

Brief Report

One-week Pediatric Nephrology Mentorship Course in Dushanbe City, Tajikistan, October 21-26, 2024: A Brief Report



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Citation Pournasiri Z & Jafari Sarouei M. One-week Pediatric Nephrology Mentorship Course in Dushanbe City, Tajikistan, October 21-26, 2024: A Brief Report. Journal of Pediatric Nephrology. 2024; 12:E46706. <http://dx.doi.org/10.22037/jpn.v12i1.46706>

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Introduction

This report outlines the activities and findings of a one-week pediatric nephrology mentorship course held in Dushanbe City, Tajikistan. Upon arrival at the Esteghlal Hospital, we were welcomed by Dr. Mijgona Rusatamzoda, the hospital's deputy, who guided us through various departments. We met with Dr. Khorshid Rustamzoda, the hospital director, to discuss the medical education system in Tajikistan and the available diagnostic and therapeutic facilities.

Activities Overview

An introductory session was conducted with professors, students, and medical practitioners from the hospital, focus on our educational and therapeutic objectives during our stay. The hospital features two pediatric nephrology wards, supervised by Dr. Nargis Tabrova and Dr. Majidzoda, with 44 beds.

Throughout the week, our group conducted daily patient visits with local colleagues, proposed necessary diagnostic and therapeutic plans, and followed up with patients. We also managed daily outpatient consultations and determined admission and outpatient follow-up treatment plans.

Key Observations

Availability of equipment: The hospital is equipped with diagnostic and therapeutic facilities according to international standards.

Insurance issues: A lack of health insurance affects patient care.

Cost barriers: High costs for specialized tests lead families to refuse certain diagnostic procedures.

Biopsy limitations: The absence of nephropathologists prevents kidney biopsies.

Blind treatment: Many treatments are conducted without definitive diagnoses due to the limitations noted.

Record keeping: No electronic or paper record system was used for outpatient patients.

Clinical Highlights

We visited the intensive care unit (ICU), where we assessed a critically ill patient. Following our recommendations, the patient was successfully stabilized and transferred to the regular ward. In the hemodialysis unit, we noted the ability to perform dialysis in children weighing





Figure 1. Outpatient visits and ICU ward rounds

ICU: Intensive care unit.

as little as 8 kg. We provided comprehensive care to a 16-year-old girl with glomerulonephritis, collaborating across nephrology and neurology to improve her condition significantly ([Figures 1 and 2](#)).

Recommendations for improvement:

- Separation of pediatric and adult hemodialysis units.
- Nephrologists should perform pediatric hemodialysis.
- Follow-up of pediatric hemodialysis patients by pediatric nephrologists.

Transplant unit observations

During our visit to the kidney and liver transplant section, we learned that biopsies are performed under ultrasound guidance by Dr. Jamaluddin, with subsequent analysis by pathologist Dr. Delavar. We coordinated the necessary arrangements to perform biopsies in the indicated patients.

Educational activities

Daily conferences and training sessions were conducted, covering topics such as:

- Principles of fluid therapy in children.
- Fluid therapy in critical conditions and acutely ill children.
- Acid-base disorders in children.
- Diagnostic approaches to hyponatremia in children.
- Management of hypertensive crises in children.
- Diagnostic strategies for acute kidney injury in children ([Figure 3](#)).

Participation in various specialties was high, with sessions encouraging direct engagement and discussion among attendees. Feedback from colleagues indicated a



Figure 2. Hemodialysis ward patient visits



Figure 3. Daily conferences



Figure 4. Meeting with the honorable Minister of Health of Tajikistan, Dr. Jamoliddin Abdullozoda

strong desire to collaborate and review educational materials after sessions.

Conclusion

To enhance collaboration between Tajikistan and Iran, we proposed the formation of a Telegram group for nephrologists and pediatric specialists to exchange cases and address professional queries.

On October 25, 2024, we met with the Minister of Health, Dr. Jamoliddin Abdullozoda, where we expressed our gratitude to the Tajik government and the Ministry of Health for their hospitality (Figure 4). We presented several proposals to improve nephrology services, including:

- Updating scientific resources for medical students and professionals.
- Revising the educational curriculum and developing new guidelines.
- Conducting both online and in-person training sessions.
- Organizing separate training courses for hemodialysis.

- Addressing shortages of essential medications and laboratory supplies.

- Establishing a patient support association.

- Appointing a party responsible for acute peritoneal dialysis.

- Implementing a patient record system for outpatient care.

Dr. Arash Alaei suggested selecting three students each from pediatric and adult nephrology to participate in a joint online and in-person specialized course in Iran and Tajikistan, which received positive feedback from the Minister”.

On October 26, 2024, we participated in an interview with Tajikistan’s state television, discussing the mentorship program’s strengths and the collaborative potential between Tajik and Iranian physicians.

Ethical Considerations

Compliance with ethical guidelines

No ethical considerations were considered in this research.

Funding

This research did not receive any grant from funding agencies in the public, commercial, or non-profit sectors.

Authors' contributions

All authors contributed equally to the conception and design of the study, data collection and analysis, interpretation of the results, and manuscript drafting. Each author approved the submission of the final version of the manuscript.

Conflict of interest

The authors declared no conflict of interest.

Acknowledgments

We thank everyone involved in making this mentorship course successful, particularly Dr. Arash Alaei, Dr. Shahrzad Osareh, and Dr. Godaev's team for their excellent hospitality.