

## Medical Elective Report

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I organised my medical elective at LohGuanLye Specialists Center (LSC) in Penang, Malaysia. LSC opened in 1975, and is a 273 bedded private hospital. It is located in the heart of Georgetown, Penang and provides comprehensive and quality healthcare services and facilities for the surrounding population.

I was given a number a medical specialities to follow at LSC, the first of which was gastroenterology. A typical day consisted of a morning ward round of the admitted patients, followed by an endoscopic procedural list and lastly a clinic. I saw a wide range of clinical pathology during my placement and was warmly welcomed by all members of the team. Being a private hospital, there were no junior doctors and the team consisted of the lead consultant and a variety of specialist nurses.

### Ward Round

Patients were placed on various wards on the hospital (some dependent on price) and the consultant would then make his way around to each area. The ward nurses at LSC are highly trained and essentially carry out the ward jobs that F1 doctors commonly do in the UK e.g. cannulation, venepuncture and fluid management. Information technology in LCS was very advanced, with no use of paper notes. All consultation entries and prescriptions would be entered electronically and be automatically dated.

### Endoscopy

Following the ward round, there would be 3-5 endoscopic procedures to carry out. These included oesophagogastroduodenoscopies (OGD), colonoscopies and endoscopic retrograde cholangiopancreatography (ERCP). After carrying out each procedure, the consultant would then complete the electronic report himself and save it in the IT system. Magnetic resonance cholangiopancreatography (MRCP) imaging would be conducted when required.

## Clinic

After endoscopy the consultant would make his way to his clinic. He would be greeted by his clinic assistant and often have 10+ patients waiting to be seen. There are no appointment times in the hospital - patients come in to the hospital in the morning and are then seen on a first come serve basis. I was astonished by this but my consultant informed me it was often the 'Malaysian' way to get a friend or relative to register for them early in the morning and then attend the clinic later themselves!

The clinic itself was very similar to the UK - patients would give their history and be examined, and then the consultant would suggest the appropriate investigations and/or treatments. The main difficulty for me was the language barrier. Most consultations were in either Malay or Chinese meaning that I could not understand exactly what was being said and would have to ask the consultant for a translation once the patients left. He was very helpful with regards to this and clearly explained what happened during the consultations. Fortunately for me, some patients even spoke in English so I was able to understand their whole process.

### **Describe pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health.**

The top two causes of death in Malaysia are the same as the UK - coronary heart disease and stroke. This is understandable as these are very common pathologies seen worldwide. However, there are other causes of death amongst the top 10 which appear to be specific to south East Asia e.g. Tuberculosis (a diagnosis my consultant considered in one of patients at first hand). HIV/AIDS also features 5th in top causes of death which is very different in comparison to the UK.

In terms of gastroenterology, pathology was very similar to the UK. Most cases were GORD, dyspepsia, ulcers and IBS. The astonishing thing was the rapidness at which patients would have an endoscopic procedure. They would come in with a complaint and then the next morning they would have an OGD/colonoscopy. In the UK this would often take weeks under the NHS but I suspect this difference is mainly due to the private/government



healthcare divide.

**Describe the pattern of health provision in relation to the country in which you will be working and contrast this with other countries or the UK**

Malaysia has a dual healthcare system. Healthcare is divided into private and public sectors. Malaysian society places importance on the expansion and development of healthcare, putting 5% of the government social sector development budget into public healthcare — an increase of more than 47% over the previous figure. This has meant an overall increase of more than RM 2 billion. With a rising and aging population, the Government wishes to improve in many areas including the refurbishment of existing hospitals, building and equipping new hospitals, expansion of the number of polyclinics, and improvements in training and expansion of telehealth.

**Health Related Objective – Improve clinical and diagnostic skills in an acute medical setting.**

I feel that during my placement I did improve my clinical and diagnostic skills. The consultants would present me with clinical information and then ask me for my differentials and this helped me to improve my diagnostic skills. However, most of elective did not occur in an acute medical setting and this could be an area I improve on in the future.

**Personal Development Goals**

Overall, I did improve my confidence when seeing patients. I felt my diagnostic skills improved which allowed me to approach patients more confidently. Although communication was difficult considering the language barriers, I felt I improved my interactions with fellow health professionals who could speak English. On the whole, I felt the entire elective benefitted me immensely in terms of developing as an individual and understanding that the practice of medicine is different in other countries.