THE INSTITUTE FOR PALLIATIVE MEDICINE
at San Diego Hospice
INTERNATIONAL PALLIATIVE CARE LEADERSHIP DEVELOPMENT INITIATIVE

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My Story

I was born in a small town in Thai Binh province, but spent my childhood in a village because my family and I were displaced during the war. Because we moved from the town to the village, I used to be teased by village children. I was a target. In people's eyes, I was shy and easy to bully.

After graduating from high school, I passed the entrance examination to study at Hanoi Medical University. I chose to study the field of Infectious Disease, and I have enjoyed working in this field for more than 30 years now. Currently, I work in the Infectious Disease Department in Vietnam Czech General Hospital. I am also head of the Infectious Disease Department at Hai Phong Medical University. I have been especially interested in HIV medicine for 10 years.

Although I became a medical doctor, people still thought that I was shy, non-argumentative, and unlikely to share my own ideas. But now, I can feel a change happening inside me. I have become stronger and more confident. Today, I am recognized as a national expert in Palliative Care and a Palliative Care leader in Viet Nam.

A few days in March 2003 provided me with an unforgettable period in my life. It was then that I first attended an HIV/AIDS training course held by Harvard Medical School faculty. I was so impressed with the knowledge, teaching methods and humane faculty members that I encountered at that training course. It was then that I started to change my thinking about Americans. I learned to admire them, and began to understand why Americans take such pride in leading in so many fields – economics, science, and technology, to name a few.

I was very impressed with Professor Peter Selwyn's lecture in Palliative Care. I was particularly attracted by the humanity of his lecture and by very new topics that were not part of my earlier training. At the end of the training course, I was asked to name the topic I liked the most. My answer was Palliative Care.

In 2007, I participated in a training course on Palliative Care from Vietnam – CDC – Harvard Medical School AIDS partnership (VCHAP), where Dr. Eric Krakauer was the director. I was provided with

additional knowledge and skills in Palliative Care. I become more and more passionate about that field, and participated in teaching various palliative care trainings sessions around Viet Nam.

One of the most important events in my life happened when I was accepted into the Leadership Development Initiative at the Institute for Palliative Medicine at San Diego Hospice in California, USA. What I learned about leadership skills at the LDI course helped me explore my ideas of how to develop palliative care in Vietnam. LDI helped me make my dreams come true.

As a result, we successfully developed e-learning in Palliative Care at Hai Phong Medical University. The first time we applied this system to provide basic Palliative Care training was on May 15, 2010. Then on July 6, 2011, we held the opening ceremony for the Palliative Care Unit at my hospital, a new facility for people living with HIV/AIDS (PLWHA).

These two events were the results of huge aspirations, and we had to overcome many difficulties. I lost many nights of sleep – sometimes in tears – as I struggled to overcome barriers. I was determined not to give up under any circumstances in implementing my dream.

The e-learning project at Hai Phong Medical University has received strong approval from university leaders, colleagues and experts. Discussion of this topic has always attracted great interest and commendation from everyone.

However, there have been several significant barriers including lack of financial resources, and limited technical knowledge and skills with computers and e-learning, such as the inability to create forum topics, assignments and quizzes using the internet. But we were fortunate to obtain financial resources from LDI and Pathfinder International for this project. We also received e-learning technical support from Hue University.

It took half a year to implement the e-learning project – to prepare key teachers to write lectures, create quizzes, and devise teaching methods. We had to organize a technical group to put topics, assignments, discussions, and assessment tests on Moodle. We recruited students by advertising through provincial healthcare services, and students voluntarily registered in our courses. Each course lasts six weeks, which includes three scheduled times to chat, three forums, five assignments, and an examination at the end of the course. Students who score 60% or more receive a pass.

Challenges and obstacles faced during the training course included:

1. Before each course, all participants had to be taught how to use the tools of the program, such as the electronic forum for discussion of topics provided by the trainer, assignments, chat room, quizzes, etc. This takes time and is costly.

2. Each learner need to demonstrate commitment and self-discipline to follow the curriculum by him/herself. There is no supervision for learners.

3. Trainer and learners must find a time that is convenient for everyone to engage in chat/discussion sessions. This is challenging for busy clinicians.

4. There is not enough time during each e-learning session to answer all the learners' questions.

5. It is difficult to convince e-learners to accept new ideas or clinical practices, such as using morphine for pain or dyspnea. It is easier to do this with bedside teaching.

After the training, we got feedback from students. All of them (100%) said that the course was good-to-very good. Based on experience and feedback, we have updated our lectures and improved our methods to make e-learning more effective for the next round. We encourage students to ask questions via email and phone in order to discuss issues that were unclear.

E-learning is a convenient method for both teachers and students who do not have time to attend class. However, when applied to teaching new attitudes, e-learning has limitations. It is hard to persuade students to change their attitude/behavior via e-learning compared with other teaching methods.

Although the e-learning project required significant financial resources, we received great support from university leaders, Hue University, LDI and other organizations. The idea of opening of a Palliative Care Unit at the Vietnam Czech General Hospital was not so readily accepted, and required overcoming even more barriers.

We acknowledged that opening a new service – without bringing any short-term benefit for the hospital – would be very difficult because the staff salaries must be paid the by hospital. We had to wait until the establishment of a new Board of Directors to begin working on the Palliative Care Unit Project.

My lobbying began before the new Board of Directors first met. I influenced the members by inviting them to speak at opening ceremonies of training courses, and before lectures of international experts in Palliative Care. I talked about PC in staff meetings and shared stories at parties. I wrote project protocol for establishing a PC unit and asked permission to present this to the hospital Scientific Board. In the meantime, I taught basic principles and practice in PC for the staff of the Infectious Diseases Department every Thursday.

Finally, my idea became well accepted. The opening ceremony of the PC Unit for PLWHA at the Vietnam Czech General Hospital in July 2011 was really a “Memorial Day” in my life. A solemn ceremony took place in the presence of Ministry of Health and Provincial Health Officials, the hospital’s Board of Directors, and international and national palliative care experts. We received congratulations and compliments from international, national and local leaders.

I felt very happy and proud of my contributions to PC development in Vietnam. However, the happy day was marred by an unfortunate event. After the opening ceremony, the Head of Infectious Diseases Department suddenly appeared to be angry with me, and a heavy atmosphere descended on my Department. I felt dejected and felt insulted. Initially, I did not understand why this happened. Later, I realized that I did not specifically thank her at the opening ceremony, but only acknowledged her in my general appreciation.

I felt so upset that I took a leave, choosing to stay home in order to relieve stress. I went back to work two days later and said thanks to everybody – including the Head of the Department. I apologized for my oversight and promised to continue to provide PC training every Thursday. After that, everything settled down and life went back to normal.

I wanted to share this detail with everyone so no one else would repeat my mistake. The underlying lesson learnt from my PC unit development project is that, “Being generous in complimenting and thanking people who agree with and support you is a necessary leadership skill”.

This naturally brings me to my own personal thank-you messages. First, I would like to thank Dr. Eric Krakauer, VCHAP director, who was the first person to bring HIV and PC knowledge and training to thousands of doctors in Vietnam. Dr. Krakauer introduced me to PC medicine and provided me with opportunities to learn, practice and teach PC.

I especially want to thank the LDI directors, as well as the faculty and participants. The LDI has been very helpful for me. It has provided me with a system and opportunity for improving my leadership skills. It also has helped me to refine my ideas to develop palliative care at my hospital and throughout Vietnam, and taught me how to successfully share my vision for palliative care with hospital leaders and staff members.

Most importantly, the LDI has given me the courage and determination to persevere and to realize my ideas.