

ELECTIVE (SSC5b) REPORT (1200 words)

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

I chose to travel to Vietnam for my elective as I wanted to explore a country I had never visited whilst gaining experience of a healthcare system different to that of the UK. For the duration of my elective I was based in the largest city Ho Chi Minh, southern Vietnam. I attended a public hospital, allowing me to make comparisons with my UK placements. I visited the tropical (infectious) diseases, stroke rehabilitation and emergency departments.

Within the emergency department I witnessed various conditions. I saw patients presenting with strokes; of particular interest was the fact that the FAST acronym commonly known in the UK is also used in Vietnam. Another patient presented with chest pain, like in the UK the patient was investigated for a myocardial infarction with an ECG and blood tests including troponin. I felt reassured prior to starting my training that my management plan would have been similar, though it did highlight my need for more ECG interpretation practice. Food poisoning, a condition more common in Vietnam due to contaminated food and water, was treated in a similar manner to in the UK, with any electrolyte deficiencies replaced.

I interacted with a patient who prior to the doctor translating, I presumed had presented for a skin condition given the marks on their abdomen. These were from cupping, a form of traditional medicine. I witnessed acupuncture, another form of traditional medicine whilst on the rehabilitation ward and was fascinated by how traditional and Western medicine can complement one another, something I have not seen in the UK. I observed another patient admitted with a tibial fracture following a motorbike accident. It was useful to practise interpreting x-rays, though these were printed films not on a computer like in the UK. Despite road traffic incidents occurring in the UK, I felt these were more common in Vietnam. This was unsurprising given the volume of traffic on the roads and apparent lack of rules, I often found crossing the road a stressful experience with a constant stream of motorbikes and cars to try and avoid.

Whilst in Vietnam I wanted to understand how emergency care was delivered compared to in the UK. Like the UK, there was a triage system such that those with more concerning presentations were seen first and in a timely fashion. In the UK I find 10-minute consultations very short, I was therefore amazed when I experienced even shorter consultations in Vietnam, often lasting only 3-4 minutes.

I was surprised to witness the waiting area being adjacent to beds where patients lay, these are usually separate in the UK. I was shocked by the lack of curtains to divide patients, used in the UK to maintain a patient's privacy and dignity. I felt for patients who could be observed freely by other patients and members of the public.

Observing procedures in a foreign country was interesting because of the difference in technique used. During venepuncture gloves were not worn and instead of attaching the blood bottle directly, a syringe was used, with the blood later transferred to the bottle. Unlike in the UK, drugs were prescribed by brand name. It was fascinating to see these appear on an itemised receipt which patients were then expected to pay, despite it being a public hospital (merely subsidised by the government).

In the UK closed toe shoes are worn in the hospital, whilst in Vietnam it was common to witness staff members wearing open toe shoes. I was stunned, given the consequences should something spill or drop onto their feet. Healthcare staff also wore white coats, a policy not implemented in the UK due to the increased risk of infection and transmission between patients.

One of the most surprising aspects was the reliance on family members to care for the patient. Many of the roles undertaken by nursing staff in the UK such as washing or turning the patient were conducted by family members. This resulted in very crowded wards. Though endearing, I was concerned about the spread of infection.

On the ward, dengue fever was the most common tropical disease, in line with it being most prevalent in Southern Vietnam and during rainy season (March-October). My prior knowledge of tropical diseases was limited as I had no previous experience in the speciality. I was grateful therefore to observe and learn about tropical diseases, such that I could now produce a thorough list of differentials if I encountered a febrile patient who recently returned from Asia.

I learnt that dengue fever is contracted from infected mosquitoes which bite and transmit the dengue virus, with types 1 and 4 most common in Vietnam. Typical symptoms include fever, fatigue and nausea. Interestingly in Vietnam unlike the UK, dengue fever was a key differential for these symptoms. I was unaware of the tourniquet test or the need to test for NS1, which aid in diagnosing dengue fever. Surprisingly, the management is mainly supportive, with platelet transfusions if required. To help prevent dengue fever water storage containers are covered, stopping mosquitoes breeding. Salt or fish can also be added to the water, further preventing this.

I learnt that Malaria is particularly prevalent in the Binh Phuoc region. Comparable to the UK, Plasmodium Falciparum accounts for most cases, with artesunate and quinine used in the management plan. Prevention strategies include mosquito nets and wearing long-sleeved clothing. I would struggle with this, given the high temperatures I've experienced whilst here.

Typhoid, a bacterial infection spread through contaminated water and food, was another tropical disease I learnt about during my placement. Disappointingly, for this reason, the doctor recommended we avoid street food. Patients may present with fever, abdominal pain, nausea and diarrhoea. Typhoid is treated with antibiotics, third generation cephalosporins. It can be prevented by consuming bottled water and ensuring good sanitation and hygiene where food is being prepared.

Perhaps naïvely, I did not expect language to be such a great barrier. I anticipated difficulties communicating with patients but less so amongst doctors and healthcare professionals. Few healthcare professionals spoke English which made the elective more challenging. I tried to overcome this by slowing down the pace at which I spoke and simplifying my sentences, which did help. I also learnt a few basic phrases in Vietnamese which I found the patients and staff appreciated such as xin chào (hello) and cảm ơn (thank you). I would resort to google translate if I was struggling but found that images were a good means of communication since the translations were not always exact and images are universal. The language barrier was particularly highlighted when interacting with a tourist who became unwell whilst on holiday in Vietnam. Healthcare staff surrounded them, but they were unaware of what was happening given the communication issues. I felt for them as I would have been scared and upset.

Overall on reflection I am thankful for this placement. I got to experience how another healthcare system operates, improve my knowledge and encounter conditions and specialities I otherwise would not have. Across all departments, the resources were more limited than in the UK, leaving me feeling very privileged and appreciative of the NHS and all the services it offers free of charge.