

Advancing SOTA Care in Rural Communities

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INTRODUCTION: 35% of households in eastern DRC require surgical, obstetric or trauma surgery but 25% do not present due to concerns of poor care. SAO ratio 0.4/100,000 and most surgery performed by rural GPs with little practical training. SOTA care is an essential component of Primary Health Care requiring quality improvement assessment and training.

MATERIALS AND METHODS:
A Diploma in SOTA Care Course commenced in 2023. 4 doctors from rural health sites spend 2 months participating in SOTA care skills and knowledge training. Data is collected from participants by pre and post testing of knowledge and skills using a 0 to 10 numerical rating scale. Low-cost basic surgical skills training is used. The course is taught mainly by indigenous specialists in the participants' main language.



RESULTS: Preliminary data from the first 21 participants reveals an average

- **Knowledge improvement 58% → 74%** (pre-testing to post-testing) including mean anatomy confidence **5.9 → 7.5** / physiology confidence **5.7 → 7.7**

- **Overall skills confidence** mean **5 → 8**

Bellwether procedures:

- **Laparotomy 5 → 8**

- **C-section 7 → 9**

- **Management of an Open Fracture 3 → 7**

- **Resuscitation of Critically Ill Patient: 5 → 9** (40% improvement)

- Participant surveys revealed most rural doctors performing surgery had not been trained in the basics of surgical skills or patient safety and found benefit from such a course.

Most did not have access to stable internet for online training.

CONCLUSION: Practical hands-on skills-based upskilling for **rural general doctors** in LMICs, in a structured manner using low-cost options, is effective and essential – it is likely to improve care and encourage those requiring treatment to present early and thereby reduce morbidity and mortality from surgery.