

**Việt Nam**

Advancing Medical Care and Rehabilitation Education

Development of Protocols of Care and In-Service Training Curriculums

Terms of Reference for the Development of Protocols of Care for Persons with Stroke and Corresponding Training Curriculums

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# Background Information

## Handicap International

Handicap International is an independent and impartial aid organisation working in situations of poverty and exclusion, conflict and disaster. We work alongside people with disabilities and vulnerable populations, taking action and bearing witness in order to respond to their essential needs, improve their living conditions and promote respect for their dignity and fundamental rights. Handicap International is working in more than 60 countries over the World.

Handicap International has been working in Vietnam for over 25 years, mostly in the fields of health and prevention (mother and child health and road safety), rehabilitation (rehabilitation care for persons with spinal cord injury and brain lesions), education (access to inclusive education for children with disabilities) and livelihoods (access to decent work for people with disabilities). Currently, Handicap International has 3 on-going projects:

* Road Safety: The project specifically targets young adults and aims at preventing inappropriate behaviour (such as drinking and driving);
* Mother and child health: In the framework of the Mother and Child Health project, Handicap International and its partners aim at increasing awareness and good practices around pre-conception in order to decrease the risks of having a baby with disability.
* Rehabilitation: see below

## Disability and Rehabilitation in Vietnam

### Disability

In Viet Nam, more than six million persons age 5 or older, or approximately 7.8 per cent of the population, have a disability according to the 2009 Census. However, recent statistics based on the World Health Organization’s (WHO) framework, known as the International Classification of Functioning, Disability and Health (ICF), showed that disabled persons accounted for 15.3 per cent of the country’s population.

The main type of disability in Vietnam appears to be physical disability (1/3) while vision, hearing and learning disabilities range between 10 and 15%).

### Rehabilitation

#### Actors

Actors involved in rehabilitation in Vietnam include:

* The Ministry of Health is the central actor in regard to medical and functional rehabilitation service provision both in institutions (rehabilitation department in central and general hospitals and rehabilitation hospitals/centers) and at community levels (through the commune health centers);
* The Ministry of Education is in charge of the formal training of medical and rehabilitation professionals (doctors, physicians, nurses, physiotherapists...);
* The Vietnam Association for Rehabilitation (VINAREHA) is a civil society organization representing rehabilitation professionals in Vietnam and working alongside the MoH to develop guidelines, policies, training curriculum and action plans.;
* The Ministry of Labor, Invalids and Social Affairs (MOLISA and the DOLISA at lower levels) is also involved in all matters related to disability (among others: social protection, rights, representation, inclusion...);
* There exist a "Disability Working Committee" gathering all relevant ministries (health, education, labor, transportation...) and aiming at ensuring coordination in addressing issues related to disabilities.
* Several Non-Governmental Organizations (NGOs) both national and international are active in the field of disability.

#### Services (institutional level)

Rehabilitation services are available in most central and provincial (general) hospitals while numerous provinces also have specialized (provincial) rehabilitation hospital. At lower levels (district hospitals), rehabilitation care are usually provided within the department of traditional medicine.

The quality of the service provided is greatly uneven ranging from pretty good in some central hospitals (or hospitals located in major cities) to almost inexistent in numerous district hospitals.

Rehabilitation care are provided by graduated physiotherapists (most of which either hold a Bachelor degree or a diploma degree obtained in Vietnam), traditional doctors (with very low training on rehab) or rehabilitation doctors. Here again, their technical skills are very uneven.

## The Rehabilitation Project

### Project Overview

The rehabilitation project, funded by the USAID, started in October 2015 and is expected to last for 5 years (until September 2020). The project's goal is to improve quality of life of persons with brain lesions, especially those with brain stroke, traumatic brain injury, cerebral palsy and/or spina bifida/hydrocephalus, by improving access and quality of rehabilitation services. In order to do so, the project develops 3 main approaches:

* Development and implementation, in piloting hospitals, of a comprehensive model of care for persons with brain lesions;
* Building technical capacities of rehabilitation service providers through both initial training (upgrading of existing bachelor degrees in physiotherapy and setting up of a bachelor degree in occupational therapy) and in-service training (targeting doctors, nurses, and therapists as well as community-based rehabilitation/CBR networks);
* Strengthening management and provision of rehabilitation services in hospitals (rehabilitation service management, data collection and management, financial accessibility...).

### Protocols Development

In the framework of its first objective (development of a Model of Care for Persons with Brain Lesions), the project focuses on developing protocols of care for persons with brain lesions that are comprehensive (multi-disciplinary approach; from injury to home follow-up and social participation), context-adapted and based on international standards.

Protocols for rehabilitation care for main injuries/conditions do exist in Vietnam. These are made of 2 main resource documents:

* "General Guidelines for Rehabilitation Care" that describe the needs and procedures to be followed in regard to diagnosis, rehabilitation care (principles, rehabilitation methods/techniques, medical treatment...) and monitoring, and;
* "Specialized Rehabilitation Procedures", a guide that provides technical description of available rehabilitation techniques (phyiso/electro-therapies, physical therapies, language and speech therapies, occupational therapies, diagnostic/assessment procedures and techniques, P&O and assistive devices...), as well as their fields of application, indications, contra-indications and expected outcomes.

However, these protocols, even if they form a rather strong basis for developing more comprehensive protocols, appear to be either out-dated and/or to lack "concreteness" and/or comprehensiveness.

Therefore, the project plans on supporting the revision and/or development of more comprehensive, up-to-date and context-adapted protocols. The protocols to be developed over the project's duration are:

* Protocols of care for persons with **brain stroke**
  + Medical[[1]](#footnote-2) care (acute, post-acute and long-term follow-up)
  + Nursing care (acute, post-acute and long-term follow-up)
  + Physiotherapy care (acute, post-acute and long-term follow-up)
  + Occupational therapy (post-acute and long-term follow-up)
* Protocols of care for persons with **traumatic brain injury**
  + Medical\* care (acute, post-acute and long-term follow-up)
  + Nursing care (acute, post-acute and long-term follow-up)
  + Physiotherapy care (acute, post-acute and long-term follow-up)
  + Occupational therapy (post-acute and long-term follow-up)
* Protocols of care for children with **cerebral palsy**
  + Medical\* care (long-term follow-up)
  + Nursing care (long-term follow-up)
  + Physiotherapy care (long-term follow-up)
  + Occupational therapy (long-term follow-up)
* Protocols of care for children with **spina bifida and/or hydrocephalus**
  + Medical\* care (long-term follow-up)
  + Nursing care (long-term follow-up)
  + Physiotherapy care (long-term follow-up)
  + Occupational therapy (long-term follow-up)

Cross-cutting topics shall be included in the above protocols:

* Multidisciplinary approach
* Family involvement and care giver support
* Person centred approach
* Innovative rehabilitation techniques
* Discharge and referrals
* Service outcomes measures

### In-Service Training

In the framework of its second objective, the project aims at building technical capacities of rehabilitation professionals in hospitals in order to give these professionals necessary knowledge and skills to provide quality rehabilitation services to persons with brain lesions (stroke, traumatic brain injuries, cerebral palsy and/or spina bifida/hydrocephalus) and, in particular, to implement the produced protocols of care. This will be done through in-service (continuing) training:

* In-service training curriculums will be developed;
* Corresponding training material will be produced;
* A pool of rehabilitation trainers (composed of doctors, nurses and therapist) will be trained (trainer' skills training and technical training)
* The pool of trainers will then duplicate technical training at provincial and district levels.

The development of the protocols of care, in-service training curriculums and training material, as well as the provision of technical training (to the pool of rehabilitation trainers) will be supported by external consultants/specialists (doctors, nurses, physio/occupational therapists...)

**In order to support the development of protocols of care for persons with stroke and the development of in-service training curriculums targeting rehabilitation doctors, nurses, PTs and OTs and aiming at improving training participants' knowledge and skills in providing care for persons with stroke, Handicap International is looking for a doctor/physiatrist, a nurse, a physiotherapist and an occupational therapist specialized in rehabilitation for persons with stroke.**

# Mission/Job Description

## General Information

**Dates**

To be confirmed/optional:

* November/December 2016
* 1st half of January 2017;
* Second half of February 2017;
* March-April 2017

**Duration**

The mission is expected to last for **10 days** (including a one-week workshop to develop, with partner hospitals and MoH, protocols and care and in-service training curriculums)

**Location**

Vietnam (specific location to be confirmed)

## Objectives and Deliverables

At the end of the mission:

⮚ 4 protocols of care (medical, nursing, PT and OT) have been developed for persons with **stroke**:

* The developed protocols are based on existing local protocols ("General Guidelines for Rehabilitation Care" and "Specialized Rehabilitation Procedures" - see above) and international standards, protocols and practices and are context-adapted.
* The protocols are expected to provide concrete and specific guidance to the rehabilitation staff on the type of care that can/should be provided, according to the patient's needs, situation and expectations (outcomes of the assessment), his/her prognosis, the phase/timing (acute, post-acute, long-term), the person' status and possible contra-indication and the specific indications and expected outcomes of the care.
* Special attention is given, in the protocols, to cross-cutting topics (multidisciplinary approach; family involvement and care giver support; person centred approach; innovative rehabilitation techniques; discharge and referrals; service outcomes measures).

Requirements for supporting and monitoring the implementation of the protocols in hospitals should be anticipated: implementation steps, quality standards/statements or minimum requirements for implementation and monitoring indicators.

⮚ Based on drafted in-service training curriculums, 4 curriculums for in-service training aiming at improving rehabilitation professionals' skills in providing care for persons with **stroke** have been finalized (for doctors, nurses, PTs and OTs):

* The modules detailed in the curriculums are in-line with the developed protocols (ensuring that rehabilitation professionals will have the necessary knowledge and skills to put into practice the protocols);
* The curriculums includes training modules for care during acute, post-acute and long-term phases;
* The curriculums provide detailed information on: topics (modules), specific objectives, content, duration, methodology, target groups, trainers...

## Proposed Methodology

Participative workshops (a week-long) will be organized to work on the protocols (3-4 days) and training curriculums (1-2 days):

* The workshop's participants (5 to 10 for each workshop) are key rehabilitation staffs (pool of trainers) from partner hospitals and other partners (Ministry of Health, Universities);
* The first part of the workshops (3-4- days) will focus on protocols development:
  + Existing protocols ("General Guidelines" and "Rehabilitation Procedures") will be assessed to identify and/or confirm strengths as well gaps, weaknesses and need for improvement based on the hospitals' needs;
  + Relevant international protocols and standards will be presented and analysed to identify the way these address gaps in existing protocols and they will be assessed against local context and capabilities;
  + Existing protocols will be revised based on the gap analysis and analysis of standard protocols.
* The second part of the workshops (1-2 days) will focus on revising in-service training curriculums:
  + When they exist, drafted training curriculums will be completed to encompass training needs expressed by the workshop's participants as well as the training requirements to ensure proper implementation of developed protocols.

## Profile

* 4 consultants: one doctor (PMR physicians/physiatrist), one nurse, one PT and one OT
* They are clinicians and/or academic personnel
* Specialized in physical medicine and rehabilitation for persons with **stroke**
* Fluent in English

1. Including surgical care where relevant [↑](#footnote-ref-2)