TRANSFORMATIVE LEARNING FOR HEALTH EQUITY

THE COMPANION BOOK FOR FIELD TRIPS

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CONTENTS

I don't want you to be only a doctor,
but I also want you to be a man.

HRH Prince Mahidol of Songkla

OVERVIEW

Transformative Health Education for the Humanization of Care

Kanitsorn Sumriddetchkajorn

TO HAVE AND HAVE NOT

Despite a yearly intensive production of health professionals, the global demand for more never seems to cease. The shortage has troubling implications for millions of people, whose lack of access to services is exacerbated by an imbalanced mixture and uneven distribution of health professionals.

Now it's not just those whose lives are in peril due to unavailability of health workers for whom one should have concern; even those with seemingly adequate numbers of caretakers in their district may not have their needs met when the caretakers' skills, competencies, and experiences are poorly suited to their needs.

The deficit is akin to the state of nutritional scarcity in the face of relative food abundance. Not only does malnutrition exist when food is few, it is present even when food is bountiful. The paradox is not entirely impossible when what one deems as food is not composed of the right nutritious mix for bodily needs.

Granted, we have health workforce who generate knowledge; we have health workforce who apply knowledge; we also have health workforce who mediate these two groups. Yet, despite the readiness of these workforces, health systems in most countries are struggling to achieve equity of access and coverage.

Arguably, much of the knowledge gained may not be relevant to health systems strengthening. But even if it is, there is still a significant shortage of capable workers equipped with the leadership, management, analytical and communication skills to make the system run.

REDOING THE HEALTH EDUCATION LANDSCAPE

When such skills are found wanting, it is imperative that universities, the epicenter of health sciences, shift their

pedagogic approach so that the graduates they produce can truly serve the public. And if universal health coverage is the ultimate purpose of health professionals' education, then failure of the present curricula to serve the needs of the population needs a redress through an educational redesign.

This is a proposition made by Julio Frenk and Lincoln Chen. Having undertaken a monumental task of reviewing the situation of the global health education, they have concluded in their Education of Health Professionals for the 21st Century report published in The Lancet that instructional and institutional reforms are needed to remoralize health professionals and encourage interaction among them.

Their belief that this new paradigm will give rise to a life-changing experience and professional interdependence is enthusiastically endorsed by scholars and students alike. It is also shared by WHO member states at the 66th World Health Assembly, as the introduction of the Transforming Health Workforce Education In Support Of Universal Health Coverage Resolution can attest.

For it is no longer enough for professionals to be well versed in theories and nimble in practical skills. Inasmuch as professionalism is about attitudes, values and behaviors, professional institutes have an obligation to imbue students with a passion to serve societies in an interactive and altruistic manner.

SMALL BUT PROMISING STEPS

Attempts to instill the sense of selflessness in the budding and mature minds of health professionals have met with various degrees of success.

Even with the erection of non-university hospitals as medical schools, with local students recruited and returning to work in their hometown, the persistent shortage of medical staff in the rural areas necessitates a revision of

the selection procedure and a greater emphasis on community exposure (Chapter 3). Others, such as those facing a nursing shortage (Chapter 6 and Chapter 7), go one proactive step further by collaborating with local agencies to create an environment conducive to working and living happily in the countryside.

But caretaking, be it small or large, requires teamwork. And when multidisciplinary collaboration does not come naturally, patients can act as an effective focal point around which professionals emerge from their cocoons to rally towards satisfying their psychosocial needs (Chapter 4 and Chapter 5).

Cooperation, of course, should not be solely intramural. Private-public partnership can bear fruits as exemplified by an alliance between a university and private hospital to instill the importance of diabetic preventive care in the mind of students (Chapter 1).

Then there is the active cooperation among governmental, private and academic sectors, not to mention various local civic groups, to turn a community into a living laboratory (Chapter 2). Which may be just what it takes for a strong and healthy community — one encompassing the body, mind, spirit and society — to become reality.

GOING FOR THE GOAL

Without systemic revamping, however, these success stories have very little chance of expanding or coalescing into a powerful phenomen, one that bolsters the brains and minds of health professionals against new and emerging challenges.

Indeed, many of them are still wobbling at best for lack of systemic coordination, concrete structural core, and supportive mechanisms. Some succeed not through sheer volunteerism, but thanks to a hospital-accreditation requirement.

To march forward with a determined and robust step, leaders in academia should engage with their counterparts in government and society. Strong collaboration between the educational, health and private sectors can assuage funding deficiencies, not to mention improve the curricular fit with the community realities. And once reform is underway, shared learning should be encouraged so that pitfalls are avoided, errors corrected, and best methods adopted that truly serve the community's needs.

Needless to say, the reform is for the great good of mankind. And much of it will affect the education of today's millenials and their children. This may pose a daunting challenge, argue some experts. But it may not. Contrary to what many believe, Emily Esfahani Smith and Jennifer L. Aaker opined in the December 1, 2013 edition of the New York Times Sunday Review that these millenials are interested in living lives defined by meaning rather than by happiness. They are more focused on making a difference than they are on financial success.

Such a mind-set is welcome news indeed. For as young adults are aspiring to careers that can make an enduring impact on others (read: health care and government), it means we now have many hungry receptors in the form of these millenials and their kids. What we need still are substrates in the form of educational reforms for tight binding and, just as important, enzymes in the form of supportive mechanisms to catalyze the reaction forward.

Clearly, the demand is there. Clearly, the window of opportunity is now open. And just as clearly, this window will soon close.

Let's not keep those receptors waiting. ■

CHAPTER: 1

A Private Care with a Public Concern:

A Story of How One Private Hospital Plays a Role in Public Health

Boontuan Wattanakul
Tanya Vannapruegs
Laiad Jamjan

PROF. THEP HIMATHONGKUM, CEO OF THEPTHARIN HOSPITAL

THEPTARIN HOSPITAL

CAREER TRANSFORMATION: FROM THE PUBLIC TO THE PRIVATE

When Prof. Thep Himathongkam returned to Thailand in 1974 after fourteen years of liberal arts and medical studies in the US, his dream was to form Thailand's first diabetes care center. His education and experience abroad convinced him that the heart of diabetes care was in patient empowerment. He wanted to provide Thai diabetics with the same quality care the American patients received. After ten years of service at Ramathibodhi Hospital, considered one of Thailand's foremost medical schools, and seeing his dream unrealized, he left academia to establish Thailand's first diabetes center at Theptarin Hospital in 1985.

DR. ARAYA THONGPEW, A LEADER WHO HELPED FORM THE THAI ASSOCIATION OF DIABETES EDUCATORS

MS. SALLAYA KONGSOMBOONVECH, DIETICIAN, WHO INTRODUCED MEDICAL NUTRITION THERAPY TO THAILAND

MEDICAL PRACTICE TRANSFORMATION: FROM A SOLO ACT TO TEAMWORK

Building a diabetes multidisciplinary team was an act against nature. Demand and supply for the service were lacking. Patients refused to meet the team while schools in Thailand were producing neither diabetes educators nor dietitians.

But Prof. Thep always abides by St. Francis Assisi's teaching: 'Start by doing what's necessary, then do what's possible, and suddenly you are doing the impossible.' Through tactics and ploys, coupled with enormous time spent in training, he finally made diabetes education a service sought by patients.

But one diabetes team cannot serve the country's need. So Prof. Thep raised the awareness among medical practitioners of the benefits of multidisciplinary teamwork. Leaders from various professions were recruited, and the Thai Association of Diabetes Educators (TDE) was formed in 1998.

Today TDE is the main body that conducts trainings for diabetes educators. It also hosts a national competition for best practices to encourage continuous teamwork improvement.

PROFESSIONAL TRANSFORMATION: FROM THE KITCHEN TO THE CLINIC

Food is as important, if not more, than medication in diabetes care. The team cannot function without dietitians. But dietitian was practically unknown in Thailand 30 years ago and, even today, is not widely understood.

Ms. Sallaya Kongsomboonvech walked into Theptarin in early 1990s for a follow-up on her thyroid problem with Prof. Thep. A casual conversation told him she was a certified dietitian while she found the only place in Thailand in need of her expertise. Dietetic knowledge was thus introduced to Thailand for the first time at Theptarin.

Traveling around the country as invited speakers in diabetes care, Prof. Thep's team has successfully raised the recognition and importance of dietitians. Short trainings for workers in diabetes care are organized by several professional associations. And with a rising demand, several universities, most notably, Mahidol University, were inspired to create bachelor's and master's programs in dietetics.

MINDSET TRANSFORMATION: FROM A NOBODY CARE TO A NATIONAL PLAN

Realizing the need and possibility in preventing unnecessary amputations, Theptarin initiated diabetes foot care that would later extend to footwear manufacturing. Culling how-to knowledge from textbooks, foreign experts and their own experiences, the team was able to achieve a limb salvation rate comparable to that of many world-renown centers.

Two years after the International Diabetes Federation (IDF) had launched a campaign on diabetic foot care in 2005, Theptarin obtained a grant from World Diabetes Foundation (WDF) to provide free foot care trainings to health professionals around the country. To date, it has trained over 1,500 professionals.

PROF. RAJATA RAJATANAVIN, PRESIDENT OF MAHIDOL UNIVERSITY WHERE THE FIRST MASTER'S PROGRAM IN DIETETICS IS AVAILABLE IN THAILAND

DR. NARONGSAK ANGKASUVAPALA, A NHSO BOARD COMMITTEE, AND CHAIR OF THE STEERING COMMITTEE ON DIABETES AND HYPERTENSION CONTROL, PREVENTION AND TREATMENT

The number of trainees will certainly keep rising now that the National Health Security Organization (NHSO) has put community foot care service as one of its top priorities.

MANAGEMENT TRANSFORMATION: FROM A LONE ORGANIZATION TO A PARTNERSHIP

Thanks to Theptarin's connections with academia and its philanthropic Foundation for the Development of Diabetes Care (FDDC), the hospital now works hand-in-hand with the NHSO to reduce diabetes-related amputations by 40% in five years.

The merging of WDF-funded project with the NHSO program should ensure support from the trainees' superiors. Realizing the need to get the doctors on board, NHSO also sponsors a series of trainings aimed at primary caretakers.

BUSINESS TRANSFORMATION: FROM STRICTLY MEDICAL TO HOLISTIC HEALTH

Focusing on prevention may reduce the number of potential diabetics. This, of course does not bode well for a for-profit hospital. But with a strong belief in doing what is best for all, Theptarin opts to rely on health promotion for its revenue. Leveraging its medical knowledge and media

MRS. TANYA VANNAPRUEGS, ASSOCIATE DIRECTOR OF THEPTARIN HOSPITAL, WHO HANDLES THE SHIFTING OF THE HOSPITAL'S BUSINESS FOCUS FROM MEDICAL TREATMENT TO HEALTH PROMOTION

skills, it could eventually generate profit from services such as diabetes-related training, lifestyle modification activities, and production of health messages for the media. In striving to be the leader in diabetes care and contributing to society, Theptarin has slowly shifted its business focus from medical treatment to heath promotion, this would not have been possible if profit maximization were the goal.

All of this goes to show how the private sector can play an important role in health equity. All they need is a strong passion, strong values and a desire to do good deeds for others. ■

01	02	03
	04	05
06	07	08

01
TRAINING COURSES

02
DIETICIANS PREPARE
A PATIENT'S MEAL

03
DIETETICS IN SERVICE

04
DR ANDERS DEJGAARD,
MANAGING DIRECTOR
OF WORLD DIABETES
FOUNDATION, OBSERVES
THE FOOTWEAR MODIFI-
CATION COURSE

05
LIFESTYLE MODIFICATION
TRAINING FOR HEALTH
VOLUNTEERS

06 - 08
COMMUNITY ACTIVITY

Acknowledgment

We would like to thank Prof. Thep Himathongkham, CEO of Theptarin Hospital; Prof. Rajata Rajatanavin, President of Mahidol University; Dr. Narongsak Angkasuvapala, NHSO Board Committee; and the staff at Theptarin Hospital for their valuable information.

CHAPTER: 2
Proactive Roles of Medical Technologists in Health Promotion

Pornruedee Nitirat
Thongsouy Sitanon

***"Good health can be accessible and tangible for all…
It can be seen at the molecular level…
And it must come from self-awareness."***

Mahidol University's Faculty of Medical Technology (MUMT) is the first institute in Thailand to initiate a new chapter of medical technology (MT) education in which health-promoting duty is required of students and staff, resulting in the MUMT's decade-long engagement with the locals.

Such an engagement is best demonstrated in Klong-mai, a community that has served as a Living Laboratory for students and faculty to combine their knowledge, view-points and skills in real-life situations, particularly in health promotion and life-long improvement of the community livelihood.

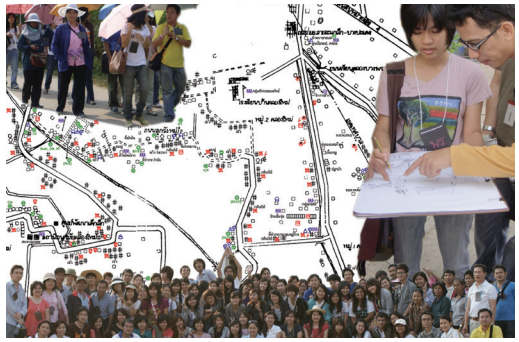
LIVING LABORATORY –
A LEARNING SPACE
FOR STUDENTS AND STAFF

STUDENTS CONVERSE
WITH VILLAGERS

"I took students to the community to draw a walking map featuring five related perspectives. The map is very useful for the community to understand their determinants of health," said Prof. Dr. Virapong Prachayasittikul, Dean of Faculty of Medical Technology, Mahidol University.

The walking map is a tool specially designed to obtain a big picture of the community. Unlike a typical map, this one contains five facets: geography, health, society, the environment, and local wisdoms. Students draw a map of six villages in the area and combine them into one district map to relay health messages to community members. The map is revised every three years.

PROF. DR.VIRAPONG
PRACHAYASITTIKUL, DEAN
OF FACULTY OF MEDICAL
TECHNOLOGY, MAHIDOL
UNIVERSITY



A WALKING MAP,
A POWERFUL TOOL FOR
COMMUNITY HEALTH
ASSESSMENT

Before 2002, MUMT students were groomed to assist doctors in assessing, monitoring and prognosticating patients' conditions by conducting in-hospital laboratory investigation. Without community exposure, the students lacked the social and community perspectives crucial for the success of any health promotion schemes.

The change in setting from lab to community began in 2002 with the realization of the MUMT Dean that faculty staff had very few opportunities to utilize their knowledge. A mere 10-15 percent of the community folks seek treatment and lab tests at the hospital while the majority with risky behaviors stays in the community.

Together with some faculty members, the Dean decided it was time the education was taken out of the laboratory and placed in the community. Hence, the redesign of the curriculum to fit with the new paradigm: smart in lab, strong in community.

A community-integrated learning was then introduced where freshmen and sophomores open their eyes and hearts to the realities in the community while juniors apply their knowledge to the so-called Living Laboratory.

"It is a shame! Our knowledge has been there for over 60 years, but we have been working in a small square room to care for only a handful of people. We want to make health touchable," said Virapong.

SMART IN LAB, STRONG IN COMMUNITY— A NEW PARADIGM FOR MEDICAL TECHNOLOGISTS

A thoughtfully crafted community map can assess community health. Health issues appearing on the map are pointed out during a community meeting to community members, who will engage in solving their problems with support from the students. An evaluation will be conducted after the health promotion activities are implemented.

The philosophy for the MT team with regards to community health promotion is as follows:

1. Encouraging good health and well-being in individuals
2. Teaching individuals or groups of individuals to understand their blood tests
3. Advising changes in dietary, behavioral and environmental risk factors
4. Monitoring health status via medical checkup or biological markers
5. Alerting members to their health status

Students explain lab results in lay terms, encourage lifestyle changes, and give advice on blood monitoring. They examine toxic substances in the body, food, and the environment, and ensure the quality of herbs used by traditional doctors in the community.

TEACHING COMMUNITY FOLKS TO UNDERSTAND THEIR BLOOD RESULTS

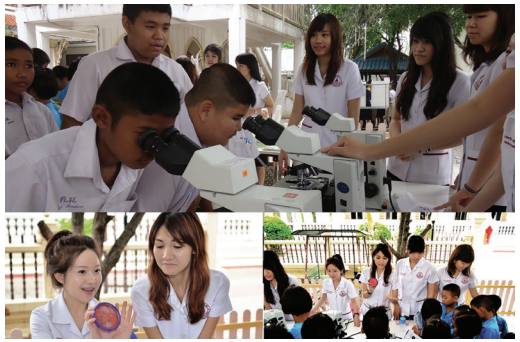
HEALTH STATUS MONITORING THROUGH MEDICAL CHECKUP AND BIOLOGICAL MARKERS

Students indicated that community practice did much to nurture their helping spirit and sense of caring. The concept of mutual benefits is implanted in the students at the beginning of their study and throughout their academic life.

"I've always wanted to help. And studying here has increased my opportunity to put my knowledge to good use for others," said Mr. Suthee Promsena, a senior student.

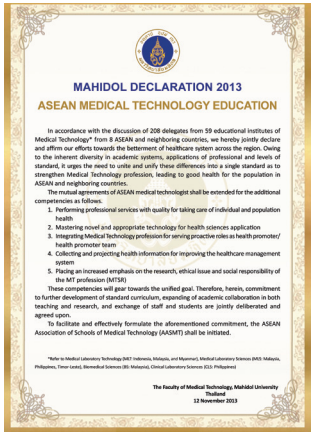
"Then, we were stuck in a room. Now, we go and find out the sources of diseases, preventing problems before they take roots… When I did this for others, I also did it for myself. I've learned how to approach people. Classroom learning is different from learning in real-life situations. We need both strategic planning skill and knowledge of the community in order to successfully serve them when we graduate," said Mr. Natapong Pokbankao, a senior student.

LEARNING IN CLASSROOMS



LEARNING IN THE COMMUNITY

The success of the course is demonstrated by a change in the MT education in Thailand and neighboring countries. Community medical technology has become a core course for all universities in Thailand since 2010. And effective health promoting skill was selected as one of the five competencies required of ASEAN medical technologists in the Mahidol Declaration 2013 for ASEAN Medical Technology Education. ■



MAHIDOL DECLARATION 2013
ASEAN MEDICAL TECHNOLOGY EDUCATION

In accordance with the discussion of 208 delegates from 59 educational institutes of Medical Technology* from 8 ASEAN and neighboring countries, we hereby jointly declare and affirm our efforts towards the betterment of healthcare system across the region. Owing to the inherent diversity in academic systems, applications of professional and levels of standard, it urges the need to unite and unify these differences into a single standard as to strengthen Medical Technology profession, leading to good health for the population in ASEAN and neighboring countries.

The mutual agreements of ASEAN medical technologist shall be extended for the additional competencies as follows.

1. Performing professional services with quality for taking care of individual and population health
2. Mastering novel and appropriate technology for health sciences application
3. Integrating Medical Technology profession for serving proactive roles as health promoter/ health promoter team
4. Collecting and projecting health information for improving the healthcare management system
5. Placing an increased emphasis on the research, ethical issue and social responsibility of the MT profession (MTSR)

These competencies will gear towards the unified goal. Therefore, herein, commitment to further development of standard curriculum, expanding of academic collaboration in both teaching and research, and exchange of staff and students are jointly deliberated and agreed upon.

To facilitate and effectively formulate the aforementioned commitment, the ASEAN Association of Schools of Medical Technology (AASMT) shall be initiated.

*Refer to Medical Laboratory Technology (MLT: Indonesia, Malaysia, and Myanmar), Medical Laboratory Sciences (MLS: Malaysia, Philippines, Timor-Leste), Biomedical Sciences (BS: Malaysia), Clinical Laboratory Sciences (CLS: Philippines)

The Faculty of Medical Technology, Mahidol University
Thailand
12 November 2013

MAHIDOL DECLARATION 2013 ASEAN MEDICAL TECHNOLOGY EDUCATION

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CHAPTER: 3
Medical Education with a Community Focus at Maharat Nakhon Ratchasima Hospital

Kamolrat Turner
Panarut Wisawatapnimit

I don't want you to be only a doctor, but I also want you to be a man.

HRH Prince Mahidol of Songkla

This was one of the pronouncements made by His Royal Highness Prince Mahidol of Songkla, the Father of Modern Medicine and Public Health of Thailand, who passed away in 1929. Thai medical instructors use his words of wisdom as a guidance. The following examples demonstrate how his philosophy has lived on.

THE EDUCATOR AND IDOL OF MEDICAL DOCTORS

At an old small house in a rural village called Non-toom, Sorarat Lermanuworat, an orthopedist and Deputy Director of Maharat Nakhon Ratchasima's Medical Education Center, was sitting next to a 38-year-old male

patient with quadriplegia, who was lying in bed in his house. Holding the patient's left hand, Sorarat looked at his face with a warm smile. He gently introduced himself and a group of about 20 students who were in their 3rd - 6th years of medical studies. This is part of his teaching activity on holistic care.

TEACHING SITES FOR SORARAT LERMANUWORAT

"Which level of injury do you think the patient had?" asked Sorarat after a medical student reported the the patient's history. More reflective questions were asked following the students' responses. For instance, if upon regaining consciousness from an accident, you found you could not move your hands and legs, how would you feel?

Sorarat always uses reflective questions to help

students understand the patients and their families' physical, psychological and social predicament, especially at a medical camp where students gain experience treating patients in the community. He also points out the merits of the profession and the burdens of the health service system.

He uses various teaching methods, including real-life learning experiences, to foster students' analytical and reflective skills. These strategies, he believes, enable students to identify factors influencing people's health as well as the difficulties faced by the patients and their families in the rural areas. This insight would not occur if they attended lectures in class or practiced in an urban hospital.

"We want to produce qualified physicians who care for the physical and psychological problems of the patients, understand the rural people's context and recognize them as human beings. Like young plants, medical students need to be cultivated, so that they grow and expand their branches of goodness and understanding of mankind," said Sorarat.

Sorarat has spent over nine years turning both medical students and staff into humanized physicians. Many students regard him as their idol — a good physician and educator who provides humanized care for his clients and students.

A RURAL MEDICAL CAMP — AN ENABLER FOR MEDICAL STUDENTS TO UNDERSTAND THE COMMUNITY

It has been nine years since Sorarat started a medical camp program for the rural areas of Nakhon Ratchasima and nearby provinces. The camp, organized every other month, exposes students to the real-life context of the patients' health. Nontoom Subdistrict Administrative Organization in Chum Puang was one of the camp sites located in a remote area of Nakhon Ratchasima. The distance of over a hundred

A MEDICAL CAMP AT NONTOOM SUBDISTRICT ADMINISTRATIVE

kilometers and very poor road conditions could not stop Sorarat, medical educators, medical students, and other health care officers of Maharat Nakhon Ratchasima to provide medical services there. The camp is a vital enabling strategy for medical students to understand the community and its people.

MEDICAL CAMP ACTIVITIES

About 40 medical students participate in each camp. Apart from providing services and home visits, medical students give health education and donate books and learning materials to school students. Activities start in the morning with health screening, physical check-ups, diabetes care, ultrasound service for pregnant women, and cervical cancer screening. Medical services are provided by students and educators. Prescription drugs are administered by pharmacists. In the afternoon, some educators and students make house calls for patients with disabilities or chronic diseases who cannot travel to the camp.

In the evening, after all activities are over, Sorarat and medical educators would guide the group to reflect on what they have learned so as to improve their performance for their next visit.

They agree that the camp inspires students to learn, cultivates their positive attitude towards working in the rural areas, and build their teamwork and communication skills. Learning in real-life situations also accustoms the students to the sort of condition they would find themselves in upon graduation. Although it is a voluntary activity and cannot be counted as learning credits, the number of students, educators and health staff participating in the camp has increased to over a hundred.

GIVING HEALTH EDUCATION

Pisek Tongsawadwong, an obstetrician and one of the educators at Maharat Nakhon Ratchasima, said, "I participated with Dr Sorarat during the early years of the project. I was very impressed. So far I have joined the camp more than 40 times and applied these activities to my teaching by having students screen for cervical cancer and provide ultrasound service and antenatal care to pregnant women at a health unit near Maharat Nakhon Ratchasima."

The medical camp is the highlight of Maharat Nakhon Ratchasima's Medical Education Center, one of the 37 such centers in the Collaborative Project to Increase Production of Rural Doctors (CPIRD). Per Sorarat's suggestion, these centers will share their teaching strategies with one another.

CPIRD: COLLABORATIVE PROJECT TO INCREASE PRODUCTION OF RURAL DOCTORS

Like other developing countries, Thailand has long faced the problem of retaining doctors in remote areas. The government's various strategies had been unsuccessful until 1994 when the CPIRD was established, with a joint collaboration from the Ministry of Public Health and the Ministry of Education.

CPIRD's objectives are to increase the number of rural doctors and improve medical and public health services at tertiary hospitals and affiliated institutes. The production target is 3,807 rural doctors by 2019. Financial support from the government is about 300,000 baht per student per year, totaling 6,853 million baht for the ten-year duration of the project. Started in 1995, the project has continued through to the present.

This project is different from other medical programs in Thailand. Students from rural areas are recruited and sign a contract to work in their hometown for at least three years. They attend pre-clinical classes at affiliated universities

MEDICAL EDUCATION CENTER AT MAHARAT NAKHON RATCHASIMA HOSPITAL

for two and a half years. Then they are sent to a CPIRD center near their hometown to practice their clinical knowledge and skills. Upon graduation, they return to their hometown to work at a local hospital. The number of students in each region is based on the physicians geographic distribution data that is updated every three years.

Inspiring medical students with the passion to work and remain in the rural areas is challenging to all CPIRD centers. For the CPIRD center at Maharat Nakhon Ratchasima, it has to improve its teaching strategies regularly to motivate graduates to work in the rural areas during the required period of three years.

BEST PRACTICE: GOOD PROCESS GIVES BEST OUTCOMES

Through the insertion of community practice into the program, the Medical Education Center at Maharat Nakhon Ratchasima has made valuable contributions to the medical profession and society. Medical graduates from this center have shown positive attitudes towards the teaching methods, the medical camp, and the clients.

"Educators and students are very close. We can ask educators any time. They take very good care of us. We are also like brothers and sisters to resident physicians. At a university hospital in Bangkok, for example, when medical

CLOSE RELATIONSHIP AMONG EDUCATORS AND STUDENTS

students encounter a problem, they need to ask in a hierarchical order starting from the residents to the educators, and they are not close to us. With a close relationship like this, we can learn many things from our seniors and educators," said Kanokon Phipakwanich, a first-year resident who graduated from CPIRD with a practicum at Maharat Nakhon Ratchasima. She had completed her three-year compulsory rural service.

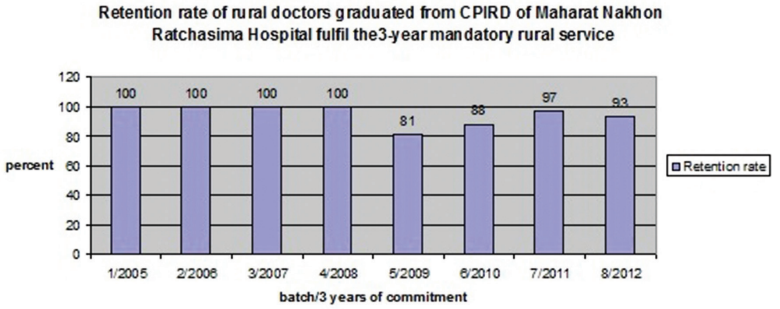
The teaching methods andcamp activities help nurture positive attitudes in graduates towards working in the rural areas. Piraporn Phumwiriya, a first-year resident with every intention of becoming a rural doctor, reflected, "I graduated from Maharat Nakhon Ratchasima. During my study, I joined the camp many times. Now that I return to do a specialty study here, I join the camp whenever I can.

This camp has taught us to talk and communicate with rural folks. The first time I joined, it was when I was in my third year. I did not understand what the patients said although I knew they had back pain. Then little by little, after several camping participations, I was able to help. We learned not just about diseases and treatment, but also the community and its people, and the reasons they could not come to the hospital."

A high retention rate of rural doctors from this center is a testament to the success of the CPIRD project. According to the center's report, graduates from this center who still work as rural doctors after three years of mandatory service at state hospitals (the 1st – 8th batches) are as high as 81 – 100%, from 2005 - 2012 (see graph below), compared to about 50% of medical graduates from a general track, (Information given by Lalittaya Kongkham, the CPIRD Head to The Nation on 25 May 2011).

PISEK TONGSAWADWONG

CPIRD ALUMNI AND PISEK TONGSAWADWONG



The mindset of medical educators involved in the project has also changed. Kunruedi Wongbencharat, a pediatrician who has joined the camp, said, "During the first camp, I followed Sorarat and medical students on a home visit to a child with cerebral palsy. That activity made me understand that the patient did not just have the disease. As a physician, we need to understand the patients' environment, how they live with their condition, how we can reduce the burden on their parents. We need to support the parents. This camp has changed my attitude toward the patients. I began looking at them as a whole, not just focusing on the disease. I have changed from being an institutional clinician to becoming one with the community spirit."

POSITIVE LEAP FROM CPIRD: PERSPECTIVES OF THE COLLABORATIVE HOSPITAL

As a CPIRD center, the hospital has gained a range of advantages. Narong Aphikulvanich, Deputy Director General of the Department of Medical Services at the Ministry of Public Health (former Director of Maharat Nakhon Ratchasima) said this project has yielded a great deal of positive impacts to the hospital, clients, and health services. It changes physicians' roles and responsibilities. It also teaches medical students real-life problems from start to finish.

He said, "When medical students learn about diabetes, they need to know how the patients care for themselves at home, how they come to see their physician at the hospital, how the community takes care of them, and what are the strengths of the community."

Students can relate their services to the health system from primary to tertiary levels, thus integrating appropriate care for the best outcomes.

Physicians and medical educators

have also adopted a holistic outlook. This in return leads to better services at the hospital.

Narong illustrated an example. "To take care of a diabetic patient, many professionals are involved: a pediatrician, a physician, a nutritionist, and kidney specialist or eye specialis depending on the complications. Through this process, students develop good relationship with medical educators and other professionals. They can thus work productively as a team."

Given how Sorarat and other educators have put their great effort into teaching their students to adopt a holistic view and be content with serving the rural folks, it is obvious that these educators have taken to heart the philosophy of H.R.H. Prince Mahidol of Songkla, the Father of Modern Medicine and Public Health of Thailand. ■

DR. KUNRUEDI WONGBENCHARAT

DR. NARONG APHIKULVANICH

Acknowledgment

Special thanks to Dr. Narong Aphikulvanich, Deputy Director General of Department of Medical Services, Ministry of Public Health and former director of Maharat Nakhon Ratchasima Hospital; Dr. Somard Tangjarone, Director of Maharat Nakhon Ratchasima Hospital; Dr. Chavasak Kanokkantapong, Director of Medical Education Center of Maharat Nakhon Ratchasima Hospital; Dr. Sorarat Lermanuworat, Deputy Director of Medical Education Center of Maharat Nakhon Ratchasima Hospital; and Dr. Pisek Tongsawadwong, obstetrician and medical educator of Maharat Nakhon Ratchasima Hospital for their support and information for this article.

CHAPTER: 4

Interprofessional Learning on Palliative and End-of-life Care at King Chulalongkorn Memorial Hospital

Sukjai Charoensuk
Orarat Wangpradit

THE LAST CHAPTER OF LIFE

If you were able to design the last day of your life, what would it look like? Many people would choose to have 'a good death,' like a young lady suffering from the final stage of cancer after years of treatment. The chemotherapy worked well the first time around. But then the cancer relapsed, at which point higher-strength chemotherapy was offered. Despite a less than 20% chance for the cure, the mother wanted it for her child. But desiring to live her remaining life peacefully at home and free from undue pain, the young lady adamantly opted for palliative care.

"This conflict of ideas over curative and palliative treatments among critically ill patients and their relatives is quite common, so we organize a family conference to handle the issue," said Ms. Veeramonl Chantaradee, a social worker and secretary of the Palliative Care Center.

A typical conference is composed of a patient and his relatives, physician, nurses, anesthesiologist and social worker. Some may include volunteers for psychological support. The conference is a classic example of inter-professional teamwork. The primary physician discloses the diagnosis and treatment options. The anesthesiologist manages pain and critical care. The nurses cover nursing care. The social worker identifies social resources and advises on medical expenses and coping strategies. The patient and his family then

A PALLIATIVE CARE TEAM CONDUCTS A FAMILY CONFERENCE

A SOCIAL WORKER COUNSELS A FAMILY

decide whether to go for intensive treatment or palliative therapy. Medical students also observe the conference as part of their course requirement on patient-centered care.

EVOLUTION OF PALLIATIVE CARE IN THAILAND

Hospice care in Thailand was essentially unheard of until 2010 when a number of physicians who had provided palliative care on their own gathered to found the Thai Palliative Care Society, with collaborations from medical schools, hospitals, clinics, public health professionals, volunteers and the private sector. The Society played an important role in building networks and providing knowledge and skills that focus on symptomatic and psychosocial support during the patient's end stage. The concept was later adopted by the Medical Schools Palliative Care and integrated into the medical curriculum of Chulalongkorn University. [1]

As a tertiary center, King Chulalongkorn Memorial Hospital receives hundreds of patients with incurable illnesses on a daily basis. The hopelessness of the cases and the scarcity of effective therapies had moved some physicians to explore alternatives, leading to an assembly of like-minded health personnel who wished to assist patients in making their decision and support their relatives in coping with grief and loss.

When the Society was reestablished as the Palliative Care Center of King Chulalongkorn Memorial Hospital in 2009 to comply with a hospital-accreditation requirement, the team had been giving counsels for quite sometime in complicated end-of-life cases at the hospital wards.

[1] Message from President of the Thai Palliative Care Society is available at www.thaps.or.th/message/

"At first, we were only a group of four-five people with the same interest who wanted to share ideas and expertise. When we were involved in a case, we looked for relevant experts to form an interdisciplinary team," said Asst. Prof. Dr. Pornlert Chatkaew, Head of the Palliative Care Center.

ASST. PROF. DR. PORNLERT CHATKAEW

The Thai name for the Center is 'Chewaphiban Center' ['chewa' means life; 'aphiban' means holistic nurturing] to signify the center's objective in providing holistic care to the patients whose hope for a cure is minimal. Services include training healthcare providers and volunteers, giving counsels in complicated cases, conducting research and fostering a palliative care network. Chewaphiban is widely known for its knowledge management and activities involving bedside volunteers and the private sector.

KNOWLEDGE MANAGEMENT OF THE PALLIATIVE CARE TEAM

A NURSES' SEMINAR ON IMPROVING CARE FOR THE DYING

PATIENTS AND THEIR FAMILIES: THE FOCAL POINT

With a focus on patients and their families from diagnosis until death, palliative care involves many professionals, namely pediatricians, oncologists, anesthesiologists, psychiatrists, pharmacists, nurses, psychologists and social workers. Friends, family and volunteers also play crucial roles.

Many activities were created to encourage patients to live happily and prepare for a peaceful death. Children, for instance, may have a wish to do something, meet someone special, or visit a particular place.

"When I realized there were volunteers willing to fulfil their wishes, I began asking these kids what their wishes were. Thai society is blessed with people who want to help make their dreams come true. Fulfilling a wish is a good starting point for a conversation about life. From that point, we help parents and children define their quality of life, and empower them to live creatively. Parents do not always expect an intervention from their physician; they just need someone who listens and provides

PROF. DR. ISSARANG NUCHPRAYOON

support," said Prof. Dr. Issarang Nuchprayoon, a pediatric palliative care specialist.

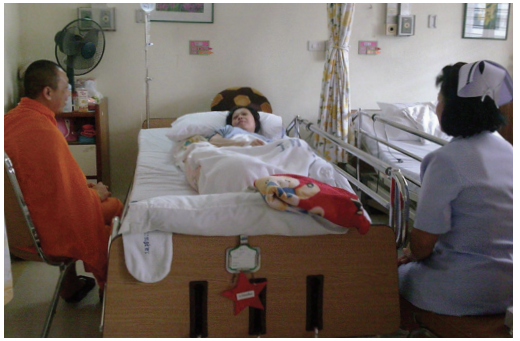
VOLUNTEERS: THE MANPOWER

MS. VEERAMONL CHANTARADEE

Hospice care volunteers can be medical students, nurses, patients' families and lay persons. 'Bedside-volunteer program,' a well-known activity, recruits volunteers from Bhuddhikha (a Buddhist network) and medical and nursing students to lend patients a sympathetic ear.

Another is the 'liked-minded-volunteer group' where patients with incurable diseases listen to those who have lost their loved ones from similar circumstances. "Families who have lost their loved ones play a crucial role in consoling patients with terminal illnesses and their families since they can empathize and assist others in coping with grief," said Ms. Veeramonl.

It's not enough for volunteers to have a warm heart. They must have knowledge and counseling skills. To be eligible, prospective volunteers must take an orientation session and a qualification test.



BEDSIDE DHAMMA

BEDSIDE VOLUNTEER: ART THERAPY

BEDSIDE VOLUNTEER: MUSIC THERAPY

MEDICAL EDUCATION: A FERTILE SEED OF PALLIATIVE CARE

To see how keen an interest Chulalongkorn University's School of Medicine has taken in producing health professionals with the right attitude in palliative care, we can look at the fifth-year medical program.

Ever since 2002, the program has included the Care for the Critical, Chronic and Terminal Illnesses course, in which students work with residents, nurses and social workers in assessing disease awareness of the patients and their families. Each student also observes a dying process to gain an understanding of a peaceful death and grief management. Learning from real cases allows them to appreciate the importance of end-of-life care.

For post-graduate training, a number of workshops

A RESIDENTS' WORKSHOP ON EFFECTIVE COMMUNICATION IN PALLIATIVE CARE

were designed for residents, medical students and nurses. An example is a workshop on effective communication in palliative care for pediatrics residents, to be expanded to residents in other departments in the near future.

A CHANCE FOR SELF-LEARNING

Working inter-professionally offers an opportunity for self-learning, with humanity of spirit and kindness of heart being the most prevalent attitude found.

"Palliative care in itself is fascinating because we learn impressive stories, truth and grace from the patients. We see the responsibility as a self-rewarding experience rather than a burden," said Dr. Pornlert.

Discovering the meaning of one's life can be challenging so it is important to be open-minded.

"When the child had recurrent cancer, and we knew it was incurable, I informed the parents that the modern medicine we know is not effective. We can try them again, but the hope for a cure is very limited. Or we can seek an alternative path. [The point is,] we can choose to live happily with cancer. I asked the parents what they thought would be best for their child, and we would go along with it. Although their child has died, I knew the parents were happy with their child's peaceful death as they later became volunteers for other parents," said Dr. Issarang.

Working with the team also allows the staff to tone down their ego, as reflected by Dr. Pornlert:

"The success of palliative care lies in learning with the patients and their families. We do not teach or judge them according to our ways of thinking. [Our ego] has to be 'small enough' to get into their world." ■

Acknowledgment

We would like to thank the School of Medicine, the Palliative Care Team, and the Palliative Care Center at King Chulalongkorn Memorial Hospital. Special thanks to Asst. Prof. Dr. Pornlert Chatkaew, Prof. Dr. Issarang Nuchprayoon, and Ms. Veeramonl Chantaradee for their information on the Palliative Care Center.

CHAPTER: 5

Revamping the Medical and Paramedical Education at Siriraj Medical School

Yupaporn Tirapaiwong
Achara Suksamran

SIRIRAJ MEDICAL SCHOOL

"We want our graduates to understand the physical and psychological sufferings of the patients and their families by drawing upon their knowledge, professional skills and the skill of the 21st century, which is the ability to access and digest information wisely."

PROF. PRASIT WATANAPA
DEPUTY DEAN AND DIRECTOR
OF SIRIRAJ MEDICAL SCHOOL

Siriraj, founded in 1890, is the oldest and largest medical school in Thailand. Administered by Mahidol University, it is located at one of Mahidol's three Bangkok campuses. Throughout its 124-year history, the School has produced more than 11,125 health professionals through trainings at both undergraduate and postgraduate levels, with the most famous being its medical program.

"In improving our curriculum, we focus on producing competent and compassionate graduates. But, more importantly, our graduates need the skills for the changes in the 21st century."

CLINICAL PROF. UDOM KACHINTORN
DEAN OF SIRIRAJ MEDICAL SCHOOL

The dawn of the 21st century heralded an information-driven society. New information comes as existing one goes. Several efforts have been made to update the educational programs at the undergraduate and postgraduate levels. Knowledge needed by practitioners was identified to meet the ever-changing health problems of the new era. Thus far, Siriraj has initiated a number of changes in its educational approaches to prepare health professionals for these challenges, explained Prof. Watanapa.

CLINICAL PROF. UDOM KACHINTORN

PROF. PRASIT WATANAPA

"The School needs to produce graduates who understand the sufferings of their patients. What we have tried is shifting their thinking from the inside (own's view) to the outside (patient's view). We use self-reflective techniques to make them feel more empathy so they will focus on the patient, not the disease."

PROF. PRASIT WATANAPA

OUTCOME-BASED CURRICULUM

To meet the goal of the medical education reform, Siriraj held the Education in the Doctor of Medicine Curriculum seminar in 2012. A strategic education and implementation plan was established in the hope of creating desirable characteristics in graduates.

The plan also aims at improving graduates' competencies for the 21st century society.

The School followed through on their plan by issuing general and specific policies at the undergraduate and post-graduate levels. The result is an integrated, systems-based curriculum that relies on interactive teaching techniques such as small-group discussion, self-directed learning, team-based study and group analysis. Teachers encourage students to build a self-reflective skill. Extracurricular activities are created to improve students' innovative mind and morals. Evaluation methods that historically focused on academic achievements were replaced by a variety of tools that truly measure students' competencies.

SIRIRAJ TRAINING AND EDUCATION CENTER FOR CLINICAL SKILLS (SiTEC)

A supportive environment goes a long way towards providing high-standard educational services. Siriraj has invested in several learning facilities equipped with the most advanced information and simulation tools available.

SMALL-GROUP LEARNING

"We often use a quite effective learning-by-doing approach. But sometimes in the real world there is no room for trial and error. A minor mistake in the caring of a critically ill patient, for instance, can cost life."

PROF. SUWANNEE SURASERANIVONGSE
DEPUTY DEAN OF POSTGRADUATE EDUCATION

SiTEC aims to serve both students and faculty in developing their clinical skills in a safe environment. Currently, there are two centers. SiTEC I is a cadaver lab for surgical skill development; SiTEC II is a simulation center for surgical skill practice for health professionals in critical-illness situations.

Dr. Pichaya Waitayawinyu, a medical lecturer, explained the program's objectives by using the Emergency Care Class for fifth-year medical students as an illustration: "Our students learn to combine their knowledge and competencies in authentic situations. They learn to communicate with the patients and their teams, as well as make decisions on their own."

SMALL-GROUP LEARNING

TRAINING FOR THE TRAINERS

She also mentioned that "after-class debriefing is very important. I usually ask students to reflect on what they have learned." One of her medical students, Mr. Surachet Saelim, agreed that "it helped me a lot to understand how to deal

with patients in emergency. I've learned what I should do the next time around by reflecting on what I had done. This is a good way to prepare us for our practicum in the clinic."

RESPONDING TO THE NEEDS OF THE DISABLED

Besides the medical program, Siriraj also provides other programs to serve the needs of the Thai populace. At the time when there were no prosthetics and orthotics (P&O) professionals in Thailand, the Sirindhorn School of Prosthetics and Orthotics (SSPO) was erected to produce high-quality graduates to serve the disabled in Thailand and other Southeast Asian countries. Established in 2002, the School has a collaboration from the Ministry of Public Health and financial support from the Nippon Foundation.

"There are more than 500,000 disabled in Thailand. Thailand needs more than 2,500 P&O professionals based on the WHO-recommended ratio of professionals to the disabled of 1:200. Now, we can produce 82 graduates who work mostly at university hospitals in Thailand while all international graduates work at P&O School Category 2 in their home countries," explained Assoc. Prof. Nisarat Opartkiattikul, Director of SSPO.

FIFTH-YEAR MEDICAL STUDENTS IN EMERGENCY-CARE CLASS

DEBRIEFING
AFTER CLASS

There are three categories for P&O programs, namely categories 1, 2, and 3, which require 4, 3, and 2 years of study, respectively. Not only is SSPO the only Category 1 School in Thailand, it is also the only one in Southeast Asia where a bachelor's program in P&O is offered. The School was accredited by the International Society for Prosthetics and Orthotics (ISPO) to Category 1 level in 2007 and by ISO 9001 in 2008.

As part of Siriraj, the educational policy in the SSPO follows that of Siriraj's. Innovative learning activities ensure that students are eager to learn. Twenty-three instructors from several countries meet every week to share their teaching experiences.

"I like the fact that all faculty and assistant lecturers have a weekly meeting to evaluate their teaching performances. We can learn from each other," said Mr. Pitchaya Raypthee, an assistant lecturer.

Although Thailand and other Southeast Asian countries need more P&Os, the number of students accepted each year into the program is limited: 24 Thai students and ten international students. After completion of classroom studies,

students move on to laboratory and clinical practice in groups of four, supervised by instructors. The second- and third - year students practice with the teachers and the disabled who are volunteer teachers. Fourth-year students practice with patients in the hospital and community.

ACCREDITATION
BY ISO 9001

"I'm so proud to be a volunteer teacher. The Queen and Princess Sirindhorn are great supporters and inspired me to become a teacher. Some may think disabled patients are a burden on society, but I think we can help ourselves and students. I want students to ask a lot of questions so they can understand us better and help others with disabilities in the future," said Mr. Domrongsak Aupla, 71 years old, a volunteer teacher who has been using prostheses for over 50 years due to snake bites to his leg.

"I used to think about leaving school because it was difficult to learn... After I learned with volunteer teachers and other patients, I understood their suffering. I cried when I could help them walk again. I was so happy to see them and their family smile," said Ms. Nattita Jarukitsaree, fourth-year P&O student.

LABORATORY PRACTICE

This is a great opportunity for students. Not only do they learn to design and produce devices for the disabled, they also learn to interact with patients and respond to their physical and psychological needs. Each student takes care of their patient throughout the whole process, which takes at least three months. This also allows them to interact with other health professionals such as physical therapists and P&O technicians in solving the patient's problems

MS. NATTITA JARUKITSAREE, FOURTH-YEAR P&O STUDENT.

REVIVING THE TRADITIONAL MEDICINE

The Bachelor of Science in Applied Thai Traditional Medicine is another example of how Siriraj responds to the needs of the Thai society. The program was developed after a private school of traditional medicine was incorporated into Siriraj's administration and became the Center of Applied Thai Traditional Medicine in 2003.

The program aims to conserve and revive knowledge and wisdoms in traditional medicine. Students learn basic sciences, along with theories and practices of the traditional arts. The goal is to produce graduates capable of performing traditional healthcare and concocting quality herbal medicines. Siriraj believes that adding traditional practitioners to the healthcare system will address both healthcare inadequacies and health inequity.

"Teaching traditional medicine to a new generation of students is difficult so the center puts an emphasis on a curriculum that changes students' perceptions. Teachers

LEARNING WITH VOLUNTEER TEACHERS

choose appropriate methods to stimulate students' minds while students realize their potential through extra-curricular activities. Reflections of the experiences, performed individually or in groups, help students learn more, not to mention improve their attitudes," said Associate Prof. Tawee Laohapand, Chairman of the Center of Applied Thai Traditional Medicine.

Administrators of educational programs play a vital role in making the big move from a traditional instruction to innovative methods that serve the needs of the instructors, students, patients, and societies at large. They must also

CLINICAL PRACTICE IN TRADITIONAL MEDICINE

HEALTH PROMOTION ACTIVITIES FOR THE COMMUNITIES AROUND SIRIRAJ

support the change by providing a sufficient budget for successful policy implementation. Collaboration with other healthcare sectors is also the key to success because everybody works out on what the demands are and how they can be met.

For Siriraj, the role of the educational is not merely to produce professionals to add to the workforce, but also to improve health equity and access. The revamping of the educational programs at Siriraj was a response to the changing demands of the healthcare system and the challenges of 21st century society. These adaptive changes guarantee that Siriraj graduates will have the best possible skills to work in the clinical and public-health settings, thus embodying the creed all Siriraj graduates hold dear to their hearts: True success is not in the learning, but in its application to the benefit of mankind. ■

Acknowledgment

Special thanks to Dr. Prasit Watanapa, Deputy Dean and Director of Siriraj Medical School; Dr. Suwannee Suraseranivongse, Deputy Dean of Postgraduate Education; Assoc. Prof. Nisarat Opartkiattikul, Director of SSPO; Assoc. Prof. Tawee Laohapand, Chairman of the Center of Applied Thai Traditional Medicine; and all stakeholders for their commentary contributions to the article.

CHAPTER: 6
Nursing Education for Community Health Equity at Boromarajonani College of Nursing Khon Kaen

Wilaiporn Khamwong
Anchaleeporn Amatayakul

Although approximately 6,500 nurses graduate from over 80 nursing institutions each year, there seems to be no end in sight to the nursing shortage. This shortage is both in numbers and in terms of essential skills for the complex needs of the community.

THE COMMUNITY NURSE PRODUCTION PROJECT

"We also face the nursing shortage in Khon Kaen, especially in the rural areas," said Dr. Wichai Atsawapak, Director of Nam Phong Hospital. 'We have to wait a long time for new nurses. Sometimes we don't get any. Sometimes we get less than what we have requested."

The health personnel data of Khon Kaen Provincial Office show that novice nurses prefer working in the hospitals than health centers. The attrition rate at all levels of healthcare is high.

While nursing institutions wish to increase enrollments to the level that meet the current need, several factors limit their ability to do so. Chief among these is faculty shortage. "Our college used to have faculty shortage," said Mrs. Pannipa Thongnarong, Deputy Director of Academic Affairs. According to the Thai Nursing Council, all nursing institutions are required to meet the ratio of faculty and students of 1:8. In 2008, with 25 nursing instructors and 363 nursing students, the ratio of 1: 14 did not meet the standards.

"If there was no plan for increasing the number of nurses, problems in all levels of healthcare, especially in remote areas, could intensify and become a crisis," said Dr. Atsawapak.

To overcome the problem, *the Community Nurse Production for Community and by Community Project* was launched in Nam Phong in 2002. It was effectively run and sustained by a collaboration of several organizations including Nam Phong Hospital, local administration organizations, nursing institution and the community. An evaluation revealed that the shortage had decreased while the retention rate had increased

The project has thus expanded by aiming to produce 200 community nurses within seven years, from 2009-2015, to cover most areas of Khon Kaen.

COMMUNITY PARTICIPATION IS A PRIMARY FOCUS

"To select eligible students, we request community participation. We look for attitude rather than intelligence.

Our belief is that, a nurse needs to be a good person first; intelligence and skills can be trained," said Dr. Atsawapak.

Participating hospitals announce the project to high school students in science-mathematics program. Interested students participate in the Volunteer Project by doing activities at the hospitals and communities during their school breaks, weekends and holidays. They are then assessed for their readiness and suitability for the community

Students also need community support. The support can be in the form of signatures of at least 100 people. Then the hospital, the local administration organization of the student's hometown and people in the community screen for candidates, who will be selected for enrollment by the provincial committee and Boromarajonani College of Nursing Khon Kaen.

Each student is awarded a scholarship from the hospital or local administration organization of 30,000 baht (or 1,000 USD) a year for four years. After graduation, the student works in the assigned district.

ACTIVITIES TO BUILD COMPETENCIES

After participating in the project, the College has received support from hospitals and local organizations, including nursing staff and teaching facilities such as textbooks, vans and computers. The college thus has enough

STUDENTS PARTICIPATE IN THE VOLUNTEER PROJECT

instructors and facilities to produce qualified nurses.

The college uses an integrated educational approach to build essential knowledge and skills for community nursing students. Instructors design lesson plans with community -appropriate competencies in mind. They also integrate academic services and research into the courses. Students practice in their hometown with community nurses and preceptors during school vacations. They meet with their sponsors once a month.

Various co-curricular activities are provided. One such activity, called a 'simulated family' exercise, owes its success to the important role that family plays in Thai life. Thai society is well known for its deeply rooted family values. Older persons play a key role in taking care of young people. They have a wealth of knowledge and experience from which younger generations can benefit.

Students and staff at the College are assigned a simulated family. Faculties are parents and heads of the family; supporting staffs are relatives; the third and fourth year nursing students are role models for the first and second year nursing students.

Members of the simulated family get together every Wednesday afternoon to share updates, experiences and feelings among the members. It is a free-flowing conversation in which members attempt to reach a common ground. Kummauy, an ex-head of Moo Neung village who acted as grandfather of one family, said, "Students and instructors of my simulated family often come to give me useful health messages. To this day, I still take a low-salt, low-sugar, and no-spice diet. I exercise regularly by walking. I feel I have better health after following their advice."

STUDENTS AND AN INSTRUCTOR MAKE HOUSE CALLS AND GIVE HEALTH EDUCATION

KUMMAUY, AN EX-VILLAGE HEAD WHO ACTED AS GRANDFATHER OF ONE FAMILY

THE ELDERLY CELEBRATE SONGKRAN FESTIVAL AT THE COLLEGE

KEYS TO SUCCESS

In 2012, 51 community nurses graduated from the first batch. An evaluation found that academic achievements of the community nursing students were good. 82% passed the national licensing exam. Mean scores of the students' satisfaction with their competencies were high. Mean scores of the students' having a humane attitude were the highest overall.

The project's success is due to support from all community organizations, a meticulous selection of eligible students, a curriculum that focuses on community care and competencies, and a monthly evaluation. ■

Acknowledgment

Our heartfelt gratitude goes to all contributors at Boromarajonani College of Nursing Khon Kaen for their information. I would like to extend my special thanks to Mr. Kummauy Mulpom and all members of the elderly club in Banpad, Khon Kaen, for their willingness to share their experience at Boromarajonani College of Nursing Khon Kaen.

CHAPTER: 7
Nursing Education for Community Health Equity at Namphong and Ubonrat Hospitals

Sunanta Thongpat
Suparpit von Bormann

GEARING THE NURSING EDUCATION TOWARDS HEALTH EQUITY

Community nurses working far from urban facilities always face the immense task of improving the health of the locals. In Thailand, community nurses provide primary care to patients in their homes. Although highly-regarded for being the 'frontline troops,' a heavy workload and low income have led to a severe nursing shortage.

Like other hospitals, Namphong Hospital in northeastern Khon Kaen suffers a shortage of nurses. The hospital's annual request for more personnel is never fully met. Moreover, after a few years of practice, nurses often switch

to a private practice or return to their hometown. Hence, The Community Nurse Production for Community And By Community Project, initiated by Dr. Wichai Ussavaphark, Director of Namphong Hospital, with the collaboration from Boromarajonani College of Nursing Khon Kaen and the subdistrict administrative organization.

HELPING NURSES THROUGH THE TRANSITIONAL PERIOD

Ms. Kanokwan Kaewrungsri, a community nurse at Namphong, was one of the students selected for the project. Returning to her hometown after graduation, she had to struggle with the attitudes of some community people.

"People here gave me the opportunity to be a nurse. I loved coming back to work in my hometown, but it was not easy at first. I was not confident they would trust me. They had known me since I was a little girl running around so they treated me like a child when I started working," Ms. Kanokwan laughingly told us. "Whenever they saw me walking around to create a community walking map, they'd ask me, *What are you doing here? Go back to work*, like I was a naughty kid."

DR. WICHAI USSAVPHARK DIRECTOR OF NAMPHONG HOSPITAL

MS. KANOKWAN KAEWRUNGSRI AND MS. DAWIGA JAITHIENG, COMMUNITY NURSES WHO JOINED THE COMMUNITY NURSE PRODUCTION FOR COMMUNITY AND BY COMMUNITY PROJECT

She added that "as my self-confidence grew, their appreciation encouraged me to make more progress. Support from my mentors was also crucial in getting me through the transitional period."

Although community nurses gain confidence from training and mentorship, the arduous work can be discouraging. Ms. Dawiga Jaithieng, also a community nurse, explained: "My friends said I'm lucky to work in my own community . Of course, it's easy to work with people we know. But they are too busy with their lives. They refuse to participate in the activities I initiated. Sometimes they even told me they can take care of themselves, and if they were sick, they would go see a doctor."

Dr. Wichai and his colleagues, namely, Dr. Apisit Thamrongvaranggoon, Director of Ubonrat Hospital, and Dr. Tantip Thamrongvaranggoon, tried to create a happy working environment in 2002 through the Preparing Health Personnel To Work Happily In The Community Program, whose concept borrowed the Sufficient Economy and Sustainable Development Philosophy of His Majesty King Bhumibol Adulyadej.

The aim is to prepare nurses for their future life in the village and enable them to design appropriate services to help community folks become self-reliant.

TEAMWORK SUPPORT IS CRUCIAL

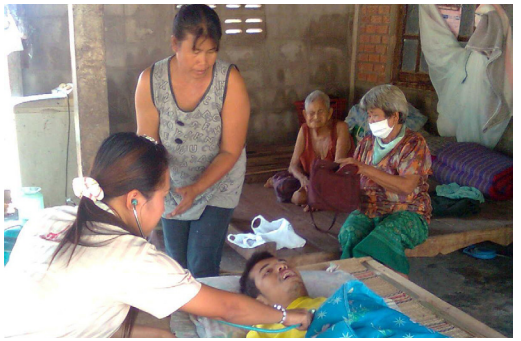
To overcome obstacles and hardship, nurses receive support from their mentors and the healthcare team. The mentor gives advice and works closely, while the administrative board of Namphong health service provides material

SUFFICIENT ECONOMY AND SUSTAINABLE DEVELOPMENT

DR.APISIT AND DR.TANTIP THAMRONGVARANGGOON

support such as transportation and other necessary items.

Ms. Kanokwan shared her experience: “Ever since starting my work, I got support from my colleagues, my mentor, my parents and extended family. When I feel



ON-SITE CARE FOR A SELF-RELIANT COMMUNITY

discouraged and exhausted, my mentor urges me to continue."

Ms. Daviga said, "The allowance we get is not much, compared with my friends' salaries at city hospitals, but it's enough to live on here. We can eat lunch with our family. We have enough."

PRIDE AND BONDING WITH THE COMMUNITY

What boost the nurses' morale and confidence and enable them to continue their work are the feelings of love and trust and a sense of belonging. "Now people smile at me, even those who didn't like me before. They're happy to see me make house calls and help the elderly. We discuss many health issues. They can talk or ask whatever they want.

ONE COMMUNITY NURSE FOR ONE VILLAGE

PRIDE AND BONDING WITH THE COMMUNITY

Now they have a good attitude towards the hospital," said Ms. Kanokwan.

Ms. Dawiga shared her thoughts. "It took a long time to build trust. I can say with pride that I'm now a true community nurse. People can come to my house any time, even late at night. There were a few times I had to go to the hospital at night to get medicine for a patient. But that's fine. If I didn't do it, she and her family may suffer all night. I'm part of this community since I was born. If I was not here, who would help them? Now I know what a community nurse is. I've got the spirit."

Currently, with one nurse for every village, Namphong and Ubonrat no longer have a nursing shortage. The success led to the project's expansion to other hospitals in Khon Kaen. Since 2009, the project has brought 200 community nurses to serve in every community in the province. ■

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