

## **ELECTIVE (SSC5b) REPORT (1200 words)**

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

I carried out my elective at Western Regional Hospital. This hospital is located in the capital city of Belize, Belmopan. It is a public hospital mainly funded by the government and has both primary and secondary services available. Western Regional Hospital also provides basic services in specialities such as surgery, gynaecology and paediatrics. I carried out my elective in the emergency department but also had the chance to observe other departments within the hospital and spend time in community clinics.

**How are emergency services organised and delivered in Belize, and how does this differ from the UK?**

Emergency services in Belize were very different than in the UK. The hospital capacity was very small (around 50 beds) compared to those I have seen in UK. Some patients travelled for hours in order to get to the hospital due to the long distances and reduced access to medical care, and lack of ambulances meant that they had to take public transport to get there. There were less resources available in Western Regional Hospital compared to the UK, and some equipment was less technologically advanced. I felt that less medical resources were wasted, to ensure that resources were used to its maximum potential and efficiency. The lack of funding was evident during my time there, shown by the limited resources. The patient to medical staff ratio was quite high, the environment was very busy. In the UK, we take precautions to prevent spread of infection by doing simple measures such as hand washing hygiene and changing the tissue on the couch after seeing a patient, however in Western Regional Hospital this was done less; they didn't have disposable tissues and used the same cloth for the couches the patients were examined on. It made me appreciate the simple things such as tissue and gloves and how we take them for granted in the UK. Similarly to the UK, they had different specialities available such as surgery, gynaecology, internal medicine, psychiatry and paediatrics to which they transferred patients to.

**What are the common presentations to the emergency department in Belize and how do they differ from the UK?**

There were many similarities and differences in the presentation in both Belize and the UK. Similarly to the UK, there was a high prevalence of ischaemic heart disease, other presentations included exacerbation of asthma and accidents. Ischaemic heart disease has a high prevalence in Belize due to the nature of its population, type 2 diabetes and obesity were very common. I was able to see a few patients with type 2 diabetes in the community clinic, one patient in particular was refusing to start insulin for her poorly controlled diabetes. I also saw a few cases where patients had suffered complications from influenza and were admitted to the emergency department after being monitored in the community clinic.

However, unlike the UK there were many tropical infection presentations such as dengue, chikungunya and Zika, allowing me to learn in depth about these tropical infections. I was quite surprised at how quickly some doctors gave patients broad spectrum antibiotics, when I had the chance to go to a community clinic.

**What is a major health concern in Belize and how is it addressed?**

**As mentioned above major health concerns include diabetes, ischamic heart disease, obesity and tropical infections. Patients I saw in clinic were advised about their lifestyle including diet and exercise, however the patients didn't have as many appointments or members of a multidisciplinary team involved in their care like in the UK. There were posters around the hospital and in clinics in order to educate patients, about measures they could take to improve the lifestyle and health, however I felt that there still needs to be a push in order to encourage change in people's lifestyle.**

**There seemed to be a good awareness of how to avoid mosquito bites and how to keep places clean in order to prevent mosquitos from reproducing and multiplying; patients were quite aware of common symptoms of tropical infections which has mostly come from experience and campaigns educating people.**

**To gain confidence working with patients in different setting with less resources.**

**During my elective, I was able to see how difficult it could be to work in a setting with less resources and how much we take resources for granted in the UK. Doctors used their clinical judgement more as imaging and blood test were not as readily available as in the UK. It showed me that sometimes clinical judgement is sufficient and that we don't always need to order unnecessary tests; careful communication with the patient and detailed history can give us a lot of information.**