

Impression From A Nepalese Resident In Canada

I am here in Calgary doing residency training at the University of Calgary as one of the candidates of the Nepal Generalist programme started a few years ago with the enthusiastic support of some Canadian friends to improve Nepal's health services.

It is primarily due to Dr. Melville Kerr's untiring efforts that this programme is running smoothly and heading to achieve its goal.

Three candidates, Dr. Prakash Sayami, Dr. Ram Shah and Dr. Shatendra Gupta have returned to Nepal after Completing the Calgary part successfully with considerable experience in North American Medicine.

Three Nepalese doctors are presently in Calgary in various stages of the training programme. Dr. Keshari Bajracharya came with me and Dr. Chundak Tenjing joined us just one month ago after completing his orientation programme in Calgary. He is now doing a rotation at Emergency in Foothills Hospital. He finds it very beneficial and is especially impressed by the approach of the doctor to his patient and the modern sophisticated technology which is available wherever necessary.

Dr. Buddha Basnyat did an MSc in Clinical Physiology at Foothills Hospital, He is back in Nepal now.

Canada is a vast country and highly developed in every sphere of life. The hospitals are equipped with modern technology and there are many highly qualified and well trained doctors to provide a high standard of health care for the people.

All doctors and hospital staff seem to be eager to do their best. No one likes to be second in this race. There is a very healthy atmosphere among the professional and the subor-

dinate staffs. Everyone's job is equally honoured and gets the respect they deserve. Clinical clerks (Final year Students of Medicine) Residents (House staff) Medical staff (Consultant), and Nurses all discuss the problems in a friendly atmosphere.

Residents are the backbone of the hospital. They are the people who appear to run the hospital. There are residents in all the different specialities and also in family medicine.

In fact, family practitioners are the doctors who take care of many of the people in the local community. They are general practitioners and treat minor illness in their offices. Their offices virtually take the place of out-patient departments. When they think the patient is serious enough to require admission to hospital, they can admit him and treat accordingly.

They can also request consultations from different specialists in hospital or even outside the hospital. Hence family practitioners play a key role in developing the health service.

The residents usually start work between 7 and 8.00 A.M. They go to their respective wards, look after their patients and do the necessary evaluation and treatment with the supervision of the admitting physician. They also attend rounds. (Rounds are the different type of conferences where there is discussion about the patient's diseases and the latest developments). There are different types of rounds like Grand Rounds where most of the consultant specialists, Family Physicians, Residents, Clerks and the nurses participate. Then there are departmental rounds, residents rounds, clerk rounds, EKG rounds, EEG rounds, X-ray round, Ultra Sound and C. T. Scan rounds. Death rounds, (discussion about the patients who have died in hospital) and so on. Hence with so many rounds occurring everyday, almost everybody has to be involved and keep themselves up-to-date.

Around noon, doctors, keeping in mind what is going on in their wards, manage to break for lunch, but most of the time residents are seen taking their food into rounds and taking part in the discussion actively at the same time.

After 1300 hours residents are busy admitting elective cases, doing histories and physical examinations, ordering investigations and treatment, and making necessary arrangements if the patient has to go to Surgery the next day.

Much of the time, in between these routine tasks, the resident is assisting or doing emergency operations, emergency admissions, and the emergency calls from the unit.

There is now a new development called Tele-conference rounds. In this round the resident, clinical clerks, consultants sit in their own hospital around a table with some tele-communicating gadgets and discuss the problem with colleagues at other hospitals.

Then at 4-5 p. m. residents make a final check on their patients and handover duty to the resident on call for the night. Night calls are about once in 3 days.

Residents do not confine themselves to one Consultant but take care of patients of different specialists and Family Physicians at the same time. Hence they learn how to tackle the same problem with several different approaches.

Usually the medical graduates and the residents are mature-average age 20-25 when entering the medical college. Many of them have done some graduate studies and even PHD in different subjects and have worked for a while prior to entering medicine. Therefore, they have some experience of life and have developed mature ways of thinking.

Since there is high academic competition amongst colleagues and the patients demand to know everything that is going on with them, it is necessary for the consultants and the residents to have a sound knowledge about their field and to try as hard as possible to keep up-to-date.

Moreover, the residents are financially secure. They get enough money to run their family life satisfactorily and hence, are able to be more devoted towards their work. Besides they have every means of satisfying their academic interests.

Those, I think, are a few of the reasons why a Canadian resident, is so hard working and devoted to the profession.

I believe that residents in Nepal also feel an emotional attachment to their profession and wish to do something positive, but due to the above reasons, which are very important, some of them become reluctant after some time. With guaranteed security for their future and their family, they should be as competent as residents in any part of the world.

Dr. Hari Gopal Vaidya