

**Emergency Medical Services – ROTATION SPECIFIC OBJECTIVES**  
**Pediatric Emergency Medicine Subspecialty Residency - University of Calgary**

**General information**

The requirements for this rotation may be done longitudinally or may be consolidated into a block. A block will be held in your schedule for this rotation. If you choose to do your requirements longitudinally, the liberated time can be used as elective time or replace PEM shifts from other blocks during which EMS rotation activities (e.g. Ride-alongs) are scheduled.

The following documents (including this rotation description/objectives document) will be required for this rotation to ensure successful completion of the rotation:

- All below elements of rotation (documented in activity log)
- ACH Transport evaluation (paper evaluation)
- Pre-hospital written Q and A worksheet

These are all available on the PEM fellows' website under "Rotation Information"

Dr. Ping-Wei Chen is the rotation preceptor who is available to answer any questions and will complete the final rotation ITER after meeting the below minimum requirements.

**Rotation Minimum Requirements (two-week rotation, i.e. approximately 80 hours)**

***For EM stream residents, you do NOT need to complete EMS and STARS components below if already completed in residency***

- EMS
  - Ride-along shifts: **One shift** with Paramedic Response Unit (PRU). These are EMS SUVs that only respond to delta/echo calls (high acuity calls). They do not transport to hospital (a full ambulance always follows and transport the patient). If unable to arrange PRU ride-along then can arrange regular ground EMS ride-along shift.
  - **One shift** at EMS Dispatch Centre
- STARS
  - STARS orientation (half day, schedule early in first year)
  - **One shift** at STARS Emergency Link Centre (ELC) buddied with AEM/PEM physician
- ACH Transport Team Transports (Ground and Air)\*\* – **Three transports** (See notes at the end)
  - Sign up for transport call after anesthesia and PICU rotations are complete and you have been approved for transport by Dr. Eli Gilad/Ping-Wei Chen
    - Must have STARS orientation complete prior to signing up for call (contact listed at end of document)
    - After approval by Eli Gilad/Ping-Wei Chen, contact PICU admin to inform her you should be added to the transport call distribution list; from thereon you will be emailed monthly to help fill the call schedule

- Have ACH Transport evaluation completed by Dr. Eli Gilad (or Dr. Ping-Wei Chen) after your three transports are completed
- Rotation written Q and A document (*to be reviewed by rotation preceptor Dr. Ping-Wei Chen at time of ITER preparation*) – **review this before starting any component including the ride-alongs; they provide a good frame of reference for what you should learn from your ride-alongs, transports and reading**
- Disaster Preparedness
  - Text learning: Fleisher's Textbook of Pediatric Emergency Medicine Chapters 6 and 7; and Rosen's Chapter 193
  - AHD teaching (once in two years; in conjunction with emerg residency):
    - Disaster Day (city-wide full day event involving hands on teaching in confined space rescue, Hazmat, tactical EMS etc.)
  - ACH ED Code Orange document: <https://insite.albertahealthservices.ca/Main/assets/edm/tms-edm-ach-code-orange-emergency-department.pdf#search=ACH%20emergency%20code%20orange>
- RAAPID Calls
  - May observe in 1<sup>st</sup> year; mandatory in 2<sup>nd</sup> year; must receive direct feedback via the appropriate EPA

### **Rotation Evaluation**

Please arrange a meeting with him once all requirements are complete. The final One45 ITER will be compiled based on the following, so please bring them to your meeting:

- Log documenting all ride-alongs, transports, disaster preparedness course/reading and written Q and A worksheet
- ACH transport evaluation by Dr. Eli Gilad/Dr. Ping-Wei Chen

### **\*\*Notes**

- Regarding the pediatric transport team, we recognize that it is impossible to predict how many hours of call might be needed to get the number of transports required. To give you an estimate, historically our fellows have done 32 hours of call per PEM block in their second year. They generally got about eight transports in the year from this. (i.e. about one transport per 24 hours of call on average). If a transport requires only an RN/RT team, you can still sign up for call and then contact the team (you can call the ICU or walk down) at the beginning of the shift to inform the RT/RN team you want to be paged for ANY transport calls they receive. You may sign up for call during ED shifts as well to increase hours of call.
- Please note that you may NOT bill for transports until you have completed your minimum PICU transport requirements as outlined above. On-call stipends are permitted otherwise.
- If for personal reasons you are unable to participate in pre-hospital transports, please contact Dr. Chen to make alternative arrangements to meet the requirements of the rotation.

### **Important Rotation Contacts**

EMS/pre-hospital rotation preceptor:

- **Dr. Ping-Wei Chen – pingweichen@gmail.com**
  
- EMS PRU – Dr. Ping-Wei Chen
- STARS ELC (Emergency Link Centre) – Dr. Ping-Wei Chen
- Pediatric ICU Transport Team:
  - Dr. Eli Gilad ([Eli.Gilad@albertahealthservices.ca](mailto:Eli.Gilad@albertahealthservices.ca)) and Dr. Ping-Wei Chen – ACH transport program co-directors
  - Neil Baribeau ([neil.baribeau@albertahealthservices.ca](mailto:neil.baribeau@albertahealthservices.ca)) – STARS orientation coordinator for ACH Transport team members
  - Binita Kalra ([binita.kalra@albertahealthservices.ca](mailto:binita.kalra@albertahealthservices.ca)) – Transport call schedule coordinator

### **ROTATION SPECIFIC OBJECTIVES**

At the completion of training, the resident will have acquired the following competencies and will function effectively as:

#### **Medical Expert:**

Demonstrate consultant level knowledge of:

- EMS organization and administration
- The role of paramedics, including levels of providers and local scope of practice
- Out of hospital care, including roles of emergency response systems, dispatch, and out-of-hospital protocols
- equipment and transportation
- Triage/receiving hospitals
- Medical direction, including on-line, off-line, and field policies
- Disaster medicine/mass casualty, including disaster triage and primary, secondary, and tertiary mechanisms of injury
- Medical considerations with ground and air transport, and limitations imposed on health care providers in transport situations
- Triage, decontamination, and health care worker protection for biological, chemical, and radiation exposures

Demonstrate skills in:

- Taking calls from referring physicians; obtaining and organizing information quickly under stressful situations
- Stabilizing critically ill patients prior to transport, with specific focus on securing the airway, obtaining intravenous access, and selecting sedation medications

**Communicator:**

- Focus on obtaining the highest priority information first and designating others to gather further information in an orderly fashion
- Establish supportive relationships with referring physicians and EMS providers
- Obtain and synthesize relevant history from patients/families/health care providers
- Discuss appropriate information with patients/families prior to transporting patients

**Collaborator:**

- Consult effectively with other physicians and health care professionals
- Contribute effectively to other interdisciplinary team activities

**Leader:**

- Contribute to a culture that promotes patient safety
- Understand the role of the medical director for EMS
- Understand the pediatric relevant protocols followed by EMS
- Learn to allocate finite health care resources wisely (i.e. – transport resources)
- Understand the local emergency department disaster response plan
- Define a "disaster" in terms of a community's ability to respond
- Outline the pre-impact, impact, and post-impact phases of a typical disaster scenario
- Understand the human resources that are likely to be needed/available at a disaster
- Understand the material resources potentially required to effectively respond to a given disaster scenario
- List the responsibilities of the following roles in a disaster response: Medical Sector Officer, Triage Officer, Treatment Officer, Transport Officer
- Describe the importance of Disaster Planning on the outcome of mounting a Disaster Response

**Health Advocate:**

- Understand various approaches to health care advocacy and policy change with respect to pediatric transport programs and EMS protocols

**Scholar:**

- Develop, implement and monitor a personal continuing education strategy including maintaining a log of all pre-hospital transports conducted during training
- Facilitate learning of EMS students training in our ED

**Professional:**

- Deliver highest quality care with integrity, honesty and compassion
- Exhibit appropriate personal and interpersonal professional behaviors
- Practice medicine ethically consistent with obligations of a physician
- Demonstrate a commitment to patient safety and quality improvement