

Maine EMS Education Committee Minutes  
 December 10, 2008

**Present:** (via teleconference) Dan Batsie – Chair, Jay Bradshaw, Daryl Boucher, Tony Attardo, John Brady, Tiffany Stebbins, Carol Pillsbury, Brian Chamberlin, Eric Wellman, Kevin Gurney, Scott Cook, Tim Guerrette, Butch Russell, Paul Salway, Jan Brinkman.

TOPIC	DISCUSSION/ACTIONS TAKEN	FUTURE ACTION
1. Meeting called to order at 0932	<p>Introductions            Welcome to Tim Guerrette – new Region 5 rep.</p>	n/a
2. Acceptance of Minutes	Not done	Need to do at Jan. 14, 2009 meeting
3. Unfinished Business	<p>It was decided that since today’s meeting is via teleconference that in the interest of time constraints we will concentrate on the Training Center Approval Process only.</p> <p>Daryl presented the work of the subcommittee on the Clinical Behavioral Objective updates. He informed members that some of the definitions that were in the old CBO document were omitted in this CBO (Appendix B) since the definitions have been addressed earlier in the TCAP document.</p> <p>Under “Field Preceptor Requirements”, we added: (1) clarification that the preceptor should be assigned by the course clinical coordinator, (2) that at least the last 1/3 of the clinical hours must be done at an alternative site, and (3) that programs with a final field evaluation rotation have this time done at an alternate service. Also under “Field Preceptor Requirements”, there was a concerned discussion about the statement “students can not at any time function in the roles of student and employee simultaneously”. It is</p>	<p>All agreed.</p> <p>n/a</p> <p>Discussion about the “final” 1/3 of the clinical hours must be done at an alternative site and that for some course clinical coordinators this would present a significant challenge due to limited resources/sites. Daryl will rewrite this to state that the 1/3 time need not necessarily be the final 1/3 clinical hours.</p>

	<p>felt that this needs clarification and it was suggested that services should have a policy in regards to this.</p> <p>In the old CBO's there was a minimum qualification for preceptors to have at least one year of experience at or above the license level of the student they are precepting. The subcommittee thought this should be increased to two years experience. A brief discussion of "quality versus quantity" of the years experience followed. It was felt that the course clinical coordinator should decide if the preceptor is qualified for this role.</p> <p><b>Motion: To delete the line requiring minimum years of experience for a preceptor from the document. (Batsie, Brady) – no official vote, but following discussion agreed by all.</b></p> <p>Discussion on any person associated with the course training (didactic or clinical) be in good standing with Maine EMS and have no disciplinary action against there license or underway.</p> <p>Daryl reworked the Clinical Hours Requirements chart from the old CBO to make it more user-friendly.</p> <p>Subcommittee had added to the clinical requirements that an EMT-B must complete 10 assessments, 5 of which must be in the field setting. It was felt that many students may</p>	<p>Daryl will rework this statement for clarification and add a statement suggesting services have a written policy to address this concern.</p> <p>Daryl will add this wording to the Ethics Statement at the beginning of Appendix B.</p>
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	<p>complete a class and have never done any field time. Several members discussed how difficult this would be to uphold since field assessments may be “hit or miss” based on service call volume, fate, and/or “dumb luck”.</p> <p><b>Motion: to keep to the original 5 assessments, but add a minimum of 8 hours required ride time/field internship.</b>  <b>(Boucher, Stebbins) – unanimous</b></p> <p>A “Professional or Civic Leadership” category was added to the clinical hours requirements. This allows the student to experience some of the non-clinical work of EMS providers and to encourage involvement in the community and in EMS education.</p> <p><b>Motion: to include this new category as a requirement in the clinical hours for EMT-Intermediates, the EMT-I to EMT-p bridge program, and EMT-Paramedics.</b>  <b>(Boucher, Brady) – unanimous</b></p> <p>A “Decision Making” algorithm was added at the end of the Appendix. This algorithm assists students in critical thinking regarding performance of skills or techniques learned in the course.</p> <p>Brian C. asked about the timeline for this document to become effective and will it affect courses scheduled for Spring 2009?          Jay stated that after the Education Committee approves this, it will then need to go to the Board.</p>	<p>Daryl will edit document to reflect this decision.</p> <p>n/a</p> <p>n/a</p>
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	<p>The hope is that this will be effective in Fall '09.</p> <p>Eric presented the Equipment List (Appendix C) and explained the format. People liked the new format and agreed it was much more user-friendly than the old list.</p> <p>The ratio of 1:6 (simulator to student) was agreed to be a fair and attainable number.</p> <p>Dan asked committee members if this document was acceptable with proposed revisions as discussed. All agreed. This document will be presented to the OPS team on January 6, 2009 and the Board on January 7, 2009.</p>	
<p>4. New Business</p> <p>5. Additions to Agenda</p>	<p>No new business addressed today.</p> <p>Butch asked for clarification on who can teach a PIFT course. Northeast MHS is interested in having an Instructor course. PIFT course Instructors must have to have completed the PIFT course as well as the PIFT Train-the-Trainer course.</p> <p>Dan has a list of the original core faculty.</p>	<p>n/a</p> <p>Dan, or another core faculty person, will work with Butch to get a program going for them.</p> <p><b>Meeting adjourned at 1123 hrs.</b></p>
6. Next meeting	Wednesday, December 10, 2008 at 0930 hrs.	