

Elective report: scarborough regional hospital
David Singh

1. I would like a better understanding of common diseases in Tobago and how these compare to the UK

Tobago forms the sister island of Trinidad in the Caribbean, with a small population of 55,000 people. The majority of Tobago's inhabitants are afro-Caribbean therefore particular disease is more prevalent than the cases I have seen here in the UK. There are very high rates of stroke, prostate cancer, hypertension, sickle cell disease, diabetes and mental health. In comparison to the UK, the prevalence of such conditions in the Afro-Caribbean population of Britain is similar as the conditions such as stroke, cardiac disease, hypertension and mental health is equally common.

2. I would like to experience and understand the challenges of working in a health care system abroad to compare with the UK.

During my placement in Accident and emergency, I observed acute medicine in Tobago. There is a similar system to the UK where there is categorising high risk patients to be seen first and patients seen on the severity of the problem. The health care system in Trinidad and Tobago is free for the general public, which allows people of different social economic groups to have equal access to health care. There is also the option of having private health care and there are many private health care clinics on the island. The casualty department was not understaffed and the numbers of patients were seen within good time, however the attitude of some of the staff surrounding confidentiality was alarming. Many of the locals avoided seeking healthcare from the hospital due to the disclosure of private information to family and friends regarding their health from previous admissions. The country has a strong hold of Christian values and many things are still socially taboo under age pregnancy and HIV, and many patients have experienced their confidentiality breached.

In contrast the UK regard confidentiality extremely important and therefore the patients here are more comfortable to seek healthcare and discuss personal problems, as there is trust in the Doctor and patient relationship. I believe that more emphasis on confidentiality between the medical staff in Tobago will greatly improve the attitude of patients to seek help rather than sit in silence, which was unfortunately the case where patients would only visit when the problem was unbearable. Due to this attitude towards the hospital, prevention and education is still lacking in practice particularly on sex education, as the practice of intercourse without the use of any protection is still very high and the rates of HIV are steadily increasing.

3. To understand how acute illness is managed in a less economically developed country.

There was a high influx of patients presenting with stroke, the management was different from the UK as the availability of the a CT scan was limited. The hospital I undertook my placement did not have access to a CT scan immediately as the hospital had to use a private clinic which would charge the hospital a fee to use the machine. Therefore we had many patient in need of a CT scan waiting for many hours for an appointment to receive a CT scan which delayed the management of these patients massively, which meant that before any management was started many the irreversible effects of the stroke had occurred. In the UK, the immediate investigation of a

suspected stroke is crucial to decide whether a stroke has occurred and determine its nature either haemorrhagic or ischaemic within a certain time frame, however sadly because of limitations on resources in Tobago the immediate management meant anywhere between five to eight hours.

4. To further improve my communication skills and clinical diagnosis

Despite Trinidad and Tobago being an English speaking country, there were barriers to communication. The accent and dialect of the patients made it difficult at first to fully understand the nature of the patients' medical complaint. However, due to the length of the elective and actually embracing the culture my understanding of the Tobagonian people grew and the language barrier was not apparent. The patients in Tobago seem to have more time than patients in the UK and therefore prefer a more conversation to build rapport, which was everything to get patients to trust your abilities to help them.

My weakest area throughout medical school was always my ability to diagnose dermatological conditions despite enjoying the speciality. To my surprise I successfully diagnosed a patient with pemphigus vulgaris, which I had only seen in books until I came face to face with an extreme case in Tobago. Like the majority of medicine learning from a book is not a substitute for actually seeing a patient with such conditions and I feel that seeing many patients with stroke and the rarer pemphigus vulgaris have all helped to further my clinical exposure and clinical diagnosis.