

## **ELECTIVE (SSC5c) REPORT (1200 words)**

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

### **Objectives**

- 1. What are the prevalent emergency conditions that present to A&E in Kuala Lumpur, and how does this differ from the UK?**
- 2. How are resources managed in A&E departments in Kuala Lumpur in terms of prioritisation depending on a patient's signs and symptoms, and how does this differ from the UK?**
- 3. To find out more about the most prevalent health conditions in Kuala Lumpur and experience treating and educating patients on the public health problems that are specific to this part of the world.**
- 4. To build up my confidence to cope in a completely new setting when interacting with a brand new patient demographic, in which there is a language barrier, and where they are aware that I am a junior clinician with not much experience.**

I undertook my medical elective in Hospital Kuala Lumpur. I am very fortunate to have been given the opportunity to do this in a world renowned hospital. It is located in the capital city of Malaysia and is a large hospital with a number of different services and specialist units. Prior to arranging my elective, I had heard good things about the hospital from previous students in more than one area, including the clinical exposure, the variety of conditions seen, the teaching and the location. However, I did not expect what I ended up experiencing. I had a very good time on the placement and learnt a lot about a culture that I had never experienced before. I also learnt a lot about medicine and my ability as a clinician.

During my time in the accident and emergency department, I was expecting to see a variety of different presentations that differed from those I'd seen in the UK. However, I was surprised to see that most of the conditions that present to the emergency department are very similar to that seen in the UK. There were many cases of trauma, particularly paediatric trauma, and these cases were dealt with in a similar way to a trauma case in the UK. However I did note that in the UK, there is more of a systematic approach to a trauma case, with certain algorithms to follow. However this didn't seem to be as methodical in the practice I observed in Kuala Lumpur. However, I did find that it was difficult to assess the way the situation was dealt with because of the language barrier, and I was unable to understand the communication between different healthcare professionals. However I was able to ask them what they had said after the situation had been dealt with, but it was not as educational as it might have been had I understood what was happening in the moment. I also saw other conditions in the emergency department that were similar to what I had seen in the UK and it was very educational for me to observe the way in which these cases were dealt with.

The healthcare system in Malaysia is similar to that of the UK, in that the government aim to provide access to healthcare to anyone that needs it. It is noted in Malaysia that there is a relative shortage of staff compared to patients that require healthcare assistance. This means that resources must be balanced and prioritised on need, as in any other country in the world, including the UK. In Kuala

Lumpur this was not as much of an issue, due to it being a large hospital in the capital city. However after hearing from other doctors, it appears to be a problem in remote parts of the country. Prior to my elective, I did not expect up to date equipment to be present in Hospital Kuala Lumpur. However I was shocked to see that this wasn't the case, and there was a large stock of equipment with supplies that were very similar to that seen in the UK.

Something else I noted whilst on my elective was that doctors appeared to be consciously trying to avoid overprescribing. This was definitely something I could relate to, as I had seen this happen and be an issue that needed to be resolved in the UK. This is a conscious effort by doctors in order to save resources and avoid medicalising problems that could be solved conservatively. For example, one of the trauma cases that I had seen in accident and emergency was a child that had fallen over and had a small cut on her knee. Her mother was extremely worried and brought her to the emergency department. However the child was not in any pain, but the mother demanded some painkillers. In this case, the doctor did not prescribe anything, but claimed that she may have done in the past when overprescribing was not such an issue, in order to avoid confrontation and maintain good relations with the mother.

As I was placed in the emergency department, I wasn't really exposed to the common health conditions that are present in Malaysia that would usually be seen to in primary care. However, I did come across some exacerbations of common health conditions that appear to be prevalent in this part of the world. For example, I saw a number of acute coronary syndrome incidents. It was interesting to observe how this was dealt with in a foreign country, and how their method of treatment differed from the ACS protocol used in the UK. It was interesting to note that this is a common problem in this part of the world as well as in the UK. In the UK, the reasons for this problem are likely to be different to that in Malaysia. For example, alcohol and smoking in the UK, but in Malaysia diet may also play an important factor.

Something that I struggled with, as mentioned earlier, was the language barrier. Some patients were unable to speak English and I was told by the doctor I was shadowing to clerk some of these patients. I had experienced this already in London, where some patients were unable to speak English and it was important to work around the language barrier, sometimes without a translator. However, this felt like a completely different situation as I was in a foreign country working for a foreign health service and I felt quite under confident in these cases. However I managed to work around this in a similar way to what I would do in the UK when a translator is not at hand. This was definitely a learning experience for me and taught me that in situations like this it is important to maintain a professional attitude and to do the job in hand to the best of my ability.

My experience on this elective overall was an extremely good one. I learnt a lot about the way in which healthcare works in a different part of the world and the way in which patients are treated and resources prioritised. I was fortunate enough to interact with some patients that were able to speak English and find out their experience of healthcare in this hospital. As I have just passed my final examinations and am one step closer to working as a foundation year doctor, I had a lot to learn in terms of feeling confident and recognising the new responsibility I would have when I start working in August. I initially found it difficult to make that transition mentally, particularly on this elective where the language barrier and new surroundings was an issue. However, I now feel as if I have built up my confidence as a result of this elective and from appreciating a brand new demographic of patients and the healthcare services in this country.