

ABSTRACT

Background

Trauma training provides crucial knowledge and skills for health-care providers in low- and middle-income countries (LMICs). Although such training has been adapted for physicians and emergency personnel in LMICs, few courses have been offered for medical students. The Trauma Evaluation and Management (TEAM) course, developed by the American College of Surgeons, provides a valuable framework for providing this content to medical students in an LMIC-context.

Materials and methods

We implemented the TEAM course at a single medical school in rural Kenya, for final-year medical students, utilizing the multimodal instruction and reference materials provided by the American College of Surgeons. We administered precourse and postcourse assessments, adapted the content for particular low-resource considerations, expanded the course to 2 d, and utilized a multidisciplinary and multinational group of surgical expert instructors.

Results

The entire final-year medical school class participated, and all completed pretesting and posttesting (100%, $n = 61$). Posttesting revealed significant improvement ($P < 0.001$), demonstrating successful knowledge acquisition, with the greatest improvements among the poorest performing decile on the pretest ($P < 0.05$). On narrative course feedback (100% completion, $n = 61$), participants appreciated instructors' interactive teaching style and the course's practical demonstrations, while requesting more time allotment for trauma training.

Conclusions

We describe the feasibility of implementing TEAM training for final-year medical students in Kenya and demonstrate the course's effectiveness in this context as shown by knowledge acquisition. We plan for additional study to assess interval knowledge and skill retention. With refinement based on these results, we plan to repeat and expand trauma-education initiatives for medical students in LMICs.