

As described above, three Outputs, set out in PDM, constitute necessary and sufficient conditions mutually for the achievement of the Project Purpose (Fig. 4). Additionally, there found no logical error in the relation between the Project Purpose and Outputs, and objectively verifiable indicators for Outputs as well as the Project Purpose are favorably fulfilled at the time of the Terminal Evaluation Survey. Thus, it is highly expected that the comprehensive achievement of the project purpose by the end of the project purpose. Especially for the practical MTU foundation that was established by the Project, authorities of human resource development emphasized the importance of MTU in future quality clinical training in Lao PDR. Thus, it is implied that the Project implemented their activities effectively.

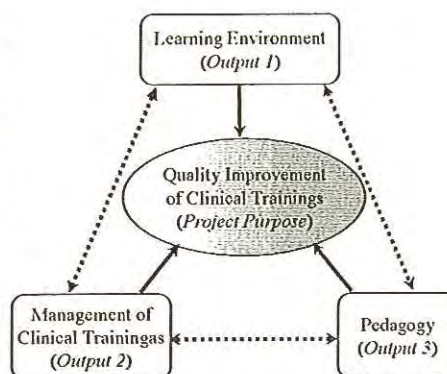


Fig 4. Logical Relationship amongst Outputs and Project Purpose

However, the MOH emphasizes on the importance of simultaneous improvement of four teaching hospitals for nurture of quality doctors nationwide, and also gives emphasis on quality assurance of teaching hospitals as a whole. While the MTU system under the efficient management of TMC has established at the Setthathirath Hospital, other teaching hospitals and other three teaching hospitals is considered to be in a introduction stage in the process of TMC establishment. Moreover, the Project provided TOT workshops at regional and provincial hospitals where was newly assigned as available facilities for clinical trainings, prior to receiving trainees to cope with the rapidly increased medical students. Under this challenging situation, the Project focused on expansion and acceleration of TOT to meet the urgent needs with flexibility. Therefore, it is relevant to consider that establishment and actual operation of comprehensive monitoring for clinical training in teaching facilities will be one of remaining problems that should be addressed after the establishment of implementation system of clinical training at teaching hospitals as a whole.

Meanwhile, even the Setthathirath Hospital established the organizational foundation for quality clinical training, yet to be consolidated. Thus, it is of necessity to advance the quality of clinical training in terms of organizational system. On the other hand, since the project period was only 3 years, the Project was not directly engaged in improvement of clinical capabilities of medical doctors as well as students. Nevertheless, it is supposed that the Project generated indirect positive impacts on the clinical services through the improvement of organizational and educational environments for clinical training (see "Impact" section below), and there were several collaborative activities with other cooperation organizations such as Freiburg University and Health Frontier that provide direct technical guidance to resident doctors in Lao PDR. The approach of the Project, "How to teach", makes a collaboration with donors above, using the approach of "What to teach." This collaboration activates these approaches each other.

## 2) Important assumptions for the achievement of Outputs

- ① Confirmation of the current status of "Clinical trainers continue working as teaching doctors".

There was no major turnover and/or resignation. Thus, few influences for the achievement of the Project Purpose were observed.

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- ② Confirmation of the current status of “*The number of patients not reduced drastically at the Sethathirath Hospital*”.

There was no drastic increase or reduction in number of patients was observed as of the time of the Terminal Evaluation. However, the rapid increase of the medical students is getting a serious issue facing future clinical training, since it is considered as a relative decrease in number of patients against the number of medical students. Relevant authorities should take necessary countermeasures for it by any means because this trend supposed to continue for several years at least.

- 3) Important assumptions for the achievement of the Project Purpose

Confirmation of the current status of “*The MOH continues to secure the budget for the clinical training at the educational hospital*”.

The budget for clinical training at educational hospital was secured as of the time of the Terminal Evaluation.

- 4) Contributing Factors for Effectiveness

The need was arisen to nature core personnel who are capable to develop teaching materials and to give lectures in Lao language at TOT workshops at hospitals in regional and provincial levels for better efficiency. In response to this issue, “Project for Medical Education in Laos: PMEL” was organized consisting of representatives from UHS and four teaching hospitals with encouragement of the Project, and the function of PMEL was expected to lead TOT workshops with developing theme of training and acting as lecturers and facilitators.

PMEL is playing an important role in organizing and implementing TOT workshops at teaching hospitals including regional/provincial hospitals. And, PMEL has acquired the capability for organize TOT workshop autonomously. Thus, it is considered that cross-organizationally formulated PMEL will contribute future sustainability.

The MOH and UHS officially approved Medical Education Committee including PMEL members to get engaged to clinical education on the 29<sup>th</sup> of December 2009.

- 5) Inhibitory Factors against Effectiveness

A part of CLC and its equipment was burned-out and damaged by fire on the 26<sup>th</sup> of October 2009, attributed to the delay in full-scale use. Details will be described at “*Efficiency*” section.

#### 4.3 Efficiency

The efficiency of the Project is generally high though several external factors vitiated the progress of the project activities.



### 1) Progress Management of the Project Activities

As described in "Implementation Process" section, several external factors affected its progress though the project activities have been implemented in accordance with the project annual action plan. It is particularly worth noting that curriculum for D6 medical students was postponed from September to December 2009. After the re-start of clinical training with new curriculum from January 2010, usage of library and CLC was get accelerated as well as clinical training.

### 2) Beneficial utilization of provided equipment and materials

Construction of CLC was incorporated into the framework of the Project after the series of discussions at the time of Med-term Review to fulfill the urgent demand of spaces for lectures, sheetworks, case conferences, etc. Construction of a part of CLC was completed on July 2009, and get started its operation gradually. Unfortunately, a part of CLC and its equipment was damaged by fire happened on the 26<sup>th</sup> of October 2009, and it took some awhile for re-procurement of damaged equipment, resulting in the delay of official transfer of CLC to the Setthathirath Hospital. However, Lao side repaired CLC as of the time of the Terminal Evaluation, and the transfer is scheduled on the final year of the project period. Undamaged rooms were continued to be used for lectures, and the administration of CLC is currently in the process of complete transfer to the Setthathirath Hospital.

CLC is efficiently used not only by hospital staff and medical students but also by other organizations such as UHS, cooperating partners, etc. Moreover, teaching materials and text books are utilized by other teaching hospitals as well as UHS, which was also confirmed through the direct observation by the Terminal Evaluation Team. It is notable that medical doctors and students effectively use medical reference books written in Thai language provided by the Project. Medical students are getting accustomed to utilize library for issues arising from their clinical training under the guidance of preceptors and clinical trainers. Thus, inputs from the Project were efficiently turned into the achievement of Outputs of the Project.

### 3) Collaboration with Existing Resources

#### ① Collaborative activities with other Japanese resources

There was no direct collaborative activity for the achievement of Outputs with other Japanese resources such as other JICA projects, Japan Overseas Cooperation Volunteers (JOCV) and so on, whereas occasional information sharing was continued.

#### ② Collaboration with Other Resources

##### University of Calgary, Canada

Japanese experts of the Project contributed the revision of "Guidebook for Basic Clinical Capability" and "Handbook for Diagnostic Algorithm" promoted by the University of Calgary. And, a doctor from the University of Calgary attended TOT workshops at Champasak and Luang Phabang provincial hospital as a guest member. Moreover, the Project provided space and equipment for them to implement life-long learning program for graduates of the Family Medicine Specialist Program. Occasional information sharing was continued throughout the project period.

##### Albert-Ludwigs-Universität Freiburg, Germany



Dr. Michael RUNGE is providing lectures and technical guidance for Obstetrics-Gynecology resident doctors at bedsides at the Setthathirath Hospital and Luang Phabang provincial hospital. The Project provided space and equipment for him to implement Obstetrics-Gynecology Seminar held on February 2010. Occasional information sharing was continued throughout the project period.

Khon Kaen Regional Hospital, Thailand

Dr. Satang SUPPAPON, from Center for Medical Education, Khon Kaen Regional Hospital, gave lectures regarding to "Professionalism" at the 3<sup>rd</sup> Medical Education Seminar held on October 2009, and provided a teaching material of "Humanistic Care". After the Seminar, the project employed the content of professionalism at TOT workshops.

Health Frontier, USA

Health Frontier is sending forth doctors to the Setthathirath Hospital and other teaching Hospitals, and providing OJT at Internal Medicine and Pediatrics Wards. Information sharing about the status of MTU is continued through occasional meeting on the ground, the Joint Coordinating Committee (JCC) meetings and the medical Education Seminars.

4) Contributing Factors for Efficiency

① Efficient collaboration with other cooperating partners

As described before, effective collaboration with the university of Calgary and other cooperating partners contributed to the efficient implementation of the project activities. It is particularly worth noting that the Project and the University of Calgary developed a learning material in collaboration, by modifying existing material that was developed by the university of Calgary on the basis of their experiences. Therefore, it is considered the learning material should meet the actual conditions of clinical practices in Lao PDR. In addition, other learning materials are also developed on the basis of existing materials, which contributed the efficiency of the Project.

② Efficient information sharing amongst relevant parties

The Project has been trying to share the information about the progress of the activities and achievements of the Project through the biannual JCC, Medical Education Seminars, HRH-TWG, newsletters and a poster developed by the Project. As the results from these activities, the Health Minister and other authorities expanded the understanding of effectiveness of MTU and other benefits generated by the Project. The Minister of Health and vice-Minister reached at the level enough to explain the concept of MTU correctly.

5) Inhibitory Factors against Efficiency

As aforementioned, SEA Games and fire accident of CLC had influenced on the efficient progress of the Project. But fortunately, there was little impact on the eventual achievement of the Project Purpose.



#### 4.4 Impact

The following positive and/or negative impacts are confirmed and/or expected by the implementation of the Project.

##### 1) Probability of achievement of the Overall Goal

The Government of Lao PDR focuses on the enhancement of the capability of health professionals for the improvement of the medical conditions of the country. Activities in the Setthathirath Hospital that is promoting enhancement of the quality of clinical training are regarded as a base for the doctor training with guaranteed quality by the future. In this Project, activities are conducted with the emphasis on sustainability in the participant for the purpose of future prevalence of benefits through the activities. In particular, PMEL was formed by UHS and the representatives of four education hospitals and is conducting the activities enthusiastically including the implementation of TOT. Through TOT, the training management method in the Setthathirath Hospital is shared among other education hospitals and regional/provincial hospitals that were newly appointed for providing internship. In this way, the impact such as formulation of TMC in the three provincial hospitals is confirmed (described later). That is, the foundation of clinical training that has been established by the Setthathirath Hospital has evolved during the project period with the emphasis on the sustainability within Lao PDR, which means that the basis for achievement of the overall goal has been established.

As described above, the clinical training method is currently in high demand and there is no failure in the causal association. As this project sets out dissemination of the achievement of the Setthathirath Hospital across the whole of entire Lao PDR, the legitimacy of the current overall goal is maintained, and the overall goal is likely to be achieved if the current activities are maintained and important assumptions (very significant at the current point) are satisfied. Both the MOH centering and the Minister of Health highly appreciates MTU as a tool for realizing high-quality clinical training and strong commitment at the policy level can also be expected.

Although MTU is practiced in four teaching hospitals, the other three hospitals have not reached establishment of TMC. Establishment of TMC will be supported by the remaining term of the Project. TMC has been established in three provincial hospitals and the training management has commenced. In provincial hospitals despite the absence on middle-level teaching staff members who form MTU the hospitals already started to modify the system to make it suitable for the organization at each level.

On the other hand, a sharp increase of the number of medical students that is set as the important assumption is detected and some doubt remains about the capacity of the training management by TMC and the MTU system itself to cope with the sudden increase in the number of the students. The number of preceptors available for the drastic increase of the number of students is assumed to remain unchanged, and this is considered to be a key for the sustainability of the system.

##### 2) Important Assumption for Overall Goal

Current status of *"The number of medical students are not increase drastically"*.

As described above, the number of students accepted in the Faculty of Medicine has already



increased dramatically during the project period. The four education hospitals alone already cannot cope with the number of students to facilitate the students who are to receive clinical training and the additional three regional hospitals and one provincial hospital are assigned as available facilities.

As the number of students has continuously increased until this year, the number of medical students who will receive training is expected to increase for the next five years so that obviously, the current important assumptions will not be satisfied. Currently, the scope of facilities made available to the training has expanded to the regional hospitals. With the implementation of TOT prior to the commencement in regional hospitals in response to the strong request from the MOH, training at a certain level is maintained. According to the interview survey conducted to concerned parties by the evaluation inspection team, the number of students accepted by the Faculty of Medicine is expected to decrease from the next year, however, the actual measures are indecisive. The clinical training in Laos may fail and this may become a critical assumption. The measure for coping with increasing participants for clinical training is requested as well as the realization of a restriction on the number of students accepted by the Faculty of Medicine based on the demand.

### 3) Other Positive Impacts

#### ① Future development of MTU

The technical aspect is heading in the right direction with smooth progress of institutionalization of TMC and PMEL. The MOH regards MTU as a model for fostering health professionals in the 5-year plan (2010-2015) of the next national health sector.

#### ② Introduction of MTU/TMC in regional (provincial) hospitals

TOT was conducted in four provincial hospitals in Savannakhet, Champasak, LuangPhabang, and Vientiane and the result of the interview survey conducted in hospitals other than the Vientiane province hospital indicates an improvement of the quality of the education training by preceptors. In the three provincial hospitals, MTU started to function as a clinical training system following TOT, and TMC is installed in the Savannakhet provincial hospital and the Champasak provincial hospital.

#### ③ Contribution to improvement of clinical capabilities of doctors

Although this project is not directly engaged in improvement of clinical capabilities of doctors, OJT is implemented in the education opportunities such as visits to patients. CLC has been built as a Skills Labo and for providing space for conferences and it is becoming more widely used by other support organizations. Doctors have started to spend more time for teaching preparation and some doctors also indicate that it is beneficial for improving their own knowledge. In this way, this project indirectly contributes to the improvement of medical technology and knowledge that are not directly supported.

#### ④ Contribution to improvement of medical examination services

In MTU, medical records are to be entered by medical students and preceptors provide counter signatures to give the students the sense of responsibility for certain medical examinations. In this way, preceptors can allocate the time spent for entering medical cards to case conferences and student guidance in OJT. Thus, MTU contributes to the improvement of student ability. The inspection team directly observed that medical students were carefully



recording the history of medical examinations, medical assessments, and the setting of treatment policies while checking the details in the libraries. It is assumed that the system indirectly contributes to the improvement of the "quality of the medical examination service" as well as standardization of information associated with the use of the libraries and the improvement of attitudes to patients based on the guidance on ethics.

#### 4) Other Negative Impact

No negative impact attributed to the activities of this project is observed by the evaluation at completion.

### 4.5 Sustainability

A self-sustainability as well as a self-deployment of the benefits provided by the Project can be expected in some degree if continuous small-sized assistances are obtained by any means.

#### 1) Political and Institutional Aspects

As mentioned in "legitimacy", the Laotian Government regards development of human resources as one of the most important policies in the "Health Strategy 2020", which is the health and medical strategy to be achieved by 2020. In the 7th Five-Year Health Development Plan 2011-2015, the Government also regards MTU as an important element for enhancing the capabilities of health professionals.

In the subcommittee meeting, the Minister of Health pronounced, in the CHIPU (Complex of Hospital, Institute, Project and University) scheme, the promotion for the enhancement of the capabilities of health professionals with the cooperation from medical service supply organizations (hospitals, and so on), medical education research organizations (universities, research organizations, healthcare specialist schools), and development partner organizations. The Minister stated that the MTU system, which was established in this project, would become a common term for connecting CHIPU. The Minister of Health sent a letter to JICA, requesting continuous technical support for upgrading the scale to include local hospitals in the next plan under CHIPU. In this way, a strong political commitment from the Laotian Government can be expected on a continuous basis.

On the other hand, MOH has had a framework, HRH-TWG of SWG. However, so far, the specific issues about medical education had not been discussed in this framework. The MOH can promote efficient coordination among developing partners for quality improvement of medical education.

Therefore, the importance of capability enhancement of health professionals based on doctors is maintained politically. In particular, the sustainability of political support for MTU is highly probable as it meets the CHIPU scheme that is promoted by the Minister of Health and the MOH.

#### 2) Financial Aspects

After the shift from the control under the Ministry of Education to the control under the MOH in 2007, the budget allocated by the MOH covers only payrolls of the public servants, that is, the payrolls of the staff members of the Setthathirath Hospital. Other expenses incurred for medical equipment and its maintenance are to be financed from the revenue of the hospital. However, the



revenue of the hospital is unstable and no special budget is allocated to teaching materials for students. However, as far as the Setthathirath Hospital is concerned, adequate medical reference materials and training equipment have become available through this project. The medical education technique for learning basic clinical capability that is introduced by this project does not require expensive equipment and can be introduced to local hospitals comparatively easily. Therefore, the cost for managing training can be maintained at a comparatively low level. However, education hospitals and provincial hospitals that accept internship other than the Setthathirath Hospital may find it difficult to access information. As shown in Fig. 4, to achieve effective improvement of the quality of clinical training, the environment such as libraries and space for learning needs to be improved in association with the introduction of the training management system.

As repeatedly mentioned before, further increase in the number of medical students who will receive internship in hospitals is clearly anticipated at least for the next several years. To respond to this issue, the MOH has included regional hospitals for accepting interns and is unofficially planning to include two new provincial hospitals to accept interns to handle any further increase. To prepare facilities that are far distant from the university as accepting hospitals, sustainable budget allocation is necessary including TOT training cost and preparation of the living environment such as accommodation facilities as well as preparation for the academic environment that is indicated above.

Although TOT is implemented based on PMEL, its training cost, traveling and transport expenses, and accommodation expenses are assisted by the project. Doctors available at a clinical site in provincial hospitals including preceptors constantly change due to transfer, resignation, and new recruitment. TOT requires some degree of sustainability for the acquisition of new knowledge and monitoring preceptors. In this project, estimation is under way for the cost required for the activities that need to be continued by the Laotian Government after completion of the project, as well as the cost for implementation of such training.

The result of the interview survey conducted for Laos indicated that MTU is particularly emphasized at the policy level and the increase in the number of students was based on the policy. Therefore, the conclusion of the survey indicates that necessary budget allocation can be expected. Although some degree of budget allocation can be expected from the government, the concrete cost estimation has not commenced and urgent preparation is necessary.

### 3) Technical Aspects

The status of MTU has reached the level of sustainable operation under TMC management and MTU functions with limited presence of Japanese specialists. This means that the technical foundation of organizational management of the clinical training in the Setthathirath Hospital has been nearly established. These management systems are currently being introduced into the other education hospitals and provincial hospitals and are making substantial contributions to training management for the students that have increased in number. For the monitoring of preceptors, evaluation is implemented with the combination of (1) On-site review by Japanese expert and (2) Monitoring progress by outsourcing. Currently, training is continuously provided so as to enable the Laotian Government to implement sustainable management.

Through this project, information access has been improved including the improvement of libraries and the collection of books, and the commencement of a loan system. Teaching materials have also been improved by the project and hardware facilities have been enhanced. CLC that was constructed



in this project not only functions as a Skills Labo but also is expected to be used for conferences. The use by various diagnostics and treatment departments and other support organizations is being promoted. Thus, CLC is expected to contribute to the maintenance and the improvement of knowledge and the skills of doctors and students.

The operation foundation in the Setthathirath Hospital has been established and further improvements are necessary for the flexible handling of medical students whose number will increase in the future. The system has not been introduced in other education hospitals and regional hospitals and sustainable technical assistances are necessary for the stability of the system.

#### 4) Comprehensive Sustainability

The Laotian Government highly evaluated the improvement of the quality of the clinical training implemented by this project. Highly comprehensive sustainability can be expected in the political and institutional viewpoints also as MTU are expected to be incorporated in the strategic plan for human resource development.

In the technical aspect also, although the Setthathirath Hospital can independently provide clinical training with the guarantee of a certain quality, it is still at the primary stage regarding the training. Other education hospitals and training hospitals of the provincial level are at the initial stage of introduction and the necessity for sustainable technical assistances even on a small scale is signaled.

To achieve the quality of clinical training across the whole of Laos, it is necessary to improve the learning environment and to train instructors. The necessity for some sort of financial assistance is suggested for proper implementation of clinical training for the increasing number medical students.

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#### 4.6 Conclusion

In conclusion, even though the Project had been influenced by some outside factors, outputs are expected to be achieved by the end of the project period. The quality of medical training in Lao PDR, mainly in the Setthathirath hospital, has been greatly improved, and relevance, effectiveness, and efficiency of the Project are all quite high nevertheless of short project period of three years.

In addition, positive impacts on other teaching hospitals and regional/provincial hospitals are already observed, so the output of the Project can be positively evaluated. Moreover, since the project activities have been focusing on sustainability throughout the project period, technical and organizational sustainability is relatively high.

However, the rapid increase of medical students can greatly affect the medical training program in Lao PDR, thus it is suggested to discuss how to deal with this matter until the termination of the project period.

Also, not only organizational and environmental improvement, which the Project have been focusing on, but also improvement of basic clinical skills is crucial in order to improve the quality of medical training. Therefore, it is recommended to improve clinical skills under the good coordination with institutions concerned as well as continuous efforts to strengthen organizational and environmental improvement of teaching hospitals.



## CHAPTER 5 RECOMMENDATIONS

### <MOH>

1. MOH should continue the policy to develop community-based medical education and allocate the necessary budget to expand the success of medical education in central hospitals to provincial hospitals.
2. MOH should promote discussion about medical education under HRH-TWG, and invite related developing partners.
3. MOH should support UHS to conduct TOT by issuing the letter and making necessary arrangement to the teaching hospitals and provincial hospitals.

### <UHS>

1. UHS should technically and financially support TOT activities by PMEL, which is promoting MTU and TMC activities.
2. UHS should make technical advice to MTU and TMC activities in each teaching hospital and provincial hospital, and monitor these activities.
3. UHS should utilize teaching materials made by the Project.

### <Teaching Hospitals>

1. Teaching Hospitals should establish and strengthen the management and operation of TMC
2. Teaching Hospitals should maintain management of clinical education through closer communication with UHS about MTU and TMC.
3. Teaching Hospitals should recognize the current situation of living and learning environment of medical students and improve them such as providing study space and improving accessibility to relevant information (Textbook, Internet etc.)

### <The Project>

1. The Project should strengthen the capacity of PMEL to maintain MTU and TMC activities.
2. The Project should estimate the necessary cost of the TOT for the continuation.



# ANNEX 1-1: PDM<sub>0</sub>

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

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

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5.8



Activities	Inputs	Lao side	Trainers of clinical training continue working as teaching doctors.
<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>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>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 SETHATHIRATH Hospital.</p>
<p>2-1 Develop concepts/philosophy of clinical trainings from a viewpoint of medical education at the SETHATHIRATH 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 SETHATHIRATH 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><b>Pre-conditions</b></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>			