

RHUMBA AND RESUSCITATION: EMERGENCY MEDICINE EDUCATION IN THE D.R. CONGO

RAWCS member Dr Vera Sistenich contributed the following article following her recent visit to the Democratic Republic of Congo (DRC) with fellow Rotary E-Club of Greater Sydney member, Lucy Hobgood-Brown.

“Has anyone done resuscitation on a real patient?” A few hands go up in a room of doctors, nurses and medical students. “Has anyone seen a situation where resuscitation should have been started but nobody was there who knew how to do it?” The room erupts with cries of “Papa Wemba!”

On April 24, 2016, DRC’s flamboyant King of Rhumba collapsed and died on stage at the age of 66 during a concert in Côte d’Ivoire. Videos of the incident went viral and it was clear that not even the personnel wearing Red Cross bibs knew how to start CPR. Papa Wemba received a state funeral a few days later and Kinshasa was plastered with banners and murals of grief and commemoration.



Papa Wemba

This was the backdrop to our visit and work on a Congolese initiative to progress emergency medicine education. I am a specialist emergency physician based in Sydney with an interest in developing emergency medicine in low resource settings. Lucy grew up in the Congo where her parents lived and worked. Lucy’s father was Rector of the Université Protestante au Congo (UPC, <https://upc.ac.cd>; <http://www.upcongo.org>); Lucy is also a co-founder of the NGO HandUp Congo (<https://handupcongo.org>) through which she has been doing community development projects since 2005. We met at a development sector social function in Sydney in October 2013 shortly after I returned to Australia from working with the International Committee of the Red Cross in Geneva.

Despite a clear need for, and growing interest in, developing emergency medicine in the DRC, the discipline does not exist as a specialty and there is currently no postgraduate training program for doctors and nurses. There is no functional public pre-hospital system of ambulances and paramedics, although some private hospitals provide an ambulance service. Basic and advanced life support are not a standard part of medical training. Few Congolese medical institutions have the capacity to train recognized specialists of any kind, and most doctors must seek this outside the country. UPC is currently the only university in the Congo able to train family medicine specialists.

After an initial assessment of the potential to deliver emergency medicine education through the UPC infrastructure last year, we returned this year to develop the initiative further. We started our six-week trip in Cape Town at the International Conference on Emergency Medicine where members of UPC were brought together with representatives from the African Federation for Emergency Medicine (AFEM <http://www.afem.info>) and the WHO Emergency, Trauma and Acute Care program (<http://www.who.int/emergencycare/en/>) amongst others, to help shape the project.

Thereafter, we travelled with two Congolese doctors specialising in emergency medicine outside the Congo, Dr Ken Diango and Dr Müller Mundenga, along with Australian nurse Maureen Hurley, to deliver a 3-day emergency medicine training course at five locations across the country where UPC have clinical sites for their family medicine trainees. These included Goma in the east, and Tshikaji, Vanga, Kinshasa, and Kimpese in the west.



L to R: Lucy Hobgood-Brown, Dr Müller Mundenga, Dr Vera Sistenich and Dr Ken Diango arriving in Goma.

The program included didactic and practical modules on resuscitation, paediatric rehydration, trauma management, ECG

interpretation and intravenous access. Over 220 healthcare providers participated and received certificates of attendance as well as a USB each containing the training material in electronic form (kindly donated by Blugibbon <https://blugibbon.com>).



Hands-on emergency care practice in Kimpese.

A core principle of the project is the involvement of Congolese doctors, especially those trained as emergency medicine specialists outside the DRC, in the shaping and leadership of this initiative. The project also aims to establish a component of visiting physicians from overseas to help in on-site teaching.

Throughout the journey, the team enjoyed the fellowship of local Rotary clubs. There are 28 in Congo.

Back in Kinshasa, the team held further meetings, including with the Ministry of Health, and conducted hospital site visits to assess them for suitability for being a pilot site for emergency medicine training. Together with UPC, we are aiming to develop a one-year emergency medicine certificate for Congolese doctors already trained in another specialty, based on an African-centric curriculum developed by AFEM. A longer-term ambition is to train emergency medicine specialists in the Congo based on AFEM's three-year curriculum.

Lucy and I are most grateful for the support of Rotary Australia World Community Service, Rotary E-Club of Greater Sydney, DAK Foundation and many individual donors for their funding and other support. We are constantly on the lookout for further potential donors or suitable collaborators. For more information or to share your comments and ideas, please e-mail handupcongo@gmail.com. For tax deductible donations (in Australia), please visit <http://rawcs.org.au>; Project No. 47, Year Registered 2015-16, "Building a Healthy Congo".



Celebrations after completion of the course in Vanga.