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LARRY JONES INTERNATIONAL MINISTRIES, INC.

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February 27, 1997

W. Thomas Kelly  
Director, PVO/NIS Project  
WORLD LEARNING, INC.  
1015 Fifteenth Street, N.W., Suite 911  
Washington, D. C. 20005

Dear Tom:

Enclosed is Feed The Children's Final Report for Grant #NIS-2022-00-35,  
in accordance with stated grant requirements.

Sincerely,

Lou Ziskind  
Director, Grants Program

cc: Erika Elvander, World Learning  
Matt Smith, FTC/Moscow  
USAID/Moscow

## Final Report

Grantee Name : **Feed The Children (FTC)**

Grant No: **NIS-2022-00-35**

Project Title: **MCH NIS-PVO**

Name of NIS Partner: **The Healthy Family (THF)**

Country Sites: **Yekaterinburg**

Grant Amount: **\$599,872**

Program Duration: **September 23, 1994 - December 30, 1996**

Reporting Officer: **Matthew Smith, Director**  
**Feed The Children c/o Fund for Russian Development,**  
**Orlikov per. 3, Office 626**  
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Date Of Report: **February 24, 1997**

### I. FINANCIAL STATUS

	Grant USAID	%	Match FTC	%	Totals
Total	599,872	45	725,752	55	1,325,624
Year One	255,184	41	370,416	59	625,600
Year Two	344,688	49	355,336	51	700,024
Cumulative Expenditures	504,613	84.12	932,061	128.43	1,436,674

**Project Goals:** To improve the health of women and children (0-5) in the Sverdlovsk Region.

To strengthen the capacities of The Healthy Family through the expansion and enhancement of maternal-child health care services, and to replicate this model in other regions.

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## I. Executive Summary:

In responding to the above stated goals, Feed The Children (FTC) and its Russian partner, The Healthy Family (THF) have made considerable progress during the past year in strengthening the organizational structure of THF, improving neonatal care, developing an outreach consultation and referral network, and providing leadership in regional postgraduate education of neonatologists and health care workers. The goal of The Healthy Family is "to improve and expand the delivery of pre-natal and post-natal primary health care services to women and children". Both FTC and THF have sought to address the MCH issues through programs which obtained financial and material support to upgrade medical facilities and staff skills and through information and physician exchange programs to improve MCH diagnoses and treatments. A clear improvement in the health of women and children in the Sverdlovsk Oblast has been demonstrated by a drop in infant mortality which is directly related to the teaching of neonatal resuscitation skills to health providers in the region. Much of the credit must be given to medical professionals from the University of Utah Medical Center who provided excellent training programs which were well adapted to the needs of the Sverdlovsk Medical Community.

The Healthy Family's capacity to coordinate and manage programs has improved notably over the past year with their participation in the training and other programs. One such successful sub-project has been the translation and publishing of Dr. Wennberg's Neonatal Resuscitation Handbook which will be distributed by THF in March 1997. In addition, two regional conferences and a highly successful public awareness campaign were developed and implemented by THF.

As with all NGO's the viability of THF will depend on continued availability of funding for its activities and access to those sources of funding. A proposal has already been submitted to Feed The Children/Canada to continue support to The Healthy Family. Components include staff and board training, replication of THF in Kurgan and Kazan and strengthening membership and donor base. Discussions with THF indicate they are very interested in hiring full time staff to assist in fund raising. FTC will continue to provide input to THF as they seek new resources.

The training programs and information dissemination carried out under the Grant have positively impacted a large segment of the medical community and have led to the introduction of new medical treatment protocols, life saving methods, campaigns against alcoholism and smoking, and a standardized training format for nurses attending the Upgrading Institute. These and other sustainable interventions have moved the Russian health system encountered in Yekaterinburg in 1994 ahead several decades. Continued physician exchange programs which will be supported through LDS in Utah, ongoing contact with FTC, and new funding initiatives will continue to influence the medical community in Yekaterinburg.

## II Project Outputs

### A. Training at the Regional Children's (RCH) and Mother Child (OMM) Hospitals

Since the beginning of Feed The Children's Mother Child Health (MCH) training program in Ekaterinburg, the level of perinatal care has become much more appropriate and effective. Largely as a result of the physical assistance and training efforts of this project, the Newborn Intensive Care Unit (NICU) at the Regional Children's Hospital (RCH) has progressed two decades in its treatment capacities and now has a unit comparable to most NICUs currently available in the United States. Training sessions by FTC's Medical Advisor and physicians from the University of Utah Medical Center have been admirably coordinated by FTC's partner organization, The Healthy Family, in particular Dr. Michael Sklar and Olga Tsimerinova. Physician exchange programs have also been developed with the University of Utah involving medical personnel from the Oblast and coordinated by THF personnel.

Resuscitation training and follow-up have a continuing impact on medical attitudes in Russia. Two conferences (March 1995 and June 1996) on this subject have directly resulted in the passage of laws mandating certification for all delivery personnel in newborn resuscitation first at the Regional level and subsequently at the Federal level. FTC's medical consultant Dr. Richard Wennberg is optimistic that this training program will continue beyond the life of the project. For example, the Resuscitation Training Program continues throughout the Oblast with teams of trainers from the RCH and OMM who spend two to three days at each hospital. They conduct training and workshops during which trainees perform, on special mannequins, appropriate resuscitation procedures and make decisions needed during hospital emergencies. Over 600 Medical personnel have been trained and 85% of 70 principal obstetric facilities have received this training in a hospital setting.

In addition, RCH staff have recently been appointed by the MCH Director of the Oblast Ministry of Health to certify all regional perinatal care workers in neonatal resuscitation techniques. Certification of newborn resuscitation trainees is also continuing. Each Monday testing is conducted under Dr. Farid Mukhammedin's direction to determine which trainees qualify in their performance and decisions. Those qualifying receive formal approval while a mandate from the Russian Federation Ministry of Health now requires all delivery room personnel to qualify by January, 1997. To reinforce program development, FTC has :

- 1) established an internet link between the RCH, Dr. Ronald Stoddard's (Salt Lake City) unit and Dr. Wennberg's unit to consult on patients and problems and to review bi-monthly status reports of activities in the newborn intensive care unit (NICU) of the RCH; and
- 2) secured an additional grant from the International Foundation in January 1997 to purchase resuscitation training mannequins.

In October 1996, Dr. Steven Clark, Chief Perinatologist at the University of Utah Hospital visited Ekaterinburg along with one of the Perinatal Fellows from University of Utah, Dr. Flint Porter. Dr. Clark is the President-elect of the American Society of Perinatal Obstetricians and the Editor of two recently-published textbooks on Critical Care Obstetrics and Operative Obstetrics. Dr. Clark presented these books to doctors at the hospitals visited. In addition to several lecture series, the LDS Doctors consulted on difficult cases, made rounds and successfully did a Cesarean Section (LSCS) with the head Doctor at the Mother Child Hospital (OMM). Drs. Clark and Porter also traveled to Nizhny-Tagil, where they lectured to doctors from the Northern part of Oblast at the invitation of the chief obstetrician, Dr. Mark Ivanovich Postukov.

## B. Nurse Training

Each training session by physicians has been accompanied by nurse training and in particular teaching individuals who would be nurse educators. Dr. Wennberg and LDS medical staff have focused on training nurses in a hospital setting. Nurse training has also been supplied by FTC's MCH Director in Ekaterinburg. Over the life of the project, a series of seminars were developed for over 300 nurses at the Ministry of Health's Upgrading Institute. These seminars focused on 20 subjects including MCH, antenatal care, AIDS prevention, normal delivery, prevention of STDs, family planning, postnatal care and preventative and curative health ranging with handouts provided trainees on completion of the seminar.

In addition to seminars, FTC provided on the job training to five community nurses. These outreach workers received training from FTC at the Upgrading Institute beginning in April and expressed an interest in additional training. A more detailed course on community nursing and primary health care was provided the new Outreach workers in June using TOT methodology. Since then, the outreach workers have treated over 3,500 cases as well as providing on the job training for other nurses in the Oblast.

The MCH Director has rewritten training manuals at the Upgrading Institute which is responsible for recertifying all nurses, midwives and felchers in the oblast every three to five years. This takes the form of one to three month refresher courses taught by specialists in the field. The revised manuals have been approved by the MOH and will be used in future recertification courses.

As a result of these efforts, there has been noticeably more appropriate and effective antenatal nursing care and improved counseling for the future parents. This has improved maternal health by reducing the rate of anemia among pregnant women. The trainers are continuously looking for improved methods of antenatal counseling with particular emphasis paid to women and new born infants during labor, delivery (especially during the post partum period) and at home by the Outreach workers. The Ministry of Health may soon realize the importance of prenatal care that promotes rooming-in of mother and baby, which encourages early breast-feeding and improves both the psychological and physical well-being of mother and child. Trainees have already recognized the importance of this

system and are planning to put pressure on the MOH to establish long-term family-centered health care.

### C. School Health

As an additional activity, the MCH Director developed (at the request of the MOH) a school health training manual which was subsequently approved by the MOH. This is the first school health manual in Russia and has been received with great interest by the MOH who intends to use the manual for all school nurse training in the Oblast. In September, a training seminar in school health was presented by the MCH Director to school health nurses selected by the Upgrading Institute. Trainees were provided with the manual, hand outs and leaflets developed by FTC for use in their own communities.

The Healthy Family and Dr. Howard Sharp (a full time Yekaterinburg resident from the University of Utah Medical Center) successfully developed an anti-smoking campaign for school children which was presented in several schools during the recent Russian 'smoke out' campaign. Dr. Sharp has also just finished a similar lecture series on sexually-transmitted disease prevention (STD) which he has illustrated with slides. And he has been working with Dr. Tatiana Oboskalava, the Woman's Health Commissioner for the city, who will now see to it that the doctors at the Woman's Health Center teach these subjects to the school children on a regular basis.

Dr. Sharp will also be training the nurses in how to present such topics effectively with the materials he is providing for illustrative purposes and expects that this program will have a long-term beneficial effect on thousands of school children for many years to come.

### D. Publications

During visits to Ekaterinburg, both Dr. Wennberg and Dr. Stoddard indicated surprise at the lack of a 'scientific approach' to perinatal care and the absence of texts. Dr. Wennberg had also indicated that professional standards for newborn care are just beginning to be formulated by the Perinatal Association (based in Moscow). As few Russian physicians read English, FTC (and LDS Physicians) felt it is essential to provide appropriate protocols in Russian not only for resuscitation but for other newborn clinical problems as well. One such protocol is The Neonatal Intensive Care Handbook edited by Dr. Wennberg and Dr. Goetzman (Mosby Publishers) has now been translated by RCH physicians and is under publication for distribution to all regions of Russia. A second set of protocols were established by visiting LDS medical staff for NICU nurses and newborn clinical problems.

Dr. Wennberg's neonatology textbook was translated, adapted and presented to the publishers with an expected completion date of February 15, 1997. THF will then distribute all 10,000 copies to MCH units in all Russian Oblasts. Printing costs were covered with a SOROS grant of \$20,000 secured by FTC for this purpose.

### **III. Program Activities Detailed from the Inception of the Grant**

#### *Project Planning, Management and Financial Reporting*

- Hold Project Initialization Meeting with Project Staff: Completed.
- Develop Detailed Logistical and Implementation Work Plan: Completed.
- Develop Position Descriptions for All FTC Staff: Completed.
- Identify Facility Requirements and Relocate Staff: Completed.
- Conduct In-The-Field Information Needs Assessment: Completed.
- Develop Accounting Procedures & Reporting Systems: Completed.
- Develop Memorandum of Understanding between FTC, THF and RCH: Completed.
- Set Up Coordination/Reporting Mechanisms with NGO Partner: Completed.
- Purchase, Install Computers and Other Equipment/Software: Completed.
- Coordinate Equipment & Humanitarian Assistance Shipments: Completed.
- Project Management and Financial Reporting: Completed.

#### *"The Healthy Family" PVO Organization Development*

- Identify Current Structure, Financial & Reporting Procedures: Completed.
- Meet with Officers and Board to Review Project Goals/Objectives: Completed.
- Develop and Expand Agendas and Membership of Boards: Ongoing.
- Develop and Identify Memberships in Working Groups: Ongoing.
- Develop Management Training Materials: Partially completed.
- Implement Activities Described in Year Two Protocol: Completed.

#### *Development of the Medical Training Program*

- Assess In-Field Training Requirements in Perinatal Medicine: Completed.
- Assist RCH in Identifying Physical/Service Support Requirements: Completed.

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Develop Training Program Curriculum for Neonatal Physicians-RCH: Completed.

Train Neonatal Physicians at Newborn ICU-RCH: Completed.

Develop Training Program Curriculum for Neonatal Nurses-RCH: Completed.

Train Neonatal Nurses at Newborn ICU-RCH: Completed.

Facilitate Neonatal Physician/Nurse Exchange Program: Completed.

Develop Training Program Curriculum for Obstetrical Physicians MH-20: Completed.

Train Obstetrical Physicians at Maternity Hospital No. 20: Ongoing.

Develop Training Program Curriculum for Obstetrical Nurses-MH-20: Partially completed.

Train Obstetrical Nurses at Maternity Hospital No. 20: Ongoing.

Facilitate Obstetrical Physician//Nurse Exchange Program: Completed.

Nurses-In-Service Training Assistance Program: Completed.

#### Sverdlovsk Regional Outreach Program

Identify Paramedic, Nurse, and Midwife Training Requirements: Completed.

Develop Training Curriculum: Completed.

Provide TA in Regional Paramedic, Nurse and Midwife Training: Completed.

TA to RCH NICU in District Hospital Training of Neonatal Physicians: Completed.

TA to MH-20 in District Hospital Training of Obstetrical Physicians: Ongoing.

TA in NICU in Regional Outreach Training to Neonatal Physicians: Completed.

TA to MH-20 in Regional Outreach Training of Obstetrical Physicians: Ongoing.

Develop and Implement Mechanism to Measure Training Effectiveness: Ongoing.

Develop Education Materials for Mother/Infant Care Dissemination: Completed.

#### Program Monitoring and Evaluation

Quarterly Progress Reviews - WL/USAID: Completed.

Conduct Mid-Term and A-133 Audits: Completed.

#### **IV. Comments/Recommendations/Constraints**

##### **A. The Healthy Family**

The Healthy Family is clearly ready to make a definitive impact on the health environment in the Sverdlovsk Region. A professional membership, many whom are trained in Western medical and business systems is now seeking the means for funding full time personnel to coordinate program activities. THF could continue to be quite successful even without additional funding. By operating as an auxiliary organization in support of the RCH and OMM Hospitals in Yekaterinburg, it can continue to lobby for and carry out basic but necessary changes to the regional health care system. Anything more than this, however, would require additional funding supported by a well established office.

A major issue remains the isolation of THF in Ekaterinburg from major funding agencies located in Moscow. As part of its ongoing activities, Feed The Children will provide THF with information and support on new funding sources. One current such contact is an American NGO who is looking into MCH programming in Ekaterinburg. FTC is also waiting to hear on two further possibilities for THF; USAID is currently in the process of developing programming for FY 1997. Although the American Consul General was not overly optimistic about further funding in Ekaterinburg, USAID seems to continue to be extremely interested in assisting Russian NGOs. The second source of funding is a Canadian proposal previously mentioned. FTC would manage the program and would assist THF in furthering it's organizational development.

##### **B. Programming**

During the most recent WL Conference, many Russian NGOs expressed frustration with laws pertaining to NGOs, with the lack of recognition by regional and federal officials, and with the pace of reform in CIS countries. In conversations at the time as well in subsequent meetings with international NGOs, many administrators expressed a guarded interest in the development of lobby groups or, as one director put it, in the development of "an information center staffed by specialists in program identification, development and reporting". Yet the major issue still appears to be a concern that "the other agency" might then get all benefits from such a consortium.

These jealousies or worries are clearly a matter of perception which could be dispelled through the development of consortium (or, as it were, information / project development center) and clear laws pertaining to membership and operations. With so many NGOs developed under WL auspices and with so many of these NGOs expressing similar concerns (if not all the same concerns as was the case with the group FTC attended), it seems surprising that such a consortium has not yet been developed. Clearly, this would

further stimulate AID's interest as well as providing a powerful force for reform in Russia and the CIS.

### C. Summary

Feed the Children is pleased with the progress made by THF and through the training programs carried out under the Grant. As Russia continues to emerge from its transitional stage to a more stable economic and political climate, as it must, local NGO's will play an even more important role in acting as a safety net for social improvement issues. Too, it appears inevitable that Russians will become even more vocal in demanding health reforms. Although FTC, through the World Learning Grant, has been able to demonstrate dramatic improvements in the health field, national policies must take hold to assure equal access nationwide for all Russians. Toward this end, FTC is now exploring the possibilities of developing a pilot program Oblast wide to address 1) the unacceptable infant and maternal mortality and frequency of developmental disability in surviving infants; and 2) high mortality rates from cardiovascular disease in men and women. In the proposed design, local NGO's will play an important role as proponents of an improved health care system.

### D. Other

A report on the 1996 visit of Russian physicians to Salt Lake City is appended.

**Neonatology Training Visit**  
Utah Valley Regional Medical Center  
Provo, Utah

**I. Introduction**

During the past two years the Church of Jesus Christ of Latter Day Saints has been participating in a medical exchange with the physicians involved in perinatal care in Ekaterinburg, Russia. A part of that exchange has included visits from Dr. Steven Clark, Perinatologist and Dr. Ronald Stoddard, Neonatologist to Ekaterinburg in both 1995 and 1996. During the summer of 1995 a group of physicians including Yury A. Nasaron, Andrew E. Smirnov, and Farid Mukhametshin trained in both Salt Lake City at Primary Children's Medical Center and in Provo at Utah Valley Regional Medical Center. The final part of this exchange in training was a visit by Mark Prutkin and Vadeem Grjaznowa who spent two weeks at Utah Valley Regional Medical Center from November 1 - 14, 1996. This is a report of their visit and training.

**II. General Information**

Mark Prutkin is a Neonatologist at Regional Children's Hospital #1 in Ekaterinburg, Russia. He is a younger staff member in neonatology and served as a principal translator for lectures and medical discussions during my visits to Ekaterinburg. He has a superb command of the English language and is a very open, warm, and genuine person. Mark is inquisitive and enjoys learning. He is Jewish by ethnic background and has relatives in both the United States and Jerusalem. This is Mark's first visit to the United States and he was enthusiastic in learning and doing everything possible during his time here. He became fast friends with everyone he met and because of his excellent English seemed to fit in well in all situations.

Vadeem Grjaznowa is also a Neonatologist from Regional Children's Hospital in Ekaterinburg, Russia. Vadeem's warm smile and genuine interest in people also won fast friends for him. He looks very similar to the American movie star Tom Hanks which was always a topic of conversation. Vadeem's command of the English language was much less than Mark's but he seems to understand most things well and simply had a little more difficulty expressing himself. He also was anxious to learn and willing to observe and be present for all types of procedures. Mark stayed with the Hunter family in Provo and Vadeem stayed with the Drummond family. They seemed to enjoy living with these families and they certainly were served well as these families would drop them off in the morning and pick them up when necessary for travel. Both the Russian neonatologists enjoyed walking and often preferred to walk even fairly long distances even though the weather seemed somewhat cold.

Social and cultural activities included events with the host families, luncheons and dinners with people they met and worked with at the hospital, and sporting events at Brigham Young University. American football did not seem to hold their interest as much as soccer and they honestly wondered why civilized and educated people would engage in a sport where hurting or injuring other people seemed to be a strong motivation. Their main comment was that American football is very dangerous.

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### III. Training Experience

The two weeks spent at Utah Valley Regional Medical Center were closely supervised and monitored by Dr. Stoddard. Because of the medical practice laws in the United States it was not possible for them to actually perform procedures upon infants in the Newborn Intensive Care Nursery. However they obtained a wealth of first hand experience by being at the bedside for many procedures, attending high risk deliveries, and going with the neonatal transport team to outlying hospitals in our referral area. Their general work day was from 8:00 a.m. until 5:00 p.m. although on many evenings they stayed well into the night particularly when I was on-call and making evening rounds. Their training and experience included the following:

- a. **Protocols** — A stated purpose of their visit was to understand protocols and how to write them. Each of them was also asked to independently come up with a protocol for their Newborn Intensive Care Unit in Ekaterinburg. We spent time reviewing current policies and procedures as well as practice protocols in existence in the Intensive Care Nursery at Utah Valley Regional Medical Center. Vadeem chose to work on a protocol for neonatal sepsis and its evaluation in their hospital. Mark worked on a protocol for the timely and appropriate evaluation of respiratory problems in the newborn. Each of them was supplied with both references and existing protocols at Utah Valley and they worked independently in the hospital outlining approaches that would fit both the needs and resources of Regional Children's Hospital in Ekaterinburg. They seemed pleased with the opportunity to do this and went back not only with their own individual protocols but with numerous examples and ideas of others that they could adapt to their hospital's situation.
- b. **Rounds** — During their visit they attended morning rounds and participated in discussions on patient care with each of the critically ill newborn patients. In addition to asking questions, being involved in bedside teaching with charts, trend sheets, and x-rays, and meeting and interacting with parents; they were also able to spend time with bedside nurses discussing their role in patient care and the bedside respiratory therapists and how they worked together with the nurses in our Newborn Intensive Care Nursery.
- c. **Deliveries** — They dressed in hospital scrubs each day and were ready and available to attend high risk deliveries. They went with the emergency response team consisting of a respiratory therapist and an intensive care nursery nurse whenever they were called to the delivery area. During this period of time they were further stimulated in their learning by the opportunity to ask questions, observe neonatal resuscitation in progress, and assist members of the team. Both physicians mentioned that this experience was extremely helpful since they often are on the receiving end at the Children's Hospital where these early interventions have already taken place.
- d. **Transport** — Utah Valley Regional Medical Center has a very busy neonatal transport team. In addition to ground transport to hospitals with the valley and neighboring cities, the UVRMC transport team also flies fixed wing aircraft to points in central and southern Utah as well as eastern Utah. During the time that

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Vadeem and Mark worked at our hospital they were able to go with the team on multiple transports. On one of these occasions the child had a cyanotic heart lesion and they were able to accompany the infant to Primary Children's Medical Center in Salt Lake City, Utah and see the continuum of care that exists throughout our system. The transport team was pleased to have them along and actively taught them throughout this experience.

- e. **Records** — The medical records keeping and charting in our nursery has been improved and refined over the years. They were especially interested in this record keeping and obtained copies of our trend flow sheets as well as other hospital and transport records.
- f. **X-rays** — Because of the importance of x-rays in Newborn Intensive Care we spent time on a regular basis reviewing neonatal x-rays both general chest x-rays and head ultrasounds. They also became familiar with the echocardiography equipment and our use of ongoing evaluation with echocardiograms in Newborn Intensive Care.
- g. **Equipment** — They were extremely interested in the equipment that we had and spent hours with the respiratory therapists discussing not only clinical use of the equipment but maintenance, cleaning, and troubleshooting.
- h. **Biomedical Engineering** — They were given an opportunity to work with our biomedical engineering people who are responsible for calibration, maintenance, and repair of our medical equipment. They felt that this area was one which was critical to their quality of care in Ekaterinburg. Although they have been given many pieces of sophisticated and outstanding medical equipment, to date they do not have either the supply lines or the trained individuals to calibrate, repair, and maintain this equipment.
- i. **Conferences** — They attended teaching conferences for pediatricians and staff at our hospital and also participated in a three day teaching course on high frequency ventilation which was given by Dr. Stoddard, Dr. Minton, and Dr. Gerstmann at Brigham Young University. This included not only didactic lectures on high frequency ventilation equipment and basic principles of respiratory physiology but also hands-on experience in the animal laboratory using this equipment.
- j. **Independent Study** — My office served as their central location in the hospital and they had complete access to my medical library as well as articles on file from the literature. They were able to obtain copies of any articles of interest, they had complete access to a personal computer, and time was consistently filled with educational opportunities.
- k. **Hospital Tour** — After their arrival they were given a complete tour of the hospital with the opportunity to spend an hour or more in every area, that is Radiology, Pathology, Clinical Laboratory, Respiratory Care, Emergency Room, Operating Room, and Pediatrics. This was especially helpful to them as they became aware and understood the capabilities and functioning as well as interactions in our medical facility.
- l. **Administration** — They were able to meet the administrators of the hospital who

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graciously provided them with the opportunity to have meals in the cafeteria for lunch while they were here.

- m. **Procedures** — Although Mark and Vadeem could not actually perform procedures they assisted and watched many of the procedures that were being done. In addition they were very interested in some of the equipment and disposable items that we used. They took down information on all of this material to check on its availability and whether it could be sent or obtained in Russia.

While Mark and Vadeem were here, Vadeem expressed some concern and questions about his wife and some of the medical therapy that she had received. Apparently she underwent a severe life threatening event probably related to hypovolemia at the delivery of their four year old twins. She has had residual seizure disorder since then and has consulted with physicians in both Germany and England. We were able to get a faxed copy of her health history in German as well as an English translation and a copy of the consultation in England. After reviewing them I spoke with an adult neurologist in Salt Lake City and was able to get some advice on further treatment for Vadeem's wife.

Also while Mark and Vadeem were here I had a phone call from a Russian member of the church who is attending Brigham Young University. She is from Ekaterinburg and we had met her on our latest visit to Ekaterinburg in 1996. We arranged for Mark and Vadeem to talk to her and it seemed to be a mutually beneficial experience. She was buoyed up in talking to someone from her home town and they were excited to meet someone from their home town right there in Provo. They visited, exchanged addresses and phone numbers, and Mark and Vadeem carried some items back with them to give to this member's family.

#### IV. **Conclusion**

Mark and Vadeem expressed their gratitude for the training experience here at Utah Valley Regional Medical Center. In a two week period of time we were able to provide them with both clinical experience as well as didactic experience. They were not afraid to ask questions and this made their learning experience even better. I believe they had a well rounded education in neonatology and got an excellent feel for how we practice here in Utah.

Personally it was somewhat more difficult for me than planned because the nursery was quite busy at the time and I had three trips out of the country which all fell in September, October, and November. Because of their desire to learn, they had many questions and it simply took a lot of time to deal with those questions at the end of the day. If I had not had so many other commitments both in the church and in medicine I feel that I may have been able to provide them with a better educational experience.