



# Speech therapy services in Viet Nam

## Past, present and future

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**Viet Nam is experiencing rapid economic and social change as it moves from an impoverished country engaged in postwar reconstruction to a rapidly growing Asian economy. At present, limited services for people with communication problems are offered by doctors, nurses, physiotherapists, and teachers, often trained in short courses by expatriate speech therapists. Like many developing countries, Viet Nam has a history of speech therapists visiting the country on volunteer placement for a few weeks to a couple of years, working with locals to provide specialist services and training. Increasing survival rates from stroke and degenerative diseases, rapidly increasing head injury rates, and a growing middle class has created a demand for formal, ongoing, government and private speech therapy services for people with disabilities and rehabilitation needs.**

In this edition of ACQ, this regular column takes a slightly different tack on presenting information about speech pathology in the Asia Pacific basin. Earlier columns have been written by speech therapists about the established profession in that country. In this column, a number of Australian speech therapists and their Vietnamese counterparts tell their stories of their efforts to establish speech therapy in Viet Nam. We use the term "speech therapy" in this article as that is the term by which the profession is known in Viet Nam. Vietnamese health professions providing speech therapy services in hospitals in Ho Chi Minh City (HCMC, formerly Saigon) then tell their stories of developing and providing speech therapy services. We conclude this article with a consideration of possibilities for the development of a speech therapy profession in Viet Nam.

The earliest involvement of a speech therapist in Viet Nam, as reported in the literature (Landis & Pham, 1975) was in 1972, before reunification of the country. Miss Pat Landis (affiliated with the Division of Crippled Children's Services, Maryland, USA) began a pilot project at the Children's Medical Relief International Centre for Plastic and Reconstructive Surgery in Saigon. The 6-month program provided basic diagnostic and "remedial speech services" for patients with cleft lip and palate (CLP) and the training

of a Vietnamese counterpart. Services for children with CLP delivered by "fly in/fly out" teams are often the first step to the development of speech therapy in developing countries (see for example Zbar, Rai, & Dingman, 2000).

It was not until the early 1990s when Viet Nam opened its doors to the world that speech therapists again became involved with children with communication difficulties in Viet Nam. Since that time, a plethora of philanthropic organisations have donated their skills, time, and money to provide services and equipment for the hearing impaired, physically disabled, and for children with cleft lip and palate. These organisations have included Operation Rainbow, Operation Smile, The Smile Train, Mission Possible, and various projects sponsored by foreign embassies, religious organisations, and companies. Unfortunately, few have included the expertise and knowledge of a speech therapist on their teams.

## Past and present

### Lindy McAllister

DEPUTY HEAD, SCHOOL OF MEDICINE,  
UNIVERSITY OF QUEENSLAND

DIRECTOR, TRINH FOUNDATION AUSTRALIA

I began working in Viet Nam in 2001, developing and running clinical education placements for allied health students from Charles Sturt University working at Phu My Orphanage in HCMC. Since 2001, more than 80 students from Charles Sturt University have provided needs assessments, intervention programming, staff training, resource development, and community awareness raising services in Phu My Orphanage, home to more than 350 children with physical and cognitive impairments (Clarke, Roberts, White, & McAllister, 2002; McAllister, Whiteford, Hill, & Thomas, 2006; Whiteford & McAllister, 2006; McAllister & Whiteford, 2008). This placement program won a Citation for Outstanding Contributions to Student Learning from the federal government's Carrick Institute for Learning and Teaching in Higher Education in 2007. Our sustained engagement in Viet Nam has created networks to advocate for the development of speech therapy and allied health services more broadly in Viet Nam.

Over the years, I have provided consultancy to a number of Australian development and non-government organisation initiatives in Viet Nam, to Vietnamese government departments and hospitals, and to various universities in Viet Nam about establishing a speech therapy course in Viet Nam. This interest in developing speech therapy in Viet Nam brought me into contact with Australian speech therapist Sue Woodward. Through her work with Project

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Boomerang, an Australian cleft lip and plate charity, Sue found that the ENT Hospital in HCMC was keen to develop a short course in speech therapy, with a view to supporting a diploma course in one of the HCMC universities. Sue and I were able to persuade Janella Christie, Bernice Mathisen, Alison Winkworth, Jacqui Frowen, Marie Atherton, and Felicity Megee to contribute their expertise in cleft lip and plate, swallowing and voice, to the teaching of the first short course in speech therapy at the Ear, Nose and Throat (ENT) Hospital of HCMC in 2009, as described below.

### **Janella Christie**

SENIOR SPEECH THERAPIST, ACUTE SPEECH PATHOLOGY SERVICE, SOUTHERN HEALTH-CLAYTON VIC

I first became involved with the Rotary Australia Viet Nam Dental Health Project in 2000. The project had begun in 1991 to improve the dental health of rural children and infants but broadened with the establishment of a specialist dental team as well as a cleft care team – Bridge the Gap Australia at the National Hospital of Odontostomatology and Maxillofacial Surgery in HCMC. We have begun to establish the concept of multidisciplinary management for patients with CLP. We have also been involved in a research project to determine the incidence of cleft lip and/or palate in newborn infants in the southern province of Ba Ria Vung Tau to assist with future service planning.

For a speech therapist working in a non-English speaking country, the challenges are numerous but never insurmountable, with the goal always being future sustainability of the service. The biggest hurdle to achieving this is the fact that there is currently no speech therapy training course in Viet Nam.

### **Sue Woodward**

SPEECH THERAPIST IN PRIVATE PRACTICE,  
CENTRAL COAST, NSW  
DIRECTOR, TRINH FOUNDATION AUSTRALIA

Travelling to Viet Nam twice a year, I have been working as a self-funded member of the Project Boomerang team which provides staff training and multidisciplinary cleft care services to children in HCMC, Hoi An and Ha Noi.

In Hoi An, ongoing work with the Australian not-for-profit organisation Children's Hope in Action (CHIA) and with the government-run Hoi An Orphanage, involves the assessment and the planning of treatment programs for children not only with CLP, but also for those with wide ranging communication disorders. There has also been staff training at both institutions in all areas pertaining to communication disorders in children.

In Ha Noi, work at the National Hospital of Paediatrics has resulted in the establishment of a management protocol for all children born with CLP, which will now importantly include regular hearing checks and referrals to "speech nurses" who have been trained by us and other volunteers. Publication is currently underway of several booklets to assist parents and their children with varied speech and language difficulties including those with cleft lip and palate.

Working with the Project Boomerang team throughout Viet Nam has continually highlighted the critical lack of knowledge and expertise in all areas of child and adult communication disorders. The Trinh Foundation Australia ([www.trinhfoundation.org](http://www.trinhfoundation.org)) has therefore been established for the specific purpose of promoting and funding courses, particularly formal speech therapy training courses, to enable the effective management of communication and swallowing disabilities throughout Viet Nam. It is exciting to now see the expanding number of Australian speech therapists

willing to become involved in working in Viet Nam. The Trinh Foundation Australia hopes to provide ongoing support for these therapists as we work towards the goal of a university-based course for speech therapy in Viet Nam.

### **Hà Thị Kim Yến**

HEAD OF PHYSICAL THERAPY & REHABILITATION DEPARTMENT, CHILDREN'S HOSPITAL 1, HCMC

Until the last few years, most of the children I worked with at Children's Hospital 1 had cerebral palsy. They had difficulties with speech, but they could talk spontaneously when their patterns of feeding were corrected. In 2000, a 3-year-old child referred to me had received many assessments and treatments from the ENT doctor, but still had no speech at all. (I now realise she had autism.) Thus, my journey seeking information about speech therapy began. In 2002, I visited France for 10 weeks to learn how speech therapy is organised there. Back home, I organised a speech therapy unit in the Rehabilitation Department. Over time, I worked with many children with delayed speech. A neonatal department has been developed in the hospital and as a result, many more newborn babies have survived, increasing the need for speech therapy. In 2008, I was lucky to visit Arkansas Children's Hospital, as well as the Easter Seals service. I visited La Rabida Hospital in Chicago and learned from speech therapy sessions in schools there. In 2009, I attended the short course in speech therapy at ENT Hospital, HCMC, sponsored by the Trinh Foundation Australia. This has been a valuable, methodical training course.

At the Rehabilitation Department of the Children's Hospital 1, three speech therapy rooms were built with charity funds, and more than 300 children attend every year, including children with autism spectrum disorders (ASD), retarded development, lisps and cerebral palsy-post encephalitis. There are five speech therapy staff: four of them started as physical therapists, and one is a special educator. We are especially interested in early intervention and sensory integration therapy for children with ASD. We are learning to treat sucking-swallowing problems of newborn babies, as well as problems with chewing, drooling, picky eaters, and poor feeding patterns. Also, we need to build up our skills in working with preschool children with disabilities, improving their general skills of communication, and correcting their articulation if they have a cleft palate.

### **Đinh Thị Bích Loan**

SPEECH THERAPIST, ODONTO MAXILLO FACIAL HOSPITAL (BVRHM), HCMC

I work as a nurse and speech therapist at the Odonto Maxillo Facial Hospital (BVRHM) in HCMC. This hospital provides free operations for many patients with CLP. After their operations, patients still have problems with voice, language and speech, but our hospital previously did not provide speech therapy. Since 2003, my hospital has been helped by Project Boomerang, and from 2007 by the Trinh Foundation Australia. I have had training from Mrs Sue Woodward in speech therapy for patients after CLP repair.

One of my typical patients is 10-year-old Quan. He had CLP which was repaired at about seven years of age. After that surgery, he still had nasal air emission during speech and he couldn't say many sounds, (for example "t" and "th"). But six months later, after receiving help for myself and from Project Boomerang speech therapists, the patient can say these sounds and use oral voice (editor's note: reduced hypernasality). I continue to practise sounds with Quan and advise his parents.

I was a participant in the 6-week speech therapy short course provided in 2009 by the Trinh Foundation Australia at the ENT Hospital in HCMC. I now have much more knowledge about how to treat patients. Now I am not just a nurse, I'm also helping some children with problems with voice, language, speech.

### **Bùi Thị Duyên**

SPEECH THERAPIST AND NURSE, ENT HOSPITAL, HCMC

In 2003, I graduated from the Social Sciences and Humanities University (HCMC) with a Bachelor of Arts, and then in 2005 from The Medical Technology University Number 3 in HCMC with a Diploma of Nursing. At present I'm studying to obtain my Bachelor of Nursing at the Medical and Pharmacy University in HCMC. Now I am in charge of speech therapy training for patients with total laryngectomy, unilateral vocal cord paralysis, disorders of the breaking of voice, cleft palate, trouble with articulation, stuttering, and cochlear implants.

I spent nine months in Belgium at the Central Hospital of Liege and the Audio-Phonologie Medical Centre, learning how to provide therapy for children who have a cochlear implant, autism or memory problems. As well as my training in Belgium, I learned how to become a speech therapist from self-directed study, visiting speech therapists and from Dr Dung, the director of the ENT Hospital in HCMC.

One interesting group of patients I see here are those with total laryngectomy. We don't have access to voice prostheses here in Viet Nam, so the common treatment is oesophageal speech.

### **New developments**

In the past, the development of speech therapy services in Viet Nam has been somewhat ad hoc, with volunteers providing speech therapy services or training of others to provide such services occurring in geographical isolation. When volunteers left there was often no means for sustaining gains made in that area. The current development of health, education and social services in Viet Nam, a growing awareness of what speech therapy can offer together with an escalating demand for speech therapy services creates an opportunity for nation-wide, coordinated, formalised and sustainable development of speech therapy services. In this section, Alison Winkworth, Bernice Mathisen, and Felicity Megee introduce themselves and describe a first step – a nationally delivered short course in speech therapy – to building a sustainable speech therapy service in Viet Nam.

### **Alison Winkworth**

CASUAL LECTURER IN SPEECH PATHOLOGY PROGRAM,  
CHARLES STURT UNIVERSITY

SPEECH THERAPIST IN PRIVATE PRACTICE,  
ALBURY-WODONGA NSW/VIC

ADVISOR IN TEACHING AND LEARNING, TRINH  
FOUNDATION AUSTRALIA

In order to obtain some much-needed background and a cultural introduction, I travelled to Viet Nam in 2008 with Project Boomerang's Sue Woodward and colleagues on a reconnaissance trip for planning the short course. One of the most important aspects of this introductory trip was that I learned first hand about some of the key concepts, assumptions – and differences from Australian practice – in the predominant health care models practised in Viet Nam. I have since lectured and modelled patient care in Hanoi, and participated with team teaching the short course in speech therapy in HCMC.

### **Bernice Mathisen**

SPEECH PATHOLOGY PROGRAM CONVENOR,  
THE UNIVERSITY OF NEWCASTLE, NEWCASTLE, NSW

Dr Aziz Sahu-Kahn, guest lecturer to the Bachelor of Speech Pathology Program at The University of Newcastle, consultant orthodontist to Project Boomerang and Trinh Foundation Australia director had invited me to Viet Nam five years ago. When Aziz's daughter Rehana graduated as a speech therapist from The University of Newcastle and Sue Woodward became a conjoint lecturer who would supervise two students in Viet Nam for two weeks, it was time for me to take up the standing invitation and "dive in to the unknown", quite literally. I had no experience of Viet Nam so decided to take a 10-day tour north (Ha Noi) to south (HCMC) with my family in February 2009, just before the short course started. This was a good move as it gave me a context and allowed me to start sampling the sensational Vietnamese food (for the swallowing module, of course!).

### **Felicity Megee**

SENIOR CLINICIAN, HEAD & NECK ONCOLOGY, ACUTE  
SPEECH PATHOLOGY SERVICE, SOUTHERN HEALTH VIC

I had been aware of the work the Trinh Foundation was doing in Viet Nam for some time through speech pathology colleagues. However, it was not until July 2009, and the second clinical training block, that I became actively involved. An opportunity presented initially as a clinical educator, and later as a lecturer. I found the opportunity to use my skills in speech pathology in a different context was both exciting and challenging. The clinical training block raised important questions regarding communication and dysphagia management for patients undergoing head and neck cancer treatment in Viet Nam. A visit to Benh Vien Ung Buou, the cancer hospital in HCMC, and further discussion with health professionals working with a head and neck cancer population ensured that some of these questions could be addressed in the October lecture block.

### **The short course in speech therapy**

At the request of the ENT Hospital of HCMC, Trinh Foundation Australia organised, financially supported and delivered a 6-week course in key topics in speech therapy (voice, swallowing and speech) to 19 doctors, nurses, audiologists and physiotherapists from the major hospitals in Viet Nam. Proficiency with spoken or written English was not a prerequisite for course entry. Almost all these students were already working with people with communication and swallowing impairments. Eight Australian speech therapists volunteered their time to lecture and provide clinical teaching sessions at different points in the course. We worked with interpreters, at first one of the participating doctors, later Vietnamese-Australian interpreters sourced by Trinh



**Dr Bernice Mathisen and Felicity Megee working with a patient as the participants in the short course in speech therapy look on.**

