

Emergency medicine has always been on top of my career prospective and in my quest to experience the field hands-on; I have completed a 5-week attachment in the Accident and Emergency (A&E) department at Cho Ray Hospital, the largest hospital in Ho Chi Minh city, Vietnam. The hospital was founded in 1900 during the French colonial rule as *Hôpital Municipal de Cholon* and over the years it has also been known as *Hôpital Indigène de Cochinchine* (1919), *Hôpital Lolung Bonnoires* (1938), and *Hôpital 415* (1945), until it was ultimately renamed Chợ Rẫy in 1957. The facility was reconstructed on the area of 53,000 m² and was re-equipped to become one of the largest hospitals in Southeast Asia in June 1974 with the help of Japanese government. At present, the hospital organizes practise and postgraduate training for more than 2500 medical students and 600 doctors each year and provides treatment for about 457 000 outpatients and 67 000 inpatients per year.

I decided to work in the A&E department with a view to enhance my clinical skills and also to have a taste of the different emergency presentations in that particular tropical region. In addition, I also had the opportunity to experience the healthcare systems and practices there and the privilege of working with Vietnamese people. The A&E department was divided into three zones which were colour-coded, according to the triage system; the **resuscitation room** (red), **immediate care** (yellow) and a bay for **non-urgent cases** (green). Each patient who came to the department was given a wristband of different colour according to the "colours" of severity. There were also X-Ray room and emergency operating theatre closely attached to the department.

The trauma team in the A&E consists of one consultant, three senior Medical Officers (MO) equivalents to Registrars, Junior Medical Officers, House of officers and they are being assisted by the Medical Assistant (MA), nurses and porters. The emergency cases are first filtered by the triage system according to the severity and this job is done by a group of nurses; who are the front liners, waiting for ambulance arrival. If severe cases are reported or resuscitation is indicated, an emergency bell will be activated as a warning for the other doctors and staff to be prepared in the red zone to treat the patients. Yellow and green cases are considered "non-urgent" and therefore patients normally have to wait to be called before getting any medical treatment. The working hours for doctors are divided into 3 different shifts; 7am to 2pm, 2pm to 9pm, and the on-call hours which start from 9pm to 7 am the following day. I had the opportunity to work flexibly in different shift throughout the attachment and from my observation; most of the emergency cases arrive between 4pm to around 9pm and predominantly at night.

The A&E department receives approximately 300 emergency admissions per day and most of the time, they couldn't accommodate the patients. As a result, some of them had to be placed on the floor with a piece of blanket as a cover which normally brought by the relatives. Cho ray hospital is known for its trauma and neurosurgery services and therefore it receives cases mainly from acute trauma of road traffic accident and also referrals from other hospitals in Ho Chi Minh. Apart from that, the hospital also receives between 3000 and 3500 outpatients per day, making it as one of the busiest hospitals in the South East Asia region.

80% of the cost of the treatment will be covered by insurance company if the patients subscribed to them and they only have to pay the remaining 20% from the total cost. Unfortunately, despite the heavy subsidy, some of these patients were still unable to pay the bill and they ended up missing even the most life-saving interventions. It was a completely a heart-breaking experience to see an MI patient died in front of me because he and his family couldn't afford the life saving PCI intervention. A plain Xray would normally cost 60 000 VND (2 pounds), CT scan with enhancement 1 million VND (30 pounds) and an MRI would cost 2 millions VND.

Vietnam is a multi-ethnic country and also known for its diverse community and religious background. Vietnamese language acts as the national "lingua franca" and it is being used universally by all Vietnamese and also recognised as the medium of communication between healthcare professionals at the hospital. The language is also widely used for teaching, presentation and also in patient's case-note writing. Some of the doctors and staff are also able to speak English although the number is still quite insignificant. My communications skills were really put into test throughout the attachment particularly in term of getting medical information from patients for not having any basic Vietnamese language. However, the doctors and medical students were always willing to support by acting as interpreters to me and to other fellow foreign students. In some occasions, I had to use body and sign language to communicate with patients and the 'trick' apparently really did work out.

Apart from brushing up my communication skills, I also had the opportunity to enhance my practical ability in carrying out procedures such as venupuncture, cannulation, catheterization, simple ECGs, suturing, FAST scans and others. The equipments were somewhat different from what I used to handle with in the UK but it didn't take me much time to adapt with the change. I was very glad with the fact that there were many helpful staffs around me and they were willing to supervise and teach me to improve my techniques. By the end of attachment I became very confident and slick with practical procedures. I also involved very much in formulating management for patients; one of the most vital skills that every doctor should have to be a good physician. The student supervisor often asked me questions on the management of common and simple presentations such as dengue fever, asthma attack, hyperkalaemia and I also had to interpret countless of X-Rays and Ct scans. I learned a lot from the indirect tutorials.

The most amazing element about working in the A&E is the opportunity to witness many different presentations of acute cases. Cho Ray Hospital is known for its trauma and neurosurgery services and motorbikes accidents are the **commonest** mode of presentation. Apart from that, the hospital also received patients who were referred from other healthcare institutions and this greatly allowed me to witness many other medical presentations. Myocardial Infarction, Diabetic Ketoacidosis (DKA), Ventricular Fibrillation (VF), and trauma were among the commonest cases throughout my 2 weeks attachment. I had the chance to see a cardioversion being done and some other advanced procedures in the resuscitation room. The experience had consolidated my burning passion for emergency medicine and I completely became more and more confident that I have made the right career

choice. I personally admired their integrity working as a team in the A&E as I could see well interactions between the healthcare professionals across various expertises in achieving the maximum standard of care to stabilise patients.

Being in a tropical country was indirectly a "bless in disguise" from my point of view as I had the opportunity to witness many tropical disease presentations. Dengue fever, Chikugunya, Leptospirosis and Elephanthiasis were among the cases that I had seen during my attachment at Cho Ray hospital. In my whole time at the medical school, tropical medicine was excluded out from the syllabus and therefore seeing those cases were definitely my ultimate virgin experience that I will never forget. It also at the same time had sparked my interest in that particular field of medicine and It was definitely a wonderful exposure for me, as a starting point to build up my career in Malaysia in the future. Apart from the fascinating tropical medicine, I also additionally had encountered a couple of new cases that I have never seen before such as "paraquat poisoning" and snake biting. I still clearly remember, a chinese guy of early 40s was admitted after taking a spoon of paraquat due to stress at home and his life in general. He was being resuscitated with activated charcoal, and Fuller's earth solution but He eventually passed away after 30 minutes due to massive pulmonary fibrosis, and pulmonary oedema, just to name a few of the complications. It was absolutely a worthwhile experience for a budding medic like me.

My visit to Cho RaY Hospital was accompanied by a group of medical students from Australia and some local students who were at that time on their A&E posting. They were a bunch of friendly buddies and I definitely felt more comfortable with their presence in the department. I also made some friends with the student nurses and medical assistants who were at that time about to complete their medical rotation.. We had the opportunity to share and exchange knowledge during the teaching and the session had really strengthened and deepened my medical understanding of various disciplines. Overall, my 2 weeks attachment at Cho Ray had been really fruitful and I definitely have had a wonderful time there. Most importantly, the experience had truly enlivened my passion for emergency medicine and at the end of the 5 weeks, I profoundly became more and more confident that I have made the right career choice.