

## Medical Electives Report

By Nor Syamimi Mohd Isa

Student at Barts and the London Medical School of Queen Mary University, London  
attached at Orthopaedics Department of Hospital Kuala Lumpur, Malaysia.

Hospital Kuala Lumpur is the largest hospital funded by the Ministry of Health. It has 49 different departments and units, with an apt location at the heart of the city, and functioned as government main tertiary referral hospital.

I decided to do electives related to orthopedics to strengthen my interest in the specialties and to get closer view of trauma, sub-specialty that I lack exposure to during my medical years in the United Kingdom. Even on my first day of electives, I was told to expect more trauma cases rather than the common rheumatic orthopedics I often encountered in the UK.

In Malaysia, Kuala Lumpur especially, road traffic accidents are rather high due to the mode of transportations used. High number of motorcycles and scooters contribute to the high incidents of trauma cases being brought in to the Kuala Lumpur Hospital especially during rush hour times, when traffics are beyond busy. Being the concrete jungle that it is, buildings under construction are sprawling all over the city. The builders are also among the usual patients presented to the A&E with fractures and head injury. One of the cases I've seen in the Accident and emergency is a construction worker with query of *Spinal shock* (transection of spinal cord) from an alleged fall from a 2storey building. This is my first experience witnessing such a case, and being able to help out the medical officers in assessing the patient and following through its management was a valuable learning points. Patient demonstrated positive neurological signs of lower limbs weakness despite normal cervical X-ray. He was then sent for an MRI which later confirmed compression fracture of the c6-c7 vertebra along with transection of the spinal cord. Management then followed the spinal cord injury algorithm with in-view of implants to correct the fractures. IV methylprednisolone was given in a stat dose, but the ortho team in charge was struggling to set the maintenance dosage. The updated algorithm was not available in the yellow zone of A&E, and junior doctors were made to search for it in the ward and were quite unsure of its calculations. Nevertheless, I foresee the same problems faced in the UK as we, young doctors, often are not trained to make these calculations. However, in times like these, pharmacists' help will be useful and their knowledge are crucial in preventing any mistakes. I'm glad to witness the same quality of inter-professional teamwork as ones in the UK while following this case.

My days usually begin in clinics, sitting in with the senior medical officers during a consultation. Majority of the patient are post trauma patients, coming in for their fractures follow-up. Here, I got to see a lot of x-rays and were taught to spot important features, ones, which will determine the management. I also got to strengthen my examination skills by getting the chance to examine patients with osteoarthritis, shoulder impingement syndrome, trapped nerve etc. Every Wednesday, the HKL orthopaedics outpatient runs a sports injury clinic, though I didn't get to see much, I managed to follow 1 patient with posterior cruciate ligament and meniscus injury. It was interesting to see the specialist approach in reassuring the patient on the extent of his problems. Perhaps the prominent difference in practice is the fact that on this side of the world, doctors are more authoritative and often hold the main decision power. But it certainly has changed if compared to 10 years back, the new generation of doctors already begin to adopt the patient-centred and shared decision making approach.



In the afternoon, I usually spent my time in the A&E with the orthopedics team in charge, where cases like minor fractures are often seen. During my attachment, I was lucky to be able to help out the medical assistant to do a manual reduction and traction of anterior dislocation of a shoulder, suturing of minor wounds and shadowing few local anaesthetics procedures such as trigger finger repair, removal of circalage wire, debridement of diabetic foot ulcers etc. All of which helps me in revisiting my orthopedics knowledge from 4<sup>th</sup> year. I also followed the medical officers attending all the referral cases, which is valuable as I get to see the workload of junior doctors and their role in the team. Inputs which beneficial for me once I begin my housemanship. It's amazing to witness junior doctors being given the opportunity to do the hands-on procedures eg digital block.

On Friday morning, there are scoliosis clinic being run in the OPD. Few years back, my cousins were diagnosed with scoliosis and were treated here in HKL. Hence, I was really interested to learn about this medical problem in more depth and to critically review its management. However, I only managed to see one mild case in the clinics and one in the wards, yet the explanation from the doctors help in consolidate my basic knowledge on the problems. During the weeks of my attachment, there were no spinal fusion or such scheduled as most of the cases are managed conservatively with the help of physiotherapists and occupational therapists. Yet, I've decided to read up more on this topic, and to still be in touch with the department and to try my chances in the future to see a scoliosis-related surgery.

In summary, I really enjoyed my electives here in Kuala Lumpur Hospital under the orthopaedics team. As back in 4<sup>th</sup> year we were only allocated 3weeks of combined rheumatology and orthopaedics module, this experience helped me to fill in the gaps of my knowledge. As I'll be returning after graduation, the insight of Malaysian healthcare is indeed a valuable input in preparing me post-medical schools. The hands-on experience in situations where equipments and resources are different to the one I accustomed to have helped me to be a more critical thinker. The good learning environment between the seniors and juniors is certainly something I will imitate in the future to ensure effective teamwork for patient's quality of care. The opportunities given to be involved in patient's care in various areas ie clinics, wards, A&E etc gave me more confidence with my knowledge, which I think electives is all about – venturing our interest and demonstrating what we have acquired in medical school competently. In addition, one of my objectives is to learn more about health promotion adopted by Malaysian Healthcare System. Through my observations, I've seen a lot of health promotion adopted by the ministry of health in trying to reduce the number of trauma cases. Medias are the main medium in conveying the importance of safety on the roads; provoking billboards can be found by the roads and highways in attempt to intensify the message. Healthcare professionals play their role by extending advice on co-morbidities, effect of smoking on bone healing, as well as providing patients with pamphlets and brochures regarding their disease. There are also numerous seminars and talks regarding orthopedics related problems. In achieving these objectives, I planned to visit HKL department of health education, who are usually involved in assisting exhibitions, patient education program etc to collect more information on HKL's role in maintaining the country's good health promotion program especially in relation to orthopedics and trauma.