Elective Report - Student Reflection
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Department of Radiation and Oncology
Cho Ray Hospital, Ho Chi Minh City, Vietnam

Choosing an elective opportunity…

As a medical student, exposure to a rich variety of clinical experiences plays an integral role in growth and professional development. When choosing potential locations to complete my elective term, I was overwhelmed with choices, and was invited to complete this learning opportunity in France. However, I found myself drawn to developing countries in South-East Asia for an elective opportunity. As an immigrant from a developing South-East Asian country myself, I wanted to gain first-hand experience in a hospital environment that is vastly different to Australia. To my delight, I was invited to engage in an elective opportunity at The Cho Ray Hospital in Vietnam. With the help of the Dr Carl Richard Jackson Scholarship, I was able to fulfil my desire to serve patients in an environment that would both challenge and expose me to new experiences as a budding medical professional. Vietnam, with its rich heritage, welcoming people and unique healthcare challenges, offered the perfect opportunity to broaden my perspectives and enhance my clinical skills while understanding the intricacies of healthcare delivery in a resource-limited setting. This elective experience was transformative, offering me exposure to a diverse range of clinical practices, cultural insights, and the unique challenges of a resource-limited healthcare system. This report details my experiences, the knowledge gained, and the profound impact this elective has had on my personal and professional development.

Cho Ray Hospital, Vietnam

This elective period was spent at The Cho Ray Hospital, situated in Ho Chi Minh City which boasts a population of over 9 million people. As the largest general hospital in Vietnam, The Cho Ray Hospital caters to a significant patient population, presenting a dynamic and challenging environment for medical practice.

Image 1

On the first day of my elective, we were given the opportunity to choose our departments. I chose the radiation oncology department (Image 1), as it is a rotation that I enjoyed during my time at the Westmead Hospital, and I wanted to see what resources were available for the population presenting to The Cho Ray Hospital. I was given a crisp white coat and official ID card, which was a unique but welcome change to the scrubs that I was used to at Westmead Hospital.

Daily Activities and Responsibilities

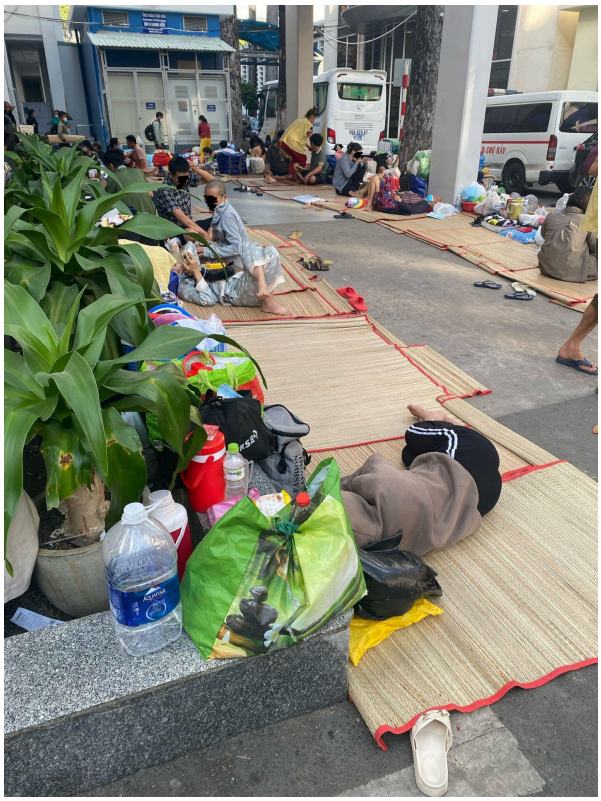

Image 2

While the Cho Ray Hospital has access to almost all major departments and treatments, there is an enormous pressure on resources due to the number of patients that the hospital manages. In fact, each morning as I walked to my department, I would see patients and their families waking up from their overnight stay, lying on straw mats or blankets (Image 2). Some would even be brushing their teeth or shaving while they waited to be seen by a doctor or awaited therapy. This experience provided a poignant insight into the inherent limitations to resources in Vietnam. In the radiation department, there are five linear accelerators shared between 300 patients everyday. This means that patients often wait a very long time for therapy, increasing the likelihood of viral illness among patients who are already immunocompromised. There is an immense amount of pressure on the medical and allied health team to manage patients, and I would watch the team see a patient every three to four minutes. This was hardly the case in Westmead Hospital, where clinicians would spend a considerable amount of time with patients. Being able to complete my elective at the hospital encouraged me to actively reflect on the differences to healthcare access. As an extension, reflection on these disparities has underlined the importance of cultural awareness and the complexities of delivering healthcare in diverse environments.

Despite the busy nature of the department, the team, and especially my supervisor Dr Hue, was incredibly welcoming and would go out of their way to involve me in patient care. I engaged in patient rounds, assisted with chemotherapy sessions and patient consultations, examined patients, prepared and interpreted investigations, attended multidisciplinary and research meetings, observed surgical procedures, and participated in radiation therapy teaching sessions.

Learning Objectives

I had a number of learning objectives that I hoped to achieve during this elective period at the Cho Ray Hospital. Firstly, I wanted to understand the Vietnamese healthcare system, including services that are available within the radiation oncology department, out-of-pocket costs for patients, norms of patient-doctor communication and how the multidisciplinary team worked collaboratively to optimise patient outcomes. The radiation oncology department at The Cho

Ray Hospital offers many therapeutic modalities that I believe are on par with what I have seen at the Westmead Hospital during the Sydney Medical Program (SMP).

Moreover, the medical team engages in regular research presentations and journal club meetings, underlining the importance of evidence-based medicine. Interestingly, they also follow the EviQ guidelines, which were designed by the New South Wales Government. At The Cho Ray Hospital, there is a radiation oncology outpatient clinic and a radiation department. They also have a floor dedicated to surgical excision and management of breast cancers. In terms of the chemotherapy, patients can access most agents that are available in Australia, and only have to pay very minimal out-of-pocket costs for chemotherapy (around 30000 VND or $2 AUD per month). That being said, Vietnam is a low-middle income country, and this is not feasible for some patients. When there are circumstances wherein a patient is unable to afford chemotherapy or other modalities of treatment, they would be given alternatives that fit within their means. The entire team worked tirelessly to offer the best care possible, despite the large volume of patients, limited resources and potential financial constraints. Overall, I have discerned a few notable similarities between the Australian healthcare system and its Vietnamese counterpart. However, there are also a number of differences between the two, namely patient-doctor communication, interdisciplinary collaboration, and resource availability.

The first difference is the patient-doctor communication. The SMP emphasises a patient-centred approach that highlights the patient's autonomy. As medical students, we have been exposed to numerous workshops that emphasise this value. In contrast to this, the interactions between the patients and doctors in The Cho Ray hospital tend to be more authoritative. Medical professionals are highly respected in Vietnam, and the treatment plans offered are rarely questioned by or thoroughly discussed with patients. This does not mean that the doctors are not invested and committed to improving the patients' outcomes - rather, it highlights a cultural difference in the way medical staff are perceived. This is also translated to the multidisciplinary team. In Australia, healthcare teams usually exhibit cohesive collaboration regardless of role, blurring lines between allied health and medical staff. In The Cho Ray Hospital, doctors often wield final decision-making authority, overshadowing other team members, highlighting a hierarchical structure.

Challenges and Unique Learning Experiences

Language barriers in Vietnam posed significant challenges to effective communication with patients and the healthcare team alike, and was personally quite difficult to navigate at times. Throughout my time with the Sydney Medical Program (SMP), I have been enriched through my interactions with patients. As medical students, especially in the earlier parts of the course, we have the gift of time and the advantage of minimal responsibility. This is a perfect formula to build connections with patients and understand their stories beyond just their diagnosis. For example, when I would take histories from patients for my own learning at the Westmead Hospital, I would spend more time with patients and ask questions about how their diagnosis affects their day to day living. I strongly believe that patients are individuals rather than just their diagnosis and have always enjoyed speaking with them, even in my time as a Dietitian before

starting medicine. For this reason, I found the elective in Cho Ray Hospital quite confronting initially, as I struggled to build meaningful rapport with patients, which made me feel like an inadequate member of the team. It was disheartening to not communicate with patients, so I started to learn common phrases that I could use to build rapport.

Despite my best efforts, my Vietnamese skills were quite subpar, given my strong accent and incorrect grammar. I think I may have provided comedic relief more often than clinical advice. Nonetheless, the patients were all very appreciative of my futile efforts. In fact, though I could not communicate as well as I would have liked with them, my efforts to try to do so helped build good rapport with patients and their families. Plus, I took any opportunity to examine patients and interpret investigations like CT scans, so I felt like I was still a member of the team as the weeks went on. While it was challenging, this experience made me cognisant of how integral communication is in medicine. It also makes me reflect on patients in Australia from linguistically diverse backgrounds, and how alienating it must be to access healthcare in a language that is unfamiliar to them. In future practice, I aim to continue building on my soft skills to build trust and rapport with patients from all backgrounds.

Image 3

Final Remarks and Acknowledgements

The Dr Carl Richard Jackson Scholarship provided me a transformative opportunity to embark on a meaningful elective term in Vietnam. My elective term in Vietnam has been an enriching and unforgettable experience, fostering personal and professional growth while deepening my understanding of global healthcare challenges. I am confident that the lessons learned and skills acquired during this elective will guide my future endeavours as a dedicated healthcare professional committed to making a positive impact in local and global communities. None of this would have been possible without this scholarship.

I am immensely grateful to the family and friends of Dr Carl Richard Jackson for their support, which enabled me to gain invaluable experiences and insights that will shape my future career as a compassionate and culturally competent clinician. Thank you.