

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

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

### **Elective Report**

#### **Objectives:**

**1) What are the common paediatric conditions in Malaysia and how does this compare with the Western World? Additionally how does the management of these conditions compare to that of the Western World?**

In February 2003 the Ministry of health initiated measles elimination in Malaysia starting in 2004 (1). However, during our placement we encountered a specific bay on the paediatric ward for six children who were infected with measles. This was surprising to see as in the U.K we did not witness any children with measles during our paediatric rotation and it is often not a condition that we encounter on a regular basis. This can be attributed not only to the implementation of the Measles Mumps and Rubella vaccine but also to what can be seen as a more thorough education of the disease and the need for the vaccine, to parents by healthcare professionals. The senior paediatricians also felt that there was some degree of misunderstanding by parents in Malaysia as to why their child would benefit from having the vaccine, in addition to making an independent decision not to vaccinate and subsequently ignoring the advice of healthcare professionals.

One particular patient had suddenly developed measles even though he had previously been vaccinated. As this is a condition that is not commonly seen in the U.K, it was interesting to identify the various clinical features of measles that I had previously only witnessed in text books. This included a maculopapular rash that was descending from the the trunk, bilateral conjunctivitis and koplick spots in the mouth. With regards to the conservative management, the patients were managed in a similar way to that in the U.K; adequate nutrition was provided, and antibiotics are given if respiratory infections develop (2).

During the placement we came across a number of children with dengue fever, a mosquito-borne tropical disease. The disease in itself is often not fatal, but one of its complications; dengue haemorrhagic fever is far more harmful and presents with features such as fever, persistant vomiting, bleeding and breathing difficulties. Fortunately, none of the patients we saw had developed this severe complication. As in the U.K there is currently no vaccine available to prevent dengue fever, and consequently the only preventative measure is to tackle the Mosquitos.

In the Malaysian state of Selangor, there have been several reports of a rise in dengue cases. It has been noted that there have been around 100,000 fatalities (inclusive of both adults and children) from January to December 2014, compared to under 40,000 in 2013. Some researchers claim that the sudden rise can be due to immunity to the virus falling below a certain level. Subsequently, the fluctuations in the number of cases of dengue fever produces somewhat of a cycle that peaks every four to five years (3).

However, there were several patients with common paediatric respiratory conditions that are widely seen in the U.K as well. This includes bronchiolitis and asthma. Similarly, a very common paediatric gastrointestinal condition; gastroesophageal reflux disease was highly prevalent amongst the patients

here. Through attending wardrounds and discussions with senior doctors, we discovered that these respiratory and gastrointestinal conditions were managed in a very similar way to that in the U.K. For example, patients with bronchiolitis were treated with oxygen (and nebulised salbutamol if required).

**2) What kind of paediatric services are available to patients in Malaysia? Additionally how is the healthcare structure different to that of the Western World?**

Hospital Kuala Lumpur, a tertiary referral hospital, is the largest hospital operated by the Ministry of Health of Malaysia. The healthcare system of the country involves both a private and a public system.

With regards to the route by which a paediatric patient is seen and potentially admitted to hospital, it is variable. After discussion with the senior paediatricians on the ward we discovered that it is very common for parents to take their children straight to Accident and Emergency (A&E), regardless of the severity of the presenting complaint. Even for what would potentially be deemed as being a less severe illness, that in the U.K would be managed in primary care. However, it can be reassured that there is a system within the A&E department like that in the U.K, which will prioritise the more severe cases over those that are less severe in terms of when the patient will be seen. Alternatively, a number of parents also take their children directly to the outpatients department. The unusual detail that we discovered about this route was that parents can pick which doctor they wish to see based on personal preference, unless they are not familiar with the doctors there and consequently will need to be allocated to one. It is not uncommon for parents to choose to have subsequent children seen by the same doctor that consulted their first child. The doctors in the outpatients department are often not specialist doctors and so children may initially be seen by a doctor that is not necessarily a paediatrician. Consequently, these doctors will need to make a decision as to whether the child needs to be admitted to the paediatric department of the hospital.

One of the similarities of the practice of paediatric medicine in Malaysia and that in the U.K is the use of the Personal Child Health Record ('Red Book'). This is given to the newborn baby's primary carer, to have a record of crucial details such as their height, weight and developmental milestones (4).

**3) To learn how the healthcare staff in Malaysia provide patient-centered care, with a multi-disciplinary approach**

During our time at the hospital, we certainly witnessed how a thorough multi-disciplinary approach was taken to provide patients with the utmost care. We were surprised to see the substantial amount of staff in attendance at each ward round. This was noticeably greater than what we were used to seeing in the U.K. There were predominantly junior doctors, where each of them was assigned specific roles corresponding to a given number of patients. This was to ensure that they didn't become too overwhelmed with multiple jobs in one day, which could potentially lead to a compromise in patient care. For example, one of the junior doctors was given the responsibility of chasing up the radiology reports for all of their patients who had a recent scan, alongside other daily jobs. Interestingly, we noticed that tasks such as venesection and cannulation were largely carried out by the nursing staff, with little involvement from the junior doctors. Again the number of nurses on the ward in comparison to that in the U.K was significantly greater. The matron played a pivotal role in the multidisciplinary team as she essentially guided the ward rounds to ensure that the senior doctors were fully aware of how each patient had been progressing through the night, as well as thoroughly informing them of any deteriorations in the patients' health, that need immediate attention.

**4) How can I utilise the skills and knowledge gained in Paediatric Medicine (in Malaysia), when practicing in the U.K? How has my view of this specialty been enhanced after this placement?**

**My interest in Paediatric Medicine has been solidified by this placement in Malaysia. This elective provided me with greater exposure to common paediatric conditions that are seen in the U.K as well as rarer conditions which are more often seen in countries like Malaysia. However, it is crucial for me to comprehend how to recognise signs to diagnose these rarer conditions as well as manage them, in case I am faced with them when practicing in the U.K. Observing the senior doctors and asking them an abundance of questions when something was unclear to me, has certainly helped to improve my knowledge of paediatric conditions. Furthermore, witnessing how the doctors manage these patients on a daily basis has enhanced my skills in identifying progression in terms of patient health, as well as recognising signs of severe deterioration. These are skills that I wish to utilise when I practice.**

**Furthermore, I found it interesting that a number of doctors learnt key words in a few common languages to explain to patients and their carers, to help them understand what was being discussed in the wardrounds regarding their health. This is something that I hope I can use when practicing, as it can help to build rapport with patients when you can explain what is going on with their health in their own language.**

**Paediatrics as a field of Medicine is highly rewarding, which is something I witnessed firsthand. The elective has given me an opportunity to learn more about myself as well as my profession, and has provided me with insight into the practice of medicine outside the UK.**

#### **References**

**1) Measles: Prevention and Control in Malaysia. Handbook for Elective Personnel. Ministry of Health Malaysia. 2006.**

**Available URL: <http://jknnns.moh.gov.my/v1/images/borang/cdc/r.Measles-Prevention%20and%20Control%20in%20Malaysia.pdf>**

**2) Collier. J, Longmore.M, Turmezei. T et al. Oxford Handbook of Clinical Specialities. 8th Edition.Oxford University Press.**

**3) POSKD.MY. Seven things to know about the dengue fever outbreak. 10th December 2014. [2010 – 2014 PopDigital Sdn Bhd].**

**4) Walton S, Bedford H, Dezateux C. Use of personal child health records in the UK: findings from the millennium cohort study. BMJ. 2006.**

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