

## YEAR 5 ELECTIVE REFLECTIVE ACCOUNT

The 5-week elective period at Hospital Sultanah Nur Zahirah, which is one of the general hospitals in Terengganu state located in the east Peninsula of Malaysia, has been the utmost unparalleled opportunity to broaden my horizon on clinical experience and health care globally. Despite being close to my family home, I had chosen to do my elective posting in South East Asia region as to attain exposures on patient care and medical professionalism in a different ambience and setting including health care systems, resources, population and diseases prevalence. Hence, I applied for two specialties; Emergency Medicine and Internal Medicine.

On my first reporting day, I was introduced by the administration officer to the personal assistant of Head of the Emergency Department. Then, I had a short briefing session by one of the specialists prior a tour around the department by a senior medical officer. I was introduced to the other doctors, nurses, assistant medical officers and health assistants there. Spending approximately 9 hours for almost two and half weeks for the first half of my elective attachment enabled me to comprehend the organisation and pathway of patient care journey at the secondary level particularly in acute emergency setting; the triage as well as in-hospital admission. There were about 4 specialists, 10 medical officers and 25 house officers altogether supported by other multidisciplinary team members in the department.

Initially, I felt very awkward to adjust to the different system implemented here as compared to the UK emergency setting. It took me quite a while to understand some of the abbreviations and care plan policies set up in the hospital. Some fundamental terms used are referred differently in the UK that made me struggled at first to understand the discussion taking place among the health professionals. Because of the new construction site occurring at the time, the spaces available were limited. There was no medical assessment unit and patients had to be managed within the time limit and availability. There were three main divisions in acute medical setting; green (non-critical), yellow (semi-critical) and red (critical) zones. Some of the patients were referred from local GPs or district clinics and some were self-presented. The patients were then segregated to be seen by the doctors at the triage based on the condition severity. Contrarily, UK applies a 'gate system' with primary care team being the front lines in patients care. Thus, the acute medical setting was set differently. From there, decisions then made; discharge, referral and follow-up or admission.

Additionally, I also had the opportunity to understand and experience the doctors' working life in the country. Generally, the housemanship, which is known as foundation year training in UK, is implemented in a shift system. Doctors worked in 3 different shifts per day. Some may have double shifts whilst others with a single shift depending on the rotation set. Each foundation year doctors has to undergo 6 rotations for approximately 4 months respectively. Depending on the performance, they will be assessed accordingly by the specialists before proceeding to the next one. Unfortunately, some may need to have an extended rotation. In general, the training is based on the rotation basis and the housemen will then be able to get to the next step as a medical officer with full registration upon the completion of all 6 rotations. It is indeed a tough profession which undoubtedly requires great persistence, passion and motivation. Observing the others taught me greatly about self-development as a future doctor; attitude and knowledge.

Daily morning meetings were organised at the Emergency Department with all the health professionals, including the ambulance crews, which was led by the head of department at 8.00 am. Prior to the meeting, all house officers are required to attend the daily teaching conducted by the medical officer for half an hour. There were various learning opportunities for the junior doctors. Throughout the attachment, I learned a lot about the different management and therapeutic guidelines locally.

I was invited to join the hospital continuous medical education for house officers on weekly basis by the specialists from different areas; ophthalmology, radiology, and anaesthesia. There were also weekly teaching sessions for house officers in the department. Topics covered include sepsis, rapid sequence intubation and other acute management of common conditions such as pneumonia, ACS, acute exacerbations of COPD and asthma. I managed to join a grand round and seminar during my attachment. Besides, I gained lots of hands-on experience in some practical skills such as venipuncture, cannulation, arterial blood gases, and setting up IV infusion. There were some opportunities for me to practice my history takings and clinical examinations. I also had several chances to perform chest compression during CPR as well as following the house officers for ambulance calls.

I was assigned to a medical ward for the second half of my elective period; nearly 2 weeks. There were 6 medical wards with a stroke unit and cardiac rehabilitation ward. 2 of them are first and second classes whilst the rest are of economic or third classes. The medical department held teachings on every Monday, Tuesday and Wednesday for about an hour before starting the ward round led by the specialist or medical officer. I was able to perform loads of practical procedures besides assisting the house officers during the ward round and clerking new admissions. I am very grateful to have such a nice and helpful team.

Indubitably, I learned abundantly throughout the attachment particularly in some medical conditions that are rarely encountered in UK; tropical diseases such as leptospirosis, dengue haemorrhagic fever, meliodosis and snake bites. Having the precious opportunity to communicate directly with the patients and follow up the management involved despite the bedside teachings received, aided me much in learning these condition in greater depth. Furthermore, it had also been a great way to understand the interaction between the discipline of medicine with other aspects in life including resources, population background and lifestyle as well as health awareness among the society that are moulding the local health care.

Overall, my elective attachment was such a fruitful and meaningful experience. Medicine is a definitely life-long learning process. I wish I were able to spend more time there in other different specialties. I cannot thank them more for their willingness to help me throughout the posting. The experience indeed contributes much to my personal development in this career particularly in understanding the art of medicine in the different part of the world via the exchange of clinical practice and knowledge.

(1082 words)