ELECTIVE (SSC5a) REPORT (1200 words)

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

Hillside is a primary care clinic in the Toledo district of Belize, which is a rural district with a majority Mayan population. A wide range of medical conditions present to the clinic, which runs similarly to a GP clinic in London. Some common conditions are similar to London, such as diabetes and hypertension, although these regularly present symptomatically here and are often uncontrolled. Diabetes is common amongst the Mayan people here and people would present with blurred vision or neuropathy. As a result of this Hillside test capillary blood sugars of every adult patient who arrives. Dietary advice can be difficult as substitutes for typical cultural dishes would be impossible or expensive to obtain (ie switching white rice for brown rice).
Another similarity is the frequency of musculoskeletal problems presenting in primary care, although the mechanisms of these are very different. In the UK these are often due to a more sedentary lifestyle and compounded by long hours of desk work. In Belize these are typically due to manual farming work, carrying heavy loads, and in women carrying babies in a 'lapob' around the head.
A major difference is the common presentation of skin conditions here. Scabies and fungal skin infections present on a daily basis, whilst I did not see these during my 2 month GP placement in London. Another common reason for attending clinic is for family planning, and the depo injection is very popular here. This may be due to the ease of getting it just every 3 months and offers the woman control over the family planning without visible pills.

Accessing of primary care in Belize is similar to in the UK, although patients are not limited to just the practice they are registered at. Toledo is a rural region and so in addition to primary care clinics and polyclinics in the villages there are also health posts that are nurse-led stations in remote villages. From primary care clinics patients can get referred for tests in the hospitals, but also it is possible to go direct to those hospitals and see a doctor there. Public health care is run by the Ministry of Health but there are also many private clinics. If patients from Toledo need a specialist doctor they must travel to Dangriga or Belize City where there are secondary care centres. These will typically be at a cost, and so it is not possible for all patients to access specialist medical help or surgery. Many patients who needed specialist treatment would travel to Guatemala where it is cheaper, or to Mexico where there are more specialist doctors (and it's still cheaper). Many hospital facilities in the UK are not routine here, such as CT scans or blood banks.

I did not meet any Belizean doctors during my elective as they do not have medical schools in Belize. Doctors in Belize are mostly from Cuba, with a few from the US and Mexico. Hillside is also the only public physical therapy clinic in Belize, although they are starting a physical therapy training program. Nurses are trained in Belize and are vital in running both hospital care and rural patient care. Patients do not seem to access formal health care as early as in the UK. Patients often had better access to local natural remedies and often their villages had someone experienced in these traditional therapies. In history taking it was important to ask if they were drinking anything else alongside their prescribed medications.

Public Health teaching at Hillside focused on moving away from a purely medical model of health to include social determinants of health within the bio-psycho-social model. Social determinants include understanding culture, poverty and history in the health model. There are multiple complex factors that cause health disparities: geographical location, income, age, sex, education, and of course the health care professionals. 'Culturally competent health care' was a new term for me and I had assumed it meant acting in a culturally appropriate manner with respect for the patient group. What it actually means is health care which is tailored to that setting and culture, considering local traditions and values. For example a physical therapy programme in a gym setting with high-spec equipment would not translate well to Belize, and a home setting including family support and items around the home is more appropriate and useful. I learned to bring this into my history taking by asking relevant questions about diet, working conditions and sleeping conditions. Knowing your patient population is so key in any setting – London or Belize – and after the teaching here I think I will make more effort to understand the issues facing my patient groups back home that could be a barrier to them receiving the best health care. For example, we are keen on giving out leaflets in the NHS but 41% of Toledo are illiterate and so that would not be culturally appropriate at the clinic. It also makes me reflect on whether this is a useful strategy in East London where we have large Bangladeshi-Pakistani populations and other groups that perhaps cannot read in English.

I feel that I have made a lot of clinical progress during this placement. It has been a brilliant opportunity to develop my critical clinical skills of history taking, examinations and management plans. It has also been a very unique experience as I have been able to apply what I've learned from public health teaching and from cultural teaching into my clinical practice. I have found it is important to ask about work, home, family dynamics and explore health ideas. Some patients here have been reluctant to take medications, either because they feel well or they just struggle to integrate their therapy into their daily lives. I have gained experience in assessing patients health beliefs and explaining the importance of medical management. Educating and explaining about preventative health strategies such as good diet and exercise was always something I've struggled with in the past as I've never been sure how to not sound like I am lecturing patients. However I think I've learned here how to explore with the patient more about their ideas and then address those points directly. I've also learned about the importance of doing a quick examination of all systems, as many patients here may rarely access healthcare. This is something I will continue to practice to rule out any major illnesses. I have been able to expand my pharmacy knowledge as rather than selecting a medication dose from a drop down list we must instead write out the prescription by hand. This has helped consolidate my knowledge of common medication regimes and doses. I have enjoyed having so much opportunity to practice my histories and management plans and I will leave Hillside ready to become a junior doctor.