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5) Pouvez-vous me parler d'un objectif professionnel et d'un objectif personnel que vous voulez atteindre au cours des cinq prochaines années?

Mon objectif professionnel est d'être admise au sein de la Hip Society par l'intermédiaire de l'American Academy of Orthopaedic Surgeons. Le nombre de femmes au sein de la société est notoirement bas, et je crois que ça décourage des femmes compétentes de choisir le domaine. Mon objectif est de devenir membre et de me servir de mon adhésion pour montrer aux jeunes femmes en orthopédie que l'arthroplastie de la hanche est un objectif accessible pour les femmes, que je vais les soutenir dans leurs efforts et que je travaille d'arrache-pied pour supprimer les obstacles à ce choix de carrière.

Pour ce qui est de mon objectif personnel, j'ai épousé récemment le partenaire le plus extraordinaire, le plus grand allié que j'aurais pu imaginer. Mais, en raison de ma résidence, je commence ma famille 15 ans plus tard que la femme moyenne. Nous sommes tous les deux à la fin de la trentaine, et cela pose certains défis. Nous essayons actuellement d'avoir un bébé, soit par fécondation in vitro, soit par adoption; les deux options sont déjà assez difficiles sans pratique chirurgicale à temps plein. Je suis très chanceuse de travailler avec une équipe de collègues d'un grand soutien, mais ce n'est pas le cas de toutes les femmes en médecine. Mon partenaire et moi espérons, en parlant ouvertement de nos difficultés, contribuer à déstigmatiser

l'infertilité dans le milieu médical, et à faciliter un peu le parcours difficile de la femme sur trois qui vit des circonstances semblables.

6) Nommez le truc ou l'astuce que vous appliquez au quotidien pour vous faciliter la vie.

J'ai deux trucs qui m'aident beaucoup. Mes amis savent que j'ai un don pour égarer les choses (y compris ma voiture après une très grosse journée). J'ai trouvé de merveilleux dispositifs de marque Tile pour repérer les objets perdus comme les clés, cartes d'identité, cartes de stationnement, portefeuilles et cellulaires. Quand vous êtes très concentrés sur votre travail, un examen ou les soins à vos patients, vous pouvez utiliser ces dispositifs pour gagner un peu d'espace dans votre cerveau pour des choses plus importantes.

Mon deuxième truc est d'embaucher quelqu'un pour m'aider avec les petites choses de la vie qui m'enlèvent du temps pour étudier, ou plus important, pour avoir un certain équilibre travail-vie personnelle. Essayez d'embaucher quelqu'un pour faire le ménage ou de faire affaire avec un service de buanderie quand c'est possible; j'achète aussi beaucoup de repas prêts à assembler. Le temps pour soi et en famille est tellement précieux, ne le gaspillez pas. Dans 20 ans, quand vous vous remémorerez le passé, vous ne vous direz pas : « Ah! que je suis contente d'avoir lavé ce plancher moi-même! »

The Humbling and Rewarding Path to SpiNepal: From Teachers to Mentors to Senior Peers

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Late one dark November night in 2009 found my wife Claire, a physiatrist, and I in a jeep-cum-hospital ambulance riding along eerily illuminated, increasingly deserted and potholed Kathmandu streets to a large apparently impregnable locked gate in the Jorpati district. We were about to embark on an adventure more far-reaching than we could ever have anticipated.

Claire and I had been active members of the International Spinal Cord Society (ISCoS) and, in particular, its Education Committee for years. The stark contrast between outcomes of spinal cord injury (SCI) in better- and lesser-resourced countries stimulated our interest in pursuing international work in our fields after retirement (spinal cord injury, SCI, rehab for Claire, orthopaedic spine surgery for me). Through ISCoS, we met Stephen Muldoon of Livability (a charity running disability care services), an energetic Irish-trained nurse who had lived and worked in Asia setting up and assisting the development of SCI units in Bangladesh and Sri Lanka, and was now involved in a younger unit in Nepal. We enthusiastically accepted his request to spend a couple of weeks teaching the young doctor recently



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hired to work at the Spinal Injury Rehabilitation Centre (SIRC), a free-standing rehab facility near Kathmandu. In 2009, when we first visited, the well-designed, earthquake-resistant SIRC facility was operating at about 60% occupancy of its approximately 50 beds. Since inception, the organization had been staffed by mostly aide-level physiotherapists, occupational therapists, nurses, a social worker and others, but without a dedicated physician. Morbidity remained high, especially with pressure

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Houses in Samagaon on the trail to Manaslu before and after the the 2015 earthquake
Figure 1: Peter Wing/Claire Weeks - Figure 2: Dawa Norbu

sores probably mostly arising due to deficiencies in prehospital and acute care. Aware of this problem, the organization had recently hired Dr. Raju Dhakal, referred to as Dr. Raju, in keeping with the tradition of formal address.

Dr. Raju proved to be a hard-working, energetic and enthusiastic recent medical school grad, the first disabled person in Nepal to do so (he is paraplegic due to polio contracted when he was two), who was teaching anatomy part time while integrating into the SIRC team. SCI was new to him, and he absorbed information like a thirsty sponge. SIRC had made a good choice, but he clearly needed more education and skills-training in SCI than we could hope to provide by annual trips of short duration. To become Nepal's first rehab specialist, Raju wished to pursue residency training in Physical Medicine and Rehabilitation (PMR). Comparisons of rehab medicine residencies in Canada and the West with those in Asian centres led to his choice of the five-year program in Dhaka, at the Bangabandhu Sheikh Mujib Medical University. We supported this decision and offered to sponsor him.

Dr. Prakash Paudel (Dr. Prakash), a bright and energetic neurosurgical medical officer (= hospitalist) who could not afford neurosurgical training, also caught our attention, and we decided that we could sponsor both men, a decision we have not regretted for a moment. And so, we had found our niche: while the Swiss Paraplegic Centre was annually sending multidisciplinary teams to train the SIRC team, and while individual clinicians of various disciplines came and went, no one was supporting development of appropriate specialist medical and surgical management of people with SCI. Our focus was on training and mentoring two potential future medical leaders in these disciplines. The costs to us? Tuition and manageable cost-of-living stipends for both of them, with additional costs of travel for SCI observerships, and to attend meetings and workshops. USTOP's logistician (see [COA Bulletin #115](#)), Nathan O'Hara, helped us establish our web presence and financial management through UBC.

What began as a two-week teaching session for Dr. Raju evolved into establishment of the nonprofit Spinal Cord Injury Collaboration, also known as SpiNepal, operating within the

UBC Development Office. This two-week commitment is now in its tenth year. Dr. Raju excelled in his PMR training program and was one of the rare Nepali candidates to pass the Fellowship qualifying exams on his first try. Dr. Prakash followed the College of Surgeons of Pakistan neurosurgery curriculum with a Kathmandu-based preceptor and similarly (and unusually) passed his Fellowship exams on his first try; in addition he won the Gold Medal for the best performance on the exam. Thus was our primary goal reached in the projected time.

Along the way, a number of events have occupied our interest. The most tragic being the April 2015 earthquake, killing 9000, injuring over 21,000, and rendering 3.5 million homeless. SIRC quickly sent health-care staff to each of the Kathmandu major trauma hospitals for the first few days until admissions could be arranged; 27 were received in the first week. By the time the Kathmandu airport could be reopened, Dr. Raju had assembled a team in Bangladesh including two physician colleagues, dividing the service up into three clinical units. SpiNepal raised funds for expenses, directing a considerable amount of money both through UBC and Handicap International. We spoke with them on Skype regularly, reviewing imaging and discussing cases. With three physicians on site, each with local accommodation and support, sharing the work, we felt it best to work with them at a distance and we were assisted by Canadian medical and surgical colleagues. The acute hospitals soon had surgical help; well-equipped foreign medical teams came after a couple of weeks, and SIRC added a coordinator to manage this support. Raju was in Nepal three times that year. Altogether SIRC admitted 117 people with spinal cord injury from the earthquake, and had to rapidly more than double its bed capacity to care for these as well as those in hospital previously, using public spaces in the hospital as well as large tents. Médecins Sans Frontière (MSF) supported a second floor expansion, nearing completion when we returned to Nepal for the Asian Spinal Cord Network meeting that winter. We were very impressed by the way that SIRC had risen to the occasion.

Each trainee has visited Canada once: Dr. Prakash presented a paper at the Bethune Round Table surgical meeting in Vancouver in 2013, and Dr. Raju was hosted in 2016 by the SCI group of the Canadian Association of Physical Medicine and

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Claire and Peter (in masks) on the hospital bus Nov 2015
Figure 3: Peter Wing/Claire Weeks

Rehabilitation to visit two Canadian SCI centres and take the one-week FRCP examination review course which undoubtedly helped him pass his fellowship exam in 2017. We have visited SIRC approximately yearly, organizing and participating in local and regional workshops and conferences. Between visits we often meet online, our role evolving from teachers to mentors to senior peers.

By 2017, both doctors were specialists but have required additional subspecialty training. We supported Dr. Raju to join his team who were invited for a month at the Swiss Paraplegic Centre; Prakash took a three-month neuroendoscopy fellowship in Germany, and visited the renowned Spinalis SCI rehab centre in Sweden. He is expected to take a one-year spine surgery fellowship soon; he will be the first neurosurgeon in Nepal to do so.

Mentorship is ongoing and we are increasingly reassured by the help from our former colleagues in Vancouver when we are asked about challenging cases. SpiNepal has, with the help of our many supporters, financed emergency training workshops at the time of the recent windstorms in southern Nepal, and has contributed to the Nepalese SCI Network's children's hostels.

This is our tenth rewarding year. Raju is now the wise and hard-working medical director of SIRC; the only specialist looking after about 70 inpatients and 20-30 weekly outpatients with the help of a hospitalist and part-time support from a wonderful physiatrist colleague from Indiana. SIRC has added vocational training and is developing a stroke service. Raju's team ran three-day SCI-training workshops last year reaching about 460 caregivers in southern Nepal, 20-30 at a time, and swung into action again after the recent tornado.

We are looking for ways to encourage increasing autonomy as Raju and Prakash continue their metamorphosis from students

to teachers. Their additional achievements are too numerous to mention here but are detailed on our web site - link below. Our vision is that SpiNepal will continue to support the development of SCI education in Nepal, as SIRC plans to lead in development of a rehabilitation medicine residency program. In parallel, spine surgery standards are improving. Spine surgery fellowships are increasingly required and, as was the Canadian experience, orthopaedics has been leading with the fairly recent formation within the Nepal Orthopaedic Association of the Association of Spine Surgeons of Nepal. We believe that spine surgery requires skills drawn from orthopaedic and neurosurgical disciplines as is modeled by the Canadian Spine Society.

Our program has provided a small piece of Nepal's spine care edifice: SpiNepal arose from a humble beginning and only succeeds because of the creative talent of our Nepali friends. We thank the colleagues from Vancouver and elsewhere who have joined and supported the effort, and the many financial supporters who have sustained us. Among our many rewards: Raju and Sheela's delightful five-day Hindu wedding, her Master's degree in public health, the birth of three children to the two families to date, Raju's first-time fellowship pass, and Prakash's gold medal as top candidate. However, we mostly thank the day we said yes when asked if we could help.



Peer counsellors Sonika Dhakal and Ram Bahadur Tamang lead exercises at SIRC Dec 2015
Figure 4: Peter Wing/Claire Weeks. Used with permission of SIRC

For more information about Spine Nepal and to support the Spinal Cord Injury Collaboration, please visit spinepal.med.ubc.ca.

For more information about the 2015 earthquake (we collaborated with HI Canada), read the [Earthquake Final report to Handicap International Canada](#) and the article by [Groves et al 2017: Descriptive study of earthquake-related spinal cord injury in Nepal](#).