

ELECTIVE (SSC5b) REPORT (1200 words)

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

Elective report: An elective comparing medical care provided by the NHS in the UK to that in Malaysia.

Learning objective 1: Describe the pattern of common conditions present at the general medical ward in the Hospital Kuala Lumpur and compare that to the UK,

Learning objective 2: Describe the pattern of health provision in Malaysia and compare that to the UK

For my elective, I worked in a general medicine ward in Hospital Kuala Lumpur. I decided to carry out this elective because I wanted to gain an understanding of common health conditions in Southeast Asia and to gain an idea of how the healthcare provisions are different in Kuala Lumpur compared to the NHS in the UK. Kuala Lumpur is the capital of Malaysia. It is home to 7.25 million people. Hospital Kuala Lumpur is a large tertiary Government Hospital in Kuala Lumpur. It is the largest hospital in Malaysia. The patients are required to pay a small fees to be treated at this hospital. Hospital Kuala Lumpur has around 84 wards. The general medicine ward has around 80 beds. In each ward, there were two house officers present, as well as a registrar, consultant, nurses, pharmacists and physiotherapists. In addition, on the ward, there were student nurses, pharmacists as well as medical students present as well.

The ward round is conducted at 8am every day. The team includes registrar and junior doctors as well as medical students who shadow the ward round. Clerking of any new patients is carried out by foundation doctors who then present the new case to the consultant and the patients are then dealt with accordingly. The ward rounds are very similar to those carried out in the hospitals in the UK. The team spends around 10-15 minutes per patient. The nurses and the foundation doctors discuss the patient with a senior and the patient medication is reviewed as well. The way the doctors wrote in the patients notes and in the patient's drug charts was very similar to the UK. The patient notes were written in English and the doctors communicated with patients in Malay.

Whilst on the ward rounds, I found that the patient beds were quite close together. In addition, there were not any cubicles for patients. Therefore, on ward rounds there wasn't much privacy for the patients and curtains were rarely drawn. This meant that the patients in the neighbouring beds could hear what was being discussed about other patient's health.

In the UK most of the patient records are kept on computers, however, in Hospital Kuala Lumpur, everything was handwritten, including lab test requests, results and prescriptions for medications. CT scan results and x ray results were also printed and read in person instead being on a computer. In terms of the wards, patients' vitals were recorded manually by the nurses and the foundation doctors as monitors were not attached to the beds and the beds were manual patient beds. In addition to this, In the UK, there is a strict rule in terms of not wearing a lab coat, ties, bare below the elbows, hand washing before and after seeing every patient and isolation for patients such as the ones who have TB. However, in Malaysia, this was seldom the case. Therefore, it became apparent very quickly that the health care provision in this hospital was basic.

Objective 3: Describe the management of common infectious diseases in Malaysia and compare them to that in the UK

In terms of disease demographics in Malaysia, the most common diseases include diabetes, COPD, hypertension and coronary heart disease, as well as TB and HIV. Before I travelled on elective I expected to see a large variety of infectious diseases such as dengue fever and hand foot and mouth. I had been informed of hand, foot and mouth disease by my occupational health nurse before I travelled to Malaysia. However, I did not come across any cases of these conditions, perhaps because Kuala Lumpur is a lot more developed compared to the rest of Malaysia.

In terms of management of the infectious diseases, there was lack of isolation as mentioned earlier for TB patients on the ward. Hand hygiene was poor and doctors still wore lab coats and ties. This all increases the risk of infectious diseases being passed on, and this is the reason why the prevalence of infections such as MRSA is low in the UK compared to Malaysia.

In terms of chronic diseases such as COPD I noticed the trend that younger patients were being diagnosed with this condition. A reason for this could be that smoking is extremely common in Kuala Lumpur, with little public health incentive to reduce the number of smokers. Although health warnings are present on cigarette packs, however, cigarettes are very cheap to buy in Kuala Lumpur, and are widely available. In addition, in the hospitals I did not find any health care promotions to help with smoking reductions unlike in the UK, this is something that is widely available. For example, we have leaflets and TV adverts that help make the general population aware of the importance of quitting smoking. In addition, smoking is banned in public places in the UK, however, this is not the case in Malaysia.

Other aspects that were managed differently compared to the UK included breaking bad news to the patient. I noticed on the ward rounds that in this hospital, doctors didn't use the SPIKES protocol as they would do in the UK. On one occasion, the doctor had prescribed some antibiotics for a patient as he suspected infection and the patient was in a lot of pain and generally lethargic as he was spiking temperature. Unfortunately, the patient received the antibiotics much later than expected as there was some miscommunication amongst the staff. When it came to the next ward round, I noticed that the patient was told this in an abrupt fashion without a proper explanation or an apology.

Objective 4: To develop my clinical and communication skills in a healthcare system that is different to that in the UK

In Hospital Kuala Lumpur, mostly the doctors communicate with the patients in Malay and they write in their medical notes in English. I thought that it would be difficult to communicate with patients as I did not know any Malay. However, I was able to manage this with the use of hand gestures, pointing to the body parts when asking patients questions about their health and using simple English terms. In other cases, the staff present on the wards helped me.

In summary, I carried out my elective in the general medical ward of hospital Kuala Lumpur. Before I travelled to Kuala Lumpur I was concerned about being able to adjust to the hot climate of Malaysia. Once I arrived in Kuala Lumpur, I was surprised to see how developed the city was. Most of the places had air conditioning. However, the hospital did not have air conditioning, and the wards just had ceiling fans, even then as it rained a lot due to monsoon, the temperatures on the ward were tolerable. I was surprised to see how in some ways the health care was similar to the UK, such as the

ward rounds were carried in very similar fashion to the UK. However, overall I quickly realised that the health care provisions in Malaysia are still basic, with little investment in health promotion.