

Joint Tribhuvan University and University of Calgary Postgraduate Training Programme in Nepal; General Practice in Nepal

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The University of Calgary has had ongoing contract with the Institute of Medicine of Tribhuvan University since late 1976. At that time, one of the Calgary Faculty spent several months in Nepal as a W.H.O. Consultant to discuss with the Institute Faculty the establishment of an undergraduate medical school in Kathmandu. Following these discussions, the M.B.B.S. programme was established and it continues to this day in approximately the same form in which it was originally conceived. In early 1980, the University of Calgary made an informal commitment to support the Institute of Medicine in the implementation of M.B.B.S. programme for a period of three years and that commitment has been fulfilled.

The links which have developed between the two academic institutions have led to growing ties of friendship and mutual respect and understanding. Over the last three years, twelve Albertan doctors have spent some time in Nepal and at least six Nepali doctors have visited Calgary. Incidentally, we are anxious to see more of the Institute of Medicine Faculty spend more time in Calgary. The result of faculty exchange has been growing recognition of the fact that we can help each other in our academic development. We see this relationship as reciprocal and and appreciate that we can all learn from each others.

To speak from a purely Calgaryan view point, those of our faculty who have had the opportunity to visit Nepal have not only enjoyed the experience of an outstandingly beautiful country, but have also learned to appreciate something of the health needs of Nepal and the disparity between the resources available in each of our countries. We are

portant that candidates should be sufficiently flexible to be able to adopt to the different environment of Canadian society. It is hoped that information about this programme will be widely disseminated. Selection of suitable candidates will be made jointly by representatives of Institute of Medicine, the Ministry of Health and the University of Calgary.

Residents in this programme spend most of their first year in teaching hospital of Calgary, Alberta. Alberta is one of the four western provinces of Canada lying immediately to the east of the Rocky Mountains. It is a large area, almost ten times the size of Nepal, but with a population of just over two million who are mostly congregated in two large cities Calgary and Edmonton. The latter is the capital of province. Traditionally, Alberta has been a wheat growing and cattle raising province and farming is still most obvious activity in the countryside. However, over the last thirty years, Alberta has become the seat of the oil and gas industry of Canada and much of its recent prosperity has been gained from oil developments. The city of Calgary lies in the southern part of the province and has a current population of about 630,000. This population has grown very rapidly over the last ten years and consequently, the city appearances are very new. Because of our northerly latitude and our situation within a large continental mass, we tend to have cold, dry winters with relatively small snow fall, but low temperature throughout the winter relieved by warmer periods associated with warm winds from the southwest, the so-called Chinooks. Summers are warm and dry and Alberta is known for being a particularly sunny province even during the cold depths of winter.

The University of Calgary became established around 1960 and the medical school was established in 1970. This has grown rapidly over the last decade particularly within the last four or five years and now has an excellent reputation for medical research in North America. We have been fortunate to receive major research support from the province as a result of the recent oil boom and the school has recruited many outstanding scientists over the few years. It has also developed a good reputation in medical education. We annually receive applications from about 2000 students for 70 places in the medical schools. Our postgraduate residency programmes have also become popular and are consistently oversubscribed. It may be pointed out that like most other medical schools in North America, the largest postgraduate programme is in general practice. Furthermore, it has become largely accepted over the last decade that many of our best students elect to go into general practice. There is no longer any substance for the old notion that

all the successful students go into the medical and surgical specialties. This is no longer true and general practice holds an equal place with all the other specialties in North American medical schools.

On arrival in Calgary, the Nepali residents are attached to the Foothills Hospital which is the major teaching hospital for the Faculty of Medicine of the University of Calgary. This is a new and large hospital with approximately 1,100 beds and functions both as a community hospital and as a tertiary referral hospital for Southern Alberta. There are a number of other major hospitals within the city and we currently make use of another large teaching hospital, the Calgary General Hospital, and also the Alberta Children's Hospital for our Nepali residents.

The residents are accommodated in the South Tower which is a residential block of apartments for the residents attached to the Foothills Hospital. Suitable accommodation has been furnished and is paid for by the Nepal Fund, and the Nepali residents are given an adequate monthly salary. The programme is currently supervised by a executive group of four Calgary doctors: Dr. Tom Saunders, Waine Elford, Laurie Fisher and Dr. Melville Kerr. Dr. Saunders and Dr. Elford look after day-to-day programme of the residents, Dr. Fisher supervises the evaluation of the programme and Dr. Kerr assumes responsibility for general administration.

On arrival, the students have a short period of orientation to the city and the hospitals. Over the next twelve months, they are assigned to a number of hospital specialties for short rotations of usually two months. These are not rigidly fixed and can be modified according to the needs of individual residents. In general, it takes the form of what would be known in North America as a rotating internship. We try to provide preceptors in each of these units for the Nepali residents. As more of the Calgary faculty have the opportunity to visit Nepal, it becomes easier to identify faculty who have some first hand, although limited, experience of health problems in Nepal. We currently provide rotations through the Departments of Emergency, Medicine, Internal Medicine, Surgery, Anaesthesiology, Paediatrics and obstetric and Gynaecology. The Nepali residents work alongside family practice residents in these rotations and take their share of night and week-end calls. In general, to date these rotations have worked reasonably satisfactorily. Inevitably, we have had to learn from experience and there is no doubt that the quality of the educational experience has improved with each new groups of residents coming through.

Provided that this first year of work is satisfactory, the residents are then assigned to rural group practices within Alberta. The two main locations are Pincher Creek in the South-West, which is a small community of about 6,000 people, and Camrose which is a community of about 15,000 people in the Northeast. In each case, the Nepali residents is attached to a group of physicians who provide comprehensive care for their communities. They are accepted into a group practice and have their own patient load and take their turn on covering nights, weekends and emergencies. In Both of these hospitals, the physicians do their own obstetrics anaesthetic and surgery. Both of these communities have shown a great deal of positive reaction to the programme and have been very supportive of the Nepali residents. In general, this part of the programme is *working successfully*. There seems no doubt that the residents are satisfied with their experience in these towns and, in general, the nurses and physicians in these communities have been pleased with the ability of the Nepali residents.

Following completion of the eighteen months in Canada, the residents will return to Nepal for the completion of their programme. It is assumed that the larger part of the Nepalese component of the programme will take place within the Kathmandu Valley. The details of this are still being completed. This is under the responsibility of postgraduate training programme and Dr. Ramesh Adhikari has been designed as its co-ordinator. The University of Calgary will endeavour to maintain some of its faculty on sabbatical leaves in Kathmandu to work with Dr. Adhikari in organizing and maintaining this part of the programme.

However, there is currently substantial interest in the desirability of developing rural teaching facility for general practice in Nepal. Attention is being paid to the possibility of developing the district hospital in Surkhet as a teaching hospital. This would clearly require the investment of some capital to upgrade the hospital to fulfill all government standards. It is also assumed that it will be possible to base some Canadian faculty on that site to assist with the teaching. We think it might be possible to recruit a Canadian physician with previous experience of work in Nepal and fluency in the Nepal language. It is assumed that these physicians will be seconded from the University of Calgary to the Institute of Medicine and will work in conjunction with the Institute Faculty to develop a strong rural teaching programme in general practice. A representatives from the University of Calgary, and the Alberta Agency for International Development will visit Nepal in the latter part of November to visit Kathmandu and Surkhet to explore this possibility.

This programme has now been in operation for just over one year. Predictably, we

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have experienced a number of teething problems and there is no doubt that many unexpected problems still lie ahead of us. We will need a considerable amount of innovation and tenacity to overcome these. However, our experience to date would suggest that at least some Nepali doctors can obtain a pleasant, useful and relevant educational experience in medical practice in Canada which should be applicable to their work back in Nepal. Further work will continue to be required to develop the Nepal component of the programme and the University of Calgary looks forward to continue its collaboration with the Institute of Medicine.



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