Vietnam does not have schools of the occupational therapy yet and Japan Overseas Cooperation Volunteers (JOCV) are dispatched from 2004, but do not lead to the subject establishment. Though Vietnam reaches an aging society at the speed that is faster than Japan, and there are a lot of voices to expect occupational therapy by the medical care. There are many places with the occupational therapy room in a hospital, but it is the present conditions that physical therapists and nurses perform occupational therapy. So, I conducted a field survey about consciousness to occupational therapy for the rehabilitation staff who belongs to a hospital in Hanoi as the graduation study.

Research and training of this time in two weeks of September 11 to 24 days, was indebted to the Bach Mai hospital with Kayoko Hayashi of another trainees. I got the chance to experience not only questionnaire survey implementation but also the occupational therapy room tour and a training. Also, I presented a rehabilitation staff of the Back Mai hospital about Japanese work therapy.

Questionnaire contents were divided into five large, that is ①occupational therapy content ②the target disease in occupational therapy ③the evaluation used in occupational therapy ④the training tool used in occupational therapy ⑤the way of obtaining the information about occupational therapy. Especially ①～④ is that I question the two patterns of the actual content and the thinking for each, and investigate the awareness and actual situation with respect to occupational therapy of the medical staff of Vietnam. I do not know the results of the survey yet because it is currently in the analysis, but no answer has been found more particularly for the question of thinking. As the cause, I think that not only abundance of questionnaire items and alternatives but also lack of information and knowledge about occupational therapy would be a cause.
《About presentation》

The Bach Mai hospital has an occupational therapy room, awareness of occupational therapy is high, but information about occupational therapy is insufficient. So, we had a presentation about the Japanese occupational therapy towards the rehabilitation staff, thought that the understanding help for occupational therapy. I carried out presentation with Ms. Hayashi, and translator told the staff in Vietnamese that we were talking in English. We made three contents, that is ① the overview of occupational therapy ② the flow of occupational therapy implementation ③ the case of occupational therapy. After the presentation, we received the impressions, such as it was very interesting. I am happy if they could get a better opportunity to understand occupational therapy.

Presentation in Vietnam  With staff after presentation

《About hospital visits and practical training》

Occupational therapy room of the Bach Mai hospital is operated by 5 to 10 interns and two staff. Interns has come from nursing schools that are juxtaposed to Bach Mai hospital and colleges, and had done occupational therapy with staff. In one hour per patient in the occupational therapy, a staff is in charge of four patients in one hour. Because staff cannot see only one patient in an hour all, the staff responsible for the 15 minutes per one patient, intern is in charge the 45 minutes of the rest. Because more than 40 patients came to occupational therapy room in one day, the staff was a lack of overwhelming number of people, so interns had been seen as immediate use. From the middle of the first week, I and Ms. Hayashi were in charge of some of the patients.
Training equipment was different, such as chopsticks, spoons and pegboard. There were many handmade things. For example, the chopsticks mounting a pair of tweezers, the spoon thickening the handle part by inserting to straw and so on.

What it is decisively different from Japan was to not make the work of such as leather work and embroidery in occupational therapy. Also, the cooperation of patient’s family is very large, and I saw many family waiting in front of every morning early hospital. Assistance of meals and move in the hospital is performed by the family, I saw a lot of patients who were brought to the occupational therapy room by the family.

(left)occupational therapy room in Bach Mai hospital
(right)training tool used in occupational therapy

《About life in Vietnam》

· Traffic

Vietnam is heavier traffic volume than Japan, especially bike was seen everywhere. Traffic rules not been protected, for example, not wearing a helmet, signal ignored and overtaking. I look at the traffic conditions in Vietnam, so I convinced the fact that head trauma due to traffic accidents went up to the top of the cause of death.

· Food

Noodles such as Pho and Bun Cha was abundant in Vietnam, but there were many good foods such as bánh xèo (Vietnam-style pancake), bánh mì (sandwich with French bread) and spring roll.

Fruit is also delicious. There were many fruits which I had not eaten, such as papaya and
dragon fruit, but any fruits were very delicious.

· Prices
Vietnam prices are cheaper than in Japan. Vietnam money is the Dong, 20,000 dong = about 100 yen. From the hotel to the hospital I had to take a taxi every time, it was cheap because of about 500 yen at a distance of about 15 minutes by car.
Finally

There was a short period of two weeks, but I had a very valuable experience. I was allowed to experience to perform the occupational therapy to patients in the place that does not put in general of the National Hospital. I thought strongly would like to take advantage in the future from this experience.

Thanks for everyone concerned of the Bach Mai hospital, Kobe University and everyone who supported me for this program.

(left) In front of the rehabilitation center in Bach Mai hospital
(right) With staff and interns in Bach Mai hospital