

Record of the 1st Joint Coordinating Committee

Date: February 25 (Mon) 10:15-12:15

Venue: Setthathirath Hospital, Conference Room 1

Attendance: Please see Annex 4.

1. Opening Remarks by Dr. Khampe

This is the first JCC of the Project for Medical Education and Research for the Setthathirath Hospital. The objective of the Project is to continue the improvement of medical education following the previous project. Medical Education is a new thing for us and it is important to upgrade other departments and University of Health Sciences.

Thank you for your coming today.

2. Confirmation of JCC members and its functions (Speaker: Dr. Khampe)

- Introduction of JCC members
- Suggestion to get involvement from three other teaching hospitals

According to the conservation of 7 members in each department but we do not know who will have responsibilities.

We have selected 9 members from each department but their job descriptions are not clear now. Dr. Ketsomsouk from University of Health Sciences has experiences of Medical Education and we will have a good collaboration with him. Medical education project as a first time, we can be a good model for other hospitals in the future, so that we should have a good cooperation.

3. The Report of Baseline Survey (Speaker: Dr. Onishi)

The purpose of the Project is to improve the quality of undergraduate clinical training and early postgraduate clinical training for those who graduated from the department of medicine, the University of Health Sciences within two years at Setthathirath Hospital.

Output1: The knowledge and know-how of clinical training of the Setthathirath Hospital as a teaching hospital is expanded.

Output2: The training management system is improved at the Setthathirath Hospital.

Output3: The capacities of trainers of clinical training for medical education students/doctors are strengthened.

- 3). Dr. Oukeo (Chief of OPD and Endoscopy) for Dr. Jimba
- 4). Dr. Viengvansay (Deputy Chief of Laboratory Dept) for Dr. Kitamura
- 5). Dr. Kongsinh (Deputy Chief of Pediatrics) for Dr. Kuroiwa
- 6). Dr. Soulidet (Deputy Chief of Pediatrics) for Mr. Noguchi
- 7). Dr. Bounmy (Deputy Chief of Internal Medicine I) for Ms. Yamaguchi
- 8). Dr. Khamsavanh (Deputy Chief of Medical Affair) for Dr. Shimizu
- 9). Dr. Somphet (Anesthesiology/ER) for Dr. Nishigori

Their job descriptions will be discussed later on. I suggest involving people from three other hospitals to be members as well. All members are senior doctors but they still need to be improved.

- Requesting Dr. Onishi to accept that we invite other members from other teaching hospitals.

7. Internal Monitoring for Medical Education (Speaker: Dr. Onishi)

Original wording was "External audit." Since University of Health Sciences and three other teaching hospitals are also partners of the same curriculum, we suggest a new idea and design of "Internal monitoring."

Details are shown in Annex 2 (slides 16-20).

8. Training Program in Japan (Speaker: Dr. Onishi)

The schedule, the number and the names of trainees, selection criteria and course objectives were confirmed. It was informed that Afghani group would join the training course.

Details are shown in Annex 2 (slides 21-25).

9. Construction of New Facility (Speaker: Dr. Onishi)

Construction plan of new facility will be discussed after the basic concept of clinical teaching is established in the next fiscal year. Priority of procurement plan for equipments is also based on the concept of clinical teaching.

Details are shown in Annex 2 (slide 26).

10. Annual work plan for Next Year (Speaker: Dr. Onishi)

The Project will work for three output areas. For output 1, "patient-centered care" and "critical thinking skills for medical care" are also enhanced before going to "evidence-based medicine (EBM)." Output 2 is about training management system. In output 3 the project will develop the capacity of the trainers by TOTs.

Details are shown in Annex 2 (slides 27-30).

11. Other Issues (Speaker: Dr. Onishi)

- Requesting equipments for teaching, not only to train preceptors to be better preceptor

Speaker: Dr. Ketsomsouk (Academic Affair, University of Health Sciences)

- According to the baseline survey of patient dissatisfaction, it shows higher scores in communication with patients, which means the communication with patients is not adequate. Current curriculum does not emphasize the communication skill with patients. In the future, it should be focused.
- In the question of asking good preceptor, more junior preceptors named than senior preceptors

Questioner: Dr. Phetsamone (Dept of Pathology, University of Health Sciences)

- Is new facility including a library?

Respondent: Dr. Onishi

- Not a big library but small one with learning rooms might be considered. The Project budget is limited.

Speaker: Dr. Sourideth (Deputy Chief of Pediatrics at Setthathirath Hospital)

- Trainees in Japan should include the Action Plan of "how to motivate students for passive learning."

Respondent: Dr. Onishi

- From the educational point of view, communication skill is important. This means not only patient-doctor communication but also trainer-trainee communication. A good communication skill teaching and good communication between trainer and resident will be observed in Japan.

Speaker: Dr. Sing (Deputy Dean of University of Health Sciences)

- On behalf of University of Health Sciences, I would like to thank you to invite me to participate the meeting. Congratulation on the success of baseline survey. I hope that

from this survey you can build a good foundation to run a project in the future. I hope that by this project University of Health Sciences, especially Setthathirath Hospital, will be reformed in terms of Medical Education. I have a hope that our medical education system in Lao has a job to train the human resources for health for poor countries. I hope that in the future the health status and health system in people in Lao PDR should be improved. I understand all your activities are very important.

Questioner: Dr. Manivanh (Director of Faculty of Medical Science)

- Is the curriculum of training in Japan including "student assessment"?
- Curriculum for the training in Japan, in each approach of the training, is the evaluation going to be included?

Respondent: Dr. Onishi

- Assessment or evaluation is a difficult topic. Since evaluation or assessment for clinical teaching is complicated, if they don't have a basic of assessment, in terms of educational idea, it might be difficult for them to understand in very short time. Therefore, assessment will not be included in the program. For administration or internal monitoring purpose, we will need the basic for evaluation, so we will have such kind of program.

Speaker: Dr. Khampe

- Next year plan
 - 1). To build a professional preceptor. Professional preceptors should spend more time with students like the preceptors in Calgary University.
 - 2). Requesting machines and equipments for teaching and student program.
 - 3). How to collaborate with three other hospitals. Setthathirath Hospital is not enough, so that it needs to clarify how to collaborate with three other hospitals.

We are ready to collaborate with you as a team. We might have difficulties in communicate with counterpart but we will translate it.

12. Closing Remark by Dr. Kitamura

On behalf of our team, thank you very much for participating in the first JCC. Today, we have a new name of the Project. "Lao-Japan MESH (the project for Medical Education and Research for Setthathirath Hospital)." MESH is very important word for doctors. Our cooperation should make a network like a mesh. Hope in the future everyone participates our project. Next two and half year, I think this project get a great result.

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

Attendant List

(Date: 25 / Feb / 2008 / 10:00-12-15pm)

MEETING: The first JCC Seminar

Please fill in the blank with capital letter. Thank you.

No.	Name	Position	Department	Organization	Phone or E-mail
1	Mr.Hiroaki ASAOKA	Assistant Résident Représentative	JICA	JICA	020:5520925
2	Ms.Kaori OSONE	Assistant Résident Représentative	JICA	JICA	020:5516932
3	Mr.Sophonh	PO		JICA	020:2410959
4	Ms.Somvandeng	Deputy Chief	Medical Affair	Setthathirath Hospital	020:5698866
5	Dr.Keokethong	Deputy Chief	OB-GY	Setthathirath Hospital (General Affair)	020:
6	Dr.Kiyoshi KITAMURA		JICA Project Team	U.Tokyo	
7	Mr.Jimba	Prof.	JICA Project Team	U.Tokyo	
8	Dr.Hirotaka ONISHI	Chief Adviser	JICA Project Team	U.Tokyo	
9	Ms.Yukari TANAKA			U.Tokyo	
10	Mr.Jinsugiyama	2 nd .Sec	Economic	EOJ	020:5599504
11	Dr.Kongsinh	Deputy Chief	Paediatric	Setthathirath Hospital	020:5776781
12	Dr.Sourideth	Deputy Chief	Paediatric	Setthathirath Hospital	020:2207541
13	Dr.Ketsomsouk	Deputy	Academic Ag	UHS	020:7700341
14	Dr.Somphet		Anese	Settha	020:5826011
15	Dr.Phouphet	Deputy	Pediatric	Settha	020:5620939
16	Dr.Manivanh	Head	Medicine	UHS	020:5444501
17	Dr.Somchanh	Head	IPD	Settha	020:5504483
18	Dr. Oukeo	Head	GIE	Settha	
19	Assistant Ms.Choumali		Personal	Settha	
20	Dr.Sipaseuth	Technical	Curative	MOH	020:5608893

2. The Second JCC

Friday, June 13, 2008

Agenda for Joint Coordination Committee of Project for Medical Education and Research of the Setthathirath Hospital in the Lao PDR

1. Date: June 13th, 2008
2. Time: 10:00 – 12:00
3. Venue: Seminar Room, Setthathirath Hospital
4. Agenda and Timetable

Time	Agenda	Care of
10:00	Opening Remarks	Resident Representative of JICA Laos Office Mr. Hiroaki TAKASHIMA
10:10	Introduction of counterpart members for the Project and JICA Expert Team	Deputy Project Director Dr. Khampe PHONGSAVATH, MD. PhD. Chief Advisor JICA Expert Team Dr. Hirotaka Onishi
10:20	Explanation of Progress Report-I and Action Plan of 2 nd Year	Chief Advisor JICA Expert Team Dr. Hirotaka Onishi
11:00	Question, answers and discussion on Progress Report-I and Project Activities	Deputy Project Director Dr. Khampe PHONGSAVATH, MD. PhD.
11:50	Closing Remarks	Project Director Dr. Som Ock KINGSADA, MD. PhD.

Summery Report Second JCC on June 13, 2008

Discussion and Comments:

1. Dr.SomOck Kingsada, Director of SH
 - About clinical record management in hospital, there is a difficulty to follow all forms since previous JICA Project has created it. Some of them are duplicated to other official new forms, too many details to fill all pages in and no time to complete it. However, hospital should continue innovation in the future.

2. Dr.Khampe, Deputy Director of SH
 - About clinical record management in hospital, there is a difficulty to follow all forms since previous JICA Project has created it. Some
 - MESH project is giving good impact to Setthathirath Hospital, thank you very much.
 - The project made detail survey, or Setthathirath hospital would not know the week point.
 - Medical record management will be improved, organizing training management committee (TMC) is agreed and I will push all staff concentrate about this.

3. Dr.Phay, Head of Dept. of Medical Affair in SH
 - In Laos, the medical management is not a subject to learn directly in school. (As me never learn before) but now I do. We will learn through project and will improve our hospital in future.

4. Dr.Bounthavong, Head of Dept. of Academic Affair in UHS
 - If project have meeting about new curriculum of hospital system, please continue to invite us, not only SH but also University of Health Sciences to integrate the medical education.

5. Dr.Bounleue, Deputy Director of MCH hospital
 - I am very happy to participate this meeting today. This project is very good to improve medical education field.
 - MTU has very important role for studying and teaching, so that I need to do in my hospital even though we don't engage a project leader. I will learn from MESH or SH to improve my hospital, too.

6. Dr.Sing, Director of the Postgraduate in UHS
 - Organizing training management committee is important, if MESH Project faces to some difficulties on it, I would like to support the Project. Also, I would like to introduce what I learnt from Setthathirath Hospital to other hospitals.

7. Dr. Alongkone
 - 2nd and 3rd year students start using new curriculum and clinical skills innovated by Calgary University, but 4th and 5th students should have 1& half hour for clinical practice in hospital or more. 6th and 7th students are being trained in hospital and their communication skills are limited.

8. Mr. Kojima, Coordinator of JICA Nursing Project
 - What is the finding of the impact to medical students/ medical doctors from workload of nurse?

Answer from Dr. Onishi
 - It was just one of comments from interviews. Through our observation, also we understand that the demarcation of human personnel is not determined clearly, and it may affect the disorder in recording of medical history and management.

9. Dr. Phouthone, Vice Director of Dep. of Medicine in UHS
- Preceptors need in-service training and should be strengthened to teaching skill.
10. Dr.SomOck Kingsada, Director of SH
- University of Health Sciences has “Special Group Students” course, and this conception doesn’t reflect of medical human personnel development plan by Ministry of Health. The background of its course foundation was to grant the middle class parents’ request who want to bring their children to medical doctors. Consequently, MOH can not provide enough official medical position for graduates.
11. Dr.Bounthavong, Head of Dept. of Academic Affair in UHS
- Always introduction of new system is not easy and we need strong collaboration among 4 teaching hospitals.
12. Dr. Phouthone, Vice Director of Dep. of Medicine in UHS
- To manage a good clinical training, we need minimum training facility and medical teaching equipment.
13. Dr. XXXX in UHS
- Does the Project support the research activities on the postgraduate in the University?
- Answer from Dr. Onishi
- The Project title can be misleading the component of medical research, but the objective of the Project is strengthening the basic clinical competencies, such as communication skills to patients, physical examination. So that it may difficult to achieve the research activities of the postgraduate during the Project period.
14. Dr. Onishi
- Regarding to the Teaching Management Committee Member will be selected and discussed by the Project and counterparts and the first Teaching Management Committee will be hold in June 19, 2008.
 - Counterparts who are assigned and authorized by the last JCC shall be reconfirmed according to the new Japanese experts.

3. The Third JCC

Agenda for the 3rd Joint Coordination Committee
of
The Project for Medical Education and Research for
the Setthathirath Hospital, Lao P. D. R.

1. Date: March 10th, 2009
2. Time: 10:00 – 12:00
3. Venue: Seminar Room, Setthathirath Hospital

4. Agenda and Timetable

Time	Agenda	Care of
10:00	Opening remarks	Deputy Project Director Dr. Khampe PHONGSAVATH Chief Representative Mr.Hiroaki TAKASHIMA
10:10	Introduction of Lao counterpart members for the Project and JICA Expert Team	Deputy Project Director Dr. Khampe PHONGSAVATH, Chief Advisor, JICA Expert Team Dr. Hirotaka ONISHI
10:20	Overview and achievement of the Project activities of April 2008 - March 2009	Chief Advisor, JICA Expert Team Dr. Hirotaka ONISHI
11:00	Question, answers and discussion	Deputy Project Director Dr. Khampe PHONGSAVATH,
11:10	Annual work plan for April 2009 - March 2010	Chief Advisor, JICA Expert Team Dr. Hirotaka ONISHI
11:40	Question, answers and discussion	Deputy Project Director Dr. Khampe PHONGSAVATH
11:50	Closing remarks	Deputy Project Director Dr. Khampe PHONGSAVATH

Record of the third Joint Coordinating Committee

Date: 10-12am, Tuesday 10 March 2009

Venue: Conference Room 1, Setthathirath Hospital

1. Introduction of Lao counterpart members for the Project and JICA Expert Team

2. Opening remarks

Dr Khampe (Deputy Project Director)

We would like to welcome our honourable participants from MOH, UHS, JICA and other respectful guests. The project is coming to the end of the second project year. The project team has been in operation in Setthathirath Hospital, supported by the Japanese people, attempting to make a centre for medical education in this hospital. Today's session is to assess what we have done in this project year. If our performance is not satisfactory, we will see what we need to improve.

Mr Takashima (Chief Representative of JICA Lao Office)

It is a great honour to address my speech today. I would like to express my sincere appreciation to MOH, UHS and all other stakeholders who continuously support the Project. The Project has been active since December 2007. We have observed several activities such as MTU established in Setthathirath Hospital and the new Training Center. By improving teaching skills, we can create a model hospital for medical education. We would like you to achieve the Project Purpose and consequently creating quality doctors in this country. We hear from the Project members that most of your colleagues are enthusiastic. We hope you use the internal resource persons to make a sustainable system. This JCC will be an important meeting for the goal. I will appreciate comments and suggestions. I hope this JCC will be fruitful and successful.

3. Overview and achievement of the Project activities, April 2008 – March 2009

Dr Onishi (Chief Advisor of the Project) – for detail, refer to the appendix.

The idea of the Project Purpose is “Clinical teachers will be able to manage and train patient case by medical students and residents.” Three outputs have been set: Output 1 “educational environment improvement”; Output 2 “training management system improvement”; and Output 3 “capacity building of trainers”.

For Output 1, we have made MTUs more functional, reformed the medical library and established a framework of medical chart writing. Preparation of teaching materials and redefinition of case conferences are other achievements for Output 1. For Output 2, we have launched the training management committee and the vision and concept of clinical training.

For Output 3, we have conducted training-of-trainer workshops twice and monitoring of trainers by way of student questionnaire and external evaluation. Other activities include field survey to provincial hospitals and coordination with other partners such as Calgary University and Khon Kaen Hospital. Training center has been constructed for the use of clinical teaching.

4. Questions, answers and discussion

Dr Khampe: Dr Onishi explained real situations including strong points, weak points, opportunities and everything. However, according to my observation the same level of training would not happen in provincial hospitals. After opening of the Training Center, new evaluation system should be established because we still have many issues such as lack of space and selection of patients for case presentation. Other hospitals should be incorporated in teacher training. About evaluation of experienced teachers, I do not know if it is a good system but at least we can try. I am not sure about having more practice for students like 24 hours. For the future plan of sending students to provincial hospitals, we expect the project to offer training opportunities for the provincial teachers. For example, we have enough paediatricians in provincial hospitals in terms of number, but they need training.

Dr Aloungnadheth (UHS): I would like to congratulate Dr Onishi and the Project. I am impressed with what you have achieved in the level of chart and preceptors. About the future plan, please explain the reason why you think Oudom Xai Hospital does not have enough capacity.

Dr Adachi (Project): In our field survey, we observed that Oudom Xai Hospital did not have accommodation for students, and the local doctors did not have teaching experience. These are the reasons why we thought they were a bit behind in terms of preparedness, although Oudom Xai Hospital is still one of the candidates for receiving future medical students.

Dr Maytry (MOH): My concern is how to improve the capacity of doctors in the country. Maybe the Project should expand its activities to other hospitals, not only focusing on Setthathirath Hospital.

Dr Somchanh (MOH): I would like to congratulate Dr Onishi and his team as well. We are working on development of nursing programme. Do you think it is possible to reduce chief's duty hours from 24 hours to 12 hours? Another question is about quality assurance of medical education. In nursing, QA scheme is in operation in Luang Prabang, using guidebook and audit, and students evaluate teachers.

Dr Manivanh (UHS): I have three points to ask Dr Onishi. If students write a medical record, can the hospital use it? And please explain what these comments mean such as "Workload is heavy" and "More teaching".

Dr Onishi: About the first question from Dr Maytry, if you can extend your communication to the higher authority of the Japanese government, it may be achievable. For Dr Somchanh, I appreciate the idea of reducing duty hours. For quality assurance, it will be addressed in my next presentation. For Dr Manivanh, student's chart should be approved by supervisor's signature. About the comments on workload, the students think their working hour is more than that of previous students but it is worthwhile. About "More teaching", they want more discussion about the cases with the preceptors.

5. Annual work plan, April 2009 – March 2010

Dr Onishi

Overall perspectives are (1) utilisation of the Training Center, (2) introduction of case compiling system, (3) public relations, (4) holding TOT workshops for Vientiane and provincial hospitals, (5) holding seminars and (6) preparation for the Midterm Evaluation which takes place in June 2009.

Besides, we have an impression that the current Project Design Matrix should be modified so that it reflects the current activities of the Project, which we try to adapt to the situations of Lao medical education.

For Output 1, our attention is on MTU activities, medical chart, teaching materials and medical library reform.

For Output 2, we will continue our activities on Training Management Committee, vision/concept of clinical training and medical education seminar. For internal monitoring, we hope to have contributors from UHS and Setthathirath Hospital and to have approval from MOH. We are thinking of adopting WFME Global Standards for internal monitoring.

For Output 3, we will hold TOT workshops in Setthathirath Hospital as well as in provinces and conduct monitoring for trainers.

6. Questions, answers and discussion

Dr Khampe: I want to emphasise the importance of training of trainers, particularly developing professionalism. We would like UHS to guide this hospital. We are not familiar with the WFME Standard and need ideas about it.

Dr Oukeo (Setthathirath): About students' medical chart writing in Output 1, we can include indicators such as how many charts a student writes.

Dr Onishi: That is a good idea. We are also thinking about adding the quality of information written in the chart.

Dr Khampe: I have a big concern about chart writing. The current chart which we adopted from the previous JICA project still has problems, and I am thinking about changing outpatient chart as well.

Dr Jimba (Project): I would like to make sure if both Lao and Japanese parties really agree to modify the current PDM, which is proposed by Dr Onishi.

Dr Khampe: We will follow up the discussion.

About the modification of the PDM, no objection was expressed during the meeting.

7. Closing remarks

Dr Khampe: Patient care and medical education are both important. We need to extend our activities. I would like to thank JICA and all participants. It is time to close this meeting.

Attendant List for the 3rd JCC of the Project for Medical Education and Research of the Setthathirath Hospital in the Lao PDR

Setthathirath Hospital	
Dr. Som Ock KINGSADA	Director
Dr. Khampe PHONGSAVAT	Vice Director
Dr. Vang Yer NENGMONGVANG	Vice Director
Dr. Kongsinh AGGHARATH	Coordinators, International Affair, Deputy Chief of Pediatrics
Dr. Phay DOUANGSY	Chief of General Affair
Dr. Khamta LARNEKHAMMY	Chief of Laboratory
Dr. Oukeo KHOUNTHALIVONG	Chief of OPD and Endoscopy
Dr. Soulideth SENGCHAN	Deputy Chief of Pediatrics
Dr. Bounmy SOMSAMOUTH	Deputy Chief of Internal Medicine I
Dr. Sonchan	Internal Medicine I
Dr. Thavone CHANTHASONE	Surgery
Dr. Khamsavanh KHOTSAY	Deputy Chief of Medical Affair
Dr. Somphet CHANDAMANY	Anesthesiology/ER
Dr. Sisomphone TANDAVONG	Deputy Chief of Outpatient Dept.
Dr. Oukham APHAYYALATH	Internal Medicine II
Dr. Bounthieng APHAY	Chief of Ob/Gy
University of Health Science	
Dr. Sing MENORATH	Vice Director of Dep. of Med
Dr. Phouthone SITTHIDETH	Vice Director of Dep. of Med
Dr. Alouyadeth SITTHIPHANH	Vice Director of Dep. of Med
Dr. Thongdy LOUANGLATH	Vice Director of Dep. of Med
Dr. Manivanh SOUPHANTHONG	Dean Dep. of Med
Dr. Vonphet LOUANGXAY	Vice Dean Dep. of Med
Dr. Alongkone PHENGSAVANH	Director of Dep. of Postgraduate Study and Research Center
Dr. Visanou HANSANA	Vice Director of Dep. of Postgraduate Study and Research Center
Dr. Ketsomsouk BOUPHAVANH	Deputy Head of Dep. of Academic Affairs
Dr. Bouthavong PHENGSIOMBOUN	Head of Dep. of Academic Affairs
Dr. Oua PHIMMASARN	Trainee in Japan
Dr. Aisouphanh LOUANGRATH	Deputy Head of Administration Division
Ministry of Health	
Dr. Somphone PHOUNSAVATH	Director, Department of Curative Medicine MOH

Teaching Hospitals	
Dr. Bounleua PHILAVONG	Director, Mother & Child hospital
Other Donors and Cooperators	
Mr. SUGISITA	Embassy of Japan,
Mr. Hiroaki TAKASHIMA	Chief Representative, JICA Laos Office
Mr. Kaori OSONE,	Representative, JICA Laos Office
Dr. Shinichiro NODA	JICA Project Team Leader (MOH/JICA Technical Cooperation on Capacity Development for Sector-wide Coordination in Health)
Mr. Kenichi TSUNODA	JICA Project Coordinator (MOH/JICA Technical Cooperation on Capacity Development for Sector-wide Coordination in Health)
Dr. Kazuyo SATO	JICA Project Team Leader (Project for Human Resource Development of Nursing/Midwifery)
Mr. Shinichiro KOJIMA	JICA Project Coordinator (Project for Human Resource Development of Nursing/Midwifery)
Ms. Naomi SHIMIZU	SV in Setthathirath Hospital

4. The Fourth JCC

The Project for Medical Education and Research for the Setthathirath Hospital

Agenda for the 4th Joint Coordination Committee

of

The Project for Medical Education and Research for the Setthathirath Hospital, Lao P.D.R

1. Date: 2009/6/25
2. Time : 10:00 am ~ 13:30pm
3. Venue: Conferences Room I at Setthathirath Hospital
4. Agenda and Timetable

Time	Agenda	Care of
10:00	Opening Remark	1.Deputy Project Director, Assoc.Prof. Dr.Khampe PHONGSAVATH, Vice Director of SH 2.Leader the Mid---- Term Review team,JICA Dr.Mitsuhiro USHIO
10:10	Introduction of Lao counterpart members for the Project and JICA Expert Team	1.Deputy Project Director, Assoc.Prof. Dr.Khampe PHONGSAVATH, Vice Director of SH 2.Chief Advisor,JICA Expert Team Dr.Hirotaka ONISHI
10:20	Overview and achievement of the Mid term Review	Member of Review Mid term Team Ms.Erika TANAKA and Ms.Haruka SINDO
11:00	Question, answers and Discussion	1.Assoc.Prof. Dr.Khampe PHONGSAVATH Vice Director of SH
11:30	Signing minute of Meeting	1.Assoc.Prof. Dr.Khampe PHONGSAVATH, Vice Diretor 2.Leader the Mid Term Review team,JICA Dr. Mitsuhiro USHIO
11:45	Speech	1.Contruction Co. 2.JICA 3.Setthathirath Hospital 4.JICA open building
12:00	Tape cut and site Tour	Dirrector of Setthathirath Hospital Assoc.Prof Dr.SomOck KINGSADA Chief Representative of JICA Lao office Mr.Hiroaki TAKASHIMA
12:30	Basi Cerimony	
12:50	Lunch	

JOINT MID-TERM REVIEW REPORT
ON THE JAPANESE TECHNICAL COOPERATION PROJECT FOR
MEDICAL EDUCATION AND RESEARCH FOR THE SETTHATHIRATH HOSPITAL
IN THE LAO PEOPLE'S DEMOCRATIC REPUBLIC

Ministry of Health
Lao People's Democratic Republic

and

Japan International Cooperation Agency (JICA)

June 25, 2009

THE ATTACHED DOCUMENT

I. INTRODUCTION

The Team conducted Mid-Term Review from June 10 to 26, 2009 in order to review the achievements of the Project in terms of relevance, effectiveness, efficiency, impact and sustainability. Through discussion, interviews, questionnaire survey and field survey, the Team concluded the results on the Joint Review Report (see the Annex 1).

II. Evaluation by Five Criteria

- 1) Relevance is high in terms of policy and needs in the Lao PDR, Japanese policy of Official Development Assistance to the Lao PDR, and project design.
- 2) Effectiveness is generally high at this moment.
- 3) Efficiency is high.
- 4) It is still difficult to judge the prospect of achievement of Overall Goal (Impact) at the time of the Mid-Term Review.
- 5) Sustainability is expected.

III. Revision of PDM

Through the process of the Mid-Term Review, PDM was revised on the mutual discussion and understanding. The main points of revision are shown as below. The overall logic of PDM has not been changed although some expressions were modified to be clearer and better incorporate interpretation of PDM. For the revised PDM, see Annex 4.

PDM element	Revision in PDM1
Overall Goal	Objectively Verifiable Indicators and Means of Verification are modified so that achievement of Overall Goal can be evaluated more clearly and necessary data can be collected.
Project Purpose	Means of Verification are modified so that necessary data can be collected.
Output	Objectively Verifiable Indicators are revised so that Indicators better reflect output of actual activities. Objectively Verifiable Indicators for Output 1 are completely revised as those in PDM0 were not very clear and they were not directly related to actual activities affiliated to Output 1. Indicators for Output 2 and 3 are modified as well. Means of Verification for Output 1 to 3 are also revised according to the revision of Indicators.
Activities	Activities affiliated to all three Outputs are modified, based on agreed interpretation of each Output and actual activities already taking place.
Important Assumptions	Important assumptions from Project Purpose to Overall Goal and from Overall Goal to Super Goal are revised, taking actual environment into consideration. Important Assumption to sustain Super Goal is eliminated as it is difficult to define Important Assumption at this moment.

IV. RECOMMENDATIONS

Based on the results of the Mid-Term Review, the following recommendations are presented to further improve the Project during the remaining period.

To MOH

- MOH should ensure the allocation of necessary budget to the University of Health Sciences and teaching hospitals for sustainability of the Project.

To MOH and the University of Health Sciences

- MOH and the University of Health Sciences should make further effort to continue and expand the Family Medicine Specialist Program to improve community health care.

To the Setthathirath Hospital

- The Setthathirath Hospital should make continuous efforts to improve patient care and hospital management to ensure the quality of medical education.

To the Project

- The Project should establish operation and maintenance system of the Clinical Learning Center and the library, with involvement of the University of Health Sciences.
- The Project should further enhance activities of MTU and TMC with strong ownership of the Lao side.
- The Project should continuously enhance the involvement of the University of Health Sciences and all teaching hospitals to expand the activities at the Setthathirath Hospital, to enhance sustainability, and to achieve Overall Goal.
- The Project should actively promote its activities and achievements so that the Setthathirath Hospital is functioning as a model of medical education, through a variety of opportunities.

Annex 4: PDM₁

Project Name : Project for Medical Education and Research for the Seththathirath Hospital in the Lao PDR Target Group : Doctors involved in clinical training

Target Area : Seththathirath Hospital Project Period : 2007 – 2010 (3 years) Date : 25 June, 2009

Version : No. 1

Narrative Summary		Objectively Verifiable Indicators		Means of Verification		Important Assumptions	
Super Goal Skills, knowledge, and attitude of medical doctors in the whole country are improved.		<ol style="list-style-type: none"> The number of patients coming to district hospitals increases. The number of medical doctors at district hospitals increases. 		<ol style="list-style-type: none"> Annual Report from Ministry of Health Annual Report from Ministry of Health 			
Overall Goal Quality of clinical training for medical doctors in the Lao PDR is improved.		<ol style="list-style-type: none"> Achievement of undergraduate / Family Medicine Specialist Programs increases. 		<ol style="list-style-type: none"> Comparison of baseline and end surveys 		Family Medicine Specialist Program is continued	
Project Purpose Quality of undergraduate clinical trainings and early postgraduate clinical trainings for those who graduated from Faculty of Medical Sciences within two years at the Seththathirath Hospital is improved.		<ol style="list-style-type: none"> Satisfaction of trainees who completed clinical trainings at the Seththathirath Hospital increases. Evaluation (Reputation) of clinical training at the Seththathirath Hospital from the professional organization is enhanced 		<ol style="list-style-type: none"> Report of evaluation by medical students/ family medicine residents in issued by Academic Affair of University of Health Sciences Hearing survey from other teaching hospitals and MOH 		The number of medical students are not increased drastically	
Outputs		<ol style="list-style-type: none"> 1-1. The number of monthly book for loan in library (target: 4 books per student per year) 1-2. Status of textbooks use in the clinical education 1-3. Status of usage of Clinical Learning Center and simulators 1-4. The percentage of blanks in the medical records decreases. 2-1 The number of TMC meetings (target: 60) 2-2 Frequency of re-write weekly schedule related with Medical Teaching Unit (MTU) (target: once a week) 2-3 Medical students/family medicine residents feel that training by clinical trainers improved. 2-4 Findings used for further improvement in Internal Monitoring 2-5 Human Resource Technical Working Group (HR-TWG) recognizes the clinical education model in Seththathirath Hospital as a model 3-1 The number of Medical Education Seminars (target: 8 times) 3-2 The number of TOT workshops (target: 15 times) 3-3 The number of monitoring for clinical trainers (target: 8 times) 3-4 Clinical trainers feel TOT has improved teaching skills 3-5 The number of issued newsletters and posters (7 and 1 time respectively) 		<ol style="list-style-type: none"> 1-1. List for loan-out books from the library 1-2. Hearing from clinical trainers 1-3. Hearing from clinical trainers 1-4. Sampling survey results of medical record in four major departments 2-1. Record of TMC meetings 2-2. Frequency of re-writing schedule board 2-3. Hearing from medical students/residents 2-4. Minutes of Internal Monitoring 2-5. Minutes of HR-TWG meetings 3-1. Programs of Medical Education Seminars and TOTs 3-2. TOT programs 3-3. Monitoring reports of clinical trainers 3-4. Hearing from clinical trainers 3-5. Newsletters and posters 		The MOH continues to secure the budget for the clinical trainings at the educational hospitals.	
<ol style="list-style-type: none"> The training management system is improved at the Seththathirath Hospital. 							
<ol style="list-style-type: none"> Capacities of trainers of clinical trainings for medical students/doctors are strengthened. 							

<p>Activities</p> <p>1-1 Conduct baseline survey on clinical training for medical doctors.</p> <p>1-2 Produce textbooks to acquire standardized basic clinical competencies</p> <p>1-3 Activate the library to utilize reference books</p> <p>1-4 Build Clinical Learning Center and provide practical training using simulators</p> <p>1-5 Improve the contents and management system of medical records</p> <p>1-6 Develop learning materials for case conference or references for medical students/residents</p> <hr/> <p>2-1 Develop the mission of clinical training for medical education viewpoint at the Seththairath Hospital.</p> <p>2-2 Establish a new committee (Teaching Management Committee: TMC) in charge of clinical training.</p> <p>2-3 Hold monthly TMC meetings for clinical training.</p> <p>2-4 Accumulate the minutes of TMC meetings</p> <p>2-5 Improve the function of Medical Teaching Unit (MTU)</p> <p>2-6 Establish Internal Monitoring system.</p> <p>2-7 Promote project outputs through the Human Resource Technical Working Group organized by Ministry of Health</p> <hr/> <p>3-1 Develop the programs of trainings of trainers (TOT).</p> <p>3-2 Prepare teaching materials for TOT.</p> <p>3-3 Conduct TOT for medical doctors working for four teaching hospitals and provincial hospitals.</p> <p>3-4 Organize Medical Education Seminar for clinical trainers</p> <p>3-5 Set up the monitoring criteria for clinical trainers who participate in TOT.</p> <p>3-6 Monitor and evaluate clinical trainers who participated in TOT.</p> <p>3-7 Disseminate the idea of medical education through newsletters and a poster</p>	<p>Inputs</p> <p>Japanese side</p> <p>1. Experts</p> <ul style="list-style-type: none"> - Chief Advisor - Medical Education - Pedagogy - Evidence Based Medicine - Epidemiology - Internal Medicine - Medical Record Management - Emergency Medicine - Clinical Laboratory - Clinical Pathology - Training Management and Evaluation <p>Note: The number of experts will be smaller than the number of above-mentioned fields, because some experts will be in charge of several fields. At the moment, such envisaged examples are as follows:</p> <ul style="list-style-type: none"> - Chief Advisor/ Medical Education/Pedagogy - Evidence Based Medicine/Epidemiology <p>2. Training of counterpart personnel in Japan</p> <ul style="list-style-type: none"> - Medical Education <p>3. Equipment/materials</p> <ul style="list-style-type: none"> - Equipment for Medical Education - Equipment for Clinical Medicine for Educational Purposes 	<p>Lao side</p> <p>1. Personnel</p> <ul style="list-style-type: none"> - Project Director - Project Manager - Counterpart personnel <p>2. Provision of the project office and facilities necessary for the implementation of the project</p> <p>3. Others</p> <ul style="list-style-type: none"> - Administrative and operational costs - Running costs for electricity, water, etc. 	<p>1. Clinical trainers continue working as teaching doctors.</p> <p>2. The number of patients is not reduced drastically at the Seththairath Hospital.</p> <hr/> <p>Pre-conditions</p> <p>Cooperation and agreement on the project implementation are obtained from the MOH.</p>
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Mid-Term Review

Mid-Term Review Team
Medical Education and Research for
the Setthathirath Hospital in the Lao PDR

JICA

Mid-Term Review Procedure

- Implementation Process
- Achievements
- Evaluation on Five Criteria
- PDM revision
- Recommendations

Implementation Process

- Activities are implemented as planned
- TMC/JCC are well functioning
- Communications between Lao and Japanese side are good
- Collaboration with related organization is good

Output 1

Knowledge and know-how on clinical training of the Setthathirath Hospital as a teaching hospital is expanded.

- Foundations necessary for medical education is being built up
 - * Management system of Hospital
 - * Format for clinical record
 - * Learning resources on medical education

Output 2

The training management system is improved at the Setthathirath Hospital.

- Training management system is gradually being improved
 - * MTU is being strengthened
 - * TMC is established and held regularly, with initiative of Lao side
 - * TOT workshops were organized

Output 3

Capacities of trainers of clinical trainings for medical students/doctors are strengthened.

- Capacities of doctors/preceptors are being enhanced
 - * 105 doctors/preceptors participated in two TOT workshops
 - * Knowledge and skills on medical education of TOT participants have been improved (taking history, OSCE, small-group discussions)

**Recommendations
(To MOH)**

- To allocate necessary budget to the University of Health Sciences and teaching hospitals for sustainability of the Project

**Recommendations
(To MOH and UHS)**

- To continue and expand the Family Medicine Specialist Program to improve community health care

**Recommendations
(To Setthathirath Hospital)**

- To improve patient care and hospital management to ensure the quality of medical education

**Recommendations
(To Project)**

- To establish operation and maintenance system of the Clinical Learning Center and library, with UHS
- To further enhance activities of MTU and TMC with strong ownership of the Lao side
- To enhance the involvement of UHS and all teaching hospitals to expand the activities at the Setthathirath Hospital, for sustainability
- To promote activities and achievements so that SH is functioning as a model of medical education

Thank you for your attention!

MINUTES OF MEETINGS
BETWEEN THE JAPANESE MID-TERM REVIEW TEAM AND
THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE LAO PEOPLE'S DEMOCRATIC REPUBLIC
ON THE JAPANESE TECHNICAL COOPERATION
FOR THE PROJECT FOR MEDICAL EDUCATION AND RESEARCH
FOR THE SETTHATHIRATH HOSPITAL

The Japanese Mid-Term Review Team (hereinafter referred to as "the Team"), organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Mitsuhiro USHIO, visited the Lao People's Democratic Republic from 10 June to 26 June, 2009. The purpose of the Team was to monitor the activities and review the achievements made so far in the Project for Medical Education and Research for the Setthathirath Hospital (hereinafter referred to as "the Project").

During its stay, both the Team and the authorities concerned of the Lao People's Democratic Republic (hereinafter referred to as "both sides") had a series of discussions and exchanged views on the Project. Both sides jointly monitored the activities and reviewed the achievement based on the Project Design Matrix (hereinafter referred to as "PDM").

As a result of the discussions, both sides agreed upon the matters referred to in the Joint Mid-Term Review Report of the Project attached hereto and the revision of the PDM version 1 as endorsed by JCC (Joint Coordinating Committee Meeting) on the 25th of June, 2009.



Vientiane, June 25, 2009

牛尾 光宏

Dr. Mitsuhiro USHIO
Leader
The Mid-Term Review Team
Japan International Cooperation Agency
Japan

Ms. Chanthanome MANODHAM
Director of Cabinet,
Ministry of Health
Lao People's Democratic Republic



Assoc. Prof. Dr. SomOck KINGSADA
Director,
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Ministry of Health
Lao People's Democratic Republic

THE ATTACHED DOCUMENT

I. INTRODUCTION

The Team conducted Mid-Term Review from June 10 to 26, 2009 in order to review the achievements of the Project in terms of relevance, effectiveness, efficiency, impact and sustainability. Through discussion, interviews, questionnaire survey and field survey, the Team concluded the results on the Joint Review Report (see the Appendix 1).

II. Evaluation by Five Criteria

- 1) Relevance is high in terms of policy and needs in the Lao PDR, Japanese policy of Official Development Assistance to the Lao PDR, and project design.
- 2) Effectiveness is generally high at this moment.
- 3) Efficiency is high.
- 4) It is still difficult to judge the prospect of achievement of Overall Goal (Impact) at the time of the Mid-Term Review.
- 5) Sustainability is expected.

III. Revision of PDM

Through the process of the Mid-Term Review, PDM was revised on the mutual discussion and understanding. The main points of revision are shown as below. The overall logic of PDM has not been changed although some expressions were modified to be clearer and better incorporate interpretation of PDM. For the revised PDM, see Annex 4.

PDM element	Revision in PDM1
Overall Goal	Objectively Verifiable Indicators and Means of Verification are modified so that achievement of Overall Goal can be evaluated more clearly and necessary data can be collected.
Project Purpose	Means of Verification are modified so that necessary data can be collected.
Output	Objectively Verifiable Indicators are revised so that Indicators better reflect output of actual activities. Objectively Verifiable Indicators for Output 1 are completely revised as those in PDM0 were not very clear and they were not directly related to actual activities affiliated to Output 1. Indicators for Output 2 and 3 are modified as well. Means of Verification for Output 1 to 3 are also revised according to the revision of Indicators.
Activities	Activities affiliated to all three Outputs are modified, based on agreed interpretation of each Output and actual activities already taking place.
Important Assumptions	Important assumptions from Project Purpose to Overall Goal and from Overall Goal to Super Goal are revised, taking actual environment into consideration. Important Assumption to sustain Super Goal is eliminated as it is difficult to define Important Assumption at this moment.

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IV. RECOMMENDATIONS

Based on the results of the Mid-Term Review, the following recommendations are presented to further improve the Project during the remaining period.

To MOH

- MOH should ensure the allocation of necessary budget to the University of Health Sciences and teaching hospitals for sustainability of the Project.

To MOH and the University of Health Sciences

- MOH and the University of Health Sciences should make further effort to continue and expand the Family Medicine Specialist Program to improve community health care.

To the Setthathirath Hospital



- The Setthathirath Hospital should make continuous efforts to improve patient care and hospital management to ensure the quality of medical education.

To the Project

- The Project should establish operation and maintenance system of the Clinical Learning Center and the library, with involvement of the University of Health Sciences.
- The Project should further enhance activities of MTU and TMC with strong ownership of the Lao side.
- The Project should continuously enhance the involvement of the University of Health Sciences and all teaching hospitals to expand the activities at the Setthathirath Hospital, to enhance sustainability, and to achieve Overall Goal.
- The Project should actively promote its activities and achievements so that the Setthathirath Hospital is functioning as a model of medical education, through a variety of opportunities.

Appendix 1: Joint Mid-Term Review Report

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Appendix 1

JOINT MID-TERM REVIEW REPORT
ON THE JAPANESE TECHNICAL COOPERATION PROJECT FOR
MEDICAL EDUCATION AND RESEARCH FOR THE SETTHATHIRATH HOSPITAL
IN THE LAO PEOPLE'S DEMOCRATIC REPUBLIC

Ministry of Health
Lao People's Democratic Republic

and

Japan International Cooperation Agency (JICA)

June 25, 2009

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Two handwritten signatures in black ink, one on the left and one on the right, positioned below the date.

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1. Introduction
 - 1.1 Objectives of Mid-Term Review
 - 1.2 Composition of the Team
 - 1.3 Outline of the Project
 - 1.4 Methodology of Evaluation

2. Evaluation
 - 2.1 PDM for Evaluation
 - 2.2 Input
 - 2.3 Implementation Process
 - 2.4 Achievements
 - 2.5 Evaluation by Five Criteria

3. Revision of PDM

4. Recommendations

ANNEX

Annex 1: PDM Version 0

Annex 2: List of Inputs

- 2-1 Counterpart Allocation
- 2-2 Dispatch of Japanese Experts
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- 2-4 Provision of Equipment and Materials
- 2-5 Project Cost

Annex 3: Results of Activities

Annex 4: Revised PDM (PDM 1)

Annex 5: Schedule of Mid-Term Review Study

1. Introduction

1.1 Objectives of the Mid-Term Review

The Government of the Lao People's Democratic Republic (Lao PDR) stated in "Health Strategy 2020" to ensure that all Lao people have access to health care 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.

The 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 post graduate medical doctors. Japan provided support to the Setthathirath Hospital through grant-aid and technical cooperation projects to contribute to improve health and medical care services. In September 2004, the 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 (now the University of Health Sciences).

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.

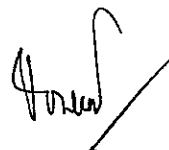
Under these circumstances, the Government of the Lao People's Democratic Republic has submitted a proposal to the Government of Japan for the Technical Cooperation Project for Medical Education and Research of the Setthathirath Hospital (hereinafter referred to as "the Project"), and the Project is now in practice.

As nearly one year and half have passed since the Project was launched, the Mid-Term Review Team was dispatched to achieve the objectives below.

The objectives of the Mid-Term Review are:

- 1) To review the progress of the Project and evaluate the achievement in accordance with the five evaluation criteria (relevance, effectiveness, efficiency, impact, and sustainability)
- 2) To identify the promoting factors and inhibiting factors of achievements of the Project
- 3) To discuss the future plan for the Project together with Lao side based on the review and analysis result above and to revise the Project Design Matrix (PDM)
- 4) To summarize the result of the study in Joint Mid-Term Review Report

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For the schedule of the Mid-Term Review Study, see Annex 5.

1.2 Composition of the Team

<Japanese Side>

Name	Designation	Title and Affiliation	Duration of Survey
Dr. Mitsuhiro USHIO	Leader	Executive Technical Advisor to the Director General, Human Development Department, JICA	2009/6/20 ~ 2009/6/26
Ms. Haruka SHINDO	Cooperation Planning	Health Human Resources Division, Health Human Resources and Infectious Disease Control Group, Human Development Department, JICA	2009/6/20 ~ 2009/6/26
Ms. Erika TANAKA	Evaluation Analysis	Researcher, Social Development Dept., Global Link Management	2009/6/10 ~ 2009/6/26

<Lao Side>

Name	Title and Affiliation
Dr. Phisith PHOUTSAVATH	Technical Staff, Department of Curative Medicine
Dr. Bounheuang PHONGSAVATH,	Technical Staff, Department of Organization & Personnel
Dr. Somphet VANITTHACHONE	Technical Staff, Department of Planning & Finance

1.3 Outline of the Project

The Project has been carried out since December 2007 for the period of three years. The expected Overall Goal, Project Purpose and Outputs written in PDM0 are as follows.

Overall Goal (a purpose which will be attained after the completion of the Project):
Quality of clinical training for medical doctors in the Lao PDR is improved.

The Project Purpose:

Quality of undergraduate clinical trainings and early postgraduate clinical trainings for those who graduated from Faculty of Medical Sciences within two years at the Setthathirath Hospital is improved.

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Outputs

- (1) Knowledge and know-how on clinical training of Setthathirath Hospital as a teaching hospital is expanded.
- (2) The training management system is improved at the Setthathirath Hospital.
- (3) Capacities of trainers of clinical trainings for medical students/doctors are strengthened.

1.4 Methodology of Evaluation

The Japanese Mid-Term Review Team conducted surveys at the project sites through questionnaires and interviews to the counterpart personnel, other related organizations and the Japanese experts involved in the Project to review the Project.

Both Lao and Japanese sides jointly analyzed and reviewed the Project, based on the Project Cycle Management (PCM) concept. Evaluation is based on PDM Version 0 (Annex 1), which was developed in 8 October 2007. Both sides jointly analyzed the achievements of the Project, evaluated the Project based on the Five Criteria for Evaluation, and finally, made a set of recommendations, including revision of PDM. For the revised PDM (PDM1), see Annex 4.

Both sides reviewed all activities and achievements, and evaluated the Project based on the following five aspects.

Table 2: Five Evaluation Criteria

Criteria	Description
(1) Relevance	Relevance of the Project is reviewed by the validity of the Project Purpose and Overall Goal in connection with the government development policy and the needs in the Lao PDR.
(2) Effectiveness	Effectiveness is assessed to what extent the Project has achieved its Project Purpose, clarifying the relationship between the Project Purpose and Outputs.
(3) Efficiency	Efficiency of the Project implementation is analyzed with emphasis on the relationship between Outputs and Inputs in terms of timing, quality and quantity.
(4) Impact	Impact of the Project is assessed in terms of positive/negative, and intended/unintended influence caused by the Project.
(5) Sustainability	Sustainability of the Project is assessed in terms of political, financial and technical aspects by examining the extent to which the achievements of the Project will be sustained after the Project is completed.

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2. Evaluation

2.1 PDM for evaluation

Evaluation was conducted based on PDM Version 0 (PDM0). For PDM0, see Annex 1.

2.2 Input

Inputs are shown in Annex 2-1 to 2-5.

2.3 Implementation Process

The Project implementation Process has been generally smooth.

Activities have been implemented based on the Plan of Operation (PO). As description of some activities in the PDM was not clear, Japanese experts had discussions on the interpretation of PDM description and implement activities based on the agreed interpretation suitable in actual situation in the Lao PDR. For example, there is no internationally recognized definition of evidence-based medicine (EBM) and EBM can be interpreted in many ways. Therefore, the Project interpreted activities related to EBM as strengthening basic clinical abilities, and implemented activities based on this interpretation, for example, building up learning resources as reference basis for diagnosis and other clinical skills.

The implementation system of the Project is functioning well. The Project set up Training Management Committee (TMC). TMC is held regularly, once a week, and Lao counterparts and Japanese experts have discussions on Project implementation as well as technical matters on medical education. The Project held Joint Coordinating Committees (JCC) three times so far, where Lao counterparts and Japanese experts shared information and had discussion and agreement on the plan, progress, and achievements of the Project. It is expected that TMC and JCC will work as an opportunity to solve problems in Project implementation although the Project has not encountered a major obstacle in implementation so far.

The Project refers to PDM and PO as a framework of Project implementation. Japanese experts frequently review Project implementation based on PDM and PO and share interpretation of PDM description with Lao counterparts, therefore both sides have common understanding on Project implementation although the majority of counterparts do not see PDM very often.

The relations between Lao counterparts and Japanese experts have been very good. Communication is generally smooth although they sometimes have language difficulties. Local staff hired by the Project has made great contribution to establish favorable relations in the Project in that they work as interpreter and they are familiar with local situations including medical education.

Both sides have strong commitment to implement the Project. Japanese experts have adequate expertise and experiences to transfer knowledge and skills, while doctors and preceptors at the Setthathirath Hospital have high motivation to learn new education method. The Project

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promotes involvement of the University of Health Sciences and three other teaching hospitals, namely, Mahosot, Mittaphab, and Mother and Child Health Hospital, which accelerated smooth and effective progress of the Project. Directors of all four teaching hospitals as well as staff of the University of Health Sciences provided favorable support to the Project. The Project invited some preceptors at other teaching hospitals to Training of Trainers (TOT) workshops, and they also show great understanding to the Project and actively utilize the results of the workshops.

Collaboration with related organizations is also good. At the Ministry of Health (MOH), Human Resource Technical Working Group (HR-TWG) was launched in March 2009, with participation of relevant personnel at MOH and assistance agencies. Japanese experts regularly attend the HR-TWG meeting and made presentation on the Project at the meeting held in June 2009. The Project attends meetings held among JICA's projects in health sector to share information useful in project implementation. In addition, the Project translated three medical textbooks from Thai to Lao through cooperation with the Medical Education Center of Khon Kaen Hospital in Thailand.

The Project also has collaborative relations with other assistance organizations that have cooperation programs at the Setthathirath Hospital and the University of Health Sciences. At the Setthathirath Hospital, Calgary University has provided assistance in the Family Medicine Specialist Program for ten years. The Project and Calgary University frequently have discussions to coordinate activities of both Canadian and Japanese cooperation. Their joint activities include workshop on medical education in September 2009 and revision of teaching materials. The Project also shares information and has discussions to coordinate activities with the World Health Organization (WHO), the World Bank, and Health Frontier, an American NGO.

To disseminate the information on the Project activities, the Project have issued newsletters, compiled with the initiative of the Lao counterparts.

2.4 Achievements

2.4.1 Results of Activities

Activities were implemented based on PDM. For details, see Annex 3.

2.4.2 Achievements of Outputs

Output 1: Knowledge and know-how on clinical training of the Setthathirath Hospital as a teaching hospital is expanded.

Output 1 is interpreted as building up foundations necessary for medical education, that is, enhancing human resources, learning resources, training opportunities, and training environment such as facilities. In this context, it can be said that the Output 1 is being achieved. The management system of the Hospital is being improved through better management of working

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schedule of hospital staff and assignment of conference rooms. The format of clinical records has been revised to be better utilized in medical education. Materials on medical education were developed and translated. The library within the Hospital has been enhanced with teaching materials purchased and newly developed by the Project.

For the achievements of Objectively Verifiable Indicators for Output 1, see Table 3. It should be noted that the Objectively Verifiable Indicators for Output 1 do not fully reflect the results of activities of the Project. As the description of Objectively Verifiable Indicators of Output 1 and activities affiliated to Output 1 was not very clear, the Project discussed their meaning and reached a conclusion that Output 1 is to lay the foundation of medical education, as mentioned before. With this direction, the Project reviewed PDM and incorporated the agreed interpretation into the revised PDM (PDM1).

Table 3: Achievement of Output 1 Objectively Verifiable Indicators

Indicator	Achievement
1-1 The number of doctors who receive training for evidence-based medicine increases.	To build up foundation and environment to introduce evidence-based medicine (EBM), seminars on EBM were held during Training in Japan in April 2008 and at workshop on medical education in September 2008. A total of 43 doctors participated in them.
1-2 The number of pathological diagnosis increases.	Monthly average of cytology samples are 209 in 2007, 210 in 2008, and 210 in 2009 (as of May), respectively. Monthly average of histology samples are 21 in 2007, 12 in 2008, and 10 in 2009 (as of May). The number of pathological diagnoses stays at a constant level.
1-3 The number of transferred patients from other hospitals increases.	Monthly average of patients transferred to the Setthathirath Hospital from other hospitals are; 249 during the period from October 2006 to September 2007, 266 from October 2007 to September 2008, and 244 from October 2008 to May 2009. The average number of patients is rather stable. This is mainly because each hospital has its own specialty areas and patients are usually transferred to the hospital suitable to their conditions.
1.4 The number of compiled clinical cases increases.	Records of clinical cases are being accumulated. The significance of this indicator is not clear. The Project is reviewing this indicator.

Output 2: The training management system is improved at the Setthathirath Hospital.

The training management system is gradually being improved at the Setthathirath Hospital. The Project defined Medical Teaching Unit (MTU) as a basis of medical education. MTU existed already at the start of the Project but its role was not very clear and its activities were not highly

recognized. After the Project began, medical education through MTU is being strengthened. The Project newly set up TMC at the Setthathirath Hospital for medical training and smooth implementation of the Project. TMC is held regularly. Even in the period in which no Japanese expert is assigned, TMC was held with the initiative of Lao counterparts with discussion records completed. In the interview during the Mid-Term Review, some counterparts expressed that they learned the know-how of meeting management and their ability to operate meetings has been improved.

Details of indicators related to Output 2 are as follows.

Table 4: Achievement of Output 2 Objectively Verifiable Indicators

Indicator	Achievement
2-1 The number of monthly meetings for clinical training is increased.	MTU was defined as a unit of activities on clinical training. Currently 2 MTUs are set up for internal medicine, 3 for surgery, 2 for pediatrics, and 3 for Intensive Care Unit, respectively. Most MTUs have clinical training every day.
2-2 The number of seminars/meetings held among relevant organizations is increased.	Three days' TOT workshops were held in 2008 and 2009. A seminar on medical education was held in 2008. TMC was established as a core unit to manage training and related activities of the Project. At the time of Mid-Term Review, 30 TMC meetings were held and the records of discussions of each TMC were compiled.

Output 3: Capacities of trainers of clinical trainings for medical students/doctors are strengthened.

It is evaluated through interview and Project records that the capacities of doctors and preceptors on medical education are being enhanced. The Project conducted two TOT workshops and more than 50 doctors/preceptors participated in each course. Quite a few interviewed participants stated that they had not attended a similar workshop before and they saw improvement in their knowledge and skills on clinical education such as taking history, objectively structured clinical examination, and facilitation of small-group discussions. One preceptor commented that, after TOT, he can let his students participate in clinical practice and discussions more easily and actively. As a part of activities to strengthen capacities of trainers, the Project put emphasis on establishment of monitoring system of training.

For the details of indicators related to Output 3, see below.

Table 5: Achievement of Output 3 Objectively Verifiable Indicators

Indicator	Achievement
3-1 The levels of skills, knowledge and attitude of trainers of clinical	Preceptors at the Setthathirath Hospital and other three hospitals recognize that their knowledge and skills of

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training at the Setthathirath Hospital are enhanced.	medical education have been improved and they are applying learned skills to their daily teaching. Some of them feel that they are ready to further enhance their knowledge utilizing learning resources in the library.
3-2 The number of trainers of clinical training for medical students/doctors who receive TOT at the Setthathirath Hospital increases.	52 doctors and preceptors participated in the first TOT workshop in November 2008 and 53 participated in the second TOT in March 2009.

2.4.3 Achievement of Project Purpose

Project Purpose: Quality of undergraduate clinical trainings and early postgraduate clinical trainings for those who graduated from Faculty of Medical Sciences within two years at the Setthathirath Hospital is improved.

It is considered that the quality of clinical training at the Setthathirath Hospital is being improved. According to the external evaluation conducted by the contracted professional organization, the performance of preceptors at the Setthathirath Hospital is evaluated higher than other training hospitals in some points, although the extent in which the Project directly contributed is not very clear at this moment.

The achievement of Objectively Verifiable Indicators for Project Purpose is as follows.

Table 6: Achievement of Project Purpose Objectively Verifiable Indicators

Indicator	Achievement
1. Satisfaction rate of trainees who completed clinical trainings at the Setthathirath Hospital increases.	Survey on the satisfaction rate of trainees is conducted every year with external professional organization. The results show that, at the Setthathirath Hospital and the Mother and Child Hospital, more preceptors are assigned to students than other two hospitals and the involvement of preceptors is stronger. In the evaluation on preceptors of each department, preceptors at the Setthathirath Hospital received higher marks in some evaluation items.
2. Evaluation (Reputation) of clinical training at the Setthathirath Hospital from the professional organization is enhanced.	At HR-TWG meeting held in June 2009, the Minister of Health mentioned that the experiences at the Setthathirath Hospital can be utilized as a model of medical education.

2.5 Evaluation by Five Criteria

2.5.1 Relevance

Relevance is high in terms of policy and needs in the Lao PDR, Japanese policy of Official

Development Assistance (ODA) to the Lao PDR, and project design.

Training of medical doctors is one of priority issues in the development policy of the Lao PDR. Health Strategy up to the Year 2020 by MOH defines human resources development at all levels in health sector as one of six priority areas. The paper on "Human Resources for Health" compiled by MOH in 2007 presents analysis and plan of assignment of human resources for health, including medical doctors. To realize the plan, training of doctors with high quality is an important issue.

The needs of improvement of the quality of undergraduate and early postgraduate clinical trainings at the Setthathirath Hospital are high. Although fostering medical doctors is one of priority areas in the development plan of health sector in the Lao PDR, there is a shortage of medical doctors of high quality. To meet the needs of primary health care especially in rural areas, the University of Health Sciences introduced the Family Medicine Specialist Program in 2005, where new graduates have two years' clinical training. It was first time to accept new graduates as residents at teaching hospitals although there has been residency program where experienced doctors have additional training to become specialist. Furthermore, the Setthathirath Hospital was designated as teaching hospital only in 2004 and its capacity to conduct clinical practice was relatively limited as compared to other three hospitals that have been functioning as teaching hospital for a long time. Interview with doctors at the Setthathirath Hospital reveals that only a few had a systematic training as preceptor before.

The Project is relevant in regard to Japanese ODA policy to the Lao PDR as well. Improvement of health and medical services is listed as one of six priority areas in Japanese ODA policy to the Lao PDR, where human resource development in health and medical services is given importance (ODA Country Databook 2008).

The approach to achieve Project Purpose is appropriate. The Project comprises of three components, namely, to lay foundations of medical education, to establish training system, and to improve capacity of preceptors. All these are essential to improve medical education. The Project considers that the approach by the Project to strengthen clinical training in general will contribute to the improvement of medical education whatever program is implemented. One concern is that the number of residents registered in the Family Medicine Specialist Program is decreasing. MOH and the University of Health Sciences plan to expand the Program, and the Program was officially approved as equivalent to master's degree level in April 2009.

2.5.2 Effectiveness

Effectiveness is generally high at this moment.

Three Outputs are being achieved in general. Foundations on medical education are being built up. For example, Clinical Learning Centre was constructed, simulators for clinical skill

training were introduced, and teaching materials were developed and translated. The training system is gradually being established at the Setthathirath Hospital. In addition, the capacity of trainers at the Setthathirath Hospital is being enhanced. Some Objectively Verifiable Indicators of Output 1 have not been achieved as expected. However, Indicators for Output 1 are not directly related to the activities of Output 1, therefore, the Project discussed the revision of PDM.

Project Purpose is expected to be achieved if the Project continues to make smooth and steady progress. According to the survey on the satisfaction level of trainees at the Setthathirath Hospital, the quality of medical education at the Hospital is higher than that of other teaching hospitals in some evaluation items. Some preceptors interviewed commented that the undergraduate students and residents that they teach show more satisfaction with their teaching, while others said that it is too early to see the enhancement of satisfaction of students/residents.

Contributing factors to achieve Outputs and Project Purpose are; strong commitment and adequate knowledge and experiences both Lao counterparts and Japanese experts, and strong support to the Project by MOH and the University of Health Sciences. Some inhibiting factors to achieve Outputs and Project Purpose can be pointed out. All counterpart members are busy with their clinical work in addition to clinical training to students/residents. If they do not allocate sufficient time for activities with Japanese experts, that may be an inhibiting factor to achieve Project Purpose. Decrease in the number of patients at the Setthathirath Hospital may affect the quality of clinical training.

All three Outputs are important to achieve Project Purpose and logically related to achieve Project Purpose. As to Important Assumptions to achieve Project Purpose, it is expected that necessary budget will be allocated to teaching hospitals though it may not be abundant.

2.5.3 Efficiency

Efficiency is high. Inputs are being implemented almost as planned and utilized to achieve Outputs.

The Japanese side dispatched experts with appropriate expertise as was planned and all the experts conducted their assigned activities with strong commitment. Four counterpart members were dispatched to Training in Japan. They acquired knowledge and skills necessary to improve clinical practice and successfully formulated a feasible action plan.

The Japanese side constructed Clinical Learning Center, provided equipment necessary for medical training, and developed textbooks and teaching materials. The construction of Clinical Learning Center was completed in March 2009. The Setthathirath Hospital does not have sufficient space for conference and clinical practice because it was not supposed to serve as teaching hospital at the time was construction. The Clinical Learning Center, coupled with a variety of simulators, is expected to provide opportunities for clinical practice for students before they start

bedside practice with actual patients. The Japanese side provided medical books to enhance the library at the Setthathirath Hospital. Some books were purchased from Thailand and translated into Lao. Thai books are quite useful and easy to understand as the language is similar to Lao language as well as the logic of thinking. Translation from Thai books is also efficient from the viewpoint of cost and workload.

The Lao side allocated sufficient number of experienced counterparts. The Lao side provided space for the Project office and for the construction of the Clinical Learning Center. In addition, the Lao side bears the cost for utilities such as water and electricity of the Project office and for other necessary expenses for Project activities. Lao contribution includes the cost to prepare land for the Clinical Learning Center suitable for construction and facilitation of procedure for tax exemption of provided equipment.

All the inputs are well utilized and contributed to produce outputs. The participants of Training in Japan served as lecturer and moderator at TOT workshops and play a key role in TMC meetings. Some of them made a great contribution in translating Thai books. According to interview, they share the benefits of Training in Japan with colleagues in the same department at the Hospital. Books translated, developed, and purchased by the Project have been already utilized. Currently the Project has discussions on the operation and maintenance of the Clinical Learning Center and library. It is expected that provided facility and equipment will be appropriately maintained by Lao side.

2.5.4 Impact

It is still difficult to judge the prospect of achievement of Overall Goal at the time of the Mid-Term Review.

To expand the benefit of the Project at the Setthathirath Hospital on a nation-wide scale, it is necessary to enhance the involvement of other hospitals and the University of Health Sciences as well as the support by MOH. With this viewpoint, the Project tries to strengthen the involvement of related organizations.

One concern in regard to achievement of Overall Goal is that the number of undergraduate students is sharply increasing. Some preceptors feel that it is difficult to conduct quality medical education appropriately with the increased number of students.

Some unexpected positive impacts are observed. The motivation of preceptors at the Setthathirath Hospital has been improved. At the TOT workshops, participants exchange information among four teaching hospitals. As a part of activities, the Project introduced a new clinical record system on a trial basis, where undergraduate students write clinical records and preceptors make correction. With this system, the time of preceptors to fill in clinical records is reduced, and their time to be allocated to consultation of patients increases.

No negative impact has been reported so far.

2.5.5 Sustainability

Sustainability is expected.

The policy to put importance on medical education is expected to continue as the needs of improvement of health status are high. It can be pointed out, however, that there are some uncertainties in specific plan of human resource development in health sector. At this moment, it is not clear whether the priority of human resource development will be placed on quality or quantity, as seen in the fact that the number of undergraduate students is increasing considerably. In addition, the whole academic system of the Lao PDR, including the University of Health Sciences, is in the process of reform.

The institutional capacity of the Setthathirath Hospital is quite high. MTU is strengthened and TMC is already functioning. When no experts were dispatched, TMC was held only among Lao counterparts, which is a positive sign in terms of sustainability. The operation and maintenance system of the Clinical Learning Center and library is under discussion. To sustain the activities introduced by the Project, it is still necessary to strengthen such management system.

Technical sustainability is expected to some extent but further enhancement is necessary. Teaching capacity of preceptors is being enhanced and many of them are implementing new education method by themselves. However, the majority of TOT participants feel that they need follow-up workshops.

Financial sustainability is not very high but expected to some extent. It is expected that the budget for medical education is continuously allocated, though it may not be abundant. The medical education methods introduced by the Project to establish basic clinical capacity do not need expensive equipment and can be implemented relatively easily at provincial and district hospitals as well.

Contributing factors to enhance sustainability is to establish a monitoring system to evaluate trainers of clinical training and to establish a system to share information and experiences among hospitals. Developing materials in Lao will facilitate continuous activities among Lao counterparts by themselves. If sufficient budget is not allocated to organize training and to maintain the Clinical Learning Center and library, that may be an inhibiting factor.

3. Revision of PDM

Through the process of the Mid-Term Review, PDM was revised on the mutual discussion and understanding. The main points of revision are shown in Table 7. The overall logic of PDM has not been changed although some expressions were modified to be clearer and better incorporate interpretation of PDM. For the revised PDM, see Annex 4.

Table 7: Revision of PDM

PDM element	Revision in PDM1
Overall Goal	Objectively Verifiable Indicators and Means of Verification are modified so that achievement of Overall Goal can be evaluated more clearly and necessary data can be collected.
Project Purpose	Means of Verification are modified so that necessary data can be collected.
Output	Objectively Verifiable Indicators are revised so that Indicators better reflect output of actual activities. Objectively Verifiable Indicators for Output 1 are completely revised as those in PDM0 were not very clear and they were not directly related to actual activities affiliated to Output 1. Indicators for Output 2 and 3 are modified as well. Means of Verification for Output 1 to 3 are also revised according to the revision of Indicators.
Activities	Activities affiliated to all three Outputs are modified, based on agreed interpretation of each Output and actual activities already taking place.
Important Assumptions	Important assumptions from Project Purpose to Overall Goal and from Overall Goal to Super Goal are revised, taking actual environment into consideration. Important Assumption to sustain Super Goal is eliminated as it is difficult to define Important Assumption at this moment.

4. Recommendations

Based on the results of the Mid-Term Review, the following recommendations are presented to further improve the Project during the remaining period.

To MOH

- MOH should ensure the allocation of necessary budget to the University of Health Sciences and teaching hospitals for sustainability of the Project.

To MOH and the University of Health Sciences

- MOH and the University of Health Sciences should make further effort to continue and expand the Family Medicine Specialist Program to improve community health care.

To the Setthathirath Hospital

- The Setthathirath Hospital should make continuous efforts to improve patient care and hospital management to ensure the quality of medical education.

To the Project

- The Project should establish operation and maintenance system of the Clinical Learning Center and the library, with involvement of the University of Health Sciences.
- The Project should further enhance activities of MTU and TMC with strong ownership of the Lao side.
- The Project should continuously enhance the involvement of the University of Health Sciences and all teaching hospitals to expand the activities at the Setthathirath Hospital, to enhance sustainability, and to achieve Overall Goal.
- The Project should actively promote its activities and achievements through a variety of opportunities so that the Setthathirath Hospital is functioning as a model of medical education.

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Annex 1: PDM₀

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

Target Group : Trainers of clinical training for medical students/doctors

Target Area : Seththairath Hospital

Project Period : 2007 – 2010 (3 years)

Date : September 28, 2007

Version : No. 0

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Super Goal Skills, knowledge, and attitudes of medical doctors in the whole country are improved.</p>	<ol style="list-style-type: none"> The utilization rate of district hospitals increases. The number of medical doctors at district hospitals increases. 	<ol style="list-style-type: none"> Annual Report from Ministry of Health Annual Report from Ministry of Health 	<p>Medical doctors are appropriately deployed at district hospitals and health centers in line with the policy of the MOH.</p>
<p>Overall Goal Quality of clinical training for medical doctors in the Lao PDR is improved.</p>	<ol style="list-style-type: none"> Achievement of undergraduate / Family Medicine Specialist Programs increases. 	<ol style="list-style-type: none"> Academic report of completion by National University of Laos 	<p>Overseas study programs (Long-term training programs) for obtaining a master or doctoral degree are carried out.</p>
<p>Project Purpose Quality of undergraduate clinical trainings and early postgraduate clinical trainings for those who graduated from Faculty of Medical Sciences within two years at the Seththairath Hospital is improved.</p>	<ol style="list-style-type: none"> Satisfaction rate of trainees who completed clinical trainings at the Seththairath Hospital increases. Evaluation (Reputation) of clinical training at the Seththairath Hospital from the professional organization is enhanced. 	<ol style="list-style-type: none"> Trainee Assessment by Department of Personnel and Doctors' Committee at the Seththairath Hospital External audit from other teaching hospitals, Curative Department of MOH 	<p>The MOH improves clinical trainings based on the outcomes of this project.</p>
<p>Outputs</p> <ol style="list-style-type: none"> Knowledge and know-how on clinical training of Seththairath Hospital as a teaching hospital is expanded. The training management system is improved at the Seththairath Hospital. Capacities of trainers of clinical trainings for medical students/doctors are strengthened. 	<ol style="list-style-type: none"> 1-1. The number of doctors who receive training for evidence-based medicine increases. 1-2. The number of pathological diagnosis increases. 1-3. The number of transferred patients from other hospitals increases. 1-4. The number of compiled clinical cases increases. 2-1. The number of monthly meetings for clinical training is increased. 2-2. The number of seminars/meetings held among relevant organizations is increased. 3-1. The levels of skills, knowledge and attitude of trainers of clinical training at the Seththairath Hospital are enhanced. 3-2. The number of trainers of clinical training for medical students/doctors who receive TOT at the Seththairath Hospital increases. 	<ol style="list-style-type: none"> 1-1. Medical Records in Medical Affairs 1-2. Medical Records in Medical Affairs 1-3. Medical Records in Medical Affairs 1-4. Medical Records in Medical Affairs 2-1. Project Report 2-2. Project Report 3-1. Observation/Assessment by Doctors' Committee in charge, i.e. DTC (Drug Treatment Committee) 3-2. Project Report / Training Report 	<p>The MOH continues to secure the budget for the clinical trainings at the educational hospitals.</p>

<p>Activities</p> <p>1-1 Conduct baseline survey on clinical training for medical doctors.</p> <p>1-2 Conduct training for evidence-based medicine in the fields of clinical pathology, pathognomy, symptomatology, etc. for trainers of clinical training in consideration of systematic clinical case presentations.</p> <p>1-3 Improve medical records from a viewpoint of follow-up/compiling of clinical cases.</p> <p>1-4 Compile clinical cases systematically for evidence-based medicine.</p> <p>1-5 Implement case conferences of clinical cases for trainees.</p> <p>1-6 Prepare learning materials for case presentations/references for trainees.</p>	<p>Inputs</p> <p>Japanese side (tentative)</p> <p>1. Experts</p> <p>Chief Advisor, Medical Education, Pedagogy, Evidence Based Medicine, Epidemiology, Internal Medicine, Medical Record Management, Emergency Medicine, Clinical Laboratory, Clinical Pathology, Training Management and Evaluation</p> <p>(Note: The number of experts will be smaller than the number of above-mentioned fields, because some experts will be in charge of several fields. At the moment, such envisaged examples are as follows;</p> <p>- Chief Advisor/Evidence Based Medicine/Epidemiology - Medical Education/Pedagogy)</p>	<p>Lao side</p> <p>1. Personnel</p> <p>Project Director</p> <p>Project Manager</p> <p>Counterpart personnel</p> <p>2. Provision of the project office and facilities necessary for the implementation of the project</p> <p>3. Others</p> <p>Administrative and operational costs</p> <p>Running costs for electricity, water, etc.</p>	<p>1. Trainers of clinical training continue working as teaching doctors.</p> <p>2. The number of patients is not reduced drastically at the Setthathirath Hospital.</p>
<p>2-1 Develop concepts/philosophy of clinical trainings from a viewpoint of medical education at the Setthathirath Hospital.</p> <p>2-2 Establish a new committee in charge of clinical trainings.</p> <p>2-3 Hold monthly meetings for clinical trainings.</p> <p>2-4 Document process, experiences, outcomes, and lessons learned of the clinical trainings for medical students/doctors at the Setthathirath Hospital.</p> <p>2-5 Hold seminars of clinical trainings in collaboration with four teaching hospitals, the Ministry of Health, and Faculty of Medical Science.</p> <p>2-6 Arrange external audit.</p>	<p>2. Training of counterpart personnel in Japan</p> <p>Medical Education</p>	<p>3. Equipment/materials</p> <p>Equipment for Medical Education, Equipment for Clinical Medicine for Educational Purposes</p>	<p>Pre-conditions</p> <p>Cooperation and agreement on the project implementation are obtained from the MOH.</p>
<p>3-1 Draw up the programs and curriculums of trainings of trainers (TOT).</p> <p>3-2 Prepare teaching materials for TOT.</p> <p>3-3 Conduct TOT for medical doctors working for four (4) 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.</p> <p>3-4 Set up the monitoring criteria for trainers of clinical training.</p> <p>3-5 Monitor and evaluate trainers of clinical trainings.</p>			

Annex 2-1: Counterpart Allocation

Name	Title
Dr. SomOck KINGSADA	Director, University of Health Sciences (UHS) / Director, Setthathirath Hospital (SH)
Dr. Khampe PHONGSAVATH	Deputy Director, SH
Dr. Vangyer NENGMONGVANG	Deputy Director, SH
Dr. Kongsinh AGGHALATH	Coordinator, Int'l affair, SH
Dr. Phay DOUANGSY	Chief of General Affair, SH
Dr. Khamta LARNEKHAMMY	Chief of Laboratory, SH
Dr. Oukeo KHOUNTHALIVONG	Chief of GI, SH
Dr. Viengvansay NABANDITH	Chief of Laboratory, SH
Dr. Soulideth SENGCHAN	Deputy chief Pediatric, SH/ Staff, UHS
Dr. Bounmy SOMSAMOUTH	Deputy chief of IM/SH
Dr. Somchanh SOULARAY	Chief of IM/SH
Dr. Thavone CHANTHASONE	Deputy chief Surgery, SH/ Staff, UHS
Dr. Khamsavanh KHOTSAY	Deputy chief Personal, SH
Dr. Somphet CHANDAMANY	Anesthesiology, SH
Dr. Sisomphone TANDAVONG	Chief of OPD, SH
Dr. Oukham APHAYYALATH	IM2, SH
Dr. Bounthieng APHAY	Chief of Ob/Gyn, SH
Dr. Phouphet VISOUNNARATH	Chief of Pediatrics, SH
Dr. Sing MENORATH	Vice Director, UHS
Dr. Phouthone SITTHIDETH	Vice Director, UHS
Dr. Alouyadeth SITTHIPHANH	Vice Director, UHS
Dr. Thongdy LOUANGLATH	Vice Director, UHS
Dr. Manivanh SOUPHANTHONG	Dean, Dept of Med, UHS
Dr. Vonphet LOUANGXAY	Vice Dean Dept of Med, UHS
Dr. Alongkone PHENGSAVANH	Deputy Director of Postgrad Center, UHS
Dr. Visanou HANSANA	Deputy Director of Postgrad Center, UHS
Dr. Ketsomsouk BOUPHAVANH	Deputy Head of Dept of Academic Affairs, UHS
Dr. Bouthavong PHENGSIOMBOUN	Head of Dept of Academic Affairs, UHS
Dr. Oua PHIMMASARN	Coordinator of Postgrad Center, UHS
Dr. Phetsamone ALOUNLONGSAY	Chief of Dept of Pathology, UHS
Dr. Aisouphanh LOUANGRATH	Deputy Head of Administration Division, UHS
Dr. Sommone PHOUNSAVATH	Director, Department of Curative , MOH
Dr. Somchanh SAYSIDA	Department of Personnel, MOH
Dr. Bounkong SIHAVONG	Deputy director, Mahosot Hospital
Dr. Vanliem BOUARAVONG	Director, Mittaphab Hospital
Dr. Bounleua PHILAVONG	Deputy Director, Maternal and Child Hospital

MOH Ministry of Health
 UHS University of Health Sciences
 SH Setthathirath Hospital
 IM Internal Medicine
 ER Emergency Room
 OBGY Obstetrics and gynecology
 OPD Outpatient Department
 MCH Mother and Child Health

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Annex 2-2: Dispatch of Japanese Experts

No.	Expert	Subject	Period of dispatch	Days
1	Hirotaka ONISHI	Chief Advisor/Medical Education/Teaching Techniques (1)	13/12/2007 – 21/12/2007	9
			21/1/2008 – 1-/2/2008	21
			18/2/2008 – 3/3/2008	15
			3/6/2008 – 8/7/2008	36
			25/9/2008- 20/10/2008	26
			18/11/2008 – 18/12/2008	31
15/1/2009 – 10/2/2009	27			
2/3/2009- 16/3/2009	15			
3/6/2009 – 2/7/2009	30			
2	Chuji KUROIWA	Medical Education/Teaching Techniques (1)	4/12/2007 – 9/4/2007	6
			12/2/2008 – 17/2/2008	6
			29/2/2008 9/3/2008	10
3	Takuya ADACHI	Medical Education (2)	1/9/2008 – 30/9/2008	30
			17/10/2008 – 15/11/2008	30
			15/2/2009 – 16/3/2009	30
4	Akiteru TAKAMURA	Medical Education (2)	21/6/2009 – 20/7/2009	30
5	Takeo MORI	Teaching Techniques (2)/Hospital Management	5/7/2008 – 24/7/2008	20
			9/8/2008 – 21/8/2008	13
			2/11/2008 – 21/11/2008	17
6	Keiichi YAMAMOTO	Supervision of Construction	20/10/2008 – 29/11/2008	10
			8/2/2009 – 27/2/2009	20
7	Shuji NOGUCHI	Training Management & Evaluation (1)	4/12/2007 – 20/12/2007	17
			18/1/2008 – 7/2/2008	21
8	Keiko MURAMATSU	Training Management & Evaluation (1) /Medical Laboratory	9/12/2007 – 29/12/2007	21
			27/5/2008- 20/6/2008	25
			5/7/2008 – 3/8/2008	30
			1/9/2008 – 30/9/2008	30
			15/2/2009 – 16/3/2009	30
13/5/2009 – 29/6/2009	48			
9	Sakiko YAMAGUCHI	Training Management & Evaluation (2)	19/12/2007 – 19/1/2008	32
			26/2/2008 – 15/3/2008	19
			2/8/2008 – 5/9/2008	35
			17/10/2008 – 8/11/2008	23
			7/12/2008 – 27/12/2008	21
4/1/2009 – 29/1/2009	26			
10	Masamine JIMBA	EBM/ Epidemiology	12/12/2007 – 16/12/2007	5
			20/12/2007 – 24/12/2007	5
			13/1/2008 – 19/1/2008	7
			21/2/2008 – 4/3/2008	13
			27/5/2008 – 10/6/2008	15
			11/9/2008 – 20/9/2008	10
			17/11/2008 – 26/11/2008	10
7/3/2009 – 16/3/2009	10			
1/6/2009 – 10/6/2009	10			
11	Kiyoshi KITAMURA	Clinical Pathology/Medical Education (3)	24/12/2007 – 5/1/2008	13
			18/2/2008 – 28/2/2008	11
			11/6/2008 – 25/6/2008	15
			4/10/2008 – 18/10/2008	15
			24/12/2008 – 7/1/2009	15
18/6/2009 – 2/7/2009	15			
12	Masaru SHIMIZU	Medical Record Management	10/2/2008 – 24/2/2008	15
13	Makoto TOBE	Medical Record Management	8/9/2008 – 3/10/2008	26
			8/2/2009 – 13/3/2009	34
14	Toshiharu HATA	Medical Record Management	3/6/2009 – 27/6/2009	25
15	Hiroshi NISHIGORI	Internal Medicine/Emergency	5/12/2007 – 11/12/2007	7
			27/1/2008 – 2/2/2008	7
			9/3/2008 – 15/3/2008	7
			30/6/2008 – 17/7/2008	18
			11/8/2008 – 20/8/2008	10
			3/11/2008 – 16/11/2008	14
9/2/2009 – 26/2/2009	18			

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Annex 2-3: Counterpart Training

Name	Title	Training subject	Period
Dr. Bounmy SOMSAMOUTH	Chief of Internal Medicine, Setthathirath Hospital	Overall Goal : to learn theories, methodologies, and skills of clinical training and to train medical education trainers who can engage in activities for the improvement of medical education Course Objectives : <ul style="list-style-type: none"> • To understand theory and methods of medical education • To understand basic clinical education methods • To demonstrate skills for clinical education methods • To observe clinical training in hospitals/clinics 	9/4/2008 – 1/5/2008
Dr. Sisomphone TANDAVOUNG	Chief of Out-patient Department, Setthathirath Hospital	Ditto	Ditto
Dr. Ketsomsouk BOUPHAVANH	Deputy Head of Academic Affairs, University of Health Sciences	Ditto	Ditto
Dr. Oua PHIMMASARN	Coordinator of Postgrad Center, University of Health Sciences	Ditto	Ditto

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Annex 2-4: Provision of Equipment and Materials

No.	Name	Purpose	Main Specification	Quantity	Installation
Training Center					
Training Simulator					
1	CPR model (Adult)	Training of artificial respiration and cardiac compression	full body, face mask, mannequin cleaner	4	Installed
2	Airway Management Trainer	Training of airway management, tracheal cannula and bronchoscopy examination	head to thorax adult model	2	Installed
3	Midwifery Practice Model	Training of conduct of labor and palpation	abdominal to external genitalia part model, fetal model	2	Installed
4	Vital Sign Infant Model	Training of detection of cardiac sound and sphygmopalpation	Newborn full body (approx. 50cm), control panel of cardiac sound and pulse	2	Installed
5	Male Catheterization Simulator	Learning of male urethral catheterization	amputation model for male lower half of the body	2	Installed
6	Female Catheterization Simulator	Learning of female urethral catheterization	amputation model for female lower half of the body	2	Installed
7	Simulator Intravenous Arm	Practice of blood sampling and intravenous injection	arm model, exchagable pad, blood circulation pump	4	Installed
8	Eye Examination Simulator	Practice of hemorrhage in the eye ground	adult head full-size model, exercise films for funduscopy	2	Installed
9	Ear Examination simulator	Practice of otoscopy	adult head full-size model, exercise films for tympanum	2	Installed
10	Suture Practice Simulator	Practice of trauma suture	skin model for suture	20	Installed
Clinical Training Instrument					
11	Minor Surgical Instrument Set	Equipment for the practice of minor surgery (suture and disinfecting)	Forceps, suture holder, scissors, handle scalpel, etc., in total 8 items, stainless	4	Bidding
12	Instrumental Tray	Equipment for instrument preparation and sanitation control	material: stainless, catheter tray, size: approx. W320xD80H50mm	8	Bidding
13	Instrument Set for Treatment of Ob/ Gyn	Practice for Ob/Gyn treatment such as detection of pregnancy, delivery and examination	vaginal retractor speculum, plastic surgery scalpel, tissue forcep, forceps (no hook) , lectructor, suture needle container, forcep case for autoclave, pelvimeter, etc. 23 items, stainless	2	Bidding
14	Stethoscope, adult	Auscultation of adult cardiac sound and cardiac murmur	material: stainless, for adult, dual type (bell or diaphragm type) chestpiece: aluminum or stainless	60	Bidding
15	Spygmomanometer, newborn/ infant	Auscultation of infant cardiac sound and cardiac murmur	material: stainless, for infant, dual type (bell or diaphragm type) chestpiece: aluminum or stainless	20	Installed
16	Electric Stethoscope System	Lecturer can allow students or colleagues to hear the patient's body sounds at the time the exam is performed	Master Elite Plus, Distributor & 5 Headsets	2	Installed
17	Universal Diagnostic Set	Practice of ENT consultation and treatment, and general medical examination	pharyngoscope, funduscope, pen light, head mirror, aural speculum, nasal speculum, tone depressor, etc. total item 9, stainless	8	Installed
18	Spygmomanometer, Table Top Type	Practice for sphygmomanometry	table top type, mercury type, bulb with valve, adult and child cuff with latex bag	40	Bidding
19	Clinical Thermometer	Practice for body temperature to diagnose	digital type, with case	40	Bidding
20	Timer/ Stop watch	Practice for pulsation and respiration suture	digital type, lap timer, 60 minutes measurement	20	Bidding
21	Hammer, Taylor Type	Practice of neuroreflex	Taylor type, material: handle- stainless or equivalent, head-rubber	20	Bidding
22	Intubation Set, adult	Training of maintenance of a patent airway for adult	pharyngoscope blade (adult) , cuff syringe, intubation tube, bite block, hemostasis forceps, etc.	2	Installed
23	Intubation Set, infant	Training of maintenance of a patent airway for infant	pharyngoscope blade (infant) , cuff syringe, intubation tube, bite block, hemostasis forceps, etc.	2	Installed
Medical Furniture					
24	IV Pole	Practice of intravenous drip infusion	height: 90-200 cm, material: stainless, with wheels attached, hook: 3-4	8	Bidding
25	Negatoscope (Stand Type)	Training of reading X-ray film and diagnosis	stand type with wheels attached film capacity: 4 films (1 film size: 14"x17") 2 tepts Fluorescent lamp: 15W	8	Installed
26	Instrument Pushcart/Trolley	Organizing equipment for clinical training	material: stainless steel or equivalent, size: W450xD300xH800mm shelf: 2 shelves with guard rail, drawers: 2 or more, on casters	8	Installed
27	Folding Meeting Table	Table for practice of blood collection and suture	size: approx. W1800xD800xH715mm, frame: steel pipe, on casters, folding legs	8	Bidding
28	Round Chair with Caster	Chairs for clinical training such as consultation and palpation	round chair without armrest and backrest, 360 degree round, height adjuster, on casters	100	Bidding
29	Examining Table	Practice of clinical training such as consultation and palpation	size: approx. L180xW60xH50cm material: metal and urethane foam mattress (if possible, legs are foldable)	8	Bidding
30	Cabinet	Storage for equipment and simulators	size: approx. H180xW120xD40cm, shelf: 2 shelves or more, material: steel, with lock key	4	Installed
No.	Name	Purpose	Main Specification	Quantity	Installation

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31	White Board (Wall Hung Type)	For lecture and conference	size: appr. W1700xH850mm, magnet correspondence, with marker pen (black, red, blue) each 10pcs, board eraser 5pcs	8	Installed
32	Air Conditioner	Temperature control for clinical training room with equipment	separate type, for room dimension:25m2, capacity: approx.3.0kW, power supply: single phase	8	Installed
33	Audio Visual Set	Learning through DVD and visual teaching material	LCD projector:16000 LMS, PC : notebook type, HD:160GB, OS:WindowXP or more, display:approx. 15inchs, memory size:2GB or more screen size:approx.2x1m with a tripod speaker:power amplifier, connection cable, speaker with wall bracket	4	Bidding
Hospital Main Building					
Equipment related to Medical Education					
34	Locker for Medical Students	Storage for medical student private properties	size: approx.H180xW120xD40cm, shelf: 3shelves, in total 12 lockers or more, material: stainless steel or wood	15	Installed
35	PC for EBM Data Research	Correcting information for medical treatment, practice and documents	desktop type, HD:160GB, OS:WindowXP, display:approx. 15inchs, memory size:2GB or more	10	Bidding
36	Shelf for Medical Record/ X-ray Film	Organizing and storage for medical records and X-ray films	size:approx.H180xW120xD40cm, shelf: 4 more more, material: steel	20	Bidding
Clinical Equipment					
37	Electric Cardio Graphy (ECG)	Practice for cardiovascular diseases and basic examination	Standards 12 leads, channel number:6ch, sensitivity:5, 10, 20mm/mV, display:LCD monitor, with carry cart, with rechargeable battery	3	Bidding
38	Fatal Doppler	Practice for detection of pregnancy and basic examination	united type of main unit and probe, flequency:2.5-3.0MH z , sinic output: under 10mW/cm2, with gel 5 pcs, battery chager	5	Bidding
39	Ventilator, Adult	Training for treatment of adult patients in severe condition under specialist	composition: main unit, air compressor, mobile type, for adult, patient's breathing circuit, reusable, ventilation mode:VCV, PCV, SIMV+PSV, tidal volume:50~2,000mL or wider, safety device:equipped	1	Bidding
40	Ventilator, Newborn-Infant	Training for treatment of pediatric patients in severe condition under specialist	composition: main unit, air compressor, mobile type, for infant, patient's breathing circuit, reusable, ventilation mode:CMV, IMV, PEEP/CPAP, tidal voutme:50~2,000mL or wider, safety device:equipped, with heat humidifier or equivalent	1	Bidding
41	Ultrasound Appratus (B/W)	Training for diagnosis and examination of ultrasoundgraphy under specialist	scanning method: electronic convex, electronic linear, display mode:B, B/B, B/M, M or equivalent, display size: max. 24cm or bigger, application: abdominal, Ob/Gyn, pediatrics, urology, breast, vascular, cardiology, with printer	3	Bidding

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Annex 2-5: Project Cost

Japanese side

Operational cost

Japanese fiscal year*	2007	2008	2009 (Planned)
General budgets for local purchase	1,036,000	8,047,000	5,077,000
Special budgets to purchase equipment in Japan	3,600	1,585,000	484,000
Contract Fee for Local Consultants	1,519,000	1,144,000	1,175,000
Total	25,586,000	10,776,000	6,736,000

(Japanese yen**)

Facilities and equipment

Construction for Clinical Learning Center	
Construction fee	US\$ 85,617
Consultant fee	US\$ 4,770
Sub-total	(US\$90,387)
Provided equipment	
Equipment purchased at JICA in Thailand	US\$129,517***
Equipment purchased at JICA in Lao PDR	US\$ 31,803
Sub-total	(US\$161,320)
Total cost for facilities and equipment	US\$ 251,707

* April 1 to March 31

** 1US\$ = ¥98 (as of June 10, 2009)

*** US\$ equivalent to actual purchase cost in Bahts
(1US\$=B 34.4: as of June 10, 2009)

Lao side

Lao side provided land and installation work of electricity and water for Training Center, administrative work for tax exemption for provided equipment, and transportation service for site visits.

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