# ELECTIVE REPORT (HOSPITAL KUALA LUMPUR, JALN PAHANG)

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The trip to Malaysia has been a life time experience. When I first started my placement at Kuala Lumpur hospital my impressions were that it appeared very similar to a London hospital. On our first day we walked through the new building to get to the administration office which was in the original building. There was a striking difference in the two in the sense that the new building looked very similar to a UK hospital whereas the old block was dated with very basic hospital beds and clinical equipment.

The Malaysian population comprises of manly three groups of people. The malay, Chinese and Indians. The healthcare system in Malaysia has a two tier system. Private practice and government run hospitals. The malaysian nationals have to pay a small amount of fee for their treatment and the rest is subsidised.

I spent a week in general medical ward and 4 weeks in obstetrics and gynae where I spent a week in each of the following; labour ward, obstetrics ward, clinics and gynaecology theatres. I had a particular interest in Diabetes and pregnancy. In this report I have talked about my experience in general at KLH and also results of the small project.

The health care system in Malaysia is very similar to UK in some aspects. For example the outpatient clinics and their set up. However I observed that patient confidentiality is very limited. Medical and gynae outpatient layout involved multiple patients seen by clinicians in one room even in obstetrics and gynae cases and due to limited space in consultation room partners or relatives had to wait outside in the waiting room.

**General medical ward**

The ward rounds started at 9 which were run by a team of medical registrars, junior and senior officers and medical students. The ward was big open space with bays created with card boards mid-way and therefore very little privacy. Moreover there were more beds fitted in each bay than the actual capacity as marked by the curtain rails. The ward had male and female bays on opposite ends and high dependency patient in the middle bays near the nurses' desk. I noticed that there were a lot more house officers on the ward as compared to the UK. Each bay had about 8 patients and were managed by a house officer.

I also observed that there were a number of patients with tuberculosis but they were not isolated as there were no side rooms. However such patients were wearing masks and the health care professionals also wore masks and were advised to minimise unnecessary contact with such patients. Moreover I noticed these patient were seen towards the end of the ward round to minimise spread.

I observed that the health care professionals did not practice patient privacy and was not their up most priority. Patients were being changed, catheterised etc with curtains only covering the side of the cubicle and therefore there was no privacy of the patient from other patients. I think this is the case because there are not enough facilities to accommodate the large patient demand. Moreover there was very little practice of hand hygiene, although I did see alcohol formulations near patient's bedside which were more actively used in cases of tuberculosis.

Doctors spoke to the patients in malay most of the time and occasionally English to an English speaking patient however the notes were written in English in very similar style to UK and the

doctors also presented In English so I was fortunate to understand each patients' case as we were going through the ward round. Whilst on ward rounds I was told by the junior doctors that the ward would also have to accommodate for intubated patients as there are not sufficient HDU/ITU facilities. Furthermore the junior doctors' were also trained to intubate and have more responsibility than compared to UK foundation year doctors.

It was physically challenging for me to stand for three to four hours for the ward round with a temperature of 33C outside. The ward that I was in was in the old block with very basic facilities and just a fan. This made me realise how fortunate we were back in UK with all the facilities and how hard working the doctors were in Malaysia.

**Obstetrics and gynaecology**

I started my O&G placement in the labour ward. In the first week I introduced myself to the whole of O&G department in the morning board round. This was a very interesting experience which I think would be very useful if introduced in the UK for the benefit of junior doctors. It was quite similar to grand round in the UK in the sense that all the doctors of all grades would gather and presentations on particular topics and interesting cases would be made. However this was done every morning 7.30 to 8AM. It involved a senior doctor presenting an interesting case followed by discussions. And then the house officers on the ward would summarise all the cases they had seen the previous day.

In Malaysia, the junior doctors have to complete an O&G rotation as part of their initial training and have a lengthy Log book with all the essential clinical skills needing to be signed off. The junior doctors were also leading consultations in outpatient clinics and examined patients fully and later presented to a more senior colleague. I think this is an excellent learning technique, as these are all made compulsory which can only be beneficial to the juniors and produce well rounded house officers with similar competencies.

The hospital has all the essential equipment on site however in UK the labour rooms are a lot more spacious. In KLH the labour rooms were very small and could just about fit the bed and monitoring equipment and no space for a neonate unit. So after birth, the new born would be cleaned and wrapped up and taken out of the labour room and in a bay where all the other neonates were examined and clothed.

**Diabetes and pregnancy**

I wanted to research the management of Diabetic women in Malaysia and compare it to UK.

My research prior to visiting Malaysia gave me some idea into the health problems Malaysians are facing in this day and age. However this elective has given me a deeper insight into the causes. And one emerging problem is obesity leading to diabetes, ischaemic hearth disease etc. I designed a questionnaire which looked at diabetic women either with pre-existing diabetes or gestational diabetes and investigate how their antenatal care varies in comparison to UK. (See appendix 1)

I observed many cases of GDM and pre-existing diabetes in the labour ward, observational ward and outpatient clinics in KLH. I learned that the management and monitoring of such women is very similar to UK. In fact the Doctors explained to me that they are also aware of the NICE guide lines and the management is very similar.

I designed a questionnaire (appendix) the aims of which were to investigate if women with diabetes were adequately prepared for pregnancy and if appropriate steps were taken during pregnancy to minimise adverse outcomes to the mother such as regular reviews of their diabetes, scans etc.

**Method**

Data was collected from a total of 25 women with GDM or pre-existing diabetes who are attending KLH. Medical notes in the ward or the clinic were used to complete the questionnaire and where ever unsure patients were asked.

**Results**

Of the 25 women who completed the questionnaire, 5 patients were from antenatal clinics, 12 from labour ward and 8 from obstetric observational ward.

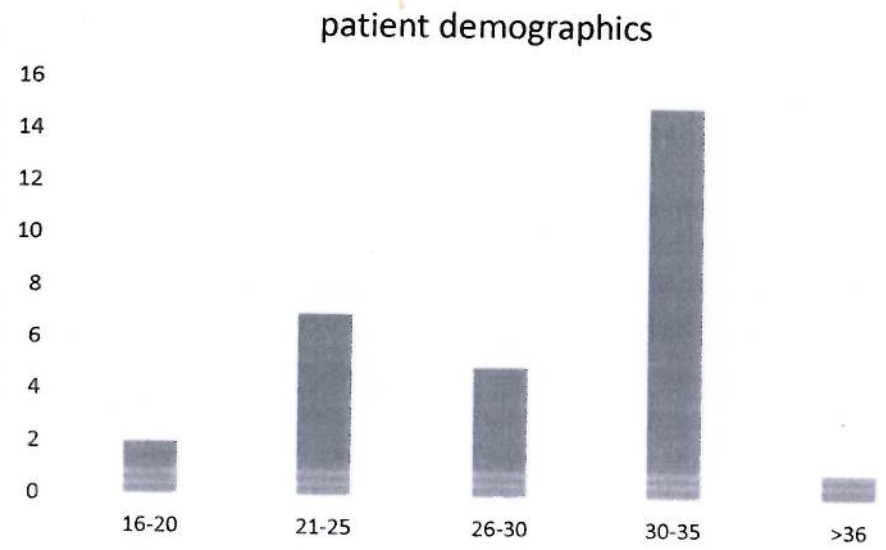


Figure 1: A bar chart showing age range of pregnant women with diabetes presenting to KLH.

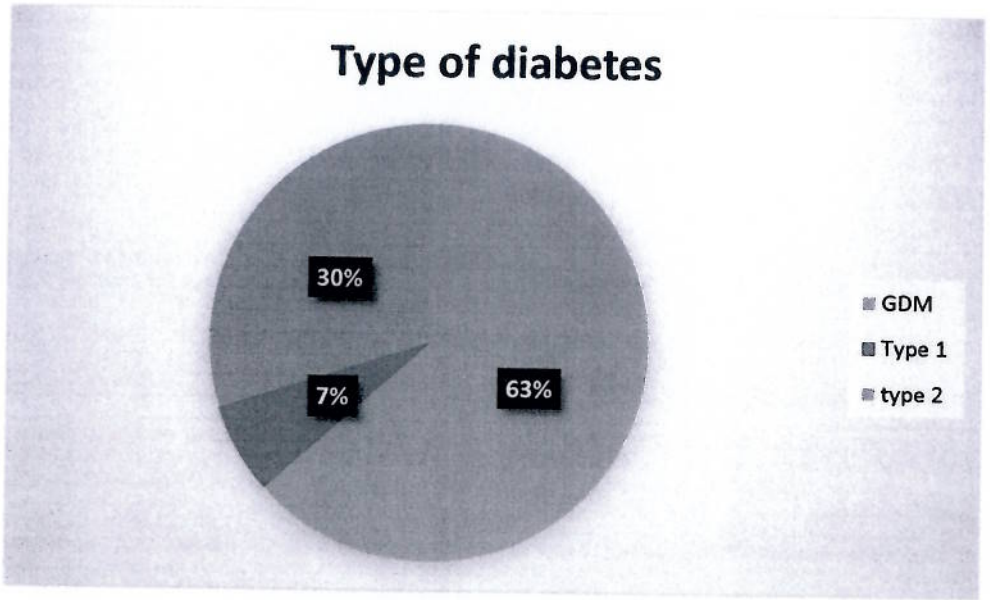


Figure 2: A Pie chart showing the type of diabetes amongst the 25 pregnant women.

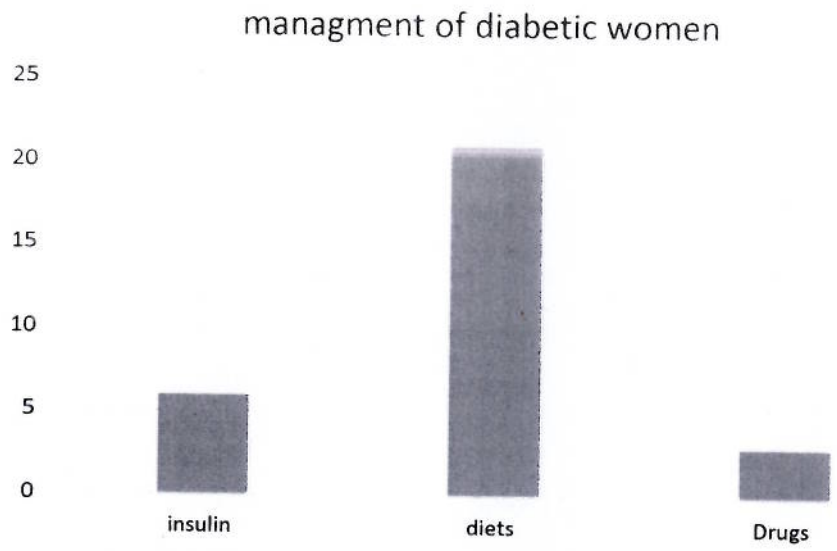


Figure 3: A bar chart showing how the women from questionnaire are managed.

**Discussion**

The results above are by no means conclusive as it was done on very small number of patients. However It has given me an insight into common problems of pregnant women in Malaysia, how diabetes is managed and familiarised myself with their style of medical notes.

There were some flaws in my questionnaire. For example there is no mention of ethnicity and during my placement I observed that certain ethnicities such as the Malay were found to have diabetes more frequently than others.

There is no screening programme as such in Malaysia to diagnose GDM. Women with risk factors such as previous macrosmic baby, family history or pre-existing diabetes are picked up early and have more frequent follow ups.

The age range of 30-35 were found in large numbers in comparison to the other age groups. It is known that women above 35 is a risk factor for GDM and our survey shows that women of age 30-35 are in high numbers. This could be due to the fact more women in this age are pregnant hence more probable or it could be the age itself. There is not sufficient evidence to conclude and pin point a particular risk factor.

Fortunately many women are managed by diet control. Moreover, there are many facilities in the hospital promoting good health and management of diabetes. I attended a nurse led diabetes class for pregnant women, where women were given a power point presentation on diabetes. They also had a small yellow booklet with all their appointments and bloods. I think this is a brilliant initiative and educating women is the best means of improving health outcomes.

It was not possible to measure outcome as I was only taking a snap shot. It will be useful to carry out an audit looking at diabetic women who have given birth already. This would require approval from the department and retrieving medical notes which is beyond the scope of 4 week elective abroad.

I discussed my findings with my supervisor and was fortunate to receive feedback. This research has helped me with understanding the management of diabetes in Malaysia and compare it to the NICE guidelines in UK and has given me an insight into the management of diabetes in pregnancy in Malaysia and will allow me to practice medicine in UK being mindful of the care provided in case I come across a pregnant women from Malaysia.

## Proforma for the Research project in Kuala Lumpur Hospital (appendix 1)

Age: _____ Gestation: _____

No of pregnancy

First second other

Gestational diabetes (circle): yes NO

Gestational diabetes in previous pregnancies

Yes no N/A

Pre-existing diabetes (circle): type 1 type 2

Age since diagnosed with diabetes:_____

Number of Antenatal clinic visits: _____

Investigations carried out

HbA1c

Fasting glucose

GTTR

Other

Any supplements taken during pregnancy

Folic acid

Vitamin D

Other

Current Management

Dietary

Medications (please specify)

Insulin

Any Advice given on management:

**Pregnancy Outcome**

Normal vaginal delivery

Caesarean

Intra Uterine Death

Other