Sustained clinical training and capacity building through international collaboration

Safe Children Vietnam

Presented by
Associate Professor Jennifer Fraser
Sydney Nursing School

Tara Flemington M Phil (Project Manager)
Professor Donna Waters
Professor Cathrine Fowler
Acknowledgements

– We acknowledge the generous financial support from the UBS Optimus Foundation for the funding http://www.ubs.com/global/en/wealth_management/optimusfoundation.html

– We also thank Sydney South East Asia Centre, The University of Sydney for supporting the study http://sydney.edu.au/southeast-asia-centre/
Safe Children Vietnam

Background
A collaboration between Children’s Hospital 2 (Bệnh Viện Nhi Đồng 2), the University of Sydney and the Shaken Baby Prevention Program (Westmead Children’s Hospital, Sydney)
Literature Review – Child Maltreatment in Vietnam

Global Child Maltreatment

The Importance of Hospital Staff

Presentations to the ED and OPC

- Doctors and nurses play a critical role in the recognition of children suffering from maltreatment
- 2% - 10% of children who present to the hospital are victims of maltreatment
- Screening is challenging
- Early diagnosis is important
What is Safe Children Vietnam?

A multi-modal training program to improve the recognition and response to child maltreatment presentations in the ED

- Training Workbook
- Child Injury Screening Tool
- Poster Presentations
- Clinical training
- 2-day Training of Trainer Workshops
- Animated Video (Shaken Baby Syndrome)
How was it done?

Extensive support from in-country partners

- Common goals
- Monitoring
- Comprehensive translation protocols
- In-country presence
- Initial needs analysis and ongoing consultation
- Collaboration with in-country NGOs
- Evidence-based program
- Capacity building
- Communication

Collaboration with in-country NGOs
Extensive support from in-country partners

- Hospital Directors
- Senior clinicians (nursing and medical) in the Emergency Department, Outpatients Department and Burns Unit
- Research and International Collaboration Unit
- Independent research partners (translators, research assistants, Vietnamese language teachers)
- Non-government organisations (UNICEF, HCWF)
Effective communication, monitoring, and an in-country presence

- Meetings in-person, on the phone, via Skype
- Learning the language
- Extensive use of interpreters
- Monitoring in compliance with the funding body (UBS Optimus Foundation and ethics boards (University of Sydney and Children’s Hospital 2))
- Project Manager and Chief Investigator resided in Vietnam for an extended period of time
Shared goals

Shared goals of improving outcomes for victims of child maltreatment, and building the capacity of clinicians in the hospital

– Implementing a child maltreatment training program
– Developing and piloting a Child Injury Screening Tool
– Building partnerships with community organisations
– Improving professional self-efficacy of clinicians
– Training of Trainer format
– Building capacity for research development and participation
Needs analysis and extensive consultation

Needs analysis, extensive consultation, and development and implementation of a child maltreatment training program

- In-depth interviews with senior medical staff from Emergency Department, Outpatients Department and Psychology Department

- Focus groups with nurses and doctors from Emergency Department and Outpatients Department

- In-country presence during entirety of training program development, with frequent meetings with senior hospital clinicians and directors
Translation protocols

Comprehensive translation protocols and sensitivity to cultural differences

– Evidence-based translation protocols
– Extensive preparation and support for interpreter prior to in-depth interviews and focus groups
– Transcription of audio by an independent translator who checked meaning as provided by interpreter
– All participant information and consent forms fully back-translated
– Training conducted in Vietnamese
– Child Injury Screening Tool back-translated and extensive consultation for cultural and clinical relevance
– Training workbook check-translated
Did it work?

Yes!

– Senior clinicians are now independently conducting the Safe Children Vietnam training program

– High levels of staff participation in the training program

– Preliminary analyses indicate improvements in participant knowledge and beliefs surrounding child maltreatment

Table: Extent of child maltreatment training by survey participants (%)

<table>
<thead>
<tr>
<th>Type of Training</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Time 1</td>
<td>Time 2</td>
<td>Time 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any child maltreatment training</td>
<td>113</td>
<td>4.4</td>
<td>101</td>
<td>61.4</td>
<td>81</td>
<td>65.4</td>
</tr>
<tr>
<td>Short, child maltreatment in-service within hospital department</td>
<td>-</td>
<td>-</td>
<td>93</td>
<td>44.1</td>
<td>81</td>
<td>53.1</td>
</tr>
<tr>
<td>2-day Training of Trainer program</td>
<td>-</td>
<td>-</td>
<td>91</td>
<td>55.0</td>
<td>83</td>
<td>53.0</td>
</tr>
<tr>
<td>Safe Children Vietnam training workbook</td>
<td>-</td>
<td>-</td>
<td>92</td>
<td>80.4</td>
<td>82</td>
<td>79.2</td>
</tr>
</tbody>
</table>
Looking to the future

Safe Children Vietnam is an example of how much can be achieved through international collaboration
– Enjoyed extensive support from in-country collaborators
– High levels of participation in program and participant satisfaction
– Improvements in clinician knowledge and beliefs of child maltreatment
– Strong interest from Vietnamese Government to expand nationally
– Great potential to expand internationally
Questions?