

Elective reflection

Was it what you expected?

The hospital was much smaller than expected and the heat inside the hospital was a shock to me. I had not considered what it would be like to be without diagnostic equipment such as an ultrasound, a piece of kit that we take for granted. Due to the lack of available investigations, other than basic bloods and X-ray, the doctors relied on their clinical skills in order to make their diagnosis. In the UK, ordering investigations is almost always part of the process of reaching a diagnosis, even when there is high clinical suspicion. Furthermore, I felt that for many conditions doctors didn't pursue a diagnosis, as they could not treat it even if they did use all the investigations they had available to them. On several occasions patients whom presented with red flag symptoms, such as rapid weight loss, were given symptomatic treatment rather than ordering investigations that would rule out cancer, as would be done in the UK. Oncology services are available in Belize but resources are limited and treatments are very expensive. Complex diseases such as cancer are difficult to diagnose at the Western Regional Hospital, given lack of pathology services and diagnostic investigations such as endoscopy. Furthermore I found it interesting to learn that all those with a suspected head injury are given mannitol as standard. This is because they do not have a CT scanner and even if they did emergency neurosurgery is unlikely.

Something I had not expected was that there was a good computer system and notes were all electronic. Although the NHS is striving to achieve this, paper records are still in used widely in most hospitals.

Clinical experience?

Despite being a small hospital in size, the catchment area covered was large, serving a population of approximately 61,000. As a result the hospital was busy we saw a lot of interesting pathology. On most days there was at least one trauma or acutely unwell patient in the accident and emergency department. Most of our time was spent shadowing doctors but we were also able to take consultations and make management plans. I was also asked to complete observations and assist in accident and emergency which I found rewarding.

What did you learn about the people and the country?

Belize is a culturally diverse country. In one clinic the doctor would conduct consultations in Spanish, English and Creole. I was surprised to find out that the big health problems in Belize are the similar to the UK, namely hypertension, diabetes and obesity. During our elective, tropical diseases were less frequently encountered that I had anticipated.

What did you learn about the health professionals you worked with?

The doctors are trained outside of Belize, given that there are no medical schools within Belize. As well as Belizean doctors, there were also mission doctors from Cuba and the United States. During the first part of our elective there were a group of ENT doctors from the United States doing a two week medical mission. I understand that there are often visiting doctors providing services otherwise unavailable in Belize. These doctors, many working for charities donate equipment and resources to the hospital. The doctors were highly skilled at clinical examination, as was essential given limited resources available.

What did you learn about the healthcare system?

Belize has a free at the point of access healthcare system, similar to our NHS model. The only exception is that investigations are to be paid for by patients, which means there is sometimes pressure on the doctor to prescribe treatment without investigations. Pre-hospital care is limited and poorly executed. Management of trauma and acutely unwell patients is basic.

Best bits

Meeting the people of Belize, who were welcoming and friendly.

Worst bits

Observing the way in which trauma calls were dealt with and not feeling able to question how the patient was managed.

Were there any short comings?

Outpatient clinics were haphazardly organised and often nobody knew exactly what was going on. Doctors would have to attend to acutely unwell patients, leaving a waiting room full of patients. This meant that we often arrived for clinics and had to wait, unsure if they were going ahead or not.

Would you recommend it to another student?

This was a well supported placement, with shadowing constituting the bulk of our time. Although this meant we were not put out of our comfort zone, it did mean that we did not get to practice independently. This probably isn't the best placement to do if you want to be very hands on.

Would you do anything differently?

I would have arranged a rural/community based placement to compliment this hospital placement. This would have given me the opportunity to meet patients who could not access the larger hospitals.

What did you learn about yourself?

I learnt the importance of good clinical skills. I appreciate the resources and facilities available to us in the UK. I really enjoy acute care and would like to pursue in my career.

Where there any deviations from the risk assessment?

None encountered.

How was the accommodation?

Fine, we stayed in a local hotel. Accommodation choice is limited in Belmopan.

How were your travel arrangements?

Fine, we flew to Belize City. From there we got onto a local bus which took us directly to Belmopan, a journey of less than 2 hours.

Other experiences and information useful to other students?

Persistence pays off. At times the hospital seems quite chaotic and it is often unclear what is going on but there was always something worthwhile to attend. Spend time getting to know the medical staff, they will help you and let you assist if you are patient.