

PROFESSIONAL JOURNAL
2012 Nurse Executives Delegation to Vietnam and Cambodia
Travel Dates: August 20-30, 2012
Delegation Leaders: Laura Caramanica, RN, PhD, CENP, FACHE and
Pamela A. Thompson, MS, RN, CENP, FAAN

Delegates from the American Organization of Nurse Executives (AONE) and their guests embarked on a trip halfway around the world to meet with nurse leaders in Vietnam and Cambodia through the People to People Citizen Ambassador Program. Led by AONE president, Laura Caramanica, RN, PhD, CENP, FACHE and AONE chief executive officer, Pamela A. Thompson, MS, RN, CENP, FAAN, the delegates arrived with open minds and a goal of shared learning with their counterparts in Vietnam and Cambodia.

Bordered by the water of the South China Sea, **Vietnam** is in the southeastern corner of the Indochinese Peninsula. To the country's west are Laos and Cambodia, while to the north lies China. Vietnam is just 31 miles (50 km) wide at its narrowest and home to approximately 54 recognized ethnic groups. With a population of approximately 87 million people, the average life expectancy is 72 years (World Health Organization, 2010). Despite Vietnam's recent economic growth, it remains a poor country with a rapidly expanding population. Vietnam has a one-party political system, run by the Vietnamese Communist Party, yet its long history of foreign invasions has left a wide range of architectural styles throughout the country.

Cambodia, officially known as the Kingdom of Cambodia, is located in the southern portion on the Indochina Peninsula in Southeast Asia. Although the quality of health in Cambodia is rising, the life expectancy in 2010 remains low at 57 years for males and 65 years for females (World Health Organization, 2010). Thirty years of war in Cambodia has left the country extremely impoverished, with a limited number of skilled, educated health care professionals.

Date: August 22, 2012

City: Ho Chi Minh City, Vietnam

Exploring a city rich with history

The delegation arrived in **Ho Chi Minh City** (formerly know as Saigon), Vietnam after 30 plus hours of traveling. During our stay in Ho Chi Minh, we stayed at the Caravelle Hotel, which opened on Christmas Eve in 1959. At the time, it was the tallest building in the city. It became a central headquarter for

diplomats and journalists during the Vietnam War.

Upon arrival, an orientation meeting was led by People to People national guide, Shiv Lavisiras, where delegates and guests learned about the Vietnamese and Cambodian culture.



The orientation was followed with an afternoon city tour to become familiar with the culture and history of Ho Chi Minh, the country's largest city, with a population of approximately 9 million people. While Vietnam is mostly an agrarian country, Ho Chi Minh City is bustling with trade and activity. Motor bikes are a major

mode of transportation and we were challenged with navigating the city, crossing busy intersections with no traffic lights amongst seemingly hundreds of merging vehicles.

While touring the city, we visited the Reunification Hall, General Post Office and Notre Dame Cathedral. The **Reunification Hall**, formerly known as the Independence Palace, served as the home of the South

Vietnamese President Van Thieu during the Vietnam War. It was there in 1975 that the war ended with the fall of Saigon, when North Vietnamese tanks crashed through the palace gates. The **General Post Office** was constructed between the years 1886 and 1891 while Vietnam was part of French Indochina. Designed by French architect Gustave Eiffel, its massive façade features carvings of the faces of famous philosophers and scientists. Across the street from the General Post Office is the **Saigon Notre-Dame Cathedral**, or Nha Tho Duc Ba, the largest church ever built in the French Empire. The statue of the Virgin Mary residing in the front of the cathedral—brought to Vietnam in 1959 from Rome—was named the Holy Mary Queen of Peace in the hope that she would bring peace to the war-ravaged country.

August 23, 2012

City: Ho Chi Minh City, Vietnam

Humbled, overwhelmed, emotional and amazed

We began our first full day with a professional visit with the faculty and staff from **Pham Ngoc Thach Medical University**. Founded in 1989, the university serves as the city's primary training facility, educating approximately 300 students per year. The university faculty, led by associate professor Cao Van Thinh, PhD, dean of faculty of nursing and medical technology, presented their vision: to create the body of knowledge through research and nursing practices leading to the production of graduates with sufficient wisdom and ethics, as well as national quality. While acknowledging their limitations—which included inadequate faculty with appropriate academic credentials, severe limited funding for equipment and supplies, a lack of a standardized nursing curriculum, and low public image of the nurse—they remained intensely optimistic and resolved to accomplish their vision.



In Vietnam, nursing education and practice is largely under the instruction and direction of physicians. They estimated that less than five percent of nurses working in Vietnam hospitals currently have the equivalent of a BSN degree. While at the university, the faculty showed us, with pride, their state-of-the-art simulation center, classrooms and ancillary buildings. The delegation was impressed with the faculty's pride and certainty that despite how far they still need to go, that anything is possible.

In the afternoon, the delegation toured **Nhi Dong Children's Hospital**, a 1,000 bed children's hospital, which provides health care to 3,500 patients per day. The hospital, built in 1954, is sparsely furnished and severely overcrowded with patients and family members lining the halls on straw mats outside crowded rooms.

The patient care areas were open to the outside and very warm. Numerous cribs and beds were placed in each patient room, providing no obvious means of providing isolation for severely ill patients. Hospital nurses reported earning the equivalent of \$40 U.S. dollars per month and having assignments of one nurse to approximately 30 to 40 patients. The physicians indicated they see hundreds of patients a day with only one to two minutes allocated per visit. Although there



are hospitals in the rural provinces, patients have little faith in the rural hospitals so they often travel to Ho Chi Minh City to seek care.

We were also invited to attend a weekly staff meeting of head nurses and physicians. The agenda included discussions around a new program designed to capture supply costs and utilization. There was a lively discussion on patient flow and improving discharge timing and even though they spoke in Vietnamese, we clearly understood the nurses' frustrations, especially head nurse Anna (shown at right) who we all admired for her spunk and compassion for patient care. Overall, all the leaders and staff we met exuded optimism and steadfast commitment to improve patient safety and quality.

Following the staff meeting, the delegation met with the hospital physician responsible for the hospital's quality and safety program. He expressed his concern for their current challenges, and similar to his academic colleagues, expressed his determination to achieve their goals and vision. He shared that the hospitals' recently developed treatment guidelines would become standard protocol for Vietnam at the end of September 2012. Delegates left the hospital feeling humbled, overwhelmed, emotional and amazed.



The delegation guests spent Thursday morning visiting the **Cu Chi Tunnels** in the town of Cu Chi. The tunnels served as the Viet Cong's base of operations during the Vietnam War and were used by Viet Cong guerrillas as hiding spots and living quarters during combat, as well as serving as communications and supply routes. The tunnels extended more than 125 miles and were dug by locals using shovels. While the majority of the tunnels were small and simple, some had three levels and could be more than 30 feet deep.



That evening we enjoyed a wonderful dinner at **Mekong Restaurant** located on Dong Du Street in the Ben Thanh Ward District of the city. Many of us spent the evening exploring the **Ben Thanh night market** in Ho Chi Minh. The market was developed from informal markets created by early 17th century street vendors gathering together near the Saigon River. It was filled with local crafts, textiles, clothing, food and tradition.

August 24, 2012

City: Ho Chi Minh City, Vietnam

Experiencing the Mekong Delta

Delegates and guests enjoyed a cultural day on Friday which included a boat ride on the Mekong River in the Mekong Delta. The **Mekong Delta** is the southernmost region of Vietnam and was formed by sediment deposited by the Mekong River. It is a unique region where life on the water has remained unchanged for centuries. The area is known as Vietnam's bread basket and produces about half of the rice output for the entire country. Vietnam is the second largest exporter of rice globally after Thailand.

We floated down the muddy water of the river in a canal boat to visit a local bee farm where we enjoyed beautiful local music.



We next traveled by donkey-pulled carts to take small boats down the river to a local small family coconut candy production business. The coconut candy is made by boiling the fruit down to a sticky mass that is then allowed to harden, then cut and wrapped in small pieces in edible rice paper. We ended the afternoon with a delicious, although unusual lunch, before our journey back to the city. Although we spent most of the afternoon in the pouring rain, it was a wonderful day.

August 25, 2012

City: Siem Reap, Cambodia

Traveling to Siem Reap

Saturday, delegates and guests traveled to Siem Reap, Cambodia. That afternoon the entire group visited **Angkor Hospital for Children (AHC)**. AHC is a pediatric teaching hospital, supported in part by Friends Without Borders that works in cooperation with the Cambodian government to provide free, quality care to impoverished children in Siem Reap. Since 1999, AHC has provided service to more than one million patients, as well as providing education to thousands of Cambodian health workers and prevention training to families at no cost.



The visit began with a brief presentation by U.S. physician and hospital director, Bill Houseworth, MD (Dr. Bill) and director of nursing, Som Sophal. In setting the context for the operation of AHC, it was important to understand that Cambodia has only had peace for 13 years, and the infrastructure to support health care and hospitals is still being established. The hospital opened in January 1999 and has two primary goals: 1) to provide high quality care for children in a warm, supportive environment, and 2) act as a medical education center for Cambodia.

Som presented an overview of nursing in Cambodia. He shared that basic nursing education in Cambodia is one to three years. Typically a primary nurse has one year of training, with three years of training leading to an associate degree, and four years of training leads to a bachelor's degree. Currently, there are no master's or PhD programs in Cambodia. The 142 nurses working at AHC (70 female and 72 male) graduated from five surrounding area schools. According to Dr. Bill, the high number of male nurses is attributed to the salary, which although averages only about \$300 per month, is higher than many other jobs. AHC also serves as a clinical training site for health care students.

We learned that AHC nurses typically work a minimum of a 12-hour shifts, and have nurse-to-patient ratios of 1-to-1 or 1-to-2 in the intensive care unit and 1-to-6 in inpatient care areas outside the intensive care unit. Units are crowded, overflowing into the hallway, and non-clinical space has been converted into

clinical space. Recently, increased numbers of patients with dengue fever have forced AHC to turn patients away.

We were told that nurses have been placed in key leadership positions throughout the hospital over the past few years, and Dr. Bill has been a strong proponent of this change. The AHC nurses have implemented the nursing process and are exercising nursing judgment in the delivery of care. Further, the Cambodian Ministry of Health has asked AHC to serve as a model for the country in implementing the nursing process. The common health conditions that AHC treats include acute respiratory conditions, severe malnutrition and infectious diseases. The hospital has also recently received funding from USAID to improve home care for HIV/AIDS. We were impressed learning about the many educational programs for families offered at AHC, including cooking and nutrition classes, as well as dental and eye care.

Unlike hospitals in the U.S., there are no privacy laws in Cambodia. Two small boys followed our group throughout the hospital with smiles and giggles. We left the visit with tremendous admiration for the strength of nursing and medical leadership at AHC and their commitment to caring for the children of Cambodia. After leaving the hospital, we visited Artisans Angkor, a Cambodian company which was originally created to help rural people find work near their home village. It strives to provide professional skills and good working conditions to communities with limited educational opportunities. It currently provides employment to over 1,300 people. We toured their apprentice rooms for craftsman and shopped in their local store.



August 26, 2012

City: Siem Reap, Cambodia

A day of sacred visits

On Sunday, delegates and guests spent a cultural day visiting the sacred temples of Cambodia. The delegates traveled by tuk-tuk (an auto rickshaw—small motorcycle attached to a passenger cart) to the temple **Angkor Wat**, the single largest religious monument in the world. Angkor Wat means “the city which is temple.” Angkor Wat was built in the 12th century by King Suryavarman II and originally dedicated to the Hindu god Vishnu, the protector of creation.

The temple is comprised of five towers, representing Mount Meru, the mythical home of the gods. Impressive sandstone reliefs carved ceiling-to-floor throughout Angkor Wat tell various stories. The delegation’s local guide, Chan, interpreted one of the stories from the relief carvings for the group. It was the ancient Sanskrit

epic story of Ramayana, whose wife was abducted by the king of Sri Lanka—Ravana. In the end, good

triumphed over evil in the story, and Ramayana rescued his wife from the evil Ravana.

That afternoon, we visited the temple of **Ta Prohm**. Originally a Buddhist monastery, the temple was built



during King Jayavarman VII's reign. After the fall of the Khmer empire in the 15th century, the temple of Ta Prohm was abandoned and neglected for centuries. When the effort to conserve and restore the temples of Angkor began in the early 20th century, the French decided that Ta Prohm would be left largely as it had been found. As a result, the temple remains covered with the roots of giant banyan trees, similar to what 19th-century explorers witnessed. Many are familiar with pictures of Ta Prohm, as it was used as a location in the film Tomb Raider.

While we were in the temple, a significant rainfall occurred, washing out the road back to our bus. From out of the surrounding jungle we were greeted by smiling and entrepreneurial Cambodian children selling rain coats and flip-flops! It was evident the treacherous weather was a typical occurrence.

August 27, 2012

City: Phnom Penh, Cambodia

Those who know more train those who know less

The next day, the delegation left Siem Reap and traveled to Phnom Penh, the capital city of Cambodia. Upon arrival, we visited the **National Pediatric Hospital (NPH)** which is a 150-bed pediatric hospital originally founded by World Vision International and currently managed by the Cambodian Ministry of Health. The hospital's medical director, Dr. Chhour Meng and Virya Koy, RN, MNSC, chief bureau of nursing and midwifery and serving vice president of the Cambodian Council of Nurses led the discussion.



In a passionate presentation, Dr. Meng described his leadership journey to the head of the hospital which was built in 1975. -The hospital had only been operational for one year before the Khmer Rouge Regime invasion forced the closing until 1980. By that time, the hospital needed full restoration and replacement of medical staff. -Dr Meng—then four years into his seven year expected residency—trained in a compressed program to become one of only three physicians at the hospital. He was one of only two medical students from his university who survived the invasion.

Today, through Dr. Meng's visionary leadership, NPH has achieved many positive outcomes, including a decrease in the mortality rate from 8.5 percent in 1980 to 0.8 percent in 2011. The number of dengue hemorrhagic fever cases has declined from five percent of total cases in 1983 (although spiked to nearly nine percent in 1986-1987) to under one percent in 2011. The hospital currently has approximately 112 female nurses and 82 male nurses, although staff is only hired one time per year based on the government's allocation. He shared that nurses and physicians work long hours, and during epidemics work almost non-stop treating diarrhea and respiratory illness. He said, "We do our best, we have no choice." The hospital currently trains numerous students per year including approximately 129 second year nursing students and 56 student intern nurses.

Dr. Meng procured AIDS treatment for children shortly after the first case of AIDS was identified in Cambodia in the early 1990s, most likely brought to the country from peace keeping troops. He shared that they learned they had to give medication to the children, because if only given to the adults, they would not comply and would instead pass their medication to their children.

At the end of our visit, Dr. Meng told us he was retiring the following month. His commitment to his patients and staff will be sorely missed when he retires. He requested that the delegation continue to

support his country's health care workers by sending teams to teach. Throughout his discussion, he repeated one of his primary principles, "Those who know more train those who know less."



and earning their livelihood on house boats along the river.

Following our exchange with Dr. Meng and his team, we toured the hospital and witnessed many of the same challenges we saw in the other hospitals we visited. They have a limited ability to isolate patients except in severe cases. This was clearly demonstrated by seeing a premature baby and a young child with dengue fever housed in the same patient room.

Following our visit to NPH, we spent the evening on a sunset boat ride down the Mekong River. We saw many families, primarily Vietnamese, residing

August 28, 2012

City: Phnom Phen, Cambodia

A country moving forward

Delegates next visited **Chenla University**. The university was accredited in 2007 by the Royal Government of Cambodia and its accreditation committee. The school has 148 qualified faculty members, including eight PhDs (all male) and approximately 5,000 students. The delegation met with university president, Sin Khandy and members of his faculty. Professor Khandy shared their organizational vision: to be an excellence center to develop competent professional careers for nurse in Cambodia. They utilize the following teaching concepts: continuing professional education; health promotion to all learners; evidence-based learning; nurture to all classes of learners; lifelong learning centre; application of theory in practice interdisciplinary synergy.

Professor Khandy shared three of his current goals for the university, which include: train rural residents who will return to their homes to practice; improve the quality of life for the Cambodian people; and educate nurses to enable them to have the opportunity to work in other countries, especially the U.S. and Japan.

He asked the delegates to provide recommendations on how he can achieve his goals. Discussion followed regarding continuing to develop a standardized curriculum for all nursing programs (public and private); standardizing the licensing process; continuing to elevate the educational level (BSN) and role of the nurse including having a distinct role for the nurse, separate from the physician; and ensuring their nurses are proficient in English. Delegates also shared the importance for Cambodia to have enough qualified nurses for its own people, as a vital first step before seeking their nurses' capacity to work outside of their country.

While at Chenla, we visited a classroom of student nurses who were learning fundamentals of nursing. We were told that the students were chosen because they tested well and met the university's requirement of possessing the necessary hope and optimism for the future state of Cambodia. Currently Cambodia has approximately 6,000 nurses and Professor



Khandy estimates the country needs around 30,000. He said at the current education rate, it would take them 100 years to reach this goal.



The delegation then had the honor of visiting the **Ministry of Health's Office** to meet with one of its highest officials, Dr. Thir Kruey, Ministry of Health Secretary of State. Dr. Kruey acknowledged that elevating the qualifications and role of the nurses would lead to improved health care and well being of Cambodia's people. He said the physicians in the hospital only see the patient for a few minutes and then it is "nursing, nursing, nursing."

He acknowledged that his country was very poor; that most people lived in rural settings and there was so much to rebuild after the war just to meet survival needs, yet he was also resolved in Cambodia's future success. Dr. Kruey shared with pride an important report of progress—*Health Care Sector Progress for the Kingdom of Cambodia, 2011*. It held a summary of the country's health care strategy for 2008 to 2015 and posted metrics of success, such as a sharp decline in infant and maternal mortality. He said this decline, in addition to the reduction in HIV mortality, was the country's accomplishments for which he was most proud.

Although a rainstorm had flooded the street in front of our next stop, Shiv, our national tour guide, quickly arranged for tuk-tuks to transport us across the rained-filled street. That afternoon, delegates and guests toured the **National Museum of Cambodia** and the **Cambodian Royal Palace**.

The National Museum of Cambodia holds a large collection of art from Cambodia's "golden age" of Angkor, and a lovely courtyard at the centre. A main attraction is the statue of King Jayavarman VII (1181-1219) in mediation pose. In the middle of the courtyard is the original statue of the "Leper King" (actually Yama, the Hindu god of death) from the Terrace of the Leper King in Angkor Archaeological Park.



The Cambodian Royal Palace was constructed over a century ago to serve as the residence of the King of Cambodia, his family and foreign dignitaries, as well as a venue for the performance of various court ceremonies. It serves, to this day, as the Cambodian home of King Norodom Sihamoni and former King Norodom Sihanouk. On the day of our visit, a blue flag flying along the left side of the palace signified that the King was in residence. We shared with one another that it was difficult to see the disparity between the ornate riches of the palace grounds and the poverty of the local people.

August 29, 2012

City: Phnom Penh, Cambodia



A somber day

The last full day of our delegation was certainly the most somber of the trip, as we made the sad and sacred journey to the **Killing Fields of Choeung Ek the Tuol Sieng Museum**. A former Chinese cemetery, the Killing Fields of Choeung Ek, is where the Khmer Rouge killed several thousand of their victims during their four-year reign of terror. Today, the site is marked by a Buddhist stupa packed full of over 8,000 human skulls—the sides are made of glass to allow visitors to see them up close. There are also pits in the area

where mass graves were unearthed, with ominous scraps of clothing, still to be found, scattered across the ground. It is a serene, yet somber place. There are 243 other such sites in Cambodia.

We also visited the Tuol Sleng Museum, which was the previous site of a local high school before Pol Pot's security forces turned it into a prison known as Security Prison 21 (S-21) in 1975. It became one of the largest centers of detention and torture in the country. More than 17,000 people held at S-21 were taken to the extermination camp to be executed; only eight prisoners made it out alive.

The day held even greater significance for us as our local Cambodian guide, Veasna Sun, shared his family's own story. Veasna's father was killed by Khmer Rouge soldiers when Veasna was only two years old. He shared that his father had a degree and once served as a police captain so was therefore considered a threat to the Khmer Rouge. We were all touched by his moving story and were grateful to him for sharing his very personal history.

August 30, 2012

Reflections

Throughout our journey, delegates and guests shared with one another what we learned and what we would take back to our own lives and work. We talked about how humbled we were by the compassion and strength of the clinicians we met, especially the nurses who worked incredibly hard to provide quality patient care, despite the limited resources and severe challenges. We talked about the respect we had for both countries and their people for their strides to move forward and improve life for their families. We were touched by the kindness, humility and spirit of the people we met.