

DERMATOLOGIST
SITI ABU
LATIFF

Elective Report

University Malaya Medical Centre

My elective was taken at the University Malaya Medical Centre (UMMC), also known as Pusat Perubatan Universiti Malaya (PPUM) in Malay language. The main aim and objectives of the electives was to:

1. To learn and compare the Malaysian government health care system to UK's NHS system
2. To gain insight of medical practice in a developing country.
3. To observe and manage common tropical and subtropical diseases
4. To learn the different cultures and how it might be different in terms of communication skills and health awareness

During this time I was attached to a dermatological firm for a total of 5 weeks. Here I worked under the supervision of the Specialist Professor, specialist lecturers, medical officers and house officers (UK equivalent of Consultant, registrars, senior and junior house officers) and was allowed to clerk and talk to patient, examine and discuss appropriate management plans and conduct procedures such as taking samples from skin and nails and educating patients and nurses things such as how to apply the emulsifying ointment and aqueous cream.

From an 'inside' perspective, the Malaysian medical system is rather similar to the NHS. Emphasis is still placed on the history and physical examinations, both which were performed well by all grades of doctors. However, due to financial constraints, expensive investigations are less freely available and patients have to wait longer for definitive procedures. There are also less ICU beds per head of population. In addition, there appears to be insufficient man-power in professions directly in contact with patients. Registered nurses are short staffed as experienced nurses opt to join private hospitals which are mushrooming in the country. As a result there are a nursing training problems and house officers in an effort to get things complete in the wards, tend to take over the jobs of the nurses and tend to be overworked. These flaws in the system have been recognised and changes are slowly being implemented to overcome them.

In my attachment with the skin team, I attended the ward rounds and joined the clinic and learnt a lot by observing how the doctors interacted with the patients and the nurses and also the other local students. Before arriving for my electives, my expectations were mostly concentrated on what I might see that would be different from what I usually see in the UK. However, the first thing that I noticed and realised was how similar the diseases are in Malaysia. For example, one of the first patients I saw was of a blistering skin condition called bullous pemphigoid, something that I only remembered seeing in text books during my short two weeks skin rotation in the UK and I never expected to see the condition here back in Malaysia. Initially, I was interested to find out more about tropical diseases such as haemorrhagic dengue fever, things that I would not normally see in the UK, but as I continued on my elective, I found myself more interested in common things such as diabetes and hypertension. At the end of the day, common things are common, and as a junior doctor, that would be what I will see the most and need to know like inside out.

Some of my unique experiences here were clerking patients and then documenting and communicating them in two different languages altogether. It was an advantage for me whose

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mother-tongue language is Malay as most patients although of different races in Malaysia, are able to speak the language. Communication skills proves to be the most important skill that a doctor has to have as we are constantly communicating with not just the patients, but the difficult relatives and other healthcare professionals including other doctors, nurses, student doctors and student doctors, physiotherapist and pharmacist. It is important to make patients fully understand and believe what we say to make sure that they comply with the management and get better. Documentations are mostly in English and communications among healthcare professionals are mix of both English and Malay. Even so, language barrier is still a challenge in Kuala Lumpur hospitals as it is in London. In all, I am very impressed with the quality of healthcare provided in this hospital, considering their workload and the limited resources that they have.

In conclusion, I thoroughly enjoyed the opportunity to play an active part in the management of patients, here in my own home country. I felt that I am now better-equipped with a sound hands-on knowledge which I never had before. The differences between Malaysia and the UK were fascinating to observe and occasionally frustrated to be part of. In a nutshell, I have achieved my elective objectives and I would recommend my experience in Malaysia to fellow students in England. This was a very enjoyable elective attachment, and with initiatives and enthusiasm there were many learning opportunities readily available.

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