

Sreekanth Sakhthibalan ha06196@qmul.ac.uk

CRITICAL
CARE

Date of elective : 5th April 2012 – 15th May 2012

Acute medicine / General medicine

Dr Guillermo Rivas (Womenclinic@belizemail.net)

San Ignacio Hospital

17 Bullet Tree Road,

Cayo District, San Ignacio

Belize

Subject

A medical elective in both general and acute medicine that took place at a community hospital, within the Cayo district of Belize during the month of April as part of the medical elective SSC.

Was it what you expected?

The healthcare system both exceeded and confirmed my expectations of medical services in a country such as Belize. The country itself proved to be an amazing experience. I quickly learnt that you can only learn so much from what you read on the internet and in brochures. Photographic pictures do not do the country justice, nor do they highlight the unbelievable generosity and kindness of the local people. This learning process was mirrored in my clinical experience within the hospital. I had researched a little into the level of care provided in a developing country such as Belize, and assumed that I would be mental prepared to work in such conditions. However, I failed to initially appreciate the differences in medical care between Belize city and a village community hospital such as San Ignacio community hospital. The lack of doctor to patient ratio within the primary care assessment centre of the hospital was overwhelming, both to watch and to be part of.

Clinical experience

My clinical experience in the community hospital varied slightly from the other members of my elective group. Although the lead consultant was a specialist in the field of obstetrics and gynaecology, I felt that my interest in this field was lacking and thus requested a placement within the emergency room and primary care setting within the hospital. Having spent a large bulk of my time within the primary care setting of the hospital, I now fully appreciate the 7 minute time allocations for general practitioners' here in England. Although this may come across as being a bit blasé, but having seen the sheer time pressure that the single doctor was under due to the 20 patient waiting list rather than managerial constraints. Although the doctor was under immense pressure, he managed to give each individual patient the time and attention needed to build a stable doctor-patient rapport whilst still performing the

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necessary initial investigations such as blood pressure and gross funduscopy. I managed to assist the doctor using the experience I had gained from community placements throughout my five years of training at Barts and the London. With all the environmental differences set aside, the essence of the medicine performed by the doctor was at a similar level to what I had been a part of in the NHS.

This contrasted, however, to the care given to patients in the emergency setting. I feel that the lack of resources in such an environment really impacted the way in which the medical staff dealt with the trauma calls. The delay caused by the lack of equipment and staffing was made evident by worsening scenarios, especially when the patient was on the verge of haemorrhagic shock. Unfortunately, one of the similarities between San Ignacio and Whitechapel, was the prevalence of such knife crime.

What did you learn about the people and the country?

I learnt that the people in Belize are some of the most generous and kind people that I have come across during my elective travels. I was able to communicate with the people of Belize freely, which I felt helped me fully appreciate what the people of Belize had to offer. The country of Belize relies heavily on tourism, especially as a developing country. I found that the medical elective programmes run by MedicAway and other companies aimed to increase local business revenue through tourism.

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

The doctors that we came across in the hospital were extremely knowledgeable. Only two of the doctors at the hospital were trained in Belize. The majority of the doctors were from Cuba, where the health care system and medical training is known to be one of the best. The Doctors whom had trained in Belize were very specialised, with such a wealth of knowledge in their respective fields. This is due to the need for each Doctor to go abroad in order to pursue their speciality training before returning back to Belize.

What did you learn about the health care system in that country?

When I first came to Belize I had little insight into the running of the health care system here. I had done research online to help lay a foundation to my knowledge, but I felt that there was a lot more to the structure of the system than I had first appreciated. The chief of medicine at the hospital gave us an introductory lecture on the public health element of healthcare within Belize. I soon learnt that private practice was common place alongside public medicine, and that it was the income gained from such private jobs were used to help fund the public health services.

What were the best bits?

The food and weather were definitely the best bits of my elective in Belize. Each meal we had was home cooked at the restaurants we ate in. Near the end of our time in Belize, we decided to treat ourselves to staying in the Radisson hotel in Belize city, this was paradise within paradise.

What bits did you least enjoy?

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I didnt enjoy the feeling of insecurity whilst walking around Belize city and late night in San Ignacio, however, we were warned by the locals about the risks of doing so.

Were there any shortcomings?

Very few, if anything, i would say that the lack of space within the hospital made it difficult to accommodate multiple students at one time. As a result, we had to rotate around clinics quite quickly. This is understandable though, as a similar method is used in England in order to accommodate students in medical school. Additionally, due to the administrative jobs undertaken by the chief of medicine, we were only able to spend one day a week with him.

Would you recommend the elective to other students?

I would highly recommend this elective to another student as the local area is very interesting and diverse. The hospital staff were very friendly, however, clinical experience can sometimes be difficult to obtain with the numbers of students on the ward.

Would you do anything different?

Not really, i really enjoyed my time at the hospital. If anything, i would have avoided spending time in fields of medicine that i found less interesting, but i understand that it is necessary to do this so as to accommodate all the students.

What did you learn about yourself?

I learnt that i was able to work under time pressures in an unfamiliar environment, something that i hope will allow me to be more successful when starting fy1.

Were there any deviations from risk assessment?

No

How was your accommodation?

Accommodation was initially a bit difficult for us, due to the sheer numbers of us travelling together. The first accommodation that was set up for us by the medical doctors in charge was not suitable for a medical elective. The reason for this is that early starts with so many medical students and only one small showering facility, does not equate to punctuality. As a result, we sought out alternate accommodation, Nephry's resort, which i cannot recommend highly enough.

How were your travel arrangements?

Travelling in Belize is mostly done by coaches and buses. The initial 2 hour bus journey from Belize city to San Ignacio is very busy, especially at peak times. Travelling around Belize is cheap, but only for public transport. Hiring a van is relatively expensive, due to the high price of fuel in Belize. The benefit of staying at Nephry's resort, was that they kindly provided us with a private bus and driver for a fixed price during our stay.

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Other experiences and information useful to future students

Contact Dr Rivas early before the elective period commences, this is because this hospital is extremely popular within medical students, even those who are not at Barts! Try contacting Nephry's resort (jimmy) prior to coming to San ignacio, to avoid dissatisfaction, as it is because of Jimmy at Nephry's that we had such a good time outside of the hospital. Also, go to Pop's for breakfast!

What are the most prevalent conditions in Sarawak, Malaysia? How do they differ from the UK?

Belize has a population of 321,115 where the birth rate is 26.43 births per 1000, and the mortality rate is 5.87 deaths per 1000.

HIV is a common disease where the HIV and AIDS adult prevalence rate is at 2.3% from 2009. The number of deaths are around 500.

The major infectious diseases are food or waterborne diseases such as bacterial diarrhoea, hepatitis A and typhoid. Dengue fever and malaria as well as water contact diseases such as leptospirosis are fairly common.

Trauma is also a big part of the emergency department admissions. This may be similar to that of Whitechapel, however, the majority of trauma admissions is due to machete wounds (a common weapon among gangs in Belize). A complete contrast to England, was the inclusion of snake bite admissions during the late afternoon to the emergency department. There were specific protocols to follow depending on which type of snake was identified as the culprit.

How is the health service delivered in San Ignacio, Belize? How does it differ from the UK?

The health system in Belize mirrors that of the NHS very heavily, due to the colonisation of Belize by the United Kingdom. Health care provision is set up using both primary care and secondary care. The major difference is that GP placements are often found within the hospital and not as satellite buildings. This is because the cost of set up and rent in Belize remains high, and thus general practitioners are often part of the primary care services provided by the hospitals. The above is always true of district hospitals, however, the much bigger city hospitals often have their GP services in separate buildings to maximize the space available for clinics.

Improve confidence in performing basic practical skills in an attempt to be more proficient in fy1?

I was able to perform various clinical examinations and practical procedures on patients throughout my placement. This included taking a thorough history as part of my clinical exploration. Although I did not get to perform any invasive investigations, there was a heavy emphasis on me developing my practical examination skills as well as my history taking and communication skills. I was then able to do various clinical examinations on them and I was able to identify some clinical signs such as irregular heartbeats and murmurs as well as learning to examine trauma wounds to a basic level.

Learn to work in an MDT in an unfamiliar environment to prepare for my FY1 job

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The elective experience differed from my experience as a medical student. This is because as a student, i often found myself as an extra member of the MDT, whereas on elective, due to the lack of staff, i was left on my own to manage patients. I performed regular jobs that a foundation doctor would normally do, such as being the first doctor to see patients and to take a history for my seniors. I did however see lots of team work during emergency room sessions, both verbally and non verbally, as the nurses were on hand for the doctor's instruction at all hours during the day, this ensured that the trauma patient was treated to the best of their ability.

Sreekanth Sakthibalan, Barts and The London Medical School.