

## **ELECTIVE REPORT**

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### **The place, Malaysia**

An elective is a great experience and opportunity to learn and develop new skills. It also gives you a chance to do any specialty you want. I chose Malaysia to be my elective destination as it is a wonderful place to expand my clinical experience as well as for career exposure in my homeland. Malaysia is one of South East Asia country located in between Singapore and Thailand. It is estimated that there is over 27.5 millions of populations and about 40 % from that figure are in paediatric population age group.

I spent five weeks in Hospital Sungai Buloh which 3 weeks being in an accident and emergency department whilst 2 weeks in a paediatric department. Both have given me a wide and good learning experience. This hospital located about 25 km from Kuala Lumpur city centre. It is a new hospital which was built on 1999 and one of the hospital using ICT applications in its management especially Total Hospital Information System (THIS). It is also one of the hospitals that have been recognised as a centre of excellence for emergency and trauma in Malaysia.

### **Overview of healthcare**

One interesting fact to learn about the healthcare system in Malaysia, it is subsidised rather than completely free like NHS. Generally, Malaysian government has places importance on the expansion and development of public health care, with 5% of the government social sector development budget spent in this area. The government implements a universal health care system, which co-exists with the private healthcare system. Patient who is sick may go to the government clinic or some prefer to go to the private clinic which the service is much faster and better. If the condition is considered severe, they will be referred to the hospital, at this point the patient still has an option to go for government or private hospital depends on their economical status and also the facilities the hospital offered.

### **What are the prevalent paediatric conditions in Malaysia? How do they differ in UK?**

Being in the accident and emergency department, I saw a lot of interesting cases. Some are moderate cases and some are very severe. Mostly are due to adult cases compared to paediatric. In adult cases, some are very severe, the patient came in due to uncontrolled fitting which later were diagnosed as status epilepticus. Some presented with breathing difficulty, which may due to a number of reasons. Most of these patients have complex conditions which one problem may lead to another.

In paediatric cases, most patients came in to the emergency due to febrile convulsion, difficulty in breathing (DIB) or suspected dengue. About 10-15 of DIB cases in a week, presented which may due to asthma, bronchiolitis or cardiac related in infants. Most of these cases are mild, while few lead to severe conditions. Regarding to febrile convulsion, there is about 5-10 cases in a week, which mostly may due to infection. Most of those patients, who are having difficulty in breathing and febrile convulsion, are

presented to the hospitals as repeated attendance. It may show that there is lack of knowledge and education to prevent further episodes or poor management after discharge.

In UK, most of the cases are due to breathing difficulty, febrile illness, diarrhoea with or without vomiting, rash and cough. Most of the cases are considered as mild to moderate. Only few are very severe. The level of understanding of the conditions is better and well managed after discharge. This results as the percentage of returning attendees is less compared to Malaysia.

#### **How paediatric services are organized and delivered? How do they differ from UK?**

Paediatric specialty services are available under Ministry of health in general and district as well as in private hospital. Infant mortality rate in 2009 was 6 deaths per 1000 births, and life expectancy at birth in 2009 was 75 years. This shows the health care in Malaysia is one of the best in developing countries which may due to improved social, economic and environmental standards of the country.

The primary care in Malaysia is moderate. Most parents or carers opt to private clinic or semi private clinic whilst few, would go to government clinic depending on their status quo. This is due to the service in the government clinic which is quite poor with longer waiting hours despite being easily accessible to the public and much cheaper.

Mostly private or semi private clinic provide better services with well kept tracking medical record. However, it is all depend on the doctors attending the patients that can give comfort to the patients through good communication and clinical skills.

In UK, all patients are entitled to free health services and have easier access to primary care. The primary care is the central part of health care system in UK. The doctors are usually family doctors who have well kept tracking medical record of the whole family member and know the family really well. The referral for severe cases to secondary and tertiary care is much faster and easier.

#### **To understand the impact of culture or ethnicity background differences to the presentation of the child and subsequently the management (if so)**

There are still issues that need to be addressed in terms of people's perception of the health condition. There is still slight influence from culture or ethnicity background that contributed to the medical presentation of the child and also to extend of the management. This can be seen through late presentation, for example; the child presented late and still, the parents/ carers were opting for other alternative treatment besides to the medical treatment. Besides that, there is some belief associated with some investigations being done in the hospital such as lumbar puncture. Most of child who came in with febrile convulsions and presents for longer more than 3-5 days need to undergo lumbar puncture to exclude meningitis infection. However, some parents believe that this might cause the children paralyzed despite having well explained and discussion with the senior doctor.

Furthermore, there is still low level of understanding of the conditions as well as the management of the child which is due to lack of awareness by most doctors to educate the parents. However, looking years back, it is currently improving and more

awareness and exposure for the junior doctors for being well-trained and competent doctors. The media and internet also play role in educating public to be health awareness.

**To be able to communicate and handle in practical procedures confidently when dealing with the children and involve in the management plan.**

Doing an elective for 2 weeks in the paediatric department has helped me gaining confidence and improving my communication and clinical skills when dealing with the children.

All in all this elective has proven to me as a wonderful clinical as well as life experience especially being in my homeland country, working as almost as a doctor, having self reflecting about doctor work's ethic and not least enjoying a hot sun and rainy days under warm and comfort of my family.