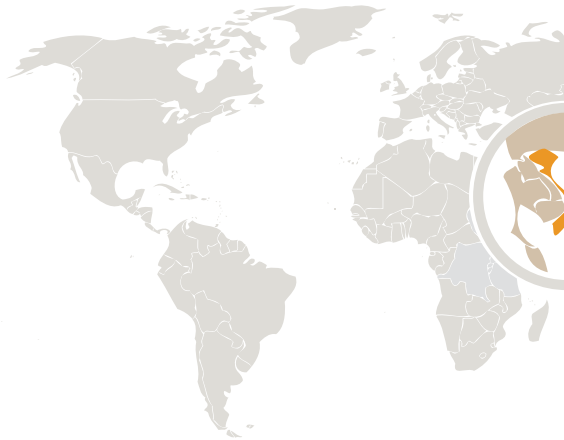

Medical education in Vietnam

Emmaline Brouwer

Introduction

In the fourth year of my studies, I decided to combine my interests in global health and medical education during a three month elective programme in Vietnam. In this article, I present some of my findings of three months field work in different Vietnamese medical schools. I will describe the educational system and highlight a few of the remarkable examples of how medical education is adopted to the health care needs in the country.

The Vietnamese medical education system

Vietnam has eight medical schools at university level, educating doctors, dentists, nurses and pharmacists. All university programmes in Vietnam require a national entrance examination. Medical school is popular in Vietnam but not easy to enter. Approximately one in every 30 students that take the entrance examination enrolls.

The Vietnamese medical curriculum is a six year programme, mostly discipline-based and teacher-centred. After preparatory work including mathematics and physics in the first year, basic medical sciences are taught (e.g. anatomy, biochemistry) in year two and onwards. The clinical theory starts in the third or fourth year, followed by or combined with clinical practice. Military training in medical school is compulsory, as well as a course called Ho Chi Minh Philosophy, which all university students in Vietnam take.

After a few years of working experience, graduated doctors in Vietnam go back to university for one or two years to obtain a Master's degree in a specialized field, after which they become a specialist doctor. Continuous medical education, or in-service training, is very limited in Vietnam. There are no regulations for it, although the authorities recognize the importance.

Community oriented teaching

Teaching in Vietnam was for a long time hospital centred. Medical students were

Vietnam

86 206 000
inhabitants

$ 2 310
income per year

♂ 69yrs ♀ 75yrs
life expectancy

6.6%
of GDP for health

6.0
doctors/10 000 people

All health workers, including medical students, receive some training in traditional herbal medicine as well as some non-herbal methods such as acupuncture and massage during their training.

trained to become clinical doctors in secondary of tertiary urban hospitals, while the majority of the country's population only has access to primary health care centres in relatively remote areas. Also, teaching mainly took place in lecture halls and clinical training involved students watching doctors work rather than practising skills themselves. As a result, trust in community health care was low.

An important alteration in this regard was the introduction of Community Oriented Teaching. A programme was integrated in all eight curricula including earlier patient encounters, more skills training and, most importantly, the adaptation of the curriculum to the requirements for doctors in a community health care setting. Examples are the early introduction of students to the work in remote communities, the in-depth studying and practice of traditional medicine methods, and the care for patients suffering from one of the most important health care threats in Vietnam: road traffic accidents.

Introduction to community healthcare

Community orientation is a new course in the first year curriculum at Thai Nguyen University of Medicine and Pharmacy. A number of preparatory lectures and training sessions precedes a three-day stay in a remote village, where the students are to conduct interviews with the inhabitants. These are the first contacts with patients and field experience for the first year students. They work in small groups of five students and their final report has to include some demographics of the community they have worked in; a part on income and finances; a list of the main health problems according to the community residents; an analysis of their health seeking behaviour; and their opinions on the available health services.

Traditional Medicine

Traditional medicine, including herbal medicine and acupuncture, is inextricably bound up with all levels of the health care system in Vietnam. Many Vietnamese, mainly but not exclusively the elderly population, even prefer traditional methods for dealing with diseases. Hospitals all over the country therefore run a traditional medicine department, comparable to the surgery or paediatrics wards. Consultation between an oncologist and an acupuncturist is as common as any other consultation. All health workers, including medical students, receive some training in traditional herbal medicine as well as some non-herbal methods such as acupuncture and massage during their training. At Thai Nguyen University, traditional medicine is one of the compulsory rotations in the curriculum and traditional medicine is also a recognized subject for specialization.

Many students do not particularly like the course. *I do not believe it works*, they proclaim almost defensively every time when I show interest in the topic. However, they do know a lot about plants and their curing powers. *This I used to take as a kid when I had diarrhoea. Everyone has it in their garden. And that one is for headaches*, one of them explained me matter of fact-ly on our way to the swimming pool. And they do recognize the importance of it.

Road Traffic Accidents

In 2004, traffic accidents caused 40 deaths a day in Vietnam, a disturbing increase of 30% in comparison to 2003.

At the moment it earns the third position in the ten leading causes of death. Quick arrival of health services in case of an accident cannot be guaranteed due to bad road conditions – one of the causes of accidents in the first place. Community physicians and other health care workers have a vital responsibility in first aid for accident victims and basic trauma care is therefore an important part of the medical curriculum.

Vietnamese Universities teach Victim Transport as a skill for young health professionals. I meet curious faces when I show my interest in this, for me, unknown skill. *Who else than a doctor transfers road traffic accident victims in your country?* the students ask me wide-eyed. It is unbelievable for them that in the Netherlands, an ambulance can reach any place in the country within eleven minutes after an emergency call.

Conclusion

I consider patient care as only one of the responsibilities of a medical doctor. We have our duties in scientific and social spheres, too – areas that *Global Medicine* reports on regularly. Another task is the education of the next generation of doctors, a responsibility that medical schools unfortunately do not pay much attention to in their curricula.
Spending three months in Vietnam provided me with a broad insight in the complex but interesting world of medical education. I learned how teachingprogrammes are influenced by geographical, political, social, personal and many more characteristics.
I believe that my elective in Vietnam has made me a better student, teacher and doctor.

About the author

Emmaline Brouwer graduated as a medical doctor in 2009. She currently works at the Harbour Hospital for Tropical Medicine & Infectious diseases in Rotterdam, The Netherlands.

Further reading

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