

Elective report

Name: Cheryl Phan

Location: Hospital Kuala Lumpur, Malaysia

Specialty: Obstetrics and Gynaecology/ General medicine

I completed my elective at Hospital Kuala Lumpur in Malaysia. I originally chose Malaysia as the country to do my elective in as I wanted to be in a country where English was still widely spoken yet still be able to travel out to the Far East. There are many ethnicities in Malaysia; Malay, Chinese and Indian being the majority origins of the people. I was lucky enough to come across some patients who were Chinese and I was able to practice communicating to them in Cantonese (my mother tongue) however I found this challenging at times in O&G as some parts of the sexual history I would not know how to specifically say. This is because this topic is not loosely talked about in Chinese culture and I can imagine in general across Asian cultures as I found when taking histories off ladies from different ethnicities in Malaysia. I had to be very upfront in my questioning in order to avoid any discomfort or embarrassment with the patient.

Whilst at the hospital I learnt that Malaysia has a two tier healthcare system. One run by the Government and the Private sector. Graduates need to work a minimum of 3 years at a Government run hospital before they can enter Private work. HKL is very much a Government run hospital, possibly the oldest one standing. As I was there, many parts of the hospital was getting renovated.

Doctors I spoke to described how Malaysia have suddenly had a big drive in medical graduates and that there are more junior staff than there are jobs in the hospital. I found this out when I was on ward round on morning and had found myself amongst 16 others behind the curtain surrounding the patient. This is comparable to the maximum of 8, on the rare occasion, I have been on in ward round in the UK. Therefore I had enquired as to what roles each member of staff paid and fair enough there were 4 housemen, 4 medical officers, 2 registrars, 2 trainee midwives, 1 nurse, 1 midwife and the specialist ("the boss") who was in charge of the round. They do have Consultants but there are not many and usually the Specialist is in charge. A lot of the doctors are in the field not through choice but by what they are allocated and they train in that field whether they enjoy it or not. Many of them grow to like it as they don't feel competent as a doctor in another field.

I was asked to attend PLOG every morning which was very similar to our multi-disciplinary meetings in the UK. ALL staff from the department, no matter position you held, was expected to attend. In the room everyone sat in a hierarchy gradient with the most senior members at the front to the junior staff at the back. Nurses and midwives all sat together taking up a quarter of the seats. At the front, there was a speaker who was generally a registrar and a doctor on the computer. People in turn would be invited to the front to talk about patients currently residing, present cases or talk about any changes in the management within the department or the hospital. One interesting part of PLOG was presentations that junior staff had prepared which were non medical related. A couple of examples were titled "Asian fashion over the years" and "Top ten most powerful armies in the world". I was intrigued that housemen were not expected to perform case presentations on patients but it was good in a way to allow doctors to explore areas of interest to them and be able to share that information with colleagues in order to improve their teaching skills. It very much reminded me of the DATE course we had to do as part of our training.

I was happy to be able to see many spontaneous vaginal deliveries whilst on O&G. This was very hard to come by whilst I was doing my O&G rotation in the UK, with most cases I saw requiring me to stay late in the evening. However in Malaysia I was able to see 2-3 deliveries each day, usually before finishing at 5pm too. My first week was a bit quiet, out of 22 beds, only 5-6 would be filled, but sure enough towards the weekend, the ward would be full. Turnover was very high in the labour department. Similar to our management in the UK, ladies would be provided with a pink book that would record the events or hospital appointments during her pregnancy. This was a government issued book and therefore some ladies had empty books due to being seen in the private sector but suddenly they would go into labour and be sent to a Government hospital. When asked if there was much communication between the two, the reply was no, and most the time the patient was the only source of history and this can be difficult whilst she is in labour.

Diabetes was very prevalent amongst the patients whether in O&G or during general medicine. I did notice a lot of these patients were on the larger side. During my time in Malaysia I found a lot of the food very sweet and their diet consists of heavy carbohydrates particularly white rice and noodles. Many foods were fried in oil and portions were big but at a very cheap price. Much to my enjoyment at trying out the various cuisines, I realised the diet I usually have in the UK is a lot more healthy in general. If women did not already have diabetes, many would be diagnosed with gestational diabetes.

During my gynaecological oncology placement I was able to see some very advanced looking cancers that I have not seen during my placement in the UK. This could be due the wide screening programme we have for cervical cancer. I was interesting to see but I found it mainly sad as a lot of the patients were in their late 20s, early 30s. I definitely made me appreciate our screening programme.

Overall my experience in HKL was a very interesting one and I was exposed to many scenarios I had not previously had during my training at University and therefore I am very grateful for this opportunity and would like to thank all the doctors who helped to provide me with the understanding of what it is like to work as a doctor in Malaysia.