ELECTIVE (SSC5c) REPORT (1200 words)

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

I completed my elective placement at Sarawak General Hospital in Kuching, Malaysia. Sarawak General Hospital is the largest hospital in the state of Sarawak, serving a vast population and being the main tertiary hospital in East Malaysia. However, my tutor also ran clinics in a nearby private hospital, so I was able to spend time within both healthcare settings, which proved to be very beneficial and highlighted the large gap between government and private healthcare in Sarawak.

Objective 1: What are the prevalent paediatric conditions in Sarawak? How do they differ from those in the UK?

Sarawak clearly differs from the UK in many ways. Firstly, the UK is far wealthier than Sarawak, being able to provide screening programmes and follow-ups within the NHS. Doctors at Sarawak General Hospital highlighted the issues of patients presenting late and not receiving the follow up they need due to lack of resources. Additionally, as the population generally have a lower income I saw many cases of dehydration and malnutrition within the paediatric unit.

I also saw many cases of bronchiolitis, which is also relatively common in the UK, but to what my registrar imagined to be a much smaller scale. There were also many cases of diarrhoea and vomiting, with many children suffering from worms. When I asked my seniors about this they explained due to poor sanitary conditions diseases are easily spread via the faecal-oral route. Overcrowding is also another major issue, making diseases such as tuberculosis far more prevalent.

One particular case I saw was a 3 year old with Kawasaki disease. Whilst this may not be of higher prevalence here, I still found it to be very interesting as it was the first case of it I have seen. I recall at the time that the ward round was very crowded making it very hard to hear what was being said at the front, and so when the team had moved on to the next patient I went to look at the child's notes and saw that they were prescribed aspirin and IV immunoglobins. This being strange management for a child, another medical student and I looked it up and saw that the most common reason a child would be prescribed this is for Kawsaki disease. When the ward round had finished we were able to discuss this case with the registrar who also allowed us to examine the child who showed classic signs of Kawsaki with erythematous lips and cervical lymphadenopathy. I feel I may have benefitted more from this case if I had been able to speak to the mother to obtain a full history, however, due to the language barrier this was no possible.

Objective 2:How are paediatric services organised and delivered in Sarawak? How does this differ from the UK?

For this objective I feel I must not only compare care between Sarawak and the UK, but also between government led care within Sarawak and private care.

On my first day when walking onto the paediatric unit I was truly shocked at how many children there were in one ward; there were quite literally rows upon rows. When speaking with the paediatric

registrar he said there were currently 84 children on the ward. Additionally, all the beds were very close to one another, creating a very condensed environment.

What was even more surprising is that there was no air conditioning on the ward, with only ceiling fans to cool the ward down. With a temperature of 32 °C outside, most mothers were also fanning their children to keep them cool.

During morning ward rounds it always surprised how many people there were on it. On average, with myself included, there would be approximately 15 people on the ward round. This would include the senior paediatrician, foundation doctors, pharmacist, nurses and other medical students from both abroad and the University of Sarawak Malaysia. This all contributed to a very crowded environment.

In comparison, when I attended private clinics I was shocked at how modern and well-kept this hospital was. Additionally, my tutor educated me on how private healthcare works in Sarawak, namely that the patient can walk in to the clinic whenever they want i.e. without an appointment, and pay a fee to see the doctor. Having seen the doctor the patient can then have all the investigations they require straight away, which is clearly different to the NHS and the government hospital of Sarawak. Results of said tests were also generally interpreted by the doctor they have seen that day, as opposed to waiting for a specialist opinion or report. Management can then be started straight away.

As an example, in one clinic I saw a 13 year old girl with suspected tuberculosis. Having examined the child, the doctor sent her for a full blood screen, AFB testing and a chest X-ray. She then returned once these were done, to hear the results and the doctor then prescribed the required medications.

Comparing this to clinics in Sarawak General Hospital, there would be two consulting doctors in a room with each patient sitting back to back whilst having the consultation with their respective doctor. This suggests a very different take on patient confidentiality to the NHS and private clinics in Sarawak, but I was later informed that this is the only way with such little time and resources.

Objective 3: To understand the role that clinicians in Sarwak play in meeting goal 4 of the United Nations' Millenium Development Goals (to reduce by two thirds, between 1990 and 2015, the under-five mortality rate).

It is hard to provide a clear-cut answer for such a large and ongoing issue, but having spoken to various paediatric doctors about this issue, mainly foundation doctors and registrars, they speak mainly of raising awareness of various illnesses, both recognising them and preventing them. For example, on entering the hospital I was greeted by many posters showing parents how to recognise meningitis in their child, something that is widely done in the UK, but is thought to be making a big difference in less developed countries too.

Additionally, there are more health services reaching communities further away from the city. Doctors regularly take part in rural clinics, attempting to reach out of the city and help those who cannot necessarily get to the city to seek medical help for themselves or their children.

Sarawak is also still a developing area, so doctors feel that with the modernisation of the city, it will improve cleanliness and patient accessibility to health care.

Objective 4: To improve my clinical skills within paediatrics, along with the communication skills required with the children and their parents in order to carry out these examinations/procedures.

The main language spoken in Kuching is Malay, and so this was a relatively hard objective to achieve in a country that I do not speak the language. However, I was able to communicate with some parents, who knew some English, about their child's care and to ask for permission to examine their children. I was also able to observe many clinical procedures, such as cannulation of neonates, which i have had limited experience in in the UK.

Most doctors, however, were able to speak English so I was able to freely communicate with them, and i found them to be highly infromative. They also helped with translation, both what the parent was saying and if i had any questions. I was also able to speak to other Malaysian medical students about their courses and to even discuss cases we had seen. I feel all of this helped to consolidate my knowledge whilst on my elective.