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GOVERNOR

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



MICHAEL SAUSCHUCK
COMMISSIONER

J. SAM HURLEY
DIRECTOR

Examination Committee Meeting
21 Jan 2019
0930-1130
De Champlain Conference Room, Augusta
Minutes

Members Present: Sally Taylor, Joanne Lebrun, Amy Drinkwater, Kelly Roderick, Rick Petrie, Jeremy Damren, Cheri Volta, Ben Zetterman (call-in)

Members Absent:

Staff: Chris Azevedo, Sam Hurley

Stakeholders: Don Sheets, David Mejia, Michel Mullin. Calling in representing the National Registry of EMTs (NREMT) are Dr. Greg Applegate, and Mr. Ray Mollers- NREMT

A. Call To Order

- a. Introductions
- b. Minutes
 - i. Approval of November 2019 Minutes motion Rick Second Amy Carried
- c. Additions/Deletions to the Agenda
 - i. Addition of Eric Wellman's letter re: removal of spinal immobilization stations from Exam

B. New Business

- a. ZOOM teleconference with Dr. Greg Applegate and Mr. Ray Mollers of NREMT
 - i. Topic- NREMT vision of the future of psychomotor skills exams at all levels, and discussion of direction for verification of candidate skills competencies at the EMT level by Maine EMS.
 - ii. Sally Taylor makes introductions and gives background on EMT level psychomotor examinations in Maine. Asks Dr. Applegate about NREMT's vision of future of PSE's at all levels.
 - iii. Dr. Greg Applegate introduces himself, and gives some of his background: psychometrician, worked for Pearson Vue. Came to NREMT to add some vigor to the process of determining best practices regarding competency verification in a testing environment.
 - iv. Ray Mollers introduces himself also.
 - v. Dr. Applegate:
 1. NREMT has just finished an ALS practice analysis of job task performance.
 2. EMS is moving away from using backboards and shortboards (KEDs). They have not disappeared, but use is declining. The NREMT board decided they should not directly test backboards and/or KEDs as they are not being used.

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3. NREMT recommends that all backboard and KED use should be removed from skills exams (PSEs) as rote skills evaluations and has done so on the exams they administrate and support. The use of the equipment and skills in the field no longer meets NREMT criteria for being included on practical exams as they currently are.
- vi. Joanne Lebrun asks Dr. Applegate about NREMT support for EMR/EMT materials- skills sheets, testing manuals. Dr. Applegate and Mr. Mollers respond:
 1. NREMT will send these materials as a package to any state that would like those materials for now.
 2. At some point, all materials will be pulled when it is determined by NREMT that states are self-sufficient.
- vii. Rick Petrie asks about the genesis of the NREMT's decision to not support the EMT Psychomotor Skills Exams (PSE) as they did up until now and pull the skills sheets that are used by the states for that exam. Dr. Applegate responds that:
 1. The NREMT determined that the rote testing of skills from a skill sheet, as has been performed on the PSE is not the best method of verifying skills competency.
 2. Simulation lab is much better way to do this, when it is repeated under various conditions. The Portfolio process is a much better way to do this, especially when used in conjunction with scenario simulations.
 3. If you are not doing a portfolio, then next option is performance testing/skills testing.
 4. Rick Petrie thanks Dr. Applegate for the explanation and adds that the crux of our debate in Maine is validity of skills testing.
- viii. Don Sheets asks if the practice analysis that was performed is available to the states for use.
 1. Dr. Applegate responds:
 - a. Not yet, but it will be after it is presented to NREMT Board of Directors at their next meeting. Afterward, it is planned to make it available for download.
 - b. NREMT is so preparing a presentation on this for NASEMSO
 - c. The ALS practice analysis looked at critical and most common performance skills. NEMSIS DATA was used to determine what skills should be included in ALS psychomotor skills portfolio
 - d. NREMT will repeat this practice analysis for BLS next year.
 - e. Using the NEMSIS data, NREMT compiled a comprehensive list of what skills are necessary to be successful in the field.
 2. Don Sheets asks, "Do you have data that supports that portfolio process is more successful than PSE in establishing competency?"
 - a. Dr. Applegate responds, "No. But we are gathering data for a white paper outlining reasoning for decision-making. "
- ix. Chris Azevedo asks Dr. Applegate to brief the Exam Committee on Kansas's alternative to using a PSE, for broader perspective on PSE alternates. Dr. Applegate responds:
 1. Candidates are assigned to one of 8 possible hi-fi simulation stations. Candidates have no idea what scenario they will be doing until just before they test.

2. Each station conducted is fifteen minutes long, is videotaped, and the scenarios reviewed by the state.
 - a. Some current perspective on candidate performance using Simulation vs live performance in the field:
 - i. If you can do it under well- defined simulation scenario conditions, it is likely that you can do it under real life conditions. But that is not 100% proven due to human factor in bad cases.
 - ii. It is related to Dr. Applegate by various Exam Committee members that the Committee's comments regarding critical thinking and critical judgement align with the NREMT perspective that was just summarized by Dr. Applegate. Therefore, the Exam Committee wishes to work on an exam process which will involve these aspects.
3. Sally Taylor asks Dr. Applegate several questions:
 - a. Does the state of Kansas have standardized training for their exam simulation evaluators?
 - i. Dr. Applegate: "Yes, they do."
 - b. Are there any states at BLS levels that use portfolio currently?
 - i. Dr. Applegate: "No, not yet. But it is being discussed. State officials are not required to check in with NREMT."
 - ii. Dr. Applegate states that "certification bodies have a different mission than educators." He follows up with the following points:
 1. Educators are advocates for students
 2. Certification's job is NOT to educate, but to ensure students are competent.
 3. It can be difficult for programs to separate themselves from conflicts of interest regarding student education and certification.
 4. If you are going to do a portfolio, you must think carefully about how you are going to do that and who will be evaluating.
 - a. One option to consider to avoid conflicts is to employ an independent evaluation body who are professional experts and students can go to them and get skills signed off.
 - i. However, the NREMT does understand that this is difficult to certify and pay for.
- x. Joanne Lebrun asks several questions of Dr. Applegate:
 1. Does the NREMT have a requirement specifically for using a psychomotor exam as a means of verifying candidate competency? Dr. Applegate responds that the exam does not have to be a PSE, just a state-approved evaluation method for verifying skills competency.

2. Joanne Lebrun relates that in the past, Maine had had its own PSE for the EMT level, but we did not have not the resources to support maintaining its own exam. So, the EMS Board suggested just going with NREMT resources.
3. What other healthcare professions have a PSE?
 - a. Dr. Applegate response that the nursing field does skills as part of the education program, but no one else has PSE. Physicians (MD) have a performance exam that they do at a testing center. They work with a simulated patient to resolve the case. Standardized, videotaped.
4. Don Sheets asks:
 - a. Has anyone produced a portfolio type document for BLS?
 - i. Dr. Applegate responds that no one has produced one in the matter outlined by the CoAEMSP appendix?
 - ii. Dr. Applegate goes on to relate that the 2015 Paramedic Psychomotor Portfolio document outlines 3 different ways to do a psychomotor exam.
5. Joanne Lebrun asks:
 - a. So, the Committee could recommend a variation of the current theme as long as we have a model that the Registry would accept?
 - b. It is added to the discussion that the NREMT requirement is that whatever model is used, it must be approved by the state.
 - c. We could do this, and the over the next few years, NREMT will be reviewing the BLS practice analysis, and then review all factors to recommend solution that is affordable, practical and effective?
 - d. Multiple comments regarding the above points are made variously.
- xi. Dr. Applegate and Mr. Mollers are thanked by the Committee for their assistance and participation in the meeting and leave the meeting.
- b. Eric Wellman's letter recommending dropping both Spinal immobilization skills from BLS PSE is introduced for discussion.
 - i. Discussion of its contents is made by the group.
 - ii. It is asked that the letter also be sent to Dr. Matt Sholl and to Ben Zetterman.
 - iii. Don speaks regarding the letter, on behalf of Southern Maine Community College.
 - iv. Rick Petrie- Makes motion for the Committee Chair to make a formal request to EMS Board Chair to put this issue on the Board agenda and for a decision from the Board to be made on this issue.
 1. Motion is seconded by Ben Zetterman
 2. Discussion ensues.
 3. Letter to be drafted by Sally Taylor and Amy Drinkwater and send by Friday
 4. Motion is carried
 - v. Rick Petrie asks if a summary of Joanne Lebrun's points during the discussion, and the NREMT's summary of why the spinal immobilization skills were

removed could be drafted from ZOOM recording, to be cited/presented to Board with Committee request.

1. Zoom meeting was recorded.
- vi. Joanne Lebrun also suggests making accommodative changes to current PSE's to make that exam more robust.
- vii. Michel Mullin addresses the Committee. She states that exam documentation needs to be updated regarding the change to PSE's being good for 2 years vs old 1- year.
- viii. Question posed by the group regarding how to address the current and future shortage of PSE Administrators.
 1. Committee discussion ensues regarding development of PSE Administrator training by Joanne Lebrun and Rick Petrie as a short-term solution.
 2. Rick Petrie states:
 - a. If we are going to be in this situation for some time, we need to develop additional test administrators.
 - b. If not, we should make the change to portfolios.
 - c. Joanne states the Committee should wait until NREMT finishes and releases their BLS practice analysis.
- ix. Don Sheets speaks to the Committee:
 1. We should not wait for NREMT. The timeline is too long for a process that is invalid already.
 2. Joanne replies:
 - a. We should identify 2 or 3 people to mentor and develop as PSEA's. Possibly from Exam Committee, Education?
 - b. Jeremy Damren? Theresa Cousins? Ben Zetterman volunteered. Amy Drinkwater (with recusal provision), David Mejia interested if we need anyone else. Don Sheets is actually the newest one.
 3. Don Sheets asks:
 - a. Can MEMS fund the training and support of new PSEAs?
 - b. EMS Director Sam Hurley replies that that is to be seen.
 4. Rick Petrie states that APEMS is willing to fund training for personnel to support their exams.

C. State Update

a. MEMSEd-

- i. New courses up by end of month
- ii. Will be setting up NCCP course to coincide with adoption of rules changes after their final approval

b. Staff

- i. Data Coordinator and Licensing Agent positions closed. HR and EMS Director reviewing applications

D. Old Business

- a. PSE Scenario clarity and validity (from May's meeting)
 - i. Joanne Lebrun states that the exam must have a clear scenario for the evaluator to read to the candidate.

1. Sally Taylor adds that each simulated patient should have their own paper as well the evaluator document. These should be clear to both evaluator and patient
 2. Michel Mullin states that some of the Tx in the current scenarios are no longer aligned with current practice.
 3. Sam Hurley suggests reviewing some documents that DC EMS had used for their PSE scenarios.
 4. Sally Taylor states that the Committee has 2 tasks to accomplish:
 - a. look at exam administration manual (after Board meeting), and
 - b. look at scenarios to clean them up for April PSE round
 - c. For Feb meeting, it is asked that:
 - i. Any old scenarios previously reviewed by the Committee, as well as the DC EMS scenarios mentioned by Sam Hurley be sent to Sally Taylor for review in February.
- b. Questions for summit - Rework the plan to be an overall goal with individual meeting agendas.
 - c. Committee workplan for the future:
 - i. Portfolio – Include new scope
 - ii. Evaluator Training - Joanne
 - iii. Station Review – FAQ

E. Next Meeting

- a. Date and Time: 18 Feb 2020
- F. Adjournment: Motion to adjourn made by Rick Petrie. Seconded by Jeremy Damren. Motion carried at 1130.**