

Elective experience in Vietnam

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In a quest to get out of my comfort zone, I choose to do my elective in Vietnam. Never setting foot in Vietnam, not knowing the Vietnamese language, and staying in Vietnam alone for four weeks seemed the ideal combination.

I arrived in Ho Chi Minh City on a Sunday morning in April 2011. All was calm until I got on the taxi. Although I had pre-formed images of people riding on motorbikes everywhere, I was not prepared for the sight of swarming motorbikes that seemed to navigate around with their own sets of rules. I had a massive adrenaline surge as the driver maneuvered his way around the local traffic and sounding his honk almost all the way it took to get me to my hotel.

I spent my elective placement at Cho Ray Hospital, which is the largest hospital in Southern

Vietnam and the main tertiary referral hospital in the region covering all subspecialties, serving a population of 40 million people. Cho Ray Hospital has close to 1500 beds however I was told that the inpatient load tripled the number of beds available. The hospital was indeed overcrowded with beds placed only a few inches apart. There were also extra beds placed in the middle of the room, and in the corridors. What was even more shocking for me was the fact that two patients were sharing a single bed most of the time. Almost all the doctors working at Cho Ray Hospital are Vietnamese, with a number of them coming from other parts of the country. There are very few expatriates but they usually work for a shortterm of six to twelve months only for training purposes. The Emergency Department is also a popular elective term among medical students from Australia, the United States, the United Kingdom and other European countries.

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With an interest in General Surgery, I spent four weeks under the Digestive Surgery Department. I was placed under the care of Dr Duy



Linh and Dr Viet Trung, both of whom are the Vice Directors at the department, and two of the few doctors in the department who could speak English. The most common elective cases I saw being operated on were for pathologies arising from the gastrointestinal tract. Besides cancer, partial or total oesophagectomy was also done for strictures as a result of corrosive liquid ingestion in suicide attempts. Gastric cancer also appears to be common, usually in the advanced stages because of delayed presentations due to lack of symptom awareness and most importantly, inability to afford the costs of treatment. Hernia operations are also common and some are done via a laparoscopic approach.

Apart from the normal working days, I had to do on-call once a week, which meant camping in the General Surgery on-call rooms. Because I was the only female, I had the luxury of my own single bed. Bunk beds were available but they were never enough and the surgeons always ended up sharing a single bed with another surgeon (or even two!). Some on-call days were so busy that the surgeons took short naps outside the theatre in between



cases. One evening we had a case of mesenteric ischaemia, a perforated duodenum, an abdominal poly-trauma, and on top of that, eight cases of appendicitis. None of us left the theatre until the next morning when the new shift started.

I was most impressed with the work ethic of the staff. Everyone seemed efficient in what they did despite the heavy workload and lack of manpower. The theatre list always started on time and minimal time was wasted between cases. Everyone, medical students included, worked hard and put up with the stress without complaining endlessly, which I really admire because based on my experience in Brunei and Australia, we do complain a fair bit and sometimes even about the smallest things. The environment was pleasant to work in as the staff were friendly, and the surgeons supportive. Even when we were running behind schedule, I was never rushed or told to step aside while I was suturing. The surgeons would patiently teach me and observe my knot-tying techniques. In addition, the local medical students were always happy for me to join their discussions. I felt very welcomed. The best part of it all was probably the fact that they always made sure that I was well fed. I was invited to meals, and during my on-call days, we would always head to one of the street stalls for supper.

Before arriving in Vietnam, I anticipated challenges in terms of the language and cultural barriers. However, these did not deter me from learning and gaining invaluable clinical experiences. I also made some good friends at the hospital and I learnt their lifestyle, saw the non-tourist side of Vietnam, ate street foods, and chilled out at the local bars. Experiencing Vietnam from a non-tourist perspective was no doubt the best part. This elective has certainly broadened my horizon and gave me confidence and courage. It also gave a glimpse of healthcare in another country where resources are limited. I would highly encourage other students to spend their elective rotation at Cho Ray Hospital as it has indeed been very rewarding and fulfilling for me both in terms of clinical experience and personal development.