

Cleft Nose Deformity: An Unfortunate Complication of Nasogastric Tube

Sir,

A one month old low weight baby had been advised supplemental feeds through nasogastric tube (NGT) for a period of one week by certified nutritionist and the parents had been advised to follow-up. But after noticing improvement in the condition, the parents continued tube feeding of their own for 5 weeks when they noticed blackish discoloration of nasal tip. The patient was assessed after removal of feeding tube and pressure necrosis of nasal tip was diagnosed. The lesion healed spontaneously and resulted in ugly cleft deformity of nasal tip (Figure 1). This patient will require nasal reconstruction in late teens once the facial structure is fully formed.



Figure 1: Cleft nose deformity as a sequelae of pressure necrosis caused by nasogastric feeding tube.

A nasogastric feeding tube is one of the commonest devices used in medical practice for providing nutrition to patients. But improper or unnecessary use can lead to a wide range of complications which include gastrointestinal perforations, pleuropulmonary complications, intracranial injuries and even cardiac and urinary bladder injuries.¹⁻⁶ The

complications related to nose mentioned in literature include epistaxis obstruction and sinusitis,⁷ but nasal deformities as a result of NGT are very rare. But given the widespread use of tube feedings, even a small percentage of such problems can affect a significant number of patients and hence need to be prevented by avoiding improper or unnecessary use.

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Continuing Medical Education: The DCPE Perspective

Sir,

Continuing Medical Education (CME) are definable and traditionally distinct educational activities that serve to refresh, improve, or update the knowledge, skills and professional development of the physicians and relationships used to provide services for patients, the public, or the profession. It is a professional responsibility for all the practicing physicians in this fast moving medical world to accept the obligation of the CME as a task of scientific and technological up-grading.¹

Most of the CME's as influenced by studies of adult learning are offered in the form of courses, conferences, journal clubs, grand rounds and workshops. The online mode of CME delivery is particularly attractive and is gaining popularity, supported by screen based text and graphics with different levels of interactivity.

Physicians should view CME holistically in the context of continuous professional development (CPD) and even more widely as knowledge translation (KT), which includes both CME and CPD.² Continuing professional development entertains traditional CME along with the other skills such as management, teaching, communication, and continuing appraisal, etc. KT mainly focuses on health outcomes and changing behavior and is defined as the process whereby information is transferred to physicians and applied in practice.²

The need for continuous learning as part of a physician's professional development is evident but the best ways of introducing and nurturing this learning have been

the subject of much controversy, and is being questioned and debated in many countries.³ However, each institution must determine and set its own priorities with regard to CME.⁴ Recognizing the current trends and the scarcity to maintain the performance and expectations of the physicians all around in Pakistan, the Aga Khan University (AKU) devised an education system and established the Department of Continuing Professional Education (DCPE) to promote the continuing medical education within the region. The department is headed by an Associate Dean with a manager and an administrative assistant. The core responsibilities of the DCPE encompass: monitoring all CME's to assure fulfillment of stated objectives and maintenance of high quality; approving, awarding and recording continuing education credit(s) as per DCPE-AKU credit awarding system for physicians; coordinating all programmatic and financial responsibilities associated with continuing medical education and acquiring and maintaining national accreditation.

The DCPE facilitates different stakeholders in assessing their needs for planning CME activities. It strictly ensures that CME programs planned are purely based on the needs and objectives to be accepted by the medical community as unbiased and of international standards. These CME programs are further reviewed and approved by the Continuing Medical Education Advisory Committee at AKU.⁵

Obtaining credit for participating in CME has historically served as an evidence that the physician is engaged in life-long learning, keeping up with changes in medicine and keeping skills update.⁴ The rationale for awarding DCPE-AKU credit certificates is to sensitize and encourage physicians to learn and keep up-to-date; and to introduce and built up the standards of the continuing medical education in Pakistan. DCPE has made it mandatory for the participants to evaluate the program content and presentation at the completion of the activity and has kept it as a condition for awarding the credit.

The DCPE CME programs cannot be sponsored or jointly sponsored by a pharmaceutical/commercial firm. However, they may provide an educational grant to the department to support an activity, but the DCPE maintains

its individuality and assumes total responsibility for the content and quality of the CME program.

The challenge of maintaining professional competence in an environment characterized by rapid organizational change, information overload, and increasing public expectations is forcing the physicians to think hard about continuing medical education. The ability to work in team is proven.³ It is the key to success for CME becoming more visible, integrated and well planned. It is high time for health industry in Pakistan to make a collaborative approach to raise expectations for CME that has demonstrated an impact on physicians' behavior and patient care. Major stakeholders like HEC (Higher Education Commission), PM&DC (Pakistan Medical and Dental Council), CPSP (College of Physicians' and Surgeons Pakistan) and other CME-providers like AKU have already begun to think on these lines but should now work together closely in the maintenance of physicians' competency by developing effective learning venues, design methods for periodically assessing knowledge and skills, national accreditation guidelines and implement strong oversight mechanisms to ensure that educational activities are free of commercial bias.

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