

**Meeting Minutes**  
**EMS Education Committee Workgroup Meeting**  
**Governor's EMS and Trauma Advisory Council (GETAC)**

TEAMS MEETING PLATFORM

Friday, July 17, 2020

9:00 AM

**Call to Order/Roll Call** ..... Macara Trusty, Chair

**Present:** Macara Trusty, Dr. Lesley Osborne, Chris Nations, Diedra Blankenship, Scott Lail, Greg Lamay, Lee Gillum, Terri King, Willie Langfeldt, Jamie Praslicka, Dr. Kelly Weller, Dr. Taylor Ratcliff, Lucille Maes, Melissa Stuve, Derek Briggs

Review and Approval February 20, 2020, Meeting Minutes tabled for August meeting.

Dr. Greenberg Update: Request to address the educational opportunity that was missed when the students were pushed off the EMS units and out of the facilities. Items already on the agenda.  
GETAC Council: 1/3 of the council was scheduled to rotate off in January but they haven't had the appointments from Austin yet. The next council meeting is August 21.

**1. Review continuing education requirements from Texas Administrative Code Title 25, Chapter 157 for all levels of EMS personnel, including:**

- a. 157.32 Emergency Medical Services Education Program and Course Approval
- b. 157.33 Certification
- c. 157.34 Recertification
- d. 157.38 Continuing Education
- e. 157.39 Comprehensive Clinical Management Program Approval
- f. 157.40 Paramedic Licensure
- g. 157.43 Course Coordinator Certification
- h. 157.44 Emergency Medical Services Instructor Certification

Call for public comment for rules before they are tabled. No comments were made. Discussion of the rules tabled for next meeting.

**2. Civilian to Paramedic Pilot Program Update:**

Civilian to Paramedic Pilot Program – Delays due to COVID. Del Mar, Weatherford (looking for a new program director) TCC (Jeff no update), Temple (Deidra working with Melissa on scheduling this ). At last update, Joe was to work with NR to waive the EMT exam. Mattie, no update yet. This probably fell through due to COVID. Jeff McDonald says he is not sure when their next Paramedic program will begin. There is a strong concern that people who have been furloughed and have found jobs out of the industry may not return to the industry. Joe sent us a message saying that he was supposed to get a written plan and doesn't remember getting it. Jeff McDonald will send it to him. There is a national momentum toward this idea. NR is working on ways to help with this. The current Paramedic exam does not test EMT so they are considering options. Jeff and Macara will work on this.

### **3. Education and Training Manual Update**

Education and Training Manual Update on hold due to COVID. Form a task force to work on this with Terry King, Diedra Blankenship, Willie Langfeldt, Melissa Stuive, Macara Trusty, Chris Nations, and Brian Hendricks (RC Health Services)

### **4. Traffic Incident Management Safety (or equivalent) Refresher course**

(TIMS) Traffic Management System Training being required. This was presented to the GETAC Council after unanimous committee support to have this curriculum included in all initial training, initial new employee provider on-boarding, and refresher material completed at renewal intervals. Council requested we develop refresher training objectives for this. Willie and Scott were working on this as a task force. Scott was looking into the TIMS and see if they had recommendations for refresher for objectives. This is on hold since no one is available from TIMS to comment due to COVID. Lee - this is really an employee issue, in that it should be a provider rule for recertification, not an education one. Like Jurisprudence and use what is already there, if agencies are already doing EVOG or other, that would meet the objectives. There was some difficulty in getting TIMS done due to availability of the servers. VFIS uses much of the same information. Several programs are already including TIMS in their fall programs as mandatory.

### **5. Lessons learned and potential opportunities for EMS education programs based on experiences during the COVID-19 pandemic**

COVID. There are some issues across the state with providers allowing only their own employees, and there are some that are requiring PPE. There are some education programs who would like to go completely virtual meaning all clinical and field rotations would be completed virtually in a simulated setting with manikins. We need to set a standard or make some recommendations. Lee - You cannot have a profession that does things to people be 100% virtual. This is simply not possible. Lesley, how do we continue to support EMS agencies in Texas and continue to release students to provide employees. It should be a concern for the EMS providers. There is a disconnect between education programs and EMS providers between who is allowing students and who is not. What are programs doing with the current restrictions in place? Leslie, can we put out a statement of support stating we encourage providers to open sites for students again? Jamie - the risk to the student, and what does the student bring into the crew and expose them to into an area that has been so protected, like the stations. Greg - there are a lot of variables. ETMC closed to just employees at first then opened to all students. They are providing students with a N95 for that shift, but it needs to be program specific. Consider changing the terms clinical settings instead of field/clinical. There is an opportunity to shorten the hours, but maybe not completely do away with them. Lee - we all have to look at creative ways with the experiences. Maybe not ambulances, but with clinical. Consider working with small clinics. Those are unique opportunities and may be appropriate for initial opportunities. Is what we did 30 years ago, is that what we should be doing now. Do we need 3 transports like we had in rule back in the 80's? or do we need more? What is the purpose of having a student sit around at a station for overnight when there are no calls. MCHD closed march-june. They are going to close again August 15th. There is not going to be one stop rule because every program is different because of how programs interact differently with the local providers.

Macara -What we do now may impact the future. Discussion of having the students intern where they are employed and intern there. What about the concept of Graduate Paramedics who are working to complete their internship? That brings a great opportunity to bring the individual into the workforce. Tell the student they have x number of months to get hired into

an acceptable program. GP authorization for that amount of time and their partner or supervisor signs them off. They are not riding third, they are riding second. It isn't up to the program to place them, it's up to the individual.

From Joe - He agrees with the concept and this just makes sense and they need to make the rules fit. One of the things to think about is to talk about the program with the 40% pass rate and maybe consider the Tennessee's model that places programs with low pass rates on probation. We need a task force to investigate and put this in place.

Macara - We need to put together a document so that people can see what we are considering. This is a prime opportunity to make those changes in our industry. That documentation would become part of the student record, employer record, and there would be more collaboration. This is a substantial shift and the employer would be more involved and collaborative. This is maybe not something for the EMT level, but maybe for paramedic. And this may push students out into more rural areas where they could get employee. Do students waive the right to be paid to finish their internship. Joe - one thing is that we maintain what we are doing now as well. But this would be another option on the table. If you are considering an internship that must be completed can that be done on transfer. If the current method stays in place and this is added, it would work for all students. Concern that students who are working for a mom and pop would be at a disadvantage, but in that case, they would be assigned internship the way we currently do it.

There is a lot of pressure to DSHS to do virtual rotations and the committee does not agree that virtual only is appropriate. Kelly, Lesley, and Willie will draft a statement for the next meeting.

Dr. Greenberg, there is no substitution for the patient care experience. The best use of simulation is to prepare you for further education.

Joe - you can move the probation period under the education program and see if we can make the rules fit.

Get this on the medical directors' agenda for their upcoming meeting and on the EMS committee meeting.

Report from programs - Some are doing hybrid, some are doing hybrid clinicals, like case studies. Virtual patient contacts with moulage. Dallas did kits of moulage and used you tube and real DX video to help support their virtual cases. Used gallon sized zip lock bags and encouraged the students to be creative with splinting materials. Some skills can't be virtual, but much was patient assessment. Students will get creative if you encourage them to do so.

Macara – If we are going to tell programs what they cannot do, we should also add what they can do with the challenges of the pandemic. Many of the current educators are new or have never had to overcome these kinds of challenges before. So, instead of telling them what they can't do and “leaving them hanging”, let's give them some ideas on what they CAN do.

**Build out some lunch and learns** or some recording sessions on ways to do this. Perhaps TAEMSE can support this, or we could partner together again?

Jeff will push this to TAEMSE. **Sheila, Terri King, Lou Ortiz, and Deidra are happy to help mentor others.**

**6. Review the GETAC Strategic Plan for the Texas Emergency Healthcare System and determine if any additions, deletions, or corrections are in order.**

Table for now. No section that describes what EMS is or what an EMT or Paramedic is. Requested for this to be added in the past.

**7. Discussion, review, and recommendations for educational initiatives that instill a culture of safety for EMS students with a focus on operations and safe driving practices.**

Instill safety practices - done during TIMS training. We should make the move to suggest this to educators that they include this in their programs. Safety is not just about traffic, it is about PPE with COVID it is about promoting how important this is and how dangerous. Our industry should be educating the public, not disregarding science and professionals and physicians then perhaps you are in the wrong industry. This area should include donning and doffing of PPE, handwashing etc. **Human trafficking - double check to make sure EMS is not included.**

**8. Initiatives, programs, and potential research that might improve EMS Education in Texas**

No comments made

**Announcements**

EMS providers and education conference with Joe and Emily Hyde from DSHS on July 24 at 1300

Next meeting date: August 6th at 0900

Adjournment: Meeting adjourned at 11:42 on July 17, 2020.