“I don’t think I’m done working in Nepal,” Rogers said. “Nepal has taken part of me that I can’t take home with me—I don’t know what it is but I want to come back.” In April 2015, University of Utah’s physician assistant students spent one month on a pilot rotation in Nepal, where they were immersed in the culture and the multiple facets of the health care system, including a busy city hospital and a small rural clinic.

Their first two weeks were spent in Kathmandu, where they gained clinical exposure in emergency medicine, surgery, dermatology and maternal-child health at the Manmohan Memorial Teaching Hospital (MMTH), along with participating at an MMTH-sponsored rural health camp in Dapcha, Nepal.

“They learn about the culture of the particular country, which often impacts illness and might have a bearing on successful treatments,” said Dr. Don Pedersen, professor emeritus, who accompanied the students to Nepal.

On unpaved dirt roads, the dust and exhaust from cars is so palpable, almost everyone wears a facemask. The students and faculty remarked on the prevalence of chronic obstructive pulmonary diseases, one of the nation’s most common causes of death, most likely due to the pollution, tobacco use and unventilated open-fire cooking.

Despite urbanization over the past three decades, the vast majority of Nepalese live in rural areas and access to health care is a major hurdle for the developing country. The Ministry of Health and Population recognizes the shortage of adequately trained health care professionals in Nepal and nowhere is that shortage felt more than the remote, rural areas.

The Nepalese living in these regions rely on health clinics and posts that are few and far between. In Ghandruk, people must travel miles on foot to receive treatment from the health assistants (HAs) who are the sole health care providers. There are no doctors and no specialists outside major cities. Traveling to receive specialized care creates a heavy burden on the poor rural villagers.

Similar to physician assistants, health assistants are advanced practice clinicians whose profession was established to provide health care to underserved populations. Their scope of practice includes primary care, emergency treatment, maternity care, public health, immunizations, and communicable disease treatment.

At a Tibetan refugee camp.
The 7-hour trek to Ghandruk was long and arduous, climbing over 3,100 feet in more than 8 miles. From Nayapul to Ghandruk, students had a firsthand experience with the rigors involved in obtaining health care in the remote and scenic landscape. It was only a taste of the trials and trails that lay ahead.

School of Medicine Global Partners faculty Kathy Pedersen, MPAS, PA-C, adjunct faculty Scott Brown, PA-C, Ram Prasad Shrestha, MD, medical director at MMTH, and dermatologist Arunima Shrestha MD accompanied the six students.

They brought medical supplies and a tablet PC they purchased with money from a fundraiser they organized last year. They presented the donations to HA Chudamani Pant, who heads the six-person staff at the Ghandruk village health clinic.

At the clinic, students met the staff and were able to observe HAs treating patients in the small, rustic building. An Australian team of volunteer dentists and dental hygienists were also at the clinic and occupied the top floor where they performed extractions and fillings as the PA students observed.

To familiarize themselves with the role of HAs in rural Nepal, the students accompanied Pant and his team to health camps in neighboring villages. The clinics allow HAs to treat patients who are not able to make the journey to seek treatment at the health clinic.

“Working in countries where resources are constrained, PA students learn to practice medicine where technology is lacking,” Dr. Pedersen said. “They learn to rely on their physical exam skills and history taking abilities to address illnesses.”

Carrying backpacks filled with medicine and supplies, the students left early the next day to head back down the trail to a small village they passed on the way to Ghandruk just a few days before. In vacant, open-air huts balancing on the mountainside, the students wrapped their stethoscopes around their necks and waited for the patients to arrive.

As the day progressed, the small trickle of patients turned into a stream of people from surrounding villages. Quickly, the students improvised a plan of action. As Brown distributed the medicine, students took turns taking the patients’ vitals and collaborated with the HAs and faculty to examine and diagnose the patients.

The students learned that resourcefulness and flexibility are needed when providing health care in rural settings.

Having figured out how to most effectively diagnose and treat patients in a confined space with little more than stethoscopes, a sphygmomanometer, and limited medication, the students’ biggest challenge still lay ahead. They needed to trek further into the Annapurna region to assist another health camp in an even more remote village. The trek to Chhomrong was at least partially paved with rudimentary stone steps, but the trek to Chhomrong is formidable. The trail scrambles down steeply through an almost tropical forest and crosses a suspension bridge that hangs precariously over the river. After a short break at a teahouse, the students climbed up another mountain and over a landslide, an exhausting and harrowing feat, especially with backpacks weighing them down in the hot afternoon sun.

After a celebratory dinner, a local women’s group began to gather outside the guesthouse where the students were to spend the night. Shortly after 10pm, students gave informative lectures on handwashing methods, the necessity of water sanitation, and demonstrated proper dental hygiene with models lent to them by the Australian dental team. With Pant interpreting, they answered questions from women as bats swooped in the night sky above them.

Back in Ghandruk, it was time to say goodbye to the rural rotation. The HAs gave everyone hand-picked flowers and tied a khatas around each student’s neck, a silk scarf ceremonially given to departing guests. And with that, the students made their descent down the mountain path draped by hundreds of prayer flags.
“Thank you for visit” was painted on an arch on the way out of town. Upon their return to Kathmandu, faculty and students attended the First International Seminar on Health Assistant and Physician Assistant Collaboration in Nepal, along with members of the Ministry of Health and Population, various regulatory agencies and members of the medical community.

They presented their Masters’ Projects using evidence-based medicine and epidemiology principles. They also gave presentations explaining the role of PAs in the United States and their experiences at the hospital in Kathmandu and working with the HAs in rural clinics. University of Utah Global Partners faculty presented a comparison of the Nepali Health Assistant and the US PA curriculum.

The PA students successfully demonstrated how additional education and experience can benefit rural communities and serve as models for future advanced practitioners in Nepal, a concept that the University’s Global Partners faculty has been working with their Nepali collaborators to achieve.

“Ultimately it comes down to providing the best health care and giving the most access to the people who need it,” Rogers said as he explained that in his experience, it was rural areas like those he visited that stand to gain the most from a more advanced practitioner. “Having more highly trained practitioners along with more resources would be extraordinary for their health care system.”

On April 25, as the students prepared to board their plane, a massive 7.8 magnitude earthquake hit Nepal—the epicenter was directly between the two areas the students had visited, making the huge impact of the earthquake even more dramatic and personal to them.

All students and faculty were safe and unharmed in the event and were able to leave the country with only a short delay. In response to the earthquake, Dr. Pedersen returned to Kathmandu to work alongside Dr. Ram Shrestha at Manmohan Hospital, volunteering with Project HOPE, an international health care organization based in the U.S.

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