OKLAHOMA State Department of Health

Regular Meeting of the OTERAC Education and Training Committee
Wednesday, November 4, 2021, 9:00 AM
Draft Minutes

I. Call to Order: Meeting called to order at 9:01 am by Mr. Justin Hunter Chair.

II. Welcome and Introductions:
Chairperson Mr. Justin Hunter welcomed everyone to the meeting. Mr. Hunter asked everyone in attendance to introduce themselves and who they represent.

III. Roll Call:
Members Present: Rusty Gilpin, Justin Hunter, Sean Lauderdale, Gina Riggs, Jamie Dubose, Lisa Dyer and Eugene Sateren arrived at 9:15 am. Other's present were Linda Pledger, Mike Duncan, Justin Garrett, Nancy Howell, and Annie Glover.

IV. Approval of minutes – May 19th, 2021:
Motion to approve minutes made by Rusty Gilpin, seconded by Eugene Sateren. Roll call vote approved unanimously.

V. New Business:

A. Discussing regarding the need for the department to create, write, and publish psychomotor skill sheets and exam guidelines for EMR and EMT psychomotor exams. Background on this EMR and EMT exams stopped doing this 10 years ago and stated the skills roll is up to the state. What most schools do is follow the rules posted on the National Registry website until about a month ago. So now we need to come up with them now. Can the state still handout the material being it belongs to the national registry. Let's work on what we want the skills to look like. Justin's initial thought is we use the National Registry's and draft changes from it. Justin asked if I we were able to pull up the 2011 EMR state guidelines. We were able to pull up the guidelines for the group to see and discuss. Justin asked everyone to look at page 16 of the guidelines. It shows five skills and would like to start with this. Justin Garrett asked if BLS is required for EMR. Justin Garret stated it has always perplexed him about the cardiac arrest management skill being they are required to have a BLS certification. Rusty Gilpin stated that the BLS certification is a state rule not a National Registry requirement. Eugene Sateren said we are looking at bringing I-Gels down to the EMR level. He thinks we should leave it in and make them run a cardiac arrest scenario due to that being a very important part of their training. Dale stated that skill of oxygen administration by non-rebreather mask that is probably a skill that is beat in them in training because that is a skill that an EMR can do. So, do we really need to test them on that or am I reading to much into that? There competency level is probable assured by the school through what they do. The committee talked about it is the school's responsibility to verify the student's competency. Dale asked the committee to look at this from a different point of view. This is kind off what Louisiana has done with their EMT. They make it scenario focused as opposed to station

focused it is scenario focused. They incorporate specific skills within that scenario to show the ultimate competency. Is that a better way to approach this? You can have a cardiac arrest station a medical station and a trauma station. Some of the committee has a concern about using the scenario testing outside the training programs might have trouble with having the manpower and training to put on a scenario psychomotor exam. Rusty Gilpin asked if everyone is familiar with the way the National Registry is going to do it for the advanced psychomotor exams? Dale brought up on the EMR 66 hours course and no clinicals should we have a skill check off instead of a scenario as where a EMT course with clinicals a scenario based. It was brought up the skill sheet are an order of operations not just a check off sheet. If they do not have an order of operations, they can use to help them with testing. David Graham brought up we will need to keep some type file for EMR testing so we can follow up with them. We still need to have some check off for the state. If EMR's do not test the National Registry. Inside the rule it allows Fire Departments and EMS agencies can teach EMR courses and we need to look at that side also. It was brought up that we come up with guidelines and if the department finds and agency that is not following the guidelines, we can hand them a copy of the guidelines and let them know this is what we expect from them for each student and course. Dale will look to see if that is something, we can add to the CAN request. Justin asked that we pull up the guideline from the OSDH website for EMR. It was asked if we have an edible version of the guideline pdf. An edible version was made, and the committee agreed to start at the competencies and work through them. It was brought to the committee's attention that if we add anything skill it will not be in the curriculum. The committee worked its way through the Oklahoma EMR Verification of Skill Competencies. The committee also added the State Practical Exam must include Trauma Scenario that include hemorrhage control and shock management. Medical Scenario must include medication administration and oxygen therapy. A Cardiac Arrest Scenario must include AED and BVM. They also included successful completion of state practical exam makes the candidate eligible to test the NREMT.

Justin Hunter summed up that now we have all agreed what the EMR programs should be at a minimum verifying competency of skills whether they are doing registry or state. We should come up with what the registry test should look like. We do not want to go too crazy. Mr. Hunter asked if we liked the five skills or do, we need to take anything away or add something to the list of skills they are currently doing. Rusty brought up that he likes the scenario. It was brought up that if we add something to the list of skills, we will need to come up with a skill sheet. Gina states she thinks we should do three skills or scenarios. We do a trauma skill and put bleeding and shock in there. A cardiac arrest management with the BVM and OPA, and the medical we can put the non-rebreather mask and critical patient. Rusty says we could include assisted medication. Justin asked again before we get into scenario's do want to add any skills do, we think we need to go above and beyond. Gina stated she would like to see bleeding and wounds with torniquet in trauma. Trauma assessment (trauma scenario must include treatment for shock and Hemorrhage control). This way we can easily take the NR out of hospital scenario and adapt that. We would leave it up to the school to come up with the scenario. Mr. Hunter then had the committee start looking at the OSDH -EMS Emergency Medical Responder recommended training hours for national education standard 2011. We added notes to the end of the Oklahoma EMR Verification of Skill Competencies for what needed to be included in the scenarios for the EMR psychomotor skills exam. This will be used as the state certification exam to include the skill summary exam sheet. Dale advised this could literally be an instructor guideline change and we can take this to the next OTERAC meeting if we are able to complete the EMT portion of this.

State EMT Guidelines opened to compare to the State EMR Guideline. While reviewing the EMT Guidelines we followed the same procedures as with the EMR guidelines. A long discussion about how we teach Supraglottic Airways being it is not in the current curriculum. Group added verbiage stating program is responsible to teach supraglottic and provide the handouts. It was brought up that when we do site visits to training programs, we have them show us how they are teaching supraglottic airway for the EMT. Discussion of committee on Automated Transport ventilators on check sheet whether this should be taught to EMT in the programs or leave it to the agencies to verify they have trained their employees on the Automated Ventilator. We can include this in the scope of practice. Dale also brought up we should still look at

this to see if it is in the EMT scope of practice. The committee agreed to take Automated Transport ventilators off the check off sheet. Discussion on waveform capnography and whether it is required on supraglottic airways. Per state protocols waveform capnography is required for intubation it is preferred for supraglottic but optional. Justin brought up that there is handheld capnography. Rusty asked if they were affordable. Mike Duncan states it depends on the instructors and some instructors do show it some do not. Mike brought up that an EMT course must go through a training program. A compromise was meet and we added to waveform capnography Recommended not required. Discussion about equipment available that is not a cardiac monitor that can transmit 12 leads. Integris did the Chisolm Trail project where the supplied this equipment to small EMS agencies and Fire Departments along North I-35 where they applied the device and transmitted a 12 lead to Integris for a physician to read and let the agency know how to proceed with the treatment of the patient. Not sure if Integris is still providing this service. The committee struck out the following and will add most under Patient Assessment Trauma. Chest Injury Treatment and everything listed under it, Abdominal Treatment injury, Nosebleed, Impaled objects, Spinal Immobilization Cervical Collar, Long board, manual, seated patient KED, rapid manual extrication, Manual stabilization, extremity splinting, traction splinting, cervical immobilization device (CID). Under Medication Administration routes the committee changed assisting a patient with their prescription medications listing MDI, and NTG. Edited auto injector to read Epi pen, and added Nasal Narcan, under Intravenous maintenance of non-medicated IV fluids added the verbiage not part of the National Scope and program responsible to supply appropriate reference materials. The question how you are going to have them demonstrate they can maintain an IV. It was brought up that the state put out a curriculum on maintenance of non-medicated IV fluids that is very old. It was brought up that we should look at updating this curriculum. Linda Pledger states she has a copy of the old curriculum. The rest of the EMT psychomotor guidelines mirror the EMR Guidelines except for adding with airway adjunct to cardiac arrest scenario. The question was asked what the goal is to implement these changes. Dale advised if we are just looking at implementing the testing piece of this, we may be able to implement them in May or June of next year because it can go to OTERAC with out rule change saying these are the changes we are recommending for the educational guidelines for the testing part. If the educational national stuff comes out, then we would be looking at coming out September or October. Dale would like to tackle this on two different timelines.

B. Discussion of new ALS psychomotor skills starting in 2023.
We have been using the new psychomotor since January of 2017, six skills scenarios for the ALS testing; Now a few months ago the National Registry Board of Directors voted a few months ago to refine the ALS psychomotor exam for both the AEMT and Paramedic to be more reflective of the competency of advanced level of providers. They are in the very beginning of this. The first part is replacing the portfolio with identified by the most recent ALS practice analysis which is not out yet. They are publishing what are the physical skills that paramedic needs in real life. They are working with accreditation to develop these guidelines for the paramedic level and the association of state EMS offices for the AEMT level. This is defining what you are attesting to as a program director. The second item talks about the cognitive exam. Is moving into the TEI technical enhanced items to the cognitive exam to replace the psychomotor exam. They will have questions with scenarios and video clips for questions that have multiple right answers. The third one is the biggest one where they are expanding the cognitive exam where you are basically assessing more of the leadership and critical thinking skills in a computer-based format. The fourth one is talking about getting more stakeholder involvement. The milestone tracker basically there are 12 milestones, and we are on milestone one. They are saying they will be piloting questions in 2022 and will be rolled out in mid-2023. Justin brought up what technology does his program need to prepare his students for this? The simulation and interactive part. Rusty brought up we probably should look up preparing a document for the AEMT like those for EMR and AEMT. Dale asked to allow us to work on this and bring it back to the next meeting. It was also asked how we will test the AEMT that comes from outside the state.

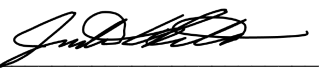
C. Discuss dates for next years meetings.
Meeting dates for next year are as follows at 9:00 am
February 9, 2022
May 11, 2022
August 10, 2022
November 9, 2022

VI. Public Comment

Justin Hunter talked about the paramedic license plate that the OSU/OKC students came up with we came up with asked if everyone could send out in the next three weeks to try and reach 100 plates ordered or it goes away.

VII. Adjourn

Motion to adjourn made by Eugene Sateren and seconded by Rusty Gilpin. Adjourned at 2:04 pm



Signature Chairperson Justin Hunter