

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

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

I spent my medical elective in Borneo, Malaysia. I completed a placement in the accident and emergency department of Queen Elizabeth Hospital II (QEII) in Kota Kinabalu, Sabah. I worked in the 15 bed A&E department which specialised in trauma and medical cases (surgical cases were sent to the larger Queen Elizabeth I Hospital).

### **OBJECTIVE 1:**

My last placement at Bart's before my fifth year finals was A&E, so I was particularly interested to compare the two departments. During my time in A&E at Newham Hospital I was surprised by the number of admissions that were due to drugs and/or alcohol. In addition to this I saw a number of patients admitted with infective exacerbations of chronic obstructive pulmonary disease and ACS.

Whilst at QEII Hospital I saw a wide variety of interesting cases. Patients were admitted with dengue fever, acute coronary syndrome, stroke, construction site injuries and motor vehicle accidents (specifically motorbikes). In addition to this there were a number of patients admitted with severe sepsis secondary to tuberculosis.

Unfortunately I was unable to visit any rural hospitals in Sabah, however I spoke to doctors who had worked in both urban and rural settings. I learnt that there are small hospitals and community clinics in rural areas which provide good medical care to a great number of people. Common conditions in these areas included leptospirosis, TB and trauma.

### **OBJECTIVE 2:**

My first impression of the A&E department in Sabah was that it was incredibly organised. The nurses, healthcare assistants, paramedics and doctors all had specific, well-defined roles which led to the patients being managed quickly and efficiently. I was surprised to see so many staff in the A&E department; there were approximately 4 nurses and 1 healthcare assistant per patient and more than 6 doctors of various levels in the 15 bed department.

It was interesting to learn that the state hospitals in Sabah have similar A&E time target systems to the UK. Patients admitted to majors (red zone) should be seen by a doctor immediately, those in the intermediate area (orange zone) should be seen within 30 minutes and those patients in minors should be seen within an hour. All patients admitted to the A&E must be assessed, treated and discharged from the department by a doctor within 6 hours.

The primary survey of a patient is very similar to that in the UK. It is very efficient and thorough.

The multidisciplinary team appeared to work smoothly and efficiently; stroke patients had input from neurologists, neurosurgeons, physiotherapists and speech therapists.

### **OBJECTIVE 3:**

The most common infectious diseases in Borneo appeared to be dengue fever and tuberculosis. The management of these conditions was very similar to the management that a patient would receive in the UK. However, I learnt that many patients in Sabah present to hospital at a later stage in their illness. There were an astonishing number of cases of severe sepsis secondary to TB. These patients often arrived to A&E intubated.

It was interesting to talk to the junior doctors and the specialist trainees in the emergency department about the Malaysian healthcare system. A large number of them had trained in Peninsular Malaysia and had been sent to Sabah on placement. I was keen to discover whether there were many differences in the delivery of healthcare between the two areas. The doctors informed me that there was more access to better resources in Peninsular Malaysia. MRI machines were accessible in all hospitals in Peninsular, however in Borneo they were only in the private hospitals. The doctors also

spoke to us about the differences between the state hospitals and the private hospitals in Sabah. To attend the state hospital a patient has to pay 1 ringgit (20p). Patients must also have their national identification card, which is checked upon arrival. The private hospital is used by those who can afford it – it is very expensive for a Malaysian resident who earns the minimum wage and is therefore mostly used by the wealthier population and visitors to the country.

There was great emphasis on patient education in Borneo. Throughout the hospital there were posters which highlighted the importance of a healthy diet and good blood pressure control. There were a great many posters about the signs and symptoms of dengue fever and also Ebola.

#### **OBJECTIVE 4:**

I had a fantastic opportunity to observe the medical management of a great number of patients in Sabah. I was surprised to discover that the management and resources were very similar to the UK; the hospital staff even followed the National Institute of Clinical Excellence guidelines (NICE). The only differences that I observed during my placement were:

- ECG machine – Suction ECG electrodes (instead of sticky, single-use electrodes in the UK)

Having noted the differences in the ECG equipment I was interested to see whether it had an impact on patient care. I discovered that the suction electrodes worked very well. The use of this equipment did not alter the management of the patient or have any effect on the care that they received. It made me question whether the equipment that we use in the UK, which did the same job as the equipment used in Malaysia but cost a lot more money, was really necessary. I discussed this with the other medical students in QEII Hospital and we came to the conclusion that the ECG machines in the UK were better in terms of infection control, and therefore patient safety.

- Thrombolysis (Alteplase) – Not used in the management of ischaemic stroke.

It troubled me to see patients suffering ischaemic strokes at QEII. I have a keen interest in stroke medicine and it is something that I think I might like to pursue as a career after my foundation training. It was troubling to watch the management of patients suffering ischaemic strokes. I saw a very agitated gentleman who had just come back from CT with a brain scan showing a large ischaemic stroke in his right hemisphere. He was not following requests to stay in bed and was extremely restless. Despite the nurses' best efforts, they were unable to calm the patient and restrain him, so the decision was made to tie him to the hospital bed. I found this very upsetting.

Thrombolysis is not offered in Borneo, and therefore these patients are treated with aspirin only. I discovered that Sabah had neither the funding nor the expertise or specialist facilities to offer this treatment and manage the potential complications. This differs to Peninsular Malaysia where thrombolysis is an option for these patients.