Training of International Young Professionals in Disaster Medicine and Management, Gadjah Mada University, Yogyakarta, Indonesia

By Chi Hau TAN

It was an unbearably hot afternoon in Yogyakarta. We were at the Sardjito Hospital, being briefed by the Chief of Emergency about the structure of the department. According to him, the department was usually very busy with only one doctor and one nurse on call. Nonetheless it appeared to be particularly quite on that day, except two patients who were suffering from acute myocardial infarction and dengue hemorrhagic fever with meningitis respectively. All of a sudden, the first patient became unstable and resuscitation was carried out. At the same time, six other patients, who seemed to have been involved in car accidents, were rushed into the department by the ambulances. They were bleeding excessively from the heads and chests. One patient even had an open leg fracture. Some of them were in the state of delirium and the situation was really out of control. We were immediately handed stethoscopes and asked to assess the patient’s vitals and stabilize them. Needless to say, our hearts were racing and adrenaline pumping. Fifteen minutes later, the atmosphere in the department changed abruptly and applause was audible. The victims were seen sitting up on the beds with broad smiles, apparently without any real injuries. At that instant, we realized that it was in fact a simulation to assess our responsiveness to the wounded, especially under stressful conditions. It was definitely one of the most memorable experiences throughout the summer course.

Being the epicenter of earthquakes and volcanic eruptions, Yogyakarta is definitely an excellent place to learn about various issues regarding natural disasters. Several speakers addressed a number of specific issues that arise during emergencies and disasters. One of them mentioned about disaster victim identification and dead body management. Albert Maramis, the WHO representative in Indonesia, spoke about the importance of tackling mental and psychosocial issues after a traumatic event. Dr Carla Marchira also explored the use of therapeutic communication in managing these mental health problems. Nur Azid Mahardinata from the medical faculty of the host university discussed about the ethical issues in disasters and principles in approaching these dilemmas in emergencies. Dr Paul Byleveld from the Australian Red Cross brought forward issues regarding communicable disease control and introduced us to the Sphere Project.

Four sessions had particularly been devised in preparing us for practical actions. We first learnt to save drowning victims in a swimming pool with and without equipment during the water rescue training. Following that, we were required to provide aid to the victims while rafting. Secondly, a clinical skills day on triage, basic life support, intubation, suturing and victim transport was conducted. The most amazing session was probably the one when we were being taught to fully utilize limited resources – banana leaves as bandages, ice cream sticks as splints, jackets as stretchers, flip-flops as cervical collars. Last but not least, we took part in role-playing for another simulation on the final day of the course to reinforce previously acquired knowledge on triage, treatment and transport of victims.

To sum things up, this course provides an interdisciplinary learning experience related to all phases of disaster cycle through the disaster simulation, skills training, field trip, group discussion and interactive lectures.