

Elective report

How do the patterns of disease differ in Belize compared to the United Kingdom.

The hospital I am working at has many wards and sections but most of it was redundant and the main part of the hospital was dedicated to maternity medicine. So the diseases I was mainly exposed to were obstetrics and acute emergency medicine. Belize is a former British colony and as such English is the main spoken language although they use a dialect of English known as creole. There was nothing particularly striking in the differences in the disease that I noticed in obstetrics and emergency medicine. In fact the care was much the same as it is here in Britain. The access to investigations and treatments may be somewhat limited compared to London, but this is mainly the specialist things that they lack. The majority of patients at this hospital were not those that required specialist care, specialist care was provided at alternative hospitals and as much on the basic level the management of patients was much the same.

Describe the pattern of health provision in relation to the country in which you will be working and contrast this with other countries, or with the UK.

The most striking thing I noticed was the lack of waiting rooms. This made this hospitals seem disorganised overrun and unable to cope but this was merely a surface thing. The staff were fully capable of taking care of the patients it was just that the patients had nowhere to sit and wait and as such they were waiting in the corridors. The aesthetics of the hospital was significantly less than that of the royal London and even Newham for that. The hospital had no CT or MRI but what was very striking was that it didn't even have X-ray machine, the only form of imaging they seemed to have was ultrasonography.

Compare and contrast how techniques used in anaesthetics different from the United Kingdom

The great thing about working at this hospital in Belmopan is that we were able to be very hands on with the patients and provide assistance with the anaesthetics techniques such as those used to intubate. The LMAs used were the older ones I have seen on some wards but different to the ones that the royal London now uses, as they now use gel based LMAs. Obviously the head manoeuvres and bagging of the

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patients are much the same and I expected as much as I believe these to be almost universal.

My person and professional development goals is to grow and prosper and transition from a student to a junior doctor.

The key to succeeding in my goal is to try and take on some of the responsibilities of a junior doctor, and to feel like I have to solve problems and not just be able to hand over to someone else when I run in to problems. Working in the hospital in Belmopan was much the same as being on a placement in university the doctors were overlooking everything I was to do this was partly due to the fact there was minimal consulting room and as such a doctor would also be in every room and there able to overlook what I was doing and so I never felt the full responsibility of the patient. Practising medicine in Belize allowed me to become more confident as a clinician and allowed me to put my medical theory to work but unfortunately the stresses and strains that come with the responsibility of being a junior didn't exist and as such I was unable to complete this goal how I would have liked to.