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ORIGINAL ARTICLE / ÖZGÜN ARAŞTIRMA MAKALESİ

Assessing the Disaster Preparedness and START Triage Knowledge Levels of Intern Doctors After the Kahramanmaraş Earthquakes

Kahramanmaraş Depremleri Sonrası İntörn Doktorların Afet Hazırlık ve START Triyaj Bilgi Düzeylerinin Değerlendirilmesi

Ömer Taşkın[1], Çağla Okyar[2], Emre Çağırır[1], Nezihat Rana Dişel[1]

ABSTRACT

Aim: This study aims to evaluate the disaster preparedness levels and START (Simple Triage and Rapid Treatment) triage knowledge of intern doctors at Çukurova University Faculty of Medicine following the Kahramanmaraş earthquakes on February 6, 2023.

Material and Methods: This cross-sectional, descriptive study included 246 intern doctors. Participants completed an online study form that includes questions on demographic data, earthquake experience, disaster preparedness, psychological impact, and START triage knowledge. Open-ended questions were subjected to qualitative content analysis.

Results: It was found that 85.8% of the participants were in an apartment building during the earthquake, and 61.8% were psychologically affected. Only 15% of the participants had a disaster/emergency bag, and 22% felt prepared for a future disaster. A success rate of 35% was found in the START triage questions. Those who were successful were found to have a higher rate of knowing disaster assembly areas. The analysis of open-ended questions revealed five main themes: "the necessity of taking a role," "the need for training and competence," "volunteering," "auxiliary role," and "opposing views".

Conclusion: Despite having experienced an earthquake and showing willingness to take part in disaster relief efforts, intern doctors do not feel sufficiently prepared for disasters. This situation suggests that disaster medicine education should be supported by not only theoretical but also practical and simulation-based approaches. The curriculum should be restructured and addressed with an interdisciplinary approach.

Keywords: Intern doctor, medical student, earthquake, triage, disaster, disaster preparedness

ÖZ

Amaç: Bu çalışma, 2023 yılında Kahramanmaraş'ta meydana gelen depremlerin ardından Çukurova Üniversitesi'ndeki intörn doktorların afet hazırlık düzeylerini ve START (Simple triage and rapid treatment) triyaj bilgilerini değerlendirmek amacıyla yapılmıştır.

Gereç ve Yöntemler: Bu kesitsel, tanımlayıcı çalışma 246 intörn doktoru kapsamaktadır. Katılımcıların doldurduğu çevrimiçi çalışma formu, demografik veriler, deprem deneyimi, afet hazırlığı, psikolojik etki ve START triyaj bilgisi ile ilgili sorular içermektedir. Açık uçlu sorular nitel içerik analizine tabi tutulmuştur.

Bulgular: Katılımcıların %85,8'inin deprem sırasında apartman dairesinde olduğu ve %61,8'inin psikolojik olarak etkilendiği tespit edildi. Katılımcıların sadece %15'inin afet/acil durum çantası olduğu ve %22'sinin gelecekteki bir afete hazırlıklı hissettiği belirlendi. START triyaj sorularında %35'lik bir başarı oranı tespit edildi. Başarılı olanların afet toplanma alanlarını bilme oranının daha yüksek olduğu tespit edildi. Açık uçlu soruların analizi beş ana tema ortaya çıkarmış olup bunlar: “rol üstlenmenin gerekliliği”, “eğitim ve yetkinlik ihtiyacı”, ‘gönüllülük’, “yardımcı rol” ve “karşıt görüşler”dir.

Sonuç: Deprem deneyimi yaşamış ve afet yardım çalışmalarına katılmaya istekli olmalarına rağmen, intörn doktorlar afetlere yeterince hazırlıklı hissetmemektedir. Müfredat yeniden yapılandırılmalı ve disiplinler arası bir yaklaşımla ele alınmalıdır.

Anahtar Kelimeler: İntörn doktor, tıp öğrencisi, deprem, triyaj, afet, afet hazırlığı

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[1]Çukurova University, Department of Emergency Medicine, Adana, Türkiye

[2]Çukurova University, Department of Medical Education and Informatics, Adana, Türkiye.

Corresponding Author: Ömer Taşkın. **Address:** Çukurova University, Department of Emergency Medicine, Adana, Türkiye. **Telephone:** +90 543 620 93 30 **e-mail**: omertaskinmd@gmail.com.

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Introduction

The Kahramanmaraş-centered earthquakes that occurred in Türkiye on February 6 and February 20, 2023 affected 11 provinces, resulting in 50,783 deaths and more than 115,000 injuries according to official reports (1). Approximately 14 million individuals, corresponding to 16% of the national population, were directly affected (2). Following the earthquakes, in addition to research on the physical effects of the disaster, there were also studies on the psychological impacts. In light of this research, many medical faculties have updated their curricula to increase the focus on disaster-related topics (3,4).

Providing healthcare services during disasters is particularly difficult due to damaged infrastructure, workforce shortages, and delayed access to resources. Physicians play a central role in disaster response, making disaster preparedness and triage knowledge critical competencies (5,6). In addition to hospital disaster plans (HDP) in disaster-stricken regions, disaster training is organized by universities, governmental and non-governmental organizations (7,8).

Medical students, particularly intern doctors, represent a unique group in disaster response. Although not yet fully licensed physicians, they often participate in healthcare delivery during crises. However, data on their disaster preparedness and knowledge remain limited. This study aimed to evaluate earthquake experiences, disaster preparedness, and START triage knowledge among intern doctors who experienced the Kahramanmaraş earthquakes, contributing evidence to inform medical education planning.

Material and Methods

This single-center, observational, descriptive study was conducted at Çukurova University Faculty of Medicine, Adana, Türkiye. Ethical approval was obtained from the Non-Interventional Clinical Research Ethics Committee of Çukurova University Faculty of Medicine (Decision No. 155/7, May 16, 2025). The study population consisted of sixth-year medical students (intern doctors) enrolled during the 2024–2025 academic year. The survey form was distributed electronically to all eligible interns. The first question of the online form asked participants whether they agreed to participate in the study. Only students who provided electronic informed consent were allowed to proceed with the questionnaire and were included in the study.

Data were collected using an online questionnaire distributed via Google Forms. The survey included demographic variables, earthquake experiences, disaster preparedness indicators, psychological impact, and START triage knowledge. START triage training had been provided at the end of the fifth year within the “Basic healthcare in emergency situations” module. The START triage knowledge questions consisted of six scenario-based/theoretical items designed to evaluate participants’ understanding of the START triage algorithm. The full questionnaire is provided as a Supplementary File. Six questions assessed START triage knowledge; participants answering all correctly were classified as successful. An open-ended question explored opinions on intern doctors taking roles in disaster situations. Responses were analyzed using qualitative content analysis as described by Forman and Damschroder (9).

Statistical analyses were performed using Jamovi v2.6.26.0. Categorical variables were presented as frequencies and percentages. Normality was assessed using the Shapiro–Wilk test, histograms, and Q–Q plots. Normally distributed variables were reported as mean ± SD, and non-normally distributed variables as median (IQR). Group comparisons were conducted using Pearson’s chi-square or Fisher’s exact test for categorical variables and the Mann–Whitney U test for non-normally distributed numerical variables. A p-value <0.05 was considered statistically significant.

Results

Of 339 students contacted, 246 were included in the analysis (Figure 1). Of the participants, 117 (47.6%) were female and the median age was 25 years (IQR: 24–25). Regarding family monthly income, the most common category was 50,000–<100,000 Turkish Liras (TL) (37.8%), followed by minimum wage–<50,000 TL (28%). Most participants reported a personal monthly income at the minimum wage level (66.3%). At the time of the earthquake, the majority of participants were in Adana (90.2%), while small proportions were in Osmaniye (2.8%), Gaziantep (0.8%), Hatay (2%), Şanlıurfa (0.4%), and Malatya (0.8%), and 2.8% were outside the earthquake zone.

During the earthquakes, 85.8% were in apartment buildings, and 61.8% reported psychological impact. Relatives of 31.3% and friends of 45.1% were physically affected. Only 15% reported having a disaster/emergency bag at home, and 78% stated they did not feel prepared for a future disaster.

The START triage success rate was 35%. Participants who were successful in START triage questions were significantly more likely to know disaster assembly areas near their residence (51.2% vs. 35.0%, p=0.014) and at the university (59.3% vs. 38.1%, p=0.001). No significant differences were observed between groups regarding gender, disaster exposure, volunteering, or perceived preparedness. The findings are shown in Table 1 and 2.

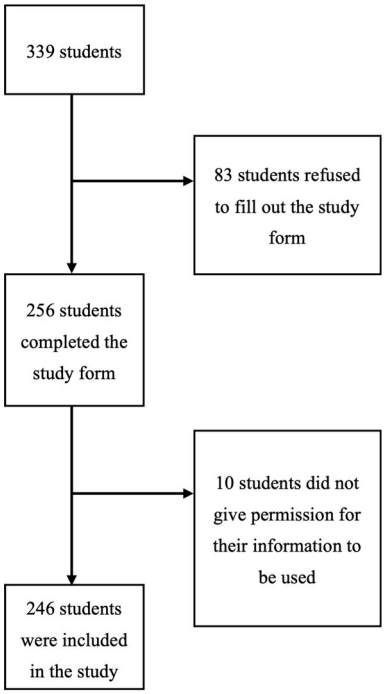


Figure 1. Flowchart of the participants

Open-ended responses to the question regarding intern doctors' roles in disaster situations were analyzed using qualitative content analysis (11) yielding five main themes: necessity of taking a role, need for training and competence, voluntary participation, auxiliary and limited roles, and opposing views (Figure 2).

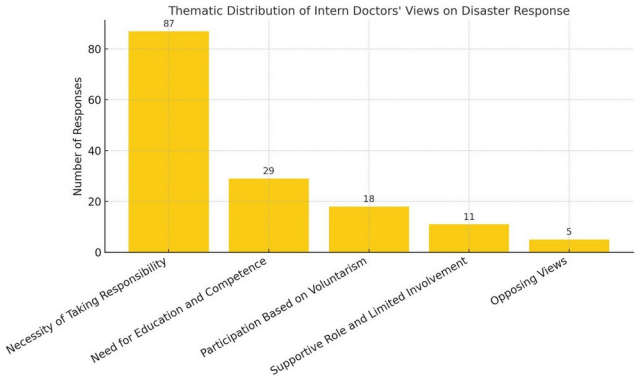


Figure 2. Distribution of thematic opinions

		START triage questions		
	Total	**Successful**	**Unsuccessful**	**p**
Gender (female)[c], n (%)	117 (47.6)	37 (40.4)	80 (50.3)	0.352[1]
Who were you with when the earthquake struck? n (%)				0.225[1]
Alone	52 (21.1)	21 (24.4)	31 (19.4)	
With friends	108 (43.9)	41 (47.7)	67 (41.9)	
With family	86 (35)	24 (27.9)	62 (38.8)	
If you were not with your family during the earthquakes, were they in the earthquake zone? n (%)				0.919[1]
Yes	42 (26.3)	16 (25.8)	26 (26.5)	
No	118 (73.8)	46 (74.2)	72 (73.5)	
What type of building were you in during the earthquake?[d] n (%)				**0.049[1]**
House	31 (12.6)	6 (7.1)	25 (15.9)	
Apartment building	211 (85.8)	79 (92.9)	132 (84.1)	
How many floors did the apartment building you were in have during the earthquake? (floors), median (25-75% IQR)	8 (5-12)	7 (5-12)	5 (5-12)	0.367[3]
Which floor were you on in your apartment building during the earthquake? (floor), median (25-75% IQR)	4 (2-6)	3 (2-5)	4 (2-6)	0.230[3]
Was the building you were living in damaged?[e] n (%)				0.707[2]
Without any damage	131 (56)	44 (52.4)	87 (58)	
Minor damage	98 (41.9)	38 (45.2)	60 (40)	
Severe damage	5 (2.1)	2 (2.4)	3 (2)	
Has the building where your family lives been damaged?[b,e], n (%)				0.224[2]
Without any damage	81 (41.3)	22 (31.9)	59 (46.5)	
Minor damage	94 (48)	39 (56.5)	55 (43.3)	
Severe damage	17 (8.7)	7 (10.1)	10 (7.9)	
Demolished	4 (2)	1 (1.4)	3 (2.4)	

Table 1. Demographic characteristics and earthquake location of the participants

1, Pearson's chi-square test; 2, Fischer's exact test; 3, Mann-Whitney u test; b, those who do not live with their families, whose families are in the earthquake zone; c, those who answered "I do not want to disclose" were removed; d, those who were not in the earthquake zone and those who were not in the building were removed; e, those who answered "I do not know" were removed.

		START triage questions		
	Total	Successful	Unsuccessful	p
Have earthquakes affected you physically or psychologically? n (%)				0.433[1]
No	92 (37.4)	35 (40.7)	57 (35.6)	
Yes, physically	24 (9.8)	11 (12.8)	13 (8.1)	
Yes, psychologically	152 (61.8)	50 (58.1)	102 (63.7)	
Has anyone in your nuclear family been physically affected by earthquakes?[e] (yes), n (%)	7 (2.8)	2 (2.4)	5 (3.1)	1.00[2]
Did any of your relatives suffer physical harm in the earthquakes?[e] (yes), n (%)	77 (31.3)	33 (39.3)	44 (28.4)	0.085[1]
Did any of your friends suffer physical harm in the earthquakes?[e] (yes), n (%)	111 (45.1)	40 (47.1)	71 (45.2)	0.784[1]
Did you serve as an official after the earthquakes? (yes) n (%)	26 (10.6)	6 (7)	20 (12.5)	0.179[1]
Did you serve as a volunteer after the earthquakes? (yes) n (%)	105 (42.7)	38 (44.2)	67 (41.9)	0.727[1]
Did you receive psychological/psychiatric support after the earthquake? (yes), n (%)	18 (7.3)	5 (5.8)	13 (8.1)	0.507[1]
Do you have a disaster/emergency bag at home? (yes), n (%)	37 (15)	13 (15.1)	24 (15)	0.981[1]
Where are you staying right now? n (%)				0.109[1]
Student residence	45 (18.3)	18 (20.9)	27 (16.9)	
With family	81 (32.9)	20 (23.3)	61 (38.1)	
With friends	36 (14.6)	16 (18.6)	20 (12.5)	
Alone	84 (34.1)	32 (37.2)	52 (32.5)	
Do you know the emergency assembly areas near where you live? (yes), n (%)	100 (40.7)	44 (51.2)	56 (35)	**0.014**[1]
Do you know the emergency assembly areas at the university? (yes), n (%)	112 (45.5)	51 (59.3)	61 (38.1)	**0.001**[1]
Did you receive any disaster training at your school before or after the earthquakes? (yes), n (%)	210 (85.4)	76 (88.4)	134 (83.8)	0.328[1]
Have you received any disaster training other than that provided at your school before or after the earthquake? (yes), n (%)	48 (19.5)	17 (19.8)	31 (19.4)	0.941[1]
Do you feel prepared for a future disaster? (yes), n (%)	54 (22)	21 (24.4)	33 (20.6)	0.493[1]

Table 2. Earthquake experiences, disaster preparedness, and disaster-related knowledge of the participants

1, Pearson's chi-square test; 2, Fischer's exact test; 3, Mann-Whitney u test; b, those who do not live with their families, whose families are in the earthquake zone; c, those who answered "I do not want to disclose" were removed; d, those who were not in the earthquake zone and those who were not in the building were removed; e, those who answered "I do not know" were removed.

The most prominent theme was the necessity of taking a role, with participants emphasizing professional responsibility and identity development, as reflected in statements such as: "We are physicians; we should act like physicians in difficult times." The second most common theme was the need for training and competence, highlighting insufficient practical preparation and the requirement for structured disaster-specific education (e.g., "They can take on a role after receiving more realistically prepared training for disaster situations").

Other themes included voluntary-based participation ("It should be based on volunteering"), preference for auxiliary roles under supervision ("We can work as an assistant physician under a specialist or senior resident"), and opposing views related to legal status, safety, and inadequate training ("I think intern doctors should not take on roles in disaster situations").

Discussion

Considering the critical role of doctors in providing healthcare services after disasters, the knowledge and preparedness of medical students, for disasters is of great importance. The findings indicate that disaster education should not be limited to the transfer of theoretical knowledge but should be restructured to also increase students' awareness and preparedness for disasters.

It was found that almost all participants experienced the earthquake in Adana, and their families and relatives were also in the earthquake zone. A systematic review published by Sehlikoğlu et al. stated that the diagnosis of post-traumatic stress disorder (PTSD) among healthcare workers varied between 3.2% and 30% (10). In the study by Çiftçi and Kılınç, which examined the sleep and mental health of healthcare professionals after the Kahramanmaraş earthquakes, the PTSD scores of those who had experienced the earthquake were found to be higher than those who had not (11). In this study, although students were not directly physically affected, the fact that their relatives were physically affected by the earthquake may have increased their psychological impact levels.

Carter et al. reported that although psychological problems such as sleep disturbances and anxiety decreased over time among medical students after the 2010–2011 New Zealand earthquakes, only 5.8% received professional support for anxiety (12).

Arslan et al. reported that 33.7% of clinical and 64.2% of preclinical medical students had a disaster and emergency bag at home (13). Karakaya et al. reported that 75.5% of students had previous earthquake experience, 17.3% owned a disaster and emergency bag, and 40.3% knew the emergency assembly point (14). In this study, despite high psychological impact (61.8%), disaster preparedness was low, with only 15% owning a disaster and emergency bag and 7.3% receiving psychological support. These findings suggest risk underestimation among young individuals and indicate that disaster experience and training alone may be insufficient to translate awareness into preparedness behaviors, highlighting the need for repeated and sustained training.

Demiray et al. reported that 42.9% of intern doctors had prior disaster experience and 59.2% had family members affected by a disaster (7). Although 75.5% of participants expressed willingness to work in disaster-affected areas, only 16.3% knew campus assembly areas and 10.2% felt prepared for disasters, with higher exam scores associated with better knowledge of these locations. In the present study, successful START triage performance was more frequent among those who experienced the earthquake in apartment buildings and was associated with greater awareness of disaster assembly areas. Nevertheless, perceived preparedness remained low, as only one-quarter of successful participants reported feeling prepared for a future disaster.

Content analysis showed that the dominant theme was the necessity of taking a role, with most participants expressing a strong sense of professional responsibility and willingness to contribute during disasters. The second most common theme was the need for training and competence, highlighting concerns about insufficient knowledge, skills, and psychological preparedness. These findings indicate the need for a more systematic integration of both theoretical and practical disaster medicine training into the medical curriculum and are consistent with the existing literature (15-17).

Disasters place sudden and substantial demands on healthcare systems, and intern doctors may play an important supportive role. However, effective and safe participation requires structured training rather than goodwill alone. Competency-based education in disaster triage, basic life support, field safety, crisis communication, and psychological resilience is essential for functional involvement in disaster settings.

Disaster medicine education has been shown to enhance medical students' disaster response competencies and professional self-confidence (18,19). Consistent with these findings, our participants expressed willingness to participate in disaster response but emphasized the need for specific knowledge and skills, supporting the inclusion of mandatory, practice-based disaster medicine training in medical curricula.

The UN Sendai Framework for Disaster Risk Reduction 2015–2030 identifies disaster medicine training as a core component of preparedness capacity under its priority of understanding disaster risk. Consistently, disaster medicine education has been supported through federal regulations in Germany, AAMC recommendations on bioterrorism training, and WADEM guidelines emphasizing standardized education for disaster response (17,20). In parallel, disaster-related topics have been incorporated into Türkiye's National Core Education Program to guide undergraduate medical education (21).

Although national and international guidelines recommend disaster-related content in medical curricula, specific competencies and learning outcomes remain insufficiently defined (16). To enable effective, safe, and ethical participation in disaster settings, curricula should be restructured around clearly defined, measurable, and application-based learning outcomes using an interdisciplinary approach. Disaster medicine education should extend beyond theoretical instruction to include scenario-based simulations, mass casualty drills, and structured decision-making exercises, addressing cognitive, affective, and psychomotor competencies. This training should be longitudinally integrated across preclinical, clinical, and internship phases and developed collaboratively with disciplines such as public health, psychiatry, forensic medicine, and bioethics.

Limitations

The single-center design limits generalizability. Additionally, findings reflect self-reported data, which may be subject to response bias. In addition, the START triage assessment evaluated theoretical knowledge through scenario-based questions rather than real-life triage performance, which may limit the ability to fully reflect practical decision-making in disaster settings.

Conclusion

Intern doctors demonstrated willingness to participate in disaster response but reported insufficient preparedness and practical competence. Disaster medicine education should be strengthened through experiential, simulation-based, and interdisciplinary approaches. Enhancing preparedness among medical students is essential to ensure effective and safe healthcare delivery during disasters.

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Ethical Approval: The ethical approval was obtained from the Non-Interventional Clinical Research Ethics Committee of Çukurova University Faculty of Medicine (Decision No. 155/7, dated May 16, 2025).

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