ELECTIVE (SSC5b) REPORT (1200 words)

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

1. What are the common presentations in the emergency department in Ho Chi Minh City? How do they differ from the UK?

Traumas caused by road traffic accidents are the most common presentation at the emergency departments in Cho Ray hospital. This comes as no surprise as the traffic in Ho Chi Minh seemed to be extremely disorganized and chaotic compared to the UK. The main mode of transportation used is motorbikes and scooters and the abundance of scooters and motorbikes on the road during peak traffic times meant it was not uncommon for motorbikes and scooters to ride on pathways to reduce commuting times. Traffic rules were not enforced on the road and authorities were more relaxed about them being broken.

Commonly patients would be seen needing abrasions and injuries to be treated due to collisions of drivers and passengers having with other transport vehicles or the road. The team was very efficient and excellent at treating patients with these injuries due to ample prior experience. The emergency department also possessed a mini intensive therapy unit (ITU) where patients with more serious injuries especially head trauma patients were treated. In the ITU department there were more staff available per patient and patients observations (heart rate, respiratory rate, blood pressure, oxygen saturations) were constantly monitored. A CT scan would be commonly carried out for these patients to identify the extent of injury and aid in the management of the patients. Various trauma related pathologies were observed whilst we were in the emergency department ranging from subdural/epidural/subarachnoid haemorrhages , craniotomy, depressed skull fractures, soft tissue damage and more.

I also saw familiar cases whilst at Cho Ray hospital in Ho Chi Minh City that was comparable to the presentation you see at accident & emergency department in the UK. These include: chest pain caused by acute coronary syndrome, exacerbation of COPD, exacerbation of asthma, pneumonia, sepsis, cellulitis, acute heart failure, arrhythmias, bowel obstruction, decompensated liver failure, acute kidney injury and more. One of the differences between the UK and the patients seen in Cho Ray hospital is that the medical history is less known and recorded at Cho Ray hospital compared to the UK, hence it makes the management of patients tougher and puts patient of risk of contraindication therapies.

2. How is emergency medicine organised and delivered in Ho Chi Minh City? How does it differ from rural Vietnam and the UK?

Paramedics would initially take patients in Cho Ray hospital at Ho Chi Minh City to the triage department however patients may also voluntarily walk into the triage department to be seen. The triage team consisted of multiple doctors and nurses who quickly saw the patients usually in less than 10 minutes. They would usually take a very brief history from the patient or relatives or paramedics and then quickly examine the patient and record vital observations and then place a coloured wristband on the patient to indicate to the rest of the team the severity of the case and how quickly the patient needs to be seen. A green wristband meant that this patient is low priority and does not need to be seen immediately. A yellow wristband indicated that this patient requires medical treatment as soon as possible however there life is not under immediate danger therefore these patients are seen as medium priority. A red wristband indicated that this patient is high priority and requires immediate treatment and should be seen instantly as there life is in danger. These patients will often be placed into the intensive therapy unit of the emergency department, as they will require extra medical attention. The emergency departments in rural Vietnam are not known to be very well equipped hence patients usually travel extremely long distances to come to Cho Ray hospital. Many patients at Cho Ray hospital could be from over 100 miles away it was the biggest hospital in the southern province of Vietnam and some patients at Cho Ray hospital were from Cambodia due to the lack of resources available in Cambodia. This was quite the contrast compared to the UK where major accident emergency departments are located throughout the country and patients not requiring traveling far for emergent medical attention. However patients in the UK are also similarly triaged by a team of doctors and nurses initially and then delegated to the rest of the accident and emergency department.

The vast amount of patients in Cho Ray hospital made it a very busy compared to the hospital in the UK, with an average of 2,432 patients been seen in a day whereas the hospital possesses a total of 1,800 beds. It was not uncommon to see two patients in the same bed at Cho Ray hospital that is something I have never seen in the UK. Due to the hospital being so busy, staff are extremely efficient with their time and due to this many vital aspects of patient care we deliver in the UK is unfortunately not given to patients in Cho Ray hospital. Patients are rarely informed of a procedure before they carry it out them and consent is very rarely taken with health care professionals just assuming that patients have implied consent. Many times patients may deny a procedure and if the team believes the patient does not have capacity to deny a procedure they will tie the patients arms and legs to the bed and sedate the patient before carrying out further treatment. This type of practice is seen as unethical in the UK especially due to the fact that health care professionals here have the time to explain to the patient about the treatment they are delivery and gain consent.

3. How does treatment differ in public funded hospital in Vietnam compared to the UK?

In the UK the treatment provided would be free to patients due to the NHS and prescriptions are capped at £8.80. In Vietnam treatment at public hospitals patients have to pay 10% of the medical fees whilst the government pays for the rest of the 90%.

4. How will I manage in an environment where both staff members and patients may not speak the same language as me, and how will I overcome them?

Communicating with staff members was easy as most staff members spoke English, however patients usually did not speak English hence making it a lot more difficult to communicate with them. To overcome this hindrance we were very fortunate that staff members translated for us when they had time, however other times we were restricted to using body language to communicate with patients. Our Vietnamese was limited and the speed at which patients and staff members spoke Vietnamese in meant that understanding them was very difficult, however at times we used apps on our phones to communicate with patients and staff members about what we wished to say. Overall whilst communicating with patients was difficult it was a valuable experience, as we may have to overcome language barriers when practicing in the UK.