

ELECTIVE (SSC5c) REPORT (1200 words)

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

During my time in the emergency department of Queen Elizabeth II I saw many patients present with a variety of conditions. The most common included tropical diseases such as TB and dengue fever, myocardial infarction, stroke and trauma, most commonly due to road traffic accidents. The biggest difference between these presentations and the most common ones I had experience in the UK were the tropical diseases. These are very uncommon in the UK and apart from a few cases of TB on some of my placements in East London, I had not seen a patient present with such conditions. This was therefore a very interesting to experience and understand how such conditions were managed and what preventative measures are in place to prevent spread of the disease. Another difference between the common presentations in Malaysia and that of the UK, was that the nature of the road traffic accidents that brought in the trauma patients. Commonly the accidents usually involved a moped, where many passengers would be squeezed onto the vehicle without any helmets and another larger vehicle had collided with them. Road traffic accidents such as these are rarely seen in the UK as we have much stricter traffic laws.

The investigations available in the emergency department in Sabah were not dissimilar to those seen in the UK. They had xray, CT, ECG, echocardiogram and blood analysis readily available for all of the patients that required it. All patients on entry to the department had a primary survey carried out using all available equipment similar to that in the UK which the majority of staff were trained in using. The most notable difference between the available investigations in Sabah and the UK was that the technology of the equipment was dated. For example, ECG's were attached to patients via suction and not stickers; xrays were not viewed on a computer where you can easily zoom in and read a report from the radiologist, but had to be analysed by the doctor treating the patient and viewed by holding it up to the light; CT was similar to xray. Another notable difference between available investigations was that Queen Elizabeth II did not have an MRI machine and therefore was not available to any of the patients. I believe that MRI's are available in other parts of Malaysia but in the state of Sabah only one hospital has one available and therefore there is a very large waiting list.

Malaysia's biggest health concerns include similar conditions which are also very problematic in the UK. These include diabetes, hypertension and COPD. These are being tackled by a campaign to increase awareness, using posters and leaflets around the hospital promoting healthy lifestyle and symptom recognition. Whilst on placement in the hospital I noted that in the canteen all meals had the calorie content written next to each available dish, which again is promoting healthy lifestyle and awareness regarding a healthy diet. During my time at the hospital I also spoke to many patients who were taking measure to improve their lifestyle by eating more healthy food and doing more exercise. I also noted that the packages of food in Malaysia had clear labeling about calorie, sugar and fat content. It would clearly state on the packaging if there were no trans fats in that food product. It was therefore clear that a large public health scheme had been put in place to promote healthy living. The only drawback in this campaign that could be commented on is the fact that the majority of information that I saw that was available to patients was in all written in English which is one of the main languages in Malaysia but there are still many patients that do not speak English and therefore are not being targeted by the campaign. Another of Malaysia's biggest health concerns is communicable diseases. The most significant of which are malaria, TB and dengue. Again this is being tackled by

public health campaigns to raise awareness on how to avoid contracting these diseases and how to recognise symptoms. Education regarding preventative measures such as mosquito nets and repellent is commonly given to patients. Regarding TB, the vaccination is available but not all patients have it but increasing uptake is a positive sign for the future of the disease in Malaysia.

During my time at Queen Elizabeth II hospital I witnessed some very good examples of how to be an efficient, caring and safe doctor. One practice that stood out for me was that the doctors, nurses and health care assistants worked very good as a team. They were constantly communicating with each other about the patients care which meant there were no misunderstandings and also meant good strong relationships were built amongst the team. This is definitely a practice which I will try to take on board when I start work as a foundation doctor. I will be sure to try and build good relationships with all the members and the team and work hard to maintain them. There were also some experiences that I had that will assure not to practise when I start work. This includes infection control; alcohol hand gel is widely available in the department but I rarely saw it being used. Unlike in the UK where nurses would insist that it was used on a regular basis, the same insistence was not seen in this department. Other infection control strategies such as cleaning equipment after using it was also not done. I regularly saw ECG machines being attached to patients without having been cleaned after the last patient. During my placement I also noted that it was common practice for medical staff to discuss the patient and their condition in front of the patient with other staff and without addressing the patient first. This is a practice which I will be not to carry out when I start as a doctor. I was surprised to see that the patients did not seem to mind but I assumed that this may be due to it being common practice and an unwillingness to complain.