Today’s leaders of nursing are transcending globally through academic partnerships sharing common goals, mutual respect, information participation and shared-decision making. One such international academic partnership is between a School of Nursing in the United States (US) and Nam Dinh, Vietnam. The primary goal was to improve nursing practice, education, and the health of the people. This partnership led to the development of the first Master of Science in Nursing for the country of Vietnam. The inaugural class graduated in 2017. For the past five years, US nursing professors have traveled to Vietnam yearly to teach within the Master of Science in Nursing curriculum. This presentation will discuss the goals and accomplishments of the nursing partnerships across borders, nursing practice and nursing education in Vietnam, the lived experience of the faculty as evidence based practice is taught over a two week period, and additional innovative nursing partnerships that are on the horizon.

Innovation has been described in many different ways. All innovation, and its subsequent diffusion occurs within a social system. A social system does many things, but it is particularly powerful at setting boundaries, especially in hierarchy (Crow, Nguyen, & DeBourgh, 2014). Within the system is an organization culture that is based on spoken and unspoken values and can be intractable and a difficult element to change. The social system and structure make up an organization’s culture and culture trumps everything (Crow, Nguyen, & DeBourgh, 2014). Vietnam does not have a nurse practice act. The Ministry of Health issued nurse practice guidelines several years ago, but they have not resulted in standardization of practice throughout Vietnam or guide nursing curricula. Based on this lack of uniformity, schools of nursing which are led by physicians and do not produce nursing graduates with abilities that are uniform throughout Vietnam. Nurses are viewed as physician assistants. One such university in Northern Vietnam is trying to change this culture and is a progressive force in nursing education. This has led to the development of a Master of Science in nursing and a reorganization of the Bachelor of Science in Nursing in Vietnam.

Global-service teaching is not without barriers. The literature has shown several barriers to academic success internationally such as cultural differences, communication issues, differences in learning and teaching styles, time perception, understanding of plagiarism and copyright, and the need for additional support services. These were noted as US nursing professors traveled abroad to embrace the Vietnamese culture and teach a graduate course, Evidence-Based Practice in Nursing, to students whose primary language is Vietnamese with English as a secondary language (ESL). Effective communication between students and faculty is critical to learning outcomes. The Cummins model for English language acquisition provides a guide for the professor to teach ESL nursing students.
Other challenges identified by the US educators were the difference in culture. Although professional identity of professional nurse was similar, its translation across cultural context posed challenges. The very hierarchy of health care delivery is different in Vietnam than the US in terms of physician oversight and direction of nursing practice. Teaching the graduate nursing students about evidence based practice and finding evidence to support changes in practice was sometimes met with the question of getting approval from higher levels of the hierarchy- of which they were skeptical to even attempt. The US faculty had to learn and understand the impact of cultural communications (Campelo, Alves de Sousa, Silva, Dias, Azevedo, Nunes, & Paiva, 2018). This step is not needed when teaching similar content in western educational settings. Rather, ongoing professional development and practice of the skills involved are needed to foster and change one’s approach to everyday practice (Connor, Dwyer, & Olivera, 2016).

An example of the lived experience of US professors teaching abroad is through the teaching of Evidence based practice (EBP). The impact of evidence-based practice has evolved from nursing education into nursing practice. Evidence based practice is known to improve patient outcomes and promote best practices to best support a safe and protective environment for patients in need of care (Cleary-Holdforth, 2017). According to the Institute of Medicine, 90% of clinical decision making should be based upon evidence based practice approaches by the year 2020 (Brower & Nemec 2017). An increasing emphasis on patient safety and the quality of healthcare outcomes requires health professional to practice in an evidence-based manner. Evidence-based practice involves using the best, research proven assessments and treatments in patient care and service delivery in consultation with patient preferences and clinical expertise (Nguyen & Wilson, 2016).

In order to reach this goal, nursing education programs must be delivering this approach to nurses in the foundational years of professional development. The intent of this course is to promote integration of seeking the best evidence from the literature in order to guide the practice of bedside nursing in Vietnam. During this course, graduate nursing students are taught the basic principles of evidence-based practice with lecture format, followed by a stepwise project in which students identify a known problem in patient care. By the end of the course, they have identified all of the steps necessary to implement a change in care delivery based upon evidence-based practice. Some of the examples the graduate nursing students presented were skin to skin for infants, hand-washing, wound-care, sepsis protocols and hypertension management. They are planning to implement their ideas throughout Vietnam at the conclusion of their Master of Science degree.

Collaboration across disciplines was an essential part of this project. The US educators in this program worked with their nursing program librarian to determine the electronic resources available to developing countries such as Vietnam. One such resource is the use of HINARI by the World Health Organization (Nguyen & Wilson, 2016). Steps were determined to allow for the Vietnam nursing students in the course to access the electronic resources necessary for completion of their stepwise project for evidence based practice. In previous years, access to those resources was limited and prevented full interaction by the students with all of the information needed for a robust and complete evaluation of the evidence available. Dhakal (2018) cited similar findings of
success in EBP courses when including librarian collaboration in the delivery and management of the resources available to the learners. The US educators also were challenged to work with the librarians and Information Technology of the Vietnam university. They had to plan for student activities using the electronic resources early in the class day when the access point was less congested. The strategies worked well and the students’ access enhanced their experience in the course.

Now and throughout the next several years, we are strengthening partnerships to teach within hospitals, formalizing hospital education, implementing research, standardizing protocols, and working with the ministry of health to implement ongoing evidence based practice projects. Additionally, there is further communication to propose a doctor of nursing practice curriculum within the country of Vietnam. With presentation of this narrative of teaching across cultures, the US based faculty hope to inspire other educators to seek out academic partnerships to enhance nursing and provide safe patient care across the globe.

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International Academic Partnership in Vietnam to Promote Evidence-Based Practice and Nursing Education

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**Abstract Summary:**
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**Content Outline:**
I. Academic Partnerships & Globalization of academia
II. Vietnam Nursing & culture
III. Development of Master of Science in Nursing in Vietnam
IV. Evidence-Based Practice Course
V. Program Outcomes and Future of Nursing in Vietnam

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