

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

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.

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: _____

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