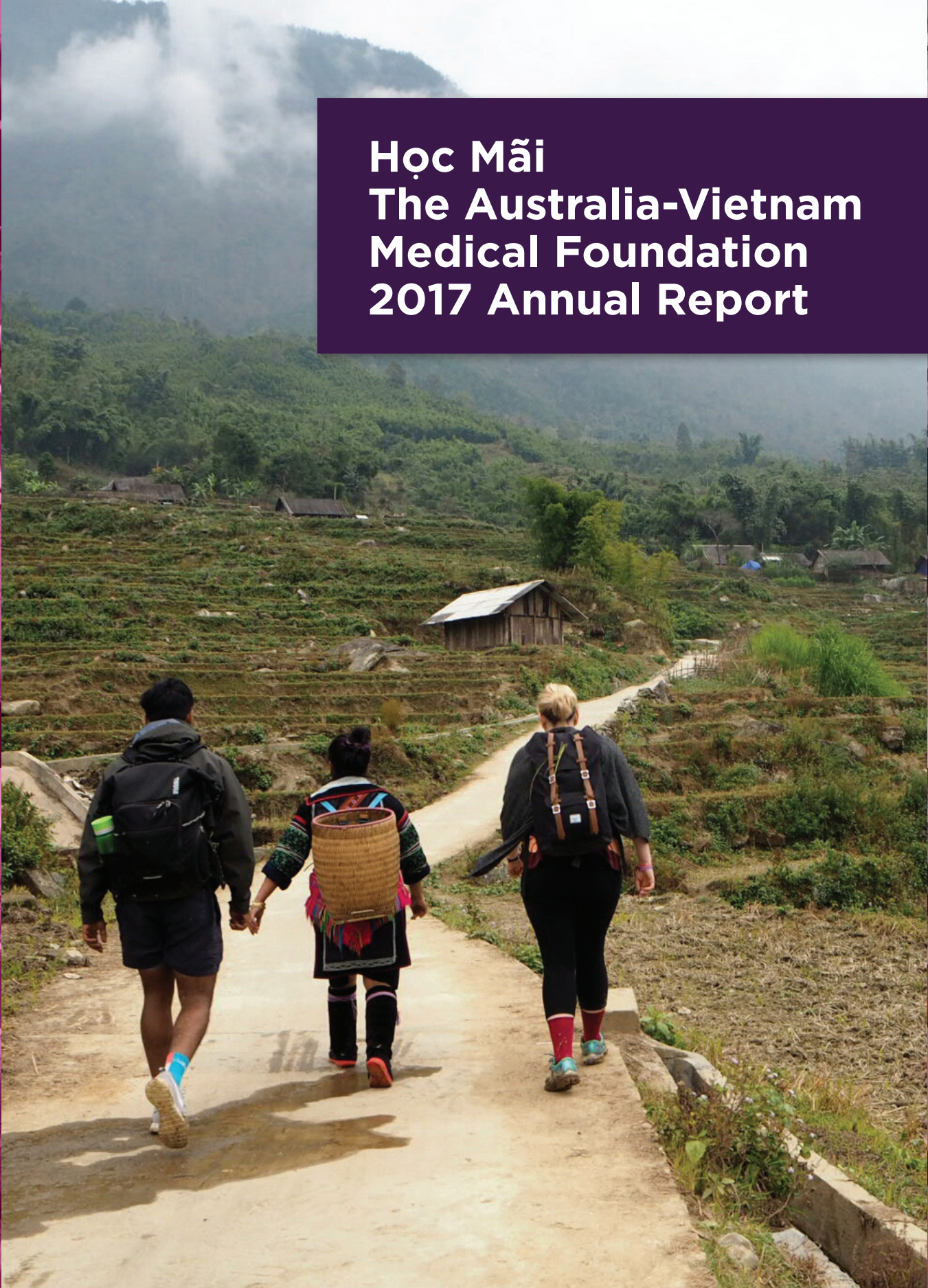




Học Mãi The Australia-Vietnam Medical Foundation 2017 Annual Report



THE UNIVERSITY OF
SYDNEY

HỌC MÃI THE AUSTRALIA
VIETNAM
MEDICAL FOUNDATION
FOREVER LEARNING



Cover Photo by Sarah Serhal



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 Việt Namese 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
- Medical, nursing, and health science students from University of Sydney to undertake clinical placements in Việt Nam
- Vietnamese medical and nursing students to broaden their hospital experience in Australia
- Students in the Masters of International Public Health from the University of Sydney to undertake their praxis in Việt Nam
- Support for medical research and training



Chairman's Report

Professor Bruce Robinson

The work of Hôc Mãi Australia-Vietnam Medical Foundation has always aimed to go with the direction and pace of the considerable development in Vietnam in the more recent years. 2017 was no exception with various successes in the different areas of work of Hôc Mãi.

Australia Awards Fellowship Program in two priority areas of the foundation

Through the University of Sydney, two Australia Awards Fellowships (AAF) programs were delivered in 2017 – Advanced Medical Education and Research for Vietnam led by Professor Kerry Goulston and Professor Kim Oates; and Medical Research Capacity Building in Vietnam through Intensive Experiential Learning led by Associate Professor Kirsty Foster and Professor Jonathan Morris.

The Advanced Medical Education and Research for Vietnam program complemented the Medical English and Immersion programs led and organised by Hôc Mãi Deputy Chair Emeritus Professor Kerry Goulston. Fifteen of the 19 participants in this year's program were funded by the Department of Foreign Affairs and Trade's AAF and were in Sydney from 26 June until 14th of July 2017. The course comprised of two weeks of tutorials and one week of clinical observation. Apart from the fellowship program, a second immersion program was organised in 9-27 October 2017 where we hosted 12 doctors, a nurse, 2 ophthalmologists, a radiologist, and a GP practitioner.

Through the building research capacity program, the Medical Research Capacity Building in Vietnam through Intensive Experiential Learning brought 14 Vietnamese researchers to Sydney for a 6-week intensive research program. Led by Associate Professor Kirsty Foster and Professor Jonathan Morris, the researchers worked with Sydney-based clinical researchers in specific areas of research specialisation. The Vietnamese fellows developed research protocols that they implemented in their home institutions. The researchers gave updates of their research

projects which I have been lucky to listen to last November – their research outcomes are impressive and of quality.

Medical Curriculum Reform

From the work done in 2016, Associate Professor Kirsty Foster and Professor Jonathan Morris continued 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. Through support from a World Bank loan, A/Prof Foster and Prof Morris provided expert advice to revitalise medical curriculum in the country. In November, A/Prof Foster was also invited to speak during the National Medical Education Conference hosted by Hanoi Medical University.

Clinical Observer Program

Now on its third year, the self-/institution-funded clinical observer program hosted sixteen health practitioners across Vietnam. Participants were from Cho Ray Hospital, Thu Duc Hospital, and Military Hospital 175 from Ho Chi Minh City; Military Hospital 103, and Military Hospital 108 in Hanoi. All participants of the clinical observer program prepared return-to-work project which they will implement in their respective departments in the hospital.

In 2017, participants from Military Hospital 175 also attended a 3-week introductory research program where they worked on specific research projects from their areas of work in the hospital. The eight participants worked with A/Prof Foster, Dr Sean Seeho, Dr Jo Lander, A/Prof Jacqueline Bloomfield (Sydney Nursing School) and other colleagues from the University of Sydney. Military Hospital 175 has been an active partner of Hôc Mãi and USyd in the development of capacities of their staff.

Student Mobility

We met the 12 Vietnamese medical students who were in Sydney last August. We are impressed by the enthusiasm and optimism of the medical students who came from Hanoi, Ho Chi Minh City, as well as from Hue. We are continuously grateful for the donations, specifically to The Recny Stoke Family Foundation who has kindly given a sum of donation towards support for Vietnamese medical students to come to Australia for their 4 weeks of elective program. We would like to thank Northern Clinical School and Concord Clinical School and the supervisors of the Vietnamese students for imparting your knowledge and skills to our visiting students. Four nursing students from HMu Advanced Nursing Program were also hosted by Sydney Nursing School, with two of the

students supported by the Advanced Medical Education and Research program.

Australian students also travelled to Vietnam at the end of last year – with five medical students, eight nursing students, three allied health profession students (physiotherapy and occupational therapy), and 6 international public health students. Of these 23 students, thirteen were funded by the Endeavour Asia Postgraduate Mobility Grant through the Office for Global Health (Sydney Medical School). Three nursing students received support from Seashells Foundation (Sydney Nursing School).

The past year has been a year of achievements. I would like to congratulate our colleagues who have contributed to our work with Vietnamese partners including Professor Liz Elliot who published her research on cerebral palsy in Vietnam through the development of a hospital-based surveillance system. We are also proud of Ms Nguyen Thi Kim Phuong from Da Nang Hospital for Women and Children for her published research articles. She is currently working with Professor Ben Marais on her PhD. And lastly, I would like to congratulate Trinh Quynh Mai for completing her PhD. Mai will return to work at the National Institute of Hygiene and Epidemiology in early 2018.

In 2018, Hôc Mãi will be celebrating the 20th year of collaboration of Sydney Medical School with Hanoi Medical University. We are excited for the continuous collaboration with HMu and our continuously growing partnerships across Vietnam.

On behalf of Hôc Mãi Foundation, I would like to extend our deep gratitude to everyone who worked with us along the years. 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 - from the 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 Hôc Mãi Foundation, we thank you for your continuous generosity and for helping us achieve our aims of bringing about longer term health outcomes in Vietnam. We of course are grateful for the collaboration and friendship we have forged with Australian partners across the years – for only with real partnerships we achieve real outcomes.

2017 HIGHLIGHTS

2 Australia Awards Fellowship programs successfully implemented

14 Vietnamese health researchers in Sydney



18 participants in An Innovative Advanced Course in Medical Education and Research for Vietnam in Sydney



70 Australians volunteered in Advanced Medical Education, Medical English and Advanced Nursing Programs in February and September 2017

16 participants in the Clinical Observer Program

from Hanoi and Ho Chi Minh City



12 Vietnamese Medical Students

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



17 Participants in the Advanced Course Immersion Program from 9-27 October 2017

4 Vietnamese Nursing Students

from Hanoi Medical University attended clinical placements at Clinical Schools of the University of Sydney



Publication: study protocol on hospital-based surveillance system for cerebral palsy in Hanoi in BMJ Open Paediatrics



23 University of Sydney health students (medicine, nursing, public health, and allied health) elective placements



2 Clinical Audit workshops conducted in Ho Chi Minh City

Sydney School of Public Health academics taught

in Hanoi Medical University Institute of Preventive Medicine and Public Health



3 high-level Vietnamese delegations

hosted at the University requested by the Vietnamese Ministry of Health, Australian Trade and Investment Commission, and the Australian Embassy Hanoi

Increased donations from 2016



Medical Curriculum Framework collaboration

with World Health Organization Vietnam Country Representative Office



Associate Professor Nguyen Thi Thuy Hanh

as Guest Speaker to Women and Health: Celebrating 50 Years of ASEAN Women



Medical Research Capacity Building in Vietnam Through Intensive Experiential Learning

- Research protocols developed in various areas of health in collaboration with University of Sydney clinical academics and researchers as supervisors and mentors
- 14 Vietnamese researchers in Sydney
- 6 Weeks of intensive research-focused program

The Australia Awards Fellowships (AAF) program of the Department of Foreign Affairs and Trade provides Australian organisations opportunities to work with partners in developing countries in the aim of deepening its institutional and personal linkages, and developing capacities of key middle- to senior management staff and future leaders through short term student and professional development programs.

AAF aims to strengthen partnerships and links between Australian organisations and partner organisations in developing countries, in support of Australia's economic diplomacy and public diplomacy objectives; and to increase the capacity of developing countries to advance priority foreign affairs and development issues of shared interest at the country, sub-regional and regional levels.

From 24 April until 2 June 2017, 14 health researchers from across Vietnam were in Sydney to participate in a 6-week clinical research-focused program supported by Department of Foreign Affairs and Trade's Australia Awards Fellowship program.

During the six weeks programme, Vietnamese participants were involved in various research-focused sessions including: identification of



The program aimed to:

- Strengthen and build capacity in medical research across Vietnam;
- Develop the skills and capabilities of early career research clinicians to enable them to assume leadership roles in the transformation of the Vietnamese health system through the conduct of more rigorous medical research and the application of its findings;
- Enhance and encourage collaboration between health providers and researchers in planning and conducting research studies and in the dissemination of research findings;
- Create a national network of people and organisations interested and capable in conducting and in supporting high quality research; and
- Establish and enhance bilateral research collaboration between Vietnam and Australia.



Fourteen participants of the program (13 participants were funded by DFAT, 1 participant funded by the practical clinical research program) were from the following institutions:

- Hanoi Medical University
- National Geriatric Hospital, Hanoi
- Cardiology Centre, E Hospital, Hanoi
- University of Medicine and Pharmacy, Ho Chi Minh City
- Tu Du Maternity Hospital, Ho Chi Minh City
- Hung Vuong Hospital, Ho Chi Minh City
- Pham Ngoc Thach University of Medicine and Pharmacy, Ho Chi Minh City
- Da Nang Hospital for Women and Children



The participants were linked to clinical researchers at University of Sydney in various health areas, clinical schools, and faculties:

- Royal North Shore Hospital (various hospital departments)
- Chris O' Brien Lifehouse (Oncology)
- Charles Perkins Centre
- School of Psychology, Faculty of Science
- Concord Clinical School/Concord Hospital (Psychiatry)
- Faculty of Dentistry
- Nepean Hospital

clinical problems; formulation of answerable research questions; identification of optimal research designs to answer clinical research questions; building research teams to answer clinical research question; development of a research protocol; designing sample size and statistical analysis; data collection; ethics and governance relating to health research; clinical research management and planning; analysis and formulation of results; writing for publication; implementation of research findings; and communication of research results. The fellows were divided into small groups and participated in interactive educational sessions, mentored closely by clinical researchers from the University. The research mentors guided the fellows through the research process – fellows were able to ask their mentors questions about developing their research topics to a research protocol. Scheduled research mentoring sessions were regularly organised for the fellows to consult their mentor or clinical research supervisor.

Each of the fellows was matched with Sydney-based research experts according to their area of research interest. They were introduced via email prior to their travel to Sydney to allow prior organisation of their research project. Queries specific to research topics were directed to research supervisors. The supervisors were also able to bring the fellows to research specific hospital premises/ laboratories or other research teams who

worked with the fellows while they were in Sydney – and possibly contact when you are back in Vietnam.

Fellows had the opportunity to visit the



Cancer Genetics Laboratory at the Kolling Institute of Medical Research organised by Dr Dindy Benn with support from Dr Christine Smyth. Additionally, the fellows visited the NHMRC Clinical Trials Centre where they heard from Professor Alicia Jenkins, Associate Professor Anand Hardikar and Professor Anthony Keech about cutting-edge research of the centre. They also had sessions with the Kolling Research Office, Professor David Hunter (on Research Leadership), Associate Professor Annette Katelaris, and University of Sydney Library (thanks to Ms Joy Wearne, Ms Bernadette Carr, Mr Edward Luca and Mr Roderick Dyson). They also met with Vietnamese postgraduate research students (PhD) at the University of Sydney to discuss their research projects and their ultimate implementation



in Vietnam: Nguyen Thi Kim Phuong, Hieu Trung Trinh, Nguyen Van Dinh, Dinh Van Trang, Ngoc-Minh Nguyen and Trinh Quynh Mai.

At the end of the 6 weeks in Australia, the fellows presented developed research protocols. Each fellow was able to present their protocols during a research presentation day and received feedback from co-researchers, academics, researchers and colleagues from the University and its clinical schools. These protocols were implemented upon their return to Vietnam.

A small funding was made available for the implementation of the research projects.

OUTCOMES: RESEARCH PROTOCOLS

Atrial fibrillation after cardiac surgery: a focus in Vietnam

Ngo Thi Hai Linh, Cardiovascular Centre, E Hospital

Supervisor: Dr Nicole Lowres

Mentor: A/Prof Kirsty Foster

Detection of initial caries lesions by smart phone and visual examination in children

Truong Thi Hieu Hanh, Hanoi Medical University

Supervisor: Dr Rahena Akhter

Mentor: Prof Jonathan Morris

Prevalence of cognitive dysfunction and depression in elderly patients admitted to Cardiology Department at National Geriatric Hospital

Nguyen Thi Hoa, Hanoi Medical University

Supervisor: Dr Jean Starling

Mentor: A/Prof Christine Roberts

Maternal Influenza and CLP: Statement and Incidence in Vietnam

Ta Anh Tuan, Hanoi Medical University

Supervisor: Prof Stephen Cox

Mentor: Prof Jonathan Morris

Triggering acute myocardial infarction by respiratory infection

Nguyen Thi Thanh, National Geriatrics Hospital Hanoi

Supervisor: Prof Geoff Tofter

Mentor: A/Prof Kirsty Foster

Developmental & Autism surveillance among 3 year old children in child care setting in HCMC

Hoang Vu Quynh Trang, Children's Hospital 1 Ho Chi Minh City

Supervisor: Prof Valsama Eapen

and Prof Caroline Hunt,

Mentor: A/Prof Kirsty Foster

Emotional distress in cancer patients: Vietnamese oncology healthcare professionals' perspective

Le Thoi Quyen, Pham Ngoc Thach University of Medicine and Pharmacy Ho Chi Minh City

Supervisor: Dr Haryana Dhillon

Mentor: A/Prof Kirsty Foster

Depression incidence in paraplegic spinal cord injury patients before and one month after surgery in Cho Ray hospital

Huynh Kim Hieu, University of Medicine and Pharmacy Ho Chi Minh City

Supervisor: Dr Lianne Nier and Dr Jasbeer Kaur

Mentor: Prof Jonathan Morris

Distribution of high-risk human papillomavirus genotypes in cervical adenocarcinoma in situ (ACIS) and the likelihood of positive margins after loop excision for ACIS with different HPV subtypes and persistence of ACIS

Nguyen Le Quyen, Tu Du Hospital Ho Chi Minh City

Supervisor: A/Prof Russell Hogg

Mentor: A/Prof Christine Roberts

Validation study of the newborn intergrowth 21st standards for Tu Du Hospital's population

Le Phuong Dung, Tu Du Hospital Ho Chi Minh City

Supervisor: Dr Tanya Nippita

Mentor: Dr Sean Seeho

The effects of gestational age at birth on neonatal outcomes following preterm birth between 28 and 37 weeks at Tu Du hospital in HCMC, Vietnam

Tran Thanh Truc Quynh, Tu Du Hospital Ho Chi Minh City

Supervisor/Mentor: Prof Jonathan Morris

Increasing the percentage of preterm babies (<2000 grams or <34weeks) in neonatal ward receiving kangaroo care at Hung Vuong Hospital

Truong Anh Dao, Hung Vuong Hospital Ho Chi Minh City

Supervisor: Dr Jenny Bowen

Mentor: Dr Sean Seeho

Environmental control program and hospital acquired infection rate in the neonatal unit and surgical site infection rate in Hung Vuong Hospital

Tran Thi My Hanh, Hung Vuong Hospital Ho Chi Minh City

Supervisor: Dr Mel Figtree

Mentor: Dr Sean Seeho

Improving the reporting of in-patient child deaths in Vietnam

Huynh Thi Diem Thuy, Da Nang Hospital for Women and Children

Supervisor: Dr Tanya Nippita

Mentor: A/Prof Christine Roberts



Advanced Medical Education & Research and Medical English Programs

Emeritus Professor Kerry Goulston, Emeritus Professor Kim Oates, and Associate Professor Christopher Pokorny

- 2 Advanced Medical Education & Research programs conducted in Hanoi, Vietnam
- 70 Australians volunteered time and resources to teach in Vietnam
- 2 three-week Immersion Programs in Sydney
- 15 Australia Awards Fellows participated in one of the immersion programs

Advanced Program in Hanoi, February 2017

In February 2017, 34 Australians volunteered their time and expertise to the Advanced Course in Medical Education and Research and the Medical English Program in Hanoi Medical University (HMU).

Prof Stephen Leeder, Mr Alan Kinkade, Dr Chris Bauer, A/Prof Chris Pokorny, Prof Nick Hunt, Dr Jonathan Page, Dr Steevie Chan, and Dr Charlie McDonald delivered the Advanced Course presentations from Monday to Thursday, 6:00PM – 8:00PM to a selected group of elite HMU graduates. Presentation topics ranged from *How to Get an Article Published* to *Dying with Dignity*.



This was the fourth Advanced Course installment for the 2016-17 cohort. Funding to run the course was provided by individual Australian donors, and the Sunway Hotel, which donates a number of hotel rooms every year. Medical English classes ran Monday to Thursday at HMU and at five hospitals across Hanoi: E Hospital, K Hospital, Bach Mai Hospital, St Paul Hospital, and Vietnam National Children's Hospital.

Morning and afternoon English classes were held at HMU for its Advanced Nursing Program (ANP) students. Approximately 120 students participated, from First to Fourth year students. Each year group was broken into two classes and instructed by two to three Australian teachers. First and Second Year students received general English classes with a medical context, while the Third and Fourth Years students' classes focused on nursing scenarios and medical terminology. We were fortunate to have a group of highly qualified nurses teaching the ANP students, including four Clinical Nurse Educators and Consultants from St Vincent's Hospital.

Between English and Advanced Course sessions, visits to hospital departments were arranged for some of the visiting Australian clinicians. Dr Andrew Duggins and A/Prof Emily Hibbert visited the Institute of Gerontology's Stroke and Endocrinology departments. Dr Elaine Cheong visited and gave a presentation on *Antimicrobial Stewardship within Hospitals* at the Tropical Medicine and Infectious Diseases Hospital. Gastroenterologists A/Prof Pokorny, Dr Mackender, Dr McDonald, and Prof Goulston were invited to tour Bach Mai and E Hospital Gastroenterology departments. Prof Leeder visited and presented at Bach Mai Hospital Respiratory Center. Oncologist Dr Page visited K Hospital, Hanoi's cancer

hospital, and presented on the Systematic Treatment of Non-Small Cell Lung Cancer. During his visit, Dr Page was interviewed by a local TV network, VTC 10. HMU Hospital also generously hosted two visits to their Emergency Department with the Head of Department, Dr Hoàng Bùi Hải, a previous Học Mã scholar.

In collaboration with HMU Public Health, a half-day workshop entitled *Hospital Management and Leadership in Medicine* was organised. Presentations included: *What Gets Measured Gets Done* by Mr Kinkade; *Leadership* by The Hon Craig Knowles; *Matching Clinical Quality to Financial Performance of a Hospital* by Dr Chan; and *Dementia and Other Cognitive Impairments* by Dr Andrew Duggins. The workshop was a great success, attended by over 100 clinicians and administrators from Hanoi and across North Vietnam.

The Australian Ambassador to Vietnam, Mr Craig Chittick, hosted our group with Vietnamese colleagues for a reception at his Residence. On one of the evenings, Bach Mai Gastroenterology Department generously invited our group of 34 to dinner. The team also took the teachers and a group of Vietnamese friends to dinner on one of the evenings. These social events were valuable opportunities to connect with our Vietnamese colleagues in a relaxed environment.

During the February visit, A/Prof Pokorny and Prof Goulston interviewed 76 young doctors and nurses who applied for scholarships for the Advanced Course in Medical Education and Research in 2017-2018.

Weekend Advanced Course Teaching Sessions

A group of 30 young medical professionals were selected in February to participate in the July–September Advanced Course sessions at HMU. Three weekend teaching sessions were held in July and August, taught by Professor Geoff Gallop, Dr Ingrid van Beek, Associate Professor Leo Davies, Emeritus Professor Kerry Goulston, Dr Terry Nguyen and Dimitry Tran. Topics covered included social determinants of health, community engagement, managing complex organisations, emergency medicine, and medical teaching and assessment. Participants found the topics interesting, relevant, and the presenters engaging.

Advanced Program in Hanoi, September 2017

In September 2017, another group of 36 Australian teachers volunteered to teach the Advanced Course and Medical English in Hanoi from 11–14 September. The teachers' backgrounds varied, with a mix of medical specialists, nurses, hospital administrators, allied health, Vietnam veterans, and lay people.

A/Prof Pokorny organised a one-day workshop at Bai Chay Hospital in Ha Long Bay at which he, Carol Cooke, Dr Robert Read, Dr Amanda Goldrick, Associate Professor Tony Joseph, Hal Hallenstein, and Professor Sally McCarthy presented on a variety of topics. Over 100 attended the workshop which was facilitated by Dr Lien Le, gastroenterologist at Bai Chay Hospital.

Advanced Course sessions were presented in the evenings from Monday to Thursday by Professor Oates, Bernie Harrison, Professor Mark Bassett, Dr Kim Matthews, Dr Chan, A/Prof Pokorny, Professor Tony Broe, and Professor Sally McCarthy. Presentation topics ranged from patient safety to healthy ageing. These were the final Advanced Course sessions ahead of the October Immersion Program in Sydney.

Afternoon Medical English classes were held Monday to Thursday at six hospitals across Hanoi: E Hospital, K Hospital, Bach Mai Hospital, St Paul Hospital, Vietnam National Children's Hospital, and the National Geriatric Hospital. This was the time that the Medical English Program has been offered to the National Geriatric Hospital.

Participants of the Medical English classes were doctors, nurses, and allied health professionals, and their specialties and experience varied. A/Prof Pokorny rostered two to three teachers on at each hospital, allowing for students to be divided into small groups to encourage greater student-teacher interaction. Participant feedback was very positive, with the vast majority finding the sessions valuable and something they would

like to see more of throughout the year.

HMU Advanced Nursing Program

Morning and afternoon English classes were held at HMU for second, third, and fourth year ANP students. An estimated 84 students participated in the classes. ESL teacher and long-time friend of Hôc Mãi, Jane Klein, led and supported the ANP teachers. Each student group was broken into two classes and instructed by two to three Australian teachers. Second year students received general English classes, while the third and fourth years focused on nursing scenarios and medical terminology. We were fortunate to have a number of current and former registered nurses and midwives teaching the students.

95% of survey respondents found the four-day course valuable. Among the many positive comments, we received constructive feedback which will guide our planning for future courses.

Immersion Programs in Sydney

In 2017, there were two three-week Immersion Programs in Sydney. Each three-week immersion program included 2 weeks of structured Advanced Courses in Medical Education and Research teaching, and a one-week clinical placement. One of the immersion programs held in Sydney was funded by the Department of Foreign Affairs and Trade's Australia Awards Fellowship Program. Fourteen of the 19 immersion program participants last 26 June to 14 July were AAF fellows. The second immersion program was held from 9th until 27th of October.

With the outstanding administrative support from Grace McLeod, many visits to Hanoi by 2-3 clinicians to teach in Hanoi were organised, including the 2 Immersion Programs held at the Northern Clinical School.

Moving forward

In 2018 we were unfortunate not to secure funding from the Department of Foreign Affairs and Trade to implement the Immersion Program, hence, relied entirely on donations for support. The support was overwhelming and we have raised enough funds to implement the program for 2018. In September 2017, 68 Applicants for 2018 program were selected by HMU. They were then interviewed and selected 25 for 2018. Dimitry Tran visited Hanoi for teaching in December 2017.

In 2018, Andrew Bowes, Cathy McMahon, Nancy Ho, Kim Oates and David Isaacs will be teaching in February and April 2018 who will teach not only the 25 selected but also 12 observers. We look forward to our next teaching group In March 2018, where 53 Australians will be spending 9 days in Hanoi, all paying their own way. These include professors – old and young, young medical specialists, nurses and nurse educators,



teachers of English as a second language, allied health, non-medical personnel including 3 Vietnam vets. Many had been teaching there in the past.

Prof Owen Dent is again running a Workshop over one day, applying Statistics to Clinical Research, with 26 participants. A group of six are teaching at Bai Chay Hospital in Halong Bay on 3-4 March with over 100 participants.

Over March 5-8, teaching includes the Advanced Nursing Program [90 participants]; the HMU Medical Student English Club [40 participants]; Medical English at Hospitals; the Advanced Course in Medical Education and Research at night [37 participants]; and teaching visits to 12 Hospital Clinical Departments.

On March 9, a workshop at the HMU Institute of Preventive Medicine and Public Health [120 participants] with wide-ranging discussion on key issues will be held after presentations by 4 Australians. On 10th of March, a Workshop chaired by Dr Dang Van Duong, celebrating 20 years of collaboration between HMU and Sydney Medical School will concentrate on forthcoming challenges facing Hôc Mãi over the next 10 years. Seven Hôc Mãi Fellows alumni will present their views.

We wish to thank all Australian teachers in Sydney and Hanoi who teach and supervise the future leaders in Vietnamese healthcare with no financial recompense. Also, the Sunway Hotel in Hanoi and many individuals [many of whom come to Vietnam] for their donations and support. This is fundamental in enabling young Vietnamese to spend time in Sydney. The next Immersion program is scheduled on 18 June to 9 July – with 2 weeks interactive Immersion Course and 2 weeks Clinical Placement.





Hospital-based Surveillance System for Cerebral Palsy in Hanoi

Professor Elizabeth Elliott, Professor Nadia Badawi, Dr Gulam Khandaker

In November 2017, the Protocol for hospital based-surveillance of cerebral palsy (CP) in Hanoi using the Paediatric Active Enhanced Disease Surveillance mechanism (PAEDS-Vietnam): A study towards developing hospital-based disease surveillance in Vietnam was published at BMJ Open.



Following a small grant from the Cerebral Palsy Alliance in 2016 to initiate an epidemiological study on Cerebral Palsy (CP) in Vietnam, University of Sydney's Professor Elizabeth Elliott, Professor Nadia Badawi and Dr Gulam Khandaker continued to work in collaboration with Professor Nguyen Van Bang, Dr Trinh Quang Dung, Dr Nguyen Thi Huong Giang, Prof Cao Minh Chau, Dr Nguyen Thi Van Anh and Dr Nguyen Van Thuong from Hanoi Medical University, the National Hospital for Pediatrics and St Paul's Hospital Hanoi.



During 2017 we developed a hospital-based surveillance system for CP in Hanoi and characterized all 800 newly diagnosed cases presenting with CP to general paediatric, rehabilitation and neurology services between June and December 2017. We documented the children's demographic data; clinical presentation; age at diagnosis; distribution of motor impairment and its severity using General Motor Function Classification System (GMFCS) and Manual Ability Classification System (MACS); associated impairments; congenital anomalies; nutritional status; the aetiology and timing of onset of CP if known and the child's rehabilitation status and current therapy.

The study protocol is published in BMJ Open Paediatrics. Our preliminary data suggest that CP diagnosis is often delayed, investigations are limited, diagnosis and treatment are not evidence-based, and access to mobility aids and medications is limited. Also, many cases

of CP (e.g. caused by infection, birth injury, hyperbilirubinaemia) and some adverse outcomes are potentially preventable. In summary, this work will provide the first description of CP epidemiology, clinical presentation, aetiology and outcomes in Vietnam and the novel data obtained will inform health policy and service delivery. In 2018 we were awarded another grant from the Cerebral Palsy Alliance, which will allow us to develop and populate Vietnam's first CP Register. We will also use a train-the-trainer model to provide Vietnamese clinicians with education and training in the evidence-based diagnosis and management of CP with the aim of increasing clinical capacity and ensuring early diagnosis and intervention and improved outcomes for children with CP.

Khandaker G, Van Bang N, Dũng TQ, Giang NTH, Chau CM, Van Anh NT, Van Thuong N, Badawi N, Elliott EJ. Protocol for hospital based-surveillance of cerebral palsy (CP) in Hanoi using the Paediatric Active Enhanced Disease Surveillance mechanism (PAEDS-Vietnam) a study towards developing hospital-based disease surveillance in Vietnam. BMJ Open. 2017;Nov 9;7(11):e017742





Clinical Audit Workshops in Vietnam

Eighty-two (82) participants from various hospital departments attended 2 Clinical Audit Workshops conducted in Ho Chi Minh City: Tu Du Hospital and Hung Vuong Hospital.

In 2017, two Clinical Audit workshops were conducted in Vietnam (Tu Du Hospital and Hung Vuong Hospitals in Ho Chi Minh City) upon the request of the hospital leaderships.

In August 2017, Dr Le Quang Thanh, Director of Tu Du Hospital requested the University of Sydney to conduct an introductory clinical audit workshop focused on what clinical audit is and how it is done. University staff who presented and facilitated during the workshop included Associate Professor Kirsty Foster (Associate Dean International and Head of Office for Global Health), Professor Jonathan Morris (Professor of Obstetrics, Gynaecology and Neonatology), Associate Professor Russell Hogg (Clinical Associate Professor of Obstetrics, Gynaecology and Neonatology), Dr Sean Seeho (Senior Lecturer and Postgraduate Coordinator,

Thi Diem Tuyet. The workshop at Hung Vuong was attended by 37 participants across various hospital departments: medical affairs, pharmacy, quality control, neonatology, emergency, diagnostic imaging, high-risk pregnancy, anaesthesiology, infection control, laboratory, infertility, postoperative care, family planning, delivery, postpartum care, gynaecology, and gynaecologic oncology. Hung Vuong presented its current audit programs in outpatient prescription, preterm labour, and postpartum haemorrhage. The workshop was facilitated by A/Prof Foster, Dr Seeho, Associate Professor Jacqueline Bloomfield (Associate Professor of Nursing and Director of International Strategy of Sydney Nursing school), Dr Dindy Benn (Kolling Institute of Medical Research) and Dr Christine Smyth (Children's Medical Research Institute at Westmead).

The clinical audit workshops highlighted the importance of clinical audits and international standards, the importance of clinical audit, and how audits are be done in different clinical areas including laboratories.

Sydney Medical School), Dr Tanya Nippita (Senior Lecturer of Obstetrics, Gynaecology, and Neonatology), and Dr Haryana Dhillon (School of Psychology). Dr Thanh, a long term friend of Học Mãi, also co-facilitated the workshop, bringing strong encouragement from his hospital colleagues in the audit process. Forty-five hospital staff participated in the workshop.

Another workshop was conducted in November 2017 upon the request of Hung Vuong Hospital Director, Dr Hoang

The clinical audit workshops highlighted the importance of clinical audits and international standards, the importance of clinical audit, and how audits are be done in different clinical areas including laboratories. It also highlighted the difference and overlaps between research and audit in line with the University of Sydney's strong research activities in Vietnam. Both workshops included presentations and breakout group discussions for participants to discuss current audit practices in the respective hospital departments, and to plan further audits.

Facilitators of the Clinical Audit Workshops are volunteer staff of the University of Sydney. They also provided research supervision to participants of the research fellowship program (medical research capacity building in Vietnam through intensive experiential learning; and the introduction to research program for Military Hospital 175).





Clinical Observer Program 2017

- 16 clinical observers from Hanoi, Ho Chi Minh City
- 5 participating Vietnamese institutions
- 7 host University of Sydney Clinical Schools and NSW hospitals

The Clinical Observer Program organised through the Office for Global Health of Sydney Medical School provided opportunities for Vietnamese health practitioners to have a firsthand experience of the Australian healthcare system through clinical observership. Visiting Vietnamese health professionals were matched with Australian clinical supervisors and their teams to understand our healthcare systems and practices.

The 16 healthcare practitioners were teamed with Australia-based experts in different hospitals across New South Wales to have a clearer understanding of healthcare practices, advanced expertise and knowledge which can possibly be replicated in their home institutions in Vietnam.

The 2017 Clinical Observer Program organised by the University of Sydney and the Học Mã Australia-Vietnam Medical Foundation hosted sixteen Vietnamese health practitioners who were able to acquire firsthand Australian healthcare experience. The 16 healthcare practitioners were teamed with Australia-based experts in different hospitals across New South Wales to have a clearer understanding of healthcare practices, advanced expertise and knowledge which can possibly be replicated in their home institutions in Vietnam.

Program participants were matched with Sydney-based clinical experts and practitioners in the areas of Cardiology, Neurology, Paediatrics, Trauma, Orthopaedics, Nursing (Neurosurgical, Emergency, and General Nursing), Quality Management, Anaesthesiology (for neurosurgery), Intensive Care, Oncology and

Nuclear Medicine, Nutrition and Dietetics, Ultrasonography, and Ophthalmology. They worked in different clinical schools of the University of Sydney and hospitals including Royal North Shore Hospital, Westmead and Westmead Children's Hospital, Royal Prince Alfred Hospital, Liverpool Hospital, Chris O'Brien Lifehouse, and Sydney Eye Hospital.

Aside from taking part in clinical teams, the observers composed of doctors, nurses, ophthalmologist also attended structured sessions in the following areas:

- Introduction to Australian healthcare system
- Clinical learning simulation
- Using University library resources
- Literature search
- Evidence-based practice
- Health research leadership
- Team communication, managing change, and teamwork

At the end of the 8 weeks of clinical observation, participants of the program presented 'return-to-work projects' that they aim to implement in their own departments in their home institutions. The presentations were attended and commented on by Sydney's clinical academics and some of the fellows' supervisors.

This year's supervisors include Associate Professor James Chong and Dr Po Che Yip at Westmead Hospital, Professor Elizabeth Elliot and Dr Stephen Jacobse at Westmead



Office for Global Health

Internationalising our health focused research, teaching and student experience.



2017 Clinical Observer Program participants, home institutions and return-to-work projects.

Name	Return-to-Work Projects
Dang Thi Thu Trang	Improving asthma control through Implementation of an asthma action plan (AAP) in Military Hospital 175
Luong Cong Thuc	Electro-anatomical mapping for ablation procedures
Duong Ngoc Huy Hoang	Improving treatment and follow up in heart failure patients
Tran Duc Hung	Improvement in quality control and technical skills
Nguyen Quang Tuong	Implementation of ultrasound guided internal jugular cannulation in ICU in Military Hospital 175
Le Ngoc Suong	Share and Spread - Fight the Stroke
Nguyen Tuan Long	Improvement of nutrition care in patients with central nervous injury by nasogastric tube feeding
Tran Van Tuan	Automatic endoscope re-processors for high-level disinfection of endoscopes and accessories in Military Hospital 175
Ha Thi Kim Phuc	Safe checking of medication at the patient's bedside
Dinh Thi Hong Van	Clinical handover improvement in Military Hospital 175
Pham Duc Minh	Translation and cross-cultural adaptation of the Scored Patient-Generated Subjective Global Assessment (PG-SGA) to the Vietnamese setting
Vo Van Nguyen	Gamma Nail in the treatment of close trochanteric fracture in Military Hospital 175
Tran Dang Khoa	Applying reverse total shoulder replacement in Military Hospital 175
Nguyen Thi Ha	Paediatric hip ultrasound in the management of developmental dysplasia of the hip
Nguyen Dinh Ngan	Advanced corneal transplant in Military Hospital 103
Tran Van Ton	Enhancing cancer treatment capacity at the Oncology and Nuclear Medicine Centre Military Hospital 103 Hanoi Vietnam

At the end of the 8 weeks of clinical observation, participants of the program presented 'return-to-work projects' that they aim to implement in their own departments in their home institutions.



Children's Hospital, Royal North Shore Hospital's Nursing Department, Associate Professor Anthony Delaney, Associate Professor Tony Joseph, Dr Ben Cass, Professor Chris Milross and Ms Merran Findley and Professor Michael Boyer from Chris O' Brien Lifehouse, Sharon Carey at Royal Prince Alfred Hospital, Dr Mei Ling Yap from Liverpool Hospital, and Sydney Eye Hospital team.

Following the 8 weeks of clinical experience, participants from Military Hospital 175 also attended a 3-week introductory research program led by Dr Sean Seebo, Dr Jo Lander and the University Library's Mr Roderick Dyson, Ms Bernadette Carr, and Mr Edward Luca. At the end of the three weeks, participants have drafted a research project which they will implement upon

their return to Military Hospital 175. Follow-up research activities are planned in 2018 to support and to monitor the development of the research projects. Associate Professor Kirsty Foster and Associate Professor Jacqueline Bloomfield of Sydney Nursing School were involved in giving feedback to the research project presentations of the participants.

Radiation Oncology in Vietnam

Mr Vu Huynh
Radiation Therapist

- Active involvement of the Royal Australian and New Zealand College of Radiologists (RANZCR) special interest group in radiation oncology (APROSIG)
- Support from the Australian government through Direct Aid Program to purchase specific new equipment to treat breast cancer with radiotherapy, and provide training and education in new technique



no shortage of these efforts and activities with an unprecedented number of increasing initiatives dedicated to education and training.

Radiotherapy Education and Training

In June 2017 I was invited to present at a radiotherapy workshop conducted at the HCMC University of Medicine and Pharmacy UMP in collaboration with an initiative through Dr. Maria Law vice Director of the International Society of Radiographers and Radiological Technologists (ISRRT). With a combination of highly experienced international and local speakers, the workshop drew participants from hospitals all over the country, and was a huge success. One of the highlights was the live interactive demonstration of the virtual radiotherapy education and training (VERT) system, where participants were invited on stage to simulate and treat virtual patients.

The much needed radiotherapy course at the HCMC University of Medicine and Pharmacy continues to evolve as the course contents and syllabus continuous to be reviewed and updated through a multi-disciplinary approach. This year also saw the successful completion of a first, one year long radiotherapy course for radiation therapist technologists (RTTs) at HCMC Oncology Hospital pioneered under Radiation Oncologist Prof. Tuyet Anh. To date, this is one of the longest standing initiatives in education and training for the radiotherapy field. With the success of this first course, in 2018 Prof. Tuyet Anh will continue to develop and initiate a new problem based learning style radiotherapy course for junior doctors at HCMC Oncology Hospital which is also planned to run all throughout the year. In addition Prof. Tuyet Anh also successfully



The need for cancer control continues to put a severe strain on Vietnam's healthcare system. In response, radiation oncology continues to rapidly develop with the completion of a number of new cancer centres and an increasing number of linac radiotherapy treatment machines being installed throughout the country. In Ho Chi Minh City (HCMC), Cho Ray Hospital's new cancer centre is successfully up and running, HCMC Oncology Hospital's second site in district 9 is near its completion, and a brand new 9 level storey building at HCMC Oncology Hospital has just opened for operation with the addition of two new world class radiotherapy machines to be installed.

With an increasing number of new and expanding facilities, the development of human resources becomes increasingly important ensuring there is enough skilled, educated and trained staff to operate these facilities. This year there has been

collaborated with Varian's Access to Care initiative to bring education and training in radiotherapy to selected countries, and run an intensive 4 week radiotherapy workshop in which participants from major hospitals around the country attended.

Asia Pacific Radiation Oncology Special Interest Group APROSIG

The Asia Pacific Radiation Oncology Special Interest Group (APROSIG) was developed by Radiation Oncologist Prof. Graeme Morgan through The Royal Australian and New Zealand College of Radiologists (RANCR) to collaborate with other related special interest groups aiming to work on projects to improve radiotherapy and cancer services in low resourced countries in the South East Asian Region. Although originally starting out in Vietnam, today the group's activities has expanded to a number of different countries ranging from Cambodia, Myanmar, Nepal and Papua New Guinea just to name a few.

This year there has been no shortage of these efforts and activities with an unprecedented number of increasing initiatives dedicated to education and training.

In November 2017, APROSIG was invited to present at the Annual National Cancer Conference in HCMC Vietnam which was hosted by HCMC Oncology Hospital. The team spent 1 week in Vietnam and were able to visit HCMC Oncology Hospital, Cho Ray Hospital and 115 The People's Hospital. With the expansion of the new world class

radiotherapy facilities at HCMC Oncology Hospital's new 9 storey building, APROSIG will be back throughout 2018 to assist with the commissioning of a number of newly installed equipment's.

Australian Government Direct Aid Program DAP supporting Cancer Treatment at HCMC Oncology Hospital

The Australian Government's Direct Aid Program which focuses on grants to humanitarian development projects continues to be instrumental in supporting cancer treatment in Vietnam through approving a number of specific projects for HCMC Oncology Hospital. This year's project specifically addresses breast cancer treatment, one of the leading cancers for women in Vietnam. The project will focus on purchasing specific new equipment to treat breast cancer with radiotherapy, and provide training and education in new techniques, which will ultimately improve patient outcomes.



Participants at Varian's Access to Care Intensive Radiation Therapy Course for Vietnam, Danang, September 2016

MIPH students during the cultural competence workshops.

(Top from left) Dorothy, Michaela, Aisha, (Bottom from left) Meredith, Kerrie and Felicity went to Vietnam for their placement. They were joined by other international placement students and Dr Giselle Manalo (MIPH Placement Coordinator at the bottom right) in the photo.



Public Health Education Collaboration

The following academics travelled to Vietnam to contribute in the teaching in the English-language Master of Public Health program:

- Dr Fiona Stanaway
 - Research Methods;
- Dr Erin Mathieu
 - Applied Epidemiology;
- Prof Tim Driscoll
 - Occupational Health; and
- A/Prof Philayrath Phongsavan
 - Health Promotion.

Sydney School of Public Health continued to support Hanoi Medical University (HMU) Institute of Preventive Medicine and Public Health in 2017, following collaborative meetings with the Institute's Director Dr Le Thi Huong.

Aside from teaching, SPH has been working closely with Vietnamese partners who host our Master of International Public Health in their international public health placements. Among the Vietnamese institutional partners include the Woolcock Institute of Medical Research in Vietnam, the Vietnam National Tobacco Control Fund (Ministry of Health), NCD Alliance Vietnam, Health Bridge Vietnam, and HMU Institute of Preventive Medicine and Public Health.

Six international public health placements were organised in November/December 2017. Michaela Gilbert and Aisha Hassan worked with NCD Alliance and Health Bridge Vietnam; Dorothy Drabarek and Kerrie Ren worked with Woolcock Institute of Medical Research in Vietnam; and Felicity Trinh and Meredith Charman worked with Vietnam National Tobacco Control Fund.

Students attended pre-placement workshops in Sydney to prepare them for their 4-week in-country placements including a series of leadership, cultural competence, and introductory Vietnamese language workshops.

Medical Curriculum Framework Project



Associate Professor Kirsty Foster and Professor Jonathan Morris continued to work with the World Health Organization Vietnam as Sydney Medical School consultants supporting the Medical Curriculum reform in Vietnam. So far they have drafted a Guide to developing an outcomes-based medical

curriculum and a framework to support medical universities across the country move to an integrated curriculum to produce medical graduates who are more work ready and able to perform in practice. During this year Kirsty and Jonathan conducted several workshops to introduce and discuss the

draft guide with key stakeholders including the Ministry of Health. Now in the final stages of preparation, it is expected that the guide will be finalised and endorsed shortly so that the move towards a learner centred curriculum can progress.

In November, Associate Professor Foster was the keynote speaker at the 3rd Medical Education Curriculum Conference at Hanoi Medical University. She gave a talk entitled "Curriculum development for medical education" and participated in a panel discussion attended by 200 participants. Kirsty will spend 5 weeks working intensively with HMU's Curriculum Development Team in early 2018 as part of her Special Studies Leave Program. A/Prof Foster will be running training workshops for faculty leaders to support them in the development of the HMU competency-based integrated medical program.

"I am very thankful to Professor Peter McMinn who suggested that I study at the University of Sydney, and for inspiring me to submit my application for PhD and for a scholarship. I also admire Professor Bruce Robinson of Học Mã Foundation, who welcomed me and my group on the first day of our visit to Australia for a short course before I even thought of doing my PhD. I can never say thank you enough to my supervisors as they are very supportive, professional in my field of research, as well as very understanding with all the troubles and always there to solve out very quickly."



PhD Student: Trinh Quynh Mai (Vietnam), PhD in Medicine

Mai arrived in Sydney last March 2014. She learned about the opportunity of conducting research after initial laboratory quality management collaboration between Professor Peter McMinn and her laboratory in Hanoi. Through this collaboration, she was introduced to Associate Professor Vitali Sintchenko, Professor Ben Marais, Dr Elena Martinez, and Dr Nguyen Thi Van Anh who eventually became her PhD supervisors. They worked on conducting a research on epidemiology and pathogen genomics of mycobacterium tuberculosis in TB/HIV co-infection in Vietnam.

"I knew that to study at the University of Sydney is the most suitable for me because of its reputation and quality of education that I can get... After my studies, I will continue my research career at my institute where I know that all my colleagues are looking forward to my return so that I can contribute more and share my knowledge."

Mai considered the Australians as a people and the excellent research environment at the University of Sydney as an advantage, not mentioning equality and multiculturalism in work and education environments. The wonderful weather, the landscapes and the friendly people made it more comfortable for her to study in Australia.

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Apart from academic knowledge and research outcomes, Mai learned to trust herself and others during her study in Australia. She learned how to be adaptable, independent and self-reliant, she learned to

experience and feel every moment for what it's worth, and she learned to take advantage of the opportunities that were given to her. Earlier this year, Mai met with Vietnamese research fellows to share her research journey at the University of Sydney.

Mai will return to Hanoi and will be reuniting with her family, and her colleagues at the National Institute of Hygiene and Epidemiology.

Student Mobility

Four student exchange agreements between the University of Sydney through Sydney Medical School and our exchange partner institutions were executed in 2017. Agreements were signed by Hanoi Medical University, University of Medicine and Pharmacy Ho Chi Minh City, Pham Ngoc Thach University of Medicine and Hue University of Medicine and Pharmacy. The University started negotiating Fieldwork Placement Agreements with partners of the Master of International Public Health in its growing international placement programme.

Twenty-three (23) health students from the University of Sydney travelled to Vietnam for 4 to 8 weeks of clinical elective placements in hospitals and institutions across Vietnam. There were 5 medical students, 3 Allied

Health students (Physiotherapy and Occupational Therapy), 8 Nursing students and 6 International Public Health students. Most of the students were supported by scholarships through funding from the Endeavour Asia Postgraduate Mobility Programme, Seashells Foundation. Three of the students were self-funded. The students worked with supervisors from Hanoi: Bach Mai Hospital, Viet Duc Hospital, UMP HCMC, Woolcock Institute for Medical Research, Vietnam National Tobacco Control Fund, NCD Alliance Vietnam, Health Bridge Vietnam, and from HCMC: Children's Hospital No 2, and Military Hospital 175.

In 2017, twelve (12) Vietnamese medical students and four nursing students came to Sydney for a 4-week clinical elective

placement between August and September. The 12 medical students were composed of 4 from HMU, 3 from PNTU, 3 from UMP HCMC and 2 from Hue UMP. The 4 nursing students were from HMU's Advanced Nursing Program – nursing placements were organised by Sydney Nursing School.

We are thankful for the support provided by Ms Felicity Bywater, Student Liaison and Administration Officer at Office for Global Health in arranging the placements of our students. Impressions from some of the Vietnamese and Australian students are in the following section of the report. We would also like to thank the NSW Premier & Cabinet for the NSW Premier Scholarship awarded to one of the medical students, and Vietnamese language training funding for Australian students who traveled to Vietnam.

Australian Students in Vietnam

Australian Medical Students

Fangzhi (Frank) Jia



I was supported by the Endeavour Asia Postgraduate Scholarship during my two-month elective in Vietnam, which was based entirely in Ho Chi Minh City, in two hospitals. Fortunately, the Office for Global Health and the Học Mãi Foundation had provided me with two half-days of language training prior to departure – the biggest challenge I faced when in Vietnam was the language barrier, which, in a way was a great way to motivate me to learn the language even more. There were very few doctors in the departments I was based in who could

converse in English, but everyone was very friendly and often went out of their ways to help me. Vietnam is a heaven for food lovers; people were always eager to share or take you to the best local places to eat, or discover street foods together with you – and this is something I really missed about Vietnam. The life in a foreign land where most people are unable to speak English could seem a little daunting, but fortunately I had the support of a loving homestay (Ms. Yang Homestay) and many kind-hearted (tốt bụng in Vietnamese – meaning “good belly”) Vietnamese people. After two months in Vietnam and being forced to learn and speak Vietnamese in many situations, and with the help of many kind and patient fellow Vietnamese students and doctors, I was able to communicate relatively smoothly with others in basic Vietnamese conversations – something I think will definitely come in handy later on in life.

The health system in Vietnam is quite different from that in Australia. There is insufficient funding directed to healthcare, a much sharper divide between public and private hospitals, and little concept of general practice. The cases presenting to emergency departments were on average

much more diverse and serious than those in Australia, and educating patients about preventative medicine is remarkably difficult. There were also a lot of medications being used in Vietnam that would seem unfamiliar to us Australians, and it is both alarming and sad to see that antibiotics considered second-, third-, or fourth-line in Australia are used by default in Vietnam. It was an enriching experience for me to learn how doctors and nurses maximise their care with limited funding and resources, and to realise that price of medications is an inevitable consideration for both doctors and patients and that price is an unfortunately prohibitive factor for many patients in continuing their treatment. Comparing the treatment protocols in Vietnam with those in Australia also allowed me to broaden my understanding of the mechanisms behind many therapies, and being able to learn how Vietnamese doctors treat certain tropical diseases (such as typhoid fever, melioidosis, tuberculosis) was also an invaluable experience for me.

Ryan James Barton



Due to the dearth of primary care, and primary public health prevention I was able to see a variety of advanced pathological and traumatic presentations. From subdural haemorrhages and large cerebellar astrocytomas to end stage chronic liver disease as a result of chronic hepatitis B infection. Recognising the signs and symptoms of the conditions and witnessing their management will undoubtedly serve me well in the future years as a junior doctor.

Throughout my OGH placement I also learnt the importance of non-verbal communication. I frequently relied on non-verbal communication with patients and healthcare staff owing to my limited Vietnamese language knowledge. The changing landscape of Australian immigration means that non-verbal communication is likely to be a useful skill in

the future and I feel that this will contribute to me becoming a better doctor.

Vietnam is a very unique country with a tumultuous history. It is rich in culture, and I learnt many lessons both within and outside of my hospital placements.

Outside of hospital I learnt that most Vietnamese people are incredibly proud (the red storm of mopeds engulfing the streets when the national U23 team made the Asia Cup soccer final) and generous (a middle-aged lady I shared a table with who bought me pho and showed me how to properly customise the ingredients).

Within the hospital I was most struck by two observations. Firstly, that family ties in Vietnamese culture are very strong. During my ICU and neurosurgery rotations at Viet Duc Hospital I was overwhelmed by the level of care provided to patients by family members. Most tasks that would be managed by allied health staff in Australia such as toileting, feeding, physiotherapy, and pressure sore management were undertaken by family members. This emphasised the strength of family ties to me. Secondly, and more sadly, gender norms appeared to be more entrenched in the Vietnamese medical system than in Australia. I only

encountered two female intensivists and did not meet a single female neurosurgeon or orthopaedic surgeon. Seeing this firsthand further impressed the importance of actively pursuing gender equality within the Australian medical system.

Organising the placement was very straightforward. The Học Mãi Foundation and Office for Global Health provide well established channels of communication between The University of Sydney and various medical institutions in Vietnam. In addition the Học Mãi Foundation Scholarship – Premier's Grant made a significant financial contribution to help me undertake the elective term.

The main challenge in undertaking the placement was the language barrier during the hospital rotations. Language training was provided before departing, however due to the invariably heavy study load of medicine I was not able to learn more than very basic Vietnamese before arriving in Hanoi. Doctors and allied health staff enthusiastically tried to communicate, however I feel that the experience would have been far more rewarding if I had invested more time into learning Vietnamese before arriving.

Tim Durack (2016 - 2017)



I spent four weeks in Hanoi at the Vietnam National Hospital of Paediatrics through the Học Mãi Foundation. I chose Vietnam because I felt that exposure to medicine in a developing country would help me appreciate healthcare in Australia, and I wanted to go outside my comfort zone. I also sought exposure to some paediatric subspecialties that I had not seen in Australia.

I spent a week each in four different departments: Emergency, Infectious Diseases, Child Psychiatry and Haematology. Due to the language barrier, the most productive days were when I could follow a doctor who spoke good English. Otherwise, I worked on improving my skills in clinical observation and examination. There were many children presenting late with signs

and symptoms rarely seen in Australia. On the weekends, I travelled with other medical students through rural Vietnam.

For Infectious Diseases, I followed a resident with good English who challenged me on examinations, diagnoses and management plans for her patients. This level of teaching was as good as I've received in a Sydney hospital. Midweek, I recognized that a boy with pneumonia, failure to thrive, clubbing, bronchiectasis and foul-smelling stools may have cystic fibrosis. It turns out that cystic fibrosis is both rare and greatly underdiagnosed in Vietnam, and only the head of department had seen it before. At the end of the week I presented the case to the Infectious Diseases department. This experience highlighted to me the value of the Học Mãi collaboration. Whilst I benefitted from seeing infectious disease cases I would never see in Sydney, I found I could already start to contribute in return. The sad reality is that the cystic fibrosis patient will not be able to afford the multidisciplinary care he needs. I look forward to returning in several years when I can be more consistently useful.

Initially I was struck with the resilience of the parents of these very sick children. I soon realized that many simply have no concept of the severity of their children's illness. In such a high-pressure, high-demand environment, doctors have little time to explain diagnoses and treatments with parents. There remains a strongly paternalistic dynamic between

doctors and patients' families. Now I appreciate more that in Australia doctors have greater opportunity to educate patients and families so that they may be involved in the decision-making process. In a year's time, I will be a stressed intern. If the doctors in Hanoi can still manage moments of compassion and humanity in their chaotic work, so can I.

Though this was a paediatric placement, I became curious about the wider state of mental health in Vietnam. Cultural norms such as "saving face", respect for elders and strong obligations to family have their benefits, but also restrict open discussion and create new sources of stress compared to life in Australia. Mental illness rates and risk factors in Vietnam are difficult to measure, but they are estimated to be very high. To many of the doctors, mental illness is something occasionally forced upon you by a patient behaving erratically, rather than an entity present in many, if not most interactions. Any attempts at primary prevention or destigmatization seem decades away. An exception to this was the Child Psychiatry ward, dealing mostly with autism, ADHD and developmental delay. After a visit five years ago from Australian doctors, they revised their weekly program to include a day for parent education. They report much improved results; testament to the value of collaboration between Australia and Vietnam.

Trang Nguyen

Thank to Hoc Mai Foundation scholarship (through the Office for Global Health and Sydney Medical School Foundation), I was able to complete all eight weeks of my Elective Term at Viet Duc Hospital, the largest surgical centre in the north of Vietnam. During the past eight weeks, I rotated through neurosurgery, intensive care unit, acute general surgery unit, cardiovascular and thoracic surgery. The opportunity to experience medicine in Vietnam for my Elective Term has been one of the most valuable experiences in my medical training.

My first two weeks in neurosurgery was truly amazing. In addition to time spent on the wards, I was able to scrub in for many surgeries, most of which are emergency surgeries due to motorbike accidents. I was lucky enough to participate in the Hanoi Live Surgery Seminar organized by the World Federation of Neurosurgery Societies Foundation from 15 December 2017 to 17 December 2017. Neurosurgeons from Japan, India, and France came to the conference not only to exchange surgical techniques but also to give inspirational lectures to young generation of neurosurgeons in Vietnam.

After neurosurgery, I spent the next two weeks of my elective term in the Intensive care unit (ICU) where I profoundly appreciated my Vietnamese which allowed me to go through patients' notes and understood their

problems. Different from western countries, most of patients in the intensive care unit have complications resulted from multiple traumatic injuries. A big proportion of them are young and male. In the ICU, I also saw multi-antibiotics resistant bacteria such as *Acinetobacter baumannii* which is the result of uncontrolled antibiotics uses in Vietnam for some years.

After two weeks in the ICU, I spent another two weeks in the acute surgical unit. Again, I was able to scrub in surgeries almost every day. There I found late presentation of common diseases such as appendicitis, cholecystitis, cholangitis and perforated duodenal ulcer which could be prevented from regular visits to general practitioners. Unfortunately, Vietnam does not have a network of general practitioners; therefore, patients tend to go straight into the emergency room or see specialists when they have problems. That is usually when the disease is far advanced into the late stage.

After the acute surgical unit, I was able to spend my last two weeks in cardiovascular and thoracic surgery. I was fortunate enough to observe open heart surgeries, minimal invasive surgeries, and bypass surgeries in addition to seeing patients in the catheterization lab and on the ward. More important, I gain insight into how to think outside of the box to maximize patients' benefit. In Vietnam, health care

cost can sadly affect patients' treatment. A Vietnamese doctor told me that it is good to know how to treat the disease but it is better to know how to treat the disease effectively so that patients can afford the cost of treatment.

Even though Vietnamese is my native language, trying to understand the Vietnamese medical language is still my personal challenge. I would like to thank Vietnamese consultants and residents who are very friendly and patient to explain the medical terminology to me. That also creates the opportunity for me to form lifelong friendship with young Vietnamese doctors. The key cultural lessons I learnt during my placement is that Vietnamese culture values family and community rather than self and personal space. It is common to see co-workers know the family of each other. Vietnamese is also more formal than Australian when talking to people who are older. That is why I often been asked about my age before the conversation.

In summary, eight weeks of Elective Term in Vietnam is the one of the most valuable experience in my medical training. I have gained a different view

Australian Nursing Students

Anna Lena Waldner

My final placement in Vietnam was an absolute highlight of my university experience and nursing degree. Not only would I do it again in a heartbeat but I also recommend the placement to anyone studying nursing at Sydney Nursing School, especially students who may be daunted by the idea of a clinical placement in a less developed country. Amongst many other things, the experience will teach you humility and resilience as it opens your eyes to nursing and healthcare in resource-poor settings. Astonishingly, resource-poor also meant more resourceful practice by the nurses – they made do with what they had available, which was an incredible lesson for me. Watching how the Vietnamese nurses and other health care staff dealt with the overwhelming number of patients efficiently was impressive to say the least and has put Australian patient loads into perspective for me. Moreover, the genuine kindness and warmth with which we were accepted by patients and staff made me feel extraordinarily welcome and took away any feelings of helplessness or overwhelmingness. While the language barrier was quite challenging at the beginning, I quickly learnt how to get by with signing, pointing, drawing, and google translate, which really encouraged my creativity and out-of-the-box

thinking, however, which sometimes resulted in funny but harmless misinterpretations.

While I have always had an interest in international health care, this placement has further incited my aspirations to work in less developed settings and with disadvantaged communities and has made me excited for the opportunities that are available in the

world of nursing. I have no doubt that I will always remember this placement fondly and as one of the first stepping stones to what I hope will be an international nursing career.

Thank you, Sydney Nursing School, for giving me this invaluable and inspiring opportunity.



Andrew Zachary Romero
Master of Nursing



As part of my last clinical component of my pre-registration degree Master of Nursing course, I was privileged enough to have completed my final placement in Ho Chi Minh City, Vietnam; working alongside some of the best doctors and nurses at the Benh vien Nhi Dong 2 (Children's Hospital No. 2) together with seven other students from my cohort.

At Children's Hospital 2, I was fortunate enough to experience a wide range of clinical settings that were both complex and challenging, yet enabled me to grow in my professional practice and understand and appreciate my own personal values and upbringing.

Together with the other students, we rotated through four clinical areas comprising of haematology and oncology, infectious diseases, neonatal intensive care unit and the emergency department. It was within these rotations that exposed us to various presentations of diseases and conditions that were uncommon to that of Australia such as Salmonella Meningitis or Guillain-Barré syndrome. Children's Hospital 2 is regarded as one of the largest tertiary acute paediatric facilities in Vietnam and thus this makes it one of the busiest hospitals in the city, with hundreds of patients lining up to see a doctor and being admitted into the hospital; from local families with acutely-ill children to those that have travelled from far provinces in the hope that their child would receive adequate treatment for their disease state.

Over the four weeks that I was there, it became apparent to me that understanding the health care system in Vietnam was important, given how unfamiliar I was with its structure and components. However, comprehending it was much more complex than first thought; given the various socio-political factors that contribute largely to the health of the population and thereby impacting the disease progression and treatments available. I had the opportunity

to be involved in discussions and conversations with various members of the multidisciplinary team discussing various topics such as the various resource limitations and allocations, funding, models of care and evidence based practice and research and how this may or may not differ to the nursing practice back in Australia

One of the key aspects of care that is central to Vietnamese culture is the concept of family centred care. It was amazing to see the amount of care that was given to children from the families themselves. The involvement of family in each patient's hospital care made me realise how important it was to involve family; in every decision, every treatment plan and in every diagnoses and prognosis. The communication between patient and provider was inherent in every interaction that I witnessed and this no doubt was imbedded into Vietnamese culture, this concept of family and providing a sense of holistic care to each patient.

Communication was a large component of this clinical placement that was challenging and difficult at times. However, it was by no means impossible, given the availability of technology and meeting various medical staff and nurses that could speak basic English and translate clinical progress notes and update us on care plans and diagnoses that added to our own understanding and clinical knowledge. I found that such novel ways of communicating through Google Translate, enabled us to ask questions and be well-informed of how we would care for the patient if they were in our care back in Australia. I was ever so grateful for the nursing staff and medical doctors for their patience in giving their time to be so open about the patients in their care and for allowing me to be part of the team in observing how each ward was structured, how best practice was being utilised in every patient and focused paediatric assessments that increased my understanding of the acutely-ill child.

We were fortunate enough to have had several opportunities to observe and gain experience at Military Hospital 175, another large adult tertiary hospital, operated by the Ministry of Defence (Vietnam). This was a unique experience as we could observe nursing practice that was similar to that found in Australia, in cases such as orthopaedic trauma cases, traumatic brain injury and various presentations within the intensive care unit (ICU) such as Tuberculosis, Pneumonia and Sepsis. I found the clinical staff here to be well-informed of their nursing practice, understanding the severity of each condition and the potential prognosis as well as their willingness to adapt to new ways of thinking and working through research and evidence based practice. Additionally, we were privileged enough to also attend Children's

Hospital 2 Annual Nurses' Conference that enabled all of us to witness the translation of research into evidence based hospital policy and nursing practice for beneficial outcomes for patients on the ward. This is so vital to advance practice through research as it provides a platform to grow professionally and ultimately influence the care of patients in various clinical settings with their complex diseases and conditions.

The four weeks spent in Ho Chi Minh City undertaking clinical placement at both Children's Hospital 2 and Military Hospital 175 was a rewarding and invaluable experience that no doubt has contributed to both my professional growth as a nurse as well as my own personal growth. This clinical placement has broadened my understanding of being able to critically think and re-evaluate patient outcomes for the best possible health outcomes to be achieved in any given setting. It has added to my knowledge base of understanding the importance of patient centred care with a holistic approach to care to meet patient needs in a timely manner and provide the most appropriate care when needed. This placement marked the importance of collaborative care to comprehend each patient's plan of care and address the steps necessary to achieve set goals within a certain timeframe. My sense of cultural sensitivity and awareness was also heightened over the past four weeks in being able to be an effective communicator, active listener and understanding how family and culture play a key role towards the health state and disease progression of each patient. Personally, this clinical placement has given me a greater appreciation of my own values, morals and ethics. Immersing myself within this culture has increased my capacity to take initiative, overcome barriers and challenges and to remain resilient despite setbacks and adversity.

This clinical placement has allowed me to gain so much experience in terms of working within a different cultural setting, broadened my understanding of the Vietnamese health care system, engaging with families, children and the multidisciplinary team and a deeper appreciation of the value of patient centred care in remaining empathic, taking initiative, being open-minded and respectful; qualities that I know I will endeavour to pursue and carry into my new graduate year as a nurse in the future in order to provide the best possible health care for each unique individual.

Bernice Chiu

Weaving through the bustling street vendors accompanied by the constant symphony of honking vehicles and motorbikes merging from all directions, is only the start to my international nursing placement in Vietnam. At the Children's Hospital 2 in Ho Chi Minh, the corridors and wards are lined with families lying on mats and hammocks as they prepare to support their child in any way they can. Pediatric healthcare in Vietnam is highly family oriented and with cultural differences and a language barrier, I wasn't too sure what I was walking into. Nonetheless, this placement has been an invaluable experience providing insight into global health, and has altered my views and perspective on healthcare.

In my month long placement, we rotated through the departments of infectious diseases, emergency, oncology/haematology and NICU. From overcrowding of 180 patients in a ward to cerebral hemorrhage from motorcycle accidents and pneumonia from lifestyle causes, it has been a unique experience that highlights the impacts of social, environmental and cultural factors that plays a part in healthcare. I was given the opportunity to observe and learn more about different conditions and treatment

methods that are not commonly seen in Australia. With a significantly different work environment, role and demand, compared to Australia, the nurses in Vietnam are highly skilled allowing them to work efficiently and effectively, which I greatly admire. We had the opportunity to visit the Military Hospital 175 which provided insight into alternative therapies such as traditional medicine as well as participation in quality improvement events. Additionally, we attended Dr Diep's Clinic, a now retired head of emergency Doctor with her own paediatric clinic, and sees approximately an incredible 50 patients an hour.

I'm not going to lie, there were times in which this placement challenged me. From ethical dilemmas to the use of resources and provision of care, it can be difficult to observe from a western standpoint based on the knowledge of healthcare we have attained. I was confronted with children presenting to the hospital from rural provinces at a stage in which there was nothing the hospital could do except, arrange transport to allow the child to die at home. This is part of the family-oriented culture in Vietnam in which life and death occurs predominantly at home, which differs from Australian practices.

The way of life, values and attitudes does affect healthcare and yes, a level of cultural awareness is required. The ability for nurses in Vietnam to undertake such a high patient load and work with such efficiency is something I'll take back in my own practice as I become a registered nurse. This experience also highlights the significance of family and the position I am in to be able to access evidence-based resources, to educate and include patients and their families for person-centered care. It is also important to consider cultural differences and adopt a holistic view on health, as it can go a long way to impact patient experience and outcome. I am incredibly grateful to be given this unique opportunity to immerse myself in a new culture, to live in a new country and to meet new people. It has been a rewarding experience that will definitely impact my nursing career as it showcases how nursing can take you anywhere in the world and the influence you can have in providing quality healthcare.

David Smart

Master of Nursing

My Experience in Vietnam: Thanks to the Hoc Mã Foundation

The opportunity to experience two very different hospitals in Vietnam was not only eye opening, but it also gave me an incredible insight into an alternative approach to healthcare and how nurses work compared what I have experienced in Australia. The experience will undoubtedly have a positive impact on the way I approach my future career as a Registered Nurse, and has been made possible with a huge thanks to the Hoc Mã foundation.

As part of this placement in Vietnam I was able to be involved in four different departments at the 'Children's Hospital 2' in Ho Chi Minh City across the duration of four weeks. This included the Neonatal Intensive Care Unit, Haematology

and Oncology ward, the Emergency Department, and Infectious Diseases Unit. The diversity of the wards was echoed by the four completely different environments within the hospital; such a variation that I have not seen in Australia. This ranged from a crowded and busy Oncology and Haematology ward with families living with their ill child in the hallways of the ward, to a surprisingly silent, structured and uncrowded Emergency Department.

I was also granted the opportunity to see a wide variety of wards at the 'Military Hospital 175', with additional time spent in the Neurology Ward and the Intensive Care Unit throughout the month which was extremely interesting and continued to surprise me with a further variety of set ups of the wards and how nurses worked compared to those at children's hospital. This hospital also allowed me to have in depth conversations with both nurses and doctors from each department to explain the cases and conditions of some of their ward and their patients, as well as describing how they will manage the complicated patient cases. One of the most interesting areas of this hospital was the use of traditional Chinese medicine and techniques to treat illness and injury which is not commonly practiced in Australia.

For myself, one of the highlights of the placement was observing the dynamics and interventions of the nurses and doctors in the

Emergency Department; particularly during one moment when I witnessed the expertise and skill of those nurses and doctors as they resuscitated, intubated and stabilised a 1-day-old child who had been rushed to the Emergency Department. Being able to see this was done with such calmness, quietness and precision has shown me how crucial a structural approach and flow of information between nurses and doctors is during a life or death situation; a process which comes so naturally to the Vietnamese as a result of their culture and values that is not emulated in Australia.

Having seen the team work in this way will absolutely impact the way I intend to interact with my colleagues during an acute event in the future.

We were also privileged to be invited by the ex-chief doctor of the Emergency Department to attend her primary healthcare clinic for children to see how she assesses the children and interacts and educates the families to prevent the future hospitalisation for their child for common problems that occur specifically in Vietnam such as aspirational pneumonia and reflux. To further add to my time in the Emergency Department, we had also befriended some of the doctors on the ward who invited us out to dinner with them to enjoy a very authentic Vietnamese meal at a restaurant with them which felt like an extremely special and welcoming experience.



Jacqueline Guesry

On the 15th November 2017 I embarked on my final clinical placement to Vietnam, Ho Chi Minh. This placement consisted of spending majority of the days at Children's Hospital 2 followed by a few hours of the afternoon spent at the Military Hospital. Throughout the placement, observation was the primary focus and skill used which enabled me to refine my patient assessment skills, which I believe is paramount and a skill that must be practiced in order to become a safe practising nurse. Similar to the Australian medical environment, shifts commenced at 7AM, and interestingly, doctors of the ward commenced a patient round and handover, which is commonly seen and conducted by nurses in Australia upon commencing and finishing a shift. Throughout the 4 weeks at Children's Hospital 2, each week myself and other students rotated wards to ensure we had a well-rounded perspective about different healthcare systems, diseases and medical treatments typical to the Vietnamese environment. These wards were Oncology/Haematology, Infectious Diseases, Neonatal Intensive Care and Emergency. From my perspective each ward had its challenges, especially seeing children extremely sick with diseases that could be easily treated had the circumstance occurred in Australia. At times, children who had "treatable disease's" often

Being able to see the Haematology and Oncology ward was definitely another highlight of the placement that will change the way I approach nursing in the future, as I was able to observe how the nurses on the ward worked so hard and effectively using the limited resources available to then tan in Australia, and the way that they able to treat an incredible number of patients each day in this very busy ward. However, the most valuable part was observing how the nurses would interact with, and involve the families of very ill children in the treatment care plan, and by educating them as to how to care for their child themselves. Having seen the impact that this family involvement and education has on the overall care of the children and the satisfaction that is felt by the family as a result, will be something that I will take from the experience and use throughout my career as a nurse.

Beyond these two examples, I have learned many more invaluable lessons based on my observations of the Vietnamese approach to nursing and healthcare that I will use in my future practice. I would also like to thank the Học Mãi foundation for making this placement and experience possible and for improving not only my my learnings around nursing, but the care that I will provide to my patients in the future to promote better outcomes and satisfaction of care from the patient as result of the placement.

became terminally ill because of the lack of resources available or patients and their families having to travel vast distances (some close to 5 days to the nearest hospital) and be told it was too late to treat. This concept of "life vs. disease" was extremely foreign to grasp however it seemed so common for Vietnamese doctors to explain to families.

The major difference between Australia and Vietnam in the healthcare context was the strong influence of family care and how they were a major healthcare provider and supplier to their sick children. On my first day on the Haematology ward, I was overwhelmed with the difference of hospital conditions with respect to where patients were placed, understanding the role of the nurse, how nurses worked with doctors and understanding how sick these children were. The ward, consisting of bed stretchers, was packed with over 200 people (including family), with some sleeping on the floor and others with 2 or more patients to a bed. Within hours of spending time on this ward, I understood why family's were so involved with the care of their children. The children are the centre of their world, so much that if it requires their whole family to move to the hospital ward (surprisingly including grandparents, uncle's and aunty's), then this would be the required step in order to help their child. I distinctly recall this one time where a grandmother of a child who had cancer, walked into the treatment room and replaced her grandchild's platelet's with fresh one's from an esky. As this was allowed, myself and another student (Andrew) were amazed with how involved the family were. As this would be a different case in Australia, whereby platelets are strictly handled by medical staff and stored differently.

Despite the difference in medication handling between Australian and Vietnamese standards, I was impressed with the resourcefulness and awareness of how Vietnamese medical staff handled medical products. Throughout my previous placements in the clinical settings in Australia, I have witnessed easy disposal and wastage of medications or other medical equipment such as bandaids, gauzes or full saline bottles which had only been once. This was not witnessed in Vietnam and had learnt that Vietnamese clinicians are resourceful in using the most of what

is available. It was refreshing to see how doctors were resourceful and not wasteful in during patient consultations and this is a skill I endeavour to adapt as a clinician. After experiencing my final clinical placement in Vietnam, I understand and appreciate more the resources I have available and will become more conscious in the way I use them on my patients. As well, I endeavour for my new awareness to hopefully influence other medical workers.

Finally, my most meaningful and impactful week was in neonatal intensive care where I spent majority of my time caring for orphan children. At first, this was a confronting experience to care for a newborn child who had no parents, however throughout the course of the week I overcame this feeling and understood more about cultural, environmental and personal lifestyle reason's behind why some parents may have to had to abandon their child, for example poverty or the impact of social stigma. Despite not knowing their background stories, it was first hand such a raw experience to provide care for orphans who had come from all different lifestyle backgrounds. I absolutely loved the neonatal ward and loved feeding the babies and knowing that even a hug or any physical contact was beneficial for them. To this day, and without a doubt for the rest of my life, I will never forget those little babies and how simple care goes a long way towards providing any form of love and care for them. This experience made me realise that sometimes when giving care, being genuine, kind and patient is all that is required to really influence any life. I strongly believe that this experience made me realise that it is important to be humble in giving care and understand that despite different background histories, effective and impactful nursing is the foundation towards maintaining and influencing anyone.

I have truly valued my final clinical placement in Vietnam. From my vast experiences during the four weeks I have learnt to be humble, genuine, resourceful and appreciative in having medical care and knowledge and also appreciating what I have available and what I can offer to patients. This experience has formed my personal foundations and ethics which I endeavour to transcend into the medical working world.





I was attracted to undertake a clinical placement in Vietnam by the ability to experience first-hand the effects that a different socio-political system and limited resources have on the healthcare system, the role of nurses, and ultimately the health of the population. Vietnam is rather unique compared to its Southeast Asian neighbours, as it has made significant improvements in population health outcomes and is renowned for a financially efficient healthcare system; largely due to a focus on preventable and public health (citation). Recent development of the Vietnamese healthcare system is in part due to partnerships with humanitarian organisations, such as Học Mã Foundation, with a focus on the local capacity development. During our month in Vietnam we visited both the Children's Hospital Number Two and Military Hospital 175 spending time in a variety of clinical specialities, including; neonatal intensive care, emergency, infectious diseases, intensive care, neurosurgery, oncology and haematology. The ability to compare both paediatric and adult healthcare across a variety of specialities formed a nuanced understanding of the Vietnamese healthcare system, the role of clinicians and the illness experiences of patients and their family. One highlight was a tour of the traditional (Chinese) medicines department at Military Hospital 175, not only was this an interesting experience but provided an insight into another concept of medicine and wellbeing.

Vietnam has a largely rural population and faces some similar challenges to Australia in providing high-quality care for those living outside major cities. Growing up in a farming family in regional NSW, I have a passion for reducing health inequalities between urban and rural Australians through increasing both the accessibility and acceptability of healthcare services. The majority of patients

and families at Children's Hospital Number Two had travelled, often hundreds of kilometres, from the provinces to seek care, often staying for weeks or months. This was largely attributed to a lack of appropriate access to care in the provinces, due to run down facilities. Not only was this a significant disruption to the lives of patients it is highly inefficient for the healthcare system, attributing to the evident overcrowding. This experience has reinforced my passion for providing high-quality healthcare in rural communities, rather than relying on transportation to tertiary facilities.

Finally, my experience in Vietnam exposed me to conditions that I would not have encountered within an Australian context. I was profoundly struck by both the prevalence and severity of community acquired pneumonia, the largest cause of death for children in Vietnam. The epidemiology and common treatment of pneumonia in Vietnam epitomise two key issues facing children living in low-middle income countries; environmental pollution and increasing antibiotic resistance. The high incidence of pneumonia amongst children in Vietnam can partially be accounted for by ambient air pollution. Personally, this has been the first time I have been so clearly exposed to the deleterious impact of environmental pollution on the lives of children. Furthermore, a high proportion of children presented with pneumonia associated with antibiotic resistant microbes, largely due to continued and imprudent use of over the counter antibiotics.

The high proportion of antibiotic resistant pneumonia amongst these children reminded me of the high incidence of antibiotic resistance amongst children in remote communities in Australia due to repeated antibiotic treatment for boils,

which I have had personal experience during a placement in Wilcannia. In both instances clinicians have referred to the myopic use of antibiotics to treat conditions with largely environmental causes and other efficacious treatments available. This has reinforced to me the globally interconnected nature of modern healthcare, highlighting the importance of advocating for the sage and empirical use of antibiotics within my own practice.

The observational nature of this placement highlighted the importance of delivering holistic care, founded not only in technical excellence but incorporating empathetic communication. Throughout prior domestic placements, my primary focus was on refining the practical skills and clinical understanding that I developed throughout the semester. Consequently, the development of communication skills, such as the ability to build rapport or provide comfort, were often viewed as a secondary, rather co-incidental, objective. In Vietnam being unable to use these practical skills shifted my focus towards my ability to build rapport with children and their parents. This experience comes at a valuable time, where I am transitioning from a student to an autonomous clinician and when there will be great focus on refining clinical skills and preforming them safely without supervision. I am reminded of the importance of focusing on the development and utilisation of complex communication skills.

The importance of effective communication was further reinforced by the language barrier faced both inside and outside of the hospital. Whilst countless individuals made a significant effort to communicate in English, the difficulty of having rather basic conversations was simply exhausting. The immersive nature of this experience provided an insight into the difficulties faced by individuals from a non-English speaking background when receiving care, either in the hospital or community, as not only are they suffering from the psychological and physical effects of illness but often feel exhausted from having to continuously decipher the language.

Furthermore, I was repeatedly stuck by the power of non-verbal communication in building rapport with patients and their families. Whilst practicing in Australia I will have the privilege of caring for individuals from a variety of cultural, ethnic and linguistic backgrounds, many of whom English will be their second or third language. This practical understanding of the both the difficulties of being an unable to easily express yourself and the utility of non-verbal communication will shape the way I interact with individuals from a non-english speaking background.

Australian MIPH Students

Aisha Kakinuma-Hassan & Michaela Gilbert
Master of International
Public Health



As part of the Masters of International Public Health (MIPH) course we undertook an independent study “Learning in the Field” in Hanoi with the Research and Training Centre for Community Development (RTCCD) for 4 weeks. RTCCD is a social organisation that conducts research to inform policies and project proposals. Since 2015, RTCCD has been a member of NCD Alliance.

During our placement, we both applied evidence-based research to some of RTCCD’s key focus areas. Aisha assisted RTCCD and NCD Alliance in producing social media content to raise awareness of the health effects of tobacco smoking, and also partnered with the HealthBridge Foundation of Canada to produce a comprehensive report on the state of tobacco policies in Vietnam for the general public. Michaela examined global research on the impact of coal fired power plant emissions on human health to assist RTCCD to further develop their study into the area, and also had the opportunity to attend the Thematic Health Partnership Group Meeting on Air Pollution and Health with RTCCD staff to

further her understanding of air pollution mitigation in Vietnam.

Alongside our projects, we were both able to assist RTCCD with other ad-hoc tasks as needed including editing policy briefs for the World Health Organization, and presentation posters for health conferences, which enabled us to contribute to and learn about a variety of RTCCD’s project areas. Our hosts at RTCCD were extremely hospitable during our stay and ensured we were exposed to as much of traditional Vietnamese culture as possible, including treating us to a 3 course *ốc sên* (snail) lunch. Along with the other MIPH students in Vietnam, we were able to attend the Quintessence of Tonkin cultural show that used dancing, music and lights to showcase traditional life in the North Vietnam countryside.

Our experience in Vietnam is one we’ll always remember. Being able to learn in the field from our hosts has been an invaluable experience and has enhanced our understanding of public health practice, fostering our professional growth and development.

Dorothy Drabarek
Master of International
Public Health



For two very interesting months, from mid-November 17 to mid-January 18 I worked at the Hanoi office of the Woolcock Institute of Medical Research alongside Vietnamese researchers on the qualitative sub-study of VDOT2, a project assessing the acceptability and effectiveness of a new digital monitoring device for Tuberculosis treatment intended to replace the widely used but not necessarily effective DOTS strategy.

The opportunity to contribute to qualitative health research, within the TB program of the Woolcock Institute, in Vietnam, at a crucial time of uncovering why despite improving living standards, the incidence of active TB infection is not proportionately decreasing, was an ideal conclusion to my MIPH studies. I was included by Woolcock staff as an integral part of their team and as a result given the responsibilities of an institute employee which I was honoured to take on.

After a week’s preparation and background research at the Hanoi office, our work involved travelling to Thanh Hoa Lung Hospital in Thanh Hoa province, where the new device is being trialed with tuberculosis out patients. The city is approximately 2.5 hours south of Hanoi, by the coast. Our time at the hospital was spent conducting in depth interviews with patients about their experience using the digital monitoring device. The process of interviewing was something we developed during the pilot stage of our project; my Vietnamese colleague would conduct the interview in Vietnamese, an interpreter would translate the conversation to me in real time, I would record everything in writing and pass notes with questions (in English) for my

co-researcher to integrate into the interview. We also spent one day with three patients at a district TB clinic in Yen Dinh, a rural area, not far from Thanh Hoa.

Within the clinic and hospital, it was extremely interesting to observe and listen to accounts of approaches to diagnosis, treatment, patient health literacy, interaction between health staff and patients and experiences of illness that are unique to the cultural context within which I was working. It was invaluable to have been exposed first hand to the intricacy of complexities involved in improving health outcomes in a developing context such as regional northern Vietnam.

A highlight of my stay in Vietnam was a trip I was lucky enough to take with three fantastic colleagues who were also working in Thanh Hoa, to an area called Pú Luông near the Lao border. Pú Luông is home to Vietnam’s Thai (no association with Thailand) ethnic minority, one of 49 ethnic minorities in Vietnam, most of whom live outside of cities according to traditional ways. I have a particular interest in indigenous and ethnic minority peoples around the world so was immensely grateful for this opportunity.

My placement at the Woolcock Institute of Medical Research in Vietnam allowed me to consolidate knowledge I had gained throughout the MIPH, learn a vast amount, pave paths for future research and achieve a goal I had set for myself at the beginning of the MIPH – to experience infectious disease research in a developing country context. I cannot thank enough the institutions and people who assisted in making this possible.

Felicity Trinh
Master of International
Public Health



A once in a lifetime opportunity, I had the privilege to be assigned to the Vietnam National Tobacco Control Fund (VNTCF), an arm of the Vietnamese government's Ministry of Health. Arriving a couple days earlier, I was excited to explore the streets of Hanoi and be immersed in the culture. However, it quickly became evident to me that smoking was still extremely prevalent amongst both the older and younger generations, with low compliance of tobacco policies. Although smoking is banned in restaurants, many small family-owned businesses observe low compliance in fear of losing customers. Similarly whilst visiting Ha Long Bay – an UNESCO World Heritage Site – local taxi drivers were seen smoking just outside main buildings and in waiting areas. Having a chance to see the chronic disease first hand only encouraged me to contribute further during my placement.

On the first day, I recorded a 10 second video of the exact moment before I entered the VNTCF office building. My voice was slightly shaking but full of excitement at what would await me. Till this day, I still enjoy revisiting this moment because I finally got a taste of what it was like to work in the field of international public health. From my previous visits, I knew two things about Vietnam: that my taste buds were in for a treat and that the Vietnamese people will show you incredible hospitality. My supervisor, Ms Viet Anh, prepared a lovely presentation for us that first morning, detailing the complex nature of working towards a public health issue that faced many political resistance and barriers. Sure enough throughout my trip, I definitely learnt that conflict between internal ministries in a government hinders the advancement of health policies, especially related to tobacco. My first impression of my colleagues was

that each person was 100% committed to their specified role. They were driven to meet their deadlines and ensured their projects never stalled in progress. I am also happy to report that none of them smoked either! Of course, working in any country where English isn't the main language will always present barriers, such as being unable to assist my colleagues in much of the paperwork as it was written in Vietnamese. However, I was able to assist in proofreading academic papers that were written in English and providing research that built part of the reference list for a colleague's communication toolkit in observing the effectiveness of smoking intervention programs. The greatest joy was delivering a presentation that described Australia's tobacco control, which allowed us to share strategies and discuss the possibilities of implementing such programs or policies that have successfully reduced Australia's smoking prevalence. I arrived as a student but left feeling like a colleague who was able to contribute to their work, and I will be forever grateful.

Of course, I must mention my visit to the Australian Ambassador's Residence for the Học Mã Foundation Event – which was an incredible networking opportunity that led to a tour of the Hanoi Medical University – and to the World Health Organisation, where a meeting with Dr Lam led to a delicious Vietnamese lunch and drip coffee. Lastly, it would do my trip disservice if I didn't mention how incredibly well fed I was. My colleagues took us to a delicious Vietnamese farewell lunch and it was by far the most sentimental moment of 2017. This experience has been one of the most rewarding trips of my life and I will be forever grateful to Học Mã and the University of Sydney for this opportunity.

Australian Health Science Students

Laura Hung



As a Master of Physiotherapy student, committed to making the most of my second academic endeavour, I was ecstatic the day I was offered the opportunity to undergo a placement in Bach Mai Hospital, Hanoi, with the Học Mãi Foundation. Upon arriving in Hanoi, I was filled with mixed emotions—a combination of excitement towards meeting new people, learning about the Vietnamese healthcare system, developing my physiotherapy skill and knowledge, and the possibility of making an impact; as well as apprehension with being in a foreign country. However, my apprehension quickly dissipated as I was warmly welcomed and inducted by Dr Dang Van Duong prior to our first day at the hospital.

On my first day, filled with enthusiasm as I stepped onto the hospital ground, I was initially confronted by the crowd and white coats worn by the staff members. Walking

into the rehabilitation centre, I was greeted by many friendly faces. Their willingness to interact despite their limitation in English, generosity and friendliness immediately made me feel welcomed and at ease. Our supervisors, Mr Tai, Mr Tu, and Mr Dan were more than willing to teach us new techniques, educate us on their healthcare system and the perception of physiotherapy in Vietnam. I learnt that patients had a limited time in rehabilitation under the public insurance scheme, thus the focus of treatment was to improve their ability to perform activities of daily living and prepare them for discharge. I was told physiotherapy in Vietnam had come a long way in adopting evidence based practice and was increasingly acknowledged by the medical professionals and community. I also was fortunate enough to have the opportunity to visit the intensive care unit for chest physiotherapy, trauma unit for continual passive movement and a private acupuncture clinic to observe traditional Chinese Medicine practice.

Over the four weeks, I worked with patients with various conditions, including total knee replacement, spinal cord injuries and traumatic brain injury. It was very rewarding to see their function and mobility gradually improve with treatment. Their self-discipline and determination were admiring. Their families' high level of care and support were so lovely to see. To overcome the language barrier, I learnt basic Vietnamese, such as counting, asking about their comfort, and providing encouragements, thanks to the help of the wonderful staff and patients.

Working as a team with the local staff and other allied health students was exceptionally rewarding. We shared our ideas and discussed ways we could together help our patients.

Through our interactions, we forged life-long friendships, together travelling to Halong Bay and Sapa. We were even invited to Mr Tai's home to celebrate his daughter's 7th birthday and were taken to local eateries!

Despite past students speaking very fondly of their experience in Bach Mai Hospital, the generosity and friendliness of the Vietnamese people, professional and personal growth I experienced over the four weeks far exceeded my expectation. It enhanced my clinical skills and knowledge, cultural understanding, ability to adapt to a foreign environment, independence and self-confidence in overcoming obstacles. Vietnam is an exceptional country, one that is marked by their astounding resilience, remarkable friendliness, strong familial connections and rich culture. Thank you Vietnam, the wonderful patients and staff of Bach Mai Hospital and the Học Mãi Foundation for this amazing learning experience. To future students, I cannot highly recommend it enough!



Mark Maddison

Master of Occupational Therapy

A concept that characterizes the occupational therapy profession is occupational justice, having the underlying foundation that every person should have the ability to participate in everyday occupations (or activities) of their choice, regardless of factors such as socioeconomic status, location or ethnicity. Whilst this is the desired outcome in an ideal world, implementing this justice poses challenges. My experience in Bach Mai Hospital, Viet Nam allowed opportunities to overcome these challenges, administering therapy to improve one's occupational performance in a unique environment – a culture with different resources, language and values – an experience I could only learn in a developing country such as Viet Nam.

What I loved about Vietnamese people in general was how creative they were in using available resources in everything they do. This was evident on the road where most locals did not have cars so they carried various objects on their motorbikes, such as mattresses, trays of eggs, and even a dog balancing on the back! This was also seen at the hospital through everyday interventions which utilized available resources. An example of an activity to improve fine motor skills, strength and coordination was as simple (yet very effective) as a variety of water bottles stapled to a wooden board and patients had to manipulate the different bottle

caps, taking them on or off. Another creative intervention aimed at helping patients with limited grip strength (such as patients with stroke) was designing improvised chopsticks, and wide-gripped cutlery from inexpensive material including curled plastic for the handle, Velcro to keep the hand in place, and a spoon inserted inside (see pictures).

Having not been motivated to learn a second language before, working in a country where English is not the primary language presented its challenges. However, still being able to provide therapy and overcoming these challenges was rewarding. I learnt simple phrases, but generally used body language and sometimes Google Translate to assist me with clients. This experience could be applied to contexts in Australia where often a translator is not readily available, so I am more confident in approaching these kinds of situations.

The Vietnamese culture is unique, including the values that the people hold dear. Family is an integral part of their culture, and this was very apparent in the hospital. Unlike Australia, there were limited nurses to take care of the patients. Instead, members of the family were given a uniform and allowed to take care of their loved one, often seen giving the medication, mobilizing the patient, sometimes standing on the bed and



lifting the patient and more. I remember in a past placement in Australia, a man would not allow the nurses in the hospital to touch his wife, the patient, rather taking it upon himself to assist her with everything, and often not sleeping throughout the night. At that point, I was not sure why he did not want help, as the nurses were professionals and knew how to treat her, and he was elderly and was putting himself through a lot. Seeing how members of the family take care of patients at Bach Mai Hospital allowed me to reflect on that situation, empathising and respecting his mindset: that was him doing what he could for his wife in the best way he knows.

These were just a few experiences and reflections I had through my time at Bach Mai Hospital, and over the course of the month I had many more. My understanding of occupational therapy was broadened immensely and I know my future clients will benefit from this opportunity.

Wing Yee (Joey) Kwan

Master of Physiotherapy



The 4-week placement at Bach Mai Hospital was an unforgettable experience. Before we set off to Vietnam, every one of us was excited and nervous at the same time. We have been told by previous students and visitors to be extremely cautious and be mindful all the time in this foreign country because of high crime rate, risks of pickpocketing and food poisoning. After we arrived in Hanoi – the capital city of Vietnam, we realised that we were mistaken about this beautiful country. Vietnamese are very friendly and welcoming, local food and drinks are very nice and delicious.

On the first day of placement, we were introduced to the Spinal Cord Injury

Rehabilitation Unit team. It was a pleasure to meet the doctors, nurses, physiotherapists and work with them for 4 weeks. Patients in the unit were mainly people with spinal cord injury, we were also able to see patients with stroke, herniated disc, traumatic brain injury, COPD and knee replacement. It was a great opportunity to see patients with a wide range of conditions and learn from the team. Tai, our supervisor, was very friendly, he communicates very well in English and demonstrated us his clinical reasoning and skills through case discussions as well as demonstration. Communication with patients and staff was a barrier in Vietnam, as most people in Vietnamese do not speak English. Fortunately, the Vietnamese are extremely nice and friendly people. They taught us how to speak simple words in their language. At the end of placement, we even manage a simple conversation with patients and staff.

Due to language barrier and limited access to patients' history, we mainly observed our supervisors and followed their treatment plans during the first week of placement. We helped patients practice walking, weightlifting, sit to stand, rolling on bed and other functional exercises – in an aim to improve their independence before being discharged

from the hospital. These kinds of exercises are considered as active treatment, which is similar the practice in Australia. The physiotherapists taught us techniques such as chest wall compression for patient with respiratory condition, which they learned from experts in France, Japan and the UK etc. In the second week of placement, we were able to provide more hands-on treatment to the patients. Our supervisors gave us detailed instructions throughout the session, including aim, goal of treatment and the research evidence.

Bach Mai Hospital is well resourced compared to other small regional hospitals. Patient received evidence-based treatment from the therapists. Without health insurance or sufficient financial support restricted the treatment options for the patients, such as reduced length of stay, post op rehabilitation and aids can be provided. It was sad to see this scenario but what we can do is to try our best to help them recover within such limited time.

My experience in Vietnam does have a profound influence on my future practice. Be humble, be open minded and be the friend of our patients are what I learnt from the Vietnamese people.

Vietnamese Students in Australia

Vietnamese Medical Students

Dang Quang Tinh

Pham Ngoc Thach University,
Ho Chi Minh City



As for my time in the hospital, I had many a good moments with everyone in the eye department. To me, they are always an amicable and dynamic team who welcomed me with all their heart and who never hesitated to give me advice and instructions should I do something incorrect. To them, I am probably the curious elective student from Vietnam that was crazy enough to cook them some of our traditional food which they, fortunately, did enjoy very much. In the end, I wish them nothing but the best in their career and their lives, as much as my kind and handsome registrar, Dr Michael, has wished me during our last meeting at the Medicos canteen. And for him, I would like to express my deep gratitude for making my journey in Australia most memorable and meaningful.



A 4-week trip might not be very long, but well enough for me to enjoy some of the best experience possible in my lifetime. True as it is, my stay in Australia has not only been an eye-opening trip to a medical student but also an unique chance to do, to feel and to live as an Australian.

At first glance, everything seems obviously great to the eyes of my friends back home. Much up to their expectation (or even beyond) and mine, we were treated with all the hospitality and friendliness of the Australian people which we could not hope to return sufficiently. Everyone, from the kind nurses I've met in the theatre to that random guy in the lift, from my versatile registrar to that elderly woman I've befriended at the bus station, is naturally very nice. I mean, for the first time in my life, I have experienced that

It is really hard to give up a habit that I have spent nearly a month building up. The day we were expected to hand back our room keys, me and my friend we headed down to the City to spend our last coins and then straight to the house of our beloved uncle Phu, who has generously provided us with everything we could possibly need in our stay, to have our last meal with him and his family. Stories were told, yet many remains only in our sweet memories. Gifts were exchanged, photos were taken but things will remain unchanged. The first day we came here we met Ms Wendy Lac in our common room, and the last time we saw her it was still in that room. We had a goodbye party and as usual she was kind enough to bring us some parting gifts (and a big cake which we couldn't hope to finish before we left). At that

but after all things considered, does that imply that this is the best trip ever that we had up till now? I think, absolutely, yes.

Within all these words, I am sure that there will be many many missing details that I cannot hope to describe in full. I would like to send my regards to Mr Bruce and all the donors of Học Mãi foundation for their generosity and enthusiasm which made this trip of a lifetime a possibility. I would also like to express my thanks to Dr. Phu, Ms Wendy Lac, Ms Felicity Bywater, Mr Esmond Esguerra and all the personnel of the eye department, all of whom have become a living part in my stories about a beautiful Australia.



People respect one another involuntarily regardless of class and race. People work in an organized way and with a sense of responsibility and positive thinking.

much kindness and mutual esteem between humans in an open society. People respect one another involuntarily regardless of class and race. People work in an organized way and with a sense of responsibility and positive thinking. Doctors, nurses and patients communicate with each other with trust, empathy and understanding. I have learned that a difference in conscience and attitude could be all it takes for a society to make one step forward, and I guess that should be the most important lesson that I have acquired in Australia, apart from the modern infrastructure and all the flashy equipment in the medical setting.

moment, we knew that when we get back to our home country, there will be regrets: regrets of things that we didn't have enough time to accomplish yet (although we believed that we have been to nearly every corner of Sydney), regrets of the good ol' sight that came to our eyes every morning when we woke up, regrets of the smell of Australian food lingering inside our kitchen, or of the jam-packed fridge that nearly drove some of our neighbors mad at us (sorry mate!), or of the very moment when we first walked on the street towards the supermarket in Rhodes to buy the Opal card and go shopping in awe. It is somewhat a bit depressing to return home,

Do Nguyen Mai Anh
Pham Ngoc Thach University
Ho Chi Minh City

Four weeks have gone really fast. I can remember the first day when I came to Australia, Sydney welcomed me by a lovely warm day. And now, I am sitting in my room in Vietnam, and recalling every moment, every feeling and every person I have been through for the last four weeks. And, these things remain as clear as crystal in my mind. Before the trip, I promised myself to live, to experience and to embrace everything that would come to me in Australia, and I did!

On the first day of my electives placement, I immediately attended a team's meeting at the neurology department. I was completely shocked because I could not follow and understand what doctors, nurses and physiotherapists were talking about. Suddenly, I realized that although I was well-prepared in English, there were still great language barriers in reality; therefore, this was a huge opportunity for me to expose myself to new challenges and to boost my English to another level. Through time, with the help from an Australian Medical Student, Victoria, I finally got myself familiar with the language after the first three days, which was a fantastic pleasure for me.

After this trip, I started to realize plenitude of differences between two medical healthcare systems. In here, I was really impressed by the way doctors talk to patients. Everything patients asked, was answered by doctors precisely and painstakingly. When I joined professor Corbett's clinic, he not only explained to patients everything they needed to know the medication that they were taking, but he also shared with them about other related issues such as their finance and relationships with others to make sure that he could bring the best to his patients' quality of life. The second example is my registrar, Victoria. When I followed her on ward rounds, I was impressed by how she

interacted with her patients. I remember one time she asked her patient to use the patient's finger to point to her finger and then pointed to the patient's nose. However, the patient could not perform the maneuver smoothly and precisely, so the patient started to panic. Suddenly, Victoria held the patient's hand and said "Oh sweetie, it is alright if you cannot do it, we just examine you to see what is wrong, so that we can figure out how to help you with it. Don't worry okay?" That is such the loveliest and sweetest gesture which touched my heart. I am sure to tell my friends about it and we will all apply that kindness in our medicine practicing career path.

In Australia, doctors, nurses, physiotherapists and social workers come together to discuss about patients' situations. Everyone speaks out his/her opinion, so that they can understand patients thoroughly with everyone's perspective.

The other main difference between Australia and Vietnam is teamwork. Every doctor does the job individually, and the doctor just asks for opinions from the more advanced level doctors if needed. In Australia, doctors, nurses, physiotherapists and social workers come together to discuss about patients' situations. Everyone speaks out his/her opinion, so that they can understand patients thoroughly with everyone's perspective.

During the time in Australia, it is the people that I have fallen in love with. They are so nice and responsive. My registrar, Chao and Victoria, and my interns, Minna and Viran, explained to me everything I needed

to know. On ward round, before stopping at a patient's bed, they briefly introduced to me about the patient's history and problems. After that, they also gave me a brief discussion about the diseases that the patient had, which intrigued me to invest my time to read more about those diseases. After finishing their work, they always offered me a cup of hot chocolate. I will remember those sweet experiences.

I would like to send my special thanks to Wendy Lac, who gave us a lot of books and took the best care of us. I would also like to send my grateful thanks to Dr. Quang Phu Ho and his family for their wonderful meals and the hospitality that made us feel like home in Australia. I would like to express my deepest gratitude to Professor Robinson and OGH for arranging not only this program for medical students, but also other activities in Vietnam for doctors and nurses. And last but not least, I want to thank the neurology team who I spent most of my time with, for your effort and kindness to a foreign student.

On last day before I flew back to Vietnam, I had taken a long and sad walk on the Concord Hospital and Hospital Road. I tried my best for the last time to breathe the air here, and to capture everything and every corner of the hospital that I had been through for the last four weeks, so that I could never forget about those sweet memories. I said hi to everyone in the hospital, just like I usually did, because I know that was the last time I could say hi to people in Concord Hospital, and people in Australia. I hope that I can someday come back here as a doctor, so that I can learn more and be more involved than I was as a medical student; and then, utilize those useful knowledge to do a little deed to my country, Vietnam.

Doan Pham Phuoc Long
Hue University of Medicine
and Pharmacy



Firstly and the most important thing is the communication between Doctor, patients, patient's relatives and other colleagues. I was in department of Radiology at Concord Repatriation General Hospital which conducts many kinds of procedures like biopsy, put drainage, or percutaneous intervention. And the doctors there, especially my supervisor Dr. Graham Dunn introduced the procedures as well as let the patients understand both the benefits and risks of the procedure were so amazing and delicate. It always made the patients, their relatives and nurses felt comfortable and cared for. In Vietnam, patient's mental health is not prioritised. I think this will be the way not just for me but for all Vietnamese doctors to

solve the urgent problems of medical system, through improved relationships between doctors and patients.

Secondly, the working efficiency and well time scheduled. Although most of Vietnamese doctors must work more than 10 hours per day, I think they didn't use their time in an appropriate way. Too much time wasted in doing chores and they always left their today's duties for others to do the next day. That is the reason why they always seem so busy sacrificing quality.

Thirdly, keeping a healthy life. Doctors and medical personnel in Australia always have a break day every week to do some exercises, outdoor activities. These activities make



If I have to pick one word to describe my Học Mã journey, it will definitely be the word “Brave”. That’s it, thanks to this wonderful clinical placement in Sydney; I have overcome my past fears and developed into a better medical student.

Medicine is a very special and challenging field which requires both academic and social skills. Medical students have to absorb large amounts of knowledge then apply them to approach patients sensitively. Although I have been in medical school for 4 years, sometimes I still struggle with the way to talk to patient. “Should I ask them about this? How can I explain about their condition without confusing them or hurting their feelings? What should I do to assure them? etc.”, these questions have always been in my mind when I go for clinical rotations. 4 weeks participating in Ear, Nose and Throat (ENT) department of Concord Hospital have given me the precious opportunity to observe and learn from Australian medical officers to get the answer. ENT is a specialty that I could learn from both clinic and theaters therefore, I was so lucky to know how Australian doctors treat patients in many different situations such as when they come to the clinic, before and after their operation. In the theaters, before any operation, my registrar, Nicholas Leith always comes to the patient, gently asks them some questions and assures that their surgery case was deliberated

If I have to pick one word to describe my Học Mã journey, it will definitely be the word “Brave”. That’s it, thanks to this wonderful clinical placement in Sydney; I have overcome my past fears and developed into a better medical student.

and they were in good hands. Not only my registrar but other theater staffs also talks to patients in a respectful and amiable way. I remember one 18-year-old girl, after her sinus surgery, she woke up from anesthesia with several coughs and anxiety. The nurse, who was holding her oxygen mask told her: “Take a deep breath sweetie, you’re doing it very well! We are here with you” then she calmed down, worry-free. I also went to the clinic twice a week, followed my registrar. I saw doctors explaining to patients extremely detailed about their problems in general words and sometimes with comparisons and figures until they satisfy. Besides having great knowledge and responsibility, my registrar also has a good sense of humor. I love watching him using his humor to relieve stressful atmosphere of the clinic and make patients smile to ease their medical problems.

Another fear was living all by myself in such a long time like this. I am the only child, growing up and going to university in the same city so you can say that I just need to study and my parents will take care of the rest. Travelling to another country with a different climate and culture from my tropical hometown make me feel homesick in the first days. Thanks to the warm welcome from Ms. Felicity – OGH staff and Ms. Wendy - Concord clinical school staff when we arrived, I quickly got back the energy after a long flight to start my clinical placement and explore Sydney. This Học Mã experience has made me step out of my comfort zone

with the first time I communicate with other people in a nonnative language (I have to admit that in the first week here, I hardly understood anything when people speak too fast in Australian accent), search and go on a train by myself or manage my own money account and think carefully before buying anything. Everybody here is so kind and friendly, which help me easily catch up with the Aussie lifestyle. In every morning, when I see anyone in the department or theaters, they smile at me and say “Good morning” or when I got lost on the street, people showed me directions without hesitation.

Looking back at this one-month journey, I feel blessed for what I have gained and all the fears that I have overcome. I want to express my deepest gratitude to all Sydney Medical School professors, Học Mã donors and staffs for giving me this one-in-a-lifetime opportunity, to all doctors, nurses, patients in Concord hospital for supporting me during my placement, to all the Vietnamese doctors and friends in Sydney who are always ready to help us and make us feel warm as home. Words cannot describe how grateful I am for this life-changing experience. Once again, thank you for everything, I will try my best everyday to become a good doctor and be a part of building a better Vietnamese healthcare system, as the mission of Học Mã Foundation.

“No one is a hero – Everyone must always be a hero on their own, everyone must finish their own work successfully”, that is the conclusion I learnt myself when I look at the way everyone do their work and the working process, not just at the hospital, I can easily see it everywhere.

them feel relaxed so that they can do their work in the most effective way in the hospital.

“No one is a hero – Everyone must always be a hero on their own, everyone must finish their own work successfully”, that is the conclusion I learnt myself when I look at the way everyone do their work and the working process, not just at the hospital, I can easily see it everywhere. I can see it everywhere. The specialists let them know their own duties and finish it in an excellent way - very quick, high quality and no stress. The workers holding the road traffic sign at George Street construction site and the nurses in the operative room are all specialized workers.

In Concord hospital, we have Thursday charity market right inside hospital’s campus. They sell food, drinks, accessories and used books for everyone in the hospital. I think this is a beautiful culture, a very good way to help the poor. If I can apply it in my hometown, especially for poor patient’s relatives who must stay at the hospital for a long time. Thanks so much to Mr. Esmond Esguerra, Mrs. Wendy Lac and Ms. Felicity Bywater for helping us so much.



Receiving the scholarship is a great opportunity for me to improve my clinical skills and knowledge. I am really nervous and happy at the same time when I was announced to be a recipient of the scholarship. It was my first time to go abroad and also the first time I experienced the hospital environment of a foreign country. Australia has a developed medical system so I really expected to learn many valuable things here.



My great four weeks in Sydney, the blend of ancient and modern city, is a beautiful and unforgettable memory in my life. Sydney welcomed me by a nice day with the warm sunshine, a little wind and the fresh air. I loved the city immediately because of the wonderful weather and kind people.

It was my luck to join a wonderful team at Renal Department with Professor Bruce Cooper, Dr. Sebastian Hultin, Dr. Anushree Tikur and Dr. Joe Wei. We did the ward rounds every morning and these were opportunities for me to learn how the doctors take care of patients. I was so impressed by how the doctors communicate with their patients,

Now, when I am writing these sentences, the OGH placement has just finished. During the 4 week placement, I learnt many things. The first thing is the professional way of working. Everybody highly specializes in their own

I love the way they work as a team and the patient will be considered in many aspects.

field and have their own work to do but they can co-operate in a harmonious way. I love the way they work as a team and the patient will be considered in many aspects. I am really surprised when I attended the meeting between the doctors, nurses, social workers, physiotherapists, psychologists in my spinal cord injury unit for the first time. A patient will be discussed in the meeting and everybody tries to find out the best solution for him/her. The patients in here actually receive comprehensive care. The second thing that I learnt is the way to care patients. Through some textbooks, you can learn how to treat a patient's disease but you cannot learn how to take care of patients.. Every doctor and nurse really respects their patients. They always explain in detail about the patient's disease as well as treatment

Through some textbooks, you can learn how to treat a patient's disease but you cannot learn how to take care of patients.

and they care about patient's emotion at the same time. They are the good example to me in being a good doctor. In spinal cord injury, I learnt to do some procedures, learnt to manage some complications of patients such as autonomic dysreflexia, pressure injury and so on. Besides, I also observed the patient's rehabilitation progress done by physiotherapists. It is valuable knowledge for me in the future.

Beside the medical knowledge, I have learnt many cultural lessons. I have to admit that I really love Australian culture with its diversity. Everybody treats each other so nice and respectfully. "Sorry" and "thank you" are words that I heard most frequently. In the ward, every question of mine – a medical student will be clearly and comprehensively answered by a doctor.

Finally, it was a fabulous experience for me and I feel grateful for what I have been received. Thank you so much.

they listened carefully and answered every patient's questions, not only about their diseases but also about their social aspects. I found that the patients in Australia so lucky because they are taken care of by a professional health care system. They have GPs to treat their common diseases and will be transfer to the specialists at the hospital if they have severe problems. It is good for patients to receive suitable care appropriate to their illness and helps the hospitals to avoid overload. In addition, the electronic medical record system in Australia is a new thing for me. It works effectively, provides all the necessary information including medical history and test results since the patients were born.

At Renal Department, I have seen renal biopsy for the first time, beside the patient to help him to feel more comfortable in the procedure. Moreover, I had a chance to go to the operating theater watching a renal transplant. It was an amazing experience. Although the surgeon was busy and had to focus on the operation, he spent the time on teaching me a lot about anatomy and surgery. On Tuesday and Wednesday, I went to the clinic with Dr. Anushree, she always encouraged me to examine the special patients and the patients were always friendly to help me learn from them.

At Royal North Shore Hospital, I also attended the lectures with Australian students every Friday. I really admired them since they have a really good basic knowledge of Anatomy, Physiology and Pathology. The students take initiative in studying, they always prepare carefully for the lectures and feel free to ask the lecturers and discuss together.

Thanks to Học Mã foundation, I had a valuable opportunity to observe, experience and learn a lot in Australia. I am very pleased to achieve my two main goals through this trip. The first thing is observe the modern health care system in Australia, and the second one is to experience with medical students to know how they study medicine in the hospital. After this trip, I realized that I have to learn more and more, not only the medical knowledge but also the communication, attitude and skills to be a good doctor in the future.

Finally, I would like to say thank so much to Professor Bruce Robinson, Professor Kirsty Foster, Professor Bruce Cooper, Ms. Felicity Bywater, Mr. Esmond Esguerra, Dr. Sebastian Hultin, Dr. Anushree Tikur and Dr. Joe Wei and the staffs at Royal North Shore Hospital for helping me have a great time in Sydney.

Nguyen Tien Dung
Hanoi Medical University



An amazing 4-week experience has ended but I am certain the lessons and memories from the trip will last. I started my placement with lots of concerns and worries like how things were going to be, would my English be enough to work and learn sufficiently, how great the odd was that I might fail/embarrass myself. But every bit of wondering just vanished from the very first day at the hospital. It did not take much time for me to get used to a completely new working environment since I was greeted with the most welcoming atmosphere I can ever imagine of. Four weeks just flew, but I sure did learn many new things, valuable things from my supervisor- Dr Richard Lawson, doctors, nurses, staffs and patients. I got to see how the medical system worked here in Australia; what the differences compared to Vietnamese system such as the insurance,

the electronic patient histories, etc. I got to improve both my clinical knowledge and skill, encounter with new conditions, techniques. And apart from the time at the hospital, I had a really good time visiting the city on the weekends.



Nguyen Tran Thanh Truc
University of Medicine and Pharmacy
Ho Chi Minh City



The first time I ever heard of Học Mã Foundation and the elective placements in Australia was during my first year in Medical School, and it has always filled me with awe and anticipation, an experience to look forward to amidst the demanding hours of medical education. When I actually got it, I could not help but feel proud and excited at the upcoming trip – one that lasted only four weeks but left me with an impression so profound and wonderful that the experience would last for a lifetime.

My friends and I received great help and hospitality even before we set foot on Australia. Ms Felicity Bywater and Ms Wendy Lac guided us through all the paperwork required, and when we finally arrived, they were the first ones to greet us and ensure that we were comfortable with everything – accomodation, transport and food.

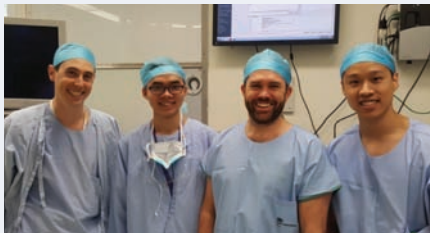
I felt lucky and thrilled to have my elective placement in the Renal Department – the department of my dream – at the Concord Repatriation General Hospital, where I was under the supervision of Dr Shaundee Sen and I followed my team – the registrar Dr Yanna Ko, the resident Dr Youzra Saleem and the intern Dr Romesh Rajaratnam and two last-year medical students – every morning on ward rounds. I am amazed at how not just doctors – but nurses, dieticians, physiotherapist, social workers, pharmacist – work as a team and ensure that every needs of patients and their families are heard and met. One day a week the whole department – including the consultants, doctors, medical students, the clinical nurse consultant, social workers – would gather and go through all of the patients – one by one – to review their progress in hospital, their kidney functions, the plan for their treatment. I love it how medical students are always encouraged and invited to the department's every meetings, to the hospital's grand rounds, to clinics – experiences usually only reserved for doctors in Vietnam.

The Australian healthcare system is also worth mentioning – the GP (general practitioner) is like the center, patients always have to see them first when they have complaints, and it is the GP that has the ability to refer the patients to a specialist if he/she deems it necessary, so hospitals are scarcely overloaded; and it was such pleasure for me reading letters that doctors write to each other, discussing the patients in minute detail so that all doctors taking care of that patient would have a comprehensive profile of him/her. I was amused to discover that

Australia has such a racially and ethnically diverse population that communication was, surprisingly, sometimes difficult. I remembered clearly during one patient follow-up, there were 6 people in the narrow clinic room! – the registrar Dr Alex Gallagher, the patient (who is an Egyptian), her husband and her sister, a translator, and finally myself – but in the end Dr Alex had to speak with the patient's daughter, who is her primary carer, through the phone. But of course, the doctors accept it as a part of their jobs and always find ways to understand the patients best.

All in all, the past month in Sydney had been such a fruitful and extraordinary experience for me. My last four years of medical education in Vietnam taught me how to be a doctor, but my last four weeks of elective in Concord Hospital taught me how a doctor should be, and we could be so much better. Many of the things that are considered the norm in Australia – like the GP system, the fact that you have to see a doctor to receive medication, or the fact that medical students have to have an elective placement in a foreign country – are sadly, fancies in Vietnam. During the last week, I found myself excited to be back home – aside from homesickness – because I could not wait to share my knowledge and experience to my fellow friends and doctors. I am deeply grateful to the Học Mã Foundation, the Renal Department of Concord Hospital, the University of Sydney, to every officers that had been involved in arranging our electives, as well as my friends – I have been in your great care, and I feel empowered more than ever to becoming a better doctor, in every way that I can.

Trang Minh Sang
Hue University of Medicine
and Pharmacy



I had one of the most memorable months in my life, the time living and studying in Sydney gave me a great chance to learn and enjoy the life there. I would like to express my gratitude to Học Mã Foundation for giving us a golden chance to experience a clinical elective placement in Concord Repatriation General Hospital.

When we arrived at the airport, Ms Felicity gave us a warm welcome and she also gave us a book providing us with many beautiful places in Sydney. We also met Ms Wendy, she took us around the accommodation and introduced the Concord hospital, we have such a friendly talk thank to her sense of humour.

The next four weeks at Orthopedics Department was a little difficult but really wonderful, there were so many interesting things with me.

On the first day, I was taken around and introduced to my team. All gave me a warm greet and hand shake. At first I found it hard to listen to Australian English, and doctors

talked to each other so fast that sometimes I cannot fully understood. In addition, the records were full of abbreviations and medical terms. But luckily, I can always ask the Intern and Registrar in my team, and they explained to me with pleasure. I gradually got used to Language, I practiced talking with patients, took their medical history and had clinical examination then I presented with the Dr Mitchell, registrar in my team. He was so kind that always gave me appropriate feedbacks, even though a day of an Orthopedics doctor is really busy.

The last two weeks with me was more interesting, when I was getting more and more familiar with the environment in hospital, I have learned how to interpret a MRI image, and how to assess Rotator cuff tear, how to take patients history carefully and I also understood some Orthopedics surgery. I learned to listen to patients' concern about their disease. These knowledge and skills were valuable for me in my future career.

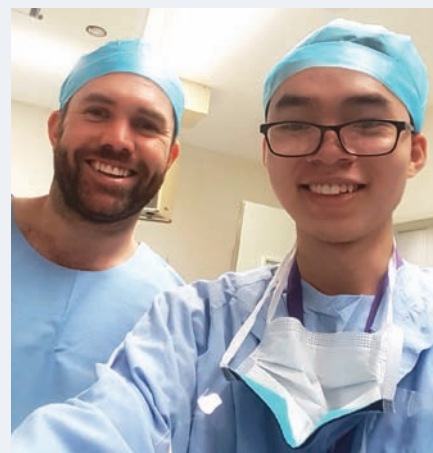
I was also impressed by the system of GP, which greatly reduces the overload problem, I hope that Vietnam will apply that system one day.

The most valuable cultural lesson I learned is the polite atmosphere between patients and doctors, between doctors and nurses, they always respect each other. That culture really makes the hospital more friendly and

warm. They answered my questions with enthusiasm, I can say that Australia is really a good place to study and develop.

It would be a mistake if I didn't mention the landscape and admiring attractions that I have visited during my time in Sydney – Sydney Opera House, Darling Harbour, Blue Mountains, Taronga Zoo and Snow Mountain. The first moment I saw snow was unforgettable.

I want to send my warmest thanks to Professor Bruce Robinson, Học Mã donors for opening a brand new door for me, as well as Vietnam's young generation of other doctors and students. I truly wish that Học Mã Foundation will gain bigger success and fulfill its mission.



Tran Thi Thuy Trang
University of Medicine and Pharmacy
Ho Chi Minh City

Firstly, thank you so much for giving me a good opportunity to approach the healthcare system in Australia via Học Mã Foundation.

Secondly, I believe that There are so many aspects which I learnt from OGH placement especially about the way Australia's healthcare system run, the relationship between doctors and patients, the relevant department knowledge, and how to treat each other like a colleague etc.

I had 4 weeks to follow Nuclear Medicine department at Concord Repatriation General Hospital under guidance of an intern doctor- Jeremy Szajer and dean of department- Dr. Robert Russo. It tends to diagnose a disease or monitor the process of spread tumor cells by images. Actually, that is the reason I did not have many occasions to interact with patients but it is also a great chance for me to have a general observation about Diagnostic Imaging. I had many opportunities to see a lot different kinds of test which I have not seen in Viet Nam or just heard about them through some lectures such as Perfusion Scan (VQ scan), treadmill etc. Many thanks to radiology team for

giving me a memorable experience coming in the procedure room for watching a patient who received radioactive dose for preventing recurrent hepatocarcinoma cells. I found that the doctors- patients relationship is closer than our country. Doctor spends more time to explain all formality, how doctors perform a procedure, and they are concerned about many aspects of the patient from jobs, lifestyle, to their family, future plans that almost never happen when I observe any conversation between doctors and patients in clinics or wards in our hospital. Besides that, I was impressed by the way staffs in the Department learned knowledge from each other. They are ready to guide any people who would like to study though whoever they are- a doctor, a nurse or a technician.

I recognized that Australia is a multicultural country, racial discrimination is not presented. People are so friendly and helpful especially in my department. All the staff have different original nationality but they are a community solidarity.

There were also some personal challenges for me, particularly trying to understand

medical terms. Although I have learnt English medical terminology, I did not remember sometimes especially about anatomy. Gradually, my intern doctor explained and reviewed me helping me recall knowledge as much as possible.

Of course, this whole experience would not have been so wonderful without the people I met and shared it with. I am so fortunate to have an occasion to meet Dr Quang Phu Ho's family. His wife cooked so many types of delicious Vietnamese foods for us to taste at the weekend. A little words could not be enough to express our grateful to his family.

Finally, It is too special to have a lot of pictures with all staffs of Nuclear Medicine department. Whenever I see lovely photos, they always remind me about the fantastic time I was in Australia. Many thanks to Dr. Robert Russo, Dr. Jeremy Szajer and all staffs in Nuclear Medicine department for being friendly, helping and teaching me while I was in my elective placement.

Tran Van Dong
Hanoi Medical University



Having an opportunity to do an Elective placement in Royal North Shore Hospital was a unique and fantastic experience in my medical career. Although 4 weeks was not a long time, but I gained a lot of valuable knowledge and experiences about medical skills, how to work as a part of good quality teams, modern medical education system, and enjoy the life in Sydney-a beautiful city.

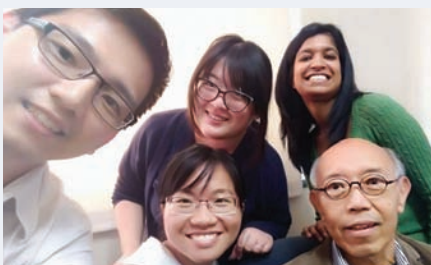
My first impression when I started my clinical training at Renal Department, Royal North Shore Hospital is the way doctors, nurses, all the staff and medical students working. They work hard, super busy, but they still give their patients big smiles and also listen

carefully to every questions, complains of patient about the diseases that they are suffering. The relationship between patient and medical staff had made the treatment more straightforward, even when it was a very complex case to face.

They work hard, super busy, but they still give their patients big smiles and also listen carefully to every questions...

“No siesta”—that was the thing that I inspired me a lot, regarding the working, learning style. In my country and also in my university, people always spend hours to have lunch but still feel tired when coping with the afternoon works. But here, things are totally different. A sandwich, or a prepared lunch-box from home in about 30 minutes is enough for people to continue working. I found it really helpful and surprised too. I quickly learned and, sure, I will keep the habit when I back to Vietnam to study as a final year student with many important exams.

Bao Tran Vuong
Pham Ngoc Thach University
of Medicine



After four memorable weeks in Sydney under Hocmai scholarship, I have not only been enlightened regarding medical aspects but this trip has also given me a brand new perspective about the rich cultural life of Australia.

First of all, what I treasure most is all the medical knowledge that I have acquired during my stay at Dermatology Department, Concord Repatriation General Hospital. In fact, I had the chance to experience the effectiveness of the GP system which plays an important role in Australian primary healthcare. Whenever a patient has a skin problem that his GP could not handle, the GP would refer him to a dermatologist along with a summary letter detailing all his medical information. Secondly, time after time, I have been impressed by the way doctors dedicated lots of effort and patience to listen, to counsel and to empathize all the patients' concerns. In addition to the aforementioned warm attitude, the teamwork between medical personnel here is truly emphasized in order to provide an excellent quality of health services. On my personal side note, being a part of the Derm team has granted me a precious opportunity to observe a huge variety of skin lesions, from common

diseases such as psoriasis, eczema and skin cancers to rarer ones like cutaneous lupus, mycosis fungoides and HS syndrome; and to perform myself a handful of punch biopsies (a type of skin biopsy) under the supervision of my kind registrar, Mrs. Tevi Savignanam. Furthermore, I had the pleasure to be her assistant during her first skin graft. As a bonus, every Thursday, my friends and I, we headed to the Auditorium in Clinical School Building in the hospital to attend the Medical Grand Rounds where doctors and students presented and discussed many interesting clinical cases, which gave me a perfect firsthand experience of how medical formation is realized in Australia.

On the other hand, my journey would only be half as meaningful had it not been for cultural values that I have learned in everyday life. Surprisingly, Australia is definitely a multicultural country. It is a normal thing to see people of different origins and ethnics working peacefully together without any discrimination. Personally, I have met and befriended many colleagues who come from a variety of backgrounds. Prof Lee Stephen, the head of my department, comes from China, while Dr. Tevi Savignanam, my registrar, is a Sri Lankan – Australian. My resident, Johaness Oeil, is from Indonesia and my kind nurse, Mrs Wen is from China as well. Every day we lived and worked in a society where responsibility, mutual respect and equality is appreciated between people from multiple classes in the community. For instance, the public transport system is remarkably punctual by the minutes and whenever there was a trackwork, trains would be replaced by buses and the company would assign some employees to facilitate the

To be honest, the most challenging that I faced is language-barrier. People speak so fast, with a lot of medical terms and abbreviations. It made me confused, and I have to ask more than one time to fully understand things that they said. But thanks to my registrar, Sebastian Hultin, and James Yiang-a medical student and all member of the renal team, they help me a lot to overcome all of these difficulties and made me feel home.

Finally, thanks to the generosity of Học Mã foundation, I had my lifetime experiences that were worthy every minute I stayed there. I would like to send my sincere appreciation to Professor Bruce Robinson who was so busy but still spent his precious time to have a friendly conversation with us. I want to say thank you to Mr Martin Crawford and Ms Felicity Bywater for helping us to do the paperwork, detailed instructions and advices when we stayed in Sydney. Thanks Dr Sebastian, Dr Anushree and Dr Joe for letting be a member of Renal team. I felt so blessed for everything that I received.

Every day we lived and worked in a society where responsibility, mutual respect and equality is appreciated between people from multiple classes in the community.

replacement. Another example, all the food that I have tasted or bought is exceptionally clean and hygienic, which means that those who work in the food industry do have a strict sense of responsibility in their jobs. The lesson that I have learned here is that a society will and can become developed should everyone fulfills their own roles well.

With all these short words, I cannot hope to express all the memorable events that happened to me during my stay in Australia. I would like to give my special thanks to Prof Bruce Robinson and all the donors who made this placement possible. Their endless enthusiasm in helping ameliorate Vietnamese healthcare through many practical programs that aim to improve the skills of doctors and students has earned the deepest gratitude of Vietnamese people. I would also like to send my appreciations to Ms Felicity Bywater, who prepared our paperwork for this trip and took us around the University of Sydney; and to Mrs. Wendy Lac, who took care of our daily life. Last but not least, I would like to send my sincere appreciations to my Derm team, Prof Lee Stephen, Dr. Tevi Savignanam, Dr. Johaness Oeil, Mrs. Wen, who did not mind accepting me as a member and giving me instructions on everything.

Vietnamese Nursing students

Nguyen Thi Thu Hang
Advanced Nursing Program
Hanoi Medical University



This placement is beyond my expectation as I am still a student and I already had many amazing experiences in Sydney. I arrived Sydney on September 2nd and came back Vietnam on September 30th. In a total of 4 weeks in, I received many supports from Mrs. Karina-our facilitator in the hospital and Mrs. Nada from Sydney Nursing School.

In the first 2 weeks at Sydney Nursing School, I participated in some theoretical lessons and simulation lab with other students. The lessons talked about the history of Australian healthcare system, mental health illness and palliative care which is undeveloped in Vietnam. Some simulation lab lessons are really interesting because we do not have some lessons like that in Vietnam. I

found that the students in Sydney Nursing School feel very excited when they joined in simulation lab. They were put in a case study which requires them to have team work skills, good knowledge and good decision making to give right decision for the patient. The biggest difference I founded after 2 weeks in Sydney Nursing School is the way of studying. They learned in an active way because they already had the preparation at home through e-learning system, and after each lesson they asked a lot of questions about their concerns.

In the next 2 weeks, I already had the memorable time at General Medicine Ward in Royal North Shore Hospital. Everything there is really new to me, because this hospital is very different with Vietnamese hospitals. I saw many modern machine systems, clean rooms and professional working environment. I also had observations on the Australian healthcare system including communication among members of hospital team, patient-centred care and teamwork. The main difference I found in the tasks of nurse is they provided comprehensive care to patients in RNSH instead of family members in Vietnam. I really admired my supervisor nurse. She is very patient to every patients,

she took care of them carefully and make them feel more comfortable during their stay in the hospital. In RNSH, they divided one day into three shifts instead of 2 shifts in Vietnam. I think it will be better for health care staffs especially for nurses if they have shorter working time. Because nursing tasks are really hard in Vietnamese hospitals, the work is usually overloaded. So some nurses are sometimes under stress and I think it is not good for patients. I hope that in the near future I can apply what I have learned from Sydney Nursing School and Royal North Shore Hospital to Vietnam to improve the quality of care in our health care system.

Finally, thanks a lot for giving us wonderful opportunity to come to Sydney and have many amazing experiences. One month in Sydney is the memorable time in my student life!

Nguyen Thi Thu Trang
Advanced Nursing Program
Hanoi Medical University

I completed the exchange course from 1st September to 30th September in Australia. In Australia, we have had many great learning experiences for 4 weeks:

I. Theory

We spent 2 weeks for some lectures. The first two days for having an appointment to teachers, who will support us while studying at Sydney Nursing School. Mrs Nada Dunda is one of the most important people with us, she took us to collect student card from Student Center, provide information of review timetable and student administration detail. Then Mr Jock Wheeldon (Clinical Placements Manager) and Mrs Jilian Davey instruct us how to search clinical placement, clinical timetable via student account and "Health care system in Australia" introduction. All the information in the course is easy to find when we have student card. It includes instructional materials for each lecture, teacher credentials, and student materials that need to be completed after a clinical time. That made me very excited with this intelligent student management system. In 2 weeks, the lectures were presented about

Indigenous people health and care, Mental Health, Palliative care and 4 nursing labs. About the nursing procedure, we are already proficient. Nurses implement infectious control very well. In particular, we were really excited in simulation classes; students play some roles together on emergency situations. It seems to stimulate excitement for students, and they learn how to handle situations like true nurses.

II. Clinical placement

Royal North Shore Hospital, where we practice in 2 week, is one of the biggest hospitals in Sydney. However, two weeks is a short period of time so it very difficult for me to know about nurses working, because it is really different from Vietnam. RN is the primary nurse, who responsible for assessing patient status, give medication and they are assisted by the assistant nurse in the comprehensive care of the patient. An RN usually give care for a maximum of 8 patients (stable patient conditions) and one for one in ICU ward. And they work in pairs, for example a registered nurse works with an assistant. All medical staff is allowed to update

the patient status on the computer system, which helps doctors, nurses, pharmacists and even dieticians can observe patients together. Due to language restrictions, we get observations and were allowed to do some simple implementations, support assistant nurses. The things we learned not only in professional knowledge but also in the real-life experiences of modern health systems, knowledge and working styles, the ability to handle situations and attitudes toward patient of health worker in Australia. They always put the patient's health, psychology and expectations on top. In addition, I also noticed that my communication skills improved. I have the opportunity to communicate with the medical staff, with the patient. Even I spend some hours each a day for talking to patients, helping them when they need it, we share a lot of stories with each other. All of them said that I am a sweet girl. I feel very happy to be able to help the patient feel better. I think the psychology of the patient gets greatly influenced with the treatment process and the health systems of developed countries are better than my country about mental health care.

Nguyen Thi Kieu Trang
Advanced Nursing Program
Hanoi Medical University

My name is Nguyen Thi Kieu Trang who was one of four lucky nursing students selected to participate in one month exchange course in Australia. Firstly, I want to send my deep gratitude to Australia- Vietnam Học Mã Foundation for giving me this awesome opportunity that I never thought about it in my life. To be honest, this was the third time I applied for this scholarship during my university life and I met luck at the last one. When I was informed that I would be one of elective students, I imagined a lot of wonderful things I would be done and experience in Australia. No one could know how happy and excited at that time I was.

Finishing all necessary procedures and paperwork, the day I had been waiting was coming. Samuel Harley- a final year nursing student in Sydney Nursing School picked us up at the airport and took us to our accommodation. He was a first Aussie I contacted here and he treated us very well so I had a great impression about Australians. The living condition at Greenwich Accommodation is comfortable and full. I met many Vietnamese people here and we supported each other a lot.

At the first day I come to Sydney Nursing School, although we had already found out the way in the map previously, we was overwhelmed by the huge and ancient Sydney University and of course, after going

around the University, we thought that we lost because Sydney Nursing School is located outside the main campus. We walked a lot to reach our destination and met an excellent teacher- Ms Nada Dunda. She gave us a 2 first week schedule, helped us complete a number of things and instructed us carefully about how we would come to lectures and introduced us to lecturers at lessons. I also met Associate Professor Jennifer who is a head of international cooperation Sydney Nursing School. She was very welcoming and encouraged us to not hesitate to ask her any questions we were worry about.

Two weeks at the university was too short so I could not join in any full courses. We studied some lessons from each course of students from the first to last year that helped us know about Australia health and care, mental health, acute care and so on. They gave us a general view about nursing studying progress here and I found that it had some differences compared to education program in Vietnam. However, for myself, the most exciting and unmemorable lessons I studied were simulation class. They were awesome. I never seen any modern models and looked like real people like that. The students were divided into different groups and worked in a team to respond to bad conditions of patient effectively and timely. We also played a role as patients with students here in one class and it became my unforgettable memory. I hope we could study this class in HMU before we went to the placement to improve our critical thinking, time management when facing to real situations in the hospital.

After finishing time in University, I moved to 2 weeks in Royal North Shore Hospital. It was an excellent place, from all medical staffs to patients, services and infrastructure. Especially, we were so lucky

to have Ms Karina as our facilitator. She was enthusiastic and well organized. She gave us an orientation to introduce and instruct us about hospital before we came there to practice. She acted like our mother or our sponsor, visited us 2 to 3 times each day to ensure that we studied well and did not have any problems. Furthermore she invited us to come and visit her home as well. It was a special house with a picturesque view. We had a great afternoon tea outside. I extremely appreciated her kindness and enthusiasm.

I studied at 9E which is Elderly care. The language barrier was always a biggest challenge for person who speaks English as a second language. I met some difficulties to communicate with staff and patients. However, all staffs there were nice, when they knew I was an exchange student, they supported and explained a lot about their daily tasks of registered nurse in that ward. I assisted them to feed patient for breakfast, observe them giving medicines, wash or take a shower and check observation chart for patients. All of those were useful experience because some of them I never do in my country. At hospital, I also had a chance to see how teamwork acted. Every day I saw a group of staffs; including social worker, nurse, pharmacist, physiotherapist and doctor; talked about all patient condition and gave the best method to improve patient's well- being. The nurses always gave comprehensive care for patients and worked independent too. Their critical thinking, time management and situation handling were very good. In addition, patients were kind as well. Although some of them were confused and had co-morbidities, I loved to give them the best caring that I could. They always said thank to me. It gave me a big motivation to continue to become a good nurse in the future.

III. The experiences beyond learning:

“Civilized life, courteous people, friendly people, fresh air and beautiful scenery” are the things I remember about Australia. On the first day, we spend a lot of time to get familiar with the traffic system, how to use a lot of public tags. Once you know how to use them, everything becomes easy and convenient. And I have the opportunity to meet Professor Kerry Goulston , who sponsors this scholarship. We also had a lot of nice memories together such as travelling, shopping, sightseeing, picnic, and especially we are attending tea party with Mrs Karina – my facilitator.

I am very grateful to Prof Kerry Goulston, the Học Mã Foundation officer, the Advanced Program Office, the international co-operation office of Hanoi Medical University. Many thanks for your consideration, for the great opportunity, for everything you have done for us.



Treasurer's Report

Year Ended 31 December 2017

Học Mã 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 2017. 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 including travels for academics, volunteers and Vietnamese participants for the Advanced Medical Education and Research and Medical English programmes, Building Research Capacity – Medical Research Capacity Building in Vietnam through Intensive Experiential Learning, and Clinical Observer Program – reflected in travel expenses. The increase in the travel, conferences & entertainment category is

the result of the implementation of two Australia Awards Fellowship grants which covered travel (airfare, accommodation, local transportation) and living expenses of the program's recipients.

We have also allocated funds for student scholarships - both for Australians students to Vietnam and Vietnamese to come to Australia. Salaries charged to Học Mã Foundation were specific to the implementation of the mentioned programs. The Office for Global Health includes Học Mã Foundation as part of its Vietnam program. Consumables, utilities and communication were kept to minimum.

The Negative Grant revenue is a result of no new grants in 2017 due to unsuccessful grant application and the return of unused grant funds from previous years to DEAT.

Total Funds (Short-term investments)

The accounts disclose a net balance of \$540,468 in funds. This amount consists of restricted funds and unrestricted funds. Restricted funds are allocated to implement Học Mã projects. These funding are specifically spent for the purposes it is originally donated and allocated for. 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 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; working (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 2018, expected expenses include support for clinical observer program, health student scholarships and research capacity building with an estimated amount of \$101,500. Expenses for other programs would be dependent on 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, 2017

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

Notes to the Financial Statements

for the year ended 31 December 2017

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.

2. Accumulated Funds adjustments

Adjustment to the December 2014 carry forward balance is a result of a 2014 salary cost which was not previously recorded in the HỌC MÃI Foundation accounts.

3. Contributions to University areas

As per University policy, the transfers of funds from Foundations to University business units are to be shown in the Income Statement report as "Contribution to University Areas".

4. Grants

Negative Grant revenue is a result of no new grants in 2017 due to unsuccessful grant application and the return of unused grant funds from previous years to DFAT.

5. Travel, Conferences & Entertainment

The increase in this category is the result of the implementation of two Australia Awards Fellowship grants which covered travel (airfare, accommodation, local transportation) and living expenses of the program's recipients.

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

Income Statement

for the year ended 31 December 2017

	Notes	31 December 2017 \$	31 December 2016 \$
INCOME			
Grants	4	(74,469)	488,679
Donations		156,845	117,865
Business & Investment Income		4,927	5,369
Consulting		63,263	49,303
Internal & Other Income		35,841	113,382
TOTAL INCOME		186,407	774,598
EXPENDITURE			
Salaries		3,657	-
Consumables		390	4,238
Services and Utilities		4,979	259
Travel, Conferences, Entertainment	5	371,365	76,278
Contributions to External Organisations		-	15,947
Contributions to University areas	3	-	34,394
Consultants and Contractors		6,280	15,723
Student Costs and Scholarships		105,497	46,811
Other Expenses		6,308	640
TOTAL EXPENDITURE		498,476	194,291
SURPLUS/ (DEFICIT)		(312,069)	580,307
Accumulated Funds as at 1 January		852,537	272,230
Accumulated Funds adjustment	2	-	-
TOTAL ACCUMULATED FUNDS		540,468	852,537

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

Balance Sheet

as at 31 December 2017

	31 December 2017 \$	31 December 2016 \$
ASSETS		
Current Assets		
Short Term Investments	540,468	852,537
Total Current Assets	540,468	852,537
TOTAL ASSETS	540,468	852,537
LIABILITIES		
Current Liabilities		
Total Current Liabilities	-	-
TOTAL LIABILITIES	-	-
NET ASSETS	540,468	852,537
EQUITY		
Accumulated Funds	540,468	852,537
TOTAL EQUITY	540,468	852,537



Cảm ơn nhiều!

On behalf of the Học Mã Australia-Vietnam Medical Foundation Council, Management Committee and Volunteers, we would like to thank the following institutions and individuals for their support.

The Australia Awards Programme of the Department of Foreign Affairs and Trade supported the Foundation's activities through

Australia Awards Fellowship (AAF) funding for two of our programmes delivered in 2017: (1) Innovative Advanced Course in Medical Education and Research for Vietnam; and (2) Medical research capacity building in Vietnam through experiential learning.

The Sydney Southeast Asia Centre (SSEAC) partially supported

the Building Research Capacity Programme conducted in Ho Chi Minh City and Hanoi in August 2017. The SSEAC grant was made available from 2016 and supported the delivery of workshops in 2016 and a follow up activity in August 2017.

Donors to the Học Mã Foundation

\$50,000 and above

Gwynvill Group

\$10,000 to 19,999

G & P Nock Foundation Pty Limited

Liangrove Group

Liangrove Foundation

Recny Stoke Family Foundation



\$1,000 to 9,999

Russell Francis Seach
Dimitry Tran
RSL National

Mr Matthew R Stubbs
Emeritus Professor Christopher
Charles Tennant

Mr Ross L Gavin
Harold Hallenstein

\$1 to 999

Mr Ian Dawson
Dr Gregory S Horowitz
The Hon Jeannette McHugh
Ms Audrey R Blunden
Mr Philip M Attard
Mr Philip Anderson
Mr Jonathan Stretch AM
Ms Piyanuch Wheeler
Ms Lara Shreiber
Ms Marian Chinnock
Ms Stergitsa Zamagias-Hill
Ms Robyn Anne Brown
Dr Mark S Sywak
Buchanan Business
Mr Rodney C Hughes
Dr Christopher P Bambach
Mrs Marie L Parmenter

Dr Thien V M Pham
Miss Tamika B Goward
Ms Rebecca Maree Fienberg
Mr Anthony J Yacoub
Dr Gregory M Briggs
Mr Anthony Minh Ly
Ms Diana Ngo
Ms Amy Qianqi Cui
Ms Rebecca Kate Johnson
Melissa Castillo
Ms Elisabeth Gai Brindley
Ms Angela G Jeremy
Miss Shalu Kurian
Mr Matthew K Y Kong
Mr Travis Walter Brown
Ms Julie S Y Vuong
Ms Irene M Cigna

Matthew Lance Coffey
Dr Mary Stewart
Dr Lucinda A Burke
Mr Calum M Pope
Dr Zachariah J Turner
Ms Pauline Ngo
Miss Annie Zhuo
Ms Samantha Brewer
Ms Natalie Ann Domingos
Mr David Tran
Mr James B Lavender
Mrs Rae Gill
Mr Brendan Nelmes
Ms Ye J Cho
Ms Fiona Le
Mr Joshua A Way
Ms Anna Clark

Foundations Governance Statement 2017

December 2017

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 2017 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

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 Hon 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 Mrs Jeanette McHugh

Former Member, Federal Parliament
Current Term of Appointment: ongoing from 2003
Special responsibilities: 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
Special responsibilities: Chairperson; ex officio

Mr Manoj Santiago

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

The Management Committee of the Foundation in 2017 consisted of the following members:

Mr Esmond Esguerra, Manager International Relations, Office for Global Health, Sydney Medical School

Associate Professor Kirsty Foster, Associate Dean International, Sydney Medical School

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 Thanh Nghi Luong

Consul General of the Socialist Republic of Vietnam Mr Hoang Minh Son

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. There was not a performance evaluation of the Council undertaken in the reporting period.

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 appeals during 2017: Tax Appeal and Spring 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 2017.

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.

Principle 7 – Recognise and manage risk

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.

Principle 8 – Remunerate fairly and responsibly

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 Mã The Australia-Vietnam Medical Foundation
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f Học Mã Australia-Vietnam Medical Foundation
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