

GRADUATE MEDICAL EDUCATION  
PARTICIPATING EDUCATIONAL SITE AGREEMENT  
BETWEEN  
THE UNIVERSITY OF KENTUCKY (UNIVERSITY)  
AND  
**Lexington-Fayette Urban County Government**  
**On behalf of the**  
**Division of Fire and Emergency Services (FACILITY)**  
LOCATED AT:  
**219 E. Third Street, Lexington, KY 40507**

I. PURPOSE:

This document, entered into the **01/01/2017** is to establish an agreement between the above parties regarding an affiliation for residency/fellowship (hereinafter referred to as "trainee") training at FACILITY.

II. GRADUATE MEDICAL EDUCATION:

The parties envision that one or more training programs, each denominated a Program, may utilize the FACILITY for training activities, pursuant to this Participating Educational Site Agreement. The details for each type of training to be conducted, including any special financial provisions, will be set forth in a Program Letter of Agreement for each specific training program, which the parties agree may be amended and supplemented, from time to time, by written agreement of the parties' designees. Please see the attached Program Letter(s) of Agreement, referred to as collective Exhibit A, for specifics.

The Designee of the UNIVERSITY is: **Katherine M. McKinney, MD, MS, Associate Dean for Graduate Medical Education.**

The Designee of FACILITY is: **Jim Gray, Lexington Mayor**

III. RISK MANAGEMENT STATEMENT:

The FACILITY Administrator and UNIVERSITY Hospital's Risk Management will notify each other of any lawsuit which is threatened, or any patient care event which causes or contributes to injury or death, and could result in a lawsuit, if a UNIVERSITY student, or resident/fellow or faculty is involved with said patient's care.

IV. EQUAL OPPORTUNITY:

The University of Kentucky complies with the federal and state constitutions, and all applicable federal and state laws, regarding nondiscrimination. The University provides equal opportunities for qualified persons in all aspects of University operations, and does not discriminate on the basis of race, color, national origin, ethnic origin, religion, creed, age, physical or mental disability, veteran status, uniformed service, political belief, sex, ~~sexual~~ sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, social or economic status, or whether the person is a smoker or nonsmoker, as long as the person complies with University policy concerning smoking.

V. HEALTH REQUIREMENTS:

The UNIVERSITY requires students and trainees to be in compliance with all current University of Kentucky Medical Center immunization and tuberculin testing policies. Proof of inoculations will be provided upon request to FACILITY.

VI. LIABILITY:

The UNIVERSITY is an agency and instrumentality of the Commonwealth of Kentucky, is vested with sovereign immunity and is subject to the provisions of the Kentucky Board of Claims, KRS 44.070 et seq for the recovery of tort claims made against the UNIVERSITY, its agents, officers or employees. The UNIVERSITY is self insured pursuant to the provisions of KRS 164.939 et seq which provides for the paying of claims or judgments resulting from any tort or breach of duty based on health care services rendered or which should have been rendered by the UNIVERSITY or its agents. Agents of the UNIVERSITY include members of the Board of Trustees, faculty, staff, nurses, volunteer workers, employees, students, physicians and dentists providing care within the scope of their duties or courses of study. In addition, UNIVERSITY maintains commercial excess general and medical malpractice liability insurance for itself, its agents, officers, employees

trainees and students.

FACILITY shall maintain medical liability insurance for itself, agents, officers and employees in the amounts of not less than One Million Dollars (\$1,000,000.00) per claim and Three Million Dollars (\$3,000,000.00) aggregate per policy year, or such other minimum amounts as may be required from time to time by the UNIVERSITY. The policy of insurance shall provide that such insurance shall not be canceled, modified or permitted to lapse without thirty (30) days prior written notice to UNIVERSITY. FACILITY shall promptly, following request by UNIVERSITY from time to time, provide evidence of such insurance acceptable to UNIVERSITY.

#### VII. PERSONAL INFORMATION AND BREACH:

To the extent Facility receives Personal Information as defined by and in accordance with Kentucky's Personal Information Security and Breach Investigation Procedures and Practices Act, KRS 61.931, 61.932 and 61.933 (the "Act"), Facility shall secure and protect the Personal Information by, without limitation: (i) complying with all requirements applicable to non-affiliated third parties set forth in the Act; (ii) utilizing security and breach investigation procedures that are appropriate to the nature of the Personal Information disclosed, at least as stringent as University's and reasonably designed to protect the Personal Information from unauthorized access, use, modification, disclosure, manipulation, or destruction; (iii) notifying University of a security breach relating to Personal Information in the possession of Facility or its agents or subcontractors within seventy-two (72) hours of discovery of an actual or suspected breach unless the exception set forth in KRS 61.932(2)(b)2 applies and Facility abides by the requirements set forth in that exception; (iv) cooperating with University in complying with the response, mitigation, correction, investigation, and notification requirements of the Act, (v) paying all costs of notification, investigation and mitigation in the event of a security breach of Personal Information suffered by Facility; and (vi) at University's discretion and direction, handling all administrative functions associated with notification, investigation and mitigation.

#### VIII. CORPORATE COMPLIANCE:

FACILITY affirms that it is not excluded from participation, and is not otherwise ineligible to participate in a "Federal health care program" as defined in 42 U.S.C. section 1320a-7b(f) or in any other state or federal government payment program. In the event that FACILITY is excluded from participation, or becomes otherwise ineligible to participate in any such program, during the term of this agreement, FACILITY will notify the University of Kentucky Chandler Medical Center, hereinafter "UKCMC", Office of Compliance, 2333 Alumni Park Plaza, Suite 200, Lexington, Kentucky 40517, in writing, by certified mail within 48 hours after said event, and upon the occurrence of any such event, whether or not appropriate notice is given, the University of Kentucky shall immediately terminate this Agreement upon written notice.

Additionally, FACILITY affirms that it is aware that UKCMC operates in accordance with a corporate compliance program, employs a Corporate Compliance Officer and operates a 24 hour, seven day a week compliance Comply-line. FACILITY has been informed that a copy of the UKCMC compliance plan is on file in the Purchasing Office or can be viewed online at <http://ukhealthcare.uky.edu/staff/compliance/manual/> and is encouraged to review the plan from time to time during the term of this agreement. It is understood that should FACILITY be found to have violated the UKCMC compliance plan, UKCMC can, at its sole discretion, terminate this Agreement upon written notice. FACILITY recognizes that it is under an affirmative obligation to immediately report to UKCMC's Corporate Compliance Officer through the comply-line 1-877-898-6072, in writing, or directly (859) 323-8002 any actions by an agent, trainee, or employee of UKCMC which FACILITY believes, in good faith, violate an ethical, professional or legal standard.

Nothing in this Agreement contemplates or requires that any party act in violation of federal or state law. Nonetheless, should any term or condition set forth in this Agreement later be creditably alleged, suspected or determined to be illegal, the parties agree to immediately cease the questioned activity and negotiate modification to the effected portion of the Agreement for a thirty (30) day period. If at the end of this period, no compromise can be reached, the Agreement will terminate.

#### IX. TERM OF THE AGREEMENT:

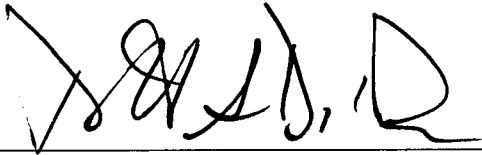
The initial term of this agreement shall be **01/01/2017** through **12/31/2017**, and shall renew automatically thereafter for up to four additional one year terms, unless notice of termination is given as prescribed, herein; and to expire, in no event, no later than five years from start date, unless terminated by either party. Either party may terminate this agreement upon providing written notice to the other party ninety (90) days prior to the proposed date of termination. However, at the option of the UNIVERSITY, no termination shall be effective until any trainee(s) currently rotating at the FACILITY have completed the

rotation.

The parties hereto agree and stipulate that the original of this Agreement, including the signature page, may be scanned and stored in a computer database or similar device, and that any printout or other output readable by sight, the reproduction of which is shown to accurately reproduce the original of this document, may be used for any purpose just as if it were the original, including proof of the content of the original writing.

This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which, when taken together, shall constitute one and the same agreement. Any electronically transmitted signature or photocopy of a signature to this Agreement shall be deemed an original signature to this Agreement and shall have the same force and effect as an original signature. For purposes of this Section, an "electronically transmitted signature" means a manually-signed original signature that is sent in the form of a facsimile or sent via the internet as a "pdf" (portable document format) attached to an e-mail message.

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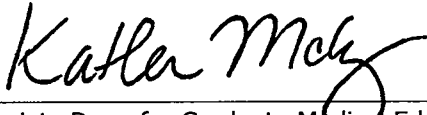


UNIVERSITY Signature  
Dean, College of Medicine

10-17-17



FACILITY signature:  
**Jim Gray, Lexington Mayor**



Associate Dean for Graduate Medical Education

GRADUATE MEDICAL EDUCATION  
**PROGRAM LETTER OF AGREEMENT (PLA)**  
BETWEEN  
THE UNIVERSITY OF KENTUCKY  
AND  
**Lexington-Fayette Urban County Government**  
On behalf of the  
**Division of Fire and Emergency Services (FACILITY)**  
LOCATED AT:

**219 E. Third Street, Lexington, KY 40507**  
Contact person: **Chief Brian Wood, 859-231-5644, woodb@lexingtonky.gov**

This Agreement is made and entered into by and between the UNIVERSITY OF KENTUCKY and FACILITY and it augments the Participating Educational Site Agreement originally entered into **01/01/2017**, between the UNIVERSITY and FACILITY, and as may be amended and/or restated from time to time. This agreement is specific to the educational assignment of UNIVERSITY OF KENTUCKY residents/fellows (hereinafter referred to as "trainees") in the specialty of **Emergency Medicine** while completing a rotation at FACILITY.

The following conditions are hereby agreed to:

1. The initial term of this agreement shall be **01/01/2017** through **12/31/2017**, and shall renew automatically thereafter for up to four additional one year terms, unless notice of termination is given as prescribed, herein; and to expire, in no event, no later than five years from start date, unless terminated by either party. Either party may terminate this agreement upon providing written notice to the other party ninety (90) days prior to the proposed date of termination. However, at the option of the UNIVERSITY, no termination shall be effective until any trainee(s) currently rotating at the FACILITY have completed the rotation.
2. **Training requirements** - Training will be conducted according to the applicable accrediting body requirements including:
  - Accreditation Council for Graduate Medical Education (ACGME) as found on the ACGME web site ([www.acgme.org](http://www.acgme.org));
  - Accreditation Council for Pharmacy Education (ACPE) as found on the ACPE web site ([www.acpe-accredit.org](http://www.acpe-accredit.org));
  - Commission on Dental Accreditation (CODA) as found on the CODA web site ([www.ada.org](http://www.ada.org))
3. **Educational Objectives** - Teaching for this educational assignment will be in relation to the objectives attached.
4. **Program Director/Site Director** - The UNIVERSITY OF KENTUCKY program director for trainees in this specialty is: **Sameer Desai, MD**. FACILITY Site Director for this educational assignment is: **Ryan Stanton, MD**
5. **Faculty** - The faculty identified below will assume educational and supervisory responsibility for trainees during this rotation. Faculty will ensure training in relation to the educational objectives to be achieved, and will also ensure that trainee(s) is (are) provided orientation and/or training specific to the expectations of the trainee's role at the FACILITY. Supervision will be appropriate to the licensure and privileges of the faculty member(s) under whom the trainee is being supervised; to the level of knowledge, experience and skills of the trainee; and to the level of care needed for the patient(s) to whom care is being provided. All supervising faculty must have an academic appointment at an applicable accredited sponsoring institution. Any supervising faculty without such appointment must have completed the necessary process and been appointed (voluntary, part-time or full-time) faculty at the University of Kentucky to participate in trainee education.  
**Ryan Stanton, MD**
6. **Evaluation** - Formal evaluations of the trainee will occur at the conclusion of the rotation, and/or more frequently if requested by the program director. Evaluations will be completed on forms provided by the UNIVERSITY OF KENTUCKY program director or his/her designee.
7. **Duration of Educational Assignment** - The duration of this rotation will be **two weeks**.
8. **Policies and procedures that will govern trainee education** - While training at FACILITY, trainee will not be an employee of FACILITY; however, he/she will follow rules, regulations and policies applicable to his/her position as a trainee at FACILITY. Trainee will remain subject to all UNIVERSITY OF KENTUCKY rules, regulations and policies while at FACILITY including those governing conduct and grievance procedures. Any complaints regarding the trainee will be made by the faculty/site supervisor to the UNIVERSITY OF KENTUCKY program director. All formal complaints will be investigated, and such investigations will be conducted so as to assure adequate due process for both the complainant and the accused, including the right to appeal any adverse actions.
9. **Credentialing** - UNIVERSITY OF KENTUCKY affirms that primary source verification of credentials has been completed for trainee including applicable school diploma and state license, I-9 verification, occupational health screening, and valid ECFMG and/or VISA as applicable. UNIVERSITY OF KENTUCKY will provide such to FACILITY upon request.

10. **Compliance Training** - UNIVERSITY OF KENTUCKY affirms that the trainee has completed compliance training including domestic violence, corporate compliance, HIV, OSHA, Risk Management, Discrimination and Harassment, HIPAA, Infection Control, Sleep and Fatigue management, Impaired Practitioner, and Handoff training. UNIVERSITY OF KENTUCKY will provide such to FACILITY upon request.
11. **Trainee privileges** - If FACILITY requires delineated clinical privileges, once requirements are met, trainee will be provided with FACILITY privileges for the period of time of the rotation.
12. **Compensation** - While on rotation at FACILITY, trainees will continue to receive a stipend and benefits through the UNIVERSITY OF KENTUCKY, and will not be paid by FACILITY. Unless otherwise stipulated, faculty/supervisor(s) will not receive monetary compensation for supervision of trainees under this agreement.
13. **Reimbursement** - The UNIVERSITY OF KENTUCKY will NOT be reimbursed by FACILITY for the time the trainee(s) is(are) engaged in training activities.
14. **The Joint Commission accreditation** - FACILITY, if eligible, is accredited by The Joint Commission, or by another recognized body with reasonably equivalent standards. If FACILITY is eligible, but is not so accredited, then a letter of explanation (to indicate why accreditation has not been either granted or sought) is attached. FACILITY will inform the University's Graduate Medical Education office in writing if there is a change in accreditation status within 30 days of that change.
15. **Medicare and Medicaid** - FACILITY agrees to follow all applicable Medicare and Medicaid rules and regulations governing billing of trainee services.

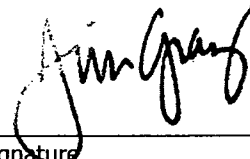
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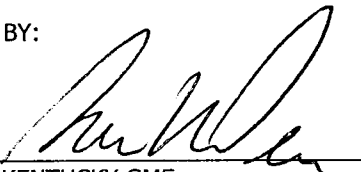


UNIVERSITY Signature  
Associate Dean for Graduate Medical Education



FACILITY Signature  
**Jim Gray, Mayor**

RECOMMENDED BY:



UNIVERSITY OF KENTUCKY GME  
Program Director Signature  
**Sameer Desai, MD**



FACILITY Program Director Signature  
**Ryan Stanton, MD**

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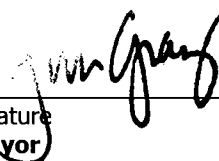
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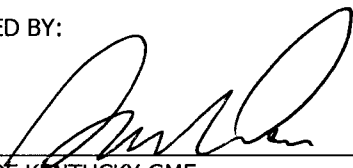


UNIVERSITY Signature  
Associate Dean for Graduate Medical Education



FACILITY Signature  
**Jim Gray, Mayor**

RECOMMENDED BY:



UNIVERSITY OF KENTUCKY GME  
Program Director Signature  
**Sameer Desai, MD**

FACILITY Program Director Signature  
**Ryan Stanton, MD**

## **EMS Rotation – PGY 1**

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Revised 6/16 WCL

### **Rotation Description**

The purpose of this rotation is to expand upon the knowledge of the EMS experience with regard to EMS quality improvement, base station control, and air medical and ground transport. The resident will also gain exposure to the disaster medical system and disaster management. This educational activity will be incorporated throughout the EM residency but the majority of the component will occur during a dedicated 2-week block in PGY-1 year. The resident will report to the EMS rotation director, Dr. Walt Lubbers. A full list of requirements for completion of the rotation is listed below. Reading assignments can be found on the UK EM website at [www.wildcatem.com](http://www.wildcatem.com). **Several requirements must be completed prior to advancement to the PGY-2 level.**

### **Goals**

1. Gain an advanced level of exposure to both ground and air medical EMS systems
2. Gain more extensive experience with prehospital quality assurance methods
3. Achieve a basic understanding of disaster management and the disaster medical system
4. Understand and participate in EMS base-station control

### **Objectives**

1. Demonstrate advanced knowledge of appropriate utilization of air and ground transport via ride-alongs with local services (ICS, SBP)
2. Demonstrate an understanding of triage decisions concerning transport (**PC, SBP**)
3. Participate as a crewmember during flights and/or ground runs, scene assignments, extrication, patient assignment, packaging, and patient care (**SBP**)
4. Participate in multiple EMS chart reviews to gain an advanced understanding of the process of pre hospital quality assurance and patient safety (**PBLI, MK**)
5. Participate in the education of prehospital personnel by developing and delivering an educational lecture geared towards prehospital personnel (**PBLI, ICS, P**)
6. Define a disaster (**MK**)
7. Explain how disasters impact communities and how they can rapidly deplete resources (**SBP, PBLI**)
8. Discuss the importance of disaster planning and training in preparation for community disasters (**SBP, PBLI**)
9. List the tiered responses to disasters (**SBP**)
10. Explain field triage systems (**MK, PC, SBP**)

## EMS Rotation – PGY 1

### Requirements

For all required activities, you will need to print off the corresponding sign off sheet from the UK EM website and have it signed by the appropriate person once you have completed the activity. This sheet will need to be turned in to the residency office.

1. EMS Ride Along Requirements: Residents are required to do five (5) ride along shifts with EMS (combination of Lexington Fire/ EMS and rural services) prior to graduation. Your role as a rider with Lexington Fire can be as interactive as you wish to make it; you are encouraged to be involved and interested in the care of the patients, and you will find that showing interest will lead you to a much more fulfilling experience than simply checking out.

1. Ride along with Lexington Fire: You are to arrange **three** EMS ride along times with Lexington Fire. You need to sign up for 3 shifts with Lexington fire during your assigned EMS rotation. At the end of this document are individual contact information to arrange the ride-a-long times. You must have the officer or acting officer in charge of the vehicle you are assigned to sign off on your documentation sheet upon completion of your ride along. These shifts are scheduled by the Lexington Fire EMS administration. Please see the form for ride-along approval from Lexington Fire (see [www.wildcatem.com](http://www.wildcatem.com)). The majority of these shifts will be from 10AM – 10PM.

Contact: Lt Christopher Martin ([martinc@lexingtonky.gov](mailto:martinc@lexingtonky.gov))

2. Rural and Flight Ride Alongs: The two remaining ride along shifts will need to either be performed with one of our contiguous rural EMS services (Frankfort, Winchester, Georgetown/ Scott County, Madison County) or one shift with a rural service and one flight shift with an aeromedical service. Be aware that rotor wing transport does carry some element of risk, though this is admittedly small, and that some companies do have height and weight limits for riders. Additionally, most companies will not take riders during the summer months due to increased strain on the aircraft and increased fuel consumption in the hot weather. If you wish to fly at another point outside of your EMS rotation, this can also be scheduled.

Of note, on rural ride alongs, your function is as an observer, much more so than may be the case in Lexington; however, you should still be actively involved, asking appropriate questions (at appropriate times) and expressing interest.

### **Rural Services:**

Frankfort Fire and EMS: Contact Dr. Lubbers for information

Winchester: Major Brad Case, [bcase@winchesterky.com](mailto:bcase@winchesterky.com), 859-744-1598

Madison County: Debbie Berry, [dberry@madisoncountyeems.com](mailto:dberry@madisoncountyeems.com)

Georgetown/ Scott County EMS: Supervisor John Hagan, [webman@gscems.com](mailto:webman@gscems.com)

Powell County EMS: Dr Walt Lubbers



**Local flight programs:**

*If you choose to do a flight shift, please let Dr Lubbers know when you schedule it*

**PHI** (Petroleum Helicopters Inc): contact base manager  
Morehead, KY (East): Robert Lasky 859-221-4557  
Charles Williams 606-548-2583

**Air Methods** (Frankfort Base, closest to UK)  
<http://www.airmethods.com/kentucky/about-us/ride-along-program#.UJHRPo6EPGs>  
Frankfort: Brandi Jones 502-370-7392, base 502-223-5985

2. **EMS Lectures:** As per RRC requirements, you will be expected to participate in EMS education, which should be **2 lectures to EMS personnel** in your time as a resident. Residents will be assigned one lecture in their first year to give to the Lexington Fire Paramedic class. Other lecture options to EMS focused audiences are available, and the schedule is overall wide ranging. Ideally, this lecture will be given in the 2nd or 3rd year of residency as part of the UK EMS Grand Rounds program, which will occur monthly starting in Septemeber. Contact Dr. Lubbers to schedule. Generally, lectures outside the paramedic classes should be original lectures (or significant change and research from an existing lecture).

3. **HAZMAT/ Mass Casualty meetings:** You must attend one of the **Emergency Department's Special Operations Response Team (SORT) meetings**. This training takes place generally monthly (1st Tuesday) in the ED conference room (across from dispatch) and starts at 0730. You will need to attend this meeting during or within reasonable proximity to your EMS month. Greg Decker, RN will need to sign off on your documentation sheet. This meeting may not be held on your EMS rotation month, and it may be necessary to participate at another time.

4. **Mass Gathering/ Event Medicine:** The resident will also participate in **at least one mass gathering event**. Events which will satisfy this requirement include: UK basketball games, UK football games, and the Rolex 3-day event at the KY Horse Park in June. Other events may suffice as they come up and this will be determined by Dr. Lubbers. The resident is expected to actively participate in the coordination of this mass gathering event, scene assessment, stabilization process and transport processes.

The medical director for the event should sign off on your documentation form (Dr. Seth Stearley for UK games, Dr. Lubbers for the Rolex event, etc).

5. **EMS Literature Review:** Each resident should present an article and lead the discussion of that article at the department EMS literature review session (schedule TBD). This should be an article in either the EMS literature or which tracks closely on an EMS topic (ie cardiac arrest, prehospital trauma management, etc) written within 12 months of the presentation. Article presentations should be concise (500 words) and the resident should have some discussion points about how this relates to the way our services practice. This is not an in-depth literature review (ie statistical analysis is not really of interest unless it really argues against the validity of the paper and subsequently how it would change the way we practice).

**6. Medical Control/ Protocol Development:** Each resident will write one complete EMS protocol, either an entirely new protocol or a revamp of an existing protocol. This can be for either the KY State EMS protocols or for a local department the resident is involved with. Protocols should be comprehensive (ie including BLS and ALS instructions) and based on the best available evidence, i.e. this will involve at least some research. Ideally, your protocol will also be on the same topic you give a lecture on in your 2nd or 3rd year of residency.

In the third year of residency, all senior residents will function as the UK Regional Online Medical Control Center (ROCC) EMS medical control physician and will provide medical control orders and direction to EMS units in the field. Information and orientation will be provided at the end of the 2nd year of residency.

7. Other opportunities to participate in EMS education and administration may present themselves during you EMS rotation (MS III EMS workshop, administrative meetings, EMS followup requests). While they are not mandatory, many of these are worthwhile educational opportunities. Dr. Lubbers will try to make these opportunities available to you during your rotation. If you are interested in additional activities, please let Dr. Lubbers know before you schedule your ride alongs (simply because it may change the dates you wish to ride). Dr. Lubbers likes nothing better than to talk about himself and the things he's interested in, so if you have a specific area of EMS interest, please let him know.

#### **SUMMARY/ CHECKLIST**

##### **In order to complete your EMS requirements you must:**

1. Meetings/ Education:
  - a. Deliver 2 lectures to EMS personnel (complete by end of residency)
  - b. ED SORT meeting: Generally 1st Tuesday of the month at 0730 (complete on EMS rotation or by end of 1st year)
  
2. EMS participation:
  - a. Five 12 hour ride alongs (generally complete on EMS rotation)
    - i. 3 Lexington Fire shifts
    - ii. 2 rural shifts, or 1 rural shift and 1 flight shift
  
3. Mass Gathering event :
  - a. Attend at least one mass gathering event (complete by end of residency)
    - i. UK basketball games
    - ii. UK football Games
    - iii. Rolex 3 day event at KY Horse Park

4. Scholarly Works (must do both)
  - a. Review/update a prehospital treatment protocol (complete by April of 3rd year for review)
  - b. Present at a monthly departmental EMS literature review session (complete by end of residency)
  
5. Turn in the documentation sheets to the Residency Coordinator

DUE DATES! Ride-alongs/flights, lit review, and SORT meeting should be completed by the end of your PGY-1 EMS/Anesthesia rotation. If not able to do so for whatever reason, please contact Dr. Lubbers. You should work with Dr Lubbers to schedule your EMS lecture/ education requirement during your PGY-2 or PGY-3 year and your protocol review activity. Your mass gathering experience should be completed by the end of your PGY-2 year of training.

**Specific Assignments and Responsibilities for air medical portion:**

If you choose to fly:

1. Before the rotation, the resident must first participate in the safety orientation provided by the flight crew.
2. At the beginning of the first flight shift, the resident must attend a safety briefing provided by the pilot.
3. While flying, the resident will wear a UK residency polo shirt or UK ED scrub top with name embroidered, dark blue or black pants, and sturdy hard sole shoes or boots. NO SCRUB BOTTOMS, BLUE JEANS, TENNIS SHOES, SANDALS, FLIP FLOPS, OR OPEN TOE SHOES WILL BE ALLOWED. Residents should dress for the weather as well, as the nature of flight medicine dictates that there is a small but real possibility that the resident and crew may be thrown into an unexpectedly austere environment without warning, and the resident should have appropriate attire for extended outdoor survival (think hours). Dress to survive, not to arrive.
4. The resident will function as a team member of the flight crew and follow approved protocols. The medical command physician must approve any deviation from protocol.
5. While functioning as a member of air medical service, the resident is a representative of the program and department, as well as the entire University. The resident must be diplomatic in their approach and interactions with all outside personnel.

**Specific Assignments and Responsibilities for ground portion:**

1. The resident will sign up for 3 shifts with Lexington Fire, 1 or 2 with rural services, and up to one flight shift if desired for total of 5 rides. The resident is responsible for arranging the ride-along dates.
2. While on EMS ride-a-long, residents must wear dark blue pants, a UK EM polo shirt or UK ED approved scrub top with embroidered name, and sturdy hard sole shoes or boots. NO SCRUB BOTTOMS, BLUE JEANS, TENNIS SHOES, SANDALS, FLIP FLOPS, OR OPEN TOE SHOES WILL BE ALLOWED. Remember to dress appropriately to be outside for an extended period of time as EMS functions outdoors most of the time.

**The resident will function as an observer, and help as requested by the EMS personnel**

**LEXINGTON-FAYETTE URBAN COUNTY**  
**DIVISION OF FIRE AND EMERGENCY SERVICES**

REQUEST FOR RIDE-A-LONG PROGRAM  
University of Kentucky: Emergency Medicine Residents



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

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

REASON FOR RIDE-A-LONG: UK Emergency Medicine Residency Program Requirements

EM 1<sup>st</sup> Year Resident requirements: 5 ride alongs  
Residents may do 1 flight shift instead of ground (they will then do 4 shifts with Lexington Fire)  
Residents will be assigned to several different ambulances to experience volume and variety.

DATE AND TIME TO RIDE: \_\_\_\_\_



Ride-A-Long dress code:

- Males shall wear clean and neat shirts (with collar), slacks, and dress style shoes.
- Females shall wear slacks and a blouse or jacket with shoes.
- Shorts, blue jeans, and logo t-shirts are prohibited.
- Medical personnel may wear their work uniform (scrubs, etc.)
- Dress appropriately for weather conditions

Approved dates of ride-a-longs:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |

Approval Signature: \_\_\_\_\_

To: Margo Weaver (Strategic Contacting Office)

From: Alan Waddell (GME Office)

Date: 10/02/2017

Re: Two Hard Copy Signatures Required – Emergency Medicine PLA

Margo,

Please obtain the two signatures required on the copies contained within this packet. Once complete, please mail the signed copies as well as the ordinances to:

Battalion Chief Brian Wood  
Lexington Fire Department  
219 East Third Street  
Lexington, Ky 40508

As a reminder, these documents must remain as hard copy, original signatures. The Lexington-Fayette Urban County Government will not accept any scanned documentation.

Thank you very much for processing, and please let me know via email when this item has been mailed.

Respectfully:

Alan Waddell

seeblue.