

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

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

I carried out my elective at Sarawak General Hospital, in Kuching, Borneo. I had heard from other students that this was a good placement so I was looking forward to the experience and observing medical practice in a completely different setting to the UK.

Sarawak General was the main tertiary and referral hospital in East Malaysia. As soon as we entered the hospital, it was evident that this was a very busy hospital with various departments and clinics running. During our time in Sarawak, we also managed to attend a few private clinics run by our supervisor Dr Wong. This was an eye opening experience, as I was able to witness first hand the difference between government and private health care. First and foremost there were loads of patients from Indonesia and Thailand, who had travelled especially for the private TB clinic. I was surprised to see so many foreign patients. Secondly, the private clinics were less fast paced, with each consultation taking up to forty minutes, which is not so common in the general hospital. Time was always of the essence in the government hospital, as there were so many patients to see. Ward rounds would go on until the afternoon, which is very similar to some hospitals in the UK.

**What are the prevalent Paediatric conditions in Sarawak, how do they differ from the UK?**

Dengue, Japanese Encephalitis, Hand, Foot and Mouth Disease are all conditions that are prevalent in Sarawak. These are very uncommon in the UK. I was aware that Dengue is common in Asia due to the large number of mosquitoes in that area. A vast majority of children on the ward were suffering from this condition, with a high fever and headache. However, I was not aware about the high prevalence of the other two conditions. Japanese encephalitis was not as common as Dengue, but there were a few cases. These children had mild flu like symptoms, but I learnt that this can lead to severe complications like seizures and paralysis if it spreads to the brain, hence these patients were given supportive treatment as soon as possible. Following the endemic of hand, foot and mouth disease in the UK, I was aware of this condition. Even though it is not life threatening, the symptoms can be very distressing for children. I was able to witness this first hand.

In summary, I was able to see the huge contrast in pediatric conditions that exist in Sarawak compared to the UK. These conditions are rarely ever seen in the UK, and I doubt I will see many cases in the future as a foundation doctor.

**How are paediatric services organised and delivered in Sarawak? How does this differ from the UK?**

I was pleasantly surprised by the Paediatric ward at Sarawak General Hospital. There were forty beds in the ward which was of a good size. The beds were organised in rows, very similar to the layout in the UK. Each bed had another bed next to it for the parents to stay with the child which was amazing for the child and their parents. It meant that the parents could stay overnight with the child and help them through their illness. I was also surprised to see that there were up to eight foundation doctors on the paediatric ward. This meant, the ward round consisted of multiple people and so it was difficult to hear what the consultant was saying. The ward round would start from 8-8:30am and last till 12, sometimes a little later. The rounds consisted of the consultant, the registrar, the many foundation doctors as well as many medical students from the local university and other elective students. At each bed, the F1 would present the patient to the consultant as the observations. A plan would be made and recorded in the notes, however these notes were much more brief and concise in comparison to the notes here in the UK.

The clinics also had a very similar format to the ones in the UK. There were up to thirty patients, and the clinic ran from 2pm till half 6. The consultant and the registrar split the patients and took time to talk to the patient and discuss what the problem was.

Overall, I was extremely surprised at the way these clinics and wards were organised and how the services were delivered. Coming to South East Asia I was not expecting the services to be as organised and well delivered as they were. Each patient was cared for carefully and everything was clearly documented in the patient notes as well as the drug chart.

To understand the role that Paediatric clinicians in Sarawak play in ensuring that all children are given the appropriate vaccinations at the appropriate ages according to the National Immunisation Schedule for Malaysia as issued by the Ministry of Health.

I found that the clinicians in Sarawak played a huge role in making sure all children were given the appropriate immunisations. Every patient had a clear set of notes, in which there was an immunisations page where it was clearly documented whether the child had had the necessary vaccinations or not. This meant that all the children had been successfully monitored and administered the vaccination if they had not received it. This made it evident that the schedule released by the ministry of health was being followed and carried out at Sarawak General Hospital.

To improve my communication skills with both the children and their parents as well as become more confident in carrying out clinical procedures and examinations in Paediatrics.

First and foremost, 90% of the patients and their family did not speak English. Therefore it was really difficult to communicate and take a history from them. This made looking after them very difficult. The few patients that had good English were very happy to be taken histories from and happy to be examined. Despite this problem, the doctors there were very helpful and made sure we had someone with us to translate whether it be one of the local medical students or one of the foundations doctors. This meant I was still able to discover the history of all the patients on the ward and ask consent to do cannulas and take blood.

Overall this was an amazing experience and definitely something I would recommend others to do. If anything it showed how developed other medical services are around the world. This was something that surprised me, the wards were layout well. The wards were clean, and had facilities for parents to stay too. There was also plenty of doctors to look after the patient on the ward. They often offered to teach us and were very helpful. There were also some lectures and grand rounds that we attended on various topics that were open to all departments across the hospital. Even though much of this was not in English, the slides were in English so we were able to understand.

In summary I enjoyed this elective and the time I spent on the Paediatric ward of Sarawak General Hospital. All the staff were extremely helpful and we learnt a lot from them.