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1. ラオス国側に提出した第一次事前調査結果英文要約

First Preparatory Study on the Japanese Technical Cooperation for the Project for Medical Education and Research of the Setthatirath Hospital (Jan.14-Feb.3, 2006)

Key Findings

The Density of Medical Doctors at district level (working in District Health Offices, District Hospitals and Health Centers) is strongly correlated with health indicators.

- ➤ The Ministry of Health plans to allocate at least one MD to each of all the health centers by 2020.
- What would be the plan of the Ministry of Health and the Ministry of Education to effectively produce and allocate MDs in priority areas?
- ➤ How to motivate MDs to work at district level, especially in health centers is a big challenge.

There are several medical teaching units (MTUs), each of which consists of one preceptor, staff doctors, residents, students (doctors) in the Family Medicine Specialist Program and 5th and 6th year medical students to do clinical training. However, the Preceptors are often busy and cannot dedicate enough time for training.

- How to assure the quality of clinical training is a concern.
- Many of the issues are common among other 3 teaching hospitals as well.

The intake of students into the Dept. of Medicine of FMS has increased to more than double since 2004.

- ➤ There should be a good coordination with the efforts to improve the quality of education.
- At present between 50 to 100 medical students (both undergraduate and postgraduate programs) are taking clinical training at Setthatirath Hospital. There would be more 5th year and 6th year medical students after 2007?
- > Settharirath Hospital is small in size and cannot provide enough clinical cases for training.

Health Sector in Lao P.D.R.

Considerable progress has been made in the health sector of Lao PDR, and it has been reflected on the major health indicators. The life expectancy at birth is improved from 51 to 61 from 1995 to 2005. The maternal mortality rate is reduced from 560 out of 100,000 births to 405, and the mortality rate of under five children from 170 out of 1,000 births to 98 during the same period. However, preventable diseases or easily curable diseases such as malaria, acute respiratory infections and diarrhea remain among the major illnesses and causes of

mortality. Gap in standard of living between urban and rural areas has also influenced the heath service standard and the outcome. Under these circumstances, it is increasingly necessary to strengthen a health service delivery system especially primary health care.

Health Policy

The Health Strategy to 2020 has emphasized the development of health care by presenting six key principles. Among those principles, "to strengthen the capacity of health staff in terms of attitudes, ethics and technical skills" and "to improve community-based health promotion and disease prevention" are listed in order to ensure high quality services.

Health workers classification

Health workers in Lao PDR are separated and classified according to a three-step method based on levels, types and categories. This methodology results in three major clusters of workers (non-medical, medical and paramedical workers). Two additional terminologies have been introduced, i.e. Medical Health Workers (MHW), which corresponds to all levels of medical staff, and Medical Health Workers high and middle level (MHWh), which does not include low level workers but includes physicians, medical assistants and nurses. According to the draft of the Human Resources for Health: Analysis of the situation in Lao PDR, conducted by the Ministry of Health and WHO, the density of MHWh (especially medical doctors) working at district level is strongly correlated to health indicators.

Deployment of Medical Doctors

According to the above mentioned Analysis of the situation of Human Resources for Health, there are 1,527 medical doctors in Lao PDR (0.27 doctors per 1,000 population), and about 81% of them are staff under the Ministry of Health. Number of physicians per 1,000 population is lower than those in Thailand and Vietnam. In addition to the shortage in number, medical doctors are deployed unevenly. For example there are 387 doctors working in the 7 central hospitals in Vientiane, while there are only 8 doctors deployed among nearly 750 health centers all over the country. The most striking feature is that 16 districts do not have one single regular doctor.

Among 48 newly deployed physicians in 2005, 28 were deployed at the central level, 10 were deployed at the provincial level, 10 were deployed at the district level. No doctors were newly deployed at health centers that year. At the time of the first preparatory study the Department of the Organization and Personnel of the Ministry of Health was elaborating the draft of the Health Human Resources Development Plan for 2006-2010. According to an official of the Department the plan would include the following target:

- To deploy at least one medical doctor for each of all the health centers in the country by 2020.
- To deploy at least one medical doctor in two thirds of health centers in the country by 2010.

It is said that physicians are not willing to work in health centers in rural areas, and they often prefer to work in non-medical fields in urban areas rather than working as physicians in rural or remote areas. It is a big issue how to motivate medical doctors to work in health centers.

Pre-service Education of Medical Doctors

Medical doctors are trained at the Faculty of Medical Sciences of the National University of Laos in Vientiane. The training of doctors began in 1968. The training course is six years (1 year of the foundation studies and the 5 years of specialized studies) after upper secondary school to receive an M.D. The new curriculum, introduced in 2004, more Lao relevant, integrated, problem solving and more community medicine focused, is underway.

The recent intake was 68 (38 female) in 2002, 103 (63F) in 2003, 177 (99F) in 2004, and 183 (98F) in 2006. The number of graduates was 57 (33F) in 2004, 58 (35F) in 2005, and 81 (35F) in 2006. The intake of students has increased to more than double in recent years. It is said that increase in the number of students are also seen in other faculties of the National University of Lao

Postgraduate Education/Training

The following postgraduate education is provided in FMS and in IFMT (Institute de la Francophonie pour la Medicine Tropicale):

- Family Medicine Specialist Program (2 years course, began in 2005)
- Training programs in specialities (Pediatrics, Internal Medicine, OB/GYN., Surgery, Ophthalmology, Anesthesiology, Radiology)
- Master of Public Health program
- Master of Public Health in Tropical Medicine (in IFMT)

Donor support for Medical Education/Training

Various agencies are providing support for medical education. Followings are some examples:

- University of Calgary provides support for systematic reform of undergraduate medical education and the development of the Family Medicine Specialist Program
- The China Medical Board provides financial assistance for faculty training and learning resources
- Case Western Reserve University and Health Frontiers provides support for Residency Programs of pediatrics and internal medicine
- Rockefeller Foundation provides support for a Master of Public Health Program
- CIDA, World Bank, WHO and Luxembourg provide financial support for Family Medicine Specialist Program

Setthathirath Hospital

As a teaching hospital, clinical training for both pre-service and postgraduate education of medical doctors are provided in Setthathirath Hospital as in other three teaching hospitals under the Ministry of Health. Between 50 to 100 of students in the undergraduate and postgraduate programs are taking clinical training in the Setthathirath Hospital regularly. There are several medical teaching units (MTU), each of which consists of one preceptor, staff doctors, residents, students (doctors) in the Family Medicine Specialist Program and 5th and 6th year medical students. The students rotate in different departments, internal medicine, surgery, pediatrics, OB/GYN, ER/ICU/Anesthesiology and Laboratory/Radiology. Through discussions with the hospital staff and observational visit, following issues on the clinical training were identified:

- The majority of the teachers in the hospital had been trained in the former Soviet Union, East European countries and France and they are now in their 50s. There are not enough successors as there are fewer long-term training opportunities than before.
- There are not enough doctors with sub-specialities in the country. Therefore the doctors here have to take their short-term sub-speciality training in other countries such as Thailand.
- The teachers are not well aware of teaching methods. There is a need for training of trainers on how to teach.
- Preceptors are often busy and cannot dedicate enough time for teaching.
- The hospital was designed as a municipality hospital and then ranked up as the University Hospital. There are not enough space in the lecture rooms, laboratories, dormitory for the students and teachers, etc.
- Not enough laboratory practices are conducted due to the shortage of cases. Reagents required for laboratory tests are usually at the expense of the patients, and not enough number of tests are carried out due to the economic reasons of the patients.
- The hospital is small in size and cannot provide enough clinical cases for training.

Many of the issues are common among other 3 teaching hospitals as well.

During the 2nd Preparatory Study the discussions will be further deepened for more concrete project design.

MINUTES OF MEETINGS

BETWEEN THE JAPANESE SECOND PREPARATORY STUDY TEAM AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE LAO PEOPLE'S DEMOCRATIC REPUBLIC ON THE TECHNICAL COOPERATION PROJECT FOR MEDICAL EDUCATION AND RESEARCH FOR THE SETTHATHIRATH HOSPITAL

The Japan International Cooperation Agency (hereinafter referred to as "JICA") dispatched the Second Preparatory Study Team (hereinafter referred to as "the Team"), headed by Dr. Kishio ONO, to the Lao People's Democratic Republic from February 28 to March 24, 2007 for the purpose of discussing the framework of the requested technical cooperation project entitled the Project for Medical Education and Research for the Setthathirath Hospital (hereinafter referred to as "the Project").

During its stay in the Lao People's Democratic Republic, the Team conducted field surveys and had a series of discussions on the Project with the authorities concerned of the Lao People's Democratic Republic.

As a result, both sides reached common understandings concerning the matters referred to in the document attached hereto.

Dr. Kishio Ono

Leader

Second Preparatory Study Team

Japan International Cooperation Agency

Japan

<witness>

<witness>

Director

Setthathirath Hospital

National University of Laos

Assoc. Prof. Boun Pong Keorodom

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National University of Laos

Ministry of Education

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Dr. Nao Boutta

Deputy Director of Cabinet

Ministry of Health

Lao People's Democratic Republic

Assoc. Prof. Dr. Som Ock Kingsada

Lao People's Democratic Republic

Vientiane, March 16, 2007

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The Attached Document

1 Background of the Project

The government of the Lao People's Democratic Republic stated in "Health Strategy 2020" to ensure that all Lao people has access to healthcare services, and one of the important principles to achieve this goal is to improve the capacity of health staff at each level in order to ensure high quality services.

Setthathirath Hospital is a general hospital with 175 inpatient beds and is a central hospital which provides tertiary curative care in the country. At the same time, the Hospital plays a role of teaching hospital providing clinical training and education for both undergraduate medical students and postgraduate medical doctors. Japan provided support to Setthatirath Hospital through grant-aid and technical cooperation projects to contribute to improve health and medical care services. In September 2004, Setthathirath Hospital was ranked up from a Vientiane Municipality Hospital to a university hospital of the Faculty of Medical Sciences of the National University of Laos.

On the other hand, there exists a problem of scarcity in number as well as insufficient technical skills of medical doctors in the country, especially in the rural areas. There is a strong demand to educate qualified medical doctors with ability to respond to the local needs and health issues. The Faculty of Medical Sciences of the National University of Laos started a two-year post-graduate program, namely Family Medicine Specialist Program to respond to such demand.

Under these circumstances, the Government of the Lao People's Democratic Republic has submitted a proposal to the Japanese government for the Technical Cooperation Project for Medical Education and Research of the Setthathirath Hospital.

In response to the request from the Government of the Lao People's Democratic Republic, the First Preparatory Study was conducted to collect information such as basic health indicators, current situations of hospitals both at central and local levels, recent activities of other donors and so on from 14th January to 3rd February, 2007. Based on the result of the First Preparatory Study, this Second Preparatory Study Team was dispatched to work out the framework and administration of the technical cooperation with the authorities in the Lao People's Democratic Republic.

2 Principle direction of the Project

As a result of discussions with the officials of the relevant ministries and the Settathirath Hospital, the following principles of technical cooperation were agreed upon.

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In order to improve the capacity of health staff at each level to ensure high quality services, which is one of the important principles described in "Health Strategy 2020", it is an urgent need to produce quality medical doctors as key professions in medical service. Especially, improving skills, knowledge and attitude as a basis of competency of medical doctors is necessary, and undergraduate and early postgraduate education for that plays an important role. In order to contribute to these needs, this project, based at Setthathirath Hospital, a university hospital, will focus on improvement of quality of clinical trainings targeted at (1) undergraduate clinical trainings and (2) early postgraduate clinical trainings for those who graduated from Faculty of Medical Sciences within two years.

3 Tentative Framework of the Project

Based on the discussions, a tentative framework of the project is worked out as follows. The tentative Project Design Matrix (PDM) and Plan of Operation (PO) is attached as Annex 1 and Annex 2, respectively.

It is subject to modifications through further discussions and evaluation before the commencement of the Project.

(1) Title of the Project

Project for Medical Education and Research of the Setthathirath Hospital in the Lao People's Democratic Republic

(2) Target Area

Setthathirath Hospital

(3) Target groups

Trainers of clinical training for medical doctors

(4) Duration of the Project

2007 - 2010 (3 years)

(5) Master Plan of the Project

1) Super Goal

Skills, knowledge, and attitudes of medical doctors in the whole country are improved.

2) Overall Goal

Quality of clinical trainings for medical doctors in the Lao People's Democratic Republic is improved.

3) Project Purpose

Quality of clinical trainings for medical doctors* at the Setthathirath Hospital is improved.

*"Clinical trainings for medical doctors" targeted in this Project are for (1) undergraduate

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clinical trainings and (2) early postgraduate clinical trainings for those who graduated from Faculty of Medical Sciences within two years.

4) Outputs

- The training management system is improved at the Setthathirath Hospital.
- Medical services are improved in order to strengthen clinical trainings for medical doctors at the Setthathirath Hospital.
- Capacities of trainers of clinical trainings for medical doctors are strengthened.

4 Roles and responsibilities of related organizations

(1) Implementing organization of the Project

Setthathirath Hospital is the responsible organization of the Project with the following officials in charge. Ministry of Education and National University of Laos will be responsible for allocating budget for the Project.

- 1) Project Director (who will bear overall responsibility of the administration and implementation of the Project): Director of the Setthathirath Hospital
- 2) Project Manager (who be responsible for the managerial and technical matters of the Project): Deputy Director of the Setthathirath Hospital (in charge of medical education)
- 3) Counterparts to Japanese Experts: Chief of Medical Departments
- 4) Collaborating organizations: Ministry of Health, Ministry of Education, National University of Laos, National Institute of Public Health, Mahosot Hospital, Mittaphab Hospital, Mother and Child Hospital

(2) Joint Coordinating Committee of the Project

A Joint Coordinating Committee will be organized and meet at least once a year and whenever necessity arises to formulate plans for and review progress of the Project. The Committee will be composed of the following members:

1) Chairperson:

Director of the Setthathirathi Hospital

- 2) Lao Member:
 - Ministry of Health: Department of Curative, Department of Planning and Finance, Department of Personnel, Department of Foreign Relations, National Institute of Public Health, Mahosot Hospital, Mittaphab Hospital, Mother and Child Hospital
 - Ministry of Education: Department of Higher and Vocational Education, Department of Planning, Department of Personnel, Department of Foreign Relations
 - National University of Laos

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- Setthathirath Hospital: Deputy Directors, Chief of General Affairs, Medical Affairs, Internal Medicine, Surgery, Obstetrics and Gynecology, Pediatrics, Laboratory, Statistics, Gastro, etc.

3) Japanese Member

Japanese Experts assigned to the Project Resident Representative of JICA

4) Observer

Representative of the Embassy of Japan
Other personnel invited by the Chairperson

5 Measures to be taken by both sides

(1) Measures to be taken by JICA

In accordance with the laws and regulations in force in Japan and the provisions of Article III of the Agreement on Technical Cooperation between the Government of Japan and the Government of the Lao People's Democratic Republic, signed in Tokyo on December 12, 2003 (hereinafter referred to as "the Agreement"), JICA, as the executing agency for technical cooperation by the Government of JAPAN, will take, at its own expense, the following measures, according to the normal procedures of its technical cooperation scheme.

- Dispatch of Japanese Experts
 JICA will provide the services of the Japanese experts. The provision of Article III of the Agreement will be applied to the above-mentioned experts.
- 2) Provision of Machinery and Equipment JICA will provide such machinery, equipment and other materials necessary for the implementation of the Project. The provision of Article VIII of the Agreement will be applied to the Equipment.
- Training of Lao Personnel in Japan
 JICA will receive the Lao personnel connected with the Project for technical training in Japan.

(2) Measures to be taken by the Government of the Lao People's Democratic Republic

- The Government of the Lao People's Democratic Republic will take necessary measures to
 ensure that the self-reliant operation of the Project will be sustained during and after the
 period of Japanese technical cooperation, through full and active involvement in the Project
 by all related authorities, beneficiary groups and institutions.
- 2) The Government of the Lao People's Democratic Republic will ensure that the technologies and knowledge acquired by the nationals of the Lao People's Democratic Republic as a

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- result of the Japanese technical cooperation will contribute to the economic and social development of the Lao People's Democratic Republic.
- 3) In accordance with the provisions of Article VI of the Agreement, the Government of the Lao People's Democratic Republic will grant in the Lao People's Democratic Republic privileges, exemptions and benefits to the Japanese experts referred to in 3-(1)-1) above and their families.
- 4) In accordance with the provisions of Article VIII of the Agreement, the Government of the Lao People's Democratic Republic will take the measures necessary to receive and use the Equipment provided by JICA under 3-(1)-2) above and equipment, machinery and materials carried in by the Japanese experts referred to in 3-(1)-1) above.
- 5) The Government of the Lao People's Democratic Republic will take necessary measures to ensure that the knowledge and experience acquired by the Lao personnel from technical training in Japan will be utilized effectively in the implementation of the Project.
- 6) In accordance with the provision of Article V of the Agreement, the Government of the Lao People's Democratic Republic will provide the services of Lao counterpart personnel and administrative personnel as below:
 - (a) Counterpart personnel: School of Medicine, Departments of Medical Affairs, Internal Medicine, Surgery, Obstetrics and Gynecology, Pediatrics, Laboratory, Statistics, Gastro, etc. at the Setthathirath Hospital
 - (b) Administrative personnel: Department of General Affairs
- 7) In accordance with the provision of Article V of the Agreement, the Government of the Lao People's Democratic Republic will provide the buildings and facilities as below;
 - (a) Land
 - (b) Buildings and facilities
 - Sufficient space for the implementation of the Project
 - Offices and other necessary facilities for the Japanese experts
 - Facilities such as electricity, gas, and water, sewage systems, telephones and furniture necessary for the activities of the Project
 - Other facilities mutually agreed upon as needed
- 8) In accordance with the laws and regulations in force in the Lao People's Democratic Republic, the Government of the Lao People's Democratic Republic will take necessary measures to supply or replace at its own expense machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the Equipment provided by JICA under 3-(1)-2) above.

In accordance with the laws and regulations in force in the Lao People's Democratic Republic, the Government of the Lao People's Democratic Republic will take necessary measures to meet the

running expenses necessary for the implementation of the Project.

6 Other relevant issues

- (1) The Lao side requested that it is necessary to construct some facility with rooms for lectures, conferences, clinical practices and self-learning for clinical trainings. The detail will be discussed later on, and the possibility will be examined after that.
- (2) In implementing the Project, close collaboration among Ministry of Health, Ministry of Education, National University of Laos, National Institute of Public Health, Mahosot Hospital, Mittaphab Hospital, Mother and Child Hospital and the Setthathirath Hospital is essential. Institutionalization and further effective undergraduate and postgraduate medical training system are also important for upgrading the medical service of Lao People's Democratic Republic.
- (3) Allocation of medical staff to rural areas is a great concern, and it is desirable for the Government of the Lao People's Democratic Republic to take necessary measures to address this issue to maximize the expected impact of the Project.

7 Steps Forward

- (1) The member of the Team in charge of Evaluation Analysis will stay till March 24 to further collect data and study the situation for the preparation of the following;
 - 1) Ex-ante evaluation of the Project by five (5) criteria, namely, relevance, effectiveness, efficiency, expected impact, and sustainability
 - Draft Project Document which will serve as the basic reference document of the Project and describe the situation and problem analysis, Project strategy, Project Design Matrix (PDM), Plan of Operations (PO)
- (2) The result of the ex-ante evaluation is to be approved by the authorities concerned of JICA.
- (3) Further discussions for the implementation will be held between the authorities concerned of the Lao People's Democratic Republic and JICA at a later stage to confirm measures to be taken by both sides and contents of the PDM, PO and the Project Document. The Record of Discussions will be prepared in writing and signed by both sides before the commencement of the Project.

Annex 1 Tentative Project Design Matrix (PDM)

Annex 2 Tentative Plan of Operation (PO)

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Version: No. 0-7

Target Group: Trainers of clinical training for medical doctors

PDM₀ (Tentative Version)

Super Goal

Project Name: Project for Medical Education and Research of the Setthathirath Hospital in the Lao PDR

clinical trainings based on the master or doctorial degree are The MOH and MOE improve centers in line with the policy Important Assumptions district hospitals and health programs) for obtaining a appropriately deployed at Overseas study programs outcomes of this project. (Long-term training Medical doctors are of the MOH. carried out. Trainee Assessment by Department Academic report of completion by Annual Report from Ministry of Annual Report from Ministry of Committee at the Setthathirath National University of Laos Means of Verification of Personnel and Doctors? Date: March 15, 2007 Health Health 7 Achievement of undergraduate / Family Medicine Satisfaction rate of trainees who completed clinical The number of medical doctors at district hospitals The utilization rate of district hospitals increases. trainings at the Setthathirath Hospital increases. Objectively Verifiable Indicators Project Period: 2007 - 2010 (3 years) Specialist Programs increases. increases. _; **.**: 7 Skills, knowledge, and attitudes of medical doctors in the Quality of clinical trainings for medical doctors in the Lao Quality of clinical trainings for medical doctors* at the Narrative Summary Target Area: Setthathirath Hospital Setthathirath Hospital is improved. whole country are improved. PDR is improved. Project Purpose

Overall Goal

<u>.</u>	from Faculty of Medical Sciences within two years.	organization is enhanced.	MOH and MOE	
0	Outputs			
	1. The training management system is improved at the	1-1. The number of seminars/meetings held among relevant 1-1. Project Report	vant 1-1. Project Report	The MOH and the MOE
	Setthathirath Hospital.	organizations is increased.		continue to secure the budget for the clinical trainings at the
-2	Medical services are improved in order to strengthen	2-1. Patient satisfaction rate increases.	2-1. Patient questionnaire conducted by	educational hospitals.
	clinical trainings for medical doctors at the Setthathirath		Nursing Department and Medical	
	Liospitai.			
		2-2. The number of cases diagnosed with evidence 2-2. Medical Records in Medical Affairs	ence 2-2. Medical Records in Medical Affairs	
		increases.		
		2-3. The number of pathological diagnosis increases.	2-3. Medical Records in Medical Affairs	
		2-4. The number of transferred patients from other hospitals 2-4. Medical Records in Medical Affairs	oitals 2-4. Medical Records in Medical Affairs	
		increases.		
	3. Capacities of trainers of clinical trainings for medical	3-1. The levels of skills, knowledge and attitude of trainers	iners 3-1. Observation/Assessment by	
	doctors are strengthened.	of clinical trainings at the Setthathirath Hospital are	1 are Doctors' Committee in charge, i.e.	
)	enhanced.	DTC (Drug Treatment Committee)	
		3-2. The number of trainers of clinical trainings for medical	dical 3-2. Project Report / Training Report	
		doctors who receive TOT at the Setthathirath Hospital	spital	
		increases.		

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External audit from other teaching hospitals, Curative Department of

from the professional

Setthathirath Hospital

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*"Clinical trainings for medical doctors" targeted in this Project are for (1) undergraduate clinical trainings and (2)

early postgraduate clinical trainings for those who graduated

Evaluation (Reputation) of clinical trainings at the

Hospital

Activities	Innute		
1-1 Conduct haseline common on alinian beginning for madical	t indus	Lao side	
doctors	Japanese side	 Personnel 	1. Trainers of clinical
doctors.	(tentative)	Project Director	training continue
1-2 Establish a new committee in charge of clinical	1. Experts	Project Manager	u anting continue
trainings.	Medical Education/Pedagogy. Evidence Based	Counternart nerconnel	working as teaching
1-3 Hold monthly meetings for clinical trainings.	Medicine/Epidemiology, Internal Medicine, Medical Record	control but betaching	doctors.
1-4 Document process, experiences, outcomes, and lessons	Management, Emergency Medicine, Clinical Lahoratory	7 Provision of the project office	Ē
learned of the clinical trainings for medical doctors at	Clinical Pathology	facilities necessary for the	
	3	implementation of the project	is not reduced drastically
1-5 Hold seminars of clinical trainings in collaboration with	2. Training of counterpart personnel in Japan	inspecimental of the project	at the Setthathirath
four teaching hospitals, the Ministry of Health, and			Hospital.
Faculty of Medical Science.		3. Others	
1-6 Arrange external audit.	3. Equipment/materials	Administrative and operational costs	
	Equipment for Medical Education Equipment for Clinical	Running costs for electricity, water,	
2-1 Develop concepts/philosophy of clinical trainings from a	Medicine (for education)	etc.	
viewpoint of medical education at the Setthathirath			
Hospital.			
2-2 Conduct trainings for evidence-based medicine in the			
fields of clinical pathology, pathognomy,			
<u>.</u>			Pre-conditions
2-3 Implement evidence-based medicine.			
2-4 Improve medical records.			Cooperation and agreement
2-5 Compile clinical cases systematically for evidence-based			on the project implementation
medicine.			are obtained from the MOH
2-6 Implement case conferences.			and the MOE.
2-7 Prepare learning materials for case			
.S.			
3-1 Draw up the programs and curriculums of trainings of			
3-2 Prepare teaching materials for TOT			
teaching hospitals and provincial hospitals in the areas of			
pedagogy, problem-based learning clinical trainings,			
clinical presentations, training management by team			
approach and teaching system, self-learning, etc.			
3-4 Set up the monitoring criteria for trainers of clinical			
training.			
3-5 Monitor and evaluate trainers of clinical trainings.			

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Annex ${\mathbb Z}$ Project for Medical Education and Research of the Setthathirath Hospital

Plan of Operations (PO) (Tentative Version)

Year	72007 7 72008 7 72008 7 72008 7 72009 7 72009 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
OUTPUT 1. A training management system is improved at the Setthathirath Hospital	77 17 107 161 101 111 101 101 101 101 101 101 101
1-1 Conduct baseline survey on clinical trainings for medical doctors.	Doctors' committee (<u>Dr. Ou Keo, Head of Doctors' Committee / Chief of</u> Our Patient Department and Castroenteenlow)
1-2 Establish a new committee in charge of clinical trainings.	Doctors' committee (<u>Dr. Ou Keo</u>)
1-3 Hold monthly meetings for clinical trainings.	Dr. Kohnksinh (Deputy Chief of Pediattics). Dr. Boumery (Deputy Chief of Infernal Med.) Dr. Kenkenferhon (Denuty Chief of ORACS).
1-4 Document process, experiences, outcomes, and lessons learned of the clinical trainings for medical doctors at the Setthathirath Hospital	
1-5 Hold seminars of clinical trainings in collaboration with four teaching hospitals, the Ministry of Health, and Faculty of Medical Science.	Dr. Som-Ok (Director). Dr. Bouthavong (Depty Ohlef of Arathemic Affaire). Dr. Thanson (Danth, Chist & C.
1-6 Arrange external audit.	Director Committee of Setthathirath Hospital (Director and two Deputy
OUTPUT 2. Medical services are improved in order to strengthen clinical trainings for med	linings for medical doctors at the Setthathirath Hospital.
2-1 Develop concepts/philosophy of clinical trainings from a viewpoint of medical education at the Setthathirath Hospital.	
2-2 Conduct trainings for evidence-based medicine in the fields of clinical pathology, pathognomy, symptomatology, etc.	Dr. Visingualisa, (Openity Chief of Laboratory, Dr. Hetsamon (Chief of Pathology), Dr. Villank (Chief of Pat
2-3 Implement evidence-based medicine.	
2-4 improve medical records.	Ower or mouton Arters, D. Veng Vend Deputy Director), Dr. Khamsavanh (Deputy Chief of Medical Affairs) Me Manchane (Deputy Chief of Scattering)
2-5 Compile clinical cases systematically for evidence-based medicine.	Dr. Phay (Chief of General Affairs). Name to Chief of Internal Medicine).
2-7 Implement case conferences.	Dr. Phay (Chief Affairs). Or Chief Chief of Internal Medicine).
2-8 Prepare learning materials for case presentations/references.	Dr. Phay (Chief of General Affairs). Dr. Kham La Chief of Internal Medicine).
OUTPUT3: Capacities of trainers of clinical trainings for medical doctors are strengthened	e strengthened.
3-1 Draw up the programs of trainings of trainers (TOT).	
3-2 Prepare teaching materials for TOT.	
3-3 Conduct TOT for medical doctors working for four (4) teaching hospitals and provincial hospitals in the areas of pedagogy, problem-	D. Mamivanh Souglanthong (Director of Medical School), Dr. Ou Keo (Chief
based learning clinical trainings, clinical presentations, training imanagement by team approach and teaching system, self-learning, etc.	or usero), Ur. Bouardep (Unier or renabilitation), Chief of four Departments (Internal, Surgery, OB/GY, Pediatrics)
3-4 Set up the monitoring criteria for trainers of clinical training.	
3-5 Monitor and evaluate trainers of clinical trainings.	
* The start of the Project, schedules described in this chart and so on are subject to modifications through further examination and discussions.	subject to modifications through further examination and discussions.