ELECTIVE (SSC5c) REPORT (1200 words)

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

Elective Report

Objectives:

1 What is the prevalence of Diabetes Mellitus and other chronic co-morbidities in Belize and how does this differ to the United kingdom.

2 How does the A&E department differ from the UK and how is that healthcare efficiently provided for the Belize population.

3 To investigate and describe what healthcare promotion steps have been taken to reduce the incidence and prevalence of type II diabetes in Belize and to discuss the success of these measures in tackling this problem

4 I would like to improve my practical and communication skills. Also would like to be more confident in providing care for patients and to reflect on my own personal performance.

1

The Central American Initiative recently conducted a survey illustrating Diabetes mellitus as the leading contributor to mortality in Belize with an overall prevalence shown to be somewhere in the region of 13.1% to 15.6%. This is in stark comparison to the United kingdom where the death rate from Diabetes mellitus ranks as 185th in the world; 172 places below Belize. There are many reasons for this difference.

Furthermore, according to the International Diabetes Federation, more people die as a consequence of diabetes than from violence and HIV/AIDS in Belize. The same study indicates that 80% of diabetic population are classed as low and low-middle income, aged between 40-59, and are statistically more likely to be female. This, again differs from the UK in that the majority of patients are male albeit fall within the same age group.

Chronic co-morbidities such as hypertension are also extremely prevalent with an estimated 28.7% of people said to be suffering from the condition, only half knowing of their diagnosis.

The World Health Organization attributes these differences to be due to a lack of education and awareness of the disease, its process and how it presents, as well as the lack of provisions and follow up care for patients with the disease. In addition, diet is a large contributing factor with fried meat and food products high in saturated fat and sugar being part of the average Belizean staple diet. Furthermore, one important consideration is the cost of medication within the country. People on average salaries often cannot afford to purchase regular prescriptions. Consequently, they only use the correct medication on an irregular basis that therefore contributes to a rising mortality within the country.

2

The A&E department in Belmopan, Belize was extremely different to that which I have experienced on my placements to date. Patients would wait in a small waiting room where a receptionist with a very basic computer system would greet them. There is no IT system in use that would record any patient details such as accurate past medical history. Doctors would instead have to rely on word of mouth and paper records. Waiting times were also extremely large due to severe shortage of staff. The Waiting room had an open plan feel open on both ends. One was in use for the ambulance that would reverse into the building and the other was an open-ended entrance. There were two rooms available which two nurses were using to triage patients. This system of triaging was very similar to that of the UK where patients would then be seen on a clinical priority basis. They do not however have sufficient equipment at their disposable within these two rooms. They would do their best to record basic observations with what they had. These included one automatic blood pressure monitor, thermometer and heart rate machine.

The ward itself comprised of ten or so beds. These beds would usually be at near or full capacity for the majority of the time. There were two nurses on duty and one ward doctor. Patients requiring surgery would often have a large waiting time given that there was one general surgeon on call for the whole hospital. The hospital is equipped with adequate dispensable including sufficient equipment to obtain blood samples. There is however no CT scanner available with the nearest one being an hour drive away in the new capital Belize City. This meant that the doctors had to make do with an X-ray and their own clinical judgment. A lot of emphasis was put on the clinical examination and the finding of clinical signs. Often decisions would be made on the basis of strong clinical clues and a working diagnosis as opposed to a definitive diagnosis proved by imaging. This was a key difference to healthcare in the UK that I took a little bit of time to fully acclimatise to.

A small but nonetheless important point was the dress code. Doctors would wear white jackets and patients definitely felt reassured with them having them on. This is of course very different to the UK where they no longer are in use. As an aside, in the heat of Belize practising medicine in smart clothing can be particularly challenging. It is really important to remain hydrated at all times.

3

Within the hospital, posters have been placed, often created by medical students, which discuss the common symptoms of type II Diabetes. With the large waiting times, patients are often reading these and the healthcare staff are sure that these serve to improve awareness amongst the demographic of patients within Belmopan. In addition to this, doctors and nurses to spend a considerable amount of time explaining the disease and the consequences of poor diet and exercise and emphasizing that prevention is the best form of medicine.

Although I did not visit any small clinics while on elective; some patients did let me know that there were some clinics that have community based nurses that carry out home visits and provide education as well as basic care for those who cannot reach the larger hospitals of the city

4

I was very fortunate to have this opportunity to improve my practical skills at the Western Regional Hospital in Belmopan due to the shortage of staff. I spent most of my time in the A&E department but also managed to help out on the other wards as well as theatre as every department was understaffed. Moreover, I was strongly encouraged to do so as they could always use an extra pair of hands. I was able to take bloods daily, 12 lead ECGS and basic observations. The doctors were also always happy to teach when they had spare time so this was very useful. I was also able to get a lot of practice for my clinical examinations. As explained before, the clinical examination is extremely important with doctors relying on their skills in eliciting medical signs as well as their interpretation skills. I feel that I have come back a more confident medical student and am now much more comfortable at presenting my clinical findings. My performances during the clinical examinations were scrutinized quite heavily. I found this extremely useful as it enabled me to improve my performance giving particular focus to even the most minute of details.

Communication was one aspect of the elective placement that I found particularly challenging. Although the official language of Belize is English; the locals tend to speak a variant of this known as Creole. This can be best described as broken English or text language. In addition, they tend to have a strong Caribbean accent that makes it quite difficult to always understand what is being said especially when speaking fast and in pain. Furthermore, the opposite was also true. The locals would not always understand me either. This all resulted in a few very long conversations when we both would not have a full understanding of what was being said. This was a particular challenge but I felt that I improved over the six weeks that I was there.

Overall, I was happy with my performance. I feel that I can certainly improve my core knowledge and in particular knowledge of surgical procedures for some of the common presentations. This is something I hope to focus on a bit more throughout my foundation training.