SUMMARY

Education aims to prepare students to play a role in society after they graduate. To be effective, the educational system must respond to social changes resulting from policy and economic development. Medical education also has to respond to the changing health care needs of the people its graduates will serve. Vietnam has been changing at a rapid pace since the start of the open-door policy in 1986, followed by the introduction of market mechanisms with strong development of the private sector. These and other policies resulted in economic and social change with definite effects on disease patterns and health care needs and demands. During this period, the introduction of health insurance, hospital fees and private practice replaced the previous period of government subsidized health care, while at the same time policy demands for more community-oriented doctors. The need to respond to social and policy requirements also puts pressure on the medical schools to initiate change in their education.

Recognizing these challenges, medical schools in Vietnam joined to request long-term financial and technical assistance from the Netherlands Government to support the process of changes in medical education. The process started in 1994, continued through two project phases into early 2006, and now has taken a new form up to 2012. With this support, the eight main medical schools in Vietnam had a special opportunity to make their changes, according to the requirements of policies and society.

In this thesis, the experience of the process of change is described and analyzed. We share the experiences and lessons learned about how to renovate medical education to be more community-oriented while the community itself is undergoing change, as in Vietnam during the past 12 years, with the expectation that other schools in other countries can also learn from us.

The central research question for the thesis is:

What are the conditions, required inputs and activities for a project to make sustainable contributions to updating medical education in the context of the changing economic and social situation in Vietnam?

The study began with a situation analysis and a plan for various interventions based on priority-setting according to a number of criteria. The process of change as well as the contributions of the project to that process are analyzed using the case study evaluation approach. A wide range of data collection methods was used at different times during the process of updating medical education. The methods included reviews of international literature and local documents, surveys among a variety of stakeholders using questionnaires, interviews and focus group
discussions, and participant observation. To analyze the process of change, theories and models taken from business and management were applied, especially to investigate stakeholder involvement, motivation and behavior change. The study addressed the following sub-questions.

1. What are the factors related to organizational change that need to be taken into account when changing medical education in Vietnam?

The Integrated Organizational Model provided a framework to consider the roles of many factors and actors. Some of these were found outside the medical schools, such as economics, policy, culture and society, but also providers and target groups. Elements within the medical schools included structure, systems, strategies and management styles, organizational culture and staff motivation. With this framework, we used tools such as environmental scan and SWOT analysis to investigate the environment and context within which the process of change would take place. Other theories and models used within this framework, such as Diffusion of Innovation, Johari Window, Herzberg’s Motivation Theory, helped to show where and why the project interventions were appropriate, and for which stakeholders, as the process developed. The management models were clearly applicable to the context of medical education in Vietnam and were very helpful in both understanding and guiding the process of change.

It was found that the medical schools, with project support, considered carefully both external and internal factors and the strengths and weaknesses of the schools in each period to select and adopt appropriate and feasible interventions which had a good chance of success. Many obstacles were met as the schools learned new approaches and methods and tried to implement them; lessons were also learned from the problems that had to be overcome. Especially the models on perception of the changes from different points of view and on motivation were useful in guiding the process of change.

2. To what extent can a participatory and community-university approach be applied to develop more appropriate learning objectives for students in Vietnamese medical schools, as a framework for development of curriculum, teaching methods/materials and assessment tools?

In the past in Vietnam, the medical curriculum development was prepared at the level of the general framework by the Ministry of Health, with the leaders of the medical schools and heads of training departments, using the existing curriculum, their experience and Government policy documents. Each school then prepared a detailed curriculum. Now for the first time, many stakeholders were involved in the process. The first step was to reach consensus on the learning objectives, developed on the basis of existing documents and on inputs from the teachers. The learning objectives were formulated using a participatory process involving
nearly 1000 teachers from the eight schools through workshops, training courses, and seminars in each department, each school and then among the eight schools. The product of this collaboration was a draft book called “Knowledge, Attitudes and Skills that a new graduate from any Vietnamese medical school should have”. The skills that teachers identified in this book were also checked with two other key groups of stakeholders: more than 1,100 students who were about to graduate from the eight schools, and nearly 800 graduates who had been practicing for no more than a few years in health services at different levels. The inputs from all of these sources were collated and combined in a final version of the KAS book. The participatory process resulted in a product that is supported and accepted by leaders and teachers in all eight schools and which has been approved by the Ministry of Health.

3. To what extent can a range of stakeholders be involved in making medical education more appropriate for the tasks of graduates and the needs of society?

This was the first time that many stakeholders were involved in the process of medical education development in Vietnam. First, more than a thousand teachers were involved in one way or another in developing the curriculum, which meant that they felt ownership and were prepared to implement the product of that process. Not only full-time teachers in the schools, but also part-time teachers in hospitals, institutes and the field-teaching preceptors in the rural health services had opportunities to contribute their ideas about what students needed to learn and could benefit from joining both the process of change and the teaching. For the first time, future employers, including civic officials and lay community members, were consulted during a large-scale survey in the catchment areas of the eight medical schools. Community members were also consulted about the field teaching objectives, methods and programs that students brought to their communities. Students were asked about several issues during the process of change, from field teaching to skill acquisition to the learning environment. This broad participatory approach, opening the door for many types of stakeholders, made it possible to obtain inputs from different points of view and resulted in a better focus on the changing needs of society.

4. What features of the project contributed to the success and sustainability of the change process in medical education?

The final evaluation of the success of the project cannot be done until the graduates of the renovated curriculum have entered practice and it can be seen whether they can provide better health care. Even within the limits of what can be evaluated, attribution of success and sustainability to one intervention or set of interventions is difficult. However, both internal and external evaluation and data
collected from leaders, teachers and students have demonstrated that many changes have been instituted and that improvements in teaching have been made. The main reasons for those successes can be found in the attention throughout the process of change, with project support, to the needs of the different stakeholders. It was especially important to stimulate the motivation of teachers, both full-time inside and part-time outside the schools, to contribute to the needed changes. To begin with, the project support was provided for the schools and ministries to carry out their tasks; that is, they could do their own work but with technical and financial assistance to make the process move more quickly and with higher technical quality. The participatory approach, with considerable respect for the opinions and experiences of the various stakeholders, resulted in ownership and in a willingness to continue the process of change even after the project ended, making the results sustainable. Involving not only high level teachers, but also junior staff, students, graduates and a range of community actors, made it easier for the change to be accepted by all. This process also opened the door to many other projects, which have since been building on the base laid down by the first one, giving an amplification effect that was not part of the original plan but is also effective in contributing to sustainability.

The process of change is still going on in the eight medical schools. If there is continued attention to these factors and to the continued evolution of the teaching in medical schools, then the graduates of these schools will be increasingly able to meet the continuing changes in the needs and demands for health care in Vietnam.