

## EMS Case Report / Case Series Grant Program

**WHAT?** Are you an EMT, paramedic, flight nurse, flight paramedic, or other type of prehospital clinician AND have you:

- 1] cared for a patient with a very rare or unique condition in recent history;
- 2] provided care in a unique way or atypical setting/environment; OR...
- 3] had a patient who responded to typical care in an uncommon way that required use of skills, equipment, or a protocol that is not commonly used?

**If YES,** YOU may be eligible for the Pittsburgh Emergency Medicine Foundation (PEMF) EMS case report / case series grant program.

The overarching goal of this program is to improve clinical care in the out-of-hospital setting by supporting local EMS clinicians who want to highlight unique (atypical / unique) patient care encounters and submit a “case report” to a peer-reviewed journal.

We encourage prehospital clinicians in Western Pennsylvania to apply. Eligible prehospital clinicians must partner with a local attending/receiving emergency physician, collect the prehospital and in-hospital (emergency department) medical records, write up a draft manuscript and submit that manuscript to a peer-reviewed scientific journal. The manuscript does not need to be published – but submission is a key outcome of this grant program.

**WHO?** You may be eligible if you are a prehospital clinician and reside in Western Pennsylvania. Clinicians must currently work as an EMT, Paramedic, Prehospital Nurse, Flight Paramedic, or other prehospital clinician.

**How do I apply?** Complete the required template (see next page) and submit to [wolfeba@pemf.net](mailto:wolfeba@pemf.net)

**Is there a date or timeline when my application is due?** Applications are accepted at any time.

**How much is a grant?** Grants are awarded at \$500 each and issued to the prehospital clinician on the team.

**Who do I contact for more information if I'm interested?** If you have questions, please reach out to the PEMF Executive Director Beth Wolfe at [wolfeba@pemf.net](mailto:wolfeba@pemf.net).

*NOTICE: Funds will be distributed directly to the prehospital clinician. This individual may be required to complete relevant tax documentation as part of this grant.*

## Case Report Grant Application Template

DATE: \_\_\_\_\_

<b>Name of prehospital clinician</b>	
<b>EMS service affiliation of prehospital clinician</b>	
<b>Name of medical director, receiving physician, or attending physician serving as the partner physician</b>	
<b>Hospital affiliation of physician partner</b>	
<b>Description of unique patient case (350 words max)</b>	
<b>Date when case occurred?</b>	
<b>Signature of the prehospital clinician, confirming access to the prehospital chart with approval from medical command physician to write-up the case report? (Yes or No)</b>	
<b>Signature of partner physician (physician medical director, receiving physician, or attending physician) confirming access to the in-hospital medical record? (Yes or No)</b>	
<b>Does the prehospital clinician or physician partner have access to an IRB/ethical review board or committee? (Yes or No)</b>	<p>Yes</p> <p>No</p>