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
9 Jun 2021
0900-1130
Online via ZOOM platform due to COVID-19
Minutes

Members Present:	Paul Froman, Brian Chamberlin, Stephanie Cordwell, Amy Drinkwater, Joanne Lebrun, Mike Drinkwater, Ben Zetterman, Aiden Koplovsky
Members Absent:	Leah Mitchell (excused), Dennis Russell
Staff:	Chris Azevedo, Marc Minkler, Jason Oko, Griffin Bourassa
Stakeholders:	Eric Wellman, L'Easa Blaylock, Matt Sholl, Steve Almquist, Rick Petrie, Edward Doughty, 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: 0904 hrs**
   a. Introductions and roll call.

II. **Approval of Minutes:**
   a. Approval of May 2021 minutes. Motion made to accept May meeting minutes made by Paul Froman and seconded by Amy. Discussion.
      i. Joanne Lebrun asks for clarification on Maine Fire Service Institute Instructor 1&2 course
      ii. Rick Petrie asks for correction on PIFT course intent statement.

III. **Additions/Deletions to Agenda:**
   a. Change order of agenda to accommodate Dr. Sholl's schedule
   b. Region 1 Rep vacancy
   c. Eric Wellman to discuss grant to MCCS and organization of EMS programs

IV. **State Update:**
   a. Education
      i. Chris Azevedo
         1. Summarized ACCREDITCON conference held by CoAEMSP

a. AEMT programs will require accreditation after 2025
b. Practice Analysis
    i. How it's done
        1. NEMSIS call data
        2. Frequency of call types
        3. Tasks, KSAs
    ii. ALS done in 2021
    iii. BLS for 2022
c. 2019 Scope of Practice
d. 2021 National Education Standards Changes
    i. Peds and Geriatrics – biggest change
        1. Individual sections removed.
        2. Content addressing Peds and Geriatrics spread throughout the entire Standards document.
        3. Based on stakeholder, scientific evidence and clinical specialist consensus
        4. Similar to what was done with 2019 protocols. Mitigating minimizing or marginalization of content. Intent is to improve student exposure and resultant comfort with material.
    ii. Public Health
        1. Changes reflect changes from 2009 perception that EMS is simply a provider of medical transport to being a true out of hospital healthcare resource.
        2. Emphasizes roles in public health and pandemic crises
        3. EMS will be expected to be integrate pandemic plans, vax, act as an initial point of entry to into robust community health programs.
    iii. Affective Domain
        1. Competence is critical EMR-Paramedic.
        2. Emphasized not only for accredited paramedic programs.
    iv. Cultural humility
        1. Should address education, EMS workforce and patient care.
    v. Pharmacology
        1. Administration of meds = Culture of safety
        2. EMS-C identified need for peds med dosing and troubleshooting abnormal situations.

3. This has been expanded for all four levels.
4. Not just didactic, but also includes psychomotor component (actual practice drawing up medications). Must be significant opportunities to practice before leaving the educational program.

vi. Behavioral/Psych
1. EMS dealing more frequently, longer distances and more time.
2. Revised to include more info regarding acute behavioral crisis and mental health disorders.
3. Greater depth/depth regarding conditions which could result in safety hazards to clinicians.

vii. EMS Wellness, Safety & Resiliency
1. Principles of stress management, mental health, resilience, and suicide prevention across all levels.

viii. EMS Operations
1. Not providing strict or straight forward training requirements. Too varied across the country.
2. Educators and TCs need to work with local and state agencies to determine appropriate topics

ix. Resources
1. New section in back of document
2. For curriculum writers- various resources for writing and revision of curriculum
3. EMS-C, NAEMSP, NASEMSO

e. Online learning
i. CAAHEP white paper- send to all

b. EMS-C
i. Marc Minkler
1. Nothing to report

c. Data
i. Jason Oko
1. Nothing to report

d. Licensing
i. Griffin Bourassa
1. Nothing to report

V. **Old Business:**

a. EMT Scope of Practice Expansion: 12-Lead ECGs

i. Dr. Sholl in attendance and discusses the topic with the group.

1. Going over Red section changes. Forum topics raised question and request to allow EMTs to acquire 12 leads if available and if so trained
2. MDPB approved
3. Verbiage "if so trained" should be clarified or defined.
4. Blue section CPAP also is "if so trained."
5. Wanted to discuss creating a training template for these training topics. MDPB is open to the idea. But, it's important to standardized definitions of the terms. This has been adopted in new National Scope of Practice.

ii. Brian Chamberlin

1. We are saying 'if the service has the equipment, you can do it." Service does not have to go out and buy the equipment.
2. We put together such a program a number of years ago. Mark King worked on this. At the time, it was directed towards EMT Intermediates.

iii. Eric Wellman

1. Question regarding "if so trained."
2. Does initial education have to put this into programs or not. I feel you will have to, otherwise incorporation will not be immediate.
3. Dr. Sholl- not sure MDPB is authorizing body there but is happy to work collaboratively with this group in doing this. There should be consideration not only for current workforce, but for future workforce. Discusses. We have, in the past, started off a new skill using this language and then changed it gradually as the skill becomes more familiar.
4. Eric Wellman- we need to ensure primary programs begin this, so that we can make sure the skill is being properly introduced to the new workforce.

iv. Paul Froman

1. We have, in the past, relied on services to provide the training and I've had doubt regarding efficacy of this method.
2. As EMT is being more empowered, the question is raised 'why don't we make AEMT the base standard license level in the state?"

v. Brian Chamberlin

1. If that's where the scope of practices is going, it makes sense to start looking in that direction.

vi. Dr. Sholl
    1. Do some of these changes at the national level benefit Maine, or are they a detriment? There are elements that are efficient, and those which are difficult.

vii. Joanne Lebrun
    1. I think there currently exists some confusion around what BLS can do to assist ALS. It's likely EMTs are already doing things like setting up IVs, etc.
    2. EMT's are capable of learning this skill and would be excited, but there are concerns.
        a. How does this affect practice and decision making? Would this allow me to manage the patient myself in certain situations of no resources?
        b. As we've added items to EMT level, they have limited exposure to full assessment. We get caught up in technology to the detriment of doing a full assessment. How do we find the balance? If this is just to assist someone, we should say that. But if not, we need to define the decision making.
    3. Dr. Sholl
        a. When this was discussed, to allow providers to assist medics, OR in cases there is no ALS capability. So, we discussed doing something at the EMT level to exemplify the value of early acquisition and protocol engagement.
        b. This is currently understood at AEMT and would ensure same for EMT level.

viii. Brian Chamberlin
    1. As technology advances, do you envision down the road and the transmission piece is present, do you see that as the delineation between calling ALS and not doing so?
    2. Dr. Sholl- It depends on a number of conditions present. In order to say there is robust decision making, we need good relationship between hospital and services. Goal is to acquire data early, but not inhibit ALS interpretation of that data.

ix. Amy Drinkwater agrees this is a good practice idea.

x. Marc Minkler
    1. Not opposed to the idea. It may be premature to do this. We still have EMT programs doing courses of 110-120 hours. Adding this is just one more thing, plus the practical evolutions. Adds burden to BLS TCs to have a monitor to train how to do this.
    2. Bigger concern underlying issue of vital signs before 12 leads. Adding in a new shiny tool to EMT level may contribute to that. There is the potential that adding 12 leads will distract the EMT from doing their proper level assessments.

3. Appearance that this gives. If we have EMTs acquiring 12-leads, will we have communities thinking they have paramedics when they don't?

xi. Dr. Sholl
    1. Discusses presence of the skill in National Education Standards and value in a rural system.

xii. Joanne Lebrun
    1. Might we do a better job with this by phasing this in? Provide a program that services could look at prior to adoption. For us to phase this in in a more comprehensive way.
    2. Where does this fit within the entire assessment process for EMTs?

xiii. Aiden Koplovsky
    1. Agrees with prior points.
    2. The term "if so trained" allows training centers to NOT incorporate unless advocated by their advisory panels.

xiv. Joanne Lebrun
    1. We need to identify the resources to enable this. We certainly have other priorities and we have scarce resources.

xv. Amy Drinkwater
    1. 12-leads are in the new edition of Jones & Bartlett Learning text, page 701, as an objective. So, it's already in the new EMT books. Agrees with careful planning.

xvi. Brian Chamberlin
    1. In consideration of this discussion, we've been asked to develop education around this. We've already got a version of this somewhere that Mark King developed.
    2. What does the education look like? Eric Wellman makes a valid point. We should be clear about who needs to take this, and when and where this should be incorporated.
    3. Perhaps we need a few more weeks to look for the previous program?
    4. Dr. Sholl- perhaps we could take some of this from paramedic or AEMT curriculum?
    5. Tabled to next month. Decide on content included/not included. If you have a program at your TC, please share with Aiden and I.

xvii. Joanne
    1. Expresses desire for EdComm and MDPB to discuss "untalked-about issues" like BLS helping ALS. But we could enhance the system if we could have a frank discussion on what' s actually going on out there.

b. Protocol Update education development updates
    i. Brian Chamberlin

1. Having similar concerns as Chris Azevedo with work drafts not coming in.

ii. Materials needed from education development groups include:
    1. PowerPoints
    2. Lesson plans
    3. Resource documents for use with lesson plans and posting on MEMSEd

iii. Physician resources (have they shared any with the groups?)
    1. Change sheets
    2. New protocol slides
    3. PPT slides from physicians
    4. Resource documents
        a. White papers Posted
            i. 2021 Protocols & 2019 Scope of Practice
            ii. Acetaminophen
            iii. EPIC TBI Protocol
            iv. Medical Shock
            v. OB/GYN
    5. White papers
    6. Brown/Gray/Black/Purple
        a. Joanne Lebrun
            i. Done and asked to present this. Not on agenda.
                1. Agenda item for future?
                2. Chris asked for submission
    7. Blue
        a. Brian Chamberlin
            i. Have met with Dr. Pieh, but not Steve Smith
            ii. I have a plan but just need to put pen to paper.
            iii. Perhaps putting something in the budget for completion would be an item to consider.
            iv. Dr. Sholl addressed narration piece. There has been a central narrator.
    8. Red- Brian Chamberlin/Steve Smith/David Mejia
        a. Change document for the red section has not released yet
    9. Gold
        a. Aiden Koplovsky
            i. Spoke with David Mejia. Reviewed draft changes
            ii. No pen to paper.
    10. Green- Dennis Russell/Rick Petrie
        a. Progress
    11. Yellow- Amy & Mike Drinkwater
        a. Send template for lesson plan

    12. Pink- Stephanie Cordwell/Marc Minkler

a. Progress

13. Orange- Dennis Russell/Joanne Lebrun
    a. Joanne Lebrun
        i. Dennis and I have not met on Orange section. But have read the material.

c. PIFT Updates
    i. Brian Chamberlin
        1. Last month we reviewed the education that was forwarded to us. There's been some work by MDPB on this. Turns over to Matt.
    ii. Dr. Sholl
        1. EdComm wanted to update the education around 2006 PIFT program. Dr. Tilney was given slides to review, Chris Azevedo has reached out with concerns as well.
        2. MDPB has had a lot of other obligations as well as others.
        3. Dr. Tilney discussed a process at MDPB to deliberately review work that had been done and whether or not protocols are commensurate with current practice.
        4. Dr. Tilney shared EdComm's work. Not aware if MDPB has finished their review.
        5. Concerns regarding want of a lesson plan. Other issues regarding slide content.
        6. Tried to dissect items changed and not changed. Updating education is great, but updating the protocols entails a whole process.
        7. Content is another piece. Developing a format for presentation of content to ensure whatever is put out is commensurate with standards. Dr. Sholl discusses this with the group.
    iii. Dr. Tilney agrees with Dr. Sholl's discussion points.
    iv. Brian Chamberlin
        1. So, we are in an education holding pattern. Is that correct?
        2. Dr. Sholl- if EdComm's intent is for MDPB to review this, then it comes to me and MDPB will have a process to review as a group. Again, some of the positions stated in the education are not commensurate with MDPB perspectives. The other issue is straightening out the formatting issues.
    v. Dr. Tilney has already started working with Scott Smith to ensure that each piece is cohesive.
    vi. Joanne Lebrun
        1. If material authors can produce this, and this is reviewed, can this go out while interim MDPB program work occurs? Concern is that this has stalled for years and there is an urgent need for education. No desire to modify protocols. I just want to clearly understand the process proposed here.

2. Dr. Sholl- If the request is MDPB review education update, yes, we are happy to do that.
    a. Joanne Lebrun- the committee didn't know you weren't aware because we've been asking for this since Stephanie Cordwell was chair.
3. Dr. Sholl- None of that was brought to MDPB for review. My understanding of the process is that it wasn't ready for review at that time.
4. Discussion ensues regarding process.

vii. Rick Petrie gives a brief on the Education Committee perspective on the PIFT Program
1. Program last updated in 2006. I thought Chris Pare and Don Sheets were clear that you were part of the process of putting those together.
    a. Dr. Sholl- No, I was not.
2. Issues-
    a. Update of the program
    b. Misuse of the PIFT program on a regularly occurring basis in Maine and has been an issue since day 1 of the program.
    c. Two separate issues. I'm worried that the interim work if IFT should not delay development of update to education which is 15 years old. If we wait for program updates to roll out education, we'll be looking at education that is 20 years old.
    d. Goal was to update existing program and not to add to it. Any issue swill be addressed by the Committee and sub-committee. They are committed to working with the other stakeholders, but they also committed to moving forward.
    e. Concerned about the use of the word "protocol" here. 10: 59 SEE RECORDING FOR Rick's narrative
3. Dr. Sholl
    a. Discusses program patient transport decision issues that need to be addressed via program framework.
    b. Have been looking at addressing issues in a manner similar to off the shelf protocol updates that can be accessed easily by hospital physicians.
    c. There are additions in the material which are not commensurate with current MDPB medical perspective.
    d. Want to use the same process as protocol updates to do PIFT updates.
4. Rick Petrie re-iterates his points regarding separate issues and need to move on the education.

5. Dr. Tilney
    a. Discusses action plan moving forward with update process.
6. Dr. Sholl
    a. I'm hearing two things here- this is ready to go to MDPB, this is not ready to go to MDPB. I want to emphasize that when this is ready to go, MDPB is happy to review this. It would be helpful to have a draft of final product for me and Tilney to review. Current materials are missing lesson plan and other materials. Rick= not ready for lesson plan yet. Agree we need to have a complete package. Want to get your input on current material and what you feel is appropriate or not appropriate.
7. More discussion ensues among the group.

viii. Brian Chamberlin
1. Summarizes plan.

d. Selection process for Region 1 position
    i. Brian Chamberlin
        1. We've only had one applicant for the process.
    ii. Mr. Ed Doughty addresses the committee.
    iii. Mr. Doughty leaves the zoom discussion room and is placed into the zoom program's "waiting room" online area while the committee considers Mr. Doughty's application and qualifications.
    iv. Brian Chamberlin shares Mr. Doughty's resume with Committee
    v. Discussion of resume and qualifications.
e. Motion made by Aiden Koplovsky to accept appointment of Mr. Doughty to the Education Committee as Region 1 Representative. Ben Zetterman seconds the motion. No discussion. Motion carried.
f. Name to be forwarded to Chair Kellner.

VI. July meeting
a. Brian Chamberlin will be present for July meeting. Asks that July meeting be maintained.
b. Joanne Lebrun asks if Eric Wellman could update committee on his MCCS project at the July meeting?
    i. First topic for July agenda

VII. **Remainder of the agenda is tabled**
a. Training Center Standards Update
b. Committee Bylaws/Policies (placeholder)
c. Psychomotor Skills Portfolios (placeholder
d. Eric Wellman to discuss grant to MCCS and organization of EMS programs

VIII. **Next Meeting**
a. Discussion of having a July meeting or choosing and alternate date.

b. Motion to adjourn made by Joanne Lebrun and seconded by Ben Zetterman. Motion is carried.

IX. **Adjournment: 1130 hrs.**

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EMS Education Coordinator Items

A. Items for carryover to next month's agenda

a. PIFT- how and where to implement
b. Protocols- follow up with Brian and Groups
c. TCS update-
d. Bulk of next meeting to focus on rest of TC document
e. Brian will not be at July's meeting. Encourage all to look at calendars. If we need to resched July's meeting, we can.

B. Action items for EMS Education Coordinator

a. Submitted Ed Doughty's name to Board Chair

C. Summary for report to the EMS Board

D.