



Dear Applicant,

Thank you for your interest in the Department of Emergency Medicine Research Volunteer (EMReV) Program at NSHA. The EMReV Program is an educational opportunity for undergraduate, graduate, and post-graduate students to participate in data collection for academic research projects in the Charles V. Keating Emergency Department. EMReVs are afforded the opportunity to learn basic methodologies in clinical research, interact with patients, and perform research study procedures. Assignments may include screening the Emergency Department for patients that meet study enrollment criteria, collecting biometric and survey data for clinical studies, and entering study data into databases for analysis.

EMReVs are required to volunteer 8-12 hours each week, may need to complete 1-2 overnight shifts each month (Please note that overnight shifts are done in addition to the regularly scheduled shifts). Weekly shifts are scheduled in 4 or 8 hour blocks between the hours of 7 am and 11 pm. Overnight shifts are scheduled from 11 pm – 7 am. Weekly shifts are set for the whole term and overnight shifts are scheduled monthly. There are also lectures, shadowing, and projects outside of normal shifts. Complete applications, **including two letters of recommendation and a resume**, must be received. Applications, resumes, and letters of recommendation should be emailed to:

Research Volunteer Program Coordinator
Emergency.Medicine@dal.ca

Please note that application to the EMReV Program will be very competitive. Preference will be given to applicants further along in their education with more relevant experience (juniors, seniors, college graduates, and those with previous hospital volunteering experience). If you have any questions, please contact the Emergency Medicine research office at (902) 494-2255.

We look forward to receiving your application.



EMERGENCY MEDICINE RESEARCH VOLUNTEER PROGRAM NEW APPLICANT FORM

Complete applications, including two letters of recommendation and a resume

BACKGROUND INFORMATION

Full Legal Name (First, MI, Last) _____

Date of Birth _____

Email Address _____

Phone Number _____

Have you applied to this program before? Yes No

Have you ever done any research before? Yes No

If yes, have you done clinical research before? Yes No

Have you ever volunteered in a hospital before? Yes No

If yes, please write a short description of your role.

How did you hear about our program?

STUDENT PROFILE

Please confirm that you will be 18 years of age or older by September 1st, 2022 by initialing below.

_____ Yes, I will be 18 years of age or older by September 1st, 2022.

Check one of the following:

I am an undergraduate student

I am a graduate student

I am not currently a student

I am a post-baccalaureate student

Current or Most Recent Academic Institution _____

Degree Sought _____

(Expected) Graduation Date _____

Major(s) _____

Minor(s) _____

QEII Health Sciences Centre, Halifax Infirmary
1796 Summer Street, Suite 355, Halifax, Nova Scotia, Canada B3H 3A7



RECOMMENDATIONS

Please provide two *academic* or *professional* letters of recommendation. Your recommenders should send their letters directly to the email address listed at the bottom of this application and include a phone number at which they can be contacted. Your application will not be considered unless both recommendations are received by the deadline. Please plan accordingly.

Please note that if we receive more than two letters in support of you we will only consider the letters from the two people you have listed below.

Identify the two people who will be writing letters of recommendations on your behalf.

1. _____

2. _____

OTHER TIME COMMITMENTS

Are you willing and able to volunteer 8-12 hours per week?

Yes

No

Are you willing and able to volunteer 1-2 overnight shifts per month?

Yes

No

Below, please describe any prior commitments you will have during the term. **Be honest with yourself about your availability.** We certainly understand that things can arise once the term has started that would necessitate you ceasing your participation with us. However, please take a good look at the number of hours required, and make sure you can commit to them.



SHORT ESSAYS

What are your goals for joining the EMReV Program? What do you hope to learn?

Everyone applying to this program wants to learn about the basics of clinical research. I am going to assume you do as well, so you do not need to include this in your answer. Instead, I invite you to look a bit deeper into your reasons for applying. Use this space to speak to why the EMReV Program in particular is intriguing to you.

What areas or aspects of clinical research most interest you? What do you hope to learn about clinical research from participation in the EMReV Program?

For this question please try and give a specific answer for what about clinical research you are looking to learn about and how it is relevant to your interest in the EMReV Program.



Describe your familiarity with medicine from past clinical experiences or coursework? How will you utilize these experiences in the EMReV Program?

Discuss any past research experiences you have had? How did you contribute to the research project? What were your responsibilities? Please also list any publications you may have. (Note: this question is not required if you have no previous research experience).

Where do you see yourself in 10 years? What are your career plans?



Describe a time when you had to ask for help.

In 1 paragraph, tell us about the most fun you have had recently?

Outside of your academic efforts, what are your hobbies and interests?



The following is a hypothetical situation.

Michael Johnson is a 46 year old male who presents to the emergency department with dental pain. You approach him for participation in our dental pain project. He agrees to answer your questions. When you ask him what his race is he replies, "human." He then states that he does not understand what his race has to do with the project and why it even matters, since, "we are all the same on the inside." He continues by saying that he feels discriminated against. At the same time, he begins to rip of the blood pressure cuff and his oxygen saturation monitor. He states, "I'm leaving, get out!" What do you do? How do you handle the situation? Please explain your rationale.



Please only answer the following question if you have submitted a previous application to the program.

Are there any particular experiences that you wish to share with us that you feel would qualify you to be a EMReV that you were not able to share on your first application?

You may speak about new opportunities that you have taken advantage of since your last application to the program, other events that you feel are germane to the position or be something else entirely. This is your space to tell us why you believe you should be in the EMReV Program.

Please email this completed application to:

**Research & Quality Improvement Program Coordinator
Department of Emergency Medicine
Charles V. Keating Emergency Department
Emergency.Medicine@dal.ca**

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1796 Summer Street, Suite 355, Halifax, Nova Scotia, Canada B3H 3A7