

ELECTIVE (SSC5c) OBJECTIVES

OBJECTIVES SET BY SCHOOL

1. What are the commonest conditions that present to A&E in Malaysia? How do they differ from the UK?

There were so many things that I have discovered and learned throughout my placement. First and foremost, it took me by surprise that indeed, 'what common is common' and the commonest conditions that present to Malaysia's A&E, or ED (Emergency Department) as what they call it here, are pretty much similar to UK's. A significant number of patients present with chest pain suggesting Acute Coronary Syndrome, in addition to shortness of breath secondary to asthma or pulmonary oedema, typically as a complication of heart failure. The number of patients presenting with trauma from road traffic accident or more familiarly termed as MVA (motor vehicle accident) in Malaysia's hospital were also considerably high with a majority of those involving motorbike users. This is not a surprise to me, considering Malaysia is known as one of the countries with the highest traffic-related death rate. On the other hand, the thing I found most useful during my placement in Malaysia was learning about its tropical diseases, which is something that I have never encountered in the UK. Coincidentally, Dengue was on the rise during my elective placement so I got to see quite a number of Dengue cases during my placement in Serdang Hospital's Emergency Department. I also had the chance to observe how this disease was managed from the point of patient's arrival. Apart from Dengue, I also learned about two other common tropical illnesses in Malaysia, which are Leptospirosis and Malaria.

2. How are the A&E services organised and delivered in Malaysia? How do they differ from the UK?

The major similarity that I have seen was in terms of triaging at the point of patient's entry. Similar to hospitals in London, each patient will be allocated to different zones according to the severity of their cases. In Serdang hospital, there is Green zone for low risk patients, Yellow for moderate and Red for patients at high risk requiring resuscitation. What I found very interesting was each zone had their own separate entrance from outside of the hospital which avoids patients from flocking at the main entrance. This enables quick and efficient delivery of patient to the point of care, especially those requiring urgent medical attention. On top of that, this helps maintains patients' confidentiality. On the other hand, in comparison to many hospitals in London, there was no specific allocation for paediatric emergency in the Malaysia's A&E department. In terms of working hierarchy, Serdang Emergency Department has a significant number of well-experienced junior doctors working in this department, usually those on their fifth or sixth rotation during their foundation year training, similar to the level of an FY2 doctor in the UK reaching the end of their training program. This is quite different to my experience in the UK's A&E, more specifically in London, where there were a significant number of specialist trainees and very few junior doctors working in the A&E. In fact, throughout my placement in Malaysia, I've seen junior doctors performing procedures that would have not been allowed to be carried out by junior doctors in the UK, including managing patient's airway at much higher level such as intubation. I also realised that the junior doctors in Malaysia usually manage their patients up until a higher level of difficulty as compared to what's expected of the junior doctors working in the UK, in a sense that senior reviews are made at later point of care by the junior doctors in Malaysia. The benefit of this is that there is extensive learning opportunities for junior doctors working in Malaysia as compared to the UK, but the drawback is that patients might be placed at higher risk if a doctor fails to recognise the limits of their skills.

OBJECTIVES SET BY STUDENT

3. What are the causes of one commonest acute condition that present to A&E?

One of the most common presentation to Malaysia's emergency department is fever and lethargy. According to what I have learned in ED, a patient who presents with fever associated with other warning signs would always be suspected to have Dengue until proven otherwise. Typical Dengue symptoms include fever which normally last between 1 to 3 days, associated with arthralgia, myalgia, retro-orbital pain, abdominal pain and vomiting. Any patient presenting with Dengue with any warning signs should be managed carefully, and in Serdang, such patients should be kept in the yellow zone at least, and screened for other possible causes to exclude Leptospirosis and Malaria. I also learned the three most important questions to ask on a patient who is suspected to have Dengue; which include their fluid status (most importantly the quantity and quality of (1) oral intake as well as (2) urine output), and last but not least (3) their levels of activity during febrile episode. During my placement at the ED, I had plenty of opportunities to observe how dengue cases were managed. One case I remember the most was an acute case of Dengue in a young adult, who was haemodynamically unstable on arrival and appeared drowsy with oliguria.

4. Personal/professional development goals:

1. Are you able to practice and improve both clinical and communication skills while doing your elective?
2. Have you been proactive with your learning needs and what have you learn from yourself and from other professionals around you?

Being a medical student, I have accepted that it might not be easy for me and my partner to perform some of the practical procedures as we always have to be monitored by a doctor while performing a procedure. However, we luckily had the chance to practice cannulation and blood taking on different patients while on ED, also to practice prescribing and administering IV fluids on different patients. In addition to these, we also managed to spend one whole morning at the asthma bay and learned to prepare nebulised medication at appropriate dosage for patients according to their age groups. I am very grateful that some of the doctors in ED have been very helpful and resourceful in teaching us despite their hectic workloads. One of the most memorable experience throughout my placement would be the moment when I had to perform a CPR on a patient with suspected extradural haemorrhage secondary to road traffic accident. That was the first time that I witnessed and actually felt a flail chest with a paradoxical respiratory movement. It was such an intense case as the patient was successfully revived three times and each time, she developed another cardiac arrest after about 10 to 20 minutes of revival. I'm also very lucky to have been given the opportunity to join the Disaster Training which took place at the Universiti Putra Malaysia. It was such a great learning experience for me and it gave me a much better insight about the role of a doctor working in the Emergency Department. Overall, I believe that I have met my personal goals, not perfectly but still I'm very pleased. I personally enjoyed my elective placement as I have never had the chance to really explore this area of medicine throughout years of medical school. Looking back, only now that I can see how this side of the medical field could be so thrilling and satisfying that so many people have considered it as a career.