

Output 2	
Capacities of trainers of clinical training for medical students/doctors are strengthened.	
Activities	Achievements
2-1. Develop the mission of clinical training for medical education viewpoint at the Setthathirath Hospital.	<ul style="list-style-type: none"> ● The mission of the clinical training at the Setthathirath Hospital was developed at the initiative of the participants of the training of Japan, which is regarded as the principle of the practical training. The mission of the clinical training was propagated to other teaching hospitals through TOT workshops. ● Recognition of the principle of the clinical training was shared amongst doctors concerned that learner-centered clinical education should be founded on patient-oriented medical care.
2-2. Establish a new committee (Teaching Management Committee: TMC) in charge of clinical training.	<ul style="list-style-type: none"> ● A TMC was established at the Setthathirath Hospital. The other 3 teaching hospitals are currently in the process of establishment of TMCs. ● Three out of four regional/provincial hospitals running MTU system under the TMCs, which were established after the TOT workshop.
2-3. Hold monthly TMC meetings for clinical training.	<ul style="list-style-type: none"> ● TMC was held within bi-weekly routinely and autonomously at the Setthathirath Hospital. The issues arising from clinical training are discussed appropriately at the right time. ● Usual agenda of TMC is set as follows; review of previous TMC minutes, reporting of MTU operation from each department, other training-related and/or administrative issues.
2-4. Accumulate the minutes of TMC meetings.	<ul style="list-style-type: none"> ● The progress of activities, experiences, results and lessons learned were accumulated as minutes of TMC by C/Ps autonomously. ● The minutes of TMC were distributed to each clinical department promptly for better information sharing and swift response to the issues.
2-5. Improve the function of Medical Teaching Unit (MTU).	<ul style="list-style-type: none"> ● The clinical training and medical practices were implemented on the basis of the concept of MTU (team organization, team activities, job description of team members, and schedule of program for duties and training), hence, it can be recognized that MTU is well functioning in clinical training at the Setthathirath Hospital. ● MTU activities are implemented under the administration of TMC. Countermeasures to the issues such as mal-functioning of schedule board are discussed arbitrarily at TMC. ● Other teaching hospitals including regional/provincial hospitals are providing clinical training for students under the concept of MTU through the implementation of the project activities.

<p>2-6. Establish Internal Monitoring System.</p>	<ul style="list-style-type: none"> ● UHS and the Setthathirath Hospital were jointly implemented internal monitoring for clinical training at Setthathirath Hospital in accordance with the criteria developed by World Federation of Medical Education (WFME) until July 2009.
<p>2-7. Promote project outputs through the Human Recourse Technical Working Group organized by MOH.</p>	<ul style="list-style-type: none"> ● HRH-TWG envisages MTU as one of the important elements for the reinforcement of health personnel. ● MTU is expected to be incorporated into "The 7th Five-Year Health Development Plan 2011-2015".

Output 3 The training management system is improved at the Setthathirath Hospital.	
Activities	Achievements
<p>3-1. Develop the programs of training of trainers (TOT).</p>	<ul style="list-style-type: none"> ● "Project for Medical Education in Laos (PMEL)" consisting of representatives from HDS and four teaching hospital takes initiative to develop TOT curriculum and organize TOT workshops. ● The MOH (MOH) and UHS officially approved the Medical Education Committee including PMEL members to pursue medical education continuously such as TOT.
<p>3-2. Prepare teaching materials for TOT.</p>	<ul style="list-style-type: none"> ● PMEL developed handouts and supplementary readers, and distributed them to participants. ● "Medical Ethics and Laws", "Keywords for Medical education 100" and "Theory of Medical Education" were developed as teaching materials.
<p>3-3. Organize Medical Education Seminar for clinical trainers.</p>	<ul style="list-style-type: none"> ● A total of 5 Medical Education Seminars were held as of the Terminal Evaluation. ● From 2010, the Project applied symposium style instead of seminar. The title was changed as 1st Medical Education Symposium (regarded as 4th Seminar). ● The Seminars were held for 6 times as of the Terminal Evaluation, and another 2 Seminars were being scheduled by the end of the project period. Hence, eight Seminars will be held by the end of the project period in total.

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<p>3-4. Conduct TOT for medical doctors working for four teaching hospitals and provincial hospitals.</p>	<ul style="list-style-type: none"> ● TOT workshops were held at 4 teaching hospitals for six times in 2nd and 3rd year of the project period. For regional/provincial hospitals, eight TOT ● As of the 3rd year of the project period, the Project invited other three teaching hospital to the Setthathirath Hospital to participate TOT workshop. At the 4th year, the Project conducted TOT workshops at Mahosot Hospital and Mitthphab Hospital for two and one time, respectively, according to the requests from those hospitals. ● The Project has provided TOT workshops in total of nineteen times.
<p>3-5. Set up the monitoring criteria for medical trainers who participate in TOT.</p>	<ul style="list-style-type: none"> ● The Project applied the triangulation method by combining medical trainers evaluation by students, direct observation by Japanese Experts and PMEL members, and progress monitoring by independent organizations, in accordance with standard procedure for monitoring.
<p>3-6. Monitor and evaluate clinical trainers who participate in TOT.</p>	<ul style="list-style-type: none"> ● The project is conducting regular monitoring of trainers in accordance with the procedure aforementioned. ● Monitoring results were fed back to PMEL, and utilized for the improvement of TOT implementation.
<p>3-7. Disseminate the idea of clinical education through newsletters and a poster.</p>	<ul style="list-style-type: none"> ● A poster regarding the idea of clinical education was developed and distributed to the MOH, UHS and training hospitals including regional/provincial hospitals. ● Five newsletters were published as of the Terminal Evaluation. Another 2 newsletters are scheduled to publish at the 4th year of the project period.

2) Achievements of the Outputs

a) Output 1

The Objectively Verifiable Indicators (OVIs) for Output 1 are generally achieved at the time of the Terminal Evaluation.

The Project focused their effort on expanding knowledge and know-how on clinical training by constructing CLC, establishing its operation system, improving access to medical information through the purchase of medical reference books and the improvement of library operation, and modifying medical record forms for better medical chart, as it turned out that the students are getting accustomed to utilize library for issues arising from their clinical training. Therefore, the Project attained certain progress in the advance of their knowledge and

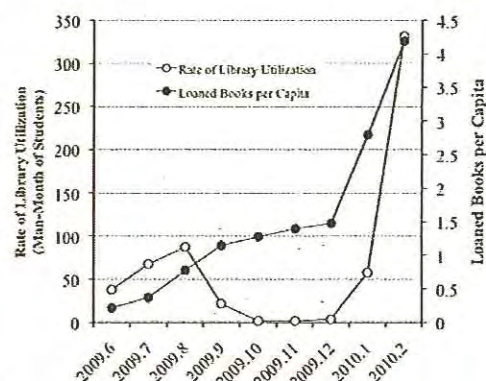


Fig. 1 Trend in Rate of Library Utilization

(Number of Subjective Students was regrded as 111)

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strengthening of problem-solving capacity.

Moreover, improvement of medical chart enabled to take better progress notes and to develop better treatment plans. Consequently, it is expected that the activities under Output 1 contributed for the improvement of medical services at Setthathirath Hospital indirectly.

Achievements of the Output 1 are as indicated below.

【Output 1】 Knowledge and know-how on clinical training of the Setthathirath Hospital as a teaching hospital is expanded.	
Objectively Verifiable Indicators	Achievements
1. The number of monthly book for loan in library. (Target: 4 books per student per year)	<ul style="list-style-type: none"> ● Rate of library utilization was reduced under the significant influences of SEA GAME and school holidays during July to December 2009. The rate posted a substantial gain after the recommencement of clinical training in 2010 (Fig. 1). ● Furthermore, Fig 1 shows that the library was used by students even in school holidays, and the loaned books per student was also significantly increased after the holidays. The OVI target of four books has been achieved as of February 2010 already.
2. Status of textbook use in the clinical education	<ul style="list-style-type: none"> ● Many students carry “Guidebook for Case Presentation” in their pockets for good references for case conferences and taking patients’ progress notes. ● Other textbooks developed by the Project are scheduled to be distributed to medical students and resident doctors hereafter. Explanation of these textbooks is incorporated into curriculum for TOT workshops held at teaching hospitals as well as regional/provincial hospitals. ● Eventually, students are getting accustomed to utilize standardized textbooks under the shortage of appropriate learning materials written in Lao language.
3. Status of usage of Clinical Learning Center and simulators	<ul style="list-style-type: none"> ● CLC was used 84 times from August 2009 to February 2010. Likewise the library use, there were significant increase of 38 times use only in February 2010. ● Albert-Ludwigs-Universität Freiburg uses CLC for their Obstetrics and Gynecology lectures and seminars by using equipment and materials provided by the Project. The Project has just introduced the facility to Health Frontier (NGO) for promotion of CLC usage. ● CLC is also used as study space for students.
4. The percentage of blanks in the medical records decreases.	<ul style="list-style-type: none"> ● Discovery rate of “whiteout” in randomly-selected 50 medical records was considerably reduced from 18% in 2008 to 2% 2009. ● Rate of countersign from preceptors to medical records that students took progress notes was substantially increased from 12% to 52%. ● There were no records and/or information about on-admission findings at the baseline survey. Rate of blanks in items for on

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	<p>admission findings was reduced from 98% to around 60%.</p> <ul style="list-style-type: none"> Hence, it can be said that there found improvement in contents of medical records and its handling to some extent.
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b) Output 2

The OVIs for Output 2 are generally achieved except for several indicators at the time of the Terminal Evaluation. It can be evaluated, in general, that fundamental management system for clinical training through TMC supervision of MTU and/or other training-related issues at the Setthathirath Hospital.

Other cooperating partner introduced the concept of MTU in 2005. However, MTU was not functioning due to a poor understanding of actual operating procedures as of the time of the commencement of the Project, one of which missions were supposed to directly provide assistance to activate MTU in clinical training in Lao PDR. After the commencement of the Project, the Project put clinical training into effect in the form of MTU under the administration of TMC, which have the function of progress monitoring of clinical training and problem-solving arising from the MTU operation.

For these reasons, fundamental management system for clinical training is established at the Setthathirath Hospital. Additionally, the Minister of Health as well as other important personnel at central level concerned highly valued the achievement of the Project especially for MTU as a tool for quality clinical training, and eventually, MTU is expected to be incorporated into next health related policies in the MOH and UHS action plan.

Currently, embedded ness of appropriate operation for MTU schedule control falls behind schedule, while TMC is in the process of taking countermeasures. Internal Monitoring (formerly "External Audit") also remains as a big issue to be solved, due to unconsolidated implementation structure for monitoring at UHS and priority of expansion and acceleration of TOT related activities to the foundation of internal monitoring system. Moreover, it will take more time to achieve a consolidated training system, since the achievement of the system will be nothing but a foundation. To achieve that goal, continuous progress for the consolidated system of clinical training should be made from the organizational and technical aspects by any means.

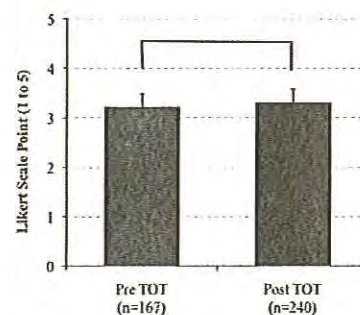


Fig. 2 Evaluation of Clinical Teachers' Educational Skills by Students

Achievements of the Output 2 are as indicated below.

[Output 2]	
The training management system is improved at the Setthathirath Hospital.	
Objectively Verifiable Indicators	Achievements
1. The number of TMC meetings (target: 60)	<ul style="list-style-type: none"> TMC, which was first held on June 2008, continued to be held weekly or biweekly and has counted up to 63 as of the Terminal Evaluation. Activities for introducing TMC were continued at other teaching hospitals including regional and provincial hospitals. Three out of four regional/provincial hospitals newly assigned as teaching hospitals

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	organized TMC after TOT workshops.
2. Frequency of re-write weekly schedule related with Medical Teaching Unit (MTU) (target: once a week)	<ul style="list-style-type: none"> ● Update frequency of schedule board has variety amongst departments. ● The issue aforementioned came up for discussion at TMC for effective countermeasures.
3. Medical students/family medicine residents feel that training by clinical trainers improved	<ul style="list-style-type: none"> ● The sub-contracted external monitoring survey shows the results that the clinical trainers have improved their guidance and instructions to students. ● There found significant difference statistically in evaluation score of clinical trainers from students before and after TOT workshops (Fig.2). Hence, TOT has slight but positive influence on trainers' pedagogy.
4. Findings used for further improvement in Internal Monitoring	<ul style="list-style-type: none"> ● Internal Monitoring (formerly "External Audit") also remains as a big issue to be solved, due to unconsolidated implementation structure for monitoring at UHS and priority of expansion and acceleration of TOT related activities to the foundation of internal monitoring system.
5. Human Resource technical Working Group (HRH-TWG) recognize the clinical education model in Setthathirath Hospital as a model	<ul style="list-style-type: none"> ● The Minister of Health as well as other important personnel at central level concerned highly valued the achievement of the Project especially for MTU as a tool for quality clinical training, and MTU comes to recognition as a common language for human resource development especially for medical doctors. ● MTU is applied as one of the indicators for "Improve availability of competent and committed health staff through education and training" under the "Sector Common Work plan and Monitoring Framework" in a preliminary draft of "The 7th Five-Year Health Development Plan 2011-2015".

c) Output 3

The OVI for Output 3 is generally achieved at the time of the Terminal Evaluation. As described above, fundamental management system of clinical training is basically established at the Setthathirath Hospital. Other teaching hospital, including regional/provincial hospitals where newly assigned as students receiving facilities, are currently in the process of reinforcement of capacity in terms of operational management for clinical training as well as clinical trainers' pedagogy at the initiative of PMEL under the indirect support from Japanese experts.

As for the "Medical Education Seminar", certain progress has been observed in terms of "technical sustainability". Initially, Japanese experts took the initiative in organizing the Seminars and delivered lectures. The Seminar changes its style from lecturing by instructors to workshop at the operational initiative of Lao C/Ps.

Meanwhile, in accordance with a strong request by the MOH, the Project provided TOT workshops at regional/provincial hospitals prior to receiving students, which was planned to deal with growing number of medical students. For this reason, the Project contributed the MOH and other relevant parties to maintain the quality of clinical training system in Lao PDR.

Achievements of the Output 3 are as indicated below.

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[Output 3] Capacities of trainers of clinical training for medical students/doctors are strengthened.	
Objectively Verifiable Indicators	Achievements
1. The number of medical Education Seminars (target: 8 times)	<ul style="list-style-type: none"> ● The Project convened 5 Seminars at their 2nd and 3rd year, and scheduling to convene another 3 Seminars at 4th year. The target number of 8 times is expected to be achieved by the end of the project period. ● Formerly, Japanese experts and Thai lecturer held the Seminars in the style of lecturing. From 2010, the style of the Seminars was changed to Symposia at the initiative of Lao C/Ps to share knowledge, experiences and achievements of clinical training in Lao PDR.
2. The number of TOT workshops (target: 15 times)	<ul style="list-style-type: none"> ● The Project embarked on development of Laotian TOT organizers who can deliver lectures at TOT workshops for future sustainability at 3rd year of the project period. Eventually, "Project for Medical Education in Laos: PMEL" was formulated for this purpose consisting of 10 representative from UHS and four teaching hospitals on July 2009. ● Results from functional assessment of TOT measured by 5-point scale from participants showed that TOT lecturers provided TOT at an appropriate quality in contents and pedagogy (evaluation point was over 4.5 on average). Hence, it is suggested that TOT workshops provided by PMEL maintain a certain level from the technical aspect.
3. The number of monitoring for clinical trainers (target: 8 times)	<ul style="list-style-type: none"> ● The effect of TOT was monitored by pre- and post tests at TOT workshops. PMEL and Japanese experts conducted direct observations jointly as well. The monitoring activities were conducted as of 3rd year of the project period, and another two monitoring is scheduled by the end of the period. Hence, the target of eight times is expected to be achieved by the end of the project period. ● UHS stated the necessity of evaluation of clinical trainers in the "UHS 5-year Action Plan" for maintaining quality of clinical training. In response to this, the Project is encouraging UHS to incorporate the monitoring activity into the Action Plan.
4. Clinical trainers feel TOT has improved teaching skills	<ul style="list-style-type: none"> ● Many clinical trainers expressed a feeling of significant improvement in their pedagogy after TOT workshops, since there was less opportunity for them to learn it. ● This result was also obtained from focal group discussion at the monitoring activities as well as interviews to C/Ps and TOT participants at the Terminal Evaluation Survey.
5. The number of issued newsletters and posters (7 and 1 time, respectively)	<ul style="list-style-type: none"> ● A poster for advocacy of clinical training was developed at the 3rd year of the project period, which was distributed to the MOH, UHS, teaching hospitals and other relevant parties. ● Five newsletters have been published as of the time of Terminal Evaluation. Another two newsletters are scheduled to be published by the end of the project period. Therefore, the target of seven issues is expected to be achieved by the end of the project period.

	<ul style="list-style-type: none"> ● The achievement of clinical training at the Setthathirath Hospital become widely-recognized by relevant parties such as medical doctors, students, MOH, UHS and other teaching hospitals. Eventually, unexpected positive impact was observed and the story goes as follows: the Minister of Health drew a picture of MTU concept and explained it to other cooperating partners with the picture.
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3) Achievements of the Project Purpose

The OVIs for the Project Purpose are generally achieved at the time of the Terminal Evaluation.

Though the results from the survey for students' and trainee doctors' satisfaction for clinical training showed the difficulty in quantitative assessment as mentioned in herein below, it is suggested that satisfaction from the trainees was generally favorable from the results of qualitative assessment such as interviews and direct observations. It is comprehensively evaluated that the Project Purpose is achieved since the foundation of the clinical training in Lao PDR is seemed to be established through the improvement of learning environment (Output 1), appropriate MTU operation under the administration of TMC (Output 2) and the improvement of clinical trainers' pedagogy (Output 3).

However, teaching hospitals including regional/provincial hospitals other than the Setthathirath Hospital are still in the initial phase of the actual operation of MTU-centered clinical training. It is, therefore, required to implement further training in continuous manner and further improvement in terms of the training system itself, to promote the training system mature and consolidate.

Achievements of the Project Purpose are as indicated below.

【Project Purpose】 Quality of undergraduate clinical training and early postgraduate clinical training for those who graduate from Faculty of Medical Sciences within two years at Setthathirath Hospital is improved.	
Objectively Verifiable Indicators	Achievements
1. Satisfaction of trainees who completed clinical training at the Setthathirath Hospital increases.	<ul style="list-style-type: none"> ● Satisfaction survey results showed the difficulties in precise quantitative evaluation, since it was implied that actors, such as timing of the surveys and rapid increase of clinical students, might influence the satisfaction of trainees. ● However, it was considered that satisfaction of medical students were generally favorable from interview results conducted by the Project, to which the Terminal Evaluation Survey results also support, obtained from interviews and direct observations.
2. Evaluation (Reputation) of clinical training at the Setthathirath Hospital from the professional organization is enhanced.	<ul style="list-style-type: none"> ● MTU operation under the administration of TMC, which is put in practice at the Setthathirath Hospital, is highly evaluated by the Minister of Health, the MOH and UHS. And, it is highly expected that the concept of MTU be incorporated into health strategic plan of the MOH and UHS action plan. ● MTU became a common language for clinical training amongst the MOH, UHS and other teaching hospitals. The achievements regarding clinical training at the Setthathirath Hospital enjoy a high reputation from other cooperation partners.



	<ul style="list-style-type: none"> ● The Project has started on-site TOT workshops, pursuant to the strong requests from other teaching hospitals. ● Hence, it can be concluded that the Project significantly contributed to the reinforcement of doctors' pedagogy that have less experience of teaching.
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3.3 Implementation Process

1) Progress of Activities

Though the project activities have been implemented in accordance with the project annual action plan, several external factors affected its progress. It is particularly worth noting that curriculum for D6 medical students was postponed from September to December 2009, and one of the rooms with equipment in CLC, which was constructed by JICA, was damaged from fire. As for the CLC fire, actual operation was commenced prior to the official transfer by using undamaged rooms. The damaged room was already repaired by Lao side, and the administration of CLC is gradually transferred from the Project to the Setthathirath Hospital

Meanwhile, the concept of activities under Output 1 was to compile clinical cases systematically for the expansion of knowledge and know-how on clinical training at the initial phase of the project period. However, the results from baseline survey and understanding of real world with regard to clinical training in Lao PDR indicated the priority in improvement of information accessibility and learning environment for medical students as well as doctors. In response to this, the activities under Output 1 were modified in accordance to a series of discussions by mutual agreement at the time of the Mid-term Review survey. In consequence, the foundation of the clinical training in terms of learning environment was established through improvement of library operation, provision of learning and reference materials, construction of CLC, administrative assistance for CLC. On the other hand, no negative influence of such modification was observed for the achievement of the Output 1.

Activities for the foundation of the clinical training were conducted mostly at the Setthathirath Hospital. Then, the Project expanded their activities for other teaching hospitals and newly assigned hospitals as teaching facility at regional/provincial level. Since the expansion was strongly requested from such hospitals as well as the MOH, it is considered that the assistances provided by the Project flexibly met the diversified needs of beneficiaries.

2) Project Management

Progress management and administrative problems arising from MTU operation are appropriately discussed and controlled at TMC. TMC meeting is convened weekly or bi-weekly with 10 to 20 of participants including at least 1 representative from each department as core members, which enables timely information sharing and prompt countermeasures for the problems and difficulties. The Project gradually delegated authority to C/Ps from their 2nd year of the project period. As of the time of the Terminal Evaluation, it is considered that C/Ps have achieved at a sufficient level to organize TMC with administrative autonomy. Japanese experts are currently providing minimal and indirect assistance for TMC.

3) Communication amongst parties concerned

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Positive relationship between Japanese experts and Laotian C/Ps is maintained after the time of the Mid-term Review. English is used for linguistic communication, and both sides occasionally found linguistic barrier. The locally-hired consultant with liberal medical background and sufficient experiences for clinical training in Lao PDR greatly contributed to mutual understanding of the Project in detail by translating the languages and assisting the project daily activities.

As for the practical operation of clinical training at the Setthathirath Hospital, achievements and problems are regularly shared through TMC meetings. Frequent but occasional information sharing amongst the Project, the MOH, UHS, teaching hospitals and other cooperating partners contributed to efficient collaboration and avoidance of activity overlapping.

4) Ownership and Autonomy

Counterparts demonstrated a strong commitment to the project activities with high motivation for acquisition of knowledge and skills, as well as sufficient awareness of the importance of pre- and postgraduate education for the betterment of clinical services in Lao PDR.

The Project actively encouraged UHS, other teaching hospitals and relevant parties such as cooperation partners to be enrolled to the project activities for future sustainability, resulting in efficient expansion of the project activities such as development of teaching materials and efficient CLC utilization. Meanwhile, since other teaching hospitals including regional/provincial hospitals actively introduce MTU concept in clinical training and prepare to establish TMC for better coordination of the training.

CHAPTER 4 EVALUATION RESULTS

4.1 Relevance

The relevance of the Project is highly maintained at the time of the Terminal Evaluation for the following reasons.

- 1) Consistency of the Project Purpose with the Laotian Health Policies and the needs of target group

The Government of the 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. In the Strategy, human resource development for health personnel is placed as one of six priority areas.

Additionally, “*The 7th Five-Year Health Development Plan 2011-2015*”, which is placed as an incoming action plan, is being conferred with Sector Working Groups (SWG) amongst the MOH and development partners to finalize. Issues with regard to human resource development are technically dealt with at the subordinating “Human Resource for Health- Technical Working Group: HRH-TWG”. The HRH-TWG also recognized MTU, of which the Project assisted to establish the practical operation, as an important and effective element for the capacity development of health personnel, especially for medical doctors. Therefore, it is considered that the purpose of the Project, aiming to improve the quality of clinical training for medical students as well as early graduates by MTU system under TMC administration, closely meets Laotian health policies, especially for capacity development for medical doctors at the time of the Terminal Evaluation.

On the other hand, the Lao PDR is suffering from a human resource shortage of health personnel working in hospitals as well as health centers at community level. Besides, the density of health worker, except for officers in authorities and educational facilities, is around 1.6 per 1,000 populations that falls to well below the WHO recommendation of 2.3 per 1,000 populations. Given these circumstances, the MOH set up goals of (1) to staff at least 1 medical doctor at all health centers by 2020, (2) to staff at least 1 medical doctor at two thirds of health centers by 2010, and (3) to increase the number of general doctors and specialist in accordance with standards of hospital at central, regional, provincial and district levels. In response, the MOH increased the enrollment of medical students to UHS in a rapid manner to fulfill the demand, and it resulted in the expansion of hospitals at regional and provincial levels to receive medical students for their clinical training. Since the number of medical students who is going to participate clinical training is increasing over the year ahead, demand and necessity for the improvement of clinical training is ever-increasing, and it is widely recognized that the least they should do is to maintain the quality of clinical training even in the regional and provincial hospitals.

Meanwhile, the results obtained from baseline survey and on-site direct observation revealed that the performance of medical doctors responsible for clinical training was insufficient as well as medical students and early graduates. Furthermore, teaching ability of clinical trainers was also insufficient due to inexperience of clinical pedagogy. In addition, management system and educational environment were also weak for effective practice of clinical training.

As noted above, reinforcement of management system, improvement of educational environment and capacity strengthening of clinical trainers, which were expected outputs of the Project, were

highly reasonable for the improvement of clinical training and for up-coming increase of medical students as well. Simultaneously, it is considered that the Project Purpose is highly consistent not only with needs from medical students and doctors but also with practical necessity of human resource development plan in Lao PDR.

2) Consistency of the Project Purpose with Japan's Aid Policy

As the basic policy of Japan's assistance for Lao PDR, it is written about supports for the self-help efforts of Laos for human development in the Country Assistance Program for Lao PDR, issued on September 2008. In "Improving healthcare services" that is one of the 6 priority areas for the achievement of the basic policy, it is stated that Japan supports the efforts by the Laos towards 3 developing agenda of "improving maternal and child health services", "developing human resources and institution building related to the field of healthcare", and "raising the capacity for health management of local communities", in accordance with the "Health and Development Initiative (HDI)" and "Health Strategy 2020" announced by Japan and by Lao PDR, respectively.

The Project aiming for future quality reinforcement of medical doctors through the improvement of quality of clinical training as the Project Purpose should be placed at "Program for strengthening of human resource development in health" under "developing human resources and institution building related to the field of healthcare".

3) Appropriateness of implementation method

It is considered to be appropriate to select medical students who participate clinical training at the Setthathirath Hospital as direct beneficiaries due to the urgent needs as aforementioned. On the other hand, the number of early graduates, envisaged as one of major target groups, was reduced beyond expectation. Most of early graduates who receive clinical training at teaching hospitals can be considered to be participants of "Family Medicine Specialist Program". As shown in Fig. 3, the number of early graduated enrolled in the course for the Program was 7 in 2008 whereas 36 in 2005 at the first year of the Program, and the number of the course participant who received training at the Setthathirath Hospital was only one in 2007. Less academic and monetary incentives as well as less promotional activities are considered to be major cause of this enrollment decrease. However, it is considered that this enrollment decrease had less impact on the achievement of the Project Purpose, since the proportion of early graduates to total beneficiaries were rather small originally.

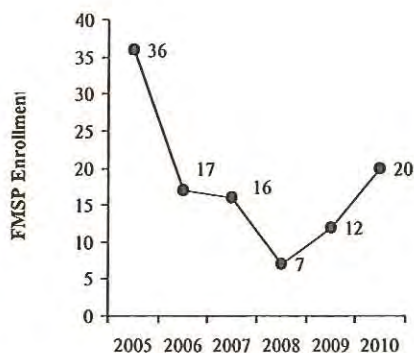


Fig. 3 Trend of Enrollment in Family Medicine Specialist Program

Recently, UHS is addressing to raise the Family Medicine Specialist Program to give approval of master's degree program. The number of the enrollment demonstrated an upward trend in 2009.

On the other hand, the Family Medicine Specialist Program is the only training course for early graduates to be nurtured as general medicine experts, while the Institute of Francophonie for Tropical Medicine has a master's degree program for tropical medicine. Since the Project did not focus on the quality enhancement of early graduates in terms of clinical skills directly, it is considered to be of importance for the MOH, UHS and other authorities to address this issue for

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further betterment of clinical training by any means.

4.2 Effectiveness

The effectiveness of the Project is considered to be high on average at the time of the Terminal Evaluation for the following reasons.

1) Achievement of Project Purpose

The purpose of the Project was to improve clinical training for medical students and early graduates who bear the important role in medical services in Lao PDR.

Activities under Output 1 were set out to accumulate clinical cases as good references systematically for sufficient opportunity to see the cases even in a short period of clinical training at hospitals, at the time of preliminary survey of the Project. However, description in medical charts was generally immature, and clinical treatment was provided on the basis of individual knowledge and experiences, rather than standardized clinical evidences. Therefore, the priority of promoting evidence-based clinical practice was confirmed over the case accumulation at the time of the Mid-term Review. Then, Lao and Japan side mutually agreed to modify the approach to achieve the Output 1 from “systematic accumulation of clinical cases” to “improvement of educational environment with enrichment of reference materials and study spaces”. The modification enabled the Project to conduct their activities, which was appropriate to the real-world condition of clinical training. In other words, the modification of approaches of the activities under Output 1 was fairly relevant, and contributed to achieve the Project Purpose through the attainment of Output 1.

Meanwhile, it is of importance to operate clinical training efficiently under the systematic administration for the quality clinical training. Though the concept of MTU, as a methodology of systemic operation for clinical training, has been introduced by the University of Calgary in 2005, it was malfunctioning due to the lack of experiences and know-how for practical operation. Under the circumstances, the Project activated the clinical training in the Setthathirath Hospital by assisting counterparts to put the concept of MTU such as (1) team organization, (2) team activities (ward rounds, case conferences, etc.), (3) clarification of job description and (4) schedule management of activities and teaching program, into reality. In addition, the Project also assisted them to formulate TMC for better coordination and administration of MTU. Therefore, it is considered that the foundation of operational management for quality clinical training at the Setthathirath Hospital.

Furthermore, the Project, under PMEL initiative (described herein below), organized TOT workshops to give lectures with regard to teaching methodology as well as administration of clinical training for medical doctors including preceptors with fewer experiences about standardized teaching methodology. TOT workshops were held at the Setthathirath Hospital in the initial phase of TOR related project activities. Then the project expanded their TOT related activities to other teaching hospitals, followed by regional/provincial hospitals where newly assigned as a teaching facilities for medical students. Through aforementioned activities, the Project simultaneously distributed the idea of necessity of educational environmental improvement (Output 1) and quality management of clinical training (Output 2), resulting in positive impacts on clinical training system in Lao PDR.