

The value of medical volunteering

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Whilst the meaning of words can evolve with time and historical events, the word “volunteer”, deriving from the Latin word *voluntarius* meaning “willing” or “of one’s choice”, epitomises its origins in its current implications and uses. Today, the Oxford English Dictionary defines volunteer as, “one who voluntarily offers his or her services in any capacity; one who of his or her own free will take part in any enterprise”.¹ In the medical field, volunteering is often associated with care, services and aid in the context of humanitarian crises, public health emergencies, or low- and middle-income countries with roots in colonialism and a reciprocal “the helper and the helped” dynamic. However, medical volunteering is prevalent closer to home perhaps more than we might be aware. One such UK-based non-profit registered charity is Festival Medical Services (FMS): the charity aims to provide efficient and high-quality medical services at UK-based events with the underlying vision of broader and far-reaching transformative change via the utilisation of funds raised to support global health-related charities. Following the completion of my First Responder Emergency Care Level 3 Certification, I have volunteered with FMS as a first responder in pre-hospital teams for several years.

Though volunteering describes an act that is selfless, it is a rewarding undertaking with much to be gained by the volunteer themselves. The value of medical volunteering as a medical student, I believe, is conspicuous and incontestable; there are opportunities to develop one’s clinical and communication skills and to acquire new ones. However, as I learnt through accruing experiences at different events, the learning extends beyond that which is tangible and related to skills refinement. I will henceforth attempt to outline this by

recounting a memorable pre-hospital experience.

Despite cumulating a breadth of pre-hospital experience across a variety of events, before each shift I am always overwhelmed with excitement. This excitement is also entwined with anticipation and apprehension as to what the imminent shift will engender. Thoughts that pervade my mind include, “Do I still remember all the key details from my training to be able to manage difficult patient cases? What if I encounter an outlandish presentation? Am I capable of managing this effectively? Will I be able to find my way around the vast perimeter of land hosting the festival/event?” On one hand, we dare not to utter the hapless and ill-omened “Q-word” (quiet) in fear of awakening the superstition that turmoil will be unleashed. On the other hand, though we do not wish for individuals’ ill-health, we hope that the shift will not be so “Q-word” as to be uninteresting. Indeed, I, alongside others, always hope for there to be a balance.

During one of my very first shifts, the aforementioned balance was disproportionately skewed towards there being a series of critical incidents. As a volunteer, you often meet the team members you are working with during shifts for the very first time at the start of the shift, thereby adding to the complexity of managing critical incidents. However, there had been a premonition amongst the current working team that the next act would foment some unrest and inspire intrepid daredevil behaviour amongst the young crowds, having notoriously done so when they performed several years ago. Thus, we were fortunate in that the former team judiciously chose to remain past the handover period and extend their working

hours into their free time. Such prudent preventative measures did make me wonder whether the knowledge, both of performers and spectators, that there are medical teams at festivals may perpetuate the normalisation of health-detrimental behaviours, as we were soon to experience. Is this just? And is there a way of ensuring that medical teams' resources are equitably distributed?



As the havoc-wreaking act began to perform, as anticipated, there was a crescendo influx of patients into the medical tent. Initially, most presentations were panic attack-related due to the formation of mosh pits and the rapid inundation of fans into the spectator viewing area, or related to the acute sequelae of excessive alcohol consumption and possibly the consumption of illicit drugs as well. The latter patients, on the whole, were either nauseated, already vomiting, or found unconscious. Thus, the atmosphere in both the medical tent and the arena was heightened. This situation could have easily overwhelmed me as a rookie first responder; however, I kept my head down and focussed on my predetermined role. This involved bringing patients in, ensuring their safe positioning an appropriate distance away from one another, exploring their presenting complaint, and rapidly taking some basic observations before summarising and feeding my findings back to the nurse in charge. However, the number of patients entering the tent imminently and almost exponentially skyrocketed and, as a result, I quickly assumed the role of "scribe" whilst also dealing with the simplest of cases. Being one of the most junior team members, my assumption of this role was a means to release the more experienced and qualified team members to focus their attentions on delivering high-quality patient care to a group of increasingly sicker patients. Indeed, amongst the second influx of patients, several were critically unwell: one with greatly reduced consciousness, one with a traumatic musculoskeletal injury, one patient with epilepsy who presented actively seizing, and the most critically ill of all was a patient in cardiac arrest.

Per our predetermined and assigned roles, the more senior team members flocked to help out with the cardiac arrest. Adult Life Support (ALS) was swiftly commenced on the patient and their transfer via ambulance to the on-site medical centre was rapidly arranged. I continued my role of ensuring that patients' details were being documented and scribed; however, was also assigned to the role of "runner", if necessary. Moreover, to ensure sufficient privacy, dignity, and confidentiality for the cardiac arrest patient and so as not to distress further other unwell patients, my next role was to try to clear out the medical tent as much as possible. Thus, despite the tent teeming with people and the circumambient chaos, the medical team was strategically organised in our mobilisation and activities.

I left this shift feeling somewhat hopeless due to the minute role I assumed, taking on a "follower" over frontline roles. However, personal reflection alongside a whole team debriefing enabled me to recognise the value and salience of my roles in the smooth running of the team and management of events as well as to learn more about my own personal qualities, character traits and values. Moreover, through the debriefing, I learnt more about effective clinical governance in medical volunteering. Firstly, medical volunteering does not in any

way equate to less accountability or a lower quality of care due to a presumed lack of regulations, supervision, or fewer high-level systems in place as in hospitals. On the contrary, the debriefing was organised to establish a timeline of events, and promote resolution and welfare for the staff involved, with opportunities to establish and act on learning points. It was a real comfort to understand from the debriefing that the decisions taken, and interventions carried out, were agreed to have been appropriate and timely by senior medical staff and non-clinical managers. Furthermore, the debriefing highlighted the paramountcy of safeguarding everyone's health, whether a patient's or a colleague's, for the sustainment of high-quality healthcare. Secondly, this experience illuminated how, by simply sharing the same values as others, one can rapidly and truly become part of a community. I experienced how forthright communication was key to achieving this, but also that I was able to quickly build rapport with colleagues by being empathetic, kind, respectful and supportive, whenever needed.

In terms of learning about myself, I feel that I had been enlightened as to my demeanour and how I carry myself in such high intensity situations and unfamiliar territories. Clinical skills simulation sessions, often with a small audience and although made to be as realistic as possible, can only teach you so much about yourself in this sense. Whilst at times during the shift I may have felt slightly overwhelmed, I feel that I was able to navigate these feelings quietly and composedly by remaining calm, level-headed and keeping a clear mind, and by being flexible, adapting to the unforeseen circumstances. If I ever felt out of my depth, I felt confident to call for more senior support, something that can often feel unnerving as a medical student on clinical placements for fear of disturbing or vexing senior staff with an issue that may be "trivial", or for being deemed "incompetent" or unknowledgeable.

Thus, in addition to amassing clinical and communication skills, an invaluable learning point from this experience was my better appreciation of and confidence in my own capabilities, as well as the individual resilience that I started to build whilst being immersed in a supportive, highly-professional team delivering excellent medical care.

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References

1. volunteer – Quick search results | Oxford English Dictionary [Internet]. Oxford: Oxford University Press; [updated 2023; cited 06 December 2023]. Available from: <https://www.oed.com/search/dictionary/?scope=En-tries&q=volunteer>