing and teaching emergency medicine, then we want you here. We want to benefit from your understanding of an evolved system's patient care, education, ED operations, administration, triage, patient care, continuing nurse and physician education, pre-hospital care and disaster preparedness. But while your skills in all of the above are important, we really need you, your role-modeling of an EPs job, and your generous mentoring of Nepal's skilled future leaders in EM.

What we need you to do

The PAHS EM Fellowship needs you to come and live in Kathmandu for a minimum of 4 weeks to provide ongoing clinical supervision of the Fellows, and weekly teaching sessions. The academic program is robust, and is similar to post-Family Medicine EM programs in Canada. You will deliver weekly small group teaching for the fellows, participate in monthly journal clubs, and monthly core content review sessions (a pre-set

quiz and free discussion based on select readings from Tintinalli's 7th ed.) But mostly you will **coach the fellows**. Learn all you can, get to know them, and be there for them as they seek to evolve their system. Foster their learning: ask questions, then ask more, then give advice if necessary.

In a sense, you have no work to do here; you are just here to help our Nepali colleagues with their work. But by helping them with their work, you are playing a part in the birth of a new specialty in Nepal. You will not change the system in Nepal, your Nepali colleagues will. Yet your support is indispensable, and your presence is a powerful catalyst for change.

Thank you for your interest!

Dr. Bharat Yadav,
EM Fellowship Director, Patan Academy of Health Sciences

**For more information please contact Dr. Darren Nichols, International Faculty
Coordinator, dnichols@ualberta.ca**



The Department of General Practice and Emergency Medicine

Back: Dr. Ashis Shrestha, Dr. Yagya Pokharel, Dr. Hemant Rathi

Front: Dr. Samita Acharya, Dr. Katrina Butterworth, Dr. Bharat Yadav (Chair), Dr. Sita Ram (ED Director), Dr. Sumana Bajracharya

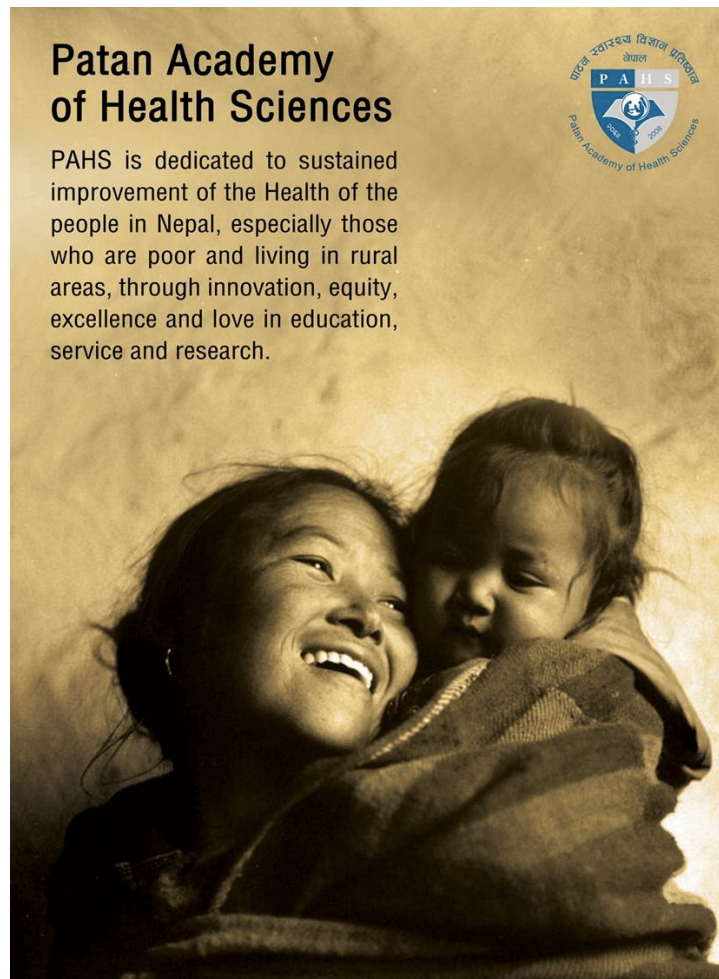
Missing: Dr. Bruce Hayes

FAQs

What is PAHS?

Located in the Kathmandu valley, the Patan Academy of Health Sciences (PAHS) is Nepal's newest Health Sciences University – currently a school of medicine supported by the large Patan Hospital. The PAHS medical school is the only one in the nation designed to create rural doctors, therefore one of the few schools with a social accountability framework designed to meet the needs of the nation. With intentional recruitment from rural areas, and from all socioethnic groups, PAHS has adopted the best elements of medical education from its international partners to focus on creating rural servant leaders for Nepal.

It is fitting that the PAHS is located at Patan Hospital, and ex-mission hospital renowned for its high quality patient care. Now a public government hospital, Patan retains its mission of service while it transitions to an academic teaching centre. As a part of this transition, the clinical services at the hospital are being improved, post-graduate education is beginning, and research is increasing. Developing the discipline of emergency medicine is one step in evolving the care at Patan Hospital and the education at PAHS.



What is the state of Emergency Medicine in Nepal?

The evolution of emergency medicine systems in Nepal is at a state similar to North America, Australia, or Europe in the late 1970s/ early 1980s.

Emergency Medicine is not yet a recognized specialty, although this is likely to change in the next year. The Nepal Medical Council and the Ministry of Health both recognize the need to evolve emergency care in its urban hospitals. Emergency medicine is an urban discipline here. Rural Nepal does not currently need emergency medicine specialists. (Rural Nepal needs GPs – the #1 physician health need of the nation is for medical graduates, GPs, and mid-level health providers in the rural areas. After a 3-year residency, GPs are able to meet the emergency obstetrical, surgical and orthopedic needs of a district hospital, in addition to being able to provide routine adult and pediatric medical care.)

To date there is only one EM training program in the country that started in 2011 at the Institute of Medicine (IOM). There is no society or college of EM in Nepal. A group of EM physicians assembled in 2006, and again in 2013 to discuss the future of EM at a Nepal-wide EM Seminar. Following the graduation of Nepal's first EPs from IOM, it is anticipated that a Society of EM will begin.

Emergency care in the big urban hospitals is provided by GPs, and by the many medical officers who work with them. Depending on experience and supervision, ED patient care ranges from state-of-the art, to inadequate.

EM systems are beginning: There is a small 6-ambulance Nepal Ambulance Service in Kathmandu that has most elements of a fully developed ground EMS system. Triage systems exist in some hospitals. Disaster planning and emergency preparedness is a constant theme, but remains in evolution.

What EM education exists in Nepal?

Physicians: Tribhuvan University's Institute of Medicine (IOM) in Kathmandu is offering a 3-year sub-specialty program in EM. This follows a 3+ year residency in GP, Peds, OBGYN, Medicine or Surgery. The program is in its second year with 2 second year residents and one first year resident. The question is whether such a program is sustainable due to its duration and cost. Its design was based on political expediency, rather than on pedagogical principles or a system-level evaluation of EM in Nepal.

In autumn 2013 the B.P. Koirala Institute of Health Science in Dharan, and the Patan Academy of Health Sciences in Kathmandu are beginning a post-GP Fellowship program of ~ 18 months duration, with ~ 3 - 5 fellows per year.

ACLS, PALS, and PTC (Primary Trauma Care – the south Asian ATLS) courses are available.

EMTs: In 2010, the Nepal Ambulance Service, a 6-ambulance service in Kathmandu was started with assistance from Stanford University. This is a small but real EMS service with a call number, dispatch, EMT education and ongoing QA/QI. They have the ability to sustainably education EMTs for their service.

There is no other EM credentialing in Nepal. There is some ongoing EM CME, primarily done by one physician who owns a CME-delivery company with the title of Nepal Association for Disaster & Emergency Medicine (NADEM). There is no formal nursing education in EM.

What is the Patan Hospital Emergency Department like?

Patan Hospital is a large urban hospital which is home to a one-room, 40-bed, 32 000 pt/year ED. The ED sees a moderate acuity and variable complexity of patients. Peds and adults are seen. Major trauma will come to the ED, but is not a daily occurrence, largely due to the lack of regional pre-hospital systems to bring injured patients in.

The ED is staffed by 7 GPs, 35 medical officers, and 30 nurses. There is basic triage, white-board patient tracking, good access to diagnostic imaging (xray/CT/US, including EDUS), a broad range of pharmaceuticals, and the ED basics (and and old defibrillator

and ventilator). What is not present is 24/7 triage, 24/7 faculty on the floor, a longstanding culture of team-based care, patient privacy, or universally EM-savvy medical officers.



How is the EM Fellowship structured?

The EM fellowship is a 12-18 month program structured like a typical residency program in North America. With mostly on-service emergency medicine rotations and a few 1-month rotations in ICU, PICU, Ortho and anaesthesia, the program has protected academic time for rounds, journal clubs, exam prep, and core content teaching.

Who will I be teaching?

You will be teaching up to 5 GPs who work in emergency and out-patient departments and have experience of at least several years of EM practice. Some are leaders in the field of EM systems (medical director for ground EMS, life-support course instructors, for

example), some are experienced educators, but all want to increase their EM skills, knowledge and understanding of EM culture.

The fellows are a mix of men and women, and most of the fellows have young families. They have all completed General Practice – a 3 year residency which includes surgical skills, usually preceded by several years of post-medical school internships and work experience.

What is required to be a volunteer faculty?

Physicians capable of assuming a role as teaching faculty in Nepal's developing emergency medicine system should ideally:

- role-model the full set of physicians competencies, including those beyond technical competence: leadership, professionalism, communication, patient-centredness, scholarship.
- have clinical expertise of at least 5-years post-certification
- be able to commit to a **minimum of 4 weeks** of clinical supervision and teaching
- have experience in developing countries, and have the ability to deal with the day-to-day challenges that living in such countries entail
- demonstrate excellence in clinical teaching, including **giving and documenting effective feedback**
- demonstrate excellence in didactic teaching, including an understanding of how to help fellows learn effective teaching styles
- be willing and able to work within, and fully support, a pre-defined academic program
- be willing and able to work in a developing healthcare system, learning where universal standards must apply, and where local standards are acceptable
- be registered with a recognized medical regulatory body in their home country, and eligible for registration with the Nepal Medical Council

What are my duties as an international faculty?

What we want you to do: Enjoy your time in Nepal. Make friends with the faculty, fellows and colleagues at PAHS. Learn as much as you can. Give freely of your expertise as you coach your Nepali colleagues.

Clinical Teaching

You will be the EM Teaching Faculty for up to 3 EM fellows in any given month. Fellows are experienced General Practitioners who provide emergency care in a large urban hospital ED (32 000 patients/year). You will be "on the floor" for 4-5 days a week.

As EM Teaching Faculty, your mission is to **coach the Fellow**. They are the ones who have run the system until now, and will carry on when you leave. While your coaching will often be done in the context of patient care, and you will find yourself assisting with patient care, you will not be responsible for running the department.

There will always be a supervising PAHS faculty member on duty. At times that faculty member may be junior to you and the fellow. But they are ultimately responsible for the flow of the department and the management of all patients in that 24-hour period. It is expected that the presence of a Fellow and Teaching Faculty will improve the care and flow during their time in the ED, but the responsibility of the Fellow is to learn, and yours is to coach the Fellow.

The structure on a day without a fellow looks like this:

Supervising Faculty → 4-8 Medical Officers → junior & senior students → 75-150 patients per day.

On a day with a Fellow, the Teaching Faculty is present to assist and coach the Fellow. Regardless of whether the Fellow supervises all the medical officers, or simply focuses on one-on-one patient care, the Teaching Faculty is expected to give feedback to them based on their practice that day.

Competence is context-specific and as a foreign physician, you will likely not be competent to run the department, even if you see areas where the care provided by the regular supervising physician and medical officers could be improved, your mission remains: **Coach the Fellow!**

Non-clinical teaching:

Supervising EM Teaching Rounds (and giving feedback to presenters)

Delivering small-group Fellow Rounds. These will be based on the needs of the Fellows, and will try to match with any areas of special interest or expertise that you have. At times these may follow prescribed topics that you will be asked to deliver in a small group format (1-3 fellows).

Lead Core Content Rounds ("Tintinalli Rounds"): this requires administering a brief formative quiz based on core readings, and leading the discussion that ensues.

Participating in, or leading, monthly Journal Club as needed.

Is my area of special interest/expertise of use?

Absolutely. As much as possible we want to use your areas of clinical interest and expertise. At times, your expertise may already exist here, or it will have been covered by another faculty member. The sooner you can commit to coming, the sooner we can modify the curriculum to match your interest. However, we still want you, even if your area of special expertise is not specifically required.

Is it possible to come more than once?

That would be ideal, and priority will go to returning faculty.

Can multiple faculty come at the same time?

Absolutely. And if PAHS is truly flush with teachers, there are other programs in Nepal where you can be of service. Our sister Fellowship is at the B.P. Koirala Institute of Health Sciences in Dharan, currently supported by Australian and American physicians. And Kathmandu's Institute of Medicine may need occasional faculty support for its EM program.

What if I cannot come for the minimum 4 weeks?

Generally, 4 weeks is the required *minimum* time for you to come and be effective. But if that is not possible, we may be able to use you still. We try to be as flexible as possible, so please contact us.

What professional registration and insurance is required?

PAHS will arrange for you registration with the Nepal Medical Council. This requires some paperwork, and a brief interview. You may begin work as long as this is "in process". On your return, your provincial college may require that you show a "letter of good standing" from any region in which you have held medical registration and PAHS can provide that.

You should let CMPA know that you are working abroad. Nepal does not have a system of medical malpractice insurance. Claims against doctors are usually settled by the hospital. Civil action against a physician is possible, but uncommon.

What hosting is available?

PAHS hosts dozens of visiting faculty every year. Arrangements for free, or low-cost lodging, food and transportation can be made to suit your needs. Depending on availability, a modest apartment is available for free on the hospital campus, and (tasty, clean, healthy) meals at the hospital are free. At the hospital the power is always on and internet is free. There are many close by options off-campus, that range from \$10/night to western prices.

When are the best times to visit Nepal?

For nice weather and good trekking, most tourists come in the months of September to November, and March to May. Kathmandu gets cold in December to February. It is never below freezing and the days are beautiful, but the lack of central heating makes for cool nights. The rains and heat begin in June and monsoon is in July and August – a great time to experience some real Nepali weather, or to work prior to a September trek.

What cultural issues might I encounter?

Nepal is a dominantly Hindu and Buddhist nation with standards of dress and conduct similar to many South Asian nations. Men and women wear modest professional dress, and physical segregation of the sexes is the norm. Language is always polite in tone and content. Personal space is measured in millimeters, not feet. The culture of the

caste system remains strong in many areas, and often deference is paid to individuals based on high caste, elder age, and male sex. This is less so in Kathmandu, and less so still at PAHS, but remains present.

As a foreigner, you are allowed tremendous leeway in your “strange foreign ways”. But you will still learn to provide a polite Namaste rather than a hug to a colleague or friend of the opposite sex. You will learn that notions of time, consensus decision-making, relationships, and productivity are different than at home – but not necessarily better or worse.

Can I bring my family?

Absolutely. Although Kathmandu is not the easiest place for families, it is certainly not the hardest. For short term visits there are many activities to keep families busy and engaged. Many faculty bring their families over for some travel time before or after their volunteer time.

If you know where to look, and who to ask, there is swimming and sports and art and music and yoga and hikes and even a zoo near the hospital. Culturally, of course, Kathmandu is a gold mine of living history, religion, philosophy, art and architecture.

Long term, Kathmandu has great schooling, affordable housing, tasty cuisinelf you are coming for a longer term, please feel free to contact Dr. Darren Nichols (University of Alberta), who spent a bountiful year with his wife and school-aged children in Nepal. dnichols@ualberta.ca

What are the health & safety concerns?

Nepal is materially poor, rife with communicable disease, has an unstable political system. Kathmandu is polluted, traffic-ridden and is the highest-risk city on the planet for earthquake damage by a factor of 40.

Violent crime is uncommon, political violence is possible but easy to avoid, and the Nepali culture is tremendously generous, welcoming and friendly.

Healthwise, Nepal is always a challenge for western immune systems. You can expect to get a gastro while you are here. If you don't, you are in the small minority of visitors who do not.

What materials can I bring or donate?

Generally your individual material donations are not needed. Your time and investment in relationship is what is most valuable. However there is always a list of difficult to obtain materials that are locally relevant, so please contact us. Defibrillators, monitors, IV pumps etc... can be useful, but it is often best to donate the money, and make the purchases locally, rather than sending over our obsolete equipment.

North American charitable donations to support PAHS, including the EM program, can be made through the University of Alberta's *David Cook Nepal Medical Education Fund*. Tax receipts can be issued for Canadian and American donations. Please contact us for more info.

Are there ways I can help, even if I cannot come to Nepal?

Absolutely. For example, we have a need for international faculty to help create a certification exam question bank. Curriculum development is needed at times.

Partners in research are occasionally needed, so if you have access to biostatisticians, research assistants, and are a keen EM researcher, we may be able to find a partner for you.

Fundraising and donations are helpful. Canadian charitable donations to support PAHS, including the EM program, can be made through the University of Alberta's *David Cook Nepal Medical Education Fund*. Registered charities supporting PAHS exist in the USA, UK, and Australia as well.

Hosting PAHS