

ELECTIVE (SSC5a) REPORT (1200 words)

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

I spent the first 3 weeks of my elective in Newham University Hospital in East London. The second half of my elective was done in UITM Hospital in Selangor, Malaysia. I thought it would be interesting to do my electives in two different countries so that I could compare the difference in health care systems. UITM Hospital is a university hospital which is different to the government hospitals. The doctors who work here are not only clinicians but also lecturers and educators. Whilst I was in UITM, I spent time with the neurology team as well as other medical teams such as the cardiology, endocrinology, geriatric and endocrinology team. Since it is a university hospital, I also had the chance to attend some events and activities involving the medical students.

Common patterns and trends

The medical landscape in Malaysia has some stark differences compared to the UK. This can be accounted to firstly the different population ethnicity, but also things like the weather, environment and culture. As an example, as an Asian country, Malaysia has a higher rate of type 2 diabetes compared to the UK. This may be caused by a multitude of factors, one being ethnicity, another being the lifestyle and diet of Asian communities.

The UK population is an aging one and has a larger elderly community compared to Malaysia. This in turn results in a different trend of diseases. For example, a very large amount of the population in the UK suffers from dementia. Even though we still see those cases in Malaysia, the numbers are a lot less. For a more subtle example, the most common type of valvular disease found in the UK is aortic stenosis as this is a disease commonly found in elderly patients due to calcification. However, in Malaysia, infective endocarditis causing mitral regurgitation is a more common presentation and happens in younger patients too.

Apart from the conditions mentioned above, I also saw a lot of hyperthyroid conditions in the endocrine clinic, and a few cases of essential tremor in the neurology clinic. It was interesting to see other neurology cases such as Bell's palsy and Parkinson's as I have not been able to see a lot of patients prior to this due to coronavirus.

Health provision

Since I did my electives in two countries, one being the UK, the other being Malaysia, I have noticed a few similarities and differences between the way the health care system runs in each country. The biggest similarity I noticed is that both health care systems are free for its citizens. However with free healthcare comes the opportunity cost of long waiting times which can be really frustrating for patients. Both countries also offer private healthcare but it is less affordable for middle and lower income citizens.

Another example I observed is the use of multidisciplinary team (MDT) in healthcare which is adopted by both countries. Both systems have roles such as occupational therapists, physiotherapists, nutritionists, speech therapist and more. However, in Malaysia most of these health care professionals who work alongside doctors mainly offer their services in hospital. I've also noticed more specialised roles in the UK such as diabetic specialist nurses who can run their own diabetic clinic for non-complicated diabetic patients.

The provision of healthcare may depend on the trend of diseases seen in each country. For example, in the UK as mentioned before, there is a large community of elderly patients and whom, many of which, live alone. This has resulted in a mushrooming of sheltered accommodation, care and nursing homes alongside NHS out-of-hospital services such as carers who come visit patients at their houses regularly, district nurses and other social and support workers who work in the community. This is in contrast to Malaysia, potentially due to the different population pattern but also due to cultural differences whereby in Asian households, the family members are usually expected to be carers.

A major difference between the two systems is that Malaysia does not have the same continuity of care from primary care to secondary and tertiary care like the UK has. Most Malaysians are not registered with a specific general practice and are free to go to a general clinic anywhere. On one hand, this is good as the patients can walk into any clinic they like no matter where they are, with no commitment. However, this also means that there is no long term relationship built with the doctor and can raise issues with record keeping. Patients can directly make an appointment with the

specialist at the hospital without a referral. However, because patient records are not synchronized into a central system, secondary care do not necessarily have access to the patients' previous medical records.

A reason for all these differences could potentially be due to the lack of funding and also manpower in Malaysia's national health care system as it is still a developing country. However, both systems have their own disadvantages and advantages.

Medical education

Since I was attached to a university hospital, I had the chance to attend some sessions involving the medical students. These included their orientation for clinical years session, white coat ceremony and also hepatitis B vaccination session where I had the chance to take bloods and give vaccines to students. This was a great learning point for me as I got to learn how to use the slightly different equipment than I am used to in the UK. It was also very interesting to see how the students in Malaysia are taught. Even though I've never joined any lectures, from the brief orientation session that I attended, it is evident the teaching structure is similar to the UK. In addition, UITM has some even higher technological advancement such as VR (virtual reality) to learn about anatomy. I have however observed their end of posting exam and it was interesting to see how it was conducted. Another interesting difference that I noticed was that the lecturers here are much more approachable to the students as students are free to contact them through their mobile which is not a common practice in the UK.

Personal expectations

My main goal for this elective was to have a feel of what it's like to work in a university hospital and how it's different to working in a government hospital. I can now gladly say that I've had a chance to see what this entails through my short 3 weeks. I also managed to personally talk to and seek advice from a few doctors who previously studied in the UK and came back to practice in Malaysia at the university hospital. It was very eye-opening and I learnt a lot of useful information regarding which pathway I could potentially take for my future. I was also keen to do a research project of some sort during the elective. Whilst I haven't gotten around to officially starting the project yet, I've had some guidance from my supervisor and am determined to continue with it in the near future.