

Learning the ropes of St John

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As busy medical students combating a complex curriculum during office hours with a high study workload after hours, we often try to maintain a hobby; something, somewhere outside of medical school. That may be music, sports, Netflix, or chilling on the beach. For me, it's St John ambulance.

How did I get involved?

A good friend of mine who used to volunteer for St John asked if I wanted to give it a crack. He said, 'I reckon you'd enjoy it'. Initially, I wondered who in their right mind would work I2 hours a day for free, but the more I heard about his 'work' stories, the more I thought 'why not?', and that was nearly ten years ago.

After an intensive interview, a series of assessments, and several weeks of waiting, I was finally accepted. The training sessions were intense, yet exciting. They were very practical, with hands-on skills and critical problem solving. For example, in a team of five we performed cardiopulmonary resuscitation (CPR) for 45 minutes, as well as a log roll to move the patient onto their side, suction, and bag masking. You may argue that in most cases, you'd call it after 20 minutes of resuscitation, but it reinforced the need for teamwork and communication.

The skill and knowledge I have learnt with St John have been invaluable to my medical school training. Indeed, using my time at St John to complement my medical training was initially my goal. I set aside time each month to attend training, and spend time crewing an ambulance to increase my clinical exposure with acute cases. After several years in the service, my aim has changed somewhat to using my spare time to help the community. Whether that be at large events to provide simple first aid, or being at the frontline to attend emergencies, every little bit helps, and it has become more of a passion then a volunteer 'job'.

Memorable cases

As an emergency responder there are a lot of memorable moments – some are good, and some can be haunting.

I still remember my first cardiac arrest callout. This was in my first year of service before I gained my ambulance practice qualification. I

was crewing an ambulance with a paramedic and another volunteer one evening. As the other volunteer finished up at midnight, the paramedic asked if I'd like to stay on. This would mean there was an extra double crewed ambulance on overnight, and for me, more first-hand experience. I leapt at the opportunity. Sure enough, soon after midnight we were dispatched to a cardiac arrest. I still remember how excited I was and at the same time very scared of not knowing what to do. When we arrived, two other ambulances were already there before us. I walked in and I froze; I did not know what I needed to do. It felt like I was standing there for a long time, but it was seconds before I was tasked by the paramedics to prepare for extrication. The patient was defibrillated back into sinus rhythm 17 times on the way to the hospital. They were discharged a week later.

Another case comes to mind. We were double crewed in an ambulance. We were dispatched to a purple call; this is when someone is imminently dying. I was focused on getting there under lights and sirens, meaning we didn't get a chance to read the notes on what we were going to. This case was most unusual. The person waving at us on arrival was crying and screaming, whereas usually when people see us arrive, they are relieved. My gut feeling was telling me this wouldn't be good. As we arrived the patient was lying on the floor obviously cyanosed, and bystander CPR was in progress. The person had attempted suicide. With the experience we have built up over the years, we acted almost spontaneously into DRSABCs (emergency response protocol). The basics, but done well was an absolute priority until a senior paramedic arrived. It was a very stressful situation, there was a lot of tension and emotion in the room. Those are the type of experiences gained that we cannot learn from a book or Undergraduate Medicine and Health Sciences Admission Test. Inevitably we may come across similar situations in our career as doctors, so it's critical that we can debrief about these scenarios and have someone that we can talk to about these types of cases.

The 2010 and 2011 earthquakes, from a learning perspective, stood out from my time with the ambulance service. I remember telling myself, 'this is what we trained for'. I remember walking in the Christchurch central business district, with collapsed buildings and crushed cars on either side. We were doing maximum hours to assist. I was initially based in front of a collapsed building helping to triage people being rescued

from the building. The next day I helped set up a welfare centre for those that lost their homes. I remember the large amounts of food and water that was generously donated. Those positive moments of the community pitching in stand out in what was a difficult time for all of us.

Some of the most memorable cases are not always the dramatic or life-threatening events. I think of the elderly ones that have taken a tumble and just need our help to get them up, check them over, and make them a cup of tea. It's truly about being out there and helping the community.

What can an ambulance officer do?

As a volunteer ambulance officer, you can start doing event first aid and primary-care duties. Some events are more enjoyable then others. For example as I am writing this, my next event is Warbirds Over Wanaka – accommodation is provided, as is free entry! That is an excellent perk.

Other events you could volunteer at include car racing, horse riding, marathons, music concerts, and more. After about two years of that you are eligible to be selected to join the frontline ambulance. An ambulance qualification allows you to administer drugs ranging from a weak opioid and inhaled anaesthetic, to life-saving intramuscular adrenaline. There is also a range of skills such as laryngoscopy for airway obstruction and fractured femur splinting that you can do. Emergency medical technicians can deal with 60%–70% of the calls coming to the ambulance service.

Are there limitations?

It's not a limitation, but being an ambulance volunteer certainly does require commitment. Despite being a medical student, I am still required to attend training up to once a fortnight. There is a requirement to do at least two shifts a month, whether that be a three hour rugby game or a 12 hour ambulance shift. Then there is authority to practice requirements. This aims to keep up our clinical exposure and applied knowledge. There is also yearly continuing education — this is topical around the updates in practice, it may be new research about resus or an essential skills refresher. There is one limitation — I cannot go to Wellington School of Medicine, mainly because they use Wellington Free Ambulance, while the rest of New Zealand are covered by St John.

What do I like about St John?

St John is like a huge extended family to me. I have so many mentors and people that I look up to that I'd like to thank, but that would take up every article in this journal! There is so much that I have learned as a St John member that I could not have learned from medical school. St John volunteer members all work for the common good but come from extremely diverse backgrounds. There are retailers, tradesmen, health professionals, pilots, and many more. That means I get to meet lots of people and have made friends from a huge range of backgrounds. St John has been one of the most trusted charities for many years now, and it's the way I contribute to charity.

How to join

St John often advertise for volunteers and the interest is generally very high. Applying for a volunteer role is similar to a job application. There are basic requirements such as passing a physical test, you must have a current first aid certificate, and a New Zealand full driver's licence for three years or more. If you are passionate about emergency services, want to learn some practical hands-on skills, and generally want to help the community, give St John a call on 0800 780 780.

As medical students, we learn a lot of material and store a tremendous amount of knowledge in our head, but we are not always as hands-

on as we could be. I believe that the ambulance experience has significantly increased my hands-on experience and complemented my theoretical learning.