

Putting research knowledge at the heart of development



# Impact Evaluation

*The Vietnam programme “Developing Capacity for Online Health Information Access and Use”*

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## Acronyms and abbreviations

CIMSI	Central Institute for Medical Science Information and Technology
HCM	Ho Chi Minh City
HSPH	Hanoi School of Public Health
INASP	International Network for the Availability of Scientific Publications
INFORM	International Network for Online Resources and Materials
LRC	Learning Resource Centre
MT	Master Trainer
NACESTI	National Centre for Scientific and Technological Information
PNT University	Pham Ngoc Thach Medical University

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60 St Aldates  
Oxford  
United Kingdom  
OX1 1ST

t +44 (0)1865 249909  
f +44 (0)1865 251060  
inasp@inasp.info  
www.inasp.info

Company registration number  
04919576

Registered charity number  
1106349

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Author:	Shampa Nath
Email:	<a href="mailto:shampa.nath@googlemail.com">shampa.nath@googlemail.com</a>
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# 1 Executive Summary

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Between 2009 and 2011 the International Network for the Availability of Scientific Publications (INASP), International Network for Online Resources and Materials (INFORM) and Hanoi School of Public Health (HSPH) delivered a national-level, intensive capacity development training programme on online information access and use for health librarians, researchers and professionals within Vietnamese universities running medical education programmes. The three partners trained 22 Master Trainers to form institutional and subject-based teams of health information experts from 10 universities in Vietnam. Each of the teams, in turn, went on to train at least 100 public health researchers, practitioners and students in access and use of online health information and information literacy within the targeted health sector.

The key objectives of the programme were:

- Get online information access and usage ingrained across the health research and education sector in Vietnam;
- Enable participating universities to take full advantage of the online information resources that are available for them to use;
- Build the capacity of librarians and information professionals to effectively provide e-information services and training, and
- Enhance the health sector by encouraging better use of up-to-date information via online information resources.

The programme came to an end in November 2011. From February to June 2014 an impact evaluation was undertaken to explore the longer term impact of this programme and to try and understand what the outcomes and impact of the programme had been three years after the programme was completed.

The impact evaluation used a variety of data collection and analytical methods to try and understand these issues and is reported in detail here.

## 1.1 Findings

- The number of Master Trainers providing training since the programme ended has decreased from 16 to 10.
- None of the Master Trainers who have left their roles as trainers have been replaced by new Master Trainers.
- The Master Trainers and several Heads of Institutions believe that online health information access training in medical universities should be led by trainers with a medical background (i.e. doctors). Doctors in general are unwilling to take on such a role.
- Two components taught in the original Master training programme are still used regularly:
  - Knowledge about online information resources, namely HINARI and PubMed;
  - Presentation skills.
- The Source book (about online information resources) is used though not in its original form.
- The programme approach was not extended beyond Vietnam as originally hoped.
- Confidence levels have remained high among all the Master Trainers.
- Training has spread, not only within the participating institutions but beyond, to other institutions in other districts and provinces.
- All training participants confirmed that the online training has been useful or will be of use in the future.

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- So far three institutions have received external funding for their online training course or library information services with two actively continuing to seek further funding.
  - HSPH is the only institution where the online training course has been made compulsory (for both undergraduate and doctoral students). It will also be a compulsory course at an institution that one of the former Master Trainers has moved to (School of Library and Information Science).
  - Other participating institutions have not made the course compulsory and there does not appear to be any intention to do so.
  - More generally, the profile of the institutions and their library services has been raised as a result of the online training programme as some students at the institutions are from hospitals in other provinces
  - There have been collaborations between participating institutions on library related initiatives.
  - People's scepticism about the reliability of online health information resources has reduced.
  - There has been a positive change in people's attitudes towards librarians who are Master Trainers with the realisation that the librarians have the knowledge and skills to help them with finding medical information resources. However, people's attitude towards librarians, in general, varies.
  - The costs per person trained as part of and as a result of the programme are approximately US\$90, with over 5,300 people being trained.

## 1.2 Conclusions

- The post programme training appears to be benefitting the individuals who have participated in it – both trainees and trainers. However, the longer term or wider benefits are not yet known.
- At a wider level it is difficult to attribute the training to improvements in the performance of doctors and benefits to public health. This may be because it is early days yet. However, it may also be because the participants get their learning from many sources and so it is difficult for them to attribute their success (or failure) to one single intervention or source.
- Perhaps the biggest challenge is that of long term sustainability. There are several reasons for this:
  - While all Master Trainers say that the heads of their institutions are supportive of the training, the exception being HCMC UMP, succession planning does not appear to have been considered seriously.
  - While some Master Trainers are trying to find future replacements, there has not been much success.
  - Finance could potentially be a challenge in the future, particularly so for the LRCs, which rely on interest of external customers in the training.
- Further work is required to change people's attitudes towards health information providers. Positive attitudinal change seems to be restricted to the Master Trainers but not necessarily to librarians in general. This may well be because of the actions of the librarians themselves who by and large seem to play a passive role in delivering services.

## 1.3 Recommendations

- Master Trainers should develop and implement strong monitoring and evaluation systems so that they can not only monitor the performance of the training delivered but also collect evidence to demonstrate the value of the course. Such evidence can be used to influence

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their institution's decision makers to give greater priority to information training and Master Trainers and also use this to apply for external funding.

- Institution heads should seriously consider making the online training course a compulsory part of the curriculum and approach the Ministry of Education for permission to this end.
- Institutions should also seriously consider whether it is essential that only those with a medical background should lead in the delivery of online health information training. If their specialised knowledge is considered to be valuable, perhaps doctors can act in an advisory capacity to support non-medical trainers in developing the course content.
- Allowance should be made in the programme budget to train new Master Trainers if there is staff turnover so that institutions are not left behind because of lower training capacity.



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## 2 Introduction

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The three year programme 'Developing Capacity for Health Information Access and Use' in Vietnam supported by International Network for the Availability of Scientific Publications, came to an end in 2011 and was assessed through a programme evaluation. The plans for the programme included a longer term impact evaluation to be conducted 2-3 years after the end of the work, to look at the sustainability of the support provided and to try and understand the impact of the programme and its long term outcomes. This report looks at the findings from that impact evaluation, conducted between February and May 2014.

## 3 Background and Programme Context

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Between 2009-2011 International Network for the Availability of Scientific Publications (INASP), International Network for Online Resources and Materials (INFORM) and Hanoi School of Public Health (HSPH) delivered a national-level, intensive capacity development training programme on online information access and use for health librarians, researchers and professionals within Vietnamese universities running medical education programmes. The three partners trained 22 Master Trainers to form institutional and subject-based teams of health information experts from 10 universities in Vietnam. Each of the teams, in turn, were expected to train at least 100 public health researchers, practitioners and students in access and use of online health information and information literacy within the targeted health sector.

The key objectives of the programme were:

- Get online information access and usage ingrained across the health research and education sector in Vietnam;
- Enable participating universities to take full advantage of the online information resources that are available for them to use;
- Build the capacity of librarians and information professionals to effectively provide e-information services and training, and
- Enhance the health sector by encouraging better use of up-to-date information via online information resources.

The programme consisted of two funded phases, with a further post-programme phase that was planned as the outcome of the programme but that did not consist of directly funded activities.

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## 4 Impact Evaluation

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### 4.1 Purpose of the Evaluation

The broad aims of this evaluation were to assess whether the behaviour changes brought about through the training programme and observed in the end of project evaluation, have been sustained beyond the programme and what impact, if any, there has been as a result. It also looked at whether the behaviour change of programme partners and their boundary partners has had an impact on a wider group, which may have more significant implications for the institutions involved and the wider health sector in Vietnam.

There is an expectation that this programme, which involved much more in-depth investment in skills, knowledge and capacity development than many other information access and use training programmes, will have produced a more confident and active set of information professionals.

The basic research questions of this impact evaluation were:

1. Has capacity development (as envisaged in the original programme) been extended to a wider group across the country as was originally intended?
2. What impact, if any, whether positive or negative, intended or unintended, direct or indirect, has the programme had:
  - on the master trainers engaged in the programme in terms of:
    - their ability to continue providing information training outside of the funded programme (in its original or adapted form)
    - their use of online information in their information services provision
    - their confidence in pro-active information service provision within their work place
    - their relative position within their institution as a valued information service provider
  - on institutions participating in the programme in terms of:
    - access and use of online information resources within the institution
    - integration of online information access and use skills (information literacy) into teaching and work programmes
    - the value and role of information as a component of health related research and teaching within the institution
3. What skills and behavioural changes have resulted in institutional representatives<sup>1</sup> trained as a result of capacity development associated with the programme in terms of:
  - individuals' access and use of online information
  - perceptions and practice around information literacy

In all of the above, what factors have contributed to or hindered change? Are the positive changes sustainable and what are the likely challenges in their sustainability that are to be faced? If there has not been much change, why is this so? What lessons have been learned?

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<sup>1</sup> Broadly defined as; researchers, graduates and teaching staff linked to each participating institution.

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## 4.2 Approach and Methodology

In addition to project documentation review, the evaluation included fieldwork, which was conducted over a period of two weeks in May 2014 to meet with a wide range of programme stakeholders and beneficiaries.

Information was collected from the following groups:

- 15 x Master Trainers who were involved in the original programme. This included a participant from one of the three 'special' institutions that received partial training in the programme, i.e., Central Institute for Medical Science Information and Technology (CIMSIT).
- 144 x Participants who were trained by the Master Trainers following the end of the Master Trainer training programme in 2011 (constituting 20% of total training participants for whom contact details were available). Of this 77 were met during the field visit and 67 completed an online survey.
- 9 x Head of Institutions and other senior staff involved in the original programme.
- 1 x Head of an institution that the training was extended to.
- 4 x Programme staff from INASP, INFORM and HSPH

A range of data collection and exploratory methods were used. These included:

- Focus group discussions
- Most significant change stories
- Beneficiaries' online survey and consultation
- 1:1 interviews
- Secondary data review and analysis

All primary and secondary data was analysed and synthesised to inform this report.

## 4.3 Limitations of the Evaluation

A number of limitations should be considered that arose during the design and implementation of this impact evaluation.

- It was intended that one of the informant groups would be research supervisors at participating institutions who may be able to comment on the changes in quality of research and performance of individuals who have attended the online training courses. However, due to logistical complexities and busy schedules, such individuals were not available during the field visit.
- The Direct Observation method to see how the Master Trainers conduct training could not be used as originally planned as there was no relevant training happening that coincided with the fieldwork.
- Thai Nguyen Learning Resource Center was the only programme institution that could not be covered in this evaluation as the relevant individuals were unavailable at the time of the field visit. There was no information available for this institution either for inclusion in the evaluation.
- Contact details for only a small percentage of participants trained by Master Trainers could be obtained for the online survey.

## 5 Evaluation Findings

This section presents findings on the key questions explored through the evaluation:

### 5.1 Master Trainers; are they still active as trainers?

#### 5.1.1 Question: Are the original Master Trainers still actively providing training?

##### 5.1.1.1 Findings

- The number of Master Trainers providing training since 2011 when the Master training programme ended has decreased – from 16 to 10.
- None of the Master Trainers who have left have been replaced by new Master Trainers.
- The Master Trainers and several Heads of Institutions believe that online health information access training in medical universities should be led by trainers with a medical background. Doctors in general are unwilling to take on such a role.
- Of the 10 remaining Master Trainers, 7 are in full time health information provision roles. 3 Master Trainers are doctors and perform only part time information provision roles including providing online access training.

##### 5.1.1.2 Details and Discussion

Table 1 shows the number of Master Trainers at the start of the training programme in 2009, the number remaining at the end of the programme in 2011 and the current status.

Name of institution	No. of Master Trainers			Comments
	2009	2011	2014	
Hanoi School of Public Health	3	3	2	
Thai Nguyen Learning Resource Centre	2	2	1	
Central Institute for Medical Information and Technology (CIMCI)	1			'Special' institution – invited to 3 Master training workshops
National Agency for Scientific and Technological Information	1			'Special' institution – invited to 3 Master training workshops
Hanoi University of Culture	1			'Special' institution - – invited to 3 Master training workshops
Ho Chi Minh City University of Medicine & Pharmacy (HCMC UMP)	2	2	1	The Master Trainer at HCMC University retired in 2013 and currently works at the University under a consultancy contract
Pham Ngoc Thach Medical University (PNT UM)	2	1	1	The Master Trainer at PNT Univ retired in 2013 and currently works at the University under a consultancy contract
Can Tho Learning Resource Centre (Can Tho LRC)	2	1	0	
Can Tho Medical University (Can Tho MU)	0	2	2	
Hue Medical University (Hue MU)	2	2	1	

Danang Learning Resource Centre (Danang LRC)	2	1	0	
Hue Learning Resource Centre (Hue LRC)	2	2	2	
	<b>21</b>	<b>16</b>	<b>10</b>	

So far none of the Master Trainers who left have been replaced. In situations where only one Master Trainer remains at an institution, they are being assisted by other library staff who have received informal training in online health information access. The reason for further Master Training not being provided is that:

1. MoE rules – In Vietnam, in order to conduct formal training at a government institution including training of trainers, permission is required from the head of the institution and the Ministry of Education. This is because such training is considered to be additional to the Master Trainer’s normal library duties.
2. Neither the Master Trainers nor their institutions have considered the training of other trainers as part of their plans since 2011.

In the case of Master Trainers who are part time information providers, the question arises whether these were the most suitable for the Master Training programme. While on the one hand it may appear that is not the case as they are able to devote themselves only part-time to online training, in fact, their status was considered important to the programme at the start and still continues to be so. This is because several heads of institutions and former and current Master Trainers, some of whom are doctors feel that the training can succeed in medical institutions only if led by someone with a medical background who could understand the needs of medical students, staff and clinicians and share their professional status as a doctor.

## 5.1.2 Question: Is the Master Trainers’ group still active as a community?

### 5.1.2.1 Findings

- The Google group, which was set up during the Master training programme before 2011, is still used by the Master Trainers.
- The online group is used to share social news, discuss professional issues and keep in touch with each other.

### 5.1.2.2 Details

The Google group was mentioned as a significant change by two out of five Master Trainers in their MSC story. Speaking about this one said: “I have become member of a big family with other Master Trainers and libraries and LRCs... We can talk, discuss and share together, ready and happy to help each other as well as do not hesitate to ask for help from others.’

## 5.1.3 Question: Has the nature and quality of the online health information training changed over time?

### 5.1.3.1 Findings

- The duration of the online information access and use training course provided by the Master Trainers ranges from 4.5 hours (at PNT UMP) to 60 hours (at HSPH). The original training course was run over 8 hours.
- Two components taught in the Master training programme are still used in the trainings: (a) knowledge about online information resources, namely HINARI and PubMed; (b) presentation skills.

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- The Source book is used though not in its original form. For every training course the list of resources and links provided are prepared based on the needs of the participants. It also includes more information about Vietnamese resources rather than English resources to suit the needs of participants.
  - Participants are particularly appreciative of the practical sessions during which they can practice search skills in the classroom setting.

#### **5.1.3.2 Details**

HCMC UMP sell a Vietnamese version of the Source book with 110 having been sold since 2011 (image of the Source book displayed for sale is provided in Annex 3).

All Master Trainers use practical sessions as part of their training courses. At Hue MU, for example, after the theory is taught, students are asked to apply their newly learnt skills to find online articles on topics such as hypertension or hepatitis. 71% (n=32) of the training participants interviewed specifically mentioned the value of the practical sessions in their training, which they felt was of great help and an interesting way to learn about the new resources and search skills.

### **5.1.4 Question: Did the programme approach extend beyond Vietnam, as was originally discussed and informally planned by the Master Trainers?**

#### **5.1.4.1 Findings**

- The programme approach did not extend beyond Vietnam

#### **5.1.4.2 Details and Discussion**

Because of national and regional financial difficulties in securing funding, the original discussion to extend the programme beyond Vietnam was not pursued.

### **5.1.5 Question: Is the learning from the original programme still beneficial to the Master Trainers?**

#### **5.1.5.1 Findings**

- The biggest gains from the training programme still valuable to Master Trainers are:
  - Improved online search skills and knowledge about online medical sources, which makes them feel more confident when speaking with medical students, faculty members or doctors.
  - Presentation skills, which they are able to use repeatedly.
- Confidence levels have remained high among all the Master Trainers because their improved knowledge and continued application of skills, enables them to provide services to students, faculty members and doctors, which are well received.
- HSPH Master Trainers, who were the lead organisation for the Master Training programme learnt additional skills that they still value and apply. These are on event logistics, accommodation, training evaluation, teamwork, and time management.

#### **5.1.5.2 Details and Discussion**

Examples of how Master Trainers have put their skills and knowledge to use:

- Example 1: At HCMC UMP, information was requested by a neurologist on 'Computerised tomography of thalamus haemorrhage in hypertension'. The Master Trainer used PubMed to find the article for the client. The Master Trainer has also used his online search skills to find medical information for patients and has translated these into Vietnamese and to put onto his wife's clinic website (at [www.chac.vn](http://www.chac.vn)).

- Example 2: A Master Trainer at Can Tho UM is the Deputy Head of Library Services in addition to being a faculty member and a practising haematologist while also studying for a PhD degree at Hanoi MU. Because of her learning from the Master training, she has been able to register her areas of interest with NCBI (on thalassemia) so that every month they send documents to her which can then be collected online rather than her having to search for these each time.

The improved confidence levels among Master Trainers was verified by some of the institution heads who had received feedback from external sources commenting on the professional training standards. Master Trainers who are faculty members, however, said that they had already been confident in making presentations prior to the Master training programme because of their regular teaching.

*“At the first time...I am shy and nervous. I can’t talk to a group of people.... After project I totally change. I feel more confident. ...And now I am a teacher and I teach a course.”*

*Master Trainer at HSPH*

## 5.2 Institutions: support for and extension of training

### 5.2.1 Question: Did the participating institutions continue or expand training on completion of the programme?

#### 5.2.1.1 Findings

- Training has spread, not only within the participating institutions but beyond as well. To other institutions in other districts and provinces.
- Four institutions stand out for the high number of participants that have been trained since 2011, namely, HSPH, PNT UM, HCMC UM and Can Tho UM.
- Whilst extension to additional institutions has been low, demand for training is high within institutions where it has been provided as the value of the course is recognised.

#### 5.2.1.2 Details and Discussion

Nine out of the thirteen institutions that were included in the original programme have continued training following the programme. Table 2 shows the number of workshops delivered by each institution since the programme ended in 2011.

Institution	No. of workshops 2011-14
HCMC UMP	31
PNT UMP	40
HSPH	25
Can Tho LRC	6
Can Tho MU	20
Danang LRC	2
Hue LRC	2
Hue UM	3
CIMSI	2

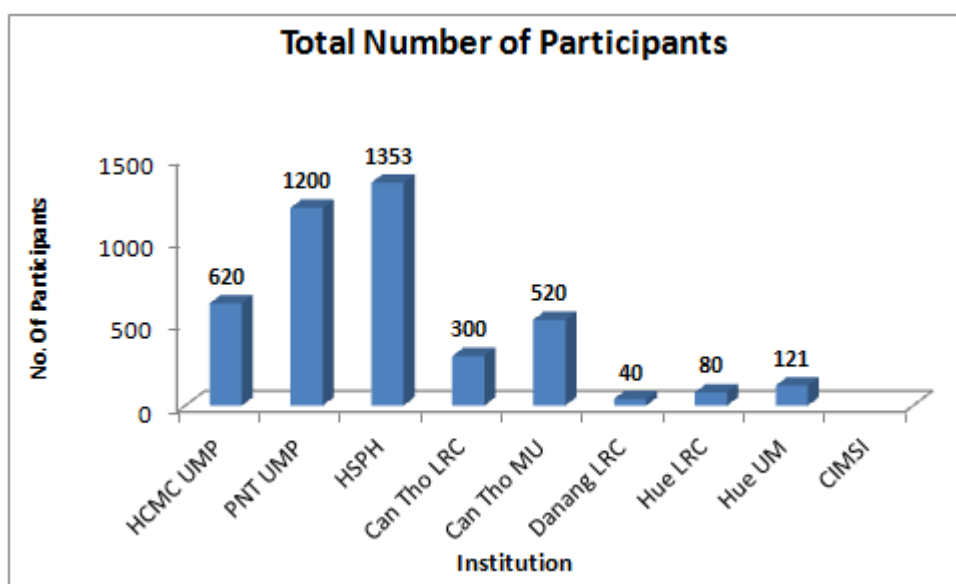


Figure 1 shows the total number of participants trained by each of the institutions. Note that some figures are approximations based on incomplete records and participant numbers for CIMSI are not known. A detailed table showing the categories of participants trained is provided in Annex 1. A photo of a training session is also provided in Annex 2.

Factors responsible for some Master Trainers being more successful in rolling out the online training course are: individual personalities, reputation, commitment to rolling out the online training course, and personal connections to other institutions. Also institutions that have trained a higher number tend to prepare an annual training schedule in advance while in the case of other institutions, the training sessions are planned on a more ad hoc basis based on availability of students and schedules of the Master Trainers.

Only HCMC UMP and Hue LRC have delivered training to external institutions. The very nature of the LRCs requires that they deliver training to external customers. This is because besides LRC staff, they do not have any students of their own to deliver training to.

The Master Trainer at HCMC UMP has been able to deliver training externally because of two reasons: (i) His personal links to one of the external institutions, and (ii) His reputation as a former doctor and news about the quality of online training he provides has spread wide. There were 3 instances where participants from other provinces who attended the online training at HCMC UMP informed their institute about the course on their return home and the Master Trainer was invited to conduct the external training as a result e.g. at the Hospital of Traditional Medicine.

## 5.2.2 Question: How have institutions been supporting their online training courses? Has funding of training been an issue in its continuation?

### 5.2.2.1 Findings

- So far three institutions have received external funding for their online training course or library information services with two actively seeking funding. Of these, one institution also charged participants a course fee for a short period to bridge a funding gap.
- For the remaining 6 institutions, the training costs are considered a part of core costs for the library and no additional funding is applied for or provided.
- At least 2 institutions used funds left over from the Master Training programme to provide online training as in the case of Hue LRC and Can Tho UM.
- While funding has not been an issue so far in the roll out of training except in the case of Hue LRC, several heads of institutions have expressed the need for additional funding to keep the training course ongoing.



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### 5.2.2.2 Details and Discussion

Further information on the three institutions that received external funding is as follows:

Institute	Workshops	Participants	Funding source
Can Tho UM	5	115	Fees paid by course participants
	8	228	Swiss HelvietMed project
HCMC UMP	2	60	Nestlé

In the case of PNT UM, funding was provided for library related services, which is linked to the skills developed of the librarians through the online training course:

Funding source	Purpose of funding
Belgian government	For library to access online databases to improve the library's information services
Agence Universitaire de la Francophonie (AUF)	If a resource cannot be obtained from HINARI but can from Springer or Science Direct, AUF assists with this. Also articles requiring payment can be obtained through AUF at a lower cost e.g. if available online for \$31, PNT UM can get it through AUF for VND 60,000 (approx. \$2.80).

In terms of funding challenges:

- The Association of Respiratory Medicine, which provides training to doctors from other provinces, stated that they need financial support to run free courses because it will help more such doctors from rural areas to attend as their cost of travel and accommodation will have to be covered.
- Funding is also a big challenge at Hue LRC as economics, agriculture, and development studies are priority areas and so more emphasis is given to training in these aspects. Training on online medical resources can only be conducted if funding can be obtained for this, which the institution does not have. However, the basic online search skills are being applied even though not in the medical field.
- At HCMC UMP where the current Master Trainer works on a consultancy basis, funding is required in order to keep the training ongoing. The University does not provide any, which points to low priority and commitment by the institution. This has implications for sustainability of the training course.

### 5.2.3 Question: Have there been any expected or unexpected changes or benefits within institutions as a result of the online training programme?

#### 5.2.3.1 Findings

- Both participating institutions and those that were not part of the original Master Training programme believe they have benefitted from the online training programme.
- HSPH is the only institution where the online training course has been made compulsory for post undergraduate and doctoral students. It will also be a compulsory course at an institution that one of the former Master Trainers has moved to (School of Library and Information Science).

- Other participating institutions have not made the course compulsory and there does not appear to be any intention to do so.
- Information provision has been introduced as a new service for the library at the Hanoi University of Pharmacy as a result of a Master Trainer joining the University equipped with online health information search skills
- More generally, the profile of the institutions and their library services has been raised as a result of the online training programme as some students at the institutions are from hospitals in other provinces
- External funding has been received by two participating institutions for their library services.
- There have been collaborations between participating institutions on library related initiatives.

#### **5.2.3.2 Details and Discussion**

E-learning courses were taught by Hue LRC between 2007 and 2012. As part of this, the LRC produced handbooks on online literacy in collaboration with 8 medical universities – one for teaching faculty and another for students (a Dutch funded international development project). Though these handbooks were not a direct product of the online health information access training, they were influenced by it. An updated version of the student book will be prepared as part of an ADB project on public health.

Hue LRC and Hue UM have collaborated to provide joint online training. Also as a result of relationships established between Master Trainers, several participating institutions are in discussions to sharing their electronic library resources.

## **5.3 Trainees: impact and change**

### **5.3.1 Question: Do trainees feel that their training has been useful? Are they applying their learning to their work?**

#### **5.3.1.1 Findings**

- All participants confirmed that the online training has been useful or will be of use in the future.
- Only first year medical students felt that online resources such as HINARI and PubMed are not suited to their immediate needs and instead rely on Facebook and Google to find e-books.

#### **5.3.1.2 Details and Discussion**

- While both Master Trainers and Heads of Institutions felt strongly that the training is benefitting training participants, they admitted that they did not have any documented evidence to prove this. Master Trainers, however, believed that the fact that training participants come back to the library later to ask for help in finding specific resources, which did not happen before, is in itself an indicator of progress.
- At the Association of Respiratory Medicine, the evidence so far in terms of value of the training is the fact that initially there was only one doctor represented per province at the training. Because of their reports on how valuable the training has been, many others from their provinces have since attended training, plus there is demand for more advanced training from those already trained.
- Examples of how the online sources have helped:
  - Example 1: When treating a patient with penicillin, a 5th year medical student at HCMC UMP initially referred to the medical text book where it said that dosage should be 10% but the patient showed resistance to this. The student then read up online resources by applying his search skills and obtained information which helped the patient. Ever since the training course, whenever the professor teaches

- something new on ways of treatment, after the class the student visits the PubMed site to see how it is done in other countries to make comparisons.
- Example 2: A faculty member trained at Can Tho said that the data obtained online is used for scientific research in the areas of medical scrutiny and traffic accidents.

## 5.4 Attitudinal change

### 5.4.1 Question: Has there been any change in attitudes towards online health information, health information providers and information provision services more generally?

#### 5.4.1.1 Findings

- People's scepticism about the reliability of online health information resources has reduced.
- There has been a positive change in people's attitudes towards librarians who are Master Trainers with the realisation that the librarians have the knowledge and skills to help them with finding medical information resources. However, people's attitude towards librarians, in general, varies.

#### 5.4.1.2 Details and Discussion

*"We change the image of people about librarians. We are not book keepers, we guide users to find and evaluate information."*

*Master Trainer at HSPH*

A former Master Trainer who is a practising doctor said that doctors admittedly do not see the value and potential of health information professionals because the quality of most is by and large not very good as they do not perform the real role of providing information support to others.

Online survey respondents were asked how they would rate the quality of information services provided in their institution's library based on how often they are assisted with finding resources they require. The results are presented in Figure 2, which shows that only a small percentage think highly of their library information services.

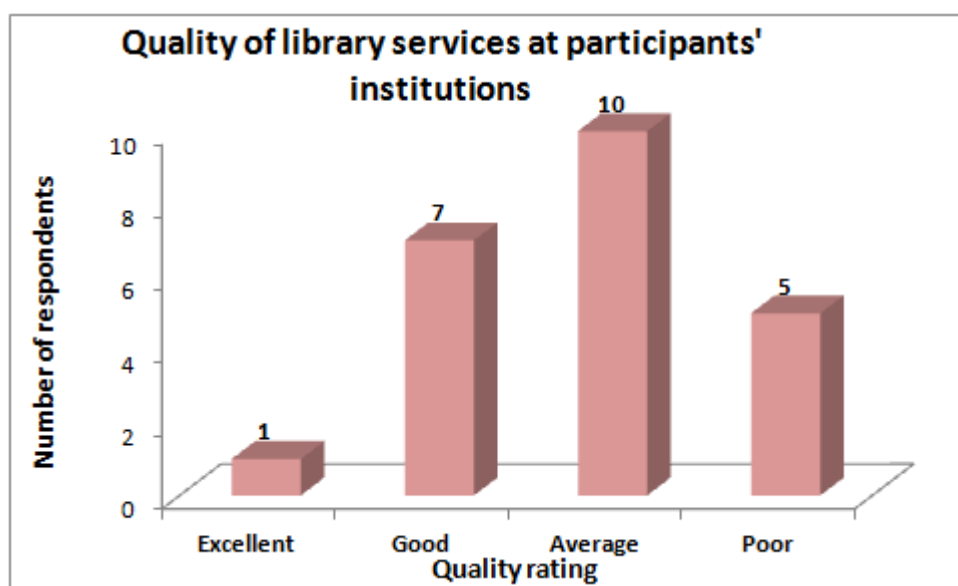


Figure 2: quality of library services as rated by sampled users of those services.

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## 6 Costs Analysis

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Some simple costs analysis on the programme and post programme costs per trainee is presented as follows. Note that some of the costs and trainee figures are estimates (highlighted).

### 6.1 Costs

<b>Costs and funding source</b>	
Atlantic Philanthropies funding	USD 410,000
PERii funding	USD 52,000
Institutional funding	USD 1,000
External locally raised funding	USD 10,000
<b>Total costs</b>	<b>USD 473,000</b>

### 6.2 Trainees

<b>Programme training</b>		
Master trainers		21
Trainees 2009	150	
Trainees 2010	600	
Trainees 2011	300	
<b>Programme trainees total</b>	<b>1,050</b>	<b>21</b>

<b>Post programme training</b>		
HCMC UMP	620	
PNT UMP	1,200	
HSPH	1,353	
Can Tho LRC	300	
Can Tho MU	520	
Danang LRC	40	
Hue LRC	80	
Hue UM	121	
CIMSI	0	
<b>Post programme trainees total</b>	<b>4,234</b>	

### 6.3 Costs per trainee

<b>Costs per trainee</b>	
Master trainers	\$22,000
Programme trainees	\$431
All people trained	\$89

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## 7 Conclusions

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The following conclusions can be drawn from the impact evaluation

- The post programme training appears to be benefitting the individuals who have participated in it – both trainees and trainers. However, the longer term or wider benefits are not yet known.
- Several factors in the original Master Training programme have enabled it to make the impact that it has so far:
  - The main purpose of the training, which meets a big needs gap among medical institutions in Vietnam
  - The robustness and intensity of the Master Training programme, which has helped to embed the skills in the Master Trainers so that they can continue to provide high quality training. More specifically:
    - The content was appropriate and relevant to the providers of health information
    - The content was transferable
  - Individual personalities, levels of commitment of certain Master Trainers and their reputation have made it possible for certain institutions to achieve what they have so far compared to others
  - On-going support within the Master Trainer Google group, which has helped retain their interest and motivation levels
  - Donor support for the training and online information service
  - Continued support for the training course by institutional heads
- The value of the training has also been recognised by external institutions that have received the training.
- Participating institutions are also benefitting from the training in terms of increased profile of the institution, institutional collaborations, and external funding.
- At a wider level it is difficult to attribute the training to improvements in the performance of doctors and benefits to public health. This may be because it is early days yet. However, it may also be because the participants get their learning from many sources and so it is difficult for them to attribute their success (or failure) to one single intervention or source.
- While there is great interest in and demand for greater spread of training, there are several challenges, which include:
  - Most doctors, especially the older ones do not have good IT skills, which makes it difficult for them to take an interest in such a course because they have to learn basic IT skills to begin with.
  - Time constraints of potential participants make it difficult to schedule enough courses in the academic year
- Expanding the training to hospitals would be difficult for institutions such as HSPH, which are not seen to be experts in the medical field. Also non-medical Master Trainers would find it difficult to be accepted as trainers by hospitals because they do not have a medical background.
- Perhaps the biggest challenge is that of long term sustainability. There are several reasons for this:
  - While all Master Trainers say that the heads of their institutions are supportive of the training, the exception being HCMC UMP, succession planning does not appear to have been considered seriously. None of the Master Trainers who have left have been replaced, nor does any institution have any Trainer of Trainers course planned. While the reason given for this was the need to obtain permission from the Ministry of Education for such a course, if it had been considered important enough, efforts would have been made by senior management at the institutions.
  - While some Master Trainers are trying to find future replacements, there has not been much success. It will continue to pose a challenge as long as the medical institutions continue believing that a medical doctor should be in charge of the library and the training, while doctors do not want to take on such a role.
  - Finance could potentially be a challenge in the future, particularly so for the LRCs, which rely on interest of external customers in the training. Master Trainers, while

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passionate about the online training, seem to lack the skills to convince their leadership about the need for training, which contributes to the sustainability challenges. If institutions face funding constraints, given that the online training course is not a top priority, it may be sacrificed at the expense of other services provided by the institution libraries.

- Further work is required to change people's attitudes towards health information providers. Positive attitudinal change seems to be restricted to the Master Trainers but not necessarily to librarians in general. This may well be because of the actions of the librarians themselves who by and large seem to play a passive role in delivering services.

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## 8 Recommendations

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Recommendations based on general lessons learnt that may be of relevance to programme stakeholders and a wider audience are presented below. These should be shared with other project partners working on similar projects, those in the information provision and libraries and those working in more general human capacity development fields.

### 8.1 For Master Trainers

- In the absence of any formal refresher training courses, the Master Trainers should continue to share their learning and experience between themselves, even if only through the Google group.
- Master Trainers should actively explore ways in which a refresher course can be held. If finance is the primary issue, external sources of funding for this should be explored.
- Master Trainers should also develop and implement strong monitoring and evaluation systems so that they can not only monitor the performance of the training delivered but also collect evidence to demonstrate the value of the course. Such evidence can be used to influence their institution's decision makers to give greater priority to information training and Master Trainers and also use this to apply for external funding.

### 8.2 For participating institution heads in Vietnam

- Given the value of the training course, the institution heads should give greater support to the library services and Master Trainers to: (a) explore how a larger number of students can be reached with similar training; (b) obtain funds to hold more training sessions; (c) approach the Ministry of Education to conduct Training of Trainer courses. If appropriate, actions (b) and (c) could be done by all the participating institutions as a group or in an individual capacity
- Given the immediate and longer term benefit of the training course to students, faculty members and clinicians, the institution heads should also seriously consider making the online training course a compulsory part of the curriculum and approach the Ministry of Education for permission to this end.
- Where limited IT skills poses a challenge for those who want to do the training, institutions should provide basic IT skills so that they can later take advantage of the online health information access training.
- Institutions should also seriously consider whether it is essential that only those with a medical background should lead in the delivery of online health information training. If their specialised knowledge is considered to be valuable, perhaps doctors can act in an advisory capacity to support non-medical trainers in developing the course content.
- Given the need for more free online Vietnamese resources, the participating institutions should explore how they can collaborate to share their electronic resources. However, in order to do so steps should be taken to ensure that there is agreement on common standards of quality.
- As it is felt that extending the training to hospitals would be useful but difficult to do because of scepticism about the quality of the training and trainers if non-medical, participating institutions should collaborate and support each other through a network, which can spread the word about the quality of training provided, which will add credibility to the training.
- Measures should be taken to improve the image of the library should be considered. This could include investing in the library and its staff so that they are more proactive and responsive to the needs of library users.

### 8.3 For programme designers and managers in health information

- If exploring the feasibility of introducing a similar training programme elsewhere, options for sustaining the programme should be explored in consultation with the local partners. This

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includes considering: (a) what the potential challenges may be in passing on the training skills to others; (b) whether non-medical trainers will be accepted as lead trainers.

- The idea of training of trainers should be built into the programme design so that it is taken into consideration right from the start.
- Sustainability should be a key topic for discussion when exploring partnerships with the heads of potential partner institutions; their levels of commitment to the training programme should also be determined in this process.
- Allowance should be made in the programme budget to train new Master Trainers if there is staff turnover so that institutions are not left behind because of lower training capacity.
- When designing the training programme, additional aspects that should be considered for inclusion are as follows:
  - Training in the development and writing up of resource documents such as the Source manual so that they learn how to teach and also write and regularly update the resource documents.
  - Where the need exists, Master Trainers should also be trained in negotiation and promotion skills so that they can discuss and promote the library more with their institution leadership.
  - A session on monitoring and evaluation and its importance so that the evidence base can be developed.
  - The training should also encourage librarians' passion for library science during the training.
  - The intense mentoring approach adopted in this programme should be replicated in similar training programmes in the future as this appears to have played a significant role in embedding the skills in Master Trainers, enabling them to continue applying their skills to their work.
  - Where required, as part of the training, efforts should be made to change the mind set of potential Master Trainers, especially doctors, about librarianship so that they do not look upon it as a 'last resort' occupation.

## 8.4 For people in similar roles in similar organisations in LEDCs

- When proposing staff for training, take into consideration their commitment to information provision in general and how proactive they are in their existing roles.
- Think about sustainability of the programme from the start.
- If financing of the programme is a potential issue, develop a funding strategy, which should then be actively pursued.

## 8.5 For wider capacity development and skills training organisations

- Consider an intense mentoring approach where possible as apart from helping to embed the skills taught, the ongoing support and feedback instils confidence in participants and keep motivation levels high.
- When training people to act as trainers, pedagogical skills should be included, rather than being taken for granted as a skill that the to be trainers already have.
- An in-depth training of trainers' course could also include sessions to explain how to plan and manage administrative and logistical aspects of training events.
- Methods such as group discussions and video recording to provide feedback are useful in providing in-depth guidance when developing training skills in potential trainers.

*"I really believe that with the programme, we have "kicked off" our medical libraries system..., but there have been some significant changes in the whole system, and there will be more if we can keep and update our network, our connections."*

*Master Trainer at HSPH*



## 9 Annex 1: Categories of participants trained

Institute providing training	Number of workshops held	Dates	Training for	No. Trained	Category of trainees	Comments
HCMC UMP	10	Between 26.2.11 and 12.4.14	Association of Respiratory Medicine	~620 participants	Doctors and nurses in HCMC and provinces in the South. Source hard copy given to those trained at the Assoc of Respiratory Med; all others given electronic copy	
	1		Faculty of Dentistry, HCMC National University		Students trained	
	1		Hospital of Traditional Medicine		Teachers	
	1		HCMC Dental Hospital		Doctors and nurses	
	13		HCMC UMP - Faculty of Medicine		In addition to above, the teachers in the Informatics Dept conduct a session on searching for medical information as part of their curriculum	
	3		HCMC UMP - Faculty of Dentistry			
	1		HCMC UMP - Faculty of Nursing			
	1		HCMC UMP - Practising Hospital			
	<b>31</b>			<b>620</b>		
PNT UMP	40			~100 lecturers; ~200 post graduate students; remaining are undergraduate students and doctors. <b>Total = 1200 participants</b>	Lecturers; post graduate students; doctors at district and provincial level; Year 1, 5, 6 undergraduate students - ranging from speech therapy class, CKII + CKII plus level (equivalent to PhD but no practical training)	
	<b>40</b>			<b>1200</b>		
HSPH	13	2012-14	HSPH	647	Students of Master in Public Health, Master of Hospital Management; Doctoral students	
	5		Thai Nguyen province	93	Students of Master in Public Health, Master of Hospital Management	Students in these provinces are HSPH
	3		Dong Thap province	105	Students of Master in Public Health, Master of Hospital Management	students but take their courses in institutes in the
	4		HSPH	508	Undergraduate students	
	<b>25</b>			<b>1353</b>		

Can Tho LRC	6			300	Post graduate and undergraduate students; doctors and health workers	In collaboration with Can Tho University of Medicine
<b>6</b>				<b>300</b>		
Can Tho MU	20			520	Undergraduate and post graduate students, faculty members, hospital doctors	5 in collaboration with CT LRC and 15 independently; also see notes
<b>20</b>				<b>520</b>		
Danang LRC	2			Assume 40	Medical doctors and staff	
<b>2</b>				<b>40</b>		
Hue LRC	2	Sep-13	Various institutions	30	Librarians	See notes for additional information about activities
		Apr-14	Hue College of Medicine & Pharmacy	50	Post Graduate students - in collaboration with Hue College of Medicine & Pharmacy	
<b>2</b>				<b>80</b>		
Hue UM	3	22/12/2013	Year 6 students	35		
		22/03/2014	Year 5 students	53		
		09/05/2014	Junior faculty	33		
<b>3</b>				<b>121</b>		
CIMSI	2		CIMSI and other medical institutions in Hanoi		Library and medical staff at CIMSI; medical staff from other institutions	
<b>2</b>				<b>Not available</b>		

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## 10 Annex 2: Can Tho University of Medicine

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Online health information training course for students at Can Tho University of Medicine & Pharmacy on 9 March 2014.

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## 11 Annex 3: Source book for sale at HCMC UMP

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