

RCH International,  
a department of The Royal Children's Hospital,  
Melbourne, Australia

The **Royal Children's**  
**Hospital** Melbourne 

## RCH International celebrates its first ten years



Associate Professor Ravi Savarirayan running a Health Clinic at the Hanuman Basti Slum, in Kota city, Rajasthan state, India. See article p.4

By **Professor Garry Warne**  
*Director, RCH International*

In 2008, RCH International celebrated its first decade of operation. As we enter our second decade, how are we travelling? The vision on which RCH International was built was a simple one. If we can focus the energies and resources of the great institution that RCH is, in support of important education and training projects in developing countries of our region, we can achieve great things.

In this edition of RCH International News, we highlight two major projects that RCH International is currently responsible for in Vietnam.

The first is the Hue Cardiovascular Training Project which began in 2006 and which will run until the end of 2010. This project supports the development of staff for a new 6-storeyed cardiovascular centre built at Hue Central Hospital. Mai Eames, RCH International's International Project Manager, writes about the project for RCH International News. Mai has

degrees from Hanoi Medical College and Latrobe University. Being Vietnamese, she has a great interest in managing this complex project which involves arranging and monitoring training for 111 doctors, nurses, technicians and administrators. If that wasn't complex enough, there ▶

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are six different institutions in three countries that provide training, and two foreign language training courses to be coordinated.

Our second large project is the 3-year Education & Training Project at the National Hospital of Paediatrics (NHP) in Hanoi, Vietnam and is the subject of an article by our Senior Project Officer, Annie Major, who joined RCH International 9 months ago from the Brotherhood of St Laurence. The project, worth \$5.3 million, involves RCH International in a close and very productive collaboration with The Nossal Institute for Global Health at the University of Melbourne. For the first time, we have an in-country International Project Manager, employed by the Nossal Institute, Brendan Allen, who has been heading the Project Management Unit at NHP since April 2008 and who will remain in Hanoi until the end of 2009.

In many ways, from an international development aid perspective, the jewel in our crown is RCH Nursing. There is a great need, now being increasingly recognized in SE Asia, for nurses to have access to better training and to experience the benefits of nursing practice development. In this issue, Jane Wilcock writes about the paediatric nursing training courses that she and her colleagues have delivered at three different locations in India (Lucknow, Chennai and Chandigarh) since funding became available in 2001. Maurice Hennessy also reflects on a number of inputs and achievements at NHP, including the establishment of a 6 month paediatric nursing training program, now being institutionalised nationally. RCH International is proud of what RCH nurses have been able to achieve over a number of years.

In 2008, our 3-year post-tsunami project in Aceh, carried out in collaboration with the Gadjah Mada University in Yogyakarta, The Nossal Institute for Global Health, the University of Melbourne Department of Paediatrics and World Vision Australia, was successfully concluded. It was one of only two health projects in West Aceh to last more than one year and we are delighted that initiatives introduced by the project are being enthusiastically continued in Indonesia.

The long term impact of RCH International projects has yet to be evaluated, but it is pleasing that the Vietnamese Ministry of Health (MOH) has requested the roll-out of the Advanced Paediatric Life Support training course, established by RCH International under the leadership of Dr Simon Young, Director of the Emergency Department at RCH, to all parts of Vietnam. The MOH has also determined that any nurse in Vietnam who seeks registration as a nurse in a paediatric hospital must have completed the 6-month paediatric nursing course established at NHP by RCH International under the team leadership of Paul Longridge and Maurice Hennessy.

RCH International supports other individuals and groups and in this issue of the newsletter, two Australian Youth Ambassadors for Development reflect on their experiences. Claire Henderson (an endocrine nurse educator formerly working at Goulburn Valley Health and now back in her native Scotland) and Dr Angela Luangrath (an Australian-Lao trainee in paediatrics from RCH) were based in Hanoi and in Vientiane, Laos, respectively, each for a year. RCH International is interested in continuing its involvement with the Youth Ambassadors for Development program (AusAID) and engaging with groups such as VIDA (Volunteering for International Development from Australia). Come and talk to us if you're interested in being involved.

RCH International is fortunate to have recently engaged Abbey Keating as Operations Manager. Abbey previously worked with Dental Health Victoria as a Dental Therapist and as Regional Manager of many dental clinics throughout Victoria. Abbey provides integral support to the projects and to RCH International's compliance with RCH Melbourne financial and administrative systems and policies.

In 2009, RCH International will start implementing its new business plan and a key component of this will be business development. We are keen to explore new opportunities and to build on what has already been established, and to fulfil our vision, which is to make a leading contribution to improving the health and welfare of children in the Asia-Pacific region. To do this, we will provide international leadership and innovation, strengthen collegial relations between RCH Melbourne and child health workers in developing countries, and promote service to the international community. We aim to build staff capacity in partner hospitals, enhancing long term sustainability and quality of service.

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# Taking Paediatric Nurse Education to India

By **Jane Wilcock**  
*Nurse Unit Manager, 4 Main –  
Surgical Unit*

In 2001, RCH International received a grant from BHP Billiton to run short nursing training programs in India. Six programs have been run over this time, in Lucknow and Chennai, with the final program being implemented in November 2008 in Chandigarh. After an overwhelming response rate from RCH nurses who applied to be team members for the final program, four RCH nursing staff (Gabrielle Carroll, Heidi Best, Monica Burns and myself) conducted a 5 day training program at the Advanced Paediatric Centre – Post Graduate Institute of Medical Education and Research (PGIMER). The program focused on general assessment of the paediatric patient, recognition of the sick child and management of the sick child. It also encouraged participants to apply new skills and recognise their existing skills within paediatric nursing care. We worked closely together to plan the curriculum and develop presentations and materials prior to our departure.

There were 13 participants from the following areas: Paediatric Intensive Care (Ventilated patients with mechanical ventilation), Emergency Department (Intubated patients, all hand ventilated by family), Neonatal Intensive Care (Ventilated patients with mechanical ventilation), Special Care Nursery, Birthing Suite and the Children's Outpatients department. Our impression was that the nurses were well educated with a keen interest to learn. The facilities were adequate to conduct both clinical and theoretical teaching. The combination of lectures in the morning and work stations in the afternoon worked well to provide training variety. The presentations at the end of the week allowed the nurses to apply their learning as well as gain confidence in teaching others.

Our recommendations included running weekly education sessions by nursing staff to build teaching skills, improving neurological assessment, strengthening documentation, and extending any future programs to a minimum of 2 weeks to allow time to apply clinical theory to practice. We will follow up with the institution and participants in 3 months to see what new skills are still being applied from the program.

It was a great privilege to be part of

a team of RCH nurses to share our knowledge and experience with fellow nurses in India.

During our time at PGIMER we had to remind ourselves what is achievable in an over populated country grief stricken by poverty, disease and limited resources. As always, the culture of Indian people made us feel so welcome and safe, even our rodent friend watched over us day and night! We learnt that it does not matter what country you are in, nurses like to have fun, we had many laughs, some

frustrations and made friends along the way.

We are hoping that through the success of this final India nurse training program and the recommendations made to BHP, we can continue the relationship we have established over the years. Given over thirty applications to the team and the vast experience RCH nurses have to offer, it is hoped that in the future more opportunities will be available for others to participate in the RCH International experience.



**Monica Burns on ward rounds in Chandigarh, India**



**Gabrielle Carroll on ward rounds in Chandigarh, India**

# Education breaks the cycle of poverty: the Yatra Foundation

*“Any Man’s death diminishes me, because I am involved in Mankind” (John Donne 1572)*

**By Associate Professor Ravi Savarirayan,**  
*Head, The Royal Children’s Hospital  
Clinical Genetics Services*

The inspiration for the formation of Yatra foundation ([www.yatrafoundation.org](http://www.yatrafoundation.org)) came from an incident that happened when my wife and I were visiting my home town, Vellore, in the South of India. My aunt’s cook, Kasthuri, had two young daughters, then aged 5 years and 3 years. Unfortunately, she was married to an alcoholic and abusive man. One day she took her daughters into the forest with the aim of killing them and then herself. At the last moment she was unable to carry out this desperate act and returned tearfully to my aunt and explained what she had tried to do. She said that she saw “no hope for my daughters or any future for myself”.

My aunt was extremely concerned and asked whether we could aid this woman in the form of money. We said we certainly could, however after further reflection thought that it might be better and more enduring if we undertook to educate these two girls (called Priya and Nithiya). Over the next 10 years we sent approximately AUS\$300 to my aunt and this covered both girls’ education expenses, including one meal a day, and also their uniforms! In return we received regular updates regard-

ing their progress and pictures and reports to see how they were changing their lives through education.

Now, some 10 years after we first started sending the money for education, the girls are aged 15 and 13, and both want to become nurses. Their mother has now left her abusive husband and is living in a new house with a new partner. The very small amount of money (\$300) that it took to transform these girls’ lives greatly impressed both my wife and me. We thought that if we are able to change the lives of two children in such a way, could we affect the lives of more children by offering increased opportunities for them through education.

This was the origin of Yatra foundation, which aims to help children in their journey of life through education. We were fortunate to find two friends who shared our passion and together we formed the foundation. Over the past two years, we have set up a small school in a slum in Rajasthan, which approximately 40 children aged between 3 and 7 attend. We are also offering scholarships for children of various ages, both in Rajasthan and in the southern state of Tamil Nadu. Very recently we have entered into a joint venture with another organisation and aim to build a school for 300 children on the edge of a tiger reserve in a remote part of Rajasthan.

I recently travelled to India to help sign the documentation for this joint venture and at the same time conducted a paediatric clinic with a local paediatrician in the school that we had set up in the slum. This clinic was also attended by a pharmacist and a health care nurse – as well as local news media – and really highlighted the inequalities and challenges that face these children in overcoming poverty. Ninety-five percent of the children whom we saw were malnourished, with iron deficiency anaemia. In addition, a high proportion of these children had malaria, tuberculosis and/or scabies. This illustrated the vicious cycle that these children are in, being the poorest and least able to access education, and also having the poorest health which makes them less likely to learn or attend school.

We are introducing public health care initiatives into the education process in our schools as a way of dealing with both the educational and health needs of these children.

When we look at the statistics (900 million people in India living on less than \$3AUS per day) the task to help these people seems overwhelming. However when we look at it child by child, starting with Priya and Nithiya, we feel that this work is worth doing and we choose to do it even though it is hard and challenging.

Mohammed Younis, Nobel laureate and founder of the concept of microfinance, once said that he spent the first 40 years of his life trying to be successful and that he would try and spend the next 40 trying to be significant. This comment has certainly resonated with me and the other founders of Yatra Foundation and we do hope that our work, in time, will prove to be significant.



**yatra**  
foundation 

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Children attending a Health Clinic at the Hanuman Basti Slum, in Kota city, Rajasthan state, India

# The impact of Advanced Paediatric Life Support training on knowledge and skills of doctors and nurses in Vietnam

By **Dr Amy Gray**, *Advanced Trainee, General Paediatrics Supervisors*, **Dr Simon Young** and **Dr Tran Tuan**

There is a well-recognised need to improve the quality of emergency care for children in developing countries. Training of health staff in standard emergency protocols is one priority area and different courses have been designed to meet different settings with varying resources. In developing countries, the Emergency Triage Assessment & Treatment (ETAT) course is designed to provide the basis for recognition of sick children and instigation of emergency treatment. In developed countries, most practitioners are familiar with Advanced Paediatric Life Support (APLS) and Paediatric Advanced Life Support (PALS).

The APLS training program was conducted in Vietnam in between 2004 and 2005. In total 10 APLS courses, including 3 instructor courses were conducted, involving 239 participants and around 50 instructors. This was a collaboration between RCH Melbourne and the National Hospital of Paediatrics, Hanoi.

Previous studies have demonstrated that training in resuscitation can improve knowledge and skills, but that the retention of these over time is limited. The impact of patient outcome is difficult to assess and has not been previously demonstrated. No previous studies of the impact of APLS/PALS training in a developing country have been conducted. We decided to undertake an evaluation study of the APLS program implemented in Vietnam in 2006. The purpose of the evaluation study was to assess the impact of APLS training on the knowledge and skills of doctors and nurses in Vietnam (See Diagram 1).

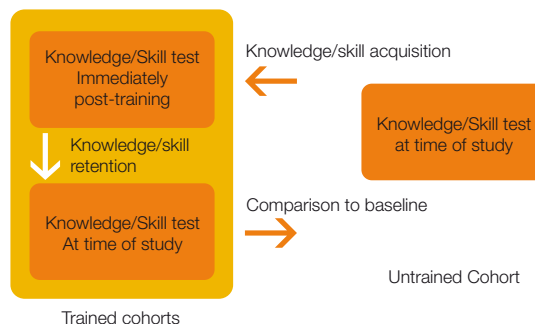
The study demonstrated that APLS training of doctors and nurses in Vietnam led to improved resuscitation skills and knowledge in doctors and nurses. Of all groups included in the study those trained as APLS instructors performed better than APLS-trained doctors followed by APLS-trained nurses (see Diagram 2).

Despite the fact the study was conducted almost one year after the last APLS had been conducted and almost 3 years since the first course, all trained groups of individuals performed better than the individuals who had not receive training (See Diagram 3).

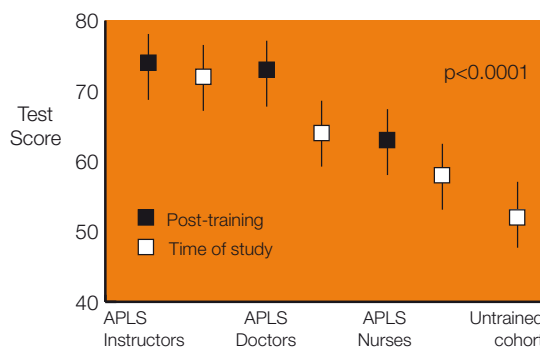
There was clear attrition of skills and knowledge over time which highlights the need for retraining. Perhaps most importantly, the clear deficit in resuscitation skills and knowledge among untrained individuals demonstrates the need for a sustainable model for APLS training in Vietnam.

The Education and Training Program (ETP), funded by the Atlantic Philanthropies and managed by RCH International is now supporting the development of APLS training at the National Hospital of Paediatrics. The ETP recently supported the participation of Dr Simon Young at the inaugural Emergency Paediatric Conference at the NHP in Hanoi.

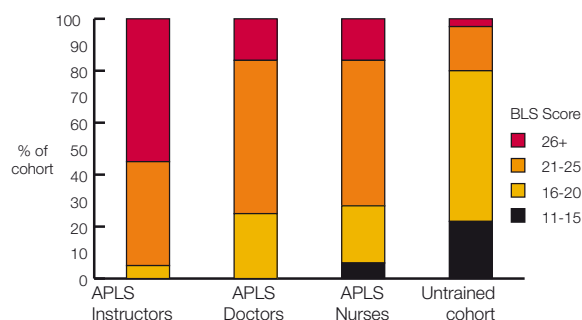
**Diagram 1 Study design**



**Diagram 2 Results: knowledge testing**



**Diagram 3 Results: BLS test scores**



**Left – APLS ward observation, National Hospital of Paediatrics, Hanoi, Vietnam**

**Right – APLS course with Dr Amy Gray**

# Nursing at The National Hospital of Paediatrics (NHP), Hanoi, Vietnam

By **Maurice Hennessy**  
*Senior Program Officer, RCH International*

Nurses from The Royal Children's Hospital working in Vietnam with the staff at the National Hospital of Paediatrics continue to experience the challenge and satisfaction of applying their paediatric nursing skills in an overseas environment. The sharing of positive camaraderie whilst at the same time engaging in critical debates about practice and processes continues to be an element that contributes to the growth of all RCH nursing staff who venture into the world that is nursing at NHP.

## Fifth National Paediatric Nursing Conference

On a recent visit, Yvonne Osborne (Queensland University of Technology), Sue Scott (RCH), and Maurice Hennessy (RCH) were involved in the 5<sup>th</sup> National Paediatric Nursing Conference. Each presented a paper and participated in the conference. The conference was a well organised event coordinated by the Nursing Office at NHP. The conference was attended by approximately 400 delegates and approximately 20 research based papers presented by nurses across Vietnam.

## Paediatric nursing course

The paediatric nursing course has commenced its fourth year. The course was developed over an 18 month period with the support of a number of nurses from RCH and key stakeholders in Hanoi. It is the first post specialty nursing course of its kind in the country, something

our friends and colleagues at NHP and we are all proud of. Each year up to 20 nurses from NHP and other provinces completed the 6 month nursing course. This has recently increased to thirty participants per course. A recent independent evaluation has recognised the strengths and benefits of this course.

"The program was highly applicable – up to 86% of trainees reported that the skills they learned through the training program were utilised in their daily practice. 92% of trainees observed significant positive change in the way they delivery health services after training."

"As we use a better approach, patients families are feeling more comfortable and easier to approach...patients now trust health workers better..." (Nurse, Outpatient Department, NHP)

"Before performing any procedure on the patients, such as an injection, it is important to talk to the parents, explain to them about the procedure, and soothe them as well as their children. We can communicate better with the patients, and the patients receive more detailed post-procedural instructions." (Nurse, Voluntary Outpatient Department, NHP).

A recent innovation developed in collaboration between NHP and RCH International is the introduction of two three month paediatric nursing modules. These modules have been developed from the 6 month course and each module will be offered each year to enable participants to complete the course over a twelve month period. This innovation doubles the capacity of nurses achieving a paediatric qualification through NHP each year

to sixty. The course is to be supported by Hanoi Medical School (all nursing courses are conducted through medical schools).

## Activities to support NHP and paediatric nursing course

In the past 3 months, nurses representing RCH International have provided input to two workshops at NHP to enhance the capability of nurses teaching within the program and the assessment of clinical competency with the preceptors. The first workshop focussed on teaching, learning and evaluation in the classroom setting and the second was on measuring clinical competence. Each workshop actively engaged the participants in critical thinking and dialogue in small groups. The evaluation of the workshop in poetry from one of the participants was a delight, more so than the singing of Yvonne and Maurice which closed the workshop! I'm pleased to report this does not appear to have had an adverse effect on our relationship with NHP.

Future project opportunities include the development and implementation of a national paediatric procedure manual and introduction of a pilot ward applying family centred care principles. These projects have the support of the Vietnamese Ministry of Health (MOH). Future directions also include formalising nursing links with Queensland University of Technology who are working with the MOH to restructure the pre-registration curriculum framework in Vietnam.

We look forward to involving nurses from RCH in the future developments of paediatric nursing in Vietnam.

Left: NHP nurses performing at 5th Paediatric Nursing Conference

Right: Clinical nursing practice at NHP



# Learning (while teaching) in Laos

By **Dr Angela Luangrath**

In 2008, I was fortunate to have the opportunity to work in Laos for 12 months, with the support of RCH International, through the Australian Youth Ambassador Program, a volunteer program funded by AusAID.

Laos is a small land-locked South East Asian country. It is described by the United Nations as a “least developed country”, which means that it suffers from extreme poverty and has some of the lowest socio-economic development indicators in the world. It has an unacceptably high child mortality rate, with 75 children per 1000 live births dying before their 5<sup>th</sup> birthday, compared to Australia's under five mortality rate of 5 per 1000 live births.

I worked with a non-governmental organisation called Health Frontiers. For over 10 years they have supported the

training of future Lao paediatricians, in an effort to improve child health in Laos. My main role was to teach the Lao paediatric residents, assist in the co-ordination of their teaching schedule and work on a child health project.

Teaching was a rewarding, but immensely challenging task. The language barrier was difficult to overcome, despite all my efforts to work hard in my Lao language lessons! But I managed to communicate through a combination of basic Lao, English, hand gestures and drawn diagrams.

Teaching ward rounds was quite confronting. Many patients would present late in their disease, and therefore were frequently very sick upon arrival at the hospital. Often not much could be done for the patients, as Lao Hospitals are severely under-resourced in materials and human capacity. Patients with condi-

tions such as malnutrition, tuberculosis and HIV (sometimes all three in the one patient) were especially difficult to treat successfully.

Coming from a tertiary institution in a developed country, such as The Royal Children's Hospital, it was difficult to see patients being treated palliatively for conditions that could be easily treated in Australia. I came to admire the quiet strength of the Lao doctors, and their continual enthusiasm towards improving child health despite working in adverse conditions.

Below is part of a “training diary” that I shared with my college supervisor, Professor Garry Warne, each month to document my activities and the lessons learned from them. It was a valuable exercise, as it helped me reflect on my experiences in Laos. The experience in Laos was challenging but rewarding, and one that I will never forget.

Activity	Learning Objective Addressed	Lessons Learned	Follow-up needed
<b>Teaching</b> - Lecture: Endocrine Physiology - Intern Class: respiratory physical examination - Medical English Class: asthma parent information sheet	1 Improve teaching skills 2 Improve communication skills	<ul style="list-style-type: none"> <li>• Difficult to teach residents at different levels (interns, 2nd and 3rd years) together at the same time, as the teaching must be tailored to benefit all levels</li> <li>• Flexible teaching plan ensures that there is time available to answer resident's questions &amp; tailor lesson to their needs</li> </ul>	Incorporate teaching methods that will make learning more interactive and check knowledge eg. quiz at the end of lecture
<b>Teaching Ward Rounds</b> <ul style="list-style-type: none"> <li>• Paediatric Intensive Care Unit</li> <li>• General Paediatric Ward</li> <li>• Paediatric Infectious Diseases Ward</li> </ul>	1 Develop the ability to care for patients with limited resources 2 Gain experience in managing tropical medical conditions 3 Gain experience in health systems in a developing country 4 Understand impact of culture on health and medicine	<ul style="list-style-type: none"> <li>• There is a greater reliance on clinical judgment to direct management, as investigations are expensive, limited and results often unreliable</li> <li>• Engaging the residents through participation makes learning more effective eg. involving the group in reading an X-Ray</li> </ul>	Encourage wider participation on ward rounds
<b>Improvement in Malnutrition Management Project (WHO funded)</b>	1 Project management skills 2 Explore career options in international health	<ul style="list-style-type: none"> <li>• It is important to support and encourage local counterparts as they are vital for the success of a project.</li> </ul>	
<b>Visit to Khon Kaen University Hospital (KKU), Thailand, where the Lao Residents undertake sub-specialty rotations</b>	1 Develop an evaluation tool to assess the impact of a service	<ul style="list-style-type: none"> <li>• Learnt that Lao Residents require a lot of support to enable them to become actively involved in educational activities at KKU</li> </ul>	Develop a tool to evaluate the learning experience of Lao residents at KKU, and develop a strategy to improve the experience.

# The Hue Cardiovascular Training Project

By **Mai Eames**

*International Project Manager, RCH International*

Hue, the capital city of Thua Thien Hue province, is located in the Central Region of Vietnam and is famous for its many historical and cultural monuments. Funded by The Atlantic Philanthropies (AP), Hue Central Hospital, (HCH) has established a new Cardiovascular Centre (CVC). The 6-storey CVC is a state-of-the-art health facility, providing surgical and treatment services for both adult and paediatric patients.

In 2005, RCH International received a \$3 million grant from AP to implement a 5-year comprehensive cardiovascular training project designed to build capacity of existing personnel and train new staff, so that the CVC will be able to meet increasing service demands and provide contemporary, high-quality cardiovascular services to patients at reasonable cost. The project's objective is to provide clinical and management training for 111 nominated CVC staff in the cardiovascular field, at four different locations.

The project team is comprised of Professor Garry Warne (International Project Director), Professor Bui Duc Phu (Hue CVC



**Dr. Nguyen Luong Tan (L), a trainee cardiac surgeon, in the Cardiac Theatre at RCH Melbourne (Nov 2008)**

## Influencing change: Reflections of an Australian Youth Ambassador in Vietnam

By **Claire Henderson,**

*Former Endocrine Project Development Officer at The National Hospital of Pediatrics (NHP)*

On the 10<sup>th</sup> March 2008, I flew to Vietnam to live and work in Hanoi for 6 months as an AusAID Australian Youth Ambassador for Development (AYAD). I would be working as a Diabetes and Endocrine Project Development Officer at the National Hospital of Paediatrics (NHP), in conjunction with the Sydney-based charitable organisation CLAN (Caring & Living as Neighbours). A significant aspect of my assignment was to develop and facilitate a train the trainer program for nurses within the endocrinology department specifically focusing on diabetes mellitus and congenital adrenal hyperplasia (CAH). Professor Garry Warne, Director of RCH International and Senior Endocrinologist at RCH, provided co-supervision of my placement along with Dr Kate Hansen, the Director of CLAN.

Prior to the implementation of the AYAD assignment, families in Vietnam living with diabetes or CAH received very little education to assist with self-management. Education provided to

families was generally from doctors who were running extremely busy out-patient clinics, spent only short periods of time in the ward and therefore had little time to dedicate to providing education. Families living with diabetes and/or CAH were often admitted for several weeks at a time when first diagnosed or as re-admissions, if problems arose. Thus, there appeared to be an ideal opportunity for nurses to be proactive and provide education. Although the nurses also had a heavy workload, they were more frequently in contact with families and thus had the opportunity to provide opportunistic teachings to families and gain a better holistic picture of the difficulties families might face at home.

I had worked with CLAN for several years and had been involved in projects associated with NHP since 2005 in conjunction with both CLAN and RCH International, therefore I knew many of the staff members at NHP and was familiar with the endocrinology department. As a nurse educator in endocrinology, I considered myself to be in a familiar professional situation to be able to 'hit the ground running' and set up a train-the-trainer program. However, the challenges that arose during the assignment were

vastly different from what I had initially perceived.

At the commencement of the assignment I imagined I would initially need to improve the nurses' knowledge to ensure they were able to provide sound knowledge and education to families. I don't believe I was alone in naively presuming that Vietnamese nurses' knowledge would be less advanced than nurses within Australia. Pleasingly, however, my perception of the nurses' knowledge altered very soon after starting work and I realised that overall, the nurses had a good general understanding of the management of these conditions. Certainly, the nurses in the endocrine department benefited from the education sessions received. However, the change in my perception led to an alteration in the overall development of the project.

Throughout my 6 months in Vietnam it became clear that the difficulties experienced in service development were not so much lack of knowledge but lack of experience and influence in making change within a person's professional remit. Education can be provided by sending Vietnamese health professionals overseas to learn about medical management and healthcare services or send-

Project Director), Professor Dan Penny (International Clinical and Training Systems Adviser), Mai Eames (International Project Manager) and Abbey Keating (Operations Manager, RCHI).

The project is in the third of its 5 years and has made good progress towards achieving its objectives. At this stage, the leading indicators to measure its achievements are the numbers of training positions that have been provided against the project plan. At a later stage, the long-term impact of the training will be evaluated. RCH International is optimistic that the benefits will be significant.

To date, 63 trainees have been accepted into the project; 22 have been trained outside Vietnam (11 in Melbourne and 11 in Rennes, France) and 41 in Vietnam (13 at the Heart Institute in Ho Chi Minh City and 28 at CVC, Hue). Training in Melbourne has been provided by RCH, the Royal Melbourne Hospital, the Austin Hospital and the Alfred Hospital. Of these 63, 59 have completed their training. Four among the 11 Australian-based trainees were granted registration by the Medical Board of Victoria enabling them to practice as Fellows. A 2-week train-the-trainer cardiac nursing course, which was not part of the original plan, has proven to be a most effective way of supporting nursing education and of strengthening of human resources at CVC. The second nursing course was conducted in April 2009.

The key drivers of this success have been great co-operation between all of the stakeholders involved, especially from

RCH Melbourne staff and departments. The training positions that are provided under the project are linked with CVC's human resource development plan and its projected future activity levels. This ensures that returning trainees are able to apply their new skills and knowledge into practice in their own environment. In addition, monitoring and evaluation of the project has been carried out continuously, to ensure that all activities are carried out effectively and efficiently. The monitoring and evaluation system, while comprehensive, is kept simple, to ensure that the project management team is able to obtain all of the significant information it requires, without introducing unnecessary complexity for the providers.

Some significant challenges remain. The very strict national regulations about English language requirements that apply to overseas-trained doctors coming to work in Australia are a continuing challenge for the program. We have also found measuring quality assurance of activities carried out in Vietnam from a long distance to be a considerable challenge. Achieving the project's goals and objectives demands a great deal of institutional capacity, levels of co-operation and management, and close attention from project managers.

During 2009, the project will provide 46 further training positions in both Vietnam and Australia. As the project moves towards its completion, we will be placing greater emphasis on measuring the effectiveness of activities and the impact of training.

ing Australian (or other) healthcare professionals to Vietnam to relay this information, but if there is no in-country support to guide and support local healthcare professionals about how to implement healthcare changes, then it is unlikely that change will occur. New-found skills will not be used to their full potential.

Further, through providing education sessions to the nurses, it appeared they learned in a didactic way, quite foreign to nurse-training in Australia, which promotes critical thinking and analysis. This didactic way of learning is likely to further impede the ability to make changes to health care services. These perceptions and observations challenge the benefits of sending healthcare professionals overseas to work/train without ensuring that effective supportive measures are in place in-country on the return of the healthcare worker to his or her country of origin. Living in-country provided me with the unique opportunity to analyse, adjust and adapt my own teaching methods to correlate with the way in which local healthcare professionals learnt and worked.

Many changes and achievements occurred during the AYAD assignment. These included the development of patient education resources, the development of diabetes and CAH resource nurse teams who developed and facilitated nurse-led education courses and the evaluation

of these nurse-led courses. Further, a change in the nurses' perceptions was evident at the end of the assignment. The nurses were more confident in their ability to provide education to families and there was a shift from perceiving education-giving as the doctor's role, to the nurses perceiving education-giving as an important and valuable nursing role. However, most important of all, patient education was perceived by the nurses as a valuable asset for families living with diabetes or CAH.

Without the enthusiasm, commitment and support shown by the endocrine team none of the above could have been achieved. Thank you to a great team!



Above – Workshop with the Diabetes and Endocrine team, National Hospital of Paediatrics, Hanoi, Vietnam



Left: Claire with the Diabetes and Endocrine team

# Education and Training Program: The National Hospital of Paediatrics, Hanoi

By **Annie Major**  
*Senior Program Officer, RCH International*

RCH International has been funded by the Atlantic Philanthropies to implement the Education and Training Program at the National Hospital of Paediatrics (NHP) in Hanoi to a value of \$5.3m. The project focuses on building the human resources capacity of nurses, doctors and other hospital staff. The project started in early 2008 and will run until the end of 2010 (3 years).

RCH International has subcontracted The Nossal Institute for Global Health at the University of Melbourne to undertake most of the project management, including the deployment of an International Project Manager. RCH International has also employed a Senior Program Officer (Annie Major) to support the Project Director, Professor Garry Warne, to manage the project. At NHP, the project is overseen by a Project Management Committee and day-to-day logistics are supported by a newly established Project Management Unit.

The program is part of a 20 year redevelopment plan for the hospital. There are 3 core components to the project:

- **Component 1 (Workforce learning capacity):** Increasing the hospital and staff capacity to teach and learn (with a particular focus on the Training Department and the development of a Project Management Unit).
- **Component 2 (Leadership and support capacity):** Increasing leadership and management skills (including supporting the development of emerging leaders at the hospital) and developing the skills and knowledge of nurses and doctors.
- **Component 3 (Clinical services capacity):** The third component cuts across a number of focal points: oncology, neurosciences, genetics, child protection, emergency management, communication skills, parent and patient advocacy, community links and deals with them in a multi-disciplinary way. Continuation of the very successful 6-month paediatric nursing course is an important component.

The approach of the project across these components has been planned to build the capacity of the hospital to manage its own development projects effectively in the future.

**Key outcomes in 2008 (year 1) included:**

**Component 1 (Workforce learning capacity):** The renovation of the project management office, the establishment of the project management team, and their performance of various project management functions, initially under supervision, and then independently. Notably, this has included the 2009 project planning exercise, identification and assessment of training providers (English language training and MBA), and commencement of clinical educator training.

**Component 2 (Leadership and support capacity):** Commencement of MBA training, the development of an "Expert Management Group" (constituted with Directors and selected Heads of Departments) which will be supported to develop higher level planning and management expertise, and the establishment of the "Social Affairs Team" which will focus on fundraising activities for the NHP. The master plan review (furniture, fixtures and equipment) was completed with the final report provided to NHP directors.

**Component 3 (Clinical services capacity)** Outcomes include the engagement of the involved departments in the process of planning their activities, with the support of initial assessments and recommendations from international technical advisors. Project teams have been established (brain tumour team, neuroblastoma team) and many of the initial recommendations have already been implemented. The concept of 'team work' has been replicated to include other 'non-project' areas including infection control.

The key challenge for the project is increasing activities in order to meet planned expenditure. This is largely dependent on the ability of particular NHP departments to absorb additional activities on top of their existing workloads. Due to an under-spend in 2008, some

activities have been extended and new activities have been approved for 2009. These include:

- Support to development of a Clinical Pharmacy Unit
- Change the "Training of Trainers" component to Training Capacity Building.
- Support to costs of Annual Scientific Conference
- Support to costs of Annual Paediatric Nursing Conference
- Inclusion of Advanced Paediatric Life Support (APLS) training
- An increase in English language training to accommodate additional places
- An increase in management short courses for additional MBA (or Master of Health Administration) courses
- An addition to health services planning to assess the development of health information systems
- An addition to develop audiology support at NHP
- (New activity) Paediatric emergency care, including on call mobile resuscitation team
- (New activity) Autism assessment and care

The project is an exciting opportunity to support the overall redevelopment of the hospital and RCH International looks forward to engaging a range of RCH departments to be involved over the remainder of the project.

# Faces of RCH International



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## Registration of interest with AYAD and VIDA programs

RCH International has previously supported placements in the Australian Youth Ambassador Program (AusAID) in Laos and Vietnam. The program offers international development positions for young professionals aged 30 years and under. More information is available on: [www.ayad.com.au](http://www.ayad.com.au)

We are also interested in engaging with the VIDA (Volunteering for International Development from Australia – AusAID) program, which is an all ages volunteer program. More information is available on: [www.vidavolunteers.com.au](http://www.vidavolunteers.com.au)

RCH International would be interested to support other placements through these programs – if you have a project idea, come and talk to us.

## Expression of interest in RCH International activities

RCH International draws on the extensive expertise at RCH to support its projects. We invite you to express interest in being involved with our international projects. To do so, we ask for the following details:

- A Curriculum Vitae of no more than 5 pages
- A brief covering letter addressing the following broad criteria:
  - Areas of professional interest / experience
  - Skills to work in a culturally diverse environment
  - Experience relevant to working in a developing country

Your expression of interest can be emailed to: [abbey.keating@rch.org.au](mailto:abbey.keating@rch.org.au)



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To subscribe, simply email: [abbey.keating@rch.org.au](mailto:abbey.keating@rch.org.au) with the word "Subscribe" in the subject header. Please include an email signature so that we have all of your details.

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If you wish to make a donation, please contact  
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All donations to RCHI are tax deductible

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