

3. Record of Discussion of Joint Coordination Committee (JCC)

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

Agenda of Joint Coordinating Committee

- Date & Time:** 25 February, 2008 (Mon) 10:00 – 12:00
- Venue:** Setthathirath Hospital, Conference Room 1
- Chairperson:** Dr. Khampe PHONGSAVATH, Deputy Director, Setthathirath Hospital
Dr. Hirotaka ONISHI, Chief Adviser, University of Tokyo
- Lao Member:** Ministry of Health:
Representative of Department of Curative
Representative of Department of Planning and Finance
Representative of Department of Personnel
Representative of Department of Foreign Relations
Representative of National Institute of Public Health
Representative of Mahosot Hospital
Representative of Mittaphab Hospital
Representative of Mother and Child Health Hospital
National University of Health Sciences
Dr. Manivanh SOUPHANTHONG, Dean of Department of Medicine
Dr. Sing MENORATH, Head of Postgraduate Education and Research
Dr. Bouthavong PHENGSIOMBOUN, Head of Academic Affair
Setthathirath Hospital:
Dr. SomOck KINGSADA, Director
Dr. Vang Yer NENGMONGVANG, Deputy Director
Dr. Phay DOUANGSY, Chief of General Affairs
Ms. Mimala PATHOUMXAD
Medical affairs
Internal Medicine
Surgery
Obstetrics and Gynecology
Pediatrics
Laboratory
Statistics
Gastrointestinal, etc
- Japanese Member:** The project member:
Dr. Kiyoshi KITAMURA, University of Tokyo
Dr. Masamine JIMBA, University of Tokyo
Ms. Yukari TANAKA, University of Tokyo
JICA:
Resident Representative of JICA
Mr. Hiroaki ASAOKA, Assistant Resident Representative of JICA
Ms. Kaori OSONE, Assistant Resident Representative of JICA
- Observer:** Representative of the Embassy of Japan: Mr. Jin SUGIYAMA
Other personnel invited by the Chairperson

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

Agenda:

1. Opening remark (5 min) — Dr. Khampe
2. Confirmation of JCC members and its functions (10 min) — Dr. Khampe
3. The report of baseline survey (10 min) — Dr. Onishi
Japanese side will report the progress of baseline survey.
4. Relationship of the JICA project with other donors (10 min) — Dr. Jimba
How to keep the relationship with other international donors.
5. Relationship with University of Health Science and three other teaching hospitals (10 min) — Dr. Onishi
How to cooperate with UHS, Mahosot, Mittaphab, and Mother and Child hospital.
6. "Committee" for clinical training (10 min) — Dr. Khampe
Its function, responsibility, members, etc.
7. Internal monitoring for medical education (10 min) — Dr. Onishi
How to design it.
8. Training program in Japan (10 min) — Dr. Onishi
Four candidates, training schedule and contents of program.
9. Construction of new facility (10 min) — Dr. Onishi
10. Annual work plan for next year (5 min) — Dr. Onishi
Purpose, timing, etc.
11. Other issues
12. Closing remark (5 min) — Dr. Kitamura

MINUTES OF MEETING
OF THE FIRST JOINT COORDINATION COMMITTEE OF
THE PROJECT FOR MEDICAL EDUCATION AND RESEARCH
FOR THE SETTHATHIRATH HOSPITAL, LAO P. D. R.

The First Joint Coordination Committee (JCC) of the Project for MEDICAL EDUCATION AND RESEARCH FOR THE SETTHATHIRATH HOSPITAL OM LAO P.D.R (hereinafter referred to as "the Project") was held on 25 February 2008 at Setthathirath Hospital, Vientiane City, Lao P.D.R. The Committee basically agreed upon issues discussed as described in Annex I.

Vientiane City, 25 February 2008

Dr. Hirotaka Onishi
Project Chief Advisor
JICA Expert Team
Japan

Assoc. Prof. Dr. Khampe Phongsavath
Deputy Director of Setthathirath Hospital
Lao People's Democratic Republic

The Project for Medical Education and Research for the Setthathirath Hospital

Items of baseline survey are Medical care system, General health conditions, General conditions of hospitals, Patients dissatisfaction, Related organizations, Donors involved, Medical education, Clinical education, Trainers training, Trainers of clinical training, Medical students, and Medical doctors (residents).

Overview of the Projects, the results and details of survey are in Annex 2 (slides 1-12).

4. Relationship of the Project with Other Donors (Speaker: Dr. Jimba)

Potential links between the Project and other external agencies.

List of agencies and project:

- World Bank
- Asian Development Bank
- World Health Organization
- University of Calgary: Community Health
- German Medical Doctor Training Project
- Health Frontiers
- MSF
- Other three JICA projects

Details are in Annex 3.

5. Relationship with University of Health Science and Three Other Hospitals (Speaker: Dr. Onishi)

Direct counterpart of the Project is Setthathirath Hospital and indirect counterparts are University of Health Sciences, Mahosot Hospital, Mittaphab Hospital, Mother and Child Hospital. University of Health sciences manages the clinical curriculum for undergraduate and postgraduate trainees. Clinical curriculum covers training at four different teaching hospitals.

Details are shown in Annex 2 (slides 13-15).

6. "Committee" for Clinical Training (Speaker: Dr. Khampe)

- 9 members at Setthathirath Hospital have been selected and signed by Ministry of Health to be a counterpart of JICA Experts.
 - 1). Dr. Phay (Chief of General Affair) for Dr. Onishi
 - 2). Dr. Khamta (Chief of Laboratory) for Ms. Muramatsu

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.

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 PHENGSI-SOMBOUN	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.

牛尾 光宏

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



Vientiane, June 25, 2009

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



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

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Appendix 1: Joint Mid-Term Review Report

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