

*SPECIAL ARTICLE*

## **Five-day course on clinical leprosy for medical officers**

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(We are extremely grateful to Miss Hyland for the submission, some considerable time ago, of a detailed account of this 5-day course, which was planned and carried out in Nepal. We hope that the following abridged version will adequately describe the most important aspects of this initiative and that its publication will lead to the development of similar courses in other countries. EDITOR)

### PURPOSE OF THE COURSE

'... To suitably acquaint medical officers from His Majesty's Government, Nepal health services (and other health professionals), working in the Western and Middle Western Regions, with the care and control of leprosy, in order to strengthen the leprosy control programme in these areas and to make present cooperation and future integration a more realistic aim.'

### BROAD OBJECTIVES

At the end of the course participants will:

- 1** Diagnose leprosy with no false positives, differentiating it from other similar conditions; classify it according to Ridley and Jopling and infectious and non-infectious systems.
- 2** Manage uncomplicated leprosy under their own work conditions, selecting appropriate management regimes according to guidelines recommended by the National Leprosy Control Programme (NLCP).
- 3** Diagnose and manage complications commonly arising in leprosy, which do not require referral facilities, according to guidelines recommended by NLCP.
- 4** Select cases requiring referral because of severe complications, referring them to appropriate centres according to the set-up of NLCP and criteria of referral recommended by NLCP.
- 5** Explain the goals and mode of operation of NLCP, particularly the district level case-finding and case-holding methodology; cooperate with NLCP, assisting where possible in implementing leprosy control, provide informal advice and guidance to NLCP workers in the area for which they are responsible.
- 6** Provide moral support to patients, representing them to their families and communities and other health workers, explaining the nature of the disease, its treatment and control so as to allay anxiety and promote acceptance of patients.

These will now be considered in detail:

*Broad objective 1*

At the end of the course, the participants will *diagnose* leprosy clinically with no false positives, *differentiate* it from other similar conditions, *classify* it clinically according to Ridley & Jopling and infectious/non-infectious systems.

In order to be able to do the above, the participants need to have the following:

<i>Knowledge</i>	<i>Skills</i>	<i>Gained by means of:</i>
1 Describe the cardinal signs of leprosy.	Recognize the cardinal signs of leprosy.	Demonstration of patients and slides; how to examine skin, nerves, hands, feet and eyes. Check list.
2 Describe the process of diagnosis of leprosy.		
3 Describe the Ridley & Jopling classification.	Recognize the clinical picture of different types of leprosy and classification correctly.	Demonstration of patients and practice at examining and classifying according to chart given.
4 Describe infectious/non-infectious classification. Skin smear taking, fixing and reading and interpretation of results, routine sites.		Demonstration of procedure of taking skin smears and their fixing and reading.
5 Detail conditions commonly confused with leprosy and detail their differentiation.		Illustrated by slides and discussion and demonstration of patients, if any.
6 Natural history of leprosy treated and untreated.	Take a history and assess progression of patient's condition.	Case study of a patient with a long history.

*Broad objective 2*

At the end of the course the participants will *manage* uncomplicated leprosy under their own work conditions, *selecting* appropriate management regimes according to guidelines adopted by LCP.

In order to be able to do the above, the participants need to have the following:

<i>Knowledge</i>	<i>Skills</i>	<i>Gained by means of:</i>
1 Detail drug regimes for leprosy as set down in LCP linked to drug action on <i>Mycobacterium leprae</i> .		Class and discussion and list.
2 Describe assessment of patients' progress over years.	Assess patients' progress from history and record of smear, annual examinations and physical examinations.	<i>Case study</i> to (a) pick out progression from clinical record; (b) physical examination of patient.

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| <p><b>3</b> Describe signs of active and inactive leprosy and criteria for release from control.</p>  | <p>Recognize signs of activity and inactivity.<br/>Write up physical examination and history according to recording procedure of LCP.</p> | <p>Examination of patients, slides, deciding on findings and discussion.</p>  |
| <p><b>4</b> Outline the structure and function of LCP in the field.</p>   |   | <p>Chart of LCP.</p>  |
| <p><b>5</b> Advise patients about their disease, its treatment and control and measures to take for their own self care and means to prevent complications and what to do if complications arise.</p> | <p>Interpersonal skills hopefully already present in the participants.</p>  | <p>Talking with patients of their case study. Discussion and chart on education for self-care in whatever condition of patient.</p> |

*Broad objective 3*

At the end of the course the participants will *diagnose* and *manage* complications commonly arising in leprosy, which do not require referral facilities, according to the guidelines offered by LCP.

In order to be able to do the above, the participants need to have the following:

<i>Knowledge</i>	<i>Skills</i>	<i>Gained by means of:</i>
<p><b>1</b> Describe complications in leprosy</p>		
<p>(a) based on immunological response in the patient: i, ENL, neuritis, iritis; and ii, reversal reaction and their management.</p>	<p>Recognize signs of serious complications, select suitable treatment regimes.</p>	<p>Class, discussion, case demonstration, slides.</p>
<p>(b) based on neural damage: i, paralysis (motor); ii, anaesthesia (sensory); and iii, anhydrosis (autonomic) and their management.</p>	<p>Recognition and recording of deformity grading, primary and secondary deformity. Care of feet and prevention of plantar ulcers and infections.</p>	<p>Patient demonstration of deformities and ulcers.</p>
<p>(c) based on 'leper' phenomenon—psychological and social disability and rehabilitation philosophy.</p>	<p>Ability to listen and sympathize with patients. Kind and sympathetic acceptance of patients as people.</p>	<p>Discussion in small groups of patients' problems and how leprosy has affected their lives.</p>
<p>(d) based on bacteriological response to therapy: i, relapse, and ii, drug resistance and their management.</p>	<p>Suspect relapse and drug resistance and to manage all cases with appropriate multidrug regimes</p>	<p>Discussion, anecdotes, patient demonstration, if any.</p>

*Broad objective 4*

At the end of the course the participants will *select* cases for referral because of severe complications, *referring* them to appropriate centres according to criteria for referral and set-up of LCP.

In order to be able to do the above, the participants need to have the following:

<i>Knowledge</i>	<i>Gained by means of:</i>
1 Outline of referral centres and their capabilities.	List of referral centres.
2 List of criteria for referral of cases.	List of criteria, discussion.

*Broad objective 5*

At the end of the course the participants will *explain* the goals and mode of operation of LCP, particularly the district level case-finding and case-holding methodology; *cooperate* with LCP, *assisting* where possible in implementing leprosy control, *provide* informal advice and guidance to LCP workers in the area for which they are responsible.

In order to be ready to do this, the participants need the following:

<i>Knowledge</i>	<i>Attitudes</i>	<i>Gained by means of:</i>
1 Outline the principles of leprosy control.	Willingness to cooperate.	Illustrated talk introducing principles and structure of LCP.
2 Explain the structure of the LCP in Nepal and the individual responsibilities of both Basic Health Service (HMG) and Leprosy Control Programme (vertical) staff.	Belief that leprosy control is essential and that they have a role.	Written notes on LCP structure, LCP referral centres and what they do.
3 List referral centres and detail the kinds of cases they can cope with.	Good relationships with the LCP workers. This objective will only be achieved through building good relationships with participants both during and after the course.	Group discussion on how to forge effective links between LCP and BHS and answering this question—‘How can you in your particular situation get involved in leprosy control and contribute to establishment of effective links between LCP and BHS for mutual help in leprosy control?’
4 Discuss how effective links can be established between BHS and LCP services for leprosy control.		Notes on state of leprosy control in their own district. A copy of last fiscal year annual statistics given.
5 Outline the status of leprosy control in the districts they come from.		

*Broad objective 6*

At the end of the course the participants will *provide moral support* to patients, *representing* them to their families, communities and other health workers, *explaining* the nature of their disease, its treatment and control so as to allay anxiety and encourage their acceptance.

In order to be able to do the above, the participants need the following:

<i>Knowledge</i>	<i>Attitudes &amp; Beliefs</i>	<i>Skills</i>
	1 Leprosy is a disease.	Interpersonal and communication skills.

- 2 It must and can be treated.
- 3 Patients are people who can be victims of prejudice.
- 4 Doctor's role is to stand by patients.
- 5 Doctor's role is to control disease.

Describe the:

1 Principles of the control of leprosy based on present knowledge of epidemiology.

Class and discussion.

2 Principles of patient and public health education in terms of communication, appropriate language and illustrations.

Acceptance of difference and belief that people can learn when things are communicated to them in terms they are familiar with.

Gained through means of: Discussion and meeting patients and listening to them and communication games and through their case study.

#### Allocation of time

The total time of the course amounted to 30 hours; 6 hours per day for 5 days. This was allocated as follows:

1 Welcome, tour, farewell functions	1 hr 30 min = 5% of total time
2 Pre- and post-tests—review/ preview, question time	2 hr = 7%
3 Films (movie)	1 hr 30 min = 5%
4 Basic leprosy theory	3 hr 45 min = 12%
5 Complications in the broadest sense	7 hr 45 min = 26%
6 Practical sessions—with patients and in the hospital	8 hr 15 min = 27%
7 Education and communication	1 hr 45 min = 6%
8 Leprosy control in Nepal	3 hr = 10%
9 Administrative matters	30 min = 2%
	30 hours 100%

#### Teaching—learning experiences used

The principle of involving the participants in *active learning* situations was behind the planning of the whole course.

For example: One of the main objectives of the course was that at the end the participants would *provide moral support to patients*. Thus, a lot of the course and the experiences planned for the participants aimed at allaying their own anxiety about being with leprosy patients and building a positive attitude to patients as *people* with a very difficult problem to live with.

With this end in view:

- 1 The film, 'Rehabilitation in Leprosy' was shown.
- 2 Each participant took part in a small group meeting with a patient on the first day during which

the patients were encouraged to answer questions which high-lighted what having leprosy meant to them as people, how the fact of having leprosy had affected their lives.

3 The visit to the Rehabilitation Department told of patients' social problems and how these could be dealt with.

4 The second day each participant was assigned an individual patient to meet and talk with, etc., daily in the hope that some sort of relationship might form (case study).

5 Each day participants met and examined patients.

6 The teaching and hospital staff set an example of acceptance and respect for patients which it is hoped might be emulated.

7 Discussion was held with participants asking them how they could best help patients learn to cope with their condition in their circumstances.

#### *Use of aids and materials*

1 *Patients.* Leprosy patients kindly agreed to participation in class and in the hospital as well as being assigned to participants for case studies. Patients were chosen according to their signs and their story to illustrate the specific topic being taught at the time.

2 *Teaching and hospital staff* were their own best 'visual aid' when it came to trying to convey to the participants the desirable ways of relating to patients as people, of acceptance, conversation, respect and touch.

3 *Books.* (a) The excellent small booklet *Essentials of Leprosy* (1980) from ALERT, Ethiopia, was used as the basic text. A copy of this booklet was given to each participant at the beginning of the course. Each day reading was given for the next day's class topics. (b) *Leprosy for students of medicine.* Bryceson & Pfaltzgraff (1979) second edition, was offered for sale at a reduced price. (c) ALERT publication *Guide to Leprosy for Field Staff* was also given to each participant and used as reference for most of the practical aspects of the course.

*Duplicated notes.* Notes prepared in Pokhara on various relevant topics were handed out at the appropriate class.

4 *Slides.* Slide set 'Leprosy in Children' (TALC) was used as a general introduction on the first day. This stimulated a lot of questions.

*Selected clinical slides (few only) of local patients* were used to illustrate the classes: a, cardinal signs of leprosy; b, classification of types of leprosy; c, complications based on immunological response—ENL, reversal reaction, neuritis, iritis, etc. and d, complications based on neural damage to show typical deformities.

5 *Movie films.* These movies were shown during the course as an overall introduction to the leprosy problem and a glimpse of its presence as a world problem, not just a local one.

The film '*Rehabilitation in leprosy*' was used first as it presents a message of some hope and attempts to deal with patients as people. The second film, '*Sarbamangalam*', made in Nepal by NSL is basically an appeal to the public to show compassion to leprosy patients; it gives some idea of the leprosy work being done in Nepal, is basically aimed at the public and contains very little technical information. Thirdly, '*Leprosy*' by DAHW was used as a summing up of the course; condensing as it does so much technical information into so short a time it is a useful rounding-off film. The parts of it which are now 'dated' were pointed out to the audience.