



# RCHI news



**RCHI**  
Royal Children's Hospital  
International

An initiative of The Royal Children's Hospital, Melbourne, Australia

RCH Neurologist Simon Harvey and Director of Neurosurgery Wirginia Maixner



## Latest update from RCHI

### Indonesia

Since the devastating Asian tsunami on December 26<sup>th</sup> 2004, RCHI has been involved in a major three-year project to assist the reconstruction and development of health services in the Indonesian province of Aceh Barat. The project, which was funded by World Vision Australia, is managed by the Australian International Health Institute (AIHI) with technical advisers (Ruth Wraith, Trevor Duke and Karen Dunn) being drawn from RCH Melbourne and implemented by the Faculty of Medicine from the University of Gadjah Mada in Yogyakarta. The Project Management Committee, representing all stakeholders, is chaired by Garry Warne from RCHI. The project has been highly successful. Its four components are: Clinical Services, Mental Health Services, Integrated Management of Childhood Illness, and Public Health. Currently the focus is on evaluation and the development of exit strategies.

### Vietnam

- Until recently, children with epilepsy were managed in the Department of Psychology at NHP (National Hospital of Pediatrics) in Hanoi. At RCHI's suggestion, care of these children has been transferred to the Neurology Department. NHP requested RCHI to provide an Epilepsy Workshop and this was held on July 16<sup>th</sup> and 17<sup>th</sup> 2007. RCH Neurologist Simon Harvey and Director of Neurosurgery, Wirginia Maixner gave a dynamic series of presentations to 80 NHP doctors. NHP has identified development of a Neurosciences Department as one of its high priorities for the next three years and the RCH Neuroscience Department will be the key provider of technical advice and training for this project. (Continued page 3)

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## What is RCHI?

In 1998, The Royal Children's Hospital, Melbourne established a new department, RCH International (RCHI, pronounced 'Archie') to harness and coordinate the energies of staff wanting to make a greater contribution to child health among disadvantaged populations, particularly those in the developing countries in the Asia-Pacific region. RCHI has several roles:

- We seek to build relationships with paediatric departments in other countries. It is a point of contact for outside organisations and can create links both to hospital departments and to other organisations with common interests.
- We are able to develop and manage projects. Provided funding is available, RCHI can quickly mobilise resources available at RCH and can set up multidisciplinary teams.
- RCHI gives hospital staff opportunities to participate in international health projects. Most do so as volunteers, although their salaries are back-filled by RCHI when they are working overseas.

RCHI has a paid staff of four (Director, Professor Garry Warne; Business Development Manager, Helen Crawford; Program Manager International, Mai Eames; and Program Coordinator, Helen Milton). Although RCHI is a hospital department with no separate legal identity, it functions like a non-government organisation – its aims are charitable, it is not for profit, and for both infrastructure and project costs, it is entirely funded from philanthropic sources.

## Faces of RCHI



**Professor Garry Warne**  
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- The Annual Meeting of the Congenital Adrenal Hyperplasia Club at NHP, attended by 300 parents and children, was co-sponsored by RCHI and CLAN (CAH Living as Neighbours). RCHI was represented by Garry Warne (endocrinologist) and two Australian Youth Ambassadors for Development, Dr Jane Standish (registrar) and Joanne Isbister (Genetic Counsellor). Representing CLAN were its President, Dr Kate Armstrong and Claire Henderson, an endocrine nurse educator who has CAH. CLAN donated 420 bottles of an essential medication, Florinef, to the group. RCHI also sponsored Dr Nguyen Bich Phuong and her endocrine nurse, Miss Van, to come up from Ho Chi Minh City. A feature this year was that parents were given opportunities to hear about ways of escaping from the cycle of poverty. A microfinance organization spoke about microcredit and two training restaurants for disadvantaged youth (KOTO and Hoa Sua School) showed ways in which the poorest of the poor could gain vocational training for the hospitality industry.

- NHP also invited RCHI and CLAN to attend the annual meeting of its Diabetes Club. This was attended by about 150 parents and children. The plight of these children was strikingly obvious. Figures presented by Endocrinologist Dr Nguyen Thi Hoan showed that 76% of children attending NHP's diabetes service have either eye or kidney complications and that one child with diabetes dies each year. A teenager attending the meeting was totally blind and another child had grossly stunted growth with liver enlargement, a sign of severe insulin deficiency. Insulin is unaffordable for many families and they have to buy the cheaper pork insulin instead of the far superior human insulin. Nearly one third of families can only have insulin because of generous support from the Assemblies of God church. Hardly any families have the means of monitoring their child's glucose levels in any way, and tests that should be performed routinely are not done because the user has to pay. Shocked by the inequity of what she saw, CLAN Director Dr Kate Armstrong conceived of a 'Plan for Diabetes CLAN' based on the "see one,

do one, teach one" principle and wrote a 28-page proposal within two days that was ready for Garry Warne to present to the Senior Vice President of Novo Nordisk Pharmaceuticals, Dr Claus Eilerson, who was in Hanoi for a national sales meeting. Within three days, Kate Armstrong secured a donation from Insulin for Life of 2000 vials of human insulin.



Dr Kate Armstrong, founder and President of CLAN



Claire Henderson, Jane Standish and Joanne Isbister

- Novo Nordisk Australia, having planned to hold its national sales meeting in Hanoi, also decided that its sales staff would raise money and use it to do something worthwhile at a hospital in the city. They asked RCHI for advice. They decided to fund the building of a diabetes education room and the travel to Vietnam of two diabetes educators, RCH nurse Andrew Boucher and Claire Henderson, who is based at Gouburn Valley Health in Shepparton. In addition, infusion pumps, a syringe pump and educational materials were provided for the ward. The Managing Director of Novo Nordisk Australia, other executives and the 80 Australian sales representatives were present at NHP for the cutting of the ribbon ceremony on July 24<sup>th</sup>. Few had ever visited a developing country before and all were deeply moved by what they saw that day. Diabetes care in Vietnam desperately needs a big boost and the support of the international community.
- For the past three years, RCHI has sponsored the Paediatric Nurse Training Course at NHP and senior nurses Paul Longridge (also project team leader) and Peter Tyler were in Hanoi to advise in a preceptor training course. Now, 55 preceptors have been trained and are in every ward. The third six-month nursing course is about to start and each course trains 24 nurses who receive a certificate from the Nam Dinh Nursing University. The course is now totally run by the Vietnamese nurses. It has been applauded by the Ministry of Health. RCHI has commissioned an independent evaluation of the course by an NGO, the Research and Training Centre for Community Development.
- Both the Director of Nursing in the Vietnamese Ministry of Health and the Head Nurse at NHP had asked RCHI to consider ways of assisting the development of nursing in Vietnam. RCHI proposed establishing an International Paediatric Nursing Practice Development Unit, jointly staffed by Australian and Vietnamese nurses. Dr Sally Hardy from the McKinnon School of Nursing at RCH developed some exciting ideas which were accepted with enthusiasm by the Nursing Office at NHP and also by the MoH. A full proposal to be submitted to funding agencies will now be developed.

Mrs Ha, NHP Head Nurse (3<sup>rd</sup> from left) and the Nursing Office staff, Ms Hoa, Mrs Duc and Mrs Thanh



- Important discussions took place in the week beginning July 24<sup>th</sup> about the NHP Staff Education & Training Project which is planned to run for three years starting in January 2008. RCHI's proposal for a grant to fund this project is currently being considered by The Atlantic Philanthropies. The Australian International Health Institute (AIHI), which is part of the University of Melbourne, will be subcontracted to provide project management. The project is very ambitious and has two main parts: a project to build the capacity of NHP in project management so that it can receive grants in its own name in future; and a substantial project to develop clinical and technical capacity. A novel aspect of the project design will be a thematic focus on three networks of departments related to (1) Neurosciences (2) Oncology and (3) Genetics and Metabolism. Another innovation is the inclusion of a Child & Society project which will support development of counselling skills, child protection policies, parent and patient advocacy services and community links.
- RCH Ophthalmologist Dr Susan Carden submitted her PhD thesis to the University of Melbourne in early July. This documents her research in Vietnam on retinopathy of prematurity. The Quang Minh Temple in Braybrook recently coordinated nine other Vietnamese community organizations to hold a fund raiser in support of the RCH Foundation. Over \$35,000 were raised and this amount can now be added to other monies raised last year by the Australia-Vietnam Women's Welfare Association. A laser machine that will be used to treat babies with ROP will be donated to Children's Hospital No.1 in Ho Chi Minh City.



Happy parents and patients at the CAH Club

NHP Hanoi and RCH Melbourne are engaged in a partnership that is possibly closer than any relationship that exists between two hospitals from such different economic environments in the world. There is a sense of great purpose in the events that are unfolding in Hanoi. RCH is greatly privileged to be permitted to enter so fully into the life and future of another institution and to have the chance to improve the health of millions of Vietnam's precious children.

- Professor Colin Chesterman of the University of NSW has negotiated a donation of \$100,000 to be used in developing haemostasis and thrombosis laboratory and clinical services at NHP. RCH Clinical Haematologists Chris Barnes and Paul Monagle are providing technical advice.
- The training of staff for the Hue Cardiovascular Centre, a project being managed by RCHI, is well underway. Training for doctors and nurses has commenced at the Heart Institute in Ho Chi Minh City. Administration trainees will be travelling to Rennes, France, in September to commence their training. Several doctors will soon be coming to Australia to be trained at RCH. Project team leader: Prof Dan Penny.

- RCH Infection Control Department staff have again visited Hanoi to provide training for general staff, but they have had a special role to play in assisting NHP with its first bone marrow transplants. Three have now been done and all have been successful so far. RCH Clinical Haematologist and Oncologist, Dr Karin Tiedemann, has given on-the-spot technical advice that was highly appreciated.
- Special thanks to the small and very hardworking staff of RCHI – Helen Crawford, Helen Milton and Mai Eames – for everything they do for the children.

**Garry Warne**  
**September 1<sup>st</sup> 2007**

# The glass half full: Trainee seizes opportunity in Vietnam

By Amy Gray

**Coping with cultural and medical diversity in Hanoi proves to be a great training experience for general paediatric Advanced Trainee**



When I flew out to Hanoi in February 2006, jobless, it was not the most auspicious start to a year working overseas. My husband had found a volunteer position with one of his company's projects in Vietnam and had departed three months earlier, while I finished my year of work at The Royal Children's Hospital in Melbourne. With several months' notice, willing to work for nothing and aware of various connections in Hanoi, I thought, and was constantly reminded by others, that finding work should not be a problem. However this proved not to be the case, and as I touched down in my new home my thoughts fluctuated wildly between trepidation and blind optimism.

Only one month later I was working almost six days a week in three jobs – the first running a general paediatric clinic and providing emergency consultations, the second as a volunteer at a Vietnamese NGO assisting with health research, and the third working at the National Hospital of Pediatrics (NHP) in Hanoi. All three positions arose from connections I had made before I left, but it took my presence for the jobs to be realised. At NHP, my initial introduction and involvement were facilitated by an ongoing relationship the hospital has with Royal Children's Hospital International (RCHI).

The National Hospital of Pediatrics (NHP) is a 600+ bed hospital with a main entry road the width of a driveway, made narrower still by the many vendors, bikes and bystanders spilling onto its edges. Often gridlocked by motorbikes, it would be nearly impenetrable to a hurrying ambulance, its siren drowned by the constant riot of horns. But the lack of an ambulance service means this is not usually an issue. Most children arrive cradled in a parent's arms on the back of a motorbike. The more fortunate arrive by taxi. It is not uncommon to see a parent running through the hospital grounds, cradling their unconscious child.

Like almost every other doctor at the hospital, I arrived at work on a motorbike. Unlike them, I was not brave enough to ride it myself and in true display of 'foreignness', wore a helmet.

I began at the hospital by teaching medical English to doctors and nurses. More than just vocabulary and pronunciation, these classes soon identified a need to learn how to discuss and think about clinical problems. This was introduced through case presentations. I was received with great enthusiasm and respect. At lunchtime, the hour of the day that is fervently guarded in Vietnam for some

midday 'shut-eye', the classes would be over-filled and alive with heated discussion.

These sessions were also learning opportunities for me. I was asked the English terms for obscure physical signs I'd never encountered, quickly learnt to revise my list of differentials and management approach for clinical problems according to the local situation, and was often presented with informative cultural contrasts. An example of the latter came during a discussion of nephritis and the colour of urine that we would call 'rosé'. The Vietnamese term for this translates to "the colour of water after you have washed the meat". Sometimes it is the small things that remind you of the differences between home and where you are.

Sometimes, the reminders are starker and frequently these were to be found on the ward.

During one ward round, a child admitted with presumed encephalitis, became apnoeic and was intubated. A ventilator was borrowed from the apnoeic child next door, whose father was left to manually ventilate his child with a bag. He did so calmly, without even a blink of an eye at the request. With the first child now ventilated and stable, we then talked to the parents. After a two minute discussion in Vietnamese, the doctor turned to me and said, "They would like to take him home, what do you think?" What do I think?! Do they understand the child is not likely to make it out of the ward alive? Yes. Do we even know the diagnosis? Is there a reversible pathology that we can treat? The answers to these questions, though later found, did not matter to the parents who recognised how sick their child was and that his treatment would cost more than they could afford.



Some reading this article may wonder why a reminder of the different circumstances in which you live would be needed at all. Hanoi, for all its sounds, sights, smells and brilliant chaos, is a relatively easy place to live comfortably, even on an average local salary. But the hospital is not Hanoi. More than 50 per cent of patients come from a catchment that spans the northern half of Vietnam, and they are largely poor. Although I was one of up to several thousand expats in residence in Hanoi, in the hospital I was a regular novelty with parents and children alike pointing and whispering "tây" (a westerner)!

Hospitals like NHP are in a difficult position. The country and its economy are in a phase of transition. Expectations for better medical care and new technologies are growing, yet basic medical needs in many areas are still not met and facilities are hopelessly overcrowded. When many have difficulty affording basic health care, new technologies, though practically available, can be financially unattainable. The excitement on a young nephrologist's face when she can offer dialysis to a family is a polar opposite to the stoic disappointment on the mother's, when she says she cannot afford the six dollars a week it will cost.

My research work with the NGO (The Research Training Centre for Community Development) afforded me the chance to gain a better understanding of the health system, issues and policies affecting the individuals I met on the wards. I assisted on projects ranging from mental health for children to childhood poisoning and health financing, with my main focus being an evaluation of a paediatric life support training program. As part of the evaluation, I was one of a team of three conducting fieldwork at several hospitals across Vietnam. It was a chance to sample more local delicacies than I care to remember – including some I did not care to digest – and be privy to the sometimes varied, sometimes universal concerns facing the doctors and nurses in these hospitals. More importantly, as part of the team, I was in a position to begin to provide a voice for some of these concerns.



My qualifications for this work seemed to be that I was there. But it was humbling to learn how much the team at the NGO felt my contributions, including knowledge and clinical experience from both Australia and Vietnam, had benefited their activities. Perhaps my greatest triumph was being the one person in a room full of Hanoi locals who knew how to translate "Intensive Care Unit" into Vietnamese!

In addition to the work described above, through other RCHI projects I taught research methodology, assisted with clinical projects and also in developing an overall plan for staff education and training at NHP. The work from the English classes is currently being translated into a book for Vietnamese doctors and students and, last I heard, was also being used in Myanmar by American doctors for teaching purposes.

My year was as diverse as it was busy. This article is not meant to read like a list of accomplishments, but as a taste of the possibilities of the types of work that can be done.

A friend and colleague of mine recently left for Hanoi to continue some of this work and develop other work of her own. In this way we hope that opportunities for trainees, such as the ones I have had, can be perpetuated and not lost, and that contributions which have begun can be ongoing. For those considering a similar experience, I hope my ramblings help you err on the side of optimism – it just may be well-founded.

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**RCHI**  
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Donations in support of the work of RCHI are always very welcome. RCHI depends entirely on the generosity of external sponsors to be able to continue its work.

If you wish to make a donation, please contact Helen Crawford on (03) 9345 5918  
Email: [helen.crawford@rch.org.au](mailto:helen.crawford@rch.org.au)

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Send your email address to [helen.crawford@rch.org.au](mailto:helen.crawford@rch.org.au)

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