

## Elective Report- Hue Central Hospital, Vietnam 2012

### Learning Objectives

1. What are the prevalent obstetric and gynaecological conditions in Vietnam? And how do they differ from the UK?
2. How are the obstetric and gynaecological services organised and delivered in Vietnam? And how do they differ from the UK?
3. Gain an insight/overview of the country's demographic, political and socioeconomic situation as related to health seeking behaviour and prevailing health conditions
4. Gain experience working alongside healthcare workers from other cultures in a foreign healthcare setting.

I and 4 other final year students visited Hue central hospital in Vietnam. This is the major hospital for the central region of Vietnam and has an international reputation following the completion of Vietnams first open heart surgery in 1999 and first heart transplant in 2011. After contacting the hospital and arranging accommodation and a placement in obstetrics and gynaecology we set off in a post finals daze with much excitement and nervous expectation.

In Vietnam the obstetric and gynaecological conditions which I came across were similar to that in the UK. It appeared that to gain an in patient bed in the hospital you needed to be more seriously ill than I remember in the UK. This reflects the size of the population tht the hospital covers so many more conditions will be dealt with on an outpatient basis or people do not come to hospital until seriously ill.

The services and resources are very different from what I have experienced in the UK. The wards are of much poorer quality. There were no curtains around the beds for privacy and the beds themselves are no more than a frame with a bamboo mat on them. I also felt sorry for the patients because the temperature on the wards and outside was very hot (on one day 41 degrees!) and there was no air conditioning on the wards and in my eyes it was almost unbearable. I was shocked at the hand hygiene practiced by the doctors and other medical professionals. There were alcohol gel and hand washing facilities available on the wards however the only people who used them were my colleagues from England. This was despite the fact that the same hand washing posters that you see in England are present on the walls so the importance of the issue is obviously known.

The hierarchy of the medical team has a different structure from the UK. Medical students of which there were a great number, ( I thought firms at the London were busy) have a great deal more responsibility and their opinions are respected by doctors and patients alike. They are the main presence on the ward and are who the patients have the most interaction with. As a result they appear to have more confidence in their knowledge. Doctors were always very busy and unfortunately had little time for teaching and despite being ensured we would be placed on a firm with a fluent English speaking doctor the language barrier was a real problem. We were encouraged to aid the medical students in their day to day activities s the main basis of our placement. We were encouraged to look at scans, which was a new experience as these were hard copies of the scans so they had to be held up to the window to be viewed and the medical students and patients were intrigued to know our opinions. The medical students were always very friendly and ridiculously enthusiastic in getting us to teach them and tell them about what medical school and hospitals were like in the UK. They wanted to observe us doing examinations and procedures to learn from our technique which

was flattering but could sometimes lead to uncomfortable situations. An example is when they wanted us to perform an unnecessary vaginal examination on a patient on a crowded ward just so they see how we did it. We had difficulty conveying why we didn't want to and why it was inappropriate.

We also experienced a short placement on a traditional medicine ward where it was interesting to see that despite the use of very modern equipment and evidence based practice used in most of the hospital some very herbal remedies were used. We had ago at acupuncture which was an interesting and nerve racking experience for not wanting to place the needle in the wrong place.

Our overall time in Hue central hospital was a bit of a disappointment and we ended up leaving earlier than expected in search of new opportunities of some community medicine in the North of Vietnam.

We were able to locate a project in the mountain town of Sapa where they taught and demonstrated hand hygiene to children from the local H'mong villages. We were encouraged to teach proper hand washing technique as well as donate all the free soap from our hotel as the fee for joining the project. It was a very rewarding experience and wet our appetites for more hill tribe medicine.

Next we hiked to a nearby H'mong tribe village and visited their new medical clinic. This was a very basic facility that dealt with the day to day health needs of the village. These villages were very basic with virtually no running water so the building and staffing of this new clinic has had a real benefit on the local tribe. They no longer have to travel very long distances for the most basic of health needs. This visit showed the different standards of healthcare across Vietnam and showed that the rural areas have some way to catch up the large city hospitals.

Overall our time in Vietnam was extremely enjoyable and the people of Vietnam were always friendly and welcoming. Our elective did not turn out as we had expected however we were able to adapt and have a fulfilling and rewarding experience that I will remember for the rest of my life.