

ELECTIVE (SSC5c) REPORT (1200 words)

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

I undertook a placement in Universiti Malaya Medical Centre (UMMC), Kuala Lumpur, to observe some medicine in a different continent. I was curious to see if there were any differences, and having never travelled to Asia before, I had no idea what to expect. On arrival I found not much different physically. The layout of the hospital, the organisation of a working day, all appeared very similar to that experienced in the UK. The only glaring difference was the appearance of white coats. I asked one of the Dr's if this was required by medical students alone, as I had only seen junior bear one. He informed me that all were technically required to wear one. He queried why it wasn't required in the UK, I told him about the health and safety regulations, and there began my journey into KL medicine.

My placement was with Obstetrics and Gynaecology, although I took many opportunities to go to practical skill sessions held by other departments. Within this department, I learnt about the two-tier system that operates in Malaysia in terms of public and private care. UMMC was actually a mix, requiring payment for certain treatments and medicines, this contrasts with the UK which has quite separate private and public medical care centres.

While there are a number of common conditions prevalent in KL when it comes to obstetric and gynaecological conditions, during my time here, the most common conditions I have come across have been gestational diabetes, hypertension and UTI's. Government statistics recorded from 2005 lists the most common causes of maternal deaths in Malaysia as obstetric pulmonary embolism and hypertensive crises (WHO 2007).

The standard of care in KL was equivalent to that of the UK. In most cases I could not differentiate between the UK and KL clinic, apart from the language. The only thing that did stand out was the doctor/patient relationship. There is a level of respect beared by patients here in Malaysia towards their doctors. There appears to be a paternalistic relationship with patients heartily accepting the doctors good advice. There is no argument and patients have all had a consultation without complaint. There were some occasions where a patient came back into the consulting room for further clarification or for further instructions but never did I hear any major disagreement coming from the patient. I recall one patient who had placenta previa stage 3. At the time of the consultation she was told she needed admitting to the ward there and then. She came back some minutes later with her husband for further discussion. But it was very cut and dry. The husband, although looking slightly annoyed at the urgency, did not argue or complain and simply accepted the situation.

In terms of technology they are also equivalent to the UK. I found that a lot more scans were carried out by the drs of any concerns arose or sometimes if the patients asked. Whilst in a gynecological clinic, a woman with an intramural fibroid had come in for a check up. The size had remained stable for years and she had no symptoms, however she appeared to be quite nervous about her condition. The dr explained she was not worried but as the patient remained so and was hinting for a scan, the dr agreed. In the UK I dont think the dr would have any empathy and would refuse a scan even if just to reduce the patient's concerns.

The wards are also managed very similarly to the UK. Whilst in pre assessment clinic I observed that patient care was a joint effort. From the nurses to the junior doctor all were attentive to the patients. Whilst I was there patients were being triaged to appropriate wards or home as required. The skill set of the drs I found to be vast. In one assessment of a patient there was an examination a scan and a discussion all with time to teach the junior dr. The dr I shadowed told me that one area she feels drs may be lacking in KL is communication skills but observing her it did not seem to be the case. The only difference I could note was the dr being more direct with the patients, no beating around the bush. Of a worry was loss of pregnancy, the patient would be told so..without the buffering we are taught to give in the UK.

I also got a chance to engage and practice communication skills with a Dr training for her MRCGP examination. We again discussed the different communication styles in Malaysia and that of the UK. We agreed that here in Malaysia, more emphasis is put on the skill set of the Dr whilst in the UK we are taught very heavily from day 1 about communication skills. There has been a shift from a paternalistic style of consulting in the UK, to a more even relationship between dr and patient. It has more of a commercial feel, where the patients is always right. I have observed some very irate patients in the UK which I could not imagine at all here.

So in summary, the normal working day and setup of a KL medical centre is very much like that of the UK. Whilst the Dr is responsible for making clinical decisions, the whole team is heavily involved in patient care. The filing system is almost identical to the UK and the clinics also. There is a level of respect given by patients to the Dr's and the junior Drs role is also very much like the UK, doing daily jobs and keeping up with necessary patient administration. The pattern of disease also does not stray to far from what I observed during my O&G placement in the UK. There were a lot of women with fibroids, UTI's and multiple births. I feel that there were more multiple births here, and I found that IUI is more common than in the UK. I feel I have improved my skills in determining fetal lie, eliciting the fetal heartbeat, and have learnt that the care here in Malaysia is very similar to that of a UK or USA system.