ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

SSC5c elective report: Erin Butterworth, Cho Ray Hospital, Vietnam

1. Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health: what are the prevalent emergencies which present to A and E in Vietnam?

In A and E there are two categories in which patients are placed: trauma or other. Needless to say the majority of the patients are placed in the trauma category. The main method of transport for the vast majority of people in Vietnam is via scooter, and there are very loose traffic laws, or at least very loose obedience of them. Scooters often carry several people at a time, including very young children without helments on. Cho Ray hospital in the major tertiary referrral centre for the whole of south Vietnam and all major trauma is referred there. As a consequence there are always at least five major head truamas present in the emergency room, along with around 30-40 patients in the main section of the room with more orthopaedic injuries. This is obviously a much higher trauma burden than we are used to in the UK. The major injuries are dealt with the corner of the room which is sectioned off and designated as the intensive care unit. There are usually 5-10 patients in here at any one time and there are also 'FAST' scans of patients' abdomens being carried out in one corner. This was very interesting to watch as a large number of scans are always going on and we were able to begin to learn the basics of ultrasound, which is not something we are taught as part of the course in the UK. The other major emergencies dealt with in this room are common disease which we also see in the UK- such as heart failure, exacerbation of COPD, burns and sepsis. In the main room there are also patients presenting with a wide variety of pathologies, again which we would see in the UK, such as hepatitis, fast atrial fibrillation, infected lacerations, pneumonia and so on. We therefore had the opportunity to examine some interesting signs in these patients- for example there are an especially large number of patients with liver failure due to Hepatitis B, so we could examine many cases of hepatomegaly and see fulminant jaundice. We also noted some differences in practice- these are mainly due to availability of equipment- for example, none of the ET tubes used in the Emergency room have bite guards, so a Guedel airway is placed simultaneously to prevent the patient clamping down on the tube and to allow access for suction.

2. Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries or with the UK: How does provision of emergency and trauma medicine differ in Vietnam compared to the UK system?

Cho Ray is the major tertiary referral centre for all medical and surgical provision within south Vietnam. This means that the majority of the patients who arrive at the A and E department have already been seen and partially treated at other regional hospitals, or other smaller hospitals within

Ho Chi Minh city, before they are taken to the emergency room at Cho Ray hospital. This results in a pattern where there are only a few patients in the department in in the morning but it rapidly fills up after lunch time and through to the evening as people arrive from these provincial hospitals, which can be over five hours drive away. This also consequently means that there is not a similar system as in the UK, where there are major trauma rooms, where an ABCDE assessment is undertaken, as these patients have usually already been partially worked up and come with accompanying notes. The emergency room is divided into three sections: triage, the main room, and the ITU. Overall it is equipped to hold around 45 patients; in the afternoons and evening its holds well over 100, with people sharing beds and patients tesselated on gurneys with very small aisles in between them in order to fit in as many people as possible. It is very difficult to move anywhere in the department by mid-afternoon. This is a theme common to the entire hospital, which has 1000 beds, but frequently has 2,500 inpatients. The hospital has a 'no limits' policy, which translates to any patient which is referred must be accepted, therefore resulting in the subsequent overcrowding, as there is nowehere else for these patients to go. To cover these patients in A and E, there are around 10 doctors per shift, with around 20 nurses. This overcrowding not only affects the number of beds available and the resultant bed sharing, there are obviously limits on equipment available as well. In intesive care in the emergency department for example, there are only two/three continuous heart monitors availble, if another is required, the patient will be monitored via the ECG trace available on the defibrillator. Similarly, in the coronary care unit, when there are no longer enough ventilators, patients relatives are employed to manually ventilate them, day and night.

3. Health related objective: discuss the treatment options of common infectious tropical diseases in vietnam

The emergency department at Cho Ray hospital, since it is a tertiary referral centre, does not directly recieve patient wịh tropical diseases as these patients are referred directly to the tropical diseases department of the hospital. However, we have seen patients come in with diseases such as Hepatitis B, and advanced cases of cellulitis due to injuries sustained working on agricultural land or in rural villages which are much more advanced than most infections which we would see in the UK. We also have to consider with these patients a wide range of alternative pathogens which we would not in the UK, including parastic and helminthic diseases. Patients are also, on the whole, more susceptible to infectious disease as there are high levels of poverty which result in severe nutritional deficiencies, of both macro- and micro-nutrients. The hospital has recently introduced a screening programme to assess nutritional status in all patients, but it is difficult to find time to recitify these problems as often it is not the primary problem that the patient has come in with (though it may be a major contributiong factor) and due the the volume of patients there are not the resources to deal with it.

4. Personal/professional development goals: practice communicating with people who do not speak the same language as you to gain an effective diagnosis and treatment plan

Most of the work in clerking people and their diagnosis in Cho Ray emergency department has already been carried out prior to their arrival, at the district hospitals from which they have been referred. This often includes basic imaging, along with stabilising surgery if necessary, as it is often is with the severe trauma which comes in, in order for them to be stable enough to transfer. It was therefore not required for us to clerk the patients, and indeed this would have been very difficult as most patients speak no English. However we have practised communicating with the doctors and helped them practice their medical English, and all foreign patients which came in were assigned to us, including patients who had languages such as French as their first language. We used several techniques to comminucates effectively with these patients, such as miming the problem which were trying to enquire about, and using the patient's relatives as translators.