

## SSC 5c - Elective Report

## Learning Objectives:

1. Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health: What are the prevalent paediatric conditions in Malaysia? How do they differ from the UK?
  2. Describe the pattern of health provision in Malaysia and compare this with the UK: How is the paediatric system organised and delivered. How does it differ from the UK.
  3. Develop a thorough understanding of the most common conditions that occur in children in Malaysia.
  4. What communication barriers were encountered and how these were overcome.
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- 1. Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health: What are the prevalent paediatric conditions in Malaysia? How do they differ from the UK?**

I encountered many interesting cases during my time in the Paediatric department in Hospital Kuala Lumpur. Some cases, referred from the Accident and Emergency department, were more severe than others. The most common acute surgical case was appendicitis. This is very similar to the United Kingdom where Appendicitis is a very common paediatric surgical case. Difficulty in breathing in children was also one of the common cases found in the accident and emergency department. Other acute cases include intussusception, which is the main cause of intestinal obstruction in children and is managed within minutes to hours of the child arriving in hospital. This is also the case in UK where the condition is considered as a medical emergency and following an abdominal ultrasound, treatment is commenced immediately.

Over the past few years paediatric mortality has decreased significantly due to improvements in the healthcare system and greater awareness of child health. The majority of the mortality lies within the neonates, and approximately 30-40 percent is within the older children. The common causes include chromosomal disorders such as Downs Syndrome, congenital abnormalities and also due to neurodegenerative disorders. Cases that account for premature death in Malaysia include children with duchenne muscular dystrophy and malignancy. During my time there I found that the management for most conditions in Malaysia is very similar to that found in the United Kingdom. For example a child with meningitis was treated with a very similar protocol to that in the UK however the antibiotics in the hospitals change according to their different regimes. I was very impressed with how



similar the cases were managed and how the management plan is formed in the same way as it is done in the UK, whereby during the ward rounds the consultant paediatrician would first examine the patient and consult with the team members as to how this patient will be further managed to optimise their health and allow them to go home.

In UK the most common cases are due to respiratory infections and gastroenteritis and are mainly mild cases with very few severe cases. Due to a greater understanding of the condition and how to treat it, there is a fewer percentage of patients which return after discharge compared to Malaysia where several patients had come into the hospital a few times during our stay.

**2. Describe the pattern of health provision in Malaysia and compare this with the UK: How is the paediatric system organised and delivered. How does it differ from the UK.**

In Malaysia the provision of paediatric services is provided in different forms. This includes providing the speciality in district hospitals and general hospital. The Ministry of Health also allows availability of paediatrics in private hospitals and this is all part of the improving healthcare system in Malaysia. The life expectancy at birth in 2009 was 77 years and this has increased significantly during the past few years. The infant mortality rate since 2009 has also slightly reduced. These figures tell us that Malaysia is becoming one of the few developing countries with a good health care system and the improvements made in the different economic, social and environmental factors may all contribute to this.

Standards for primary care in Malaysia are considered average, however there have been some improvements to the way care is provided for chronic conditions such as diabetes and chronic obstructive pulmonary disease. The majority of the patients choose to go to private clinics with only a few people going to government clinics. The reasons for this include having longer waiting time, the quality of the consultation being not very good and also high rates of patients returning after a few days. The government clinics did however provide cheaper consultations and were more easily accessible to most people, compared to the private clinics found in areas difficult to get to. The private clinics had better services with the doctors providing effective treatment and improved clinical and communication skills.

In the United Kingdom the National Health Service ensures free health services to everyone. The primary care in UK is a very important aspect of the healthcare system and because of this the government ensures everyone has easy access to it. The quality provided by the clinics does depend on the individual doctors found in the practices, how well they keep the records of the patients and how long the waiting time is in the different practices. Referring severe cases to the hospital is also very efficient in the UK however this again is all dependent on the doctors and their level of good medical understanding.

**3. Develop a thorough understanding of the most common conditions that occur in children in Malaysia.**

During my time on the ward I found that the majority of the children had respiratory and gastrointestinal infection with many coming in with a dry cough, symptoms of a cold and flu, diarrhoea and vomiting and some with diarrhoea alone. Some patients on the ward were returning patients and this was mainly due to the fact the treatment at discharge was ineffective. I think this may have been because during some ward rounds I found that some consultants did not spend very long talking to the patients and addressing their complaints and also some failing to fully examine the patient. This shows to me that a large part of providing good effective treatment to a patient is just by taking the time to listen to the patient. Mycoplasma pneumonia was one of the main community acquired pneumonias found at the hospital. Appendicitis was one of the main surgical conditions found in children however I felt that the waiting time til surgery was longer than that found in the United Kingdom.

#### **4. What communication barriers were encountered and how these were overcome.**

Spending time on the wards meant I was given the opportunity to communicate with both the team members and also the patients. Whilst clerking patients I found difficulty communicating to them as they did not understand English. I tried to overcome this problem by using hand gestures and also found that body language and maintaining good eye contact was essential. The communication skills I have learnt over the past few years really helped in overcoming the language barriers and this also meant it wasn't difficult for me to create a good rapport with the patient. I encountered no problems in terms of communicating with the doctors and nurses at Hospital Kuala Lumpur as everyone was fluent in English. I also found that understanding the doctors during ward rounds whilst they discuss the patient's management plans, and speaking to them was easier as the majority of them during the round spoke in English.

I really enjoyed my placement at Hospital Kuala Lumpur and gained valuable experience in further improving my communication skills. I thought the doctors and the nurses in the paediatric department were all very friendly, approachable and were keen to teach during ward rounds. I was unable to examine the patients as it is more difficult with younger patients and did not take part in any practical procedures. However overall I enjoyed my paediatric placement in Hospital Kuala Lumpur.