



STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE 04333



JANET T. MILLS
GOVERNOR

MICHAEL SAUSCHUCK
COMMISSIONER

SAM HURLEY
DIRECTOR

Education Committee

Wednesday
12 May 2021
0900-1130

DeChamplain Conference Room

Minutes

- Members Present:** Brian Chamberlin, Amy Drinkwater, Leah Mitchell, Mike Drinkwater, Stephanie Cordwell, Joanne Lebrun, Ben Zetterman,
Members Absent: Aiden Koplovsky, David Mejia, Steve Smith, Dennis Russell, Paul Froman
Staff: Chris Azevedo, Marc Minkler,
Stakeholders: Rick Petrie, D. Greaney, Edward Doughty, Debbie Morgan, Eric Wellman, L'Easa Blaylock, Sally Taylor, Scott Smith, Dr. Pete Tilney

“The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all providers. All members of this board/committee should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this Board/Committee, we commit to serve the respective providers, communities, and residents of the jurisdictions that we represent.”

I. Call to Order:

- a. Introductions – Dr. Pete Tilney joins the meeting as a guest. Brian Chamberlin reads mission statement and does online roll.

II. Approval of Minutes:

- a. Joanne Lebrun make the motion to approve the April minutes. The motion is seconded by Amy Drinkwater. Discussion. Stephanie Cordwell, Mike Drinkwater and Ben Zetterman abstain due to absence at last month’s meeting. Motion carried.

III. Additions/Deletions to Agenda:

- a. **None**

IV. State Update:

- a. Education- Chris Azevedo
i. NREMT
1. ALS skill sheets changed to reduce critical criteria. Remaining criteria to reflect issues that would result in harm to patient.

- a. Emphasize “skill sheets are a tool used to quantify the patient encounter and are not intended to be an algorithm.” This says as much about use for summative purposes, though, consideration of the point should be made for formative use of skill sheets.
 - b. Link to video: <https://youtu.be/V-KfUnpyOnQ>
 - ii. Instructor 1&2 course – Maine Fire Service Institute
 - 1. Concludes Saturday. Final 11 June.
 - 2. Will be conducting curriculum review with MFSI regarding reciprocity as NFPA standards have been updated.
 - a. Comparing with 2002 EMS instructor standards for both level 1 and 2.
 - iii. Annual reports
 - 1. Still reviewing them
 - a. Annual report form itself
 - i. Never updated with changes in education system
 - b. Data differences between NREMT and annual reports
 - c. Inconsistencies between TCs
- b. EMS-C
 - i. Marc Minkler
 - 1. Pediatric case review will be held on 17 May, in the evening, with Dr. Rae Williams. Link is on Maine EMS website calendar.
 - 2. EMS-C Advisory Committee meeting is on 20 May, at 1300. This is also posted on the website calendar.
 - 3. EMS-C has purchased 5 VR headsets from a company called Health Scholars. A VR course on the Pediatric Assessment triangle, coupled with a MEMSED presentation for viewing prior to using headsets is in development for the equipment. Anticipate roll out first week in June. Will do soft roll out initially. Discusses equipment distribution for agencies desiring use. Maine and Colorado are the two programs in the country doing VR peds training.

V. Old Business:

- a. PIFT Education Updates
 - i. Rick Petrie
 - 1. Scott Smith, Leah Mitchell, Don Sheets, and Sally Taylor worked as a subcommittee on updating current program.
 - 2. PDFs of the materials were distributed after last month’s meeting. Dr. Tilney was to review the materials and is also attending the meeting today and has been asked to share his thoughts on the update material.

ii. Dr. Tilney

1. Has reviewed all documents. Rick Petrie gave a background on project.
2. Would like to aim at defining PIFT and delineating where paramedic falls and SCT falls.
3. Good job was done with pharmacology and treatments. Feels this is a good starting point. Has been working more on QI and Medical Direction of this program.
4. Everyone has different needs when it comes to PIFT. Regarding the administration piece of this, we need to outline the boundaries per the services.
5. The outline should say “These are meds, these are therapies approved for this.”
6. Would like the opportunity to review and tweak the materials more and get some feedback.
7. The program also needs to define who it is that needs to do medical direction. There currently are physicians with various levels of involvement. We need to streamline this and identify the weak points.
8. Discusses paradigms for identifying Medical Direction for PIFT.
9. Definitions and above paradigm has been the focus of Dr. Tilney’s work on PIFT thus far.
10. MDPB would like to work with the Education Committee and provide feedback and provide the regulatory piece.
11. Asks the committee for their perspective and discussion.
12. Joanne Lebrun discusses some concerns.
 - a. Getting many requests for current, updated information for their practice. Would like approval for updated information to the course while you are working on the regulation framework. Would like to figure out how we can do both and have the update out quickly.
 - b. Dr. Tilney acknowledges the concerns and expresses his and MDPB’s desire to ensure updates and program framework are developed concurrently with the QI, to ensure the right patients are being treated by PIFT.
 - c. Joanne Lebrun expresses concerns that there exist presently regulations and Medical Direction and reports that services use right now. Expresses apprehension that services doing this correctly are being held back.
 - d. Dr. Tilney acknowledges and expresses the need to balance that with the QA issues we have right now.
13. Rick Petrie
 - a. Agrees with Joanne Lebrun. Deficiencies referred to have been in place since PIFT was implemented. Expresses

perspective in terms of both a short-term and a long-term time period. Short term is getting an appropriately updated program out, while subsequently getting a better framework out.

14. Brian Chamberlin

- a. Echoes Rick Petrie's and Joanne Lebrun's concerns. This has been an ongoing issue. Expresses need for the education update. As service provider/administrator, there are significant issues present. Expresses that the immediate need for the services currently doing the transports is the provider education, more than the regulation and way the program is executed.

15. Leah Mitchell

- a. Echoes all points. Expresses concerns that, as someone who is teaching this material as part of a licensure program, this is difficult to teach outdated material with integrity.
- b. We may be looking at a split between what needs to be done for education and what needs to be done for regulation.

16. Rick Petrie

- a. Asks Dr. Tilney if he and MDPB can support the concept of updating current program while we support you with rules changes.
- b. Dr. Tilney- I do plan to give feedback, and I think it's important to have other physicians give feedback. I'd like to be able to push the regulatory piece simultaneously. To address Joanne Lebrun's point, I don't want this to languish, and I'm happy to support this. But, at same time, I'm committed to changes in framework for QI and Medical Direction.

17. Joanne Lebrun

- a. Voices concerns that the Education Committee had voiced concerns long ago, and that Maine EMS has been aware of these issues. Expresses concern that those concerns have not gotten any traction in that time since.

18. Rick Petrie

- a. Summarizes action plan moving ahead that Scott Smith should share the education update slides with Dr. Tilney and make revisions as needed. Program will come back out to us as a group for discussion at June meeting. Perhaps Scott Smith and Dr. Tilney can team up to present at next MDPB meeting?

19. Brian Chamberlin

- a. Advises topics to consider:
 - i. How and where we're going to implement this.
 - ii. Where we want this to live and how we want this to look. Encourages all to have another look at this.

20. Chris Azevedo discusses his concerns about the project.

- a. PIFT is effectively a state certification for paramedic clinicians to do PIFT level transports.
 - i. Any such state curriculum needs physician review by an appropriate and appropriately qualified physician or group of physicians and sign off with regard to:
 - 1. Approval of protocols contained
 - 2. Medical accuracy of procedures, medications and pharmacological information
 - 3. Insofar as the paramedic scope of practice is decided by the EMS Board, it is a proper standard that has been followed in Maine and elsewhere, that the MDBP (hence, physicians) would be consulted by the Board in the process of making any EMS or paramedic level scope of practice change decisions.
 - 4. If the above standards are not followed, the Maine EMS office does not have confidence regarding whether the updates would stand up to litigation.
 - ii. There are issues with the materials presented that will not allow for adaptation to an asynchronous online education program in the timelines which are being discussed by the Committee.
 - 1. Office staffing (one person dedicated to Education) is limited, and is cannot be dedicated solely to this project. Subject matter expertise in such a process is also limited within the Committee.
 - 2. The original PIFT course was designed as a live presentation, 8-12 hour course with a practical component. Adaptation for MEMSEd involves a great deal more than simply putting slides onto an LMS and calling it a course. Challenges and tasks include:

- a. Revision of the curriculum (not just updates) and adaptation to distributive format.
 - i. This should include online and offline/ service level competencies
- b. Proper formatting of slides
- c. Development of narration
- d. Development of quizzes, an examination, assignments, and knowledge check activities
- e. Course completion tracking, and records maintenance.
- f. Monitoring and revision/update of the course.

21. Leah Mitchell

- a. MEMSED is likely the best platform for delivery of the course, in terms of both ensuring consistency of messaging, and capturing those who need this training.

22. Rick Petrie

- a. No obstacle bigger than that we are currently operating a negligent system. Committee consensus is that this updated course be required training for every PARAMEDIC doing PIFT transports.

23. Scott Smith

- a. Adds that the Train-the-Trainer piece, if we go back to that, was well delineated in 2006.

b. AVOC

- i. Aiden Koplovsky is absent. Brian asks that the committee allow offline work on the sunset memo to be put out for regions and services.
- ii. Discussion of inclusion of a grandfather clause regarding possession of any prior AVOC certificate.

c. Protocol Updates

- i. Brian Chamberlin
 - 1. Working on Blue with Dr. Pieh. There is some content which will be sectioned off. Separate section for CPAP, also one for nebulized medication
- ii. Rick Petrie updates on green session progress.
- iii. Amy Drinkwater
 - 1. Met on yellow section. Have slides put together. Will send to the office for review.
 - 2. Amy asks if slides should be sent out to group for review once finished by section authors.

- a. Brian Chamberlin- Yes. Send them to the office. As we get ready, we can develop a plan for distribution to the group.
 - iv. Brian Chamberlin will be reaching out to each section group for progress updates.
- d. Region 1 representative
 - i. Rick Petrie
 - 1. This is on the agenda for May Region 1 RAC.
- e. Training Center Standards revision- Verbiage for Supervision
 - i. Chris Azevedo goes over the revisions for the group.
 - ii. Joanne Lebrun
 - 1. I'd like to dig into and define specifics for alternate/satellite campus resources available. Should be a bit more specific and clarified regarding academic resources and services.
 - iii. Eric Wellman discusses defining "alternate" vs "satellite" in the passage.
- f. Committee Bylaws – Committee Vacancies policy
 - i. Chris Azevedo shares the draft policy for filling Education Committee vacancies with the group and goes over it.
 - ii. Discussion by the group with minor revisions.
 - iii. Motion made by Leah Mitchell to accept and adopt the draft policy for filling vacancies (attached to minutes). Motion seconded by Stephanie Cordwell. No discussion. Motion carried.
- g. Psychomotor Skills Portfolios for BLS programs (placeholder)
 - i. Tabled

VI. New Business

- a. None

VII. Next Meeting

- a. Date and time: 9 June 2021, 0900

VIII. Adjournment: Motion by to adjourn by Amy Drinkwater and second by Mike Drinkwater. Motion is carried. Meeting is adjourned at 1128 hrs.