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# *Effectiveness of Train-the-Trainer HIV Education: A Model From Vietnam*

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*As HIV prevention and treatment efforts expand around the globe, local capacity-building to update and maintain nurses' HIV competence is essential. The purpose of this project was to develop and sustain a national network of nurse-trainers who could provide ongoing HIV continuing education and training experiences to Vietnamese nurses. Over the course of 6 years, 87 nurses received training to become HIV trainers; their HIV knowledge increased significantly ( $p = .001$ ), as did teaching self-confidence ( $p = .001$  to  $.007$ ). The 87 nurses subsequently reported training more than 67,000 health care workers. Recipients of train-the-trainer-led workshops demonstrated increased HIV knowledge ( $p = .001$ ) and increased willingness to provide nursing care for HIV-infected patients ( $p = .001$ ). The program demonstrated that including a substantial amount of instruction in pedagogical strategies and experiential learning could enhance knowledge transfer, expand education outreach, and contribute to sustainable HIV competence among nurses.*

(Journal of the Association of Nurses in AIDS Care, 25, 341-350) Copyright © 2014 Association of Nurses in AIDS Care

**Key words:** HIV, nursing education, train-the-trainer, Vietnam

**I**n much of the world, barriers to the expansion and sustainability of HIV treatment are heightened by the concentration and spread of HIV infection

among socially isolated and impoverished populations, whose vulnerability often is exacerbated by minority status and substance abuse. Vietnam is such a country where HIV is well established. Since the first case of HIV infection was detected in 1990, the epidemic has remained concentrated in distinct geographic regions and urban centers, with a rapid rise in prevalence in high-risk groups over the past decade. Estimates of the number of people who were living with HIV in 2012 ranged from 200,119 to 360,106 ([Vietnam Administration of AIDS Control, 2009](#)).

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In Vietnam, HIV is viewed through its association with the “social evils” of drug use and sex work. The level of stigma against people living with HIV (PLWH) is quite high (Thi et al., 2008). Discrimination toward PLWH is against the law, but the law is rarely enforced (Messersmith et al., 2012). Currently there are an estimated 200,000 drug users in Vietnam, among whom the HIV prevalence is reported to be 35% nationally, with considerable geographic variation (Needle & Zhao, 2010). Although there have been increasing reports of nonopiate drug use, including amphetamines and ecstasy, either alone or with heroin, injection of heroin still accounts for 73%–90% of use in published reports (Nguyen & Scannapieco, 2008). Detention and forced detoxification in drug rehabilitation centers (known as 06 centers) is common practice. Rehabilitation in these centers consists of detoxification, manual labor, and education on how to resist drugs.

In response to the growing HIV epidemic, the Vietnamese government partnered with international agencies on rapid expansion of HIV prevention and treatment programs. By the end of 2011, 57,663 adults and 3,261 children were receiving antiretroviral therapy (ART; National Committee for AIDS, Drugs, and Prostitution Prevention and Control, 2012). Estimates of the number of adults in need of ART in 2012 ranged from 100,547 to 130,007 (Vietnam Administration of AIDS Control, 2009). HIV treatment is supported primarily by international donors, including the U.S. President’s Emergency Plan for AIDS Relief and the Global Fund for AIDS, TB, and Malaria.

### **Nursing in Vietnam**

As in many parts of the world, professional nursing in Vietnam is in the midst of profound changes driven by social and economic forces leading to increased demand for health care services and rapidly evolving changes in the status of traditionally female roles. The lack of a perception of nursing as a discipline distinct from medicine, and continuing control of nursing education and practice by physicians mean that Vietnamese nurses face major challenges as they seek to establish a distinct and valued role for their profession in the health care system (Jones,

O’Toole, Hoa, Chau, & Muc, 2000). Issues include low status, ambiguous roles, inadequate professional education, multiple levels of education and practice roles, and a large number of physicians both teaching and practicing nursing (Jones et al., 2000).

The Vietnamese health care system includes national and provincial hospitals and clinics, township health centers, and health stations in each commune (rural village). Precise numbers, titles, and descriptions of working nurses in Vietnam are elusive. There are many routes to professional nursing in Vietnam; eligibility to sit for the national examination requires a variety of combinations of post high school study and work experience, leading to a range of titles.

Approximately 66,000 health care workers are categorized under the nursing profession, 43,500 are nurses, 12,500 are midwives, and 10,000 are assistant physicians who work as nurses (Jones et al., 2000). The role of nurses varies greatly from province to province and according to education and context. For example, each commune has a health station staffed by a nurse or midwife with only a secondary school education followed by brief health education. Also known as “*y te thon ban*,” the role of these nurses ranges from counseling on availability of health services such as antenatal care and vaccinations, to simple checkups. In contrast, nurses trained at Bach Mai Nursing School in Hanoi compete for a place in a 2- to 3-year highly regarded postsecondary school hospital training program that includes four semesters of education followed by 400 hours of residency (Crow & Thuc, 2011).

The Vietnam Nurses Association was established in 1990. This government-affiliated organization has the mission of developing the nursing profession through research and training (Vietnam Nurses Association, 2009). The Vietnam Nurses Association describes nursing as a triangle with three equal sides representing caregiving, physician partnership, and community health education (Jones et al., 2000). In practice, 70% of nurses are hospital-based caregivers (Vietnam Nurses Association, 2009), where many of the hands-on functions are shared with family members. Vietnamese nurses do not routinely counsel patients nor provide extensive health education for patients or their families. They are not involved in discussions or decisions regarding treatment planning.

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