NEUROLOGY

Nasifan Saba
Elective Report 2011

Location- Hospital Kuala Lumpur (HKL), Malaysia

Firm- General Neurology

Hospital Kuala Lumpur is the largest hospital under the Ministry of Health of Malaysia. It is a government tertiary referral hospital, with 83 wards and 2302 beds. HKL has 7 000 workers, with about 200 consultants and specialists, 500 medical officers and registrars, 10 matrons, 100 sisters (ward managers), 1,600 registered nurses, 750 trained assistant nurses, and 40 trained mid-wives. Other personnel include pharmacists, tutors, assistant pharmacists, medical assistants, administrative personnel and hospital attendants.

I was allocated to a neurology ward, which had 4 main bays, with one bay specifically for acute illnesses. The neurology department also contained an outpatient clinic area, and neurophysiology unit.

Objectives

1. What are the prevalent neurological conditions in Kuala Lumpur? How do these differ from the UK?

During the elective, I have observed patients in the hospital inpatient and outpatient settings with a wide variety of neurological conditions such as meningitis, encephalitis, multiple sclerosis and Guillian-Barre syndrome. The ward patients ranged from the ages of 14-85. The number of inpatients in HKL with neurological infections appeared to be particularly high.

A small study (1) has shown that the prevalent neurological conditions in Kuala Lumpur, requiring inpatient and outpatient care (beginning with the most common) include: epilepsy, headache and migraine, stroke, peripheral neuropathy, multiple sclerosis, Parkinsons disease, myasthenia gravis, meningoencephalitis and chronic meningitis.

In the UK however, degenerative conditions such as stroke and dementia are most common(2). On average, a person living in the UK has a longer life expectancy than a person living in Malaysia, by about 5 years, which may explain this difference.

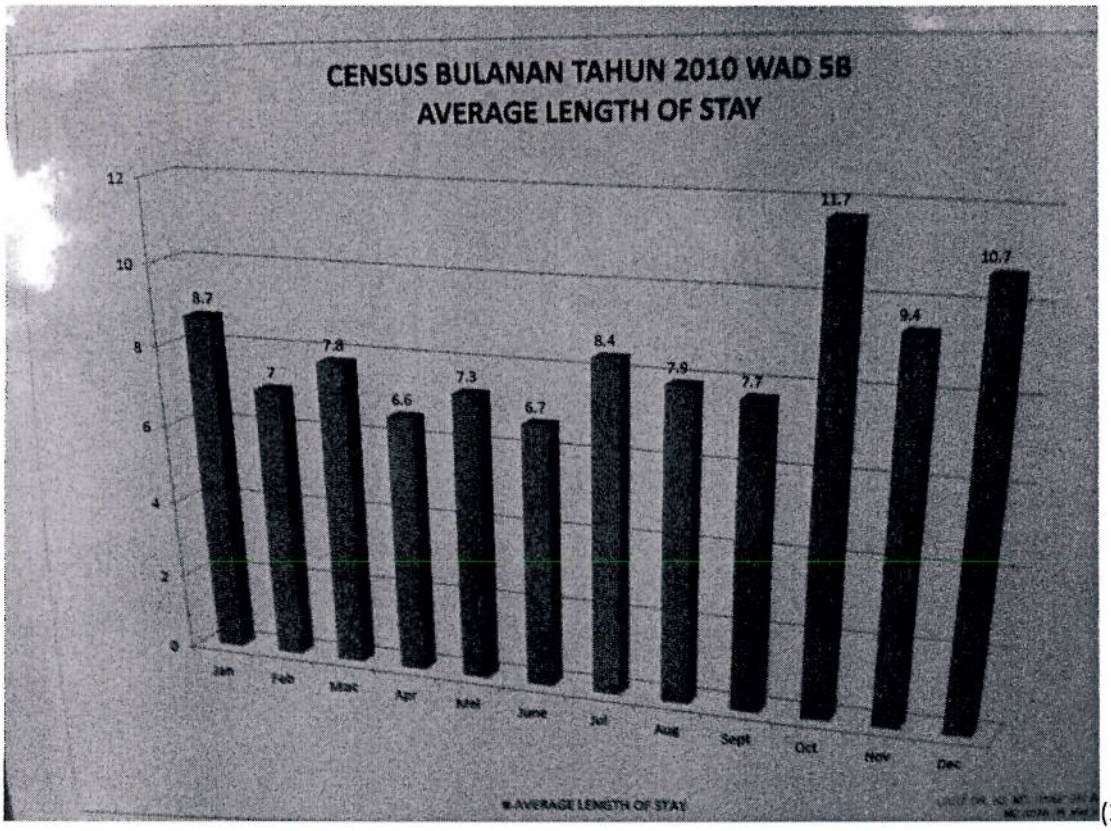
2. How are neurological conditions treated in Malaysia? How long are the stays in hospital as compared to the UK?

In HKL, the neurological conditions were treated as per the set hospital protocols. There were ward rounds every day led by the most senior person in the team. Twice a week, there was a consultant-led grand ward round, in which a holistic approach was used for each patient's care; this ward round involved doctors, nurses, physiotherapists, and dieticians. In addition, there were outpatient clinics every day, which were specialised for epilepsy and Parkinson's disease, with new patients being seen in the general neurology clinics. There were also nerve conduction studies and EEG procedures performed.

I found the medical treatment by the hospital to be very similar to services in the UK. However, the healthcare set-up is different, as in HKL there is a government-funded and private sector service running side-by-side.

The stays in HKL neurology ward averaged at about 8.5 days, with longer stays in the winter months. This is longer than the stays in the UK, which are about 7.5 days.

Below, is a graph taken from the ward, which states on average, the length of patient stays each month.



(3)

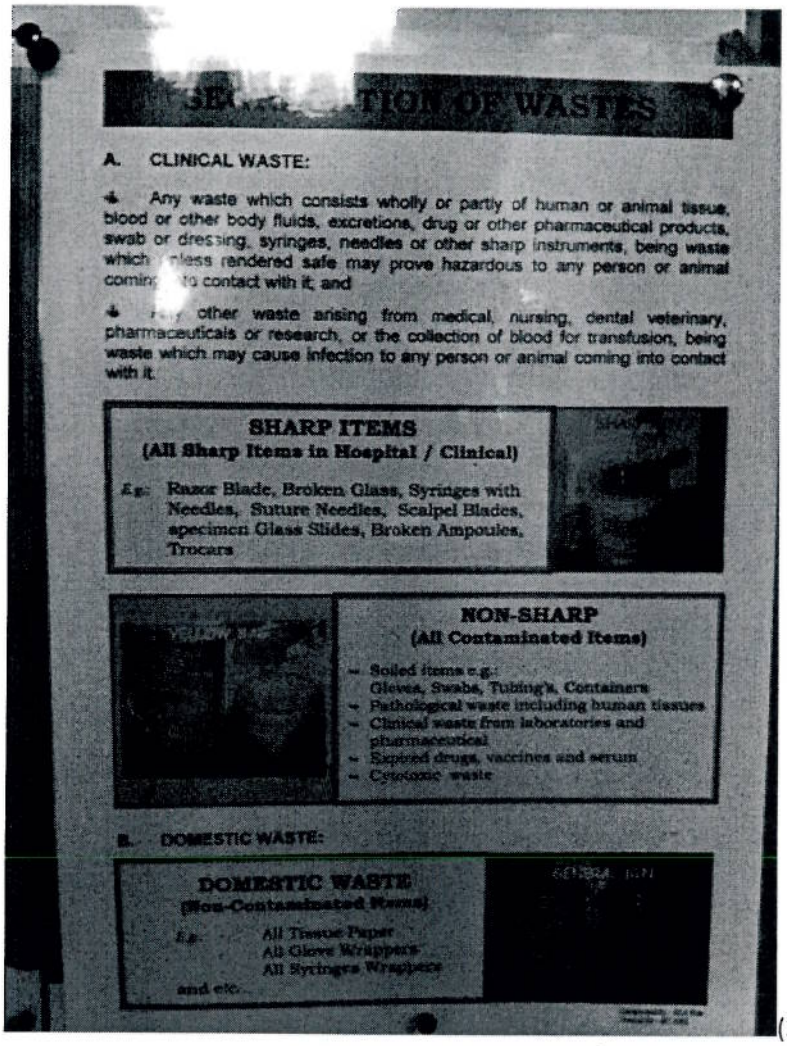
3. What are the steps taken in the hospital to prevent nosocomial infections?

On the neurology ward, there were posters in various locations to act as reminders and educational tools about infection control. Hand washing was implemented throughout the hospital. In the ward, there were sinks and alcohol gels available, with diagrams of the hand-washing technique. In the acute illness bay, all doctors took off their white coats, and put on disposable aprons. The ward also had side rooms, which were used when an infectious disease was suspected.

Moreover, a folder was kept on the ward, which had all the infection control policies within it. An infection control co-ordinator was appointed, who planned and implemented the guidelines. One such guideline outlines the importance of waste disposal and the use of sharps bins.

However, there was no 'bare below the elbows' policy in HKL, as there is in the UK, and the doctors still wore white lab coats.

Below, is a poster from the ward regarding waste disposal:



(3)

4. Describe an interaction between doctor and patient in Malaysia.

The most common languages spoken in Malaysia include Malay, Mandarin and Tamil; the majority of doctors in the hospital can speak at least two of these languages. I found that the clinical interactions between doctor and patient were similar to those in the UK.

One particularly good example of communication involved the consultant seeing a stroke patient who spoke Indonesian. The doctor did not speak Indonesian, so she asked a colleague to translate. The doctor's body language remained open, and although there was a language barrier, her non-verbal communication ensured the patient was at ease. She greeted the patient with a smile, and asked her colleague to explain who she was to the patient in Indonesian, which was important to establish rapport and ensure patient understanding.

The two doctors worked together to ensure that a comprehensive history and examination was performed, thus enabling the formulation of a plan of action for the patient. The consultant also

used this consultation as an opportunity for health promotion, and emphasised the importance of a healthy diet and exercise.

References

1. Rani. M, Profile of neurological practice in Malaysia. Neurology journal Southeast Asia 1996; 1; 15-17. Available at: http://www.neurology-asia.org/articles/19962_015.pdf
2. Cartlidge. N.F, Stevens. D.L, Neurology in the United Kingdom. The Association of British journalists 2001; 1; 1-25. Available at: http://www.theabn.org/abn/userfiles/file/towards%202000%20and%20beyond.pdf
3. Pictures taken from Ward 5B, HKL, granted permission by ward sister.