When I first arrived in Nepal, it was after nightfall at around 8 pm (sunset was 6-6:30 pm) and the airport was relatively small, bearing some resemblance of Rochester International Airport from which I departed 30 hours prior. A pre-arranged driver with a van picked us up and took us to our guesthouses. Looking out the window as we drove through Kathmandu, concrete low-story buildings jaggedly lined the winding streets. Motorcycles (locally referred to as “scooters”) and compact cars dominated the roads which were often co-shared with pedestrians.

Culture shock blasted the air out of my lungs the first day. It was helpful to remember the pre-travel readings from the Unite for Sight curriculum: recognize culture shock and put a name to it. Naming this shock goes a long way in dealing with the whirlwind of emotions, bombardment of senses, and sense of lost and confusion that one gets when thrusted into a completely foreign surrounding. Jet lag proceeded
to lasted for 5-7 days in which I would wake up at 3 am in the morning, unable to fall back asleep.

Spending a month at Patan Hospital in Nepal is a life-changing experience. I became more independent while forming strong social bonds with the local Nepalese people. Culturally, the Nepalese people are very friendly, welcoming, and hospitable. Around 30-40% of the population speaks English and it was not difficult for me to get around, go to restaurants, or travel locally. Clinically, I spent 30% of the time with the only gastroenterologist on staff at Patan Hospital, Dr. Yubraj Sharma, and 70% of the time on the general internal medicine wards, primarily with Dr. Budi and Dr. Prashant.
(Mayo IM resident), Dr. Nichole Garster (MCW Cardiology Fellow), and Dr. Gyan Kayastha (Patan Hospital Director and Internist)

In the endoscopy suite, I observed upper endoscopy cases and colonoscopies. On the wards, I saw a wide variety of pathologies, ranging from rheumatological, infectious, to neurological. The most common pathologies were COPD exacerbation and alcohol-related liver complications. In addition to smoking tobacco, the use of biomass fuels (the burning of firewood in homes) contributed to the relatively high prevalence of COPD in Nepal. Rounds were conducted partially in English and Nepalese. The vast majority of patients spoke only Nepalses or a local dialect. Opportunities for procedures were available (e.g., lumbar puncture, central line placement, arterial blood gas) though some of the equipment were different (compared to the kits we were trained with) and it might be wise to first observe a procedure performed by Patan resident before attempting one yourself.
Overall, it was an excellent learning opportunity at Patan Hospital and Nepal was a beautiful place to visit. When you have free time, the Nepalese doctors strongly encourage you to explore the natural
wonders of Nepal, including the Himalayas.
Lastly, a few tips that I would like to pass on to future rotators in Nepal:

1. Drink only from boiled or bottled water. Do NOT drink tap water.
2. Roads are often unpaved and uneven, wear shoes with good support to avoid spraining your ankle.
3. Most guesthouses have international electric outlets and an international converter was not necessary.
4. Nepal is one of the safest, most lovely countries to visit!
5. Go hiking in the Himalayas -- it is truly a marvelous world wonder!