

Summary Report on 2018 Nepal Training Program

This initial ANZGITA one-week training program followed the earlier engagements in Nepal by Dr John Croese and colleagues in 2015 and 2017 and an evaluation visit by Chair, Prof Finlay Macrae, and another director, Assoc Prof Peter Katelaris, earlier in 2018 where our involvement in the development of gastroenterology knowledge and skills by clinicians and was welcomed by the Ministry of Health.



Our partner, Nepal Medical College (NMC), is a general hospital established in 1997 to support one of Nepal's largest undergraduate medical and allied health training programs. The endoscopic service at NMC is currently modest with no interventional work. However, our assessment is that with a current low clinical load and availability of adequate procedure rooms it offers an ideal teaching environment for our programs. Also, NMC wishes to introduce an advanced qualification course which we believe would be very valuable in the development in Nepali gastroenterology services and we could support through continuing programs.

The program ran from Sunday 18th to Friday 23rd November. The ANZGITA team comprised doctors Finlay Macrae, Peter Katelaris, John Croese (Nepal Programs Leader), Paul Clark and nurses Dianne Jones and Ann Vandeleur. Dianne and Ann had also been on an earlier working visit with John Croese. Dr Satyam Rimal, a paediatric gastroenterologist and a senior hospital executive has sponsored our involvement with NMC and is their program leader.

The opening ceremony and a formal, jointly planned and well attended lecture program were conducted on the first day in the presence of the NMC Teaching Principal and the Hospital Director. Lectures covered a range of medical topics relevant to Nepal and endoscopy unit organisation. The trainees for the skills program were a group of 8-12 young doctors (depending on the day and conflicting commitments). Most were only just beginning surgical or medical training and had little or no exposure to endoscopy. Their commitment to the course and enthusiasm were infectious. They demonstrated a relaxed but respectful attitude towards the teaching faculty, the nursing staff and patients. The daily program was encouraged by visits from the senior NMC medical staff. Karl Storz[®] distributor (Rachael International) supplied on-loan modern endoscopes for use in the training and provided support staff on-site for the week by them and Karl Storz's Indian office.

The completely novice trainees were introduced to the functionality of scopes and then undertaking hands-on practice on a mock-up of an upper gastrointestinal tract. Each trainee was able to complete a largely unassisted and complete endoscopy on an un-sedated patient by the second or third attempt. The clinical demand was for upper endoscopy with fewer cases available for colonoscopy. Bowel preparations were variable, and the lack of patient sedation was challenging. Nevertheless, most trainees developed a basic understanding of colonoscopy.

Our nurses confronted familiar reprocessing (decontamination) problems of inadequate work space, the prioritisation of throughput over reprocessing, inefficient scheduling and nurses with limited training or experience. A disciplined and rigorous approach was quickly established to teach reprocessing and efficient scope rotation. Focus was also placed on infection control aspects of the procedural environment. The nurses were as keen to learn as the doctors, the working relationship with them was excellent and they were encouraged to consider gastroenterology as a career path.

Senior NMC staff have committed to appoint a nurse to take ownership of the endoscopy procedure room.

Hepatologist Dr Paul Clark visited Bir Hospital and spoke with many of the Nepali specialist liver physicians. Liver disease, particularly the various viral hepatitis, is a major public health problem. Having established ties with the local hepatologists he has recommended that future programs include a hepatology focus. Contributing to the development of a national hepatitis strategy including outreach to the Tibetan community where liver disease rates are very high would be a valuable exercise. There is also an opportunity for Hepatitis B treatment programs using approaches developed in the South Pacific by ANZGITA members Drs Alice Lee and Chris Hair.

On the Thursday, the Australian Ambassador, Pete Budd, visited the program. He was clearly impressed with the NMC-ANZGITA partnership and spoke with wise counsel and considerable local political and business knowledge. He described the Australian Government approach in Nepal and encouraged us to apply to the local embassy managed grant scheme regarding equipment funding.

During the week, contact was also made with other hospitals and medical organisations in Kathmandu to build broad relationships with the local medical community including, the President of the Society of Internal Medicine of Nepal (SIMON); Bir Hospital, a large government hospital with a busy case-load of diagnostic and interventional endoscopy service, and out-reach hepatology; and Medicit, a first class private hospital managed by Prof. Sunil Sharma, the former CEO of NMC.

At the program's closing ceremony Prof. Sunil Sharma, underlined his support to formalise and future-proof the partnership. Dr Bhola Rijal, Chairman of NMC, also supported the incorporation of the program into the College's future plans. The Memorandum of Understanding between ANZGITA and NMC, which was discussed during the program, is now at the 'agreed draft' stage.

Primary recommended changes of benefit to NMC's objectives and future training programs were:

- (1) the appointment of a full-time gastroenterologist particularly to support NMC's aspirations to develop a DM (Advanced Training) program in gastroenterology,
- (2) the purchase of two modern upper endoscopes and a colonoscope,
- (3) the development of a cheap in-house urease test for *Helicobacter*, Peter Katelaris provided a 'recipe' to deliver a rapid *Helicobacter* urease result (AU\$0.50 versus AU\$5.00-plus for the currently available commercial test), and
- (4) a safe and structured bench space for reprocessing that encourages a step-wise approach to washing, disinfection and drying.

For the next program we envisage more case planning by the trainees themselves and upskilling for returning trainees wanting to learn dilation, banding, polypectomy and other mainstream techniques.

There are enormous challenges confronting the NMC and Nepal generally in building the necessary capacity to deliver gastroenterology services that will substantially impact the lives of the Nepalese people. With our partners at NMC we see a continuing role for ANZGITA in that work subject to our ability to fund that engagement.