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Clinical Placement Experiences in the Highlands of Vietnam

Heather Gluyas

University of Notre Dame Australia, hgluyas1@nd.edu.au

Annette Fraser

Department of Health Western Australia

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I would like to thank the organizing committee for the opportunity to present to you today. I would also like to acknowledge and thank the students and Annette who willingly agreed to let me share their stories.

As I am sure you are all aware identifying placement opportunities for students which quality clinical opportunities for students, which will give them the opportunity to bridge the theory practice divide is an ongoing challenge. Several years ago the clinical placements team at Notre Dame decided to explore the possibility of students undertaking international placements in third world countries. It was felt that this type of placement would offer students a unique clinical experience which would enhance the development of not only their clinical skills but also provide an insight to other health care systems and improve their understanding of the impact of economic and social context on health outcomes.

There is a considerable body of literature which supports the value of international placements, however there is little reported in the literature where these experiences have been in remote third world countries. This presentation will present the experiences of the students and their clinical supervisors who traveled to the remote Highlands of Vietnam to provide health assessment clinics and health education in schools.

The clinical placement was in the Highlands of North Vietnam. We flew into Hanoi and spent a few days getting organized and assembling our supplies. While in Hanoi, we spent an afternoon at the Bach Mai Hospital on an observational visit viewing the Poisons Centre ICU, and, some time at the ethnic cultural centre learning about the Hill tribes, specifically, their history, customs, and social mores. Our first working experience involved trekking to Hang Kia village which is a Hmong village, working in the health clinic and undertaking health education in the schools. From there we trekked to Van Village which is a White Thai village. Once again we worked in clinics and undertook health education in the schools. Our final destination was Mai Chau which is the regional centre for the area, where we worked in the hospital.

There were 10 second year nursing students, and 2 RN supervisors Annette Fraser from the OCN and myself from Notre Dame. As well as > 300kgs of medical supplies, and > \$3000 of medications.

The objectives were to provide the opportunity for students to develop professionally and personally through:

- Experiencing a clinical placement within a health care system other than the Australian system
- Working within a health care system delivering care to patient & communities where ethnicity, culture, spiritual values, economic and social factors were unfamiliar

The specific student objectives were to:

- Identify similarities and differences between the Vietnamese and Australian Healthcare system
- Identify strategies that facilitate the provision of nursing care and communication to patients/ families/ communities in a different ethnic and cultural context
- Evaluate their clinical practice using the framework of the ANMC Competencies for RNs
- Reflect and identify personal challenges and growth opportunities during the placement

To evaluate if the aims and objectives we held focus groups with the students pre, during and post experience. In these groups the students' perceptions and expectations were explored and discussed. The students also completed a pre and post survey and as well, students were observed in the clinical context throughout their practicum.

When we were working clinically our role was three fold:

- To assist in health assessment clinics in villages in the Mai Chau region
- To provide basic health hygiene education in village schools
- To work with the nursing staff at Mai Chau Hospital

Clinical Skills:

In the clinics the students worked under the direct supervision of both Annette and myself. The patients presented with a variety of complaints. The students would undertake a targeted assessment, they would discuss their findings with us and a plan of care was developed and put into action. The students worked in teams along with an interpreter. The sorts of things that they dealt with were in the main skin, respiratory, musculoskeletal and occasionally an acute sickness or injury. The clinics were in very remote areas where access to healthcare is difficult. There are no doctors, but the clinics do have resident nurses and healthcare workers. There are very limited supplies and equipment. The care patients receive at the clinic is normally very basic. The patients pay for their medication but not the visit to the clinic. Anyone with an acute illness or major injury is sent down the mountain to the regional centre of Mai Chau for care, there can be some costs involved for patients when they are sent to Mai Chau.

Health education was undertaken in the village schools and was focused on teeth cleaning and hand washing. Each child was given a toothbrush and toothpaste and they were shown how to clean their teeth properly and how to wash their hands. The Notre Dame students were required to develop an education presentation that took into account the language and social circumstances of the area in order to get the hygiene message across. There is a second group who visit this area from the US at the opposite time of the year to

us. Between us we will continue to take supplies of toothbrush and toothpaste and will continue to reinforce in the school the teeth and hand hygiene messages.

Within Mai Chau hospital, the role of the students was more observational and working alongside the staff delivering the care. The contrast in the hospital settings for students lay in the major differences in equipment, care outcomes, family expectations and interactions and the roles of nurses and doctors. The students identified the task and routine orientation of both nurses and doctors with the role of the family to provide the basic care such as hygiene, food and clothing. There was no compassion or recognition of fear or pain or privacy demonstrated to the patients at all by either the Drs or the nurses. The nurses made no autonomous decisions at all, even down to if a patient required resuscitation, nothing happened until the Dr arrived. Yet the nursing and medical team was a team and their working team climate appeared happy and friendly.

So what did we find when we evaluated the practicum from a clinical skills perspective?

In terms of clinical skills Annette and I observed an exponential growth in physical assessment skills. The use of non verbal communication cues increased and the interactions and communication through interpreters was more targeted. We also noted the development of a deep understanding of the need to consider more than the obvious information that was gathered from the physical assessment when developing a plan of care. An example of this was when we had two siblings present with skin infections covering a large proportion of their bodies. They needed to be bathed and then the ointment applied. We identified given the living circumstances of the family this was not going to be easy for them. So we organized to heat water and using bowls we had taken with us we were able to do this each day for several days, showing the family how to do it. By the time we left the children's infections had improved markedly and the family was able to take over the care.

So what did the students have to say about the clinical aspects of this placement? Overwhelming every student identified the improvement in their assessment skills and their ability to critically process assessment information.

One student stated: "My assessment skills have improved. I now know how the body works together and how to use assessment to eliminate different problems or affected systems to come to a final diagnosis. I can look at the big picture and ask more questions instead of only focusing on what has been stated."

Another: " My basic assessment skills have improved due to the fact that we get so dependent on technology...going back to basics, you have to trust yourself and what we have learnt, so you really use your brain. I was surprised at how much we had retained. Being someone who learns by practical, I have learnt so much by being able to take my time and do assessments on people who are both healthy and also unwell.

A third in the same vein identified an improvement in...” health assessment skills, critical thinking & exploration of causes, interactions with patients and basic disease and pathophysiology of the body.”

The second area that was the focus of aims and objectives of the practicum was to expose students to a different socio-cultural context and health system.

We lived with the villagers while we were in the highlands. This meant that we lived in the same house, ate the same sort of food and generally partook of village life with none of the amenities that the students were used to.

Most of the students commented on the health system in terms of comparing what we have here in regards to equipment and resources, but also our access to basic as well as high technology health care and medical practitioners. Our visit which is advertised over the village loudspeaker each morning brought people to the clinic from far and wide.. not only for the relative health expertise but because our care was free as were the medications we took with us. On each visit we leave all the equipment and medication with the clinic which is then augmented by the next group, however once that is gone until the next visit resources are very scarce.

Students particularly noted the lack of any resources in the schools and the blatant disregard for the importance of schooling. On any day you couldn't be sure if any students were going to turn up and if they did the teachers might not be there, so you couldn't count on knowing that just because today was a school day there would be classes. In talking to the guide this is not the same in the rest of Vietnam, which boasts a high literacy rate, but it is so in the Highlands where all the minority groups are.

The students certainly identified that the villagers managed to live their lives without those things that we take for granted like running water, reliable electricity, warm and comfortable well ventilated housing and a lot of personal space. Although many of the houses had TVs and videos, they still cooked over open fires inside the house and had no piped water. The extended family all lived and slept together in the same room. Sanitation and hygiene was basic. The children are like children everywhere, noisy, inquisitive and excitable, but here the care of the toddlers is quickly handed over to the older children to care for and fun and playing happens with what is available rather than with specially designed and purchased toys.

The students importantly noted and discussed on many occasions that although our view was that the villagers were poor and lived without what we saw as necessities, the villagers did not see themselves as poor. There was strong family and village

connections and they seemed happy and engaged in their lives. So our judgment of poverty was exactly that, our judgment, and it was not necessarily valid without a far more indepth evaluation of the sociological situation.

The challenges.

Each student was profoundly affected by the experience. They were challenged with the obvious things like the living conditions, the difficulties in managing personal hygiene, crude toileting facilities, the lack of personal space, eating sleeping and breathing in close quarters with 11 other people and the families we were staying with, and with the physical aspects of the hiking and having to wear wet and musty clothing a lot of the time.

While their comments reflect this, they do so in a manner that almost dismisses these challenges. The lasting and deeply felt challenge was with what they perceived was their inability to effect change and to make a lasting contribution which would improve things immediately. Coming to terms with the fact that the things they did, may or may not make a long term positive difference in the lives of these people, and that there was not a tangible objective result of their brief intervention was difficult for them to cope with.

The following comments illustrate this:

I was challenged by living with 11 others and not having personal space. Living with smelly and damp clothes, without the normal comforts of showers and toilets. Physical challenges such as minimal sleep... I was also challenged with the fact that we were limited in the care we could give to people....I would have liked to have done a lot more to improve a person's health however that was not possible.

And another: No matter how hard you try or how much you want to you can not cure illness. When you go into small villages like we did in Vietnam you have to remember that you have to work with what you have to make small, maybe even temporary changes. You can not walk in with the mind that you are better and you are going to change the health system. This can be very hard to deal with.

In summing up then was the practicum worthwhile and did it meet the objectives we set?

Overwhelmingly I would say that both subjectively and objectively the aims and objectives were achieved.

The following from one of the students is a good reflections of all the students reactions:

This trip was an amazing experience for me and I am so grateful for being given the opportunity to work with a fantastic group of people. I believe it is so important to

experience a different countries health system as it puts a lot of personal and professional things into perspective. I believe we really have more to learn than we do to give at times.

This student went on to say;

I believe that I grew massively as a person. I have learnt to accept different people for who they are, but have also given myself the time to recognize who I am as a person and to find out exactly how I react in different situations, but more importantly it has helped my future aspirations.

From my perspective (and I am sure I speak for Annette as well) I feel extremely privileged to have had this opportunity not only to work in Vietnam, but also to share with a fine group of students a small part of their personal and professional journey of development. The future of our profession is safe and assured while we have students like this who aspire to become Registered Nurses.