



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



JANET T. MILLS  
GOVERNOR

MIKE SAUSCHUCK  
COMMISSIONER

WIL O'NEAL  
DIRECTOR

**Education Committee – July 10, 2024**

Virtual via ZOOM: <https://mainestate.zoom.us/j/82789080665>

*Members present:* Aiden Koplovsky (Chair), Joanne Lebrun, Amy Drinkwater, Mike Drinkwater, Ben Zetterman, Paul Froman, AJ Gagnon, Thomas "TW" Williamson, Leah Mitchell, Dennis Russell  
*Members Absent:* Stephanie Cordwell, Cathy Gosselin, Brian Chamberlain, Steve Smith  
*MEMS Staff:* Marc Minkler, Victoria Clyde  
*Stakeholders:* Eric Wellman, John Lennon, Rob McGraw

- 1) Introductions/Call to Order
  - a. Quorum present, meeting begins at 0905
- 2) Maine EMS Mission Statement is read by Koplovsky  
*"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 clinicians. All members of this board should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this board, we commit to serve the respective clinicians, communities, and residents of the jurisdictions that we represent."*
- 3) Public Comment
  - a. No public comments were made
- 4) Approval of previous minutes
  - a. **Motion to approve May 8, 2024 minutes made by Froman and seconded by Lebrun. No changes. Passes unanimously.**
- 5) Changes to agenda
  - a. None
- 6) State Update
  - a. June EMS Board State update document was sent to committee members
  - b. Koplovsky states the Board has requested update from Education Committee (and all Maine EMS Committees). He will be attending the August meeting to provide this.
  - c. Chris Azevedo is leaving his role as Education Manager from Maine EMS Office, Koplovsky spoke with Director O'Neil and stressed the importance of posting the position to be filled due to it's importance.
  - d. Minkler states that Teresa Glick has also left the Maine EMS office for a new role at MEMA, and Maine EMS will be posting for this position soon. States EMSC survey of all EMS agencies is finishing up. This survey looks comprehensively at pediatric readiness nationally, and we have had a 61% response from Maine EMS agencies so far. A gap report for each agency completing

the survey is given to the agency to help improve pediatric readiness. Reports that Acting Chair Petrie had cancelled IFT meetings through the Summer, next meeting in September.

- e. Clyde states if interested in stabilization grant update to contact her.

## 7) Old Business

### a. IFT

- i. Koplovsky states A. Drinkwater advocated at the last board meeting, MDPB continues to review, and Dr. Tilney has been working on the topics and material. LeBrun states there was a discussion on critical care and community paramedic at the board meeting and worries about IFT might be overtaken. They are likely interconnected but cannot delay work on IFT. Koplovsky states there is a very unclear line between CCT and IFT and the language is confusing – IFT sometimes means BLS transfers and sometimes means CCT – very confusing and we need consistent language. LeBrun states it is important to prioritize goals based on limited bandwidth. Lots of good ideas and work, but limited resources for these projects. Minkler concurs on confusion with words vs intent – is IFT an umbrella term for all IFTS, PIFTs, and SCTs/CCTs? Language is important, as is educational resources for each of these levels (both initial and continuing). Most initial education focuses on 911 response, limited education on how to an IFT and this may be an important need. Koplovsky states we need to stop using IFT/PIFT/SCT/CCT interchangeably or incorrectly.

- b. EKG placement accuracy study was done by local experts, circulated to group, can be found at

- c. Non accredited programs and state licensure programs. Michigan has new requirement to create and allow non-accredited programs that do not use NREMT testing for EMS licensure. Russell states it is a bold move and may help keep paramedics in that state, but could be detrimental for movement of EMS clinicians to other states. Feels more states may go this direction. Not in favor of doing in Maine as we do not have the resources, support, or student numbers for a valid and reliable test. Also wants to make sure paramedics have ability to move state to state if they want in the future. Lengthy discussion on resources in Maine and even if this was proposed, there is significant lack of any resources to achieve this. LeBrun wonders what the impetus behind this in Michigan and if there are efforts we can proactively do to address this earlier on and avoid this scenario.

**Russell motions we draft a position statement letter to the board and state opposition to this type of testing and be proactive. Second by Froman.** LeBrun states this may already be a part of rules and perhaps review when the end of the Maine state testing occurred (Russell believes approximately 2005) and we transitioned to NREMT, and to reaffirm those decisions. Mitchell states this may have ended as late as 2011 or 2012.

**Motion passes unanimously.** Koplovsky will draft and send members for comments and then to the Board

## 8) New Business

### a. Instructor Coordinator Update

Koplovsky states would like to review the requirements, specifically (1) What needs to be updated, (2) What documents need to be reviewed, (3) Who needs to be involved, and (4) What is going well and what needs to be addressed.

Would like to draft documents outside of the meeting and brought back to the group for review and discussion. Mitchell asks if Maine EMS is firm on keeping this as a license level. Russell concurs and need to find out position of State/Board/office. Russell states IC is old and would like to know progression and how to best shape position statement and move state forward. Koplovsky states we can solicit opinion from the groups involved. LeBrun asks if Maine EMS is even open to a discussion on changes or end of this license level. Mitchell would like to

understand the reasons why the state has held fast to this licensure level or if they are open to entertaining changes. It would change the direction for EdCom of this work. Russell would like to know where the state is moving towards in the agenda for the future of EMS. A.Drinkwater states this could be part of the update to the next Board meeting when all committees are providing current work and updates, and Koplovsky states he plans to include this topic in his presentation. Wellman states there must be an opportunity for all stakeholders to participate in these discussions and potential changes. Froman asks how to best solicit input, LeBrun and Koplovsky suggest something in the fall, LeBrun adds that we could do an IC education program and cover the history of IC and purpose of licensure, roles, responsibilities, and then collect info on what current ICs feel is the needs of the future for this role, and what help is need for improvement. Russell states it is important to make sure we do not take steps backwards, and Koplovsky states we need to ensure we do not build barriers. Regardless of how and when, it will be a big project.

Koplovsky asks what documents reference IC and what might need to be included in review.

1. Koplovsky lists Rules and Training Center documents.
2. Minkler suggests reviewing Maine EMS Act statutes and if there are any specific requirements from NREMT (if there is anything)

Koplovsky asks what is required to have an IC license to actually perform/do.

1. Koplovsky states for initial licensure courses.
2. Minkler suggests asking Investigations if they require any consent agreements or other decisions to have an IC involved.
3. Russell asks about old process of protocol education but it is no longer done. Minkler adds that some expansion of protocols have required an IC. MDPB might be a resource for upcoming needs.
4. Lebrun asks if there are job descriptions that require IC licensure.

McGraw asks if there is a requirement for accreditation to have Maine IC if the entity is not doing CEH or state specific classes. Russell states accreditation requires following of state rules. Wellman states compliance must be with state rules and not doing this could result in revocation of accreditation. McGraw appreciates the input and shows how this could create gray areas between national certification and state licensure.

Koplovsky asks about standards impacting ICs

1. Impact of EMS Agenda for the Future
2. OSHA proposed changes that may affect educators
3. Lebrun suggests adding Maine EMS strategic plan

Koplovsky asks what we feel the IC level is not doing well in our system

1. Froman states lack of use. In career departments it may add promotion points. We have a large number of ICs, but only a few that actually use the license level. It is just a checkbox?

2. Koplovsky states challenge with CEHs, and usually it is the active ICs who need CEH creating the classes and those not using the IC license just attend
3. Koplovsky asks if the IC level is meeting the knowledge requirements and ability to perform as an instructor – are they actually prepared to teach in the classroom. Mitchell states that initial education for IC is much like initial EMS license education – you are new and not yet completely proficient. Lebrun states the long wrestle with achieving competency, but unfortunately some still treat a license that is one day old is same as 10 years old. How does the entity the IC works for ensure competency and provide the tools to get there (and remain there). Koplovsky and Russell state they have problems with people who state “person X is an IC and they are going to teach a licensure class here” and the difficulties faced by training center directors and employing them or not – just having an IC license means little – it is the process of hiring and competency, along with adherence to TC rules, finances, and processes. Minkler states TCs do a pretty good job of ensuring competency and is much better than most EMS agencies regarding orientation, evaluation, and likely serve as a good model. States it also challenging that your IC level is based on your clinician level – not experience with teaching other levels or experience. A new paramedic who takes an IC class is instantly licensed as a Paramedic IC, but may never have taught any class at all. It puts the burden on TCs. Smith asks if there is a requirement of being licensed at a clinical level for a certain amount of time before you can become an IC. Mitchell states this was removed a number of years ago and the reason for this is that there is no way to quantify time vs experience – being licensed for a certain amount of time does not mean you are doing calls or work in the field. No one could determine the standard for this.

Koplovsky asks if the IC license level limits or prohibits the number of instructors you can have for education?

1. Russell states Yes – impacts through geographical area and access. Also feel maintaining it is a challenge
2. Mitchell states it 100% inhibits high quality education because of time needed to go through class and cannot use them as a lead as they are not at that level. Koplovsky uses the example of a PA being unable to teach the class without an IC license, and they do not have an EMS license. They may teach at a PA program but cannot teach at EMS programs as a lead.
3. Russell states certain areas of Maine may only do occasional classes, perhaps one every other year. The rurality impacts having someone having an IC but not using it – not worth the time to get for a class once every two-three years. They also do not have resources to get the class initially, nor do TCs have the resources to travel all over the state and provide this.

Koplovsky asks if the IC license level is helpful or good to have?

1. Russell states arbitrary promotion points
2. Minkler states although not the goal, it does allow for reciprocity to other states and creates opportunities for individuals across the regional EMS system.
3. Koplovsky states the ability to hold individuals accountable
4. Koplovsky states it should create inspections of TCs but that is currently not happening by Maine EMS

5. Should ensure minimum standards but not sure that is occurring
6. Help ensure a level of safety for students
7. Minkler states issues with investigations could be to remove your IC license but not impact your clinical license. Would IC level insulate an individual who may have teaching issues but not have clinical issues? Russell states the TC is ultimately responsible for this and if an instructor fails, the TC has to pick up the pieces. Minkler states this is no different if an EMT quits an agency the night before a shift, and the agency has to pick up the pieces. Minkler states lacking an IC license and the unlicensed educator sexually harasses a person, and the TC fires them, is this important to know related to their professional clinical license? Lacking IC licensure, can we differentiate between actions that only affect teaching vs actions that affect the person and all their licenses?
8. Minkler states does the IC class provide a foundation for the orientation/onboarding for TCs? Lacking this, the TCs own all of that work of foundational education and experience, in addition to developing/delivering the classes.
9. Minkler states that he heard back from the NASEMSO Education Council Chair and they do not currently have a list of all states/territories that require ICs or what the requirements may be, but it is a project on their list of activities in their workplan.

Koplovsky asks how would removal of IC licensure impact EMS education

1. Russell states it has been covered by many of the previous questions
2. Koplovsky states it may open up opportunities for TCs to hire other people to instruct those classes

Koplovsky asks how can we build foundation for curriculum development and many of the higher functions beyond simply teaching in the classroom

1. Russell state accreditation has done some of this by requiring program directors to go through a program director course within 6 months of accreditation.
  2. Koplovsky states Maine has TCs that are not paramedic/ALS TCs, so how to incorporate those TCs?
  3. Lebrun states that lead instructors have to do a lot with program development and that there is no money to pay for this creation. We have to have a large foundation developed to support the student, and many TCs do this independently but the state has not had the resources to build and adapt the foundations.
  4. Koplovsky states there seems to be no pipeline other than years of experience as a clinician. Are there better ways to do this?
  5. Mitchell states should we be doing something annually to cover obstacles and opportunities and work on these with experts and stakeholders - how do we make a succession plan and new opportunities that are accessible.
  6. Koplovsky state is this an opportunity for standards for instructors to develop goals to achieve this? Perhaps better functional job descriptions. Russell asks why and what return on investment is this? Koplovsky states new OSHA regs will require this. Lebrun likes the idea of a functional job description to identify components where training could be targeted and resources that could support this. Russell asks are there TCs and roles in Maine TCs without job descriptions? Is the time spent on modifying this valuable?
  7. Koplovsky feels we should extend the discussion until next meeting.
- b. Koplovsky asks if we should hold an August meeting. Consensus of group is to not have an August meeting. Koplovsky will notify Maine EMS to cancel August EdCom meeting.
  - c. States that Stephanie Cordwell has resigned from the Ed Com committee (Community College position) and thanks her for all her years of work and as previous chair and wishes her well in her

new endeavors. Discussion around should other current members move into the community college position to open up other opportunities for others. Koplovsky will ask Board for clarification for positions based on changes to # of regions and add a plan to agenda.

- d. Koplosky asks if we should set a date to hold a public forum to solicit info on IC licenses. Group decides to discuss at September meeting.

**9) Next meeting to do**

- a. Koplovsky to report on his presentation to the Maine EMS Board August meeting
- b. Koplovsky will have draft letter on position of EdCom on state specific end testing for licensure.
- c. Koplovsky will inquire to the board about positions related to # of the regions.
- d. Add agenda item to discuss public forum for IC licensure discussion.

10) Motion to adjourn made by A.Drinkwater. Second by Russell. Meeting adjourned at 1113 hrs.

11) Next Meeting September 11, 2024 at 0900.

*Minutes by Marc Minkler.*