



RBC MAKES AN IMPACT ON PROFESSIONAL NURSING PRACTICE IN VIETNAM

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The first baccalaureate nursing training program in Vietnam was started in Hanoi in 1985 as a pilot program to determine if the nursing profession could improve its educational process by moving to the academic setting. Friendship Bridge Nurses Group (FBNG) supports nursing education development in Vietnamese hospitals and universities. Since 1991 FBNG has been providing support for enhancing the professional nursing program and assisting the Vietnam Nurses Association in the development of BSN programs in three locations. In 1995, Friendship Bridge started a post-baccalaureate educational program, bringing faculty from the United States to Vietnam to teach courses to prepare nurses to begin master's degrees. I was one of the 12 Friendship Bridge faculty members who went to Vietnam from 1995-2004 to teach five of the nine courses being taught to 30 nurses completing the master's-preparatory program. Many of the students went on to complete their master's degrees in other countries as Vietnam moved closer to having its own Master's in Nursing program.

The first Master's in Nursing program in Vietnam was established by the Ministry of Health in 2007 as a pilot program, with 20 students beginning in September of 2007. Eight students completed their thesis projects in 2008 and a new class of 18 students started in September of 2008. I volunteered to teach a course in May, 2010 called "Professional Practice in Nursing" along with Anne Corbett from the Denver area. There was no book for the course, but the course description and objectives were very compatible with my previous experience at the Denver School of Nursing teaching from the book *Relationship-Based Care: A Model for Transforming Practice*, edited by Mary Koloroutis*. My past experience in Vietnam gave me some idea of the challenges the students would face in this course, and I wanted a reference book that could prepare them for the future.

I e-mailed Chris Bjork, Resources Director at Creative Health Care Management, and within three days, I had a case of books ready to carry to Vietnam for the course. We covered specific topics in the book that related to the course content outline. It was exciting to hear one student, in a quiet Vietnamese voice, declare her power as a nurse with a "Voice of Agency" as described on p. 129. The students understood and could cite the six professional practice roles seen on p. 129-132 and adopted the I₂E₂ Transformational Change Model that works even in situations of minimal external power.

Vietnam is a very hierarchical society. Relationships with patients are controlled and distant, and policies are at the center of all care. Imagine seeing the students role-play with me using an hourly rounding version of Dingman's *The Caring Model*[™] (p. 36) for showing up with the patient and sitting down—and yes, partnering with the patient. The idea of having a caring moment with a patient was a foreign concept, but was integrated into the course as the way to be a professional nurse and place the patient at the center of care. If there is currently no model for professional nursing practice in Vietnam, why not use the RBC philosophy to show what professional practice looks, feels and sounds like! The students hung on every word and used these concepts in their final presentations.

Multidisciplinary team practice does not exist in Vietnam, so when Anne and I visited a couple of ICU units, we asked the physicians how they would feel about having a master's-prepared nurse collaborating with them to promote evidence-based practice. They were open to the idea and excited that someone would have the time to do that work to improve patient care, including their own medical practice. They have so little time and so few resources for searching EBP literature. The physicians were primed for the next generation of nurses in Vietnam: master's-prepared nurses who employ a professional practice model.

I want to thank everyone at CHCM for assisting Anne and me as we moved the practice of nursing in Vietnam to a tipping point. The students we taught came from north, central, south and Delta area nursing schools, and we believe that the whole country will never be the same. One student was the chief nursing officer of a 700-bed hospital; it was her ICU in which the doctors were already waiting for nurses like our students to show up. I believe that the photo below says it all.



Blessings,

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*Dingman, S., Felgen, J., Kinnaird, L., Koloroutis, M., Manthey, M., Person, C., Wright, D. (2004). *Relationship-based care: A model for transforming practice*. Creative Health Care Management: Minneapolis, MN.

Note to readers:

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