

Country Name	<b>Project for Strengthening Clinical Training System for New-Graduate Nurses</b>
Socialist Republic of Viet Nam	

**I. Project Outline**

Background	<p>In Viet Nam, the 2011 Law on Medical Examination and Treatment institutionalized the registration and licensing of nurses, requiring nurses who have completed an educational program to apply for and obtain a license from the Ministry of Health (MOH) or a provincial Department of Health (DOH) after completing nine months of postgraduate clinical training in a medical institution. However, because there are a variety of nursing schools, including 2-year, 3-year (junior college), and 4-year (university) programs, the level of new graduate nurses at the end of the educational program was not consistent, and the training period was not consistent, with each medical institution providing nine or 12 months of training. Therefore, in reality, completing postgraduate clinical training and obtaining a nursing license did not objectively guarantee a certain level of competence or quality among nurses.</p>				
Objectives of the Project	<p>Through developing and piloting competency-based clinical training for new-graduate nurses, preceptors training, and monitoring, evaluation, and supportive supervision system of the training, as well as developing the strategic plan for nationwide scaling-up of the training, the project aims at strengthening the clinical training system for new-graduate nurses in pilot provinces/city, thereby contributing to scaling-up of the training and improving the quality of nursing services throughout Viet Nam.</p> <ol style="list-style-type: none"> <li>Overall Goal: Quality of nursing services in Viet Nam improves, through nationwide scaling-up of clinical training system for new graduate nurses.</li> <li>Project Purpose: Clinical training system for new-graduate nurses is strengthened in four pilot provinces and a pilot city, in anticipation of its nationwide scaling-up.</li> </ol>				
Activities of the Project	<ol style="list-style-type: none"> <li>Project Site: Hanoi City (Bach Mai Hospital, Saint Paul General Hospital), Binh Dinh Province, Dien Bien Province, Dong Nai Province, and Vinh Phuc Province</li> <li>Main Activities: (1) Develop and revise standard curricula for postgraduate clinical training, develop the standard technical assessment tools for measuring clinical skills, knowledge and competencies of new-graduate nurses, and pilot the curricula and tools in pilot provinces/city; (2) Develop curricula and teaching materials for preceptors training and pilot the training in pilot provinces/city; (3) Develop the tools and guidelines for monitoring, evaluation and supportive supervision of the training and pilot the monitoring, evaluation and supportive supervision system in pilot provinces/city; and (4) Conduct surveys for the clinical training system for new-graduate nurses, prepare the strategic plan for nationwide scaling-up of the training system, and submit the plan to the MOH senior management, etc.</li> <li>Inputs (to carry out above activities) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Japanese Side</b>            1) Experts: 6 persons (long term), 17 persons (short term)            2) Trainees Received in Japan: 54 persons            3) Training Equipment (CPR practice model, advanced patient care male and female catheterization simulator, suction/tube feeding simulator, injection model, digital copier, printer etc.)         </td> <td style="width: 50%; vertical-align: top;"> <b>Vietnamese Side</b>            1) Staff Allocated: 19 persons (Joint Coordinating Committee (JCC)), 9 persons (Central Project Management Unit (CPMU)), 8 persons (Provincial Project Management Unit (PPMU) in Binh Dinh Province)            2) Travel cost for the project activities, cost for workshop etc.         </td> </tr> </table> </li> </ol>			<b>Japanese Side</b> 1) Experts: 6 persons (long term), 17 persons (short term) 2) Trainees Received in Japan: 54 persons 3) Training Equipment (CPR practice model, advanced patient care male and female catheterization simulator, suction/tube feeding simulator, injection model, digital copier, printer etc.)	<b>Vietnamese Side</b> 1) Staff Allocated: 19 persons (Joint Coordinating Committee (JCC)), 9 persons (Central Project Management Unit (CPMU)), 8 persons (Provincial Project Management Unit (PPMU) in Binh Dinh Province) 2) Travel cost for the project activities, cost for workshop etc.
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Project Period	(ex-ante) April 2016 – March 2020 (48 months) (actual) May 18, 2016 – May 17, 2020 (48 months)	Project Cost (Japanese side only)	(ex-ante) 454 million yen, (actual) 354 million yen		
Implementing Agency	Administration of Science, Technology and Training, Ministry of Health (ASTT/MOH) Cooperating Agency: Medical Service Administration, Ministry of Health (MSA/MOH), Vietnam Nurses Association (VNA), Department of Health (DOH) in Binh Dinh Province, Dien Bien Province, Dong Nai Province, and Vinh Phuc Province, and Hanoi City				
Cooperation Agency in Japan	-				

**II. Result of the Evaluation**

## &lt;Constraints on Evaluation&gt;

- In verifying the level of achievement of the Overall Goal indicators, it was difficult to collect more information on the level of achievement of indicators 1 and 2 in areas outside the pilot provinces than is provided in this report because the Administration of Science, Technology and Training (ASTT) of the MOH did not collect data for entire country of Viet Nam. It was also difficult to collect comprehensive information from the MOH and all pilot provinces/city to verify the project's sustainability. Therefore, the evaluation judgment is based on limited information.

## &lt;Special Perspectives Considered in the Ex-Post Evaluation&gt;

- [Verification of the achievement level of Overall Goal indicators] Since the target year for the Overall Goal indicators was set at 2025 and had not been reached at the time of the ex-post evaluation, this ex-post evaluation assessed the prospects for achieving these indicators by 2025.
- [Supplementary information for assessing the achievement level of the Overall Goal] While the Overall Goal is "Quality of nursing services in Viet

Nam improves, through nationwide scaling-up of clinical training system for new graduate nurses,” Overall Goal indicators do not include measurements of improvement in the quality of nursing services. Therefore, we decided to qualitatively check the extent to which the quality of nursing services improved after the completion of the project through interviews with the DOH in pilot provinces.

<p>1 Relevance/Coherence</p> <p>[Relevance]</p> <p>&lt;Consistency with the Development Policy of Viet Nam at the Time of Ex-Ante Evaluation&gt;</p> <p>The project was consistent with the development policy of Viet Nam at the time of ex-ante evaluation. In October 2011, the MOH announced the “Vietnamese National Action Plan on Strengthening Nursing and Midwifery for the Period 2011-2020.” The overall goal of the plan was to ensure that by 2020, the safety and quality of health services provided by nurses and midwives in medical diagnostic and treatment facilities are assured and meet the needs of patients and their families and that nurses and midwives meet working standards consistent with those of the ASEAN Mutual Recognition Agreement (MRA).</p> <p>&lt;Consistency with the Development Needs of Viet Nam at the Time of Ex-Ante Evaluation&gt;</p> <p>The project was consistent with the development needs of Viet Nam at the time of ex-ante evaluation. According to the “Basic Competency Standard for Vietnamese Nurses” issued by the Vietnam Nurses Association (VNA) in 2012, (1) nursing care practice, (2) nursing and management and professional development, and (3) nursing practice based on a legal and ethical framework were the qualities required of nurses. In Viet Nam, standard postgraduate clinical training content, curriculum, etc. based on the above standards had not yet been established.</p> <p>&lt;Appropriateness of Project Design/Approach&gt;</p> <p>The project design/approach was appropriate. No problem attributed to the project design/approach was confirmed. The project’s pilot sites included Dien Bien Province, a mountainous northwestern province with a sizeable ethnic minority population. This enabled newly graduated nurses in rural areas, including the province, to receive standardized postgraduate clinical training, thereby improving the quality of nursing services.</p> <p>&lt;Evaluation Result&gt;</p> <p>In light of the above, the relevance of the project is ③<sup>1</sup>.</p> <p>[Coherence]</p> <p>&lt;Consistency with Japan’s ODA Policy at the Time of Ex-Ante Evaluation&gt;</p> <p>The project was consistent with the Japan’s ODA policy to Viet Nam at the time of ex-ante evaluation. The “Country Assistance Policy for the Socialist Republic of Viet Nam,” announced in December 2012, set the basic assistance policy to support the achievement of the country’s transition to an industrialized nation by 2020. In the area of “Response to Fragility,” the government focused on supporting the development of healthcare systems (e.g., strengthening the functions of healthcare institutions, strengthening cooperation among institutions, etc.) to improve social aspects and living, reduce poverty, and correct disparities.</p> <p>&lt;Collaboration/Coordination with JICA’s Other Interventions&gt;</p> <p>The collaboration/coordination between the project and JICA’s other projects was planned at the time of ex-ante evaluation and was implemented, the positive effects expected were confirmed at the time of ex-post evaluation. At the time of the ex-ante evaluation, it was planned to partially share the same target province with the “Project for Strengthening Medical Services in Northwest Provinces (March 2013 - March 2017)” and it was planned to generate synergy effects. Both projects shared the same pilot site in Dien Bien Province, and experiences in working with local governments were shared between the two projects, leading to the smooth implementation of this project. In addition, the JICA’s policy advisor to the MOH, who had been dispatched to the Ministry since January 2016, shared his/her administrative experience on the nursing profession in Japan with the stakeholders of this project, which also contributed to the smooth implementation of this project.</p> <p>&lt;Cooperation with other institutions/ Coordination with International Framework&gt;</p> <p>No cooperation/coordination with other donors, NGOs, universities, private companies, or the international framework was clearly planned at the time of ex-ante evaluation or during the project period.</p> <p>&lt;Evaluation Result&gt;</p> <p>In light of the above, the coherence of the project is ③.</p> <p>[Evaluation Result of Relevance/Coherence]</p> <p>In the light above, the relevance/coherence of the project is ③.</p> <p>2 Effectiveness/Impact</p> <p>&lt;Status of Achievement of the Project Purpose at the Time of Project Completion&gt;</p> <p>At the time of project completion, the Project Purpose was achieved beyond the plan. In both 2018 and 2019, in the pilot provinces/city, more than 90% of new graduate nurses working as nurses in qualified health facilities completed the competency-based clinical training for new graduate nurses (Indicator 1). Also, in both 2018 and 2019, 100% of the qualified health facilities in the pilot provinces/city implemented the training (Indicator 2).</p> <p>&lt;Continuation Status of Project Effects at the Time of Ex-Post Evaluation&gt;</p> <p>By the time of the ex-post evaluation, the project effects have been continued. Although no response was obtained from Hanoi City, in other pilot provinces, more than 90% of qualified health facilities have continued to implement the competency-based clinical training for new graduate nurses, and more than 80% of new graduate nurses have completed the training. In addition, in the pilot provinces (Binh Dinh, Dien Bien, and Vinh Phuc), 100% of the qualified health facilities implementing the training have continued to be monitored, evaluated, and supported by the DOH regarding the training. It should be noted that in the revised version of the “Law on Medical Examination and Treatment” (revised in 2023), the postgraduate clinical training period was reduced from nine months to six months. This is to shorten the clinical training period for all medical professionals, not only nursing professionals, and aims to increase the number of medical personnel available for practical work through more efficient clinical training. In fact, it may be possible to reduce the duration of postgraduate clinical training, as nursing education institutions strengthen pre-graduate education by providing competency-based training</p>
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<sup>1</sup> ④ : very high, ③ : high, ② : moderately low, ① : low

programs with a focus on clinical practice.

<Status of Achievement of the Overall Goal at the Time of Ex-Post Evaluation>

At the time of ex-post evaluation, the Overall Goal has been partially achieved. As stated above, although the continuation of project effects was confirmed in the pilot provinces, the ASTT has not collected data for all of Viet Nam. Therefore, the percentage of new graduate nurses who completed the competency-based clinical training (Indicator 1) and the percentage of qualified health facilities implementing the training (Indicator 2) in areas other than the pilot provinces are unknown. On the other hand, regarding the quality of nursing services, according to the DOH in the pilot provinces, new graduate nurses' technical knowledge, communication skills, teamwork skills, etc., have improved due to the implementation of this project. As a result of improved nursing services, patient satisfaction surveys have shown increased satisfaction.

<Other Impacts at the Time of Ex-Post Evaluation>

According to the Dong Nai Provincial DOH, there were cases where nurses who completed the competency-based clinical training for new graduate nurses were able to provide appropriate care to hospitalized patients, resulting in a reduction in the average length of hospital stay. Additionally, cases were seen where nurses who completed the clinical training delivered appropriate patient education, leading to lower hospital readmission rates.

<Evaluation Result>

In light of the above, the effectiveness/impact of the project is ③.

Achievement of Project Purpose and Overall Goal

Aim	Indicators	Results	Source																														
(Project Purpose) Clinical training system for new-graduate nurses is strengthened in four pilot provinces and a pilot city, in anticipation of its nationwide scaling-up.	Indicator 1 80% of new nurses practicing as nurses in qualified health facilities in the pilot provinces/city complete the Clinical Training (competency-based clinical training for new graduate nurses).	<p>Status of the Achievement (Status of the Continuation): achieved beyond the plan (continued) (Project Completion)</p> <p>In 2018, 90% of new graduate nurses completed the competency-based clinical training, and in 2019, 97% completed it. The reasons why some of the new graduate nurses could not complete the training were that they moved to other hospitals to become permanent employees or moved to other sectors (businesses) to earn better income. Therefore, despite the high quality of the training, dropouts occurred (in a small number) due to social determinants. (Ex-Post Evaluation)</p> <p>Data from Hanoi City was not available, and there were inconsistencies in the data from Binh Dinh Province, making it impossible to fully verify the achievement status. However, the clinical training has been continued in other pilot provinces.</p> <p>The percentage of new graduate nurses at qualified health facilities who completed the competency-based clinical training</p> <table border="1"> <thead> <tr> <th></th> <th>2020</th> <th>2021</th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td>Hanoi City</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Binh Dinh Province</td> <td>87%</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Dien Bien Province</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Dong Nai Province</td> <td>88%</td> <td>109%*</td> <td>92%</td> <td>97%</td> </tr> <tr> <td>Vinh Phuc Province</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table> <p>Note: The data from Dong Nai Province for 2021 shows a value exceeding 100% because individuals who had not completed the clinical training in the prior year completed it in that year.</p>		2020	2021	2022	2023	Hanoi City	N/A	N/A	N/A	N/A	Binh Dinh Province	87%	N/A	N/A	N/A	Dien Bien Province	100%	100%	100%	100%	Dong Nai Province	88%	109%*	92%	97%	Vinh Phuc Province	100%	100%	100%	100%	Project completion report (PCR), questionnaire survey and interview with implementing agencies
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Indicator 2 80% of qualified health facilities which receive new nurses implement the Clinical Training for New Nurses (competency-based clinical training for new graduate nurses).	<p>Status of the Achievement (Status of the Continuation): achieved beyond the plan (continued) (Project Completion)</p> <p>In both 2018 and 2019, 100% of the qualified health facilities implemented the competency-based clinical training for new graduate nurses. In 2018, 19 health facilities met the criteria of qualified health facility, and in 2019, 15 health facilities met the criteria, and all of these health facilities implemented the training. (Ex-Post Evaluation)</p> <p>Data from Hanoi City was not available, but the clinical training has been continued in other pilot provinces.</p> <p>The percentage of qualified health facilities that implemented the competency-based clinical training for new graduate nurses</p> <table border="1"> <thead> <tr> <th></th> <th>2020</th> <th>2021</th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td>Hanoi City</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Binh Dinh Province</td> <td>93%</td> <td>94%</td> <td>94%</td> <td>100%</td> </tr> <tr> <td>Dien Bien Province</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Dong Nai Province</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table>		2020	2021	2022	2023	Hanoi City	N/A	N/A	N/A	N/A	Binh Dinh Province	93%	94%	94%	100%	Dien Bien Province	100%	100%	100%	100%	Dong Nai Province	100%	100%	100%	100%	PCR, questionnaire survey and interview with implementing agencies						
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(Overall Goal) Quality of nursing services in Viet Nam improves, through nationwide scaling-up of clinical training system for new graduate nurses.	Indicator 1 By 2025, 80% of new graduate nurses who work as nurses in Viet Nam will complete the competency-based clinical training for new graduate nurses.	Status of the Achievement: partially achieved (Ex-Post Evaluation) Since ASTT has not collected data for the entire country of Viet Nam, the situation outside the pilot provinces is unclear. However, Decision No. 30.QD/K2DT (issued on March 3, 2020) states that the various training materials created by this project will be distributed to hospitals under the MOH, the DOH, and related organizations throughout Viet Nam, and will be used as clinical training materials for new graduate nurses before granting nurse qualifications. In addition, since clinical training at qualified health facilities (not necessarily competency-based clinical training) is essential for granting nurse qualifications, it is inferred that a certain proportion of nurses throughout Viet Nam have completed competency-based clinical training.					Questionnaire survey and interview with implementing agencies
	Indicator 2 By 2025, 80% of qualified health facilities in Viet Nam will implement the competency-based clinical training for new graduate nurses.	Status of the Achievement: partially achieved (Ex-Post Evaluation) For the same reasons as above, the situation outside the pilot provinces is unclear.					Questionnaire survey and interview with implementing agencies
	Supplementary indicator In health facilities where the competency-based clinical training for new graduate nurses is implemented, the quality of nursing services improves through the implementation of the training.	Status of the Achievement: mostly achieved as planned (Ex-Post Evaluation) According to the Dong Nai Provincial DOH, the implementation of this project improved new graduate nurses' expertise, their ability to quickly perceive and respond appropriately to changes in patients' conditions, their ability to accurately understand patients' individual needs, and their ability to practice patient-centered care. In addition, communication skills with patients and their families were also improved, resulting in increased trust and satisfaction from patients. The Vinh Phuc Provincial DOH reported increased satisfaction in patient satisfaction surveys conducted after the implementation of this project. The Binh Dinh Provincial DOH explained that after the implementation of this project, new graduate nurses' communication skills and teamwork skills with colleagues and supervisors also improved, and nursing services were enhanced.					Questionnaire survey and interview with implementing agencies

### 3 Efficiency

Both the project cost and the project period were within the plan (the ratio against the plan: 78% and 100%, respectively). In this project, activity costs were reduced by having long-term experts collaborate with JICA headquarters' senior advisor and provide wide range of technical input, instead of dispatching numerous short-term experts. Particularly in activities related to Output 4 (Development of a strategic plan for the nationwide clinical training system), long-term experts collaborated with local experts from nursing universities to carry out almost the entire process of the endline survey. As a result, the survey costs were less than one-fifth of the baseline survey conducted by the Japanese and local consultant team.

	Project Cost (Japanese side only, yen)	Project Period (months)
Plan (ex-ante)	454 million yen	48 months
Actual	354 million yen	48 months
Ratio (%)	78%	100%

Outputs were produced as planned.

In the light above, the efficiency of the project is ④.

### 4 Sustainability

#### <Policy Aspect>

At the time of the ex-post evaluation, a follow-up plan to the "National Action Plan on Strengthening Nursing and Midwifery for the period 2011-2020" has not been published. However, the revised version of the "Law on Medical Examination and Treatment" (revised in 2023) clearly states the postgraduate clinical training period and content (not necessarily competency-based clinical training) and the standards for training supervisors and training institutions, which is an important legal regulation for incorporating the competency-based clinical training system into laws and regulations in the future. Also, as mentioned above, Decision No. 30.QD/K2DT states that the various training materials created by this project will be distributed to hospitals under the MOH, the DOH, and related organizations throughout Viet Nam, and will be used as clinical training materials for new graduate nurses before granting nurse qualifications. Therefore, the implementation of postgraduate clinical training is institutionalized by legal documents, and it is expected that this policy support will continue in the future.

<Institutional/Organizational Aspect>

According to Hanoi City, Binh Dinh, and Vinh Phuc DOH (responses were not obtained from ASTT and other pilot provinces), there have been no changes to the organizational structure for implementing the competency-based clinical training for new graduate nurses at the time of the ex-post evaluation. At ASTT, only one person is assigned part-time as the personnel necessary to promote the dissemination of the training system, and although this is not sufficient, the response was that the necessary actions are possible because the staff member was involved in this project. According to the Binh Dinh and Dien Bien DOH, several staff members are assigned at the DOH to promote the dissemination of the training system. According to the Bach Mai Hospital and Saint Paul Hospital in Hanoi City, and the Vinh Phuc DOH, hospitals have staff ranging from several dozen to about 100 people involved in the implementation of the training. Although comprehensive information could not be collected from all relevant organizations, it can be said that the training is being continuously implemented in the pilot provinces/city, and the necessary organization and structure are generally established.

<Technical Aspect>

At ASTT, the person in charge at the time of project implementation continues to be assigned, and the technical skills, knowledge, and expertise necessary for the continuation of the training system are maintained. In Binh Dinh Province, the pilot hospital of this project is sharing the know-how related to the implementation of the training with other health facilities in the province. Furthermore, as mentioned above, Decision No. 30.QD/K2DT stipulates that the various training materials created by this project are to be used as clinical training materials for new graduate nurses. Therefore, the guidelines/manuals/various materials developed by this project are being utilized at least in the pilot provinces/city.

<Financial Aspect>

At the time of the ex-post evaluation, government budgets necessary for promoting the dissemination of the training system have not been allocated, and each hospital is partially covering the training costs while collecting tuition fees from trainees (new graduate nurses). In order to promote the dissemination of the training system nationwide, it is desirable to secure training budgets through annual government or hospital budget allocations.

<Environmental and Social Aspect>

No issue on environmental and social aspect has been observed, and it has not been necessary to take any countermeasures.

<Evaluation Result>

In light of the above, some problems have been observed in terms of the financial aspect of the implementing agency. Therefore, the sustainability of the project effects is ②.

5 Summary of the Evaluation

The project achieved the Project Purpose beyond the plan and partially achieved the Overall Goal. In the pilot provinces/city, more than 90% of new graduate nurses working as nurses in qualified health facilities completed the competency-based clinical training, and 100% of qualified health facilities implemented the training. However, information on the percentage of new graduate nurses who completed the training and the percentage of qualified health facilities implementing the training in areas other than the pilot provinces/city was not available. Regarding sustainability, at the time of the ex-post evaluation, the training is being continued in the pilot provinces/city, and the manuals and various training materials developed by this project are also being utilized. Policy, institution/organization, and technical skills are generally secured, but as the training is largely funded by the participants themselves, there are concerns that this may hinder the promotion of the training system nationwide.

Considering all the above points, this project is evaluated to be satisfactory.

III. Non-score Items

Adaption and Contribution:

JICA project stakeholders played appropriate roles from the time of the ex-ante evaluation to the end of the project and contributed to the achievement of the project objectives. In particular, they responded flexibly to changes in circumstances and achieved the establishment of a sustainable system through a good cooperative relationship with the implementing agency. Furthermore, they supported the dissemination of project outputs throughout Viet Nam, notably by promoting the local adaptation of the teaching materials and curricula developed under the project. These efforts are evaluated as having led to the success of this project.

IV. Recommendations & Lessons Learned

Recommendations for Implementing Agency:

As mentioned above, in the revised version of the “Law on Medical Examination and Treatment” (revised in 2023), the postgraduate clinical training period was shortened from nine months to six months. Since the training curricula and teaching materials developed by this project were created assuming a 9-month period, these curricula and teaching materials should be adjusted and revised to match the 6-month training period and distributed nationwide.

Lessons Learned for JICA:

As a means of verifying the Overall Goal, the use of ASTT’s database for the clinical training system for new graduate nurses was stated. However, at the time of the ex-post evaluation, this ASTT database was insufficiently developed. Therefore, it was not possible to accurately grasp the extent to which the training system has spread nationwide. When implementing similar projects in the future, it is necessary to either adopt a database that is sufficiently established by the Vietnamese side at the time of the ex-ante evaluation as a verification means, or to clarify realistic data collection methods by the time of the ex-post evaluation.



Learning support for new graduate nurses by nurse preceptors at the pilot site, Bach Mai Hospital



Practical training using equipment provided by this project at the pilot site, Saint Paul Hospital