ACCIDENT + EMERGENCY

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Elective Objectives

1. How are the emergency services delivered in Johor Bahru, Malaysia? How do they differ from those in London?
2. What are the main causes of 'turn-up' at the emergency department at district general hospitals in Johor Bahru?
3. What are the common tropical illness(es) seen at the Emergency Department at HSAJB? How are these managed?
4. What are the challenges encountered during placement at HSAJB? What did you do to overcome these challenges? What have you learnt from these experiences?

Emergency services in Johor Bahru, Malaysia

How are the emergency services delivered in Johor Bahru, Malaysia? How do they differ from those in London?

Emergency department(ED) at Hospital SultanahAminah Johor Bahru (HSAJB) provides initial treatment to patients with a diverse medical problems and injuries some of which are life-threatening and requiring immediate attention. HSAJB is the largest and the busiest tertiary specialist government-funded hospital in the south west of Malaysia and the ED receives and manages around 400 patients a day. However the department has only 28 beds and 4 outpatient bays to manage patients at any one time. This exerts a substantial amount of pressure on the clinicians to assess, diagnose and treat patients at a faster speed yet at all times need to ensure that best clinical practice is employed.

To deliver a good medical care to a high volume of patient daily, the department employs a team of health-care professionals that are experienced and equipped with wide range of clinical skills and knowledge. For example intubation in the resuscitation bay is always carried out by paramedics if indicated. Paramedics are not only involved in pre-hospital care but also in in-hospital care of patients. Their job responsibilities are diverse and include procedures like venepuncture, suturing, manual reduction of fracture and advanced trauma life support.

To meet the daily demand of high workloads, the department also employs quite a number of staffs and health care professionals. They are not only includes doctors and paramedics,but health care assistants/medical assistants, radiology technicians and nurses with specialized training in emergency medicine. Here medical assistants have varied roles in patient care like take history from patients, examines the acutely ill, and administer medications prescribed by doctors.They are also expected to perform suturing and can competently do the procedure. In a nutshell their roles are similar to doctors except that they cannot prescribe drugs.

To ensure that critically ill patients are given priority and seen first, triage system is used at Emergency HSAJB. When a patient turns up he/she will be briefly interviewed by health care assistants/paramedics to identify and stratify their problem(s). The patient is then triaged into three groups- routine, urgent, and critical and managed at respective triage area; Green (routine), Yellow (urgent) and Red (critical). There is also an observation bay dedicated for patient who is not sick

enough to be admitted but require short-term in-hospital treatment and monitoring. These patients are monitored and looked after by an experienced nurse.

In comparison to the system that is adopted in the UK, it is pretty much similar except that routine patients are usually managed in the community by the General Practitioners. This seems to work in reducing the number of unnecessary turn-ups at the emergency department. It also helps in improving waiting time at government-funded hospitals. There is also a dedicated paediatric emergency area within the emergency department to manage acutely ill children. The role of medical assistant paramedic is non-existent in in-hospital treatment in the UK. The role of paramedic is solely in pre-hospital care. In the hospital intensive patient management is done by anaesthetist. Health-care professionals working in ED in the UK includes doctors, nurses specialized in trauma and emergency medicine and radiology physician which means there is more workloads for the doctors in the UK.

What are the main causes of 'turn-up' at the emergency department at HSAJB?

At HSAJB the most common reasons for emergency department visits are due to non-trauma non-critical problems. Based on department's weekly statistic these make almost two-third of total turn-ups and the most common presenting complaints for non-trauma non-critical illnesses are fever, acute upper respiratory infections, asthma, gastroenteritis and feeling generally unwell. On the other handtrauma, poisoning and adverse effects of medical care such as an allergic drug reaction or complication of surgery only account for a third of all visits. Of all trauma cases seen, nearly 50% are due to road traffic accident, and the rest are the result of domestic/house injury (30%), accident at workplace (18%) and school injury (2%).

What are the common tropical illness(es) seen at ED at HSAJB?

Throughout my placement at the emergency department here, I had the opportunity to see a few cases of dengue fever. It is quite prevalent here and the authority takes dengue cases very seriously as the illness can be fatal ifno appropriate intervention given. Management of dengue fever is mainly supportive; intravenous fluid to replace fluid loss, anti-pyrexial to bring the body temperature down and regular bloods to check for platelets level. If the platelets are found to be lower than 50 or if the patient is symptomatic platelets are usually given. Due to both the nature of the disease and management, patients are required to stay in the hospital. To prevent dengue fever in a wider scale, District health department was notified of every dengue cases seen in the hospital so that fumigation can be planned and carried out in those areas where dengue cases came from.

What are the challenges encountered during placement at HSAJB? What did you do to overcome these challenges? What have you learnt from these experiences?

At the start of placement I felt welcomed and everyone at the ED HSAJB is very warm and friendly. I was shown around and briefly explained about the logistics of the ED by one of the paramedics. I had no difficulty in understanding the triage system as it is more or less similar to the system that is used in the UK hospitals except that there is no dedicated area for paediatric patients. I took no time to wait and started to get involved in patient care on the first day of placement as everyone was so hands on.

I was given the opportunity to clerk a new patient presented with a chest pain and I agreed to do the task as I thought I know the language enough to do so. I had no problem at introduction and explaining what I was going to do but I realized that I started to struggle to come up with terms when taking pain history as I'm not familiar with the terms that are normally used here to take history. I ended up resorting to using jargon and the history taking went really badly as I failed to get much salient information from the patient. Fortunately there was a medical assistant around and he offered to go through history taking in Malay language with me which was very helpful.

From this I learnt that when in a new environment it is best to observe how things are done first and not to be too eager and hasty to jump into things. An initiative to ask for brief bedside teaching to show how to do some jobs would be ideal but I guess it would be too much to ask from staffs who work at a really busy emergency department.

I also found teachings very interactive as active student participation is always encouraged by the specialist. Most of the teaching subjects are relevant to the cases that we are dealing with on a daily basis including conditions that are rarely seen in the UK and not taught at medical school. For example a case on rabies was presented and discussed. At that time I was not confident about my knowledge on the condition so I took the opportunity to ask the room more about the condition and everyone including the specialist was very keen to welcome questions and teach. I found the session was extremely valuable as I felt like I know everything I should know about rabies when I walked out of the room.

The only minor difficulty I encountered during teachings or during discussion session with ED colleagues was to understand the use of non-universal abbreviations. I was once kindly told by a consultant whilst on placement not to use too much abbreviation as it makes communication become less effective. It can also increases the risk of miscommunication (as in this case non-universal abbreviations could mean anything) and hence the chance of making mistakes. To overcome this, I tactfully asked them to explain the abbreviation to me if they seemed not too busy and have time to explain.From this experience I have learnt that to communicate effectively information need to be conveyed as clearly as possible and I would try to minimize the use of abbreviations in the future when start working as a junior doctor. I have also learnt to tactfully asked questions to in order to maintain professional relationships.

In summary, I have enjoyed my time at HSAJB and have gained an invaluable learning experience throughout my placement here. If there is an opportunity in the future I would love to come back and gain more experiences here.