

## **ELECTIVE (SSC5c) REPORT (1200 words)**

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

### **My elective in National Heart Institute (IJN), Kuala Lumpur**

My 6 weeks elective placement took place in the National Heart Institute (IJN) in Kuala Lumpur. During my attachment, I was assigned to the cardiology department where I had the opportunity to observe different sub-specialties. Apart from that, I managed to shadow the cardiothoracic team and paediatric cardiology team for a few days. I choose IJN as my elective destination because of my interest in cardiology. This attachment has given me the opportunity to learn and observe wide varieties of heart and vascular diseases. Besides that, I decided to organise my elective in Kuala Lumpur in order for me to have better understanding of the healthcare system in Malaysia.

The first objective of my elective placement is to determine the most common cardiovascular disease in Malaysia. Based on my observation and discussion with the cardiologists, I have found that coronary heart disease (CHD) is the most prevalent cardiovascular disease in this country which is similar to the UK. CHD is also the leading cause of death in both of these countries. According to the most recent statistics, 22.1% of total death in Malaysia is attributed to CHD. However, I did notice a difference in term of demographic of CHD between Malaysia and UK. In Malaysia, CHD tend to present at a younger age and this can be caused by multiple factors such as ethnicity, lifestyle and diet. Unhealthy diet and lifestyle predispose many Malaysian to diseases such as obesity, diabetes and hypertension. Ultimately, these diseases would increase their risk of getting CHD at a much younger age.

My next objective is to compare the acute coronary syndrome (ACS) management pathway between Malaysia and UK. From my observation, the ACS management pathway is quite similar in both countries. According to these guidelines, patients who presented with chest pain and who are suspected to have ACS would get continuous ECG monitoring and medications such as aspirin, clopidogrel, analgesia and oxygen. Next, patient would be categorised into STEMI, non-STEMI and unstable angina based on the ECG findings and the level of their troponin. In STEMI cases, patients are recommended to undergo thrombolysis or percutaneous coronary intervention (PCI) depending on the availability of these services. One of the problems that I identified was that catheter labs are concentrated in the urban areas therefore access is quite limited. Moreover, most of these labs are only opened during office hours making it more difficult to access. In addition to that, there is a lack of experienced cardiologist who can perform PCI and this expertise is not widespread. Therefore, thrombolysis is usually the first line intervention in areas where PCI service is not readily available.

Risk factors of CHD such as diabetes, hypertension and hypercholesterolemia are very common

**oily food. Unhealthy diet has been a major concern in Malaysia, hence there has been a lot of actions taken to educate and promote healthier diet among Malaysia. When I was in IJN, there was a 'Eat Healthy' camping going on. They organise daily talks and cooking demonstration to educate patients on preparing a healthy meal. Besides that, IJN also arranged diet counselling for their patients especially for the diabetic patients who are being discharge. This is a good initiative taken by the hospital to promote health awareness among their patients.**

**Smoking, which is another risk factor for CHD is also a major health issue in this country. The government has taken a number of initiatives such as imposing higher tax for cigarettes and restriction on smoking in public area to discourage people from smoking. Nevertheless, this bad habit is actually on the rise especially among the younger age group. At the moment, scare tactic such as displaying images of complications of smoking does not seem to have any effect on smokers, thus we need to look for alternative method to encourage them to quit smoking. Apart from that, smoking cessation service is not readily available in Malaysia as compared to the UK. The number of these services should be increased, so smokers could seek help from healthcare professionals to help them to quit smoking.**

**My last objective is to try and gain better understanding of the healthcare system and the working environment in Malaysia. IJN is not exactly the right place for me to learn about the healthcare system and working environment because it is not a public hospital. However, I believed that I have learned quite a lot of things about the system from my discussion with the doctors in IJN. The good things about the Malaysia healthcare service are that it is free for all Malaysian and quite accessible. However on the downside, Malaysia does not has a primary care system the way UK have the GP system. Therefore, there is no proper monitoring for chronic diseases such as diabetes and hypertension causing patients to develop further complications from these diseases. There is no continuity of care at primary level this causes patient to present with complications at tertiary centres. Hence, GP could be beneficial for Malaysian healthcare system.**

**In term of the working environment, I understand that the working life in Malaysia is more hectic as compared to the UK. The working hours are longer and the number of patients is also a lot higher. To take things positively, this would be a great experience for me as a junior doctor as I would be able to see and manage wide varieties of diseases. In regards to the long working hours, I would have to be mentally prepared and have a support system to overcome difficult times and challenges in my career.**

**Another thing that I noticed was that patients in the UK tend to be more knowledgeable about their disease and have better compliance to their medication. This differs from Malaysia where patients do not have a good grasp of their disease and have very poor compliance. Therefore, a good step in improving this would be encouraging the doctors to be better at explaining as it is the responsibility of the healthcare professionals to provide adequate information to help patients control their diseases.**

**In conclusion, I believed that the past 6 weeks has been very interesting and useful. I was able to observe many types of cardiovascular disorders and further develop my interest in this area. Besides that, doing my first posting in Malaysia has given me the opportunity to learn about the healthcare system and how it differs from the NHS. I would highly recommend IJN as one of the elective destination for medical students who are interested in cardiology.**