

ELECTIVE (SSC5b) REPORT (1200 words)

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

Objective 1: What are the prevalent orthopaedic conditions in Malaysia, and how is this different from the UK?

My medical elective was at Hospital Kuala Lumpur in Orthopaedics, a busy government hospital in Malaysia. The reason I chose this as my elective is because of the experience I had during my 4th year orthopaedics placement at the Royal London Hospital. This really interested me and I wanted to spend more time in orthopaedics and thought that doing it abroad would give me a different insight into orthopaedics and also medicine in general away from the UK.

I found that pattern of disease was similar in Malaysia as it is in the UK. Over the duration of my placement I saw a lot of patients with degenerative joint disease in clinic who were being treated both medically and surgically. The treatment options were similar to that which I have seen in the UK. A structured approach is used, for example first simple treatments such as pain killers are used, followed by exercise regime and physiotherapy and finally surgical options in those fit for surgery.

The number of road traffic accidents in Malaysia has been steadily increasing in recent years and this is down to a number of factors, including poor infrastructure in some areas. There has been an increase in the number of people owning cars and the no change in the road network to accommodate this which has led to congestion in the city and an increase in accidents. Driving conditions in Malaysia are really poor, people don't always follow the rules and this increases the chances of accidents happening. During my time in Malaysia I witnessed many near accidents as a result of people not driving safe.

I also found that a lot of the patients attending A&E with chest pain were generally a lot younger than that in the UK. Cardiovascular disease is common in Malaysia and occurs earlier in life than that in the UK.

Objective 2: How is orthopaedic care delivered in Malaysia, what services are available and how does this contrast to care in the UK?

My experience of care in Malaysia was similar to how care is delivered in the UK. I observed a mix of emergency A&E admissions, clinics and surgical procedures. The MDT approach to care and decision making was also similar to what I am used to seeing in the UK. The same stringent pre-operative checks that we have in the UK are also used in to prepare patients for surgery in Malaysia. Similarly patients are offered post-operative clinics to follow them up after surgery to assess the outcome and whether or not any further imaging or corrective changes are required.

The services available were not too dissimilar to those in the UK. There was access to the same blood tests, X-ray and CT/MRI scanners. The majority of work (tests ordered, notes etc.) is written by hand and the computer systems were not as advanced as we have in the UK. This meant that sometimes there were delays in ordering tests and getting results back. Also if the notes were not available or couldn't be found then this would delay thing further. Although the computer systems are not as developed, I am told that they are investing in newer more advanced systems with the aim to centralise all the patient details with aim to improve accessibility and turnaround of patient times.

Objective 3: Does a paid system for health care affect a patients readiness to seek medical help, and what is the impact of this?

As this was a government hospital charges are less than what you would expect at private hospitals. Some patients would have their care covered by their private medical insurance, and these patients also had the option to use other private hospitals too. However for those patients without health insurance, the costs would vary depending on which investigations were ordered and whether or not they needed to be admitted.

It is difficult for me to comment on what impact this had on how willing the patient is to seek medical help as I didn't spend much time in private hospital so I was unable to draw any comparisons. During my time in Malaysia I had the chance to visit a private hospital (to see and unwell relative). There was a massive difference between the government hospital that I was doing my elective in and the private hospital. The building was much nicer, the wards were similar to that in the UK and there was Air conditioning throughtout (in contrast to the government hospital). However the private hospitals are too expensive to afford and so are genreally used by the affluent citizens.

Objective 4: To become proficient in clerking patients and coming up with management plans. To carry out practical procedures so that I am more confident for FY1.

I wanted to prepare myself for FY1 by carrying out practical procedures such as bloods, cannulas, catheters, ABGs, oxygen delivery etc. I was able to practice this a lot in the busy A&E department and by the end of the placement I became really confident in these procedures. The technique was generally the same as we do in the UK however some of the equipment was different and I had to get used to that. For the most part I was able to draw on the teaching I had at medical school and apply it to my work in the A&E department. The medical team were really accommodating and willing to teach us and get us involved which also reduced their workload.

A&E was also a very good place to clerk patients with familiar presentations such as shortness of breath, chest pain and abdominal pain. However the main problem was the language barrier which made things very difficult at times. I would try to see those patients who spoke English, or with English-speaking relative and this gave me practice in obtaining a history through a translator – something which will be very useful when working in the multi-cultural city of London.