

**Emergency Medical Services – ROTATION DESCRIPTION AND EXPECTATIONS (RDE)
Pediatric Emergency Medicine Subspecialty Residency - University of Calgary**

ROTATION DESCRIPTION

Rotation structure

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 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 resident's 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 ITAR after meeting the below minimum requirements.

- 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. Ping-Wei Chen after your three transports are completed
 - 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 residents 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.
 - If for personal reasons you are unable to participate in pre-hospital transports, please contact your program director and Dr. Chen to make alternative arrangements to meet the requirements of the rotation.
- Rotation written Q and A document (to be reviewed by rotation preceptor Dr. Ping-Wei Chen at time of ITAR 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.
 - RAAPID Calls
 - May observe in 1st year; mandatory in 2nd year; must receive direct feedback via the appropriate EPA.

Rotation length

The EMS rotation is a two-week rotation. EM-stream residents do not need to complete the EMS and STARS components if already completed during the EM program prior to the start of subspecialty residency. Vacation requests will follow the PEM Vacation and Education and Leave Policy (https://docs.google.com/document/d/1pQddx9VLT74sny263koOMLAg_MWns9Au/edit?usp=sharing&oid=100114742872973660072&rtpof=true&sd=true).

Assessment

Please arrange a meeting with Dr. Chen once all requirements are complete. The final ITAR 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. Ping-Wei Chen

EPAs

The following EPAs have been mapped to this rotation and can be obtained:

TTP	3	Providing Consultation to Health Care Providers at a Referring Centre
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Stipends

After performing the three certification evaluative transports outlined above, where a member of the PCCT certifies your performance on three-person team so that you can now be part of the two-person team, you are now eligible to sign up for additional transport call. Transport call is remunerated at \$20.83/hour and is paid when you are home or when you are on a transport. It is paid by AHS and is coordinated by Emily Qin from PICU (emily.qin@albertahealthservices.ca). You will be considered a resident extender and will be governed by the PGME Resident Extenders operating standard and the CPSA Eligibility Criteria.

To extend you will require:

- Notifying AHS Medical Staff Office to obtain privileges as an extender, with appropriate CPSA, CMPA, and approvals.
- a change to your CPSA license.

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. Ping-Wei Chen – ACH transport program director
 - Neil Baribeau (neil.baribeau@albertahealthservices.ca) – STARS orientation coordinator for ACH Transport team members
 - Emily Qin (emily.qin@albertahealthservices.ca) – Transport call schedule coordinator

ROTATION EXPECTATIONS (PEM Competencies 2023)

Medical Expert:

1.3.17. Prehospital medicine

1.3.17.1. Organization and administration of emergency medical services

1.3.17.2. Paramedics, including levels of providers and scopes of practice
1.3.17.3. Out-of-hospital care, including roles of emergency response systems, dispatch, and out-of-hospital protocols

1.3.17.4. Medical direction, including direct (online) and indirect (offline) medical oversight

1.3.17.5. Medical considerations of air transport

1.3.17.6. Equipment and transportation needs specific to children

Collaborator:

1. Work effectively with physicians and other colleagues in the health care professions

1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care

- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
- 1.2.1. Apply knowledge of the scope of practice of other health care professionals, including:
 - 1.2.1.2. Community-based physicians
 - 1.2.1.7. Prehospital and transport medicine provider