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 – September 11, 2024
Virtual via ZOOM: https://mainestate.zoom.us/j/82789080665

Members present:	*Aiden Koplovsky (Chair), Joanne Lebrun, Paul Froman, AJ Gagnon, Thomas "TW" Williamson, Dennis Russell, Brian Chamberlain, Leah Mitchell, Cathy Gosselin, Amy Drinkwater*
Members Absent:	*Steve Smith, Mike Drinkwater*
MEMS Staff:	*Marc Minkler, Jason Oko*
Stakeholders:	*Eric Wellman, Rob McGraw, Jeff Frank, Gabe Gunning, Rebecca Royer, Don Sheets*

1) Introductions/Call to Order
    a. Quorum present, meeting begins at 0903

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) Moment of Silence in recognition of 9/11

5) Approval of previous minutes
    a. **Motion to approve July 10, 2024 minutes made by Froman and seconded by Russell. No changes. Passes unanimously.**

6) Changes to agenda
    a. None

7) State Update
    a. Minkler provides update on posting of Education Coordinator and Office Administrator positions and information, Minkler is temporarily assigned to be staff liaison to Education Committee. Hearings for proposed Chapter 27 have been posted, there are 2 sets of rules on website open for comments, Chapter 19 & 27. Visit Maine EMS website home page for links and information. Shares that the Maine EMS 2025 protocol forum begins tomorrow at 1pm, link on our website. Operations bulletin will be forthcoming on equipment on ambulances – notably requiring naloxone leave behind kits and removal of 5fr gastric tubes due to unavailability and consensus that 6fr, which is available, achieves same purpose.

b. Oko states two new renewal applications have been deployed, based on renewal by CEH vs NREMT certification. Reminds that Maine EMS randomly audits 10% of all applications monthly.

8) Old Business
   a. Update to the Board from August 2024
      i. Koplovsky presented to the Board on workplan for Education Committee and goals
   b. Letter to Board regarding Michigan testing changes (allowing state designed test vs NREMT) and concerns
   c. PIFT
      i. A lot of crossover of efforts, terminology and goals, and board is looking at establishing a critical care transport. Concern is board may not be giving enough attention to critical status of PIFT transport education
   d. IC License Discussion
      i. Working on getting perspective of Maine EMS office position – Director O'Neal was ill and Koplovsky will reschedule meeting
      ii. Presentation by Minkler on other states
         1. Minkler reached out to NASEMSO Education Council, they had limited information on state IC requirements and that it was a future project
         2. Reached out to state websites and offices to research best available information and assembled a spreadsheet on 24 states and DC (attached)
         3. The major consistent factor was that all states and DC required something - 24 states/DC had state requirements for EMS IC, the exception was Delaware. Delaware has only one institution that conducts EMS education and the IC requirements are in the job description for employees. Highlights of state info was
            a. Name for certification/license varies
            b. Renewal varies
            c. Costs vary for initial/renewal
            d. Experience and prerequisites vary
            e. Most require EMS licensure
            f. Minimum age varies
            g. Mentorship varies, some states require degrees
         4. Koplovsky states that some have expressed concerns that other disciplines, such as nursing, do not require IC/licensure to teach in their discipline – it seems to be unique to EMS. Koplovsky does state that other disciplines, such as nursing, do however require a bachelor's, or in many cases even higher, degree to teach, whereas EMS does not, so they are not truly comparable. Mitchell states that we are not sure how the other states are providing oversight, and what the resources and capabilities of the state are for this, particularly in Maine. Feels that this might just be fluff in the state as we do not have the resources to do this. Feels that training centers should put their own requirements on ICs to teach and not the state. Minkler states finding the right course instructor is always challenging, and merely having an IC license is not enough – the TC still needs to vet this person to their goals and asks if there are specific cases of trying to bring someone on to be the primary instructor and a TC was unable to hire them because they lacked an IC license. What are the barriers to having an IC license and the impact to TCs? Mitchell states over the years, her TC identified individuals that would be great instructors but the next course for IC is offered so infrequently, and thus unable to bring in a person with the IC license to run the course. She states if she is the IC of record, she cannot do this for multiple classes at the same time alongside the non-IC individual, even if they are very good at teaching and this holds back the programs. An example is a PA who teaches pharmacology and is not IC

licensed – it is a gray area if that person is a subject matter expert or the course instructor for that section. Feels that as a TC director she can justify the work and qualifications of that individual, but they just lack the IC license. TCs have to use lesser qualified person because they have an IC but not necessarily the expertise (and funding to hire two people to have both an IC and the expert in the classroom). Minkler asks if the challenge is to have the PA be the IC of record vs the expert for that specific class. Mitchell states she should be able to determine this and based on the TC determination. If a class has a gap in education because of this, it falls on the TC, and this should be based on the TC accountability and their responsibility of instructor qualifications. Minkler agrees, but asks how is that different if someone is a chief of an EMS agency and they hire a very experienced RN to be the primary EMS provider on a 911 ambulance, and the chief feels that person is qualified and the responsibility falls back to the agency and if that is similar or different. What role does the state EMS office has to the overall state and system? A TC looks, rightly, at their own facilities and resources, whereas a state looks at the overall umbrella of EMS care and education. Oko states the IC license does not require EMS licensure – the person must only have proof of education to the standards, so that may benefit TCs. Gagnon states his resources are already strained and asking people to obtain an IC is in some cases is too much and a barrier, along with maintaining that licensure as it is difficult to get the CEH hours, and that this is a stress point for TCs and ICs alike. Feels that Maine EMS and others do not provide enough education around this. TW states a wider net can be cast when others are eligible to become instructors, and mentorship may be a way to do this. Koplovsky asks how do we ensure instructors have the foundation to properly be an educator (run a classroom, the administration etc) AND have the experience in clinical areas? Perhaps the IC license needs to echo the fire service of multiple levels (i.e. practical instruction/lecturer, course instructor, program director). The OSHA rules may mandate something along the lines of this. Mitchell states licensing a lab instructor will decimate the educational courses. States most lab instructors would leave and not obtain this, and it would be too high of a barrier. Russell concurs and states the lab assistant role is a feeder system for the TCs and would drastically change the number of courses that could be offered. Koplovsky would like to drill down to the barrier(s)

a. Is it the process of applying?
b. Is it the financial component of taking an IC class?
c. Is it the maintenance of CEH credits?
d. Is it the individual saying "I just don't want to do another step"?
e. Or something else?

5. Russell and Mitchell state all of the above. Russell states many lab assistants do not want to be the lead instructor but do want to help in classes
6. Lebrun states there used to be modules to teach moving a person from content expert (i.e. EMS) into educational development (i.e. lesson plans). States it is labor intensive, but that is the labor intensity as becoming a clinical expert. The system is resource poor for education about education itself. We need to develop concepts of what do want each level to know – what does a lab instructor need for proficiency and foundation. It is likely each TC is doing this to become lab assistants (i.e. what is a portfolio). Minkler states barriers for a feeder system is likely detrimental, as is onerous CEH requirements, and what is the right number of hours and competency eval for the educators themselves. States the con ed requests and submissions (lesson plans, outlines, etc) are not nearly as robust as needed throughout the state for both

initial and continuing education. Anything we can do to improve this will help improve the quality of education for EMS. Russell states perhaps we don't change what we are doing if it is going to upend the apple cart and create new difficulties. There are online instructor courses that could be used for new instructors. Mitchell states that TCs that want to do they right thing are likely doing that now. When we struggle with quality in CEH for current licensees (EMT, Paramedic, etc), we have the same problems with IC CEH (i.e., what is best in terms of hours and topics). Koplovsky states the TCs really have not had an oversight from the state – asks if anyone has been inspected or asked to prove what they are doing. Chamberlain states many of these issues have existed for years, and discusses challenges with maintaining IC license, and asks about when the last IC update occurred. Koplovsky states national ProBoard doesn't do updates either. Sheets states that there was design in the IC license level to recognize existing degrees for equivalency. That being said our education for ICs need to include changes and is not the responsibility fo the state – this is the responsibility of the employer/TC. Licensure is important to give avenue to deal with issues of improper performance – the clinical license is not reflective of education, and the IC license allows for monitoring and oversight by the state, especially in cases of egregious actions or inability/failure of TCs to act. Koplovsky is concerns about asking too much of TCs. Sheets states the updates TCs do internally are necessary and give a mechanism and requirement to maintain structure and performance of TCs and ICs, and thus provide CEH for ICs through this.

iii. IC Stakeholder meeting

1. Koplovsky states it is important to get stakeholder input and asks group about how to go about doing this.
2. Russell asks what is the gain form this – will people come or is this going to be the same folks from Education Committee meetings and will it provide any value? Lebrun suggests a round table discussion with a facilitator and structure. Discussion from all on "roadshow", topics, methods, time, day of week and ways to best reach stakeholders. Discussion around survey of ICs, Minkler states email addresses are easy to obtain for current ICs and could be requested through licensing, but we do not have a robust survey tool such as Survey Monkey but may have some limited options for a survey tool. Lebrun offers to assemble survey questions. Many offers of support from the committee. Minkler suggests that perhaps each committee member could submit a question or two to Lebrun to engage all and ensure voices are heard. Russell suggests emailing to Minkler for transparency. Minkler will send any questions to Lebrun, Koplovsky sets submission date of October 30, 2024.

e. Vacant Committee Seats

i. Koplovsky has not yet had a chance to meet with Director O'Neal

9) New Business

a. MDPB Requests

i. Dr. Sholl has asked for a committee member to attend MDPB meeting while Education Manager position is vacant, and to provide insight, as needed, on educational perspective for protocol development. Koplovsky will attend October MDPB meeting.

b. Licensure Course Capacity

i. Koplovsky states at his TC, it has become very challenging to offer more courses that currently exists. Mitchell believes the system is offering more classes than ever before, but that does not mean there is no need for more – but capacity may be maxed. If education is not being supported, it cannot just have classes magically appear. One challenge is that most TCs no longer do the "back of the station" classes anymore and

this may be frustrating for agencies. Russell states his ability to go anywhere and anytime is not possible, and his TC will not just let someone who happens to be an IC to teach a class – it is a risk for his TC and the problems of non-vetted locations/ICs is too risky. The TC curriculum and process must be followed. Discussion of expectations that the TC has to provide classes and agencies not understanding that the TC controls what, where and when classes are offered, and many factors come into play in these decisions. Chamberlain, from an agency perspective, states it is hard to not have an idea of when and where these classes will be for planning purposes for employees and students. Minkler states the Maine EMS office often gets requests from people who want to take a class, and the office does not always have best or most up to date info to offer these folks, and we direct them to the TC in the catchment area, but overall public knowledge of classes and opportunities are not well advertised or always accurate.

ii. Koplovsky asks what resources are TCs currently lacking
    1. Russell states clinical sites and quality instructors, also states schedule – open too early and people drop out
    2. Mitchell states TCs need to be agile – would like to offer ICs but hybrid options is needed in rural areas to help shortages in those areas. Improvement of educational philosophy – not teach to test but to provide quality entry level providers
    3. All state money is a challenge for equipment, assistance in labs, but also the support roles (preceptors, administration, registration, ADA educational support etc). Lebrun states that money that was available for Train Maine has been very difficult to get reimbursed on, and assistants for practical's have been very expensive. Koplovsky states the draft 27 chapter increases funding for training centers and encourages all to attend hearings and/or submit comments regarding the draft rules and provide comments as each person sees appropriate.

c. Cancelling of APEMS Educational Conference
    i. Koplovsky states the excellent opportunity over the years that this conference has provided and promotion of education, and will leave a significant void

10) Next meeting to do

a. Minkler/Oko to provide public IC email list

b. All members to submit at least 1 draft survey question to Minkler/Lebrun by Oct 30

c. Lebrun to provide draft survey questions in aggregate form

11) Motion to adjourn made by Russell. Second by Mitchell. Meeting adjourned at 1100 hrs.

12) Next Meeting October 9, 2024 at 0900.

Draft minutes by Marc Minkler.