

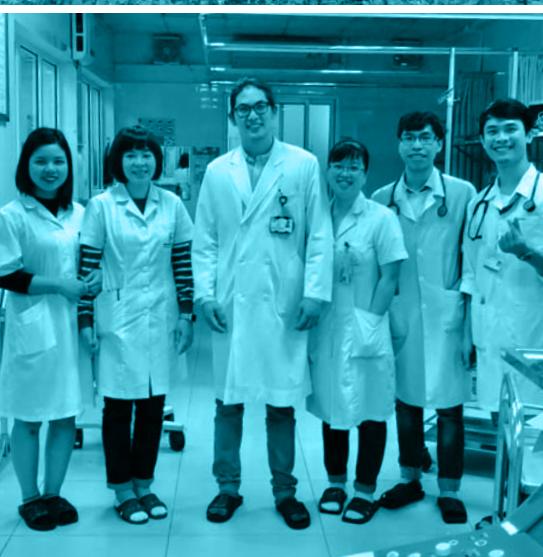
2018

ANNUAL REPORT

Improving health in Việt Nam



THE UNIVERSITY OF
SYDNEY



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Học Mãi Mission Statement

Who we are

Established in 2001, Học Mãi The Australia-Vietnam Medical Foundation is a not-for-profit foundation aiming to improve health outcomes through education and research in Vietnam. It is a not-for-profit organisation of the University of Sydney that brings together the collective healthcare knowledge and experience of Australia and Vietnam in an educational partnership. The Foundation has a distinguished Patron, Professor The Honourable Dame Marie Bashir, AD, CVO, former Governor of New South Wales.

How we work

In its early years, Học Mãi relied on the goodwill of Australian healthcare professionals to host and train their Vietnamese colleagues and acted as facilitators for Vietnamese and Australian medical personnel and health professionals to gain experience and understanding of issues in the developing world. The growth of our initiatives moved from solely relying on grants and donations to support our programs, to sustainable partnerships that allow continuous student and staff exchange.

Our mission

The Học Mãi Foundation will improve health in Việt Nam through the ongoing education and leadership development of health professionals through exchange and in-country support.

Our activities support bilateral exchange of students and health professionals between Australia and Vietnam. We facilitate the development of knowledge of Vietnamese doctors, nurses and other healthcare workers to improve healthcare delivery among Vietnamese people. Parallel to this, we develop a strong network of Australian medical, nursing, technical and allied health staff, who voluntarily provide continuous support in training our Vietnamese colleagues. Additionally, we build research capacity among Vietnamese health practitioners with the aim of using research to improve care and health outcomes. We also provide practical assistance with preventive, diagnostic and management problems in hospitals in Việt Nam and contribute towards improving research skills in Việt Nam with the aim of using research to improve care.

What we do

We facilitate:

- Education and 'Train-the-Trainer' programs in Vietnamese hospitals and universities
- Delegations travelling to Việt Nam to teach clinical skills and knowledge within various specialities in a number of hospitals in Việt Nam
- Young health professionals from Việt Nam to come to Australia for advanced training
- Medicine and health students from University of Sydney to undertake clinical placements in Việt Nam
- Vietnamese medical and nursing students to broaden their hospital experience in Australia
- Support for medical research and training



Chairman's Report

Professor Bruce Robinson

2018 is a special year for Hoc Mai Australia-Vietnam Medical Foundation. Twenty years ago, we started our engagement with Vietnam through our first institutional partner, Hanoi Medical University. A few years later, Hoc Mai Foundation was officially launched in 2001.

I would like to particularly convey my gratitude to members and volunteers of the Foundation for their continuous dedication in working with our Vietnamese colleagues through different programs that were implemented in 2018 – another year of success for Hoc Mai.

The **Advanced Medical Education and Research** program led by Associate Professor Chris Pokorny, Emeritus Professors Kerry Goulston and Kim Oates continued to work with Hanoi Medical University and hospitals across Hanoi and Ha Long in the delivery of programs including that in March and September 2018. More than 50 volunteers participating in the visits and a celebration of 20 years of work with Hanoi Medical University occurred in March. The program also hosted 23 doctors and nurses from Hanoi to participate in the three-week immersion program here in Sydney.

Medical Curriculum Reform

Continuing her work on medical curriculum reform in Vietnam, Professor Kirsty Foster spent some time as part of her special studies leave in Hanoi Medical University in January 2018. During that time, Professor Foster was also awarded Honorary Professorship at HMU. As a follow up to this work, HMU visited the University of Sydney in August 2018 and worked with our colleagues to observe how medical education is provided to our Stage 1 and 2 students. Professor Foster and Professor Jonathan Morris have been working with World Health Organization Vietnam Country Representative Office, the Ministry of Health of Vietnam and medical universities across Vietnam in the development of their medical curriculum since 2016.

I also extend my congratulations to Professor Foster for being awarded Honorary Professorship at HMU for her work in medical education.

Clinical Observer Program

In 2018, Hoc Mai has provided funding to support the participation of Vietnamese health professionals in the 2018 Clinical Observer Program, now on its fourth cohort. The program continued to support fourteen self-/institution-funded health practitioners for 8 weeks of clinical observation at various hospitals in Sydney including Royal North Shore Hospital, Royal Prince Alfred Hospital, Children's Hospital at Westmead, Concord Hospital, and Sydney Adventist Hospital. This year's participants were from Hanoi Oncology Hospital, Hanoi French Hospital, National Children's Hospital (Hanoi), National Geriatric Hospital, City Children's Hospital (HCMC), Pham Ngoc Thach University, Ho Chi Minh City Association of Orthodontics, Da Nang Hospital for Women and Children, and the Military Hospital 175 (HCMC). All participants of the clinical observer program prepared a return-to-work project which they intend to implement in their respective institutions. We are grateful to the Australian health workers who served as clinical supervisors to the Vietnamese doctors for mentoring them in their specialised areas for eight weeks in Sydney.

Student Mobility

Last August, I had the opportunity to meet 11 young Vietnamese medical students who spent 4 weeks of clinical elective placement at Royal North Shore Hospital and Concord Hospital. The select group of students continued to impress us with their enthusiasm and optimism, as well as with their vision towards improving Vietnamese people's health. The students were from Hanoi Medical University, University of Medicine and Pharmacy Ho Chi Minh City, Pham Ngoc Thach University of Medicine as well as from Hue University of Medicine and Pharmacy.

We are thankful for the financial contributions to Hoc Mai Foundation, specifically to The Recny Stoke Family Foundation which has kindly supported Vietnamese medical students to come to Australia for the students' 4 weeks of clinical exchange. We also would like to thank Northern Clinical School and Concord Clinical School and the supervisors of the Vietnamese students for their contribution through knowledge and skills sharing. In addition, we are thankful to Sydney Nursing School for hosting the two amazing nursing students from HMUs Advanced Nursing Program.

From November 2018 towards the end of the year, Australian students started travelling to Vietnam for their student placement programs. Ten medical students, six nursing students, and four international public health students were linked to partners in Hanoi and Ho Chi Minh City. We are thankful to Sydney Medical School's Office for Global Health for the continuous support they have been providing to students who take part in their international placements in Vietnam.

In December 2018, Meredith Verge and Margaret Duguid together with Mel Figtree, Lucy Casula and Jessica Bui travelled to Hanoi to further work in clinical pharmacy services and antimicrobial stewardship. We take pride in the continuous work of colleagues and volunteers who continue to work with the foundation and our Vietnamese partners over time.

The year has been notable for achievements with outcomes from previous years' research capacity building program. Research articles were published in international journals: specifically, Linh Ngo (Cardiology Department at E-Hospital) published their research protocol with mentor Nicole Lowres; and to the research capacity building group from Da Nang Hospital for Women and Children for their work with Tanya Nippita and Christine Roberts. We also have the publication from our research group at Hung Vuong Hospital in Ho Chi Minh City who have published their research on hand hygiene education with the support from Chris Gordon from Sydney Nursing School.

I also would like to congratulate Professor Elizabeth Elliott who will be the first woman recipient of the James Cook Medal for her work in improving health, quality of life and human rights of ill and disadvantaged children in Australia and the Asia Pacific. Professor Elliott has been part of various work on maternal and child health programs in Dien Bien province in Vietnam and has been recently working on cerebral palsy research surveillance in Vietnam.

We continue to celebrate the success of Vietnamese researchers who have completed their postgraduate research programs at the University of Sydney. Warm congratulations to Nguyen Van Dinh and Van Dinh Trang, as well as their supervisors and friends of Hoc Mai, Sheryll Van Nunen and Dominic Dwyer. We also would like to welcome Tran Thanh Truc Quynh who started her PhD journey late last year under the supervision of Professor Jonathan Morris. It is great to learn that those who have participated in Hoc Mai programs continue to work together with their mentors and supervisors in the next stages of their professional development.

On behalf of Hoc Mai Foundation, I would like to extend our deep gratitude to everyone who worked with us over many years. I would particularly like to thank Associate Professors Dang Van Duong and Haphan Hai An for their commitment. Thank you and congratulations to all our partners from across Vietnam for the tireless work that you do to improve the health and health outcomes of Vietnam and the people. I also would like to thank our volunteers – University of Sydney – including its clinical schools and affiliated centres and institutes, as well as colleagues from hospitals across New South Wales. I would like to extend our gratitude to members of the foundation's council and management committee, old and new, who have tirelessly devoted time and effort in giving direction to the affairs of the foundation. To the donors of the Hoc Mai Foundation, year after year, we thank you for your continuous generosity and for helping us achieve our common aspirations. We of course are grateful for the collaboration and friendship we have forged with Australian and Vietnamese partners over the 20 years. Our fruitful partnerships bring about real Vietnamese health outcomes.

2018

HIGHLIGHTS



14 participants in the Clinical Observer Program
from hospitals across Vietnam

11 Vietnamese Medical Students
from Hanoi, Ho Chi Minh City and Hue attended clinical placements at Clinical Schools of the University of Sydney

2 Vietnamese Nursing Students from Hanoi Medical University's Advanced Nursing Program attended a 4-week nursing exchange program at Sydney Nursing School



Advanced Course in Medical Education and Research for Vietnam Immersion Program in Sydney

Australians volunteered in Advanced Medical Education, Medical English & Advanced Nursing Programs in Hanoi on March & September 2018

17 University of Sydney health students (medicine, nursing) elective placements



Visit of Her Excellency Dang Thi Ngoc Thinh, Vice President of the Socialist Republic of Vietnam

Medical Emergency Workshops delivered in Ho Chi Minh City

Medical Curriculum work with Hanoi Medical University



Cerebral palsy research in Vietnam

Professor Fran Boyle conducted workshops in Breast Cancer at Ho Chi Minh Oncology Hospital and Guest Speaker at Women in Vietnam Conference organised by the Australian Consul General in Ho Chi Minh City

Publication as results of Học Mãi Research Capacity Building Program

Visiting Cardiologist Dr Nguyen Ba Thang



20 Years of Partnership With Hanoi Medical University

Road to Học Mãi's 20th Year Anniversary

Historical Linkages

2018 marks 20 years since collaboration started between Sydney Medical School and its first Vietnamese institutional partner, Hanoi Medical University. This is a significant anniversary of a major medical education program that has benefited hundreds of young Vietnamese doctors and health practitioners as well as many young Australian healthcare workers and Australian academic clinicians. It all started when an Australian radiation oncologist began a voluntary outreach program in Vietnam hospitals.

During the 1990s Associate Professor Phillip Yuile visited many radiology departments in Vietnam, arranging for equipment from Australian hospitals to be sent there. He then assisted in the installation of, and providing training associated with operating four cobalt units, two simulators, four curietrons, and many endoscopes. Prior to this, there were only four cobalt machines available to treat patients with cancer throughout Vietnam whereas, according to Australian standards, there should have been some 140 machines. Dr Yuile was assisted in these projects by staff at K (Cancer) Hospital in Hanoi, Ho Chi Minh City Cancer Hospital, and Hai Phong General Hospital. While engaged in these activities, Dr Yuile forged friendships and played a major role in nurturing the development of palliative care in Vietnam. Together with Australian colleagues, including medical physicists, gastroenterologists, nurses, engineers, and radiation therapists, he helped install the machines and train Vietnamese health staff. Dr Yuile later facilitated a month-long visit to Sydney by a young Vietnamese oncologist, Dr Tran Van Thuan who subsequently obtained a PhD in oncology, who is now the Director of K Hospital.

Dr Yuile's activities were supported by the Australian government through its Department of Foreign Affairs and Trade, Surgeons International, Australians for Cancer Care in Vietnam, World Vision, Vietnam Outreach, The Australian Foundation for People of Asia and the Pacific, as well as donations from many friends and colleagues.

In 1998, Dr Yuile visited Professor Ton That Bach, then Rector of Ha Noi Medical University (HMU), with a letter of introduction from Professor Kerry Coulston, Associate Dean of Medicine at the University of Sydney. Professor Coulston had been appointed by the then Dean of Medicine, Professor John Young, to explore possible links between the two universities. Subsequently Professor Bach invited Professor Coulston to Ha Noi to discuss a collaborative association between USyd and HMU, which had been established by the French in 1902 and now graduates over 600 doctors annually.

A meeting was held in Ha Noi in November 1998 between Professor Bach and Professors Coulston, Bruce Robinson and Associate Professor Phillip Yuile from the University of Sydney. The meeting formalized ties between the two institutions and started planning for future collaborative activities. At an inter-country level this process was facilitated by the Australian Ambassador to Vietnam at the time, Mr Michael Mann. Apart from HMU, the group visited hospitals in Ha Noi and Da Nan, holding meetings with doctors and medical educators. A warm relationship developed with Professor Bach who stressed that he foresaw a continuing association centred on young doctors and nurses. He said that, although traditionally there had been medical linkages with France, he would like to see new links develop with Australia. Professor Bach appointed Dr Dang Van Duong, Head of Pathology at HMU and Bach Mãi Hospital, to be responsible for this initiative in Vietnam. As stated by Michael Mann, the Australian Ambassador to Vietnam at the time "The value of this link will be forging friendship between the future leaders of the medical profession in both countries". Professor Bach saw this as "we learn from you, and you learn from us". Professor Bach was influenced by the memory of his father Ton That Tung, an internationally renowned Liver Surgeon who taught surgeons across the world, including Australia. The concept of mutual learning from each other, rather than the paternalistic notion of developed countries educating their colleagues in developing countries is an important one.

In December 1998, an exchange program commenced with five students from the University of Sydney Northern Clinical School (Asha Bowen, Warwick Yonge, Jodie Bradshaw, Melanie Figtree, and Marian Chinnock) spending an elective term in Ha Noi. Sponsorships were provided by the Sydney University Northern Clinical School, Ramsay Health Care, the Australian Returned Services League and private individuals. Since then, students from the Northern Clinical School have competed for scholarships to spend their elective term in Vietnam. In February 1999 the exchange relationship between the two countries commenced with Vietnamese doctors visiting Sydney hospitals under the auspices of the Sydney University Faculty of Medicine with the strong support of Professor Stephen Leeder, who was Dean at the time and who provided seed funding. The program's focus was on young people, seeking to expand their horizons through exposure to new experiences and developing collegiate relationships that would be sustained throughout their medical careers. In December 2001, Professor Bach, his wife Dr Nguyen Thi Nga, Head of the Blood Transfusion Service in Ha Noi and Dr Duong visited the Northern Clinical School and the University of Sydney where Professor Bach was made an Honorary Fellow of the Faculty of Medicine and met with academics and clinicians including Professor John Young who visited Ha Noi in February 2001 to sign a Memorandum of Understanding between the two Universities. Professor Bach gave a presentation at RNSH Surgical Grand Rounds on "Aspects of Liver Surgery".

Professor Bach was an extraordinary person. His father, who was a doctor, had been a close friend of Ho Chi Minh and was his personal physician. When Ton That Bach was born, Ho Chi Minh visited the family at their home in the mountainous province of Lao Cai and conducted Bach's naming ceremony. Apart from leading Ha Noi Medical University and practising as a cardiac surgeon, Ton That Bach was an independent Member of the National Assembly, an accomplished pianist, an excellent cook and played soccer regularly. He had been offered the post of Minister for Health but declined because of his commitment to medical education and patient care. He worked a six-day week and on Sundays travelled from Ha Noi to the mountainous border areas to treat members of ethnic-minority communities. Professor Bach was highly respected by colleagues and beloved by his students, all of whom he knew individually by name. After he died suddenly in 2004 at Lao Cai, he was given a state funeral and thousands paid their respects in the streets of Ha Noi.

In May 2001, visitors to the Northern Clinical School at RNSH included Professor Bui Duc Phu (Chairman of Surgery at Hue Medical School), Dr Ha Phan Hai An (Nephrologist), Dr Nguyen Quang Bay (endocrinologist) and Dr Tran Binh Giang (Laparoscopic Surgeon). In December 2001, 10 University of Sydney medical students from the Northern Clinical School spent 4 weeks in Hanoi at various Hospitals with the assistance of donated Scholarships under the supervision of Dr Duong. These arrangements continued in the years ahead.

Also, in 2001, Học Mái, The Australia Vietnam Medical Foundation was established as a non-profit Foundation of the University of Sydney with Professor Marie Bashir, then Governor of New South Wales, as Patron. The founding Board, under



Hanoi 2009

the chairmanship of Professor Bruce Robinson included the Vietnamese Ambassador to Australia Vu Chi Cong, Professor Bach, Professor John Young, Dr Meredith Burgmann, Major General Peter Phillips, Mr Tom Uren, Mr John Saunders, Mr John Fisher and Professor Kerry Goulston. The name "Học Mái", meaning "forever learning", was proposed by three young Vietnamese doctors, Trinh Binh Giang, Nguyen Van Bay and Ha Phan Hai An. Dr Hai An is now an Associate Professor at Ha Noi Medical University as well as Head of the Renal Department at Viet Duc Hospital.

Since the foundation's inception, over 300 Vietnamese doctors and students have spent time in Australia under the sponsorship of Học Mái. These have included postgraduate degree students, participants in short formal courses and doctors on short clinical placements. In turn, over 200 Sydney University medical students have carried out their Elective Term in Vietnam under the supervision of Professor Duong. There have also been numerous visits by individuals and teams of academic clinicians from the University of Sydney who have lectured and taught short courses on a wide variety of topics in Ha Noi and at other centres in Vietnam.

Further Memoranda of Understanding between HMU and Sydney Medical School have been signed by Professor Nguyen Lan Viet as Rector of Ha Noi Medical University in 2005 and by Professor Nguyen Duc Hinh who was appointed Rector of HMU in 2008. Professor Hinh has visited Sydney several times and has been made an Adjunct Professor of the University of Sydney. He has cemented the longstanding, close relationship between the two universities.

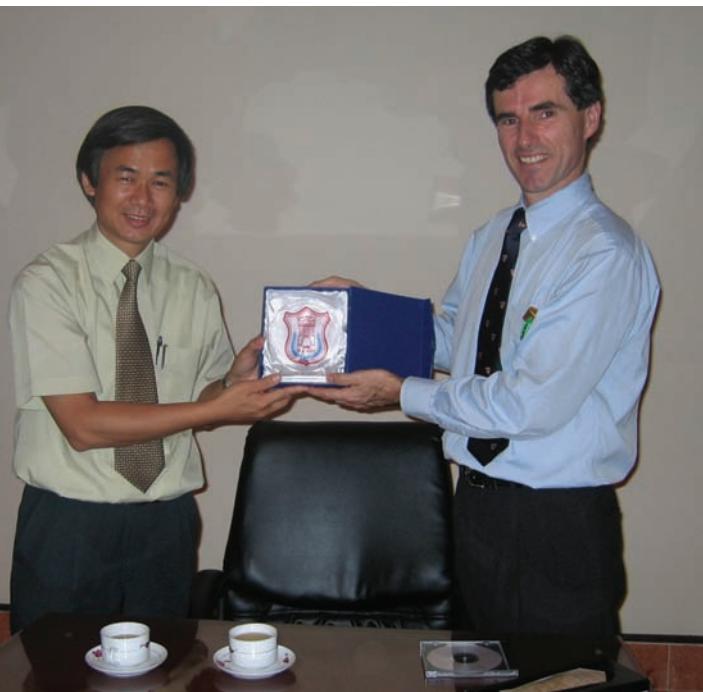
Advanced Medical Education and Research Program 2009



Programs in the Last 20 Years

Medical English

In 2007 the first of many short courses in medical English was held at Bach Mäi Hospital in Ha Noi. This was instigated by Professors Goulston and Kim Oates and are held twice each year with more than 30 Australian volunteers teaching in six Hanoi hospitals over a week. The aim of these free courses is to give Vietnamese healthcare workers who have basic English language competence the opportunity to hear conversational English spoken in a medical context and to assist them in speaking English. These interactive small group courses are intended to help with grammar, pronunciation, syntax, expression and medical vocabulary. Since 2007 hundreds of Vietnamese doctors, nurses and other health care professionals have participated in these courses which have been held at several hospitals in Ha Noi.



Advanced Program in Nursing, Hanoi Medical University

In 2011 the Medical English program was extended to include nursing students in HMU Advanced Nursing Program. These courses are held over four days in February and September and are taught by Australian volunteer doctors and nurses who travel to and stay in Ha Noi at their own expense. Jane Klein, from Newcastle, has led this initiative over the years. Russell Seach, part of the group and a teacher of English as a second language, was so inspired by the initiative that he volunteered to go back and teach the nursing students for an additional 12 months at HMU.

Practising nurses and nurse educators in the Hoc Mai group are involved in teaching nurses in all four years of the Advanced Program. Especially with the senior two years where they incorporate nursing course content along with practice in Medical English. These two senior years are already undertaking clinical work at HMU Hospital. The two junior years work on more general English practice. The aim is to give all students as much opportunity as possible to use the English they know in a practical situation. Teaching occurs both morning and afternoon over four days.

Research Capacity Building

Since 2008, research capacity building workshops were conducted in HMU. This program was aimed at building the capacities and confidence, as well as eliciting interest of Vietnamese clinicians to be involved in clinical research, that is relevant to their institutions, and to Vietnam. These

training workshops were led by Professor Jonathan Morris and Professor Kirsty Foster and have contributed to research project development and PhD student training. Hoc Mai Foundation has provided seed funding to specific Vietnamese research projects. In 2017, the Australian government's Department of Foreign Affairs and Trade through its Australia Awards Fellowships provided funding for a 6-week intensive research program in Sydney. Outcomes of the program included postgraduate students at the University of Sydney, joint research, research article publication, research best practice awards, and continuous collaboration between Sydney and Vietnam.

Research

Through ongoing relationships with HMU and growing partnerships with health institutions in Vietnam, USyd has work collaboratively with Vietnam in various research projects. Some of the research partnerships of USyd with HMU include

Improving Hospital Death Data Reporting

Bach Mai and Viet Duc Hospitals, 2012-2015
Prof Merrilyn Walton (Sydney School of Public Health)

Hospital-based disease surveillance of cerebral palsy

Bach Mai Hospital, 2016 to present
Professor Elizabeth Elliott (Sydney Medical School)

Rapid HIV Testing in Dentistry

Hanoi and Ho Chi Minh City, 2014-15
Dr Anthony Santella (Dentistry, resigned)

Maternal and Child Health

Professionals, women and community health literacy in Dien Bien Province, 6 workshops DFAT PSLP, 2012-2013
Professor Kirsty Foster, Professor Jonathan Morris, Professor Elizabeth Elliott, et al (Sydney Medical School)

Pain following spinal cord injury in Viet Nam: prevalence and characteristics

Dr Nguyen Thi Thanh Huyen with Associate Professor Catherine Hawke (Sydney Medical School)

Research Project: Assessment of Risk Factors Associated with Carbamazepine and Other Drugs-induced Stevens-Johnson Syndrome, Toxic Epidermal Necrolysis and Drugs-induced Hypersensitivity Syndrome with Rash, Eosinophilia and Systemic Symptoms

Dr Nguyen Van Dinh, Associate Professor Sheryl Van Nunen (Sydney Medical School) *Dr Dinh further conducted the research as part of his PhD (graduated 2018)

Evaluating the effect of auricular acupuncture in addition to a standard emetic regime on nausea and vomiting in patients with a primary lung cancer receiving cisplatin- or carboplatin-based chemotherapy

Dr Nguyen Kim Cuong, Professor Catherine Hawke (Sydney Medical School)

New Methods of Medical Teaching

A one-day Workshop was held at HMU in December 2009, attended by the HMU Rector, senior academic staff, clinicians and educators with Professors Oates and Goulston. The aim was to determine educational priorities to which Hoc Mai could contribute. Four areas were identified: (a) teaching medicine and medical skills in English – while they could read English well, they realised that to gain scholarships overseas they had to improve their verbal skills and comprehension of English in a medical setting, (b) defining learning objectives, (c) introducing new teaching methods, and (d) introducing new methods of assessment. Subsequently, visits by Sydney Medical School academics helped introduce new methods of assessment such as SCORPIO and Mini-Cex for students and young doctors at HMU and Ha Noi Hospitals. This Workshop was also the basis for developing the Advanced Course [see below] conducted annually.



Học Mãi ALA Fellows 2007

Advanced Course in medical Teaching and Research for Talented HMU Students

This course, which is conducted in English, is intended to provide a select group of outstanding recent HMU graduates with ideas and tools to enable them to introduce and lead change in medicine and health care in Vietnam in the future. The course, which has been held yearly since 2010, was originally funded by Atlantic Philanthropy but in the past five years has been supported by competitive grants from Australian Agency for International Development and the Australian Department of Foreign Affairs and Trade and through the generosity of several private individuals. The Sunway Hotel chain and Vietnam Airlines have also assisted with travel and accommodation.

The course has three components: (a) periodic four-day visits to Ha Noi Medical University by small teams of Australian clinical academics from a wide variety of specialties, (b) on-line interactive tutorials held approximately every 3 weeks, and (c) a four-week visit to Sydney involving two weeks of intensive tutorials and a two-week clinical placement in Sydney hospitals.

Each year, over 70 potential participants are chosen by then HMU President Professor Hinh, Associate Professor Ha Phan Hai An and Associate Professor Dang Van Duong on the basis of their academic record. All are then interviewed in Ha Noi by Australian Học Mãi members using a structured interview (designed by Prof Owen Dent) to assess their ability to understand and speak English. Applicant's curricula vitae and referees' reports are also considered. Through this process around 20-25 are selected to attend the four-week intensive immersion course in Sydney.

The curriculum of the entire Advanced Course covers topics which are essential for future health care in Vietnam, but which are not widely taught at present. These include but are not limited to: evidence-based medicine, communication skills, patient management plans, assessing clinical skills, effective clinical handover, medical ethics, professionalism, leadership management, clinical errors and patient safety, child protection, pain management, hospital infections and hygiene, smoking cessation, health workforce, research methods, medical statistics, using the internet for clinical purposes, presentation skills, publishing a research paper and preparing a curriculum vitae. Individual course components and the program are evaluated anonymously by the participants and reported to the teachers. At the end of the course, depending on the availability of funding, several participants are selected for an intensive four-week program of further teaching and supervised placements at Sydney Medical School and associated hospitals in Sydney. In addition to this program, Professor Owen Dent has conducted three day-long workshops on the use of the SPSS statistical computing package in clinical research. In February 2016, a one-day workshop on hospital management and leadership was held in partnership with the Institute of Preventive and Public Health of HMU.

These week-long visits were repeated in September 2016, February 2017, September 2017, and during the week in March 2018. Teaching consisted of the Advanced Course every night; nurse teaching; Medical English teaching; and visits to clinical departments at seven hospitals. A group of 50 volunteers (paying their own way) including clinical academics, nurses, young doctors and Australian Vietnam Veterans joined the March 2018 program. These initiatives could not have occurred without the tireless support of Associate Professor Duong of HMU over the last 20 years.

Medical Curriculum Work

Since 2016, Professors Kirsty Foster and Jonathan Morris worked with the World Health Organization Vietnam Country Representative Office along with colleagues from the Ministry of Health and Vietnam partner universities in providing technical assistance in developing a national competency-based curriculum framework for Vietnamese medical universities as part of a larger health systems reform in Vietnam.

Following this work with WHO and MoH, Professor Foster has spent part of her special studies leave in HMU in 2018 to work with HMU's medical curriculum team. This also included organizing for a team from HMU to visit Sydney to observe and immerse themselves in organizing teaching for Stages 1 and 2 medical students. HMUs new medical curriculum is scheduled to be implemented in September 2019.

Maternal and Child Health project in Dien Bien Phu, initiated by Professor Marie Bashir has contributed to reduced perinatal mortality in this remote region of Vietnam. In 2012 to 2013, a group of USyd academics and clinical health practitioners conducted workshops in Dien Bien province aimed at improving health of women and babies in Dien Bien Phu. The workshops included listening and teaching health professionals and women (Vietnamese Women's Union) to improve community knowledge about care of women during pregnancy, birth and early years of babies' life. The workshops were labelled Health Mother, Health Baby and Health Child. A total of 6 workshops have been conducted in the span of 2 years. HMU has been instrumental in the Maternal and Child Health program by providing support for translation and interpretation, as well as providing support to colleagues in rural remote Vietnam. Jonathan Morris, Elizabeth Elliott, Kirsty Foster, and Heather Jeffery led this program. Following the program delivered in 2013, Dien Bien provincial health department has requested for a follow up workshop in 2016 in Tuan Giao District.

The programs mentioned are just a few of the many programs delivered by, through initiatives and support of Học Mãi Foundation in Vietnam. As we are nearing Học Mãi's 20th Founding Anniversary in a couple of years, we would revisit more of the Foundation's activities with all our partners across the country.

Australian Student in Bach Mai Hospital 2009





Advanced Medical Education & Research and Medical English Programs

**Emeritus Professor Kerry Coulston,
Emeritus Professor Kim Oates, and
Associate Professor Christopher Pokorny**

- **77 Australians volunteered time and resources to teach in Vietnam**
- **5 Weekend Advanced Program Teaching Sessions conducted in Hanoi, Vietnam**
- **2 Advanced Medical Education & Research Programs conducted in Hanoi, Vietnam**
- **Four-week Immersion Program in Sydney for 23 participants**

The Học Mãi Advanced Course provides advanced training for Vietnamese medical professionals with sessions in medical education and research, medical English and SPSS. These sessions are taught by Australian volunteers, who are medical specialists, nurses, hospital administrators, allied health, Vietnam veterans, and lay people. The program involves weekend and weekday teaching in Hanoi and interactive seminars and clinical placements in Sydney.

Advanced Program in Ha Long Bay & Hanoi, March & September 2018

Prior to the Main teaching in Hanoi, a seminar was held at Bai Chay Hospital, Ha Long Bay from 3rd to 4th March. Over 100 people attended and speakers were Drs Victor Storm, Elizabeth West, Chris Pokorny, Kim Matthews & Pete Berry. Dr Lien Le, a gastroenterologist, and former Học Mãi Fellow assisted with organising the program, as well as interpreting all interactive presentations.

The first trip to Hanoi for 2018 was from the 5th to 9th of March with 54 volunteers who all contributed both through teaching and by covering their own trip expenses. The teacher's backgrounds varied, with a mix of medical specialists, nurses, teachers, hospital administrators, lawyers and ex-Vietnam veterans; many of whom also gave additional donations for the Advanced Medical Education and Research program. Presentations, tutorials and ward rounds were held at a number of sites including Hanoi Medical University (HMU), Bach Mãi Hospital, E Hospital, The National Geriatric Hospital, The Rehabilitation Hospital, National Institute of Mental Health, K (Cancer) Hospital, and the Obstetrics & Gynaecology Hospital. Departments visited included Family Medicine, Gastroenterology, Respiratory, Cardiology, Intensive Care, Emergency Medicine Geriatric Medicine, IVF, Rehabilitation and Psychiatry.

During the week, Professor Tony Broe and Drs Janani Thillainadesan, Rajni Lal and Russell Seach helped with writing a curriculum in Geriatric Medicine and Professor Trevor Parmenter gave a number of talks on Autism with the assistance of Dimitry Tran. Dr Greg Horowitz did ward rounds at the National eye Hospital while Associate Professor Phillip Yuile and Dr Jonathon Page spent much time teaching at K hospital. The gastroenterology departments at Bach Mãi and E hospital were visited by Professor Richard Holloway, Professor Kerry Coulston, Charlie McDonald, Philip Barnes,

Geoff Grimish, Rick Cranna and Chris Pokorny. Drs Victor Storm, Varun Kumar and Yvonne Skinner taught at the National Institute of Mental Health and Associate Professor Greg Nelson spent time at E Hospital Cardiology Department. Drs Chris Bauer and Andrew Bowes taught Family Medicine, Associate Professor Renee Bitton and Dr Michael Hibbert visited and lectured on smoking cessation and Respiratory Medicine, Dr Rosemary Barnes taught Obstetric Medicine.

Advanced Program sessions were presented to 35

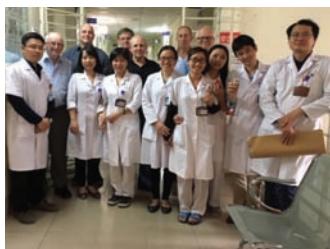
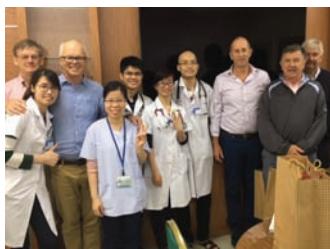
attendees in the evenings from Monday to Thursday at HMU. Interactive speakers include Dr Janani Thillainadesan, Dr Greg Nelson, Prof Nick Hunt, Dr Kim Matthews, A/Prof Pete Berry, A/Prof Chris Pokorny, Prof Michael Mann, Dr Charlie McDonald and Dr Victor Storm. In addition, Professor Owen Dent ran a day long workshop on SPSS for the Advanced Course on Sunday the 4th of March. These were the final Advanced Program sessions ahead of the June/July Immersion Program in Sydney. Two lunchtime sessions were also held with the Medical English Club during the week led by Dr Elizabeth West with over 50 students in attendance.

HMU Prof Le Thi Huong (Director, HMU Institute for Preventive Medicine and Public Health) arranged a half-day workshop on 'Prevention and Public Health' which had over 100 attendees on the Friday. Various topics were covered by Dr Andrew Bowes, Prof Bruce Robinson, Prof Tony Broe, Professor Kim Oates and Prof Renee Bitton.

Another workshop was held on Saturday 10th of March to celebrate 20 Years of Mutual Learning, between HMU and Sydney Medical School through Học Mãi Foundation with 130 attending. Speakers on this day included A/Prof Duong Dang Van, A/Prof Phan Hai An (Head of Dept Renal Medicine Viet Duc Hospital, Hoc Mai Fellow 2001) and A/Prof Tran Thi Giang Huong (Director General of International Relations Dept, Ministry of Health, another Học Mãi Alumni). Presentations were given on "THE NEXT 10 YEARS" by the following: Dr Janani Thillainadesan, A/Professor Phan Hai An, Prof Thanh (Head of E Hospital, 2001 fellow), Dr Tung (2016), Dr Linh (2017), Nurse Cuc (2017), A/Prof Hai (2011) and Dr Duc (2017). During the proceedings, Professors Kerry Goulston, Bruce Robinson & Kim Oates were honored and presented with medals from the Ministry of Health for their significant contributions to healthcare in Vietnam.



Various Social Events were held during this visit. The visiting group took the 2017 Advanced Program Alumni and the HMU Leaders out to dinner on Tuesday. Then on Wednesday the Head of the Bach Mãi Gastroenterology Department, Dr Vutruong Khanh treated all visitors to dinner. On Thursday 8th March, Cath Chittick, wife of the Australian Ambassador to Vietnam, Craig Chittick, hosted a reception at their residence in his absence. Also in attendance was the Deputy Ambassador Rebecca Bryant. On the last night, the group once again treated leading Hanoi Clinical Academics including Prof Hinh, A/Prof Duong Dang Van and A/Prof Hai An to a lovely dinner to mark the end of the trip. The visit provided the organisers of the program ideas on how to move forward including areas of focus and other opportunities to work with HMU partners.



The second visit to Ha Long and Hanoi was undertaken from the 1st to 7th of September, 2018 with 20 people volunteering and paying their own way. The first seminar was held at Bai Chay Hospital, Ha Long on 1st September, with 109 people in attendance. Speakers included: Professor Allan Spigelman who spoke on hereditary gastrointestinal cancer, A/Prof Katie Ellard lecturing on irritable bowel syndrome, Dr Eliza Milliken on antibiotic stewardship and Chris Pokorny discussing cases on Medical ethics. Dr Lien Le, a gastroenterologist at the Hospital, organised the morning and translated. We were then taken on a boat tour of Ha Long Bay ending with dinner at an excellent seafood restaurant.

Teaching in Hanoi commenced on Tuesday the 4th Sept and topics included irritable bowel syndrome (A/Prof Katie Ellard) hereditary gastrointestinal cancers (Prof Allan Spigelman) and sleep apnoea (Dr Andrew Chan). Ward rounds were also undertaken to the gastroenterology, respiratory and emergency departments at Bach Mãi.

In Hanoi, a seminar was held at E Hospital on Tuesday afternoon and was opened by Prof Nguyen Thanh Hang, the Hospital Director and former Học Mãi fellow. A/Prof Michael Dinh talked about road trauma and also discussed about his family who were initially from Hanoi. Professor Paul Glare spoke on palliative care, Prof Vasi Naganathan on medical care



of older people and Dr Andrew Chan on sleep apnoea. Dr Eliza Milliken visited the Tropical Diseases hospital and gave talks on antibiotic stewardship and resistance.

Prof Paul Glare and Prof Allan Spigelman visited the surgical oncology department at HMU Hospital and discussed palliative care and genetics. Prof Vasi Naganathan spent a considerable time at the National Geriatric hospital from Monday to Thursday discussing aspects of medical management of older



patients as well as helping to plan their curriculum. Even though Monday was a public holiday, they asked for him to still go there. Russel Seach also taught English to nurses at the National Geriatric Hospital.

Hospitals were visited on Wednesday and Thursday including the gastroenterology department at HMU hospital which was hosted by another former Học Mãi fellow, Dr Hang Dao Viet. Prof Allan Spigelman lectured on hereditary gastrointestinal cancers during this visit while Prof Paul Glare returned to

the surgical oncology department at HMU and further discussed palliative care. The HMU emergency department, run by A/Prof Hai, also a previous Học Mái fellow, was visited by A/Prof Michael Dinh. In addition, teaching ward rounds were held at E hospital in respiratory medicine and gastroenterology.

The Advanced Program in Medical Education and Research was held on Tuesday and Thursday evening at HMU, from 6-8pm. There were 45 attendees who were interviewed and chosen by Prof Hai An and A/ Prof Duong Dang Van. For the first time, two of the group were from Bay Chay hospital, Ha Long. Speakers were Prof Paul Glare (palliative care), Eliza Milliken (antibiotic stewardship), Chris Pokorny (case studies in medical ethics), Dr Andrew Chan (sleep apnoea), Prof Vasi Naganathan (care of older patients) and Prof Allan Spigelman (hereditary gastrointestinal cancers, and the talks were interactive.

On Tuesday evening we went to dinner with the participants of the June/July immersion program in Sydney. They expressed sincere thanks to Professor Kerry Goulston and were sad that he wasn't in Hanoi this time. Mr Craig Chittick, the Australian ambassador hosted a reception for our group on Wednesday night at his residence and on Thursday night the gastroenterology department from Bach Mái very kindly hosted dinner.

As always, A/Prof Duong Dang Van provided invaluable assistance during our visits.



Advanced Nursing Program

Tutorials were held for 4 days in March & 3 in September, in the mornings and afternoons in small interactive groups at HMU to an estimated 80 nursing students. These classes were led and supported by Jane Klein.

Teachers in March included: Jane and Geoff Klein, Lynne Shailer, Annie McDonald, Jeannette McHugh, Robin Parkinson, Judy Patterson, Kyra and Paul Laughlin, Rod Madgwick, Rebecca Mann, Gillian Horowitz, Anne Nelson, Nick Hunt, Rachel Mackinnon, Matt Easton, Lara Schreiber, Kirsty Page and Lance Barham. Teachers in September included: Jane and Geoff Klein, Barbara Shannon, Jill Margo, Kim Galbraith, Caitie Prior, Fiona Lau, Arti Naganathan, Sherry Hu & Minh Phan.

Immersion Program in Sydney

In 2018, the Immersion Program for Vietnamese medical professionals was held in Sydney ran from 18th June to 13th July 2018 and relied entirely on donations for support, due to the lack of funding from the Department of Foreign Affairs and Trade. Applicants were interviewed by Professor Kerry Goulston and Associate Professor Chris Pokorny with 25 doctors and nurses being successful.

The program included 2 weeks of lectures at the Kolling Institute at Royal North Shore Hospital, where a total of 49 speakers presented across 30 class sessions. These teachers were all selected by the program Directors, Professor's Kerry Goulston, Kim Oates & Assoc Prof Chris Pokorny. Several hospital & medical practice tours were also organised during this time.

The other 2 weeks of the program were filled with medical placements across 8 Sydney hospital/medical facilities. The program Directors carefully assigned a supervisor(s) for each participant.

The program also included 4 social events. A lunch was held at 'The East' on 24th June and sponsored by Geoff Grimish. Dimitry Tran & his family organised a BBQ lunch in Willoughby on 1st July. Another BBQ lunch was held on 7th July at Rick & Jenny Cranna's Terrigal house. Finally a farewell dinner at 'Tre Viet' Double Bay was organised by Kerry Goulston and Chris Pokorny after the last class on 13th July.



Weekend Advanced Program Teaching Sessions in Hanoi in 2018

Weekend teaching sessions were held monthly from January to April and again from October to December. These were taught in Hanoi by visiting Australian volunteers.

2018	Visiting volunteers	Sessions Held
January	Dimitry Tran	Comparing Vietnam and Australia healthcare system, How to improve healthcare quality - a systematic approach, Lean healthcare management & career planning for high performing medical professionals
10-11 Feb	Andrew Bowes, Cathy McMahon & Nancy Ho	
4 March	Owen Dent	Workshop on SPSS and Medical Statistics. 9-4 pm HMU. 23 attendees (ongoing training for over 5 years now)
21-22 April	Kim Oates & David Isaacs	
6 October	Emeritus Prof Kerry Goulston	Medical Education in Australia, Australian Medical System & Leadership in Medicine
17-18 November	A/Prof Annette Burgess	Workshop on Team-based learning (TBL) at HMU Sat from 5pm-830pm & Sunday from 9am-1pm. 90 attendees
2 December	Tom Collins & Michael Dickson	Workshop on Clinical Operations Performance Improvement from 10am-5pm at HMU



Special Thanks to Emeritus Professor Kerry Goulston AO, MD (Syd), FRACP

Professor Kerry Goulston has been a mentor, confidant, support, inspiration and friend to many. He has been a driving force for medical education and healthcare both nationally and internationally. He has held many positions during his long and distinguished medical career and one of the most important to him has been Hoc Mai. Without Kerry, there simply wouldn't be the Hoc Mai foundation. The history of Hoc Mai is printed separately in this report but it is important to note that through Kerry's leadership, the foundations work is widely known throughout Vietnam and has resulted in improved healthcare for countless Vietnamese. He is revered in Vietnam and to date there have been more than 300 Hoc Mai fellows many of whom are still in regular contact with Kerry. Although still actively involved with Hoc Mai, Kerry has decided after 20 years as Director to the Advanced Course to pass the baton. Forever learning and learning from each other still remain a big part of his life and his counsel will remain in extremely high demand.



Special Thanks to Emeritus Professor Kim Oates AM, MD DSc MHP FRACP FRCP FRACMA DCH

Professor Kim Oates has been co-director of the Advanced Medical Education and Research and Medical English Programs for more than 10 years. He is an international authority on various aspects of Paediatrics including child abuse. He is also an expert on patient safety and the training of future healthcare leaders and has contributed enormously to healthcare in Vietnam. Kim has been, and continues to be, a role model for many and his teaching, professionalism and leadership skills are admired widely. He is also a part time actor which has brought him much pleasure. Kim has decided to cut back as co-director of the Advanced Course but hopefully will continue his work with Hoc Mai for many years to come.

Future / Moving Forward...

Future Advanced Program visits to Hanoi are planned for February and September 2019. In addition it is hoped, that we will expand our program to include Ho Chi Min City in the not too distant future. Weekend courses will also remain an integral part of our teaching throughout the year. Funding for 2019 depends entirely on donations.

Finally we wish to thank all Australian teachers in Sydney & Hanoi who teach and supervise the potential future leaders in Vietnamese healthcare with no financial recompense. Much thanks also to Grace McLeod, Rebecca Mann and Kim Galbraith for planning our program during 2018. A/Prof Duong Dang Van continues to work tirelessly for Hoc Mai in Hanoi and his assistance is invaluable. Also thank you to the Sunway Hotel in Hanoi and the many individuals for their donations and support.



Clinical Observer Program

From 30 July 2018, fourteen Vietnamese doctors and nurses were in Sydney and spent eight weeks in various teaching hospitals of the University of Sydney to observe on specific clinical areas. The Clinical Observer Program is a program for Vietnamese health practitioners to be partnered with Sydney-based expert clinical mentors in their chosen areas of specialisation to get up-to-date clinical practices in health in the Australian health system context.

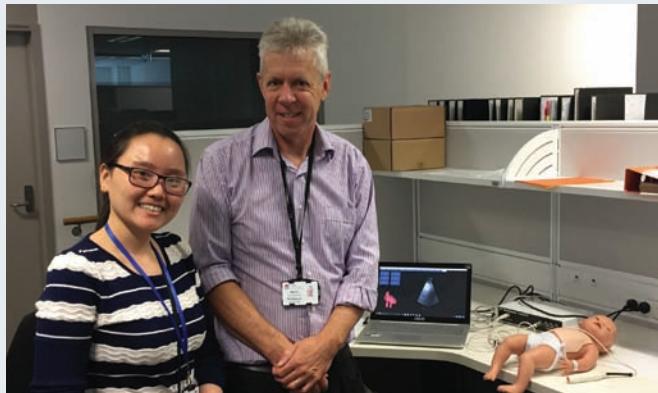
Participants from this year's observer program were from Hanoi, Ho Chi Minh City and Da Nang:

Participant	Institution	Return-to-work Project
Nguyen Hoang Gia	Hanoi Oncology Hospital	Implementation of Multidisciplinary Meeting for Breast Cancer Care in Hanoi Oncology Hospital
Nguyen Huu Hoang	Hanoi French Hospital	Setting Up Acute Pain Service at Hanoi French Hospital
Thuc Thanh Huyen	National Children's Hospital, Hanoi	Setting Up a Food Challenge Clinical in National Children's Hospital, Hanoi
Nguyen Van Phi	National Geriatric Hospital, Hanoi	Setting Up an Electroconvulsive Therapy Unit in Vietnam National Geriatric Hospital
Ho Quang Chanh	City Children's Hospital, Ho Chi Minh City	
Nguyen Si Phuong Thao	Pham Ngoc Thach University of Medicine/Trung Vuong Hospital, Ho Chi Minh City	Training nurses to perform a diabetic foot assessment in Endocrinology Department of Trung Vuong Hospital
Pham Le Quyen	Ho Chi Minh City Association of Orthodontists	Establishment of an aptitude test for affiliation to Ho Chi Minh City Association of Orthodontists
Trinh Thanh Lan	City Children's Hospital, Ho Chi Minh City	Establishing a Functional Echocardiography Club for Neonatologists in City Children's Hospital
Dang Thi Minh Chau	Da Nang Hospital for Women and Children	Screening for Peripheral Artery Disease in Diabetic Patients Using Ankle Brachial Pressure Index/Toe Brachial Pressure Index at Da Nang Hospital
Manh Ha Bui	Military Hospital 175, Ho Chi Minh City	Designing a Resuscitation Trolley in Department of Senior Officers at Military Hospital 175
Dinh Ta Nguyen	Military Hospital 175, Ho Chi Minh City	Medication safety with labelling syringe in the OR of Military Hospital 175
Van Hong Dinh	Military Hospital 175, Ho Chi Minh City	Organisation and operation of a Rapid Response Team in Military Hospital 175
Vu The Cuong	Military Hospital 175, Ho Chi Minh City	Placement of lumbar drain and multilayer reconstruction in transsphenoidal pituitary surgery
Truong Thanh Tung	Military Hospital 175, Ho Chi Minh City	Pulmonary Rehabilitation Program for Patients with Chronic Obstructive Lung Disease

This year, participants of the program observed in various hospitals around Sydney including Royal North Shore Hospital, Children's Hospital at Westmead, Royal Prince Alfred Hospital, Sydney Adventist Hospital, North Shore Private Hospital, and Sydney Dental Hospital.

Special thanks to clinicians in the hospitals who supervised and mentored our Vietnamese observers: Professor Stephen Clarke and team at the Royal North Shore Cancer Centre team, RNSH Pain Management and Research Team, Dr Catherine Bernard (Royal North Shore Hospital), Professor Martin Kluckow (Royal North Shore Hospital), Dr Peter Hsu, Dr Stephen Jacob and Dr Kerry Everson (Children's Hospital at Westmead), Professor Bruce Boman, Professor John Snowdon, Dr David Kitching, Psychogeriatric Services Department of Concord Hospital, Mr Ian Reid and Podiatry and High Risk Foot Services at Royal North Shore Hospital, Professor Greg Nelson (North Shore Private), Prof Ali Darendeliler and Orthodontics Team (Sydney Dental Hospital), Dr Adam Osomanski (Sydney Adventist Hospital), Professor Anthony Delaney, Dr Nazih Assad and Dr Michael Hibbert (Royal North Shore Hospital), and Associate Professor Marg McGill (Diabetes Centre, Royal Prince Alfred Hospital).

Học Mãi Foundation provided partial financial support towards the travel of selected program participants.



Lan Thanh Trinh City Children's Hospital, Ho Chi Minh City

This is my second trip to Australia, but everything was still so fantastic like the first one. I feel Học Mãi foundation is like a dream incubator that makes my dream come true and builds a strong connection between Australia and Vietnam. There are two things that impressed me most. The first is that I had a chance working with Dr. Martin Kluckow who gave me a motivation to run a project on functional echocardiography when I come back to Vietnam. He also shared with me many ideas and advices on NICU field-the one that I am following. The second one is I had met again Dr. Gregory Kaufman who taught me a lot during my elective student time 4 years ago. It was so lucky to be taught by teachers like them. Furthermore, I have observed many useful things in two NICU wards and I think I can do something to help improve the health care for children in Vietnam.

I hope everyone can have an opportunity to join in this observership program like me and bring what they learn to help Vietnam. Thank you!



Le Quyen PHAM DDS, Orthodontist, Secretary General of Ho Chi Minh Association of Orthodontists

As the only dentist in a group of doctors participating in Học Mãi Clinical Observership 2018, I reckoned how fortunate I was to be granted this opportunity. I was so impressed on my first day at Sydney Dental Hospital to see how the orthodontic clinic was super well-organized and smoothly ran despite a great patient flow while respecting a strict computerized infection control protocol. The dental assistants were sufficient in number and all highly professional although they did rotation among departments. In my opinion, post-graduate students in the orthodontics department were requested to present cases much more often than in any other departments I had visited before, which was extremely good for learning from peers and seniors, experience sharing as well as patients' follow-up. It was a real privilege to learn from so many experienced clinical tutors with different backgrounds and various treatment philosophies, all with their own strengths. I also enjoyed the multi-disciplinary sessions a lot where we received fruitful discussion with senior clinicians in periodontics, prosthodontics, oral surgery, maxillofacial surgery...would be beneficial to run cases more effectively with better outcomes. I was very grateful to Học Mãi Foundation for this unforgettable experience to work with knowledgeable and skillful specialists. I would be more than happy to help build the bridge in dentistry between the two parts of the world.





Visit of Her Excellency Dang Thi Ngoc Thinh, Vice President of the Socialist Republic of Vietnam

On April 27, 2018, Học Mãi Foundation had the honour of welcoming Vietnamese Vice President, Her Excellency Dang Thi Ngoc Thinh to the University of Sydney. During the meeting with the Vice President, Học Mãi Chair Professor Bruce Robinson, Patron The Honourable Dame Marie Bashir AD CVO and Học Mãi Council Member Professor Elizabeth Elliott AM underscored the longstanding partnerships Sydney Medical School through Học Mãi, and how the initial Hanoi student exchange in 1998 has grown to a whole-of-country collaborative approach to working together at present.



“It is through the enthusiasm, dedication and hard work of Vietnamese health professionals and students that these partnerships have come to life and sustained its years of fruitful research, education and capacity building collaboration. We are very proud that our relationship with Vietnam espouses the true meaning of Học Mãi which means forever learning”

- Professor Robinson, Học Mãi Foundation Chair



The Vice President's party included His Excellency Ngo Huong Nam (Ambassador of the Socialist Republic of Vietnam in Australia), His Excellency Dr Trinh Duc Hai (Consul General of the Socialist Republic of Vietnam in Sydney), His Excellency Ha Kim Ngoc (Vice Minister of Foreign Affairs), Mr Chu Van Yem (Vice Chairman of the Office of the President), Mrs Nguyen Thi Nghia (Vice Minister of Education and Training), Mrs Nguyen Thi Dung (Assistant to the Vice President), and Mrs Bui Thi Thanh (Vice Chairwoman of the Vietnamese Fatherland Front).

Học Mãi Foundation was specifically requested by the Vietnamese mission in Australia to meet Vice President Thinh during the visit in relation to its time-honoured engagement with various Vietnamese institutions in the areas of health and medicine.

Pre-Hospital Medical Emergency Workshop In Vietnam

Last June 2018, Dr Adam Osomanski of Sydney Adventist Hospital Clinical School along with colleagues from CareFlight, Mr Colin Brown (MedSim Manager), Ms Elisabeth (Lis) Ward, and Mr Scott (Macca) McNamara conducted a 3-day pre-hospital medical emergency workshop for Vietnamese participants from Military Hospital 175 and other hospitals in Ho Chi Minh City.



Associate Professor Nguyen Hong Son, Director of Military Hospital 175 welcomed the team from the University of Sydney and CareFlight. Dr Tran Le Dong, Deputy Director of the hospital highlighted the importance of pre-hospital and hospital emergency response in Vietnam given the high prevalence of traffic related accidents, which may result to further severe trauma conditions if not appropriately addressed.

'If the patients receive proper emergency care, they are expected to recover faster. Trauma emergency is very essential for every staff working in the hospital. Through this course, we hope to receive more knowledge and experience from the very experienced team from CareFlight and University of Sydney, Australia', said Dr Dong.



The 3-day program tackled various areas of pre-hospital medical emergency including initial assessment of trauma and accidents, patient packaging, patient handover to medical professionals in the hospital, crisis resource management, responding to emergencies involving head injury, haemorrhage control, damage control and resuscitation, airways, analgesia and sedation including prehospital pharmacology, and aeromedics.

Aside from pre-hospital medical emergency care, CareFlight team also organised team activities around teamwork, communication and simulation exercises.

The Australian government through the Australian Trade and Investment Commission (Austrade) Vietnam together with CareFlight and the University of Sydney, co-funded the travel of the University and CareFlight facilitators of the workshop.

Học Mãi Foundation and the University of Sydney works with Military Hospitals in various capacity building programs for its staff since 2013.



Student Mobility

- 11 Australian medical students
- 6 Australian nursing students
- 11 Vietnamese medical students
- 2 Vietnamese nursing students

The University of Sydney through its Sydney Medical School has four existing medical student exchange agreements with partner institutions since 2017. These partners include Hanoi Medical University (HMU), University of Medicine and Pharmacy Ho Chi Minh City (UMP HCMC), Pham Ngoc Thach University (PNTU) of Medicine and Hue University of Medicine and Pharmacy. In 2018, the University also looked to expand its agreements with Vietnamese partners for Sydney Nursing School as part of its growing international student clinical placement programme.

In 2018 (until early 2019), 11 Australian medical students and 6 nursing students travelled to Vietnam for their clinical elective placements in hospitals and institutions across Vietnam. In addition, four students of Master of International Public Health participated in the international public health placement program, some of which are linked with the Sydney

Southeast Asia Centre's Urbanisation in Vietnam Field School. Additionally, five Stage 1/2 medical students participated in SSEAC's field school. Woolcock Institute and SSEAC coordinated the Vietnam field school.

Two of our medical students received funding from Sydney Medical School Foundation through the Office for Global Health. Nursing students received financial support from the University of Sydney while those attending the field school received funding support from SSEAC. All other students were self-funded. The students worked with supervisors from Hanoi: Bach Mai Hospital, HMU Hospital, Woolcock Institute for Medical Research, and from HCMC: Gia Dinh Hospital and Children's Hospital 2 through UMP HCMC and PNTU, and at Cho Ray Hospital.

Selected Vietnamese medical and nursing students also came to Sydney for a 4-week clinical elective placement between August and September 2018. The 11 medical students were composed of 3 from HMU, 3 from PNTU, 3 from UMP HCMC and 2 from Hue UMP. Two nursing students were from HMU's Advanced Nursing Program - their placements were organised by Sydney Nursing School.

We are thankful for the support provided by Ms Felicity Bywater, Student Liaison and Administration Officer at the Office for Global Health in arranging the placements of our visiting medical students. Associate Professor Jacqueline Bloomfield and Ms Nada Dunda from Sydney Nursing School organised nursing placements. Associate Professor Bloomfield and Ms Michelle Maw from the nursing school accompanied the Australian nursing students during their placement in Hanoi. Impressions from some of the Vietnamese and Australian students are included in the following sections of this report.

Australian Students in Vietnam

Australian Medical Students

Yeji Kim (2017-2018)

During my eight week placement at Bach Mai Hospital in Hanoi, Vietnam, I saw some patients with serious pathology that I wouldn't easily find in Australia. This was due to great differences in health systems (such as the fact that there are no GPs in Vietnam) and under-resourced settings. There was very little infection control and two patients shared a single bed on the Respiratory wards. My interest in public health led me to explore and identify issues outside of the hospital as well. Hanoi city was full of life with lots of things to see. It was clear however, that the chaos of the streets, air and water pollution, solid waste management, and lack of occupational health and safety, were all problems that affected the health of numerous Vietnamese people. It had never truly hit home until my elective just how privileged we are in Australia to have all the resources that we do and the effective systems that are in place. I was humbled by this realisation and learnt the importance of developing relationships with doctors of other countries - to exchange knowledge and ideas. The doctors in Vietnam were just as keen to learn about Australia as we were about Vietnam, and it was wonderful to teach and learn in return.

Along with the language barriers, the cultural differences were sometimes difficult to navigate. Medical students appeared to have a more passive role in the hospital, and often not really seen as part of the team. Perhaps due to language subtleties amongst other reasons, hierarchy in the hospital was more strongly defined than in Australia, and many patients simply accepted the doctors' words without question. There is less focus on personalised care



Medical student: Hiro Masuda at HMU Hospital

than treating the disease itself due to the overwhelming number of patients. As a Communist nation, the Vietnamese people possessed a strong nationalistic pride and an incredible sense of community. I saw the most amazing sights of thousands of strangers gathered together to celebrate their country when Vietnam won the semi-finals in a soccer game. Around the Hoan Kiem Lake near where I stayed, people held festivals, played local games and danced, inviting anyone who wanted to join in. The longer I stayed in Vietnam, the more I realised just how much culture played an important role on people's health, and their views on health.

It was also challenging at first to navigate the crowded roads of Vietnam and communicate with the taxi drivers each morning to arrive at the hospital. However, I gradually got used to the Hanoi systems and environment with time, and the logistics became easier. Vietnam has some unique challenges to steer through, and while they could be frustrating at times, they were also wonderful to discover and think about. I would love to visit Vietnam again as a doctor, to exchange further knowledge with the physicians there. I will most definitely incorporate all that I have learnt and realised during my elective into my future practice.

Australian Students in Vietnam

Australian Nursing Students

Mandeep Saggi

For my final placement I applied to undertake four weeks in Hanoi through the clinical stream and experience a surgical clinical environment far different to an Australian context. With thanks to the Hoc Mai foundation, I and other Master of Nursing colleagues had our expectations exceeded by the kindness and welcoming nature of hospital staff at Hanoi Medical University Hospital (HMU).

HMU is a private research-based hospital catering for patients requiring predominantly abdominal and gastrointestinal surgery. One patient is allocated per bed, as in the case in Australia, however there are no curtains between the beds, and patients paid for care before being treated. Although this is not uniform amongst all wards at HMU and other hospitals, it became a startling difference first noted between Vietnamese and Australian nursing care. The nurses and other medical staff conducted medical care only and the patient's nutrition and hygiene needs were maintained by family members.

The family unit is foremost in Vietnamese culture and it was very heartwarming to observe and participate in patient care with the aid of the family; in one case we were asked to help restrain a paediatric patient being treated for a head injury. We were able to communicate through universal gestures, and soothing tones, which despite the language barrier, was received well. Another example included observing medical staff cheering up a paediatric patient in post-operative recovery. The clear compassion displayed

from all staff was genuinely wonderful to observe, particularly in such a sensitive clinical area of the hospital, and the nurses took time to explain that children in the hospital felt like their own children to look after.

Another highlight was observing a teaching round of nursing students by a doctor, who would frequently ask for non-pharmacological interventions rather than medication for pain management. Partnered teaching methods leads to greater collaboration between healthcare professionals. This was also evident in the operating theatre environment where nurses and doctors shared a very obvious camaraderie. Due to the language barrier, it was challenging to understand everything that was going on, however both doctors, nurses and students were helpful in explaining, and Google Translate also contributed in breaching the language gap.

We were also fortunate to sit in on a lecture on resource allocation and meet nursing students excited to share experiences and hear about overseas methods of healthcare delivery.

This placement has been very valuable and what I have taken away from my time in Hanoi is a deep appreciation of people and how caring healthcare professionals can be, whilst delivering treatment within the scope of resources available. We witnessed innovative methods of working with limited resources and sustainable fabric dressing packs. I also felt that I had gained a further understanding of a different culture's response to pain and different perceptions of how healthcare should be delivered.

Finally, having our facilitators with us was a wonderful resource in debriefing about different areas of the surgical process and in comparing Australian and Vietnamese nursing. I would wholeheartedly recommend an overseas placement such as Vietnam to gain a unique perspective on a different culture, different healthcare politics and resource allocation. Mostly, however to enjoy a nursing perspective in a vibrant city that never sleeps!

Nadine Eyre

Having the opportunity to complete my final clinical placement at Bach Mai Hospital in Hanoi, during the formative years of my nursing career, was such an incredible educational experience. The lessons that I've learned will influence my practice and perspective for years to come. I'm incredibly grateful to the Sydney Nursing School and Hoc Mai Foundation for the huge amount of effort that was put into organising and facilitating this placement. My goal in undertaking an international clinical placement, particularly in Vietnam, was to learn about the similarities and differences between healthcare in Australia and politically and economically diverse countries. Through this experience I was able to learn much about the role of the nurses, the role of family, how death is perceived, and about the structure of the Vietnamese healthcare system. For the first two weeks I was placed in the gastroenterology ward, specifically rotating between the inflammatory bowel disease room, liver cancer room, and the outpatient endoscopy centre. The second two weeks were spent in the respiratory ward, where two other students and I were able to observe many procedures such as bronchoscopy, pleural effusion drainage, and spirometry.

Across both wards, from observing and communicating with the nurses I learned that the role of nurses in Vietnam is very clinically focussed compared to that of nurses in Australia, largely due to time constraints and the cultural role of family in helping care for patients. Each room or group of rooms had two designated nurses allocated to care for approximately 20 patients in combination with a team of doctors. As a result of the large number of patients that had to be cared for, nurses' tasks often centred on cannulation, the administration of intravenous medication, and drawing blood. Furthermore, I discovered that nurses in Vietnam are also responsible for administrative tasks such as calculating hospital costs (e.g. for medication and diagnostic tests) for patients when they are discharged. The nurses were also very interested as to what the role of nurses is in Australia, and through comparison of our roles it was interesting to draw out what skills and procedures appear to be universal across nursing, such as aseptic wound care and manual vital observations.

One of the most obvious discrepancies between the Australian and Vietnamese health systems that I encountered was the role

of family. Family members play a significant role in the care of patients in Vietnam, taking responsibility for feeding, toileting, and bathing their relatives. I discovered that the importance of family also influenced attitudes towards death, observing that when a patient passes away, it is common practice for health staff to continue basic life support for a significant length of time, even continuing to manually ventilate the patient after they have been pronounced dead. From discussion with doctors I discovered that this is firstly to demonstrate to the family that every effort has been taken to save the patient and secondly, so that the patient is able to be transported back to their home, where ventilation will be ceased, and they are able officially die surrounded by family. Whilst this was difficult to process at first, upon reflection it helped me understand the importance of family and death in different cultures and how significantly this influences the care that is provided.

In Vietnam, the public hospital system is tiered, comprising of provincial, district, and national hospitals, with effectively little to no consultation provided by GPs. Subsequently, patients are able to present to any hospital of their choosing. They will travel hundreds of kilometres to reputable national hospitals, such as Bach Mai, often believing that they will receive the best care. Hence in a country of approximately 95 million people, it is easy for overcrowding to occur at these major metropolitan hospitals. Consequently, it was common practice for two or sometimes three patients to be sharing one bed, however, this was not standard practice in departments such as ICU. Contradictory to what I anticipated, having multiple patients in one bed resulted in the patients and their family members being more empathetic to each other and assisting in each other's care rather than causing irritation.

Overall, this was a once in a lifetime opportunity that I would highly recommend to any nursing students who are interested in international nursing. Besides a new appreciation of the role of nurses and healthcare in other countries, working in Vietnam also allowed me to develop my communication skills and experience firsthand the difficulties of not speaking the local language and not easily understanding medical terms or concepts. However, much of the difficulty in navigating the hospital was overcome thanks to all the staff members who went above and beyond to assist us and take time out of their shift to teach and guide us.

Sophie Wells

Thanks to the Vice Chancellor's Global Mobility Scholarship through the Hoc Mäi Foundation, I was fortunate enough to be selected to undertake my final clinical placement in Hanoi, Vietnam with my closest nursing friends. Having never travelled to Southeast Asia before, I was evidently excited yet apprehensive at the prospect of working in a new clinical setting in a developing country. What I was not expecting, however, is how I grew both personally and professionally from this profoundly insightful experience.

I was placed at Bach Mäi Hospital with two other nursing students, one of the largest general hospitals in Vietnam. Our journey began in the Gastroenterology ward for the first two weeks, observing the medical treatment and nursing care of patients with conditions such as gastrointestinal and oesophageal bleeding, ascites, liver cirrhosis and liver cancer. I was thrilled to be placed in the emergency section of the ward, (as I am interested in pursuing emergency nursing in the future) where I met my lovely nurse and stayed for the remainder of my time there. On my first day, I instantly admired the competency of Vietnamese nurses in providing efficient and timely patient care, especially their resilience in the face of adversity. Despite having less resources and time constraints, they were incredibly resourceful in every facet of their nursing practice in providing care to an overwhelming amount of patients. This resourcefulness and continued efficiency astonished me and made me reflect on how I can be less wasteful in my practice and think about the rationale behind utilising particular resources in my nursing interventions.

I learnt a lot about patient assessment, treatment interventions and nursing care just through watching the interactions between staff, patients and families. A main difference I noted was that at 7am when the morning shift begins, doctors conduct the handovers, whilst the nurses prepared the medication trolleys, equipment and patient beds. As such, much of the information

the doctors were translating to me was medical in nature, as opposed to nursing care, however it was invaluable to closing the gaps in information and avoiding confusion. Whilst the language barrier was challenging at first, this experience really prompted me to think creatively about communication to health professionals, patients and their families. Along with the doctors, I also utilised non-verbal techniques, such as pointing and signing, as well as Google Translate to aid communication.

The final two weeks were spent in the Respiratory Centre, a newer building with more modern facilities, where we saw the burden of the most common respiratory conditions in Vietnam, including Chronic Obstructive Pulmonary Disease (COPD), Asthma and Pneumonia. A highlight of this ward for me was being able to observe the nursing role in small procedures such as bronchoscopy and the staff were very receptive to our learning needs. It was interesting to compare the difference in resources between these two clinical settings and I observed an interesting case of a bacterium *Burkholderia pseudomallei* and subsequent *Melioidosis* that had caused respiratory symptoms of pneumonia in a patient. This bacterium affects farmers that work in wet soil and we have cases in Northern Australia of patients developing this condition, so it was interesting to compare the differences in clinical presentations and nursing care.

What I loved the most about this clinical experience, is that it really challenged me to break out of my comfort zone and focus less on the clinical side of nursing. In this way, I was able to appreciate the resources we have in Australia, such as automatic vital sign monitors and equipment. Most importantly, I was able to slowly earn the trust and respect of the nurses and families, as I persevered with communicating and focused on the psychosocial aspects of patient care. This earning of trust was incredibly rewarding and aided me in delivering better care. One thing that

Angela Holmes



It was an amazing and extremely valuable experience, full of many contrasts and opportunities to learn about some of the social dynamics, the deeper cultural intricacies and the challenges of working in a Northern Vietnamese healthcare system. I was lucky enough to observe healthcare provision on a post-surgical ward, and in both the operating theatre and recovery area at Hanoi Medical University Hospital (HMU).

My previous Vietnamese experience had prepared me for my arrival to traffic chaos on busy roads filled with family-loaded scooters, buses, trucks and cars, constantly tooting and weaving across all lanes, plus the humidity, the smells of the fresh meat markets, the increased personal health risks and navigating my way across the language barrier.

With 10-15 percent of Vietnam's population made up of over 50 different ethnic groups and multiple languages, my visit to the Hanoi Women's Museum, and a weekend trip to the mountainous region of Sapa during my placement gave me a greater appreciation of the ethnic and cultural diversity in Vietnam, and, I hoped, a greater understanding of the added challenges for patients admitted from the provinces.

I had previously gained a limited understanding of Vietnamese bureaucracy, therefore I was not surprised by the added administrative procedures and posturing by both formal and self-appointed Vietnamese officials which saw our commencement at HMU Hospital challenged and delayed. This was despite the planning and efforts made by University of Sydney staff prior to our arrival. On my first day at HMU Hospital I was met by a very crowded hospital entrance with people filling all chairs, sitting on the floors and in the stairways, and the reliance on overhead fans for cooling. With the hot, crowded, mixed wards, the lack of ward curtains and subsequent patient privacy, plus the reliance on family members or other patients to feed, clean and assist patients, initial impressions could easily lead one to assume irreconcilable differences between the Australian and Vietnamese healthcare systems.

After witnessing the challenges on the ward brought about by limited resources, such as lack of ward hand basins, the alcohol hand sanitiser containers empty for days, sterile surgical kits shared between up to four patients, and the very crowded wards, I was surprised to see some modern technologies like the Brain Lab Navigation system, microsurgery, and large screen projections utilised in neurosurgery. I could see that the implementation of standard evidence-based practices that I was familiar with were largely based on resource availability, and that Vietnamese healthcare workers were required to prioritise these carefully to best meet the needs of the patients. They achieved this by using initiative, employing non-medication-related therapies, and making compromises throughout hospital procedures, such as the standard use of intravenous paracetamol rather than opioids for severe pain relief, and the recycling of theatre equipment that would normally be disposable in Australia.

Our exposure to hospital bedside teaching sessions for Vietnamese student nurses, led by a Doctor, and presented both in English and Vietnamese, revealed the teaching of a holistic approach to nursing care, such as the inclusion of non-medication based treatments used to manage post-operative pain, driven by resource availability. Additionally, our attendance at an English-spoken nursing lecture

resonated with me the most whilst in Vietnam is the value of family and their important role in both personal and psychosocial care of their loved one. Compared to Australia, where nurses are expected to juggle both clinical and personal patient care, in Vietnam, personal care is often expected to be provided by a family member.

Due to a large rural population, health service delivery in Vietnam is challenging, much like in Australia, which shares this similarity. Many family members would often stay at the hospital for weeks or even months due to limited provincial hospitals or services. Our teacher organised a visit to HMU to meet the nursing students there and attend a lecture about the Vietnamese health care system, which contributed greatly to our understanding of the complex socio-political, economic and cultural factors that impact on the disease burden and clinical presentations to hospital.

Although this experience was emotionally challenging at times, I wouldn't have had it any other way and the level of support from our clinical facilitators and the nursing and medical staff was phenomenal. Not only did these challenges enable me to develop my own professional practice, but they also allowed me to be more open towards unique and different ways of practicing. Our reciprocal relationship meant that the Vietnamese hospital staff also benefited and learnt from us and the differences in our healthcare systems between countries. I am forever grateful for the kindness, support and encouragement that I received from my supervising nurse and doctors. They absolutely went out of their way for me to ensure I was learning as much as possible. I made lasting relationships with my nurses and doctors and have kept in touch with them since.

Having completed numerous global health units as part of my Bachelor of Health Science (combined with my Masters), I was exposed to the prospect of working internationally in the delivery

at Hanoi Medical University, a luncheon which included a musical performance hosted by the Vietnamese Students, and the different meetings with officials not only broadened my understanding of the Vietnamese Healthcare System, but taught me the value of keeping an open-minded and global approach throughout all levels in healthcare. It brought with it an appreciation for the comparatively easy access we have in Australia to global information and current research.

Vietnam is a land of many contrasts, and initially one could assume it is a land of chaos. However, delving deeper over time increases the understanding that there exists function and process. The Vietnam I saw and experienced demonstrated the desire to incorporate new discoveries, technologies and global systems into a culture that is centuries old and challenged by resource constraints and access to global information. It has adapted and survived different political systems, and straddles the ever-shifting balances between culture, tradition, politics, power and resources. There exists a combination of chaos and order – a “chaotic” system that works. Limited resources have seen healthcare workers and teachers draw on initiative and create novel, sometimes unconventional solutions to fundamental challenges seen not only in the healthcare system but in wider Vietnamese society.

Despite the differences between the Australian and Vietnamese healthcare systems and each country's resource availabilities, the uniting and common factors between both countries are the motivations of caring health professionals to provide the best health care available to improve people's quality of life and wellbeing, and the desire for continuous improvement. My Vietnamese clinical placement has been invaluable to me and is something that I am very grateful for. It brought with it a wealth of experiences that will enhance my nursing practice, see me encourage others to pursue an international clinical placement, and motivate me to seek ways to improve healthcare globally. I hope that I will get the opportunity to visit Vietnam again in the not too distant future.



of health care to people in less developed countries. However, this placement has certainly solidified my plans to pursue international nursing in the future (perhaps even return to Vietnam!), as there are so many different avenues and opportunities to excel. I am truly grateful for this amazing clinical experience and would like to sincerely thank Sydney Nursing School and the Học Mái Foundation for giving me the opportunity to learn in a foreign country. Lastly, I would like to thank the nursing and medical staff at Bach Mái Hospital for making myself and my nursing colleagues feel welcome, supported and at ease.



Samantha Buckie

Recognising that the Học Mãi Foundation's nursing exchange program would provide an incredible opportunity to gain an insight into nursing within a health care system and culture that is completely different to what I had experienced at home in Australia, I was very excited to set off to Hanoi, Vietnam to complete my final clinical placement. So as to get my bearings I decided to arrive a few days before placement commenced. I spent my time exploring the Hoan Kiem district, enjoying the local food and attempting to adjust to the constant activity and noise of people and traffic that fills the city's streets and alleys. There was so much to observe within a single moment - a street vendor is selling baked sweets, a group of dancers are performing on the sidewalk, a rickshaw driver is offering a ride, tourists are having their portraits drawn, a bride and groom are dodging a flurry of scooters whilst crossing the road - it was impossible to take everything in!

I was excited when it came time to meet the five nursing students who I would be sharing this unique experience with. I was assigned to HMU hospital which is a general hospital specialising in medical care and treatment as well as training and research and as the name suggests and is part of Hanoi Medical University. Whilst not as large or busy as Bach Mãi Hospital, HMU has a capacity of approximately 400 beds and treats over half a million outpatients each year.

My first day at HMU hospital was really interesting. We learnt that we would be spending the first two weeks of our placement on a surgical ward specialising in orthopaedics and neurology while our final two weeks would be spent in theatres. I was incredibly excited when it actually came time to set foot on the ward. I recall that despite the hospital environment being starkly different to what I had seen and experienced in Australia, it proved to be the most familiar setting I had found myself in since my arrival in Vietnam. After spending days navigating the streets of Hanoi, surrounded by what I was only able to interpret as chaos, in the hospital ward I found an unexpected sense of ease. While I could not understand the words being spoken between hospital staff, patients and families, I could recognise the tasks being carried out around me. A wound being undressed, inspected, cleaned and redressed. Paracetamol being administered via an IV drip at 60 drops per minute. Blood pressures and pulses being measured and jotted down on charts.

Despite the familiarity there was still much that was different. The number of patients on the relatively small ward was overwhelming. More than twenty beds lined the walls of the relatively narrow ward and beds frequently collected within the central aisle of the ward, making navigating between patients difficult at times. Patient privacy was a luxury not afforded by the environment and various procedures were observed being undertaken in full view of the rest of the ward. However, the lack of privacy appeared to encourage camaraderie amongst the patients who I observed chatting amongst themselves and helping each other with various tasks. The close proximity of patients also enabled the nursing team to efficiently complete their tasks; there was no need for walking back and forth to retrieve various materials from the store room or to answer patient call bells here as everything, and everyone, was within reach.

During my time spent on the surgical ward I also observed the central role the family plays in patient care in Vietnam. On the ward, family members were the primary providers of personal hygiene assistance and pressure area care. The provision of meals was also observed to be the responsibility of family. Family members were also seen to be active participants in a patient's consultations with health care staff. Observing the potential for family to positively impact patient care has been a valuable insight and as a result I will now be more mindful of encouraging family participation in patient care in my future nursing practice.

I enjoyed my time spent on the surgical ward but was excited when it came time to attend theatres. Here I observed a diverse range of surgical procedures from carpal tunnel decompression surgery to neurosurgery. Both the nursing and medical staff ensured that we understood what was happening throughout these procedures which greatly enhanced this experience. I was also able to spend a number of days in recovery where I learnt about post-operative care in Vietnam. Similar to the ward

environment there were many patients to care for in recovery, however the nursing team was remarkably efficient and were able to ensure the safe recovery of all surgical patients as well as their transfer to their respective wards, with the limited resources they had at their disposal.

I am extremely grateful for the time I spent on both the surgical ward and in theatres. Throughout the entire placement both the clinical and non-clinical staff at HMU went to great lengths to support us in gaining the most from our experience at the hospital which really enhanced the placement. Additionally, Sydney Nursing School was also extremely supportive. From the outset our facilitator guided us through our respective hospital systems and bridged the gap between the hospital staff and the nursing students. Our facilitators also met with us daily to debrief and discuss our observations and experiences on placement which allowed us to gain insight about other student's experiences as well as gain clarity around certain practices observed within the hospitals.

Overall, my time spent in Vietnam was incredibly rewarding. Through both observing and working with the highly skilled, hard-working and resourceful health care staff at HMU I have gained a broader insight into nursing and health care which I know will enhance my nursing practice back home in Australia. I am incredibly grateful for all that I learnt and experienced in Hanoi and I would highly recommend the exchange program to anyone who is interested in expanding their experience of nursing and broadening their knowledge of different health care systems and cultures.



Vietnamese Medical Students



Bui Hoang Tuan Dung

**University of Medicine
and Pharmacy
Ho Chi Minh City**

A month in Sydney goes by fast. I met a lot of people, learned a lot of things, experienced a lot of things. These are memories, lessons that I will never forget.

First, I was very impressed that the clinical practice in Vietnam and in Australia is very different. With the number of students always between 10 and 20 times the supervisor, I really never understood what a doctor's day at a hospital would be like. With clinical practice in Sydney, I followed the supervisor from morning to night, interacting with the big doctors. These things help me shape myself if I want to become a surgeon or not.

Another interesting thing is that patients in Australia are very interested in their health. They ask the doctor a lot. The follow up process is also planned by the doctor very specific and clear, according to the needs of each patient, what is hard to see in Vietnam. And what the doctor is aiming for is treating a person, not treating a disease, and giving them the best possible physical and mental recovery.



The hospital, the streets, everywhere in Sydney are very clean, airy. And people are very friendly, they always smiling. I usually don't like walking in Vietnam. But I like walking in Sydney, through parks, opera house, cliffs between Coogee beach and Bondi beach, Manly beach, Taronga zoo.... They are so beautiful.

Dress code for students is very interesting. In Vietnam we do not have such a strict regulation. So at first I was afraid that I would not be comfortable. But when I put on my costume, I feel more confident, more professional, and somewhat easier to get the patient's trust. Even back to Vietnam, I believe I will keep this dress code in the hospital whether as a student or as a doctor.

One of the biggest challenges is eating lunch very late and having no nap time. For Vietnamese, lunch is an important meal and people tend to nap. In Australia, people eat lunch very late, very sketchy. So I have to get up early to cook lunch, save time to buy and eat lunch. Whenever having free time, although just 10 minutes, I sneak out lunch to be able to continue work in the afternoon.

One month in Sydney is like a miracle to me. Many thanks to Học Mái Foundation and University of Sydney for giving me a chance to come to Sydney and being a medical student in Concord Hospital. This scholarship is always a beautiful milestone in my life.

Duong Chau Giang

Pham Ngoc Thach University of Medicine

Time goes by in a blink of an eye. I still feel like it was just yesterday when I stepped off the plane into the cold weather of Sydney but warm welcome by Mr Esmond Esguerra from the University of Sydney. It marked my one month here in Australia and also 30 days of emerging myself in a friendly yet extremely professional working environment in Concord Hospital. I have not only gained a lot of knowledge but also been inspired by some of the experts in their field.

I was lucky enough to be assigned to the Department of Endocrinology and Metabolism led by Professor Markus Seibel who was an expert in musculoskeletal health. My placement in this department was a great opportunity for me to learn about osteoporosis since the disease was still underestimated and neglected in my country. I was surprised by how doctors as well as patients treated osteoporosis seriously and were eager to commit to a healthy lifestyle with the purpose of preventing osteoporosis. Moreover, I was able to look deeper into treatment of the disease when joining osteoporosis clinic with Dr Katrin, Dr Chau Tran and especially Professor Mark Cooper. They were so kind previewing the patient's background for me before the clinic and to make sure I understood the case and how the treatment was chosen. I was impressed the most by Prof Mark Cooper. His clinic was one of the things I looked forward to every week since I could learn a lot from the way he provided consultation for the patients. He managed to convey a huge amount of information of from how the disease was affecting the patient to pros and cons of every treatment available not only clearly and convincingly with statistic and evidence-based medicine, but also delightful thanks to his sense of humor. Most importantly, he always looked for ways to minimize the number of hospital visit and medication the patient had to take, which was also the model of doctor I was aiming to be, in order to reduce the burden of waste of money and time on the patient as well as the community.

Beside that, I also went on ward rounds with Dr Ben and Dr Kenrick who taught me how to analyze the case, what to consider when examine diabetic patients, what elements affect choice of medication and how to monitor inpatients. Dr Kenrick was really helpful providing as many relating details as possible to make sure I was able to learn something, and indeed I was! More than that, he encouraged me to look for mechanism and side effects

of medications to understand thoroughly his decision for patients. From those ward rounds, I gained more experience in decision-making and made a comparison of how inpatients were taken care of in two countries.

In addition to medical knowledge, the attitude of doctors towards patients was a valuable lesson for me as well. I have never seen this good doctor-patient relationship where patients feel comfortable enough to question their doctor and doctors, in return, show much respect to their patient. Doctors treated their patient as an individual with different background and preference, and for the ultimate goal of improving patient's quality of life, not just for the disease to be cured. Patients, otherwise, were encouraged to find information about their disease and were involved in decision-making as much as possible. It was such a great inspiration seeing how devoted the doctors are to their job and to their patients.

During my time here, I gradually came to the realization that this working environment required a lot of active learning. I found that I was more than welcomed to ask questions and as long as I was willing to learn, there would always be someone to help me. However, there were times when I had to face a cold harsh answer, which was hard for me to accept at first. But with times, I understood that it was part of the culture and people were just being straightforward. Furthermore, pointing out the facts would help work be done easier and faster. Nevertheless, a cozy friendly atmosphere always presented in this department as greetings were exchanged every morning with a smile. It was also a pleasant surprise for me to hear greetings from someone I just passed by on the street, which proved to me how nice and friendly Australian can be.

In terms of challenges I faced when organizing the placement, I found completing vaccination record (especially batch number) difficult since the way of recording medical data in Vietnam is quite different. Other than that, everything went on smoothly thanks to considerable support and detailed instruction from Miss Felicity Bywater and Ms Wendy Lac. Particularly, I would like to express my sincere appreciation to Học Mái Foundation. Without the Foundation's generous support, any of this would have ever happened. Thanks to Học Mái scholarship, I was given a golden opportunity to step out of my comfort zone and see how much more the world got for me. This was a once-in-a-lifetime trip with lessons that would stay with me on the lifelong journey to become a great doctor.

Hua Nguyen Anh Thu

University of Medicine and Pharmacy Ho Chi Minh City

My name is Hua Nguyen Anh Thu and I'm a fourth year medical student at University of Medicine and Pharmacy at Ho Chi Minh City. I recently commenced a clinical placement in Ophthalmology Department in Concord Repatriation General Hospital under Học Mái Scholarship. Indeed, this placement is not just an opportunity for me to broaden my academic knowledge but it is also an awesome chance to immerse myself in a new country and to learn about the culture, the people and the places of Australia.

During four weeks of the placement, I was able to understand how Australian medical system operates thoroughly, especially how the general practitioners (GPs) work within the system. I have read a lot of contents on the internet about the GPs but this is truly the first time I had the chance to actually observe their contribution to the overall medical care outcome. It is undeniable that GPs play a key role in systematizing the patients' information and therefore providing easy access to their medical history and reports.

Moreover, another thing that I was impressed by the hospital's system is that everything is implemented followed a specific guideline or instruction. Any situation has its own protocol so that medical staffs can confidently confront any unprecedented scenario, with the help of the paging system, the clinical practice guidelines in each facilities, for example the antibiotics or analgesics guideline in the operating theatre.

And above all, the one thing that I would always bear in mind after this placement is how openly and equally people communicate with each other, both at work and in daily life. Perhaps to the Australians and many Western people, open communication is already part of their work etiquette. However, to Eastern countries like Vietnam, the hierarchical mindset still has a particular effect on people and therefore, stops them from deliberately convey their ideas and opinions, especially between teachers and students.

Apart from medical aspects, I also had a great impression of Sydney in particular and Australia in general. And I learned a lovely name that the people there like to call their home: Aussie. And Aussie people are also very welcoming and humorous. Australia is a multi-cultured country, where I met many new friends and learned a lot about the global diversity.

Last but not least, I would love to express my deepest gratefulness to Học Mái Foundation and the donors of it, who supported and organised this wonderful work for Vietnamese medical students like me. I would like to send my thankfulness to the staff from Sydney Medical School and Concord Clinical School who helped a lot during my preparation process so that I can easily complete the application. I also would like to thank the consultants, the registrars, the residents and the nurses of Concord Ophthalmology Department for instructing and helping me so that I could quickly adapt to new circumstances. This has been the first and surely the most memorable milestone in my medical career, from which I would hopefully be benefit from in the future.

Nguyen Dang Thi

Pham Ngoc Thach University of Medicine

The OGH placement has given me the opportunity to expand my knowledge in modern health care system, as well as acquire the essential skills relevant to my medical career. The four-week program has ended with unforgettable memories and invaluable experiences.

Undoubtedly, the quality of Australian health care system is impressive, with top-quality equipment and skillful doctors. However, what has impressed me most was how the doctors communicated with the patients. In Australia, doctors are so patient with their patients. I was fortunate to have the chance to observe the daily routines of Professor Lewis Chan - Head of Urology Department, for example, how thorough he was when he informed the patients of their medical situations, which can, in my opinion, help them feel comfortable and ease their medical problems.

Moreover, I realized that treatment is not a one-way process. There should be interactions between the doctor and the patient. After examination, two registrars that I usually followed (Dr Thomas King and Dr Sophie Plagakis) provided sufficient information to patients and let them make their own decision about their health. It is undeniable that this model would lead to more efficient patient management. The trip has helped me further understand the quote of Sir William Osler that I really like and keep as the basic principle in treatment: "The good physician treats the disease, the great physician treats the patient who has the disease".

Another impression that I had was the way health care providers cooperate with each other. Traditionally, each doctor treats the patient separately, which lacks collaboration between experts in different fields and from which the patient may not benefit much. Thus, I am really impressed with the multidisciplinary approach in Australia and the fact that all health care staff stay together to discuss patients' problems equally. Personally, these impressions strongly affect my perspective on how to treat the patient effectively.

Not only medical aspects that I learnt during my placement, I have also experienced interesting culture for the past four weeks.

Everybody here was so polite and friendly. "Good morning", "Thank you" and "Sorry" were words that I heard quite frequently here, which made the atmosphere around soft and sweet. I started to get used to saying these words more frequently to other people, for example, the staff in the Department (definitely), the bus driver, people in my accommodation. Another exciting experience was staying in the Sydney Student Living accommodation, where I could meet other international students from different fields (for example, engineering, cooking, even archeology,...). It was a chance for me to know more about other cultures.

Furthermore, we were very lucky to be welcomed by a Vietnamese family. Dr Phu invited us to his house with delicious Vietnamese meals to make us feel like home. He is so kind and hospitable, who has organized many interesting events as well as generously provided us with everything we possibly needed during our stay. This has inspired me to become a person with great kindness, who helps others without expecting anything in return.

Any challenges? To be honest, the toughest challenge that I faced was communicating in English all the time in the hospital. Though I have learnt English for many years, being in an English-speaking environment was totally different. I started to get lost when people around talked and laughed simultaneously, when they used many medical abbreviations, when they lowered their voice and even when they spoke a little bit faster than normal. But day by day, my English has improved and things started to be quite familiar to me. Therefore, this trip was also a great opportunity for me to enhance my communication skills in English.

Four weeks have gone so fast, but all good things must come to an end. All my memorable experiences could not be easily expressed with just words. I would like to express my deepest gratitude to Professor Bruce Robinson and all the donors of Học Mái Foundation for their support. I would like to send my grateful thanks to Ms Felicity Bywater, Ms Wendy Lac, Mr Esmond Esguerra for their warm welcome during our stay here, as well as special thanks to Dr Quang Phu Ho and his family for their hospitality. Finally, I would like to express my sincere appreciation to all the staff in Urology Department for letting me join their daily work, for their friendliness, their help and guidance during my placement.

Thank you very much!



Duong Hoang Long

Hanoi Medical University

All of a sudden, I wake up. Looking at the clock, it's just 5 am but still feel well-slept I wonder why I wake up at this time, which is not at all normal in my house. Then it suddenly hits me that I am used to my morning rounds in Sydney

which start at 6:30. Having only come back from Sydney two days ago, my biological clock still works in Australia time. But it was supposed to be 8 am and I would've been late if I were in Sydney now. Coming across Dr. Arpit's drawing of a heart, my registrar, and the notebook that I had with me reminds me of my days in Royal North Shore Hospital and to wonder what people in my team, the cardiothoracic doctors, are doing at right then. I guess that they may be rounding in Cardiothoracic ICU or Ward 6B. If only I were with them now...

Everything from the first day to the last day of my placement still remains crystal clear. I remember that I was impressed by the state-of-the-art facilities as well as the blend of ancient and modern architecture of the hospital.

I must say it was my fortunate to join Cardiothoracic team. I embarked on my placement with many concerns about how things were going to work or would my English in medicine be good enough to understand what they said as well as examine the patients under supervision. Notwithstanding, English was my weakness which is challenging and difficult at times. But all my worrying disappeared when I received the warm welcome and a smile of Dr. Jess, my resident. She intermediately got me used to things. Therefore, it didn't take me much time to be able to catch up. And I have to say my placement here couldn't have been easier and smoother thanks to Dr. Campbell, Dr. Arpit and Dr. Kai. They be might speak quickly to each other but always slowed down when they spoke to me. As busy as they are, Dr. Arpit even drew funny pictures to make things simple, or Dr. Campbell wrote it down, but was nervous his handwriting might be hard to read. And I shouldn't forget to mention Dr. Brereton. He let me scrub in CABG (Coronary artery bypass graft) and Aortic replacement case, and even explained things while he was operating. As a bonus, he invited me the traditional Aussie biscuits after that. Everyone was so nice to me. I mean for the first time in my life, I was treated with such great hospitality, friendliness, and kindness of Australia doctors, that I couldn't hope to return enough.

Four week has gone and I sure did learn lots of valuable things. I treasure the medical knowledge about Minimally Invasive Aortic Surgery, how bypass machine works and ventilation mode, etc... that Dr. Campbell and Dr. Arpit taught me. I am also really impressed by the way the doctors dedicated all the efforts and patience to listen every patient's stories and put themselves in their patients' shoes to deeply understand, empathize and truly care every issue of a patient. They worked as a strong and close-knit team in order to bring the best to patients. They set a good model for me to become a better doctor in the future. Apart from that, it is not hard to pick up the differences between healthcare system in Vietnam and Australia. The biggest thing should be the GP system here, which is really advanced to help reduce the overload in the hospital, and I hope Vietnam will apply that system one day.

I also recognized that Australia is a multicultural country without racial discrimination. People are nice and polite enough to make me pick up that politeness by saying "Thank you", "No worries" and "sorry" right after I set my foot on Sydney. And I still kept saying them literally in English when I headed back in Vietnam...because it is not easy at all to give up the habit that I built up for a month.

With all these short words, there will be many missing memorable events that I cannot hope to express in detail. But if I had to pick up a word to describe my trip, there is nothing but "amazing". And I would like to send my sincere appreciations to Mr. Bruce and all the donors of Hoc Mái Foundation who made this placement possible. Their enthusiasm in helping Vietnam to improve healthcare system through many programs will definitely earn the deepest gratitude of Vietnamese people. I also would like to send warmest thanks to Ms. Felicity Bywater, Mr. Martin Crawford who took care of us during the whole trip.

Four weeks went by just like a blink of an eye and now I am at home recalling every moment I've been through, every person I've met. I miss every corner, every road, every bus stop on the way to Royal North Shore Hospital. I miss Northern Boy school where I went past to RNS hospital, Woolworth where I stopped by for a quick bite, Crows Nest, Pacific Hwy Road, and St Leonard Station as well. Everything is so vivid that I keep wondering what my team are doing? It's somewhat depressing that I cannot be with them technically, but what they said to me is "You are part of the team. We're happy to have you Long", makes me feel part of the team no matter how far I am away. I miss them so much and deep down I wish nothing but all the best for their careers and lives.

Nguyen Van Phong

Hanoi Medical University

From the very first day of my placement at Sydney Medical School, I knew that it would definitely be a thoroughly enjoyable time in Land Down Under. Thanks to the generous sponsorship of Hoc Mái Foundation for a 4-week placement at Royal North Shore Hospital, I had a great chance to study at Hand Surgery Unit, under the supervision of Dr. Richard Lawson as the head of the department.

As time went by I learnt a great deal from observing consultations between specialists and patients at Outpatient clinic. I better understood that providing medical information in a clear and understandable way is crucial to promote the health outcomes of the patients. Today, medical practitioners take responsibility for providing patients health services and medical statistics linked to treatments alike. As a result, the patients not only are supposed to be individuals making the decision but also should be reported what they ought to expect after each treatment given. Fortunately, I was invited to join a meeting of Hand Surgery Journal Club held every month by Dr. Lawson, where I realised that medicine must be based on evidence nowadays and that updating researches related to clinical findings and treatments is indispensable for becoming a better doctor. Additionally, fascinating experiences in operating theatres really help me a lot in improving my surgical skills which obviously come in very handy some day.

Apart from medical lessons mentioned above, I learnt various cultural lessons. My first impression of Australia was that Australians were pretty hospitable and polite to everybody. With their help, I soon got settled in my new home and made the most of my time in Sydney. Furthermore, Australians have a great awareness of building up an environmentally sustainable society. Another fantastic thing about Australia is that residents have their houses built around environmentally-friendly parks where they can get a breath of fresh air, go jogging and bird-watching every morning. It itself makes Australia an ideal place to live.

Thanks to the support from Office for Global Health and Education Support Office, I did not meet with any challenges of organising the placement. I truly hope that we can develop a better supportive network of medical students in the foreseeable future where elective students are able to connect with Sydney medical students so that we all become very close friends.

Thank you all very much for everything, Australia and Australians. See you again!



Pham Do Phuong Anh Pham Ngoc Thach University of Medicine

I have been aware of Học Mãi scholarship since I was in 3rd year of my medical university time. Since then, it has become one of the motivation and the goal for me to study harder. The fact that I was actually selected

for a one-month elective placement in Australia would always be a special achievement in my medical student life. Thanks to Học Mãi Foundation, I was given a chance to have this interesting yet unforgettable experience.

So I came to Sydney in August, 2018. Even in the middle of winter, it was sunny on my first day in Sydney! As warm as the weather, Mr. Esmond Esguerra greeted us at the airport with a special gift and took us to the student house. The way Học Mãi Foundation organized everything was so heart-warming, clearing up any loneliness feeling that an international student may have at the first time away from home. With the care of Mr. Esmond Esguerra, Ms. Felicity Bywater, Ms. Wendy Lac and having my Vietnamese friends in the same group, there was no single moment that I felt being left out. Besides, at the hospital, the doctors welcomed me to join every activity of the team and never hesitate to answer my question even when they were busy. The support and friendliness of everyone I met must be the thing that I would never forget. By culture, Vietnamese may appear to be more quiet and reserved. I was able to learn from a more open and speak-up culture during the time in Australia. This also guides me in developing two-way discussion with patient, knowing the reality that patient in Vietnam

tends to follow doctor's instruction and not being active enough in the consultation discussion with doctor.

I had my placement at Rheumatology Department of Concord Repatriation General Hospital. I attended daily clinic at the department, also participated in weekly grand rounds and meetings. It was such a pleasure to have that invaluable opportunity to learn from both registrars and rheumatology consultants. During this time, the key medical aspects that I learn and will contribute to me becoming a better doctor include new knowledge about different types of rheumatic disorders, good patient consultation practices and team work in patient care. I have had the chance to learn about the clinical manifestation as well as management of some common conditions such as rheumatic arthritis, osteoarthritis, low back pain, gout. I also got exposure to some rare cases that I had never seen before like dermatomyositis, polymyalgia rheumatica, fibromyalgia, etc. Communication skills are critical to build and sustain effective doctor-patient relationship and as the result help maximizing diagnosis and treatment outcome. It has been a key learning to me that both registrar and then specialist spent sufficient time for an open, two-way discussion with patient. They let patient actively involved in the disease management. They cared about not only the chief complaint but also patient's quality of life. I have been able to observe and learn from a comprehensive team-based process in which individual roles and responsibilities are well - defined and respected, so that doctors, nurses and pharmacists all contribute to the best solution for patients.

The elective placement in Sydney gave me the chance to learn and broaden my horizon by providing wider perspective on different environment and different part of the medical world. After a month, what I gain is not only knowledge but also motivation to study harder to become a better doctor. I would like to send my special thanks to the Professor Bruce Robinson, Học Mãi donors, all the officers that helped organize my elective placement and the Rheumatology Department of Concord Hospital for giving me this memorable experience.



Pham Ngan Giang Hanoi Medical University

Thanks to Học Mãi Scholarship, I was able to complete my four-week placement at Royal North Shore Hospital.

In terms of medical aspects, I learnt a lot about doctor-patient communication. Doctors spend their time

explaining everything to patients, from their symptoms to their treatments in words which are easy for patients to understand. Doctors ask if patients have any questions and listen carefully to their concerns. In Renal department, many patients are known to their doctors for a long time, therefore, they seem just like friends, which I think will help patients a lot since they could feel relaxed and taken care of. A lot of patients told me they felt relieved as they knew they were in good hands. They are also actively involved in the decision-making process.

Hand hygiene is well practiced. It is simple but sometimes we could underestimate and forget about it.

In Australia's healthcare system, general practice is the frontline and doctors in the hospital can easily chase notes from GPs to get a full understanding of a patient's past medical history and history of present illness, which is a great help. In addition, the electronic medical record system also proves its effectiveness.

Doctors have great team work. I had an interesting experience following my registrars to many other departments when we got

consult pages. Doctors are not reluctant to ask their colleagues and superiors questions. We are all learning as we practice medicine.

I would like to thank Dr Bruce Cooper, Dr Yvonne Shen, Dr Muh Geot Wong,

Dr Stefanie Stangenberg, Dr Amanda Mather, Dr Edmund Chung, Dr Joshua Sandy, Dr Sarah Williams, Dr Patrick Wu, and all other doctors and nurses in Ward 7B. Although he was busy at times, Dr Edmund Chung always tried to spare some of his time to teach me. It was not the ideal environment for some formal teaching, but I sure learnt a lot from his professionalism despite his high workload. I am also grateful to Dr Sarah and Dr Patrick, who warmly welcomed me into their team and encouraged me a lot. Also, I would like to thank all the lovely, kind-hearted patients that I had the chance to meet.

I learnt many things outside my hospital placement as well. Local people are really hospitable. Even if we are complete strangers, they still spend their time showing me the way or explaining things to me.

It was winter but Sydney welcomed us with such nice and sunny weather so that we had the chance to go to many beautiful places. I was mesmerized by Bondi Beach and the coastal walk, Watsons Bay, Manly Beach and the Blue Mountains.

I am really thankful to Miss Felicity Bywater, who picked us up at the airport, gave us a brief introduction of Sydney and showed us around the main Campus of the University of Sydney. Many thanks to Mister Esmond Esguerra who spent his Sunday guiding us to the Blue Mountains and took care of us throughout the trip. Many thanks to our beloved uncle Phu and his family, who warmly welcomed us and made us feel at home. Also, I would like to express my gratitude and appreciation to Professor Bruce Robinson and all the Học Mãi donors for giving us this wonderful opportunity. It was such a beautiful and memorable journey!

Phan Ngo Quang Thach

University of Medicine and Pharmacy Ho Chi Minh City

In my own perspective, Học Mãi Journey did not start on August 1st but on the day that I received the Congratulations Letter from my school's representatives. Since then, the journey of my dream has begun.

One said that "No pain no gain". In order to be part of the Học Mãi community, from the very beginning, I had to learn how to ask for a letter of recommendation, how to keep tract of my own vaccination record and even how to send a parcel overseas. My anxiety has been wandering around for several months due to the application process. For such a novice like me, those lessons marked a big change in my life.

Nevertheless, 30 days in Australia is truly a rewarding experience after all the time and effort. Australian people are the very first impression. Politeness and punctuality are two most memorable things that I could tell about the citizens in this beautiful city. In the beginning, I was absolutely surprised that "Thank you" and "Sorry" are the two most common phrases I have heard from Australians. Moreover, I have received lots of help from the friendly Australians despite language barriers. They were very patient when I had difficulty expressing my ideas, not to mention their hospitality. Personally, I felt very welcomed.

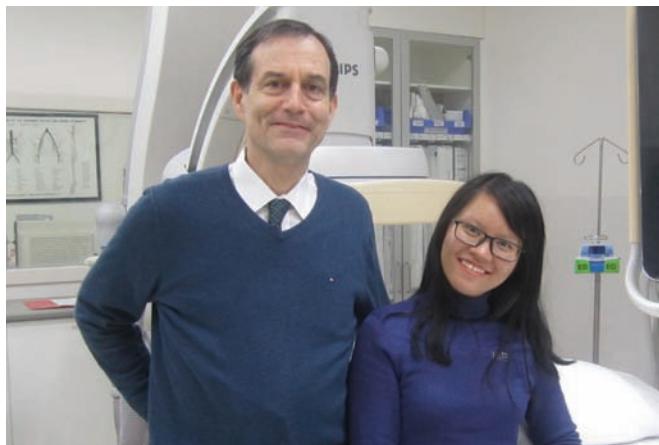
While Australian citizens showed me how to treat others nicely, Australian doctors taught me how to do the real medicine. The

story started with a 93-year-old female admitting with weakness on her left-handed side. She was diagnosed with stroke and she had to stay within the hospital in more than a week. The whole team found it difficult to communicate with her due to her Chinese background, even with help from the translator from the family. She seemed poor feeding but it was hard for us to approach her. Fortunately, by the end of the first week, we figured out that she could speak little Vietnamese which is my first language, and I became the "translator" for my team. After many long but struggling conversations, she said that she did not enjoy the egg and preferred more liquid food but the nurses were not fully aware of that, so she did not eat the whole meal, making her condition worse. As a result, her diet has been changed and she felt better day by day. The consultant once said that "If you have time, you should talk to her and feed her if possible. That's the real medicine". Those words touched me. In my home country, we focused too much on the drugs and methods of treatment without paying enough attention to the background or the story of the patients. This explains why Australian hospitals include many departments working simultaneously such as Neurology, Occupational Therapy, Physical Therapy and Social Worker Team. The real medicine cares about all aspects of the patients.

One month is not long enough for me to acquire all the best things in Australia, both cultural and medical. However, I strongly believe that the precious lesson from the Neurology team will be the start of my dream journey - a good doctor as Lao Tzu said that "The journey of a thousand miles begins with one step".

Tran Le Thuc Uyen

Hue University of Medicine and Pharmacy



I have never appreciated how fast time can fly until the Concord hospital's main entrance sign finally finished its daily task of greeting me, for the last time in one of the best 4 weeks of my life. What have I gained from this wonderful experience? It will take hours to list them all, but to summarize, I come home with bigger mindset, widened knowledge, better skills and stronger motivations to become a competent doctor.

After a month in CRCH's Radiology department, I realized that I just won the biggest lottery ever being able to work with such a great team. Put aside the fancy-latest-model equipment, the online medical record system and the endless abbreviation list that became familiar only after the first few days, I got the answer of how to get to a imaging diagnosis systematically. Thanks to the admirable patience and thorough explanation of the registrars and the radiologists, especially my supervisor aka idol Dr. Graham Dunn, plain films, CT scans or MRI will no longer be a mess to look at.

Ultrasound-guided biopsy, lumbar puncture under fluoroscopy, DSA embolism and drainage... text books probably can't give better illustrations than what I've seen with my own eyes. The skills required to carry out these procedures faultlessly are already a big goal for any medical student, yet I was more fascinated by the communication between my supervisor and his patients. Not only did he spend time explaining and discussing with them about pros and cons, complications, follow-up management but he also made the most of his unbeatable sense of humor to help them

fully relax. I ended up associating "bee stings" with local anesthesia and "click click" with the biopsy gun after being an unofficial assistant in the ultrasound rooms. The word "hospital" may sound scary and worrisome, but if we can train ourselves to be a better conversationalist, our patients are given a good reason to think about it with a brighter vibe.

"Good is fine, but you should want it to be perfect". I only heard it once or twice from Dr. Dunn during a whole month when we encountered challenging cases, but it quickly took a spot in my motto collections. His desire and dedication to do the best for the patients make me aware that once I stop striving, the path I've chosen will be blocked.

An exemplary model of teamwork is definitely what I would use to explain the busy yet well-controlled pace at which everyone excels their roles. Working independently doesn't equal to working separately. Whether they're top specialists or young residents, nurses or doctors, they're willing to listen and to learn from each other. Their respect and professional attitude create an enjoyable work place, where you always have a pillar of support and advice to lean on when making a hard decision. In every meeting I've participated in, numerous options for treatment, different ideas of how to better investigate the cases were introduced, yet none of them were rejected or criticized harshly.

Frankly speaking, my head was bombarded with worries and anxiety about the language, the different work culture before the placement begun, but these feelings were immediately washed away by the warm welcome smile of every single person I met in the hospital, from the cleaning staffs to the lovely medical students, from the nurses team who never fail to crack me up to the helpful radiographers who have always been the targets of my pouring questions. I was embraced in so much love that it slowly gave me the feeling of a second family. And when my beloved team surprised me with a rushing cake bonus a huge card with heartfelt blessings on my 1st birthday in another country, I knew for sure I couldn't leave without a heavy heart.

It's a real challenge to cut down my words when somehow I'm still longing for the beautiful Sydney I've fallen in love with. I would like to send my greatest gratitude to Mr Bruce and all the donors of Học Mãi foundation. Without your devotion, the once-in-a-lifetime experiences we've had couldn't be imagined, even in our dreams. Many thanks to Ms Wendy Lac, Ms Felicity Bywater, Dr. Phu and his family, Mr Esmond Esguerra, Dr. Graham Dunn, my sweet nurses and radiographers, and all the staffs at Radiology Department, each memory I've been blessed to share with you will stay as a piece of my unforgettable photograph, the best one I've taken with my mind.

Vietnamese Nursing Students

Bui Thi Thuy

Hanoi Medical University

One month exchange in Australia was truly such an amazing and memorable time for me. Writing this report makes me feel that it was just yesterday when I first came to the airport. Four weeks living and studying in Australia that I was immersed myself into multicultural environment and expanded my mind in advanced medical technology and working system in Australia.

The medical system in Australia is more organised in comparison with Vietnamese one by the electrical code that each Australian or citizen had from their childhood and the way the specialised GP and nurses. Every lab test result can be computerised so doctor might know their patient medical history from it. The reason for not overload patient in Australia I thought possibly that they have their own GP to see them at home, community nurse to take care of them and social worker once they have any problem. Their GP can offer them to go to the hospital when it's needed and in ED, triage nurse can classify patient severity based on their symptoms and urgent. They need to be competent to do all of those. Another reason that I thought might be when I was in Sydney University Health Service is that they can come to see the doctor often when



they feel unwell, so it will reduce the severity when they need to go to the hospital. In my thinking, It is a comprehensive way for doctor to treat their patient effectively and think back to Viet Nam traditional way should applied it to reduce doctors work and more competent and cost-effective treatment to patient.

On the first two weeks, we attended in Sydney Nursing School lectures and laboratory and found out lots of interesting things in the lectures and so excited about the lab class. That's so much strange but attractive to us. Students were divided into small group and solve with study cases in model patients-who can speak and you can talk to him. We've seen some cases in Emergency and ICU that we can learn some protocols, join in the team and see how competent the students are. The teacher after each case come

Nguyen Thi Chinh

Hanoi Medical University



My name is Nguyen Thi Chinh. I am a senior nursing student studying at Hanoi Medical University. Since I was one of two lucky nursing students achieved exchange scholarship from the Học Mãi foundation, I had the opportunity to experience a wonderful four weeks in Sydney, Australia, from 2nd September to 29th September 2018.

First of all, I want to express my deepest gratitude to Học Mãi Australia- Vietnam Medical Foundation for bringing such great opportunities to us. I would like to send my thanks to Susan Wakil School of Nursing and Midwifery, Sydney Nursing School, The

University of Sydney for giving us the chance to study at Nursing School and have clinical placement at Royal North Shore Hospital. I also really appreciate the support from professors, officers, facilitator, alumni and new friends I met in the journey.

Thanks to that, I had great memories, gained a lot of experiences and had my horizon broadened both in Australia's healthcare system, nursing aspect, education, culture and human quality of life, which were really different from those in a developing Asian country like Vietnam.

The day when we arrived in Sydney was a cold day at the beginning time of spring. Although the first days must have been challenging and disoriented, we fortunately received initial great support and warm welcome from alumnus Andrew, Ms. Nada, A/Prof. Jacqueline and other Vietnamese doctors who stayed at Falcon Lodge with us. That made a really good impression on my heart about the friendliness and kindness of people there. Besides, I was really overwhelmed by the beautiful scenery, clean environment, fresh air, modern life, differences in human lifestyle, convenient traffic and transports, I was really happy and excited to explore more and more.

1. Australian Health care system.

On one of the first days, I had Ms. Jillian to introduce about Australian health care system, code of ethics and code of conduct for nurses. After that I knew about Medicare which is a great Australia's universal health care system. It provides eligible Australian residents with access to free treatment at public hospital, free or subsidised treatment by medical practitioners and subsidies for prescribed medicines. I also knew about electronic health record for each citizen through her talk and real experience in public hospital. Practicing medicine in Australia could be challenging because Australian society is multicultural. However, the quality of health service delivery in Australia was always high in both the public and private sectors. From that point, I can see how it is different from Vietnamese health care system.

2. Susan Wakil School of Nursing and Midwifery, Sydney Nursing School, The University of Sydney – Experience a different nursing education.

My first two-week schedule was mostly at Sydney Nursing School. That was the precious time for me to experience the differences in education generally and nursing education particularly between Australia and Vietnam. When Ms. Jacqueline took us around the school and introduced us to teachers as well as students, I could see good facilities, large lecture rooms, especially fully equipped clinical labs. I enjoyed the University of Sydney-campus tour as

to students and explain in details about what they did right and not available, how can they implement patient, why and when is possible time for that. Learning medication from that cases gradually come in their mind that they can use in the real clinical cases. Their lab is standardised as a real ward that they won't feel so much tough when training in the hospital. In the lecture class, teachers always encourage their students to speak up and show their ideas to discuss and explain precisely what they obtained and what could be changed in the real setting that make me interested in the learning and teaching methods.

The following two weeks at Cardiology Department in RNSH was amazing and such a great memory for me. On my first day there, my friends and I was joined in a short introduction along with other students about overall of RNSH and some basic understanding about their care, then we were taken around the hospital by my wonderful facilitator, Ms Rosemarries, in some departments that her students were there for studying. Then, she led us to our Unit, which is Cardiology Department that my friends and I did learn a bunch of new things. The nurse leader and coordinator let me go with an RN, Nicole. She gave me a gracious orientation about the ward, the policy and nursing jobs there so I can gradually understand and get familiar with it day by day and felt so comfortable. It seems like I need to concentrate all my ability to adapt and understand with all things: the environment, the nurse handover, tons of medical terms and trigger with some non-English speaking patients or irritated patients. I was learned to read medical record and nurse notes with plenty of abbreviations, getting accustomed to asking WHY in any lab tests and medication in my patients which help me know my patient condition well. The nurses in the ward did give me the abbreviation note book she

well and was impressed by ancient beauty of the Quadrangle. The teachers were all friendly and supportive, they always listen to students' questions and ideas. The students were self-confident and intelligent. They learned actively by reading before class, discussing and presenting ideas. The subjects that they study in nursing program were different from ours. During the time there, I had chance to participate in some subjects such as Acute Care Nursing Practice, Managing Chronic Conditions, Life-limiting Conditions and Palliation, Clinical Practice in Mental Health and Indigenous People, Health and Care, each included lecture, tutorial and labs class. Tutorial class was a good experience because it's new for us. Besides, labs classes there had really good quality with full equipment and materials. Therefore, students can practice every nursing procedures right inside the labs. They have clinical placement along with subjects at school since the first year instead of since the third year like us in Vietnam. Along with that, we have longer duration of nursing course (4 years) back in Vietnam, it was different from nursing course in Australia with normally 3 years.

3. Royal North Shore Hospital - Experience a different nursing clinical placement and practice.

I had clinical placement in the Department of Cardiology - 6D at RNSH for the final 2 weeks.

During the time I had clinical placement there, I was supported by Ms. Karina and Ms. Rosemarie who were really great facilitators. Two of us and other nursing students who were enrolled in Master program, altogether we had meeting with facilitators twice a week to discuss about our difficulty, our patients and cases. So I had chance to tell them about nursing care in Vietnam as well. It was also a different point that back in Vietnam, nursing students don't have such caring and supportive facilitators like them. They introduced us to staffs in 6D, came everyday so see us and ask for any difficulty that we met. The staffs there were also nice. They were willing to introduce procedures, equipment and computer work which were really new for us. They also explained very carefully every our questions or concerns.

In practicing, it was a totally different experience that I could observe a comprehensive, holistic care in the public hospital, which I could only see in some international hospital in Vietnam. All the documents were recorded on computer, not on paper like in Vietnam. The health care there was actual patient-centered care. The family and relatives did not involve much to the care for patients. The nurse's works therefore also differed from nurses' in Vietnam. They also did or assisted the bath for patients, looked after when they were having meals, assisted patients to walk

had so now I can read all the handover paper without hesitating the meaning of diseases or any tests. I also learned how to do some basic care with the patients and help nurses to do that in my own patients in the ward. Both the nurses and patients treated me so nice. I was first confused about the interdisciplinary work here but gradually, Nicole always stood next to me and explained to me so precise and details, what is social worker, occupational therapist, speech therapist, and how can the patient admit to hospital, how can they classify patients into each wards, how the doctors, nurses and other specialist work together in patients.

Finally, I would like to thank to Học Mãi Foundation for giving me this chance to broaden my mind and my skills in the real nursing jobs, to enhance my confidence that I gained within 4 weeks. It's an unforgettable time to me to meet Australian people and immerse myself with the diversity of culture, encourage my motivation in the future and more optimistic attitude about Vietnamese future. I would mention here not only the financial issues that without this scholarship, I hardly to afford as an international student.

around and change position. Otherwise, they didn't do procedures like taking IV, taking blood samples or catheter insertion. They didn't do transfer work or material setting work which had others to do. They worked independently, assessed carefully and looked after patients closely.

The very first impression of me was nurse's communication ability. They had really effective communication with patients and colleagues. They always listen and understand their patients. As a responding, patients usually express their feelings and trust absolutely in their nurses. Nurse-nurse communication was also one thing I could learn a lot from, especially one-one nursing handover. Concise and fully information was provided to help the latter to understand clearly and comprehensively about the patient's condition.

Moreover, all the procedures were aseptic and carefully checked. Double-check for IV administered medication was strictly implemented to minimize medical errors. Handwashing was also done by every nurse in every necessary moment. I can assert that the aseptic principle was practiced very well there.

The results that I collected after the course are hard to describe totally. The trip helped me to grow up, expand my knowledge and vision a lot. After this trip, I will bring what I heard, what I learned, what I observed to share with my friends and my future colleagues. I hope that we could apply some new and good things in the Vietnamese nursing care. Together, we want to contribute to the improvement of Vietnamese health and quality of life. That's the biggest motivation for my future career.

WELCOME DINNER

HỘI NGHỊ DƯỢC LÂM SÀNG VINMEC LẦN THỨ 1



Pharmacy & Antimicrobial Stewardship

Meredith Verge, Margaret Duguid, Melanie Figtree, Lucy Casula, Jessica Bui

In December 2018 members of the RNSH Antimicrobial Stewardship (AMS) team (Jess Bui, Lucy Casula AMS pharmacists RNSH, Dr Mel Figtree: Infectious Diseases Physician, Microbiologist and AMS Lead for Northern Sydney Local Health District) accompanied by Meredith Verge (ICU Pharmacist, RNSH) and Margaret Duguid (Former Pharmaceutical Advisor, Australian Commission on Safety and Quality in Health Care) visited three hospitals in Hanoi as part of continuing efforts to develop clinical pharmacy services and AMS programs.

Since 2009 the above pharmacists and ID physician have shared their experiences in implementing hospital AMS programs with pharmacy, nursing, medical, microbiology and administrative staff in a number of hospitals in Hanoi. The December 2018 schedule included visits to Huu Nghi (Friendship) Hospital, Bach Mai Hospital and Vinmec International Hospital, Times City, Hanoi (Private Hospital) where the team met clinical staff responsible for implementing AMS programs, learned of the different challenges experienced and presented practical approaches to AMS employed in Australia. In addition two members of the group presented at the Vinmec Clinical Pharmacy Conference - Dr Mel Figtree (Antimicrobial stewardship: an Australian Experience) and Meredith Verge (The evolution of an Australian Pharmacists Continuing Education). The group also met with WHO staff assisting the Vietnam Ministry of Health to implement their national action plan on antimicrobial resistance and the Director of the Woolcock Institute of

Medical Research Vietnam and the project manager for the study on combating the emergence and spread of antimicrobial resistant infectious diseases in Vietnam funded by the Australian Department of Foreign Affairs and Trade and conducted by the Institute. These activities provided insight into the barriers that health professionals face in implementing AMS in Vietnam. Some of these barriers, their effect on AMS implementation efforts and potential strategies for overcoming them are presented in the table below (Table in separate file).

The Vietnam Ministry of Health (MOH) has a strong governance structure in place for AMS. There are legal requirements around implementing clinical pharmacy services and antimicrobial stewardship. MOH Guidelines for implementing AMS programs in hospitals have been available since 2016. Hospitals reported implementing a number of AMS strategies including: establishing an AMS team, developing prescribing guidelines for common infections, restricting use of specific antibiotics, monitoring usage and susceptibility patterns and participating in Antibiotic Awareness Week. Outcomes reported included reduction in use of restricted agents and savings in antibiotic expenditure.

Monitoring usage and resistant organisms, an essential component of AMS and efforts to reduce AMR, is in its infancy and there are challenges in collecting and reporting the data.

Community usage

Usage calculation by defined daily dose (DDD) is challenging because of the many brand names and difficulties in converting to DDDs. There is no incentive for community pharmacies to pay 150,000 VND per month for the software to enable calculation of usage. Building a "reputable" pharmacy label or some other incentive scheme around quality pharmacy systems that encourages patients to attend pharmacies contributing data may improve data collection.

Hospital usage.

400 hospitals have submitted data to MOH since October last year. It is difficult to know the quality of this data - however it will be useful for individual hospitals to study trends in use and prioritise areas of concern.

Medical Microbiology

Medical microbiology services are limited and if strengthened could play a greater role in AMS.

Carbapenem resistance

Many hospitals use Vitek to determine carbapenem resistance, and may be under-reporting carbapenemase producing organisms. Accuracy could be improved by introducing a confirmatory test (eg carbaNP)

Vancomycin monitoring.

The capability of laboratories to provide therapeutic monitoring for vancomycin is variable and therefore there is the tendency to use the newer more expensive agent, linezolid, that does not require monitoring.



Future potential to collaborate

There are several areas where Học Mãi mentors could collaborate with colleagues in hospitals in Hanoi to strengthen their AMS efforts.

Education

- Provide an intensive session on AMS during Antibiotic Awareness Week. (this could be conducted by webinar or a group travelling to Hanoi)
- Hanoi Medical University final year students
- Pharmacy final year students

AMS in ICU

- Team comprising an Australian Intensive Care Specialist (with AMS interest), ID/Medical Microbiologist and AMS Pharmacist spend one week in the ICU at Bach Mãi Hospital to exchange ideas around how this has worked at RNSH.
- The usage of colistin, carbapenems, and linezolid is very high in ICU.

Microbiology laboratory capability

- Exchange of ideas re: optimising diagnosis of carbapenemase producing organisms. RNSH laboratory protocol.
- Share experience in reporting microbiology results including: timeliness of reports, comments to assist clinicians interpret results and use of cascade reporting.

Acknowledgements

Our thanks to Dr Le Van Anh, Duong Thanh Hai and Nguyen Thu Minh for their help in organising the program of visits and to Pham Quynh Lan for the invitation to present at the Vinmec Clinical Pharmacy Conference.

The team's travel to Vietnam has been partially supported financially by Học Mãi Foundation.

Infection control screening.

There is a need to better understand whether KPC acquisition is community onset or hospital attributable. Bach Mãi Hospital ICU reported only 22-24% Klebsiella pneumoniae are susceptible to carbapenem and there is increasing resistance to the last line agent colistin. Molecular analysis of these organisms (with infection control epidemiological evaluation of the cases) would provide an understanding of whether these are being spread within the ICU.

Involvement in ICU AMS rounds

Formal involvement of medical microbiology in ICU AMS round would provide better confidence in the microbiology results and help ICU teams to rationalise and de-escalate antimicrobial use in response to clinically relevant microbiology results. It was stated that 30-50% of ICU patients are on colistin at any one time, indicating a high level of resistance, however, there was an unwillingness to de-escalate to other agents.

Research

- Sequencing of KPC ICU isolates to determine whether there is nosocomial transmission.
- Implement and evaluate concentrated AMS intervention in ICU at Bach Mãi with daily AMS rounds with ICU representative, AMS pharmacist, ID consultant, microbiology consultant. Monitor impact of patient outcome, usage, acquisition of resistant organism,
- Colistin use: Descriptive study re: patient outcomes and adverse events from colistin use.
- Cost effective analysis comparing vancomycin with therapeutic monitoring versus linezolid.

Resources

- Investigate potential for sharing some of the resources developed in Australian hospitals e.g. on line approval and decision support systems



Table: Barriers to implementing AMS, their outcomes and opportunities for improvement

	Barriers	Risks/outcomes	Opportunities for improvement
Antibiotics	Many different brands and variable quality of products.	Sub standard products may contribute to the development of antimicrobial resistance.	Limit brands to those where quality is assured.
	Lack of confidence by both prescribers and community about locally produced antibiotics.	More expensive brands used when cheaper alternatives could be used.	Promote and build capacity of local VN pharmaceuticals to produce products bio-equivalent to expensive brands.
	Limited availability of narrow spectrum agents.	Broader spectrum agents used unnecessarily, driving development of resistance.	Increase availability of narrow spectrum agents on hospital formularies.
	Hospital procurement deals.	Influence availability of narrower spectrum option.	Implement incentives within government insurance schemes that encourage shift to narrow spectrum agents where appropriate for patient and or prescriber.
	Antibiotics sold in community without prescription.	Contributes to development of resistance	Encourage inclusion of narrow spectrum agents on national, district or hospital procurement plans.
Prescribing incentives	Pharmaceutical company Incentive schemes for prescribers to use their products. Up to 40-50% of budget is spent on marketing to prescribers.	Influences prescribing behaviour. Contradicts AMS principles e.g. prescribing according to guidelines Promotes public perception that more expensive broad spectrum agents are superior. Influences procurement.	Ban incentive schemes. Incentivize quality prescribing.
	Intense competition for private community pharmacies. Set up cost are ~20-30,000 USD making pharmacists vulnerable to pharmaceutical company incentive schemes.		Develop a reputable quality community pharmacy system that rewards the provision of good advice to patients and supports appropriate prescribing.
Infrastructure	Practice of prescribing medicines daily in hospital. Lack of a medication chart that allows daily review of patient's medication orders including duration of therapy.	Difficult to track antibiotic use. Inefficient use of prescribers, nursing and pharmacy staff time. Potential for medication errors whilst transcribing orders.	Introduce a hospital medication chart similar to National Inpatient Medication Chart. Facilitates a more accurate daily review of medicines including duration of therapy. Reduces medication errors.
	Lack of incentives for community pharmacies to embrace AMS and health promotion activities to reduce AMR.		Develop a reputable quality community pharmacy system to encourage good advice to patients and appropriate prescribing.
Education and networks	Pharmacists lack of knowledge re antibiotics, evidence based prescribing guidelines, AMS and AMR.	Supply inappropriate therapy. Overuse of antibiotics leading to development of AMR. Do not educate community about antibiotics, AMR.	Pharmacy universities/colleges standardise curriculum, include AMS activities. AMS be included in continuous professional development activities.
	Doctors lack of knowledge re antibiotics, evidence based prescribing guidelines, AMS and AMR.	Unnecessary and inappropriate antibiotic therapy prescribed	Incorporate formal AMS education into medical schools final year.
	Lack of opportunities for those working in AMS to network and share ideas/resources	Implementation of AMS is slow and opportunities for quick wins missed	Establish AMS networks across the country to encourage discussion, exchange ideas/ resources, case-based discussions. Maybe at district, provincial and national levels.
	Community demand.	Drives up usage.	Conduct education campaign targeting young mothers around: indications for and appropriate use of antibiotics, challenge public perception that economic value paid for antibiotic therapy does not equate to quality. Target quinolones and macrolides. Consider use of social media, e.g. Facebook, to disseminate messages.
	Lack of evidence based medicines information service for professionals and consumers.		Establish a medicines information service along lines of NPS MedicineWise

Visiting Cardiologist: Dr Nguyen Ba Thang

MD, Consultant Neurologist, Head of Neurology department and Stroke Unit of HCMC University Medical Center, Vice Chair of Neurology of the University of Medicine and Pharmacy at HCMC

This is the first time I've come to Sydney. Everything began with my plan to establish a neuro ICU in my hospital - the Ho Chi Minh City University Medical Center (HCMCUMC). In conversation with Professor Richard Lee, he recommended me to attend an ENLS course, a neurology update conference and an observation at his ICU department. That was a wonderful chance for me and meet most of my needs. I figured out the purpose of the trip to Sydney as following:

- 1. Attend the ENLS course to enhance my knowledge, to see what is need for a neurology intensivist, to see how a training course in neuro-intensive care should be organised, and to get a certification.**
- 2. Experience an observation at Neurological ICU to see how to organise and run a neuro - ICU, including requirement and arrangement in human resource, equipments, protocols, training, documentation...**
- 3. Observe the organization and protocols of stroke unit and TIA clinic, as well as neuro-intervention lab**

After finishing the ENLS course and the observation, with the warmly welcome from Prof. Lee and many of his colleagues, from Prof. Finfer to fellows, Registrars, and nurses, I'm very glad to see that I can get all the objectives. What I intend to do after returning home:

- 1. Compose and submit a project of establishing a Neuro-ICU in the hospital, in which there is a team work of Intensivist and Neurologist in taking care of patients.**
- 2. Organise a local training course in neurological intensive care for intensivist, neurologist, and nurses in my hospital**
- 3. Cooperate with Local and National Critical Care Association to check the feasibility to send doctors to attend ENLS course or bring the course to Vietnam for more doctors to attend, easier with the help from Prof. Lee.**
- 4. As for improving quality of care in the existing neurology department and stroke unit, I will reorganise the work in order to ensure providing team work for clinical practice, with the continuous daily cooperation of junior and senior doctors, nurses, physiotherapist... to replace the present separated working style.**

Through out my stay in RNSH, I appreciate most the warm welcome and devoted help from Prof. Richard Lee and the support from Esmond Esguerra. I will keep in touch with Prof. Lee and look for any opportunity to send our students, trainee doctors, or staffs in similar programs in order to improve healthcare service in my hospital and in the South of Vietnam where my University take care of. We can also receive students or doctors from USyd/RNSH for them to experience a different medical setting and diversity of diseases. I will send request to my University's leaders to assess the opportunity of an MOUs between HCMC UMP and USyd.

The help from RNSH and Học Mái is precious in helping us to improve our healthcare system.





Medical Curriculum Development at Hanoi Medical University

Professor Kirsty Foster, OAM

Sydney Medical School (SMS), the Học Mãi Foundation and Hanoi Medical University (HMU) have continued to work together on the development of the new medical curriculum for the 500 students per year who study medicine at HMU, one of Vietnam's most prestigious universities.

A key aim of the nationwide curriculum reform, instigated by the Ministry of Health, in Vietnam is to improve the clinical learning and teaching experience for students so they are ready to perform well in practice on graduation. An emphasis on good communication, clinical skills and professionalism is fundamental to the new program. Taking a broad outcomes based approach ensures that students are equipped for the lifelong learning required as a doctor in a rapidly changing and information rich world. The long association between SMS and HMU through the Học Mãi Foundation has contributed greatly to curriculum renewal and faculty development at HMU.

I was fortunate to spend six weeks of my sabbatical in Hanoi during January and February of 2018 working intensively with Professor Nguyen Huu Tu, Vice President of HMU and A/Professor Le Dinh Tung who lead the curriculum initiative and members of the four leadership groups (curriculum content; learning and teaching methods and materials; assessment; and facilities and finance) who are working hard to ensure that the first students can begin studying the new HMU medical program in September 2019.

I ran thirteen interactive workshops focusing on developing desired graduate attributes, outcomes for each stage of the program, and on discussing the various learning, teaching and assessment modalities which will enhance student learning and engagement.

The Education Department of the Australian Embassy in Hanoi was interested in the commitment of the University of Sydney and the Học Mãi Foundation to this initiative and made a film about the work for their FaceBook page.

I have been fortunate to have had countless work-related trips to all parts of Vietnam over the last twelve years this was the first time I had spent long enough to become immersed in the culture of the country. I stayed in a small apartment in a narrow old quarter street near the cathedral and Viet Duc Hospital; Ms Vu Thu (whose office my desk was in) made sure I was thoroughly familiar with all the delicacies available for lunch; I was invited to the wedding of the daughter a member of staff; I participated in the celebrations for the Vietnam soccer team reaching the final of the under 23 Asian cup; visited Ho Chi Minh's mausoleum with the crowds who silently file past paying their respects to a great man. I ended my visit staying for the Tet lunar which was extra special. The collegiality and kindness of colleagues at HMU was evident as they welcomed me to their homes for the very special lunar new year celebrations. The understanding I have gained through the experience is invaluable and ensures that Vietnam and her people remain a priority collaboration for me, for the University of Sydney and for the Học Mãi Foundation.



In July, I returned for four days to work with the group on refining of block outcomes. While significant progress had been made, the opportunity to remind the team of the achievements to date and rekindle their energy and passion for the project was timely.

In August, HMU funded a delegation of sixteen senior faculty leaders to come to Sydney to see for themselves our integrated clinically oriented curriculum in action. Sydney academics including A/Prof Chris Roberts, A/Prof Annette Burgess, Dr Sharon Herkes, Dr Renee Lim, A/Prof Kevin Keay, Professor Rebecca Mason, Dr Suzanne Ollerenshaw, A/Prof Renata Chapman and Dr Elizabeth Robertson joined me in providing teaching and discussion opportunities for the group. This investment was important to provide context for the changes taking place and resulted in improved of curriculum integration and interactive learning and teaching from departmental heads at HMU - and consequently more support for the changes needed.

In November, A/Professor Annette Burgess ran a half day workshop on Team-based Learning (TBL) at HMU and she continues to provide support as they develop their cases. In December while in Hanoi for a University of Sydney research symposium I spent a morning with the curriculum leadership team discussing how Sydney Medical School can further assist. More specific advice will be needed next year in assessment and A/Professor Deborah O'Mara, Head of Assessment in SMS plans to visit early in 2019.

With the high degree of friendship and collegiality between the two universities future success in education as well as research collaboration is assured.





Cerebral Palsy in Hanoi, Vietnam

Professor Elizabeth Elliott, AM

Significant progress has been made in 2018 on the cerebral palsy project in Hanoi, assisted by a second grant from The Cerebral Palsy Alliance. We have now analysed data from over 700 children with CP which will provide the first epidemiological and clinical information from Vietnam on this common disability and guide service planning and evidence-based care. Cases will also be included in the Vietnam CP register.

Data from the project were presented by PhD Student Dr Tasneem Karim at the 72nd American Academy for Cerebral Palsy and Developmental Medicine meeting held in Ohio in October; the inaugural Sydney Vietnam Symposium hosted by the Sydney South East Asia Centre (SSEAC); and at the Sydney Vietnam Symposium hosted by the Sydney Business

School and SSEAC in Hanoi in December. Dr Tasneem Karim was awarded a travel scholarship from the Sydney Vietnam University of Sydney Academic Leadership Group to attend the Hanoi meeting, based on her submitted abstract entitled "Novel data on cerebral palsy in Vietnam will inform evidence-based policy & clinical practice". She presented on behalf of study collaborators from University of Sydney, National Children's Hospital, Hanoi Medical University and Học Mãi Foundation including Professor Elizabeth Elliott and her PhD supervisor Associate Professor Gulam Khandaker. Elizabeth Elliott presented the project at the Inaugural scientific meeting of Sydney Global Child Health Centre. Our study protocol was published in 2018 and three additional publications are underway.

Novel data on cerebral palsy in Vietnam will inform evidence-based policy and clinical practice

Background

Cerebral Palsy (CP) is the leading cause of physical disability, but there are no available epidemiological data on CP from Vietnam. We aimed to define the etiology, motor function, severity, associated impairments, and rehabilitation status of children with CP in Hanoi, Vietnam.

Methods

Active prospective ascertainment of newly diagnosed cases of CP was conducted between July and Dec 2017 in the National Hospital for Pediatrics using inpatient surveillance modelled on the Pediatric Active Enhanced Disease Surveillance (PAEDS) system in Australia.

Results

Data were collected on 765 children with CP at a mean age of 2.6 ± 2.5 years; 274 (35.8%) female. 197 (25.8%) had birth asphyxia, 200 (26.3%) were low birth weight and 189 (24.7%) were preterm. Mean age at diagnosis was 1.7 ± 1.8 years. CP type was predominantly spastic quadriplegia (n=531, 69.4%) and 449 (58.7%) were level III-V based on Gross Motor Functional Classification System, none of whom had access to wheelchairs. 569 (74.3%) children had \geq one associated impairment e.g. MRI was performed in 264 (34.5%). Although etiology was not identified for 239 (31.2%) children, several potentially preventable causes, including infection, kernicterus, and traumatic brain injury, were reported. Physiotherapy, electrical stimulation and splinting were the most commonly used therapies.

Conclusions

We established an inpatient surveillance system to ascertain incident cases of CP. Our novel data confirmed a high burden of CP in Vietnam and a proportion of potentially preventable cases. These data will form the basis of the Vietnam CP Register, inform clinician education and training, and influence health policy and service planning including evidence-based care.



In 2019 we propose to bring Vietnamese clinicians to Sydney for intensive training, following which a series of workshops will be held in Hanoi with teaching jointly by clinicians from Hanoi and Sydney. Photographed at the University of Sydney Showcase in Hanoi are Professor Elizabeth Elliott, Dr Tasneem Karim (PhD student) and Ms Rachael Dossetor, Research Assistant.

Treasurer's Report

Year Ended 31 December 2018

Học Mãi is a medical foundation aiming to improve health outcomes through education and research in Vietnam. It is a not-for-profit organisation of the University of Sydney that brings together the collective healthcare knowledge and experience of Australia and Vietnam in an educational partnership.

The treasurer is pleased to report on the financial affairs of the Foundation for the year ended 31 December 2018. The accounting records of the Foundation are maintained by the University of Sydney, and its accounts are drawn up annually in accordance with the University's accounting policies. The results of the Foundation for the year are set in the Income Statement while the financial position at 31 December is summarised in the Balance Sheet, both of which are included in this report.

Our financial resources were utilised for the implementation of our activities, principally travel for academics, clinicians and other Australian volunteers, and Vietnamese participants for the Advanced Medical Education and Research and Medical English programmes, the Clinical Observer Program, and specific activities in Vietnam including a Medical Emergency Workshop, and Pharmacy and Antimicrobial Stewardship work. The

significant decrease in total expenditures is a result of unavailability of funding grants received in previous years which funded the Advanced Medical Education and Research, and Building Research Capacity programs.

Funds were expended for student scholarships - both for Australians students to Vietnam and Vietnamese to come to Australia. No salaries were charged to Học Mãi Foundation. The Office for Global Health includes Học Mãi Foundation as part of its Vietnam program. Consumables, utilities and communication were kept to minimum.

Total Funds (Short-term investments)

The accounts disclose accumulated funds of \$524,190. This amount consists principally of restricted funds allocated to implement Học Mãi projects in accordance with the purposes of the original donation or grant. Unrestricted funds received by the Foundation allow for flexibility to be used for any of its activities.

Commitments and contingencies

Principal sources of funds were donations and funded projects, of which the most significant item was a \$50,000

donation from our generous donor, Gwynvill Group. Other projects included the 8-week Clinical Observer Program of health professionals from partner Vietnamese institutions; a consultancy with the World Health Organization Vietnam Country Representative Office, the Ministry of Health and medical universities across Vietnam; and scholarships for Vietnamese health students who undertake elective placements in our clinical schools.

Expected expenditures

In 2019, expected expenses include support for the Clinical Observer Program, health student scholarships and Advanced Medical Education and Research Programs. Expenses for other programs will be dependent on the availability of project revenue and donations.

On behalf of the Foundation, we are grateful for the generous support of our donors who continued to provide financial assistance throughout the years.

Manoj Santiago
Treasurer, 2018

The University of Sydney Học Mãi, the Australia and Vietnam Medical Foundation

Notes to the Financial Statements

for the year ended 31 December 2018

1. Statement of Significant Accounting Policies

- (a) These financial statements are general purpose financial statements that have been prepared on an accrual basis.
- (b) Income tax is not applicable to activities of the Foundation.
- (c) Some comparative items have been reclassified to conform to the current year's presentation.

2. Travel, Conferences, Entertainment

The decrease in this category is due to unavailability of government grant funding.

3. Student Costs and Scholarships

The decrease in this category is due to unavailability of government grant funding.

The University of Sydney
Học Mãi, the Australia and Vietnam Medical Foundation

Income Statement
for the year ended 31 December 2018 for ber 2018

	Notes	31 December 2018 \$	31 December 2017 \$
INCOME			
Grants		-	(74,469)
Scholarships, Donations and Bequests		147,325	156,845
Business & Investment Income		4,211	4,927
Consulting Income		-	63,263
Internal & Other Income		54,469	35,841
TOTAL INCOME		206,005	186,407
EXPENDITURE			
Salaries		-	3,657
Consumables		97	390
Services and Utilities		3,795	4,979
Travel, Conferences, Entertainment	2	181,557	371,365
Contributions to External Organisations		12,100	-
Consultants and Contractors		10,400	6,280
Student Costs and Scholarships	3	8,102	105,497
Other Expenses		5,800	6,308
TOTAL EXPENDITURE		221,851	498,476
SURPLUS / (DEFICIT)			
Accumulated Funds as at 1 January		540,036	852,537
TOTAL ACCUMULATED FUNDS		524,190	540,468

The University of Sydney
Học Mãi, the Australia and Vietnam Medical Foundation

	as at 31 December 2018	31 December 2018 \$	31 December 2017 \$
ASSETS			
Current Assets			
Short Term Investments		524,190	540,468
Total Current Assets		524,190	540,468
TOTAL ASSETS		524,190	540,468
LIABILITIES			
Current Liabilities			
Total Current Liabilities		-	-
TOTAL LIABILITIES		-	-
NET ASSETS		524,190	540,468
EQUITY			
Accumulated Funds		524,190	540,468
TOTAL EQUITY		524,190	540,468



Cảm ơn nhiều!

Donors to the Học Mãi Foundation

\$50,000 and above

Gwynvill Group

\$10,000 to \$19,999

G & P Nock Foundation Pty Limited

Liangrove Group Pty Limited

Liangrove Foundation Pty Limited

Recny Stoke Family Foundation



Học Mãi Australia-Vietnam Medical Foundation, its Council, Management Committee and Volunteers are grateful for the continuous generosity and kindness of the following institutions and individuals for the financial support they have provided the foundation and its activities during the year 2018.

\$1,000 to \$9,999

RSL National	Dinh Doan	Nancy Ho
Kerry Goulston	Michael Chow	Harold Hallenstein
Christopher Pokorny	Christopher Charles Tennant	Audrey Blunden

\$1 to \$999

Jeannette McHugh	Roderick John Binstead	Gregory Malcom Briggs
Gregory Saul Horowitz	Viet Ha Bui	Angela Grace Jeremy
Gillian Horowitz	Christopher Peter Bambach	Andrew Elston
Philip Anderson	Kim Galbraith	Steve Huynh
Marton Marosszky	Lan Phuong Luu	Amy Qianqi Cui
Marian Chinnock	Katherine Francis	Sarah Hansen
Piyanuch Wheeler	Ian Dawson	Janet Sou
Hai Dang Nguyen	Kathryn Louise Wotton	Rae Gill
John Vu	Marie Fatima Reyes	Samantha Si Brewer
Minh Buu Phan	Annie Zhou	Anna Clark
Vu Anh Nguyen	Tamika Barnhill Goward	

We also would like to thank CareFlight Australia and the Australian Trade and Investment Commission (Vietnam) for the financial and in-kind support in organising the Medical Emergency Workshops (May/June 2018).

We also would like to thank our donors who have expressed their wishes to remain anonymous.

Foundations Governance Statement 2018

December 2018

University Foundations are required to report to Senate. Summarised below is the Governance Statement Section to be reported upon as part of the Annual Report. The Annual Report prepared by a Foundation is to be submitted via the Chief Accountant to Finance and Audit Committee of the Senate.

The Học Mãi The Australia-Vietnam Medical Foundation recognises the importance and benefit of reviewing its adoption and alignment with governance principles and provides the following report

Principle 1 – Lay solid foundations for management and oversight

Nature of the entity

The Học Mãi The Australia-Vietnam Medical Foundation is a part of the University of Sydney ABN 15211513464 and not separately incorporated under a state or commonwealth Act. The Foundation is required to gain prior approval for its fundraising activities from the appropriate University delegate. The Foundation's activities are not-for-profit and covered by the DGR status of the University of Sydney. The University is exempted from the requirement to hold an Authority to Fundraise and obligations upon holders of such an authority but is still required to comply with the balance of provisions of the Charitable Fundraising Act.

Roles of board / council and management

The Foundation operates under the authority of the Senate of the University of Sydney, as approved on 2000 and has no powers of delegation. The Foundation conducts its affairs pursuant to the Foundation Rules and the relevant policies of the University. The Foundation had its annual fundraising plan approved and was able to meet its objectives.

Principle 2 – Structure of the council to add value

The Council of the Foundation in 2018 consisted of the following members:

PATRON:

Her Excellency, Professor The Honourable Dame Marie Bashir AD CVO

Mr Alfred Attard

Director, Jetz Homes and Developments Pty Ltd
Current Term of Appointment: ongoing from 2006
Council Member

Ms Audrey Blunden

Lecturer and International Advisor, Faculty of Law, UNSW
Current Term of Appointment: ongoing from 2009
Council Member

Mr Rick Cranna

Chairman, Legacy Australia Inc.
Current Term of Appointment: ongoing from 2018
Council Member

Professor Elizabeth Elliott AM

Professor of Paediatrics and Child Health, University of Sydney and Consultant Paediatrician, The Children's Hospital at Westmead
Current Term of Appointment: ongoing from 2009
Council Member

Mr Ross Gavin

Partner, PricewaterhouseCoopers, Sydney (Rtd)
Current Term of Appointment: ongoing from 2005
Council Member

Emeritus Professor Kerry Goulston AO

Gastroenterologist; Former Associate Dean, Northern Clinical School, University of Sydney
Current Term of Appointment: ongoing from 2001
Deputy Chair

The Honourable Mr Craig Knowles

Current Term of Appointment: ongoing from 2004
Council Member

Dr Ji Li

Junior Medical Officer
Current Term of Appointment: ongoing from 2013
Council Member

Professor Michael Mann AM

Managing Director (Asia Pacific) – Laureate Education Asia Inc; former Australian Ambassador to Vietnam; Founding President of the Royal Melbourne Institute of Technology's (RMIT) University in Vietnam; Chancellor, Torrens University Australia
Current Term of Appointment: ongoing from 2001
Council Member

The Honourable Ms Jeannette McHugh

Former Member, Federal Parliament
Current Term of Appointment: ongoing from 2003
Council Member

Professor Jonathan Morris

Director, Kolling Institute of Medical Research; Professor of Obstetrics and Gynaecology, University of Sydney
Current Term of Appointment: ongoing from 2005
Council Member; University Officer (Foundations)

Mr Tom Moul

Director, Walker Moul Pty Ltd; Board Director of Foodbank Australia and the Bell Shakespeare Company; Governor of Frensham School
Current Term of Appointment: ongoing from 2001
Council Member

Associate Professor Christopher Pokorny

Conjoint Associate Professor, University of New South Wales
Current Term of Appointment: ongoing from 2017
Council Member

Professor Bruce Robinson

Chairman, National Health and Medical Research Council; Chairman, MBS Review Task Force; Co-Head, Cancer Genetics, Kolling Institute of Medical Research, The University of Sydney
Current Term of Appointment: since 2001
Chairperson; ex officio

Mr Manoj Santiago

Partner, PricewaterhouseCoopers, Sydney
Current Term of Appointment: since 2016
Treasurer

The Management Committee of the Foundation in 2018 consisted of the following members:

Mr Esmond Esguerra, Manager International Relations, Office for Global Health, Sydney Medical School, Faculty of Medicine and Health
Professor Kirsty Foster, Academic Lead International, Sydney Medical School, Faculty of Medicine and Health
Professor Jonathan Morris, University Officer
Professor Bruce Robinson, Chairperson
Mr Manoj Santiago, Treasurer

HONORARY special members:

Ambassador of the Socialist Republic of Vietnam HE Mr Ngo Huong Nam
Consul General of the Socialist Republic of Vietnam Dr Trinh Duc Hai

Council members were elected and co-opted at the Foundation's AGM on 6th March 2012. There is not a nomination committee of the Foundation. There is not a separate nomination committee of Council. The full Council resolves on nominations for co-opting of members to fill vacancies outside of the process of election at the AGM. Mr Rick Cranna has been nominated to the council in 2018, and confirmed on the council meeting on October 2018.

Principle 3 – Promote ethical and responsible decision-making

Council members have been provided with the University of Sydney Foundation Rules, Code of Conduct, Work Health & Safety policy and the External Interests policy. All these policies are available on the University's Policy Register, as are other relevant University policies regarding harassment, grievance procedures and the Delegations of Authority.

Principle 4 – Safeguard integrity in financial reporting

The annual accounts of the Foundation are prepared by the financial staff of the University, signed off by Finance Director, Faculties of Health, The University of Sydney and included in this Annual Report to the Senate. The Foundation is part of the University and therefore does not have its own audit sub-committee. While the Annual Financial Report of the University is audited by the Audit Office of NSW, the Annual Report of the Foundation has not itself been audited.

The Foundation undertook the following fundraising appeal during 2018: Tax Appeal.

In conducting those appeals the Foundation took all reasonable steps to ensure that commissions paid or payable to any person as part of a fundraising appeal did not exceed one-third of the gross money obtained by that person in the appeal and appropriate particulars of all items of gross income received or receivable, all items of expenditure incurred, including the application or disposition of any income obtained from the appeal and particulars of those transactions to which they related were recorded in the minutes of the Foundation.

Principle 5 – Make timely and balanced disclosure

The Foundation complied with the reporting and disclosure requirements of the Senate. These include an annual budget and this Annual Report. Members and Council have been made aware of the processes for disclosure pursuant to the Code of Conduct, External Interests policy, which include protected disclosure to the ICAC, to the Ombudsman or the Auditor General.

Principle 6 – Respect the rights of shareholders, members, staff, volunteers, clients, & other stakeholders

The Foundation Council and/or membership consist of members of the community, industry bodies and the University whose input is invited via the Annual General Meeting and Council meetings of the Foundation. The following forums/mechanisms have been held during the year to involve stakeholders in election of the Council, activities of the foundation or other stakeholder participation three foundation council meetings including the Annual General Meeting in March 2018.

Under the Charitable Fundraising Act, the University may be questioned about any appeal on details of the purpose of the appeal such as the appeal target, objectives, distribution of proceeds, and the process to provide answers. During the year the Foundation published information [on its website/other means] and outlines those activities in this annual report. Specific requests for information responded to by the Foundation office.

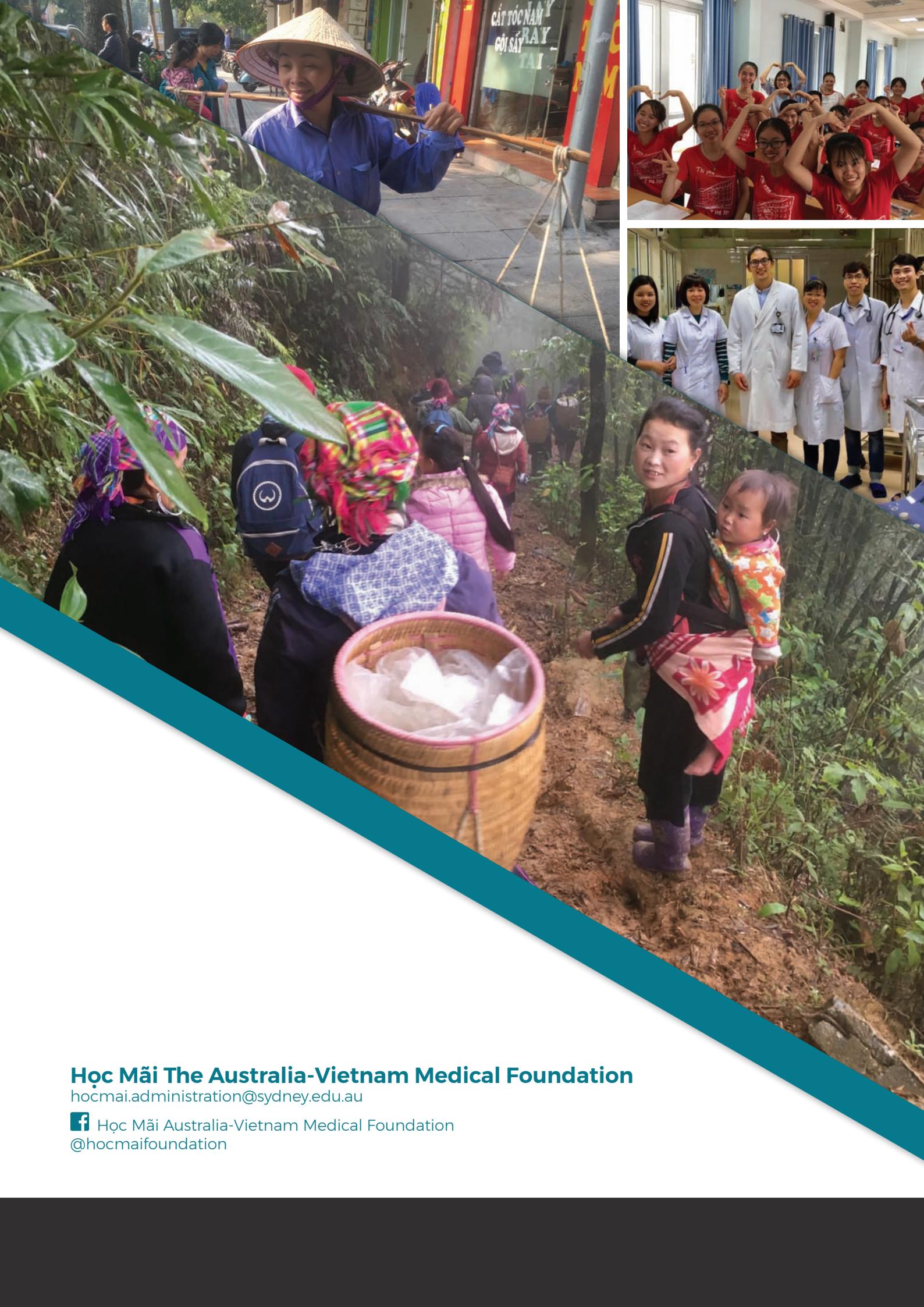
Other enquiries may have been made to other parts of the University.

The Foundation recognises its activities within University premises or other premises require risks such as health and safety, environmental protection, privacy, trade practices, and compliance with the Charitable Fundraising Act to be considered and managed. The Foundation has

managed these risks during the year.

No member of a Council is entitled to receive any remuneration for acting in that capacity except reasonable remuneration on a basis which has first been approved in writing by the University Officer (Foundations)

Members of the Foundation Council may be reimbursed for reasonable expenses after written approval of the University Officer (Foundations). Any such instances are recorded in the minutes of the Council.



Học Mãi The Australia-Vietnam Medical Foundation

hocmai.administration@sydney.edu.au

 Học Mãi Australia-Vietnam Medical Foundation
@hocmaifoundation