PAEDIATRICS

Bethany Singh

Elective Report

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I had originally wanted to do obstetrics and gynaecology as my elective subject. When we arrived at the hospital in Belmopan myself and my colleagues quickly realised that the hospital was too small to accommodate for three students wanting to do obstetrics comfortably, so I went to the paediatric department instead. The team was very welcoming and I felt I gained a better experience with one to one shadowing.

One of the main conditions which I saw in the paediatric department was that of congenital malformations. On my placement I saw a newborn child who had been with multiple malformations including: sandal toe, polydactily, cleft lip, low set ears and an abnormal babinski response. It was also thought that there must be unknown internal malformations as well.

I asked the doctor what may have lead to such a presentation and she informed me that this was quite common. There is reduced screening at Belmopan hospital due to resources. Ultrasound scans only take place 2 days a week, Tuesday and Thursday so if the mother doesn't have her ante natal appointments on those particular days throughout her pregnancy she may never have an ultrasound scan. In this case the mother had had a scan very early on in the pregnancy, too early on to have detected any malformations and had not had one since. In this hospital when ultrasound scans are unavailable some mothers are given and x-ray instead which puts the child at risk of x-ray exposure.

I followed the immediate management of this child which through this example showed me how Belmopan hospital are limited in their resources but makes do with what they can. Something which would never happen back in the UK. This newborn required intra venous (IV) fluid resuscitation so an IV infusion was set up via the umbilical vein as no other veins were patent. A naso-gastric tube was used instead of an umbilical catheter as the hospital did not stock umbilical catheters. In the UK this procedure would have been performed under strict aseptic sterile conditions. During this procedure the doctor wore sterile gloves and that alone. No apron, no scrubs, and the junior doctor and nurse who were assisting did not have any gloves on. The doctor and nurse worked together throughout the procedure, in partnership as in the UK.

When taking part in the ward round I found that the neonates are generally discharged after 24 hours or when meconium has been passed. All notes are written electronically on the hospital computer system. I feel that this system works very well here as there are only a small number of patients in the hospital. However, with a larger patient load such as what we are faced with in the UK, this same system may not work as effectively. Going to document on the computer in between seeing every patient would prove to be very time consuming.

In terms of child health services, I spent a lot of time working in the public health department. Here they would provide child health checks on children aged 0-5. On every visit, their height, head circumference, chest and abdominal circumference was measured and documented on a growth chart so that their growth could be easily monitored. This system was very similar to what is done

in the UK when a mother takes her child to see the nurse at the GP, but this was condensed into a larger clinic catering for a larger target population. Immunisations were also given here. This appointment also gave the public health nurse a chance to ask the mother how she was coping and offer her contraceptive advice. In this department I was surprised to see that the medical records were documented by hand. There were volumes and volumes of notes, organised by year and village where the child was from.

There was a lot of public health promotion put up throughout the hospital: on the wards, in the corridors and in consulting rooms. The main topics which were addressed were HIV promotion and safe sex, i.e. using a condom to prevent the spread of HIV. Breast feeding was very heavily promoted, as in the UK women were only allowed to breast feed on the ward, formula milk was not provided. Child vaccinations were also a large topic of health promotion with reminders of when the children should be immunised and the importance of immunisation. The quality of the posters and health promotion was much less than what we are used to in the UK. Many posters were drawn by hand and stuck up on the wall. Ones which were printed were not laminated as many are in the UK, and the quality of the print was very dated, almost like something which we would have seen from the 80s.

I was interested in the career pathway in Belize and how is differed to the UK. When at the hospital I immediately noticed that there were no medical students to be seen. On my paediatric placement I managed to speak to a newly qualified doctor about the training program in Belize. There are no medical schools in Belize, students who wish to study medicine need to apply to government for a scholarship to be trained in either Cuba or Guatemala. I think these countries are chosen as they are quite nearby. The students are then contracted to return to Belize to work. Their postgraduate system is similar to that of the UK in that newly graduated doctors are required to do a foundation training for 2 years consisting of 4 three month rotations to build up their general skills. On speaking to the doctor she told me that she had found the adjustment back to the Belize health care system quite difficult as the government runs the health care system differently to where she had trained into. Protocols were different and even in some cases the choice of treatment was different.

In Western Regional, the resources are very limited, when we were there, some of the reagents in the labs had run out so they were limited with what tests they could perform. There is no CT scanner within the hospital, something in the UK which is taken for granted as nearly all head injury cases which enter accident and emergency at the Royal London are given a head CT. At Belmopan, any case which urgently needs a head CT will then be transferred to the hospital in Belize City which is a 30 minute drive away, time which may be crucial in a head injury case. On talking to the doctors they said at times it was very frustrating and challenging learning how to do medicine with limited resources.

I thoroughly enjoyed my elective at Western Regional Hospital in Belize and would recommend this placement to future students. Not having a language barrier makes learning much easier and it was interesting to see a health system which is so different to what I am accustomed to in the UK. Be that with the resources provide, the patient population and the small size of the hospital which is supposed to cater for a whole region.