ELECTIVE (SSC5c) REPORT (1200 words)

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

My elective placement took place at the Emergency Department of Hospital Serdang, in Selangor, Malaysia. I decided to do my elective in Malaysia mainly to expose myself to the working environment of the doctors, and to further understand the healthcare system of my homeland. I have set a few objectives that I would like to achieve throughout the placement, and I will address them in this report. I would also like to reflect on several events that I have encountered during this attachment.

Selangor is the state with the highest population recorded in Malaysia, with about more than 5.65 million people. There are currently 12 government hospitals (among many other co-existing private hospitals) operating across Selangor and Hospital Serdang is one of them. Apart from mainly providing subsidised healthcare services to the population of Serdang, Putrajaya, Kajang and Bangi, Hospital Serdang is also the tertiary centre for Cardiology & Cardiothoracic Surgery, Ophthamology, and Nephrology.

On the first day of placement, my colleague and I were given a tour of the ED, and the head of Medical Officers (MOs) kindly explained the system of the department. The triaging system is almost similar to the A&E in NHS hospitals where the patients are directed into different treatment areas (resuscitation, majors, minors, in-hospital gp) based on the severity of their presentations. When a patient comes to ED, he/she will be quickly assessed by an experienced Medical Assistant (MA), or a MO, and will be directed based on the 'Traffic Light' system; Red for critical or resuscitation, Yellow for semi-critical, and Green for non-critical, where the patient will be thoroughly assessed and treated. Just next to the ED is the Obstectric Emergency, which would be equivalent to Maternity A&E available in some hospitals in the UK. There is also a One Stop Crisis Centre (OSCC) to assists victims of crises such as rape, domestic violence and child abuse.

Throughout this placement, I have come across many presentations of a variety of conditions, which are almost similar to what I have seen in the UK. There are a significant number of patients presented to the Emergency Department (ED) with fever, shortness of breath which most commonly due to asthma and pulmonary oedema. I also realised there are many cases of chest pain, which the patients then treated as Acute Coronary Syndrome when supported by appropriate investigations. Apart from that, many patients presented with trauma from motor vehicle accidents (MVA). When I was doing my A&E placement in Homerton Hospital, I have seen many cases of chest pain, shortness of breath particularly during winter, dizziness and falls, and acute abdomen. I have also seen a resuscitation case when a patient had septicaemia, and a small number of trauma cases.

One of the most memorable experience is that of when my colleague and I had to help resuscitate a patient with haematemesis and malaena on our first day. It was very nerve-wrecking for us because we weren't familiar with the equipments and the terms used amongst the doctors. Another one would be when we had to perform CPR on a polytrauma patient with extradural haemorrhage who went into cardiac arrest three times. There were so many things that I learnt from these two experience alone.

I had also learnt about tropical diseases during this placement which is very useful. The most prevalent tropical illnesses that are seen here are Dengue fever, Malaria and Leptospirosis, which are the illnesses that I have never encountered in the UK. Due to dengue epidemic, I had the opportunity to see quite a lot of dengue cases and learnt how to manage them. I also appreciate it is very important to recognise dengue and manage the patients with supportive treatment appropriately, as 'certain infectious & parasitic diseases' has been named the 3rd cause of death, only after circulatory and respiratory diseases.

One striking difference in the ED is that most of the patients that come into the red and yellow zones are really ill, compared to the cases in majors in the UK. From my observation and discussion with doctors, patients of chronic diseases often admitted to the ED due to non-compliance to treatment and medications. There are also a group of patients which delay coming to the hospital until the problems have become worse. I think a better public health measure should be taken to educate Malaysian community into becoming more aware of their health. There is also a factor of co-existing private sector where the patients can seek for help quicker, or at earlier stage of the presentations until it has become so severe or not responding to treatment before getting referred to the hospital.

I also noted some major difference in terms of the delivery of the services in Hospital Serdang and the hospitals that I have been to in London. First of all, there is no separate Paediatric A&E in this hospital. This means that paediatric patients are treated together with adults in the same areas until they are referred to paediatric teams. I found this very interesting as the doctors in ED would therefore deal with a huge range of conditions from all age groups. I have had the opportunity to clerk and observe practical procedures done on a child with viral bronchiolitis which I did not expect. I also practised my examination and practical skills (by mixing the nebuliser solutions and administering nebulisers) on patients who were being treated in the asthma bay. Asthma bay is a part of green zone, an area with armchairs next to oxygen tanks, where patients with mild and moderate asthma are treated with nebulisers. This is a great way to reduce the occupancy of the beds thus avoiding congestion and long waiting time.

In terms of organisations and the way Emergency Departments are run, I understand it varies between hospitals. However, the number of nursing staff (and others) were lower than what I expected, putting more workloads on the doctors. Although it was very useful to us as we can practise cannulation, giving IV fluid etc, it can be very stressful for the doctors. The proportion of doctors was the other thing I realised that is different. Here, there are quite a big group of junior doctors. Although they have to at least finish 4 rotations before working in ED (equivalent to FY2), I personally think this would affect the delivery of care to patients, due to lack of experience. Of course, the more seniors doctors would supervise and cases are discussed in ward rounds, but in the times when it is very hectic and lack of senior supports or resources, one could make a wrong judgement, or fail to recognise his/her own limitations. This brings us to another point that I would like to reflect on.

There are daily ward rounds led by a consultant/specialist attended by all doctors and other healthcare professionals (including medical students). This would be the point where the doctors who work on night shift will hand over the patients. Patients are presented to the consultant/specialist, the cases are discussed, and plans are formulated. They have been very useful as they are similar to bedside teaching sessions. However, the size of the group is usually too big and that can probably make the patients uncomfortable. Sometimes, the patients are presented without proper greetings and consent to talk about them in front of the whole group. After the examinations are done, and

plans are formed, the patients sometimes are left without anything explained to them which were very frustrating to see. With the limited amount of time to spare and heavy workloads to attend to, it is very understandable that patients' comfort can be easily forgotten. This includes their confidentiality, their right to know what is happening and their right to discuss their options. Having said that, I really admire the doctors' very good rapports with patients on one-to-one basis, the relationship with relatives and their good communication skills and I would like to practise the good qualities that I have seen in them.

I have also been given the opportunity to be an observer for a Disaster Training programme, where I discovered another duty of Emergency department doctors that I never knew before. Along with many conversations with different doctors and our supervisor, I now have a better understanding of the healthcare system in Malaysia. I have also received a lot of help and advice on how to plan my future career path.