

Milestones of Medical Education in Karnali Academy of Health Sciences

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Historical Background

Nepal has made significant advance in medical education in the last three decades. There was only one medical college till 1990¹. Currently, there are 19 medical and 15 Dental colleges. Most of them are private and located either in Kathmandu valleys or Terai region. So far, health institutions do not seem to be built on the need basis. There is lack of equity in the distribution of such health facilities. However, Karnali Academy of Health Sciences (KAHS), Jumla has challenged to some extent, the traditional thinking of policy makers and concerned authorities.

KAHS is located at Chandannath Municipality, of Jumla, Karnali, situated at an altitude of more than 2400m. KASH has been established through an act by then Legislature-Parliament pursuant to Article 83 of the Interim Constitution of Nepal, 2007 in order to provide quality health services to the backward Karnali region by promoting high quality medical education and research, and producing skilled manpower necessary to the region as well as by strengthening the health services. The districts considered Backward are Jumla, Humla, Dolpa, Mugu, Kalikot, Bajura, Bajang, Achham, Jajarkot. People of the region have been struggling for equity of health facilities which they were deprived for years.

Until few years back, KAHS was just a dream of people of Karnali but today it has been a reality and great asset of the remote rural communities. KAHS is important not only to improve health status, but also to other aspects of life of marginalized people of Karnali.

Philosophy

Main objectives of KAHS are ensuring easy access of quality health services to the people of KAHS working districts and production of health human resources locally by providing training opportunity mostly to the local students. KAHS has 13 working districts that includes above stated 9 backward districts plus 4 more districts Surkhet, Dailekh, Salyan and Rukum from province 6. Political commitment which has been made is that there will be an Academy of Health Sciences (Deemed University) in each of the seven provinces as envisioned by the newly promulgated constitution of Nepal².

In KAHS 45% of seats are allocated for admission to the health science programs for students from local backward districts. There is 20% full scholarship and 20% partial scholarship for students from rural poor and marginalized community. They have to serve compulsorily to the rural community after completing their education and training. Clinical rotation of the students will be in the districts, rural and community health facilities of the region. To retain the faculties and other health professionals the update training, workshop and various continuous professional development facilities and initiatives are advocated. "The second Long Term Health Plan - 2017 (SLTHP-2017) of the Government of Nepal, global policy recommendations of World Health Organization (WHO) for increasing access to health workers in remote and rural areas through improved retention, Global Consensus for Social accountability in Medical Education and other innovations taking place in medical education"³.

Current Status and Activities

Although established in 2007, only in 2011 AD (2068 BS) KAHS started its functioning, with the objectives of producing competent and socially responsible health professionals locally through health science education to deserving local students.

The existing Karnali zonal hospital was converted to teaching hospital of KAHS which started its functioning as KAHS Teaching hospital from 2070 AD. It is expanded in 34.3 ropani of land and runs 100 beds. It is operating Emergency, ODP, Inpatient service in the various specialties that includes surgical, medical, diagnostic (radiological and laboratory) Services. Similarly high dependency care, pediatric care, Obstetric and gynecological services including Aama – surakshya services are available. Health Insurance service has been launched and is running smoothly. Medical Services of Public health importance like mother and child health (MCH), Family planning, DOTS, Immunization and HIVAIDS related service are running as well. Thirty thousand patients visited to KAHS in 2017 and 5 thousands surgical procedures were performed in the year. KAHS has started proficiency Certificate Level of Nursing (Staff nurse course) from 2014 and Medicine (Health Assistant Course) from 2015. The first batch of Nursing has successfully completed.

Currently, 300 bed hospital under construction is almost completed which will be functional in two months' time. The KAHS Teaching Hospital will be a solid foundation for various undergraduate, graduate, postgraduate and specialty programs from MBBS, MD/MS to DM and PhD. Kind hearted Local people of Jumla are donating almost 1500 ropani of land to develop physical infrastructures like Academic buildings, hostels, nursing block, quarters, and so on.

Academic Plan and Program

KAHS is in its initial establishment phase. The major tasks are building of academic capacity and environment through proper process of planning, programming and preparation. These include construction of physical infrastructure, formulation of curriculum for each program, recruitment of faculties, and ensuring availability of teaching learning materials. While formulating policy of

health facilities and health professionals educational program the Academy should respects aspiration and expectation of rural remote community people. In this regard, health needs of the Karnali people should be identified through health survey and analysis of exiting social and health indexes of the region.

KAHS is designing educational programs to undergraduate, graduate and postgraduate level based on regional, national and international standard. Curriculum on Bachelor of Midwifery and Bachelor of Public health (BPH) has been formulated and is in the process of approval from the respective professional councils. These programs will start in the current academic year. Post graduate programs like MD in General Practice; Obstetrics and Gynecology, Anesthesiology and Orthopedics Surgery are on top priority to start in the near future. The formation of curriculum on these subjects is going on now. KAHS is in favor of competency based dynamic curriculum. The local health issues like mountain sickness, malnutrition, local diseases patterns, socio-psychological behavior of people, traditional health practices, and requirement of community posting, telemedicine, participatory approaches are considered while formulating curriculum.

The IOM started the first post graduate course of MDGP in 1982 and then in other areas. As from 1994 a Post Graduate Committee was formed comprising of faculty and consultants of IOM and Bir Hospital and a number of PG courses started too². In Nepal changes in medical education has been going on since establishment of IOM in 1978. Since its beginning IOM started community orientation program with integrated teaching and problem based learning. "These concepts were followed when BP Koirala Institute of Health Sciences started functioning at Dharan. The MBBS course at KU was as per the SPICES model or in elaboration student centered, Problem based Integrated, Community Oriented, with Elective choice and System based"². As Karnali is a big rural and remote community similar course and curriculum policy would be more feasible.

The district feature of the curriculum being planned for Nepal included a strong Community orientation, integration of different disciplines according to organ system and early introduction of the students to clinical work. Other innovative features included emphasis on problem based self-directed learning⁴.

Many Medical and Nursing faculties are sent for higher study and teachers training through scholarship program to the National and International Universities and Academies under the faculty development program for establishment and strengthening of departments. "Faculty development initiatives that can build capacity of faculty to transition from Information focused curricular paradigm to a competency driven transformative one to produce graduate who can act as change agent and provide leadership to health team"⁵. Conferences, workshops, seminars and continuous medical education programs are important to update the knowledge, skill and attitude of health professionals. Recently, KAHS has established Medical Education Department, Research unit and Institutional Review committee. It is extremely important for health science academy to establish research and scientific writing culture and publish scientific medical journal. KAHS is publishing its first issue of medical journal named as Journal of Karnali Academy of Health Sciences (JKAHS). Collaboration and cooperation with local, national and international Institutes, universities and academies is important in the areas of faculty and student exchange, research initiatives, teaching training activities and technical support. KAHS is ready to move in accordance with National health system policy.

Strengthening the existing Clinical Departments and establishment of New departments like Dermatology, Ophthalmology, ENT, Psychiatry etc are important for further development of KAHS. Development of various basic science departments like Anatomy, Physiology, Pathology, Biochemistry etc are essential to start medical graduate program like MBBS as planned to start in 2019.

Challenges & Opportunities

KAHS faces many challenges, include difficult geography and lack of road access to the areas, climatic variation and extreme cold during winter months, sociocultural and traditional believes and practices and lack of adequate financial support. KAHS as new academy faces problems in availability and retention of faculties. There is lack of adequate infrastructures for hospital services, academic program and administration. Strengthening of clinical departments and establishment of basic science

departments with their laboratories are major tasks of KAHS at present. Adequate budget allocation for both the construction of infrastructures and establishment of new programs and expansion of existing programs is needed.

All these challenges carry many opportunities to the KAHS and the people of Karnali themselves. Health Science Academy in Jumla is a unique model that is going to be an excellent example of health system delivery and recruitment of health workers for mountain country like Nepal. Production of health human resources in the remote rural mountain higher education academy and their utilization locally increases the accessibility and prompt delivery of health services that saves lives, time and money at large. KAHS will be able to provide training opportunities and prompt quality health service delivery to a large territory of 13 high mountain districts of Nepal in and around Karnali.

Conclusion

KAHS is gradually developing its strengths and capability facing the difficult geography and remoteness through increasing health access to the people and production of health human resources in the mountain region. KAHS is going to be a unique model of medical education and health delivery system for mountain country like Nepal.

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