Meeting was called to order at 1300 hours by Vice Chair Rick Udell. He thanked Montgomery County for hosting the meeting at the Public Safety Headquarters. Roger Marks welcomed everyone. Committee chair Eric Smothers is on vacation.

Linda Dousa passed around the sign in sheet and asked everyone to verify that the information is correct.

**Chair report:** Rick Udell asked for approval of the September meeting minutes. Motion carried with no questions.

**Association Officers:** The presidents were unavailable as they were at other meetings around the state. **Executive Director Kate Tomanelli** was present representing MSFA. She stated the website is being revamped and asked for any changes that need to be made. An email will be out soon to committee chairs to update their pages with a deadline of mid-February. The Convention website is up and running. She stated she attending the training committee meeting this morning; Chris St John will be discussing the EMT pilot programs under the BLS committee report.

**SEMSAC:** Linda Dousa stated the yearly joint meeting of SEMSAC and the EMS board was held on January 15. Each of the major stakeholders presented an update of progress from last year. She reminded everyone of the Active Assailant symposium to be held on February 22. Information will be sent out for registration. The next SEMSAC meeting has been cancelled due to the legislative agenda.

**ALS Sub Committee:** Marianne Warehime stated the group is still working on ALS provider recertification requirements state-wide since each jurisdiction has their own recertification requirements.

**BLS Sub Committee:** Chris St John handed out a written document (attached). He provided a detailed description of the EMT pilot programs coming up presented by MFRI based on the Frederick County experience. The number of classroom hours has increased by 30 hours but the workbook training has been removed, reducing the number of hours out of class. A long discussion ensued with a summary of answers of the questions as follows: overall class room time will be 190 hours; there will be a test for every module; request to pay for additional National Registry exams (**MIEMSS will cover the cost for initial test and one re-test**); companies will sign for books and tablets and they will be billed if they are not returned; there will be a knowledge evaluation before class beginning; the classes are on the MFRI website; they are looking at some way for the student to know these are the pilot classes. There will be IT support for the tablets.

**Standards:** John Sullivan was not present.
VAIP: Linda Dousa stated she and Chief Mikules from AA County are co-chairing the committee. Charlie Simpson and Bill Dousa are the MSFA representatives. The Committee is working to attempt to create an inspection program that works well for all Maryland jurisdictions. A survey is being finalized and should be out to all jurisdictions in the very near future. She asked everyone to look at the current document and get any feedback to Charlie as soon as possible. Some discussion of the current standard at the last meeting was the need for medications/supplies for 2 patients on the ambulance; reduction of medical supplies for chase/auxiliary units. The next meeting will be held on February 19 at 10am at MIEMSS.

MIEMSS: Dr. Tim Chizmar was welcomed as the new state Medical Director.
- Dr. Delbridge, the new Executive Director for MIEMSS, will start on February 13.
- Dr. Matt Levy is the new Region 3 Medical Director; Dr. Jenny Guyther is the new Region 3 Associate Medical Director.
- Brian Selavage is the new ALS coordinator; he will be working with Terrell Buckson.
- Mustafa Sidik has been hired as the high concentration infectious disease person.
- NREMT was covered well by Chris St John
- Active Assailant seminar will be held on February 22 in Annapolis.
- The Medical Directors Symposium will be held on April 10 at Sykesville; save the date has been sent out.
- VAIP – 19 jurisdictions are currently participating in VAIP; the 5 that are not will be asked about potential barriers to implementation.
- Renewal of naloxone grant at $200,000. Charles Dorsey is the point of contact for MIEMSS.
- Legislative mandate for OD Mapping – IT will filter out double entries, no patient data is being compromised, information is coming directly from Eltie.
- All 3 big hospital systems have had recent IT failures and are actively working toward solutions.
- MSP coming back on line with 24/7 coverage at Trooper 6 beginning in February. They are still recruiting for Trooper 5 staffing. There are MOUs to send commercial or out of state if necessary; they use the same dispatch procedures and criteria as MSP. All requests for aviation must come through SYSCOM per protocol.
- Region 3 discussion about National Capital Region First Watch program to replace hospital alert system and take some of the manual work out of QA. There is likely a significant cost for coming on line. They are looking at grant funding. This is a high priority to replace the aging system currently in place.
- Rick Udell asked Dr. Chizmar’s opinion on an email/text he received that the Maryland Fire Chiefs want a seat on SEMSAC, EMS Board, etc. There was some confusion about the documents and he will follow up with Eric when he gets back from vacation.

MFRI: Jim Radcliffe ALS. He discussed the upcoming EMT pilot programs.
• These 4 are pilot programs, the other classes in the state will be done in the traditional way as in the past. MFRI is trying to determine if the pilot programs will work with the volunteer model. Frederick does daily quizzes which students must pass before the can continue. They have three module exams and then the NR exam. There will be no Maryland content taught during the class. Platinum will available from day 1. Locations of classes must have IT capability which is an issue for deployment of the program state wide. There are 25 seats in each pilot class which will be strictly enforced. Students from the pilots will not be able to move to a traditional class and there will be limited options for make-up classes.

• Tablets will allow interactive learning and the instructor will have a better understanding of the status of class’s learning level. This may be expanded to all MFRI classes if it works.

• Pearson testing — currently a large number of students that pass the class don’t take the NR exam. Frederick brings the students to the testing center. This is a critical portion and MFRI has asked for a supplemental budget to make closed testing sites at the regional training centers and MFRI headquarters. Goal is to have this done ASAP for these classes and future testing.

• They are looking for a solution that works better than our current updated efforts. They are hoping to learn a lot and will continue to work on improving the process.

• Classes start: February 20 in Western Maryland; February 20 in Queen Anne’s County; February 25 at College Park; March 4 at Arbutus.

• Question when the does the Maryland protocol get covered? Frederick does a Maryland protocol and skills stations after the National Registry written.

• Question about a separate Maryland protocol test — the practical skills test will be the Maryland test. This is the same as what’s happening in current classes.

• Charlie Simpson stated that all Frederick County students were career. Steve Cox reported at the training committee this morning that they need to find out why students aren’t currently testing National Registry (fear of the test, lack of mentoring, length of class, etc.).

• Charlie stated that we, as a committee, need to come up with a plan for helping students in the station. We need to make sure mentors are providing appropriate information and are not confusing students. MFRI is working on a mentoring package. Kate stated our next SAFER grant would include a strategic planner who would be responsible for programs like mentoring. Waiting to get funding and approval from MSFA Executive Committee on job descriptions.

• MFRI is working on a plan for EMR programs also.

Its crunch time for ALS refresher. March 31 is the deadline for this year’s recertification. Classes are full and those looking for the training will have to travel. He will be sending ALS reports request for FY19-FY20 in mid-February; this goes to the highest jurisdictional official. There has been high demand but low attendance for many of the canned ALS classes. He suggested reaching out to surrounding jurisdictions to combine classes so they are successful and not requesting the same classes every year. The ALS schedule will be sent out after May.
Todd Dyche BLS. MFRI received the AFG grand this year and will be applying again this year. Maryland weekend – the government shutdown caused some issues. They will find out this week if the weekend will occur, be cancelled or be moved to an alternate facility. Charlie Simpson stated the training committee met this morning. They will be having discussions tomorrow with the National Fire Academy about clearances and the logistics for Maryland Weekend. There are approximately 150 – 164 students that are registered. They have put together a contingency plan; Turf Valley has the accommodations and facilities available. They won't have a session on Friday night. They also wouldn't be able to supply breakfast or dinner. They would supply lunch. It's booked and on hold until tomorrow night. A decision will be made tomorrow. Skills weekend will be held March 30, 31 and April 13, 14. These sessions are held every 6 months and produce approximately 40 new BLS instructors. Registration closes 2 weeks prior to the March dates. They must be sponsored by their agency and be Instructor 2.

MSP aviation: not present.

RAC Shock Trauma: Carla Aresco was not present and sent no information.

Old Business: Charlie Simpson received one feedback on his request for comments on VAIP. He asked everyone to review and comment on the document prior to the next meeting in February.

New Business: nothing.

Good of the committee: next meeting will be held at Oxford, Talbot County on March 16. Next MSFA Executive Committee meeting will be on February 9 & 10, 2019 United Communities VFD, Queen Anne’s County.

Meeting adjourned at 1440.

Respectfully submitted
Linda Dousa
NEW PILOT PROGRAM FOR UPDATED EMT CURRICULUM

You asked for it, you got it! Direct time spent, NREMT-type testing, tablets, new textbooks and more.

MFRI will be offering a new EMT class curriculum, developed and used by the Frederick County for their career recruit classes. This curriculum is centered around the National Registry model and has been very successful. Under the direction and support of MFRI Executive Director Michael Cox, MFRI will be holding four all volunteer pilot EMT classes in Allegheny Co 20 Feb (1 evening and all day Sunday), MFRI College Park 25 Feb, Queenstown 20 Feb and Arbutus 4 Mar. Note: As of today, the classes are listed on the MFRI Website, but enroll quickly! Class size is limited.

Changes in the new EMT-B curriculum include:

1. An individual learning assessment of each student using the Flesch-Kincaid Grade Level Assessment so the instructor can identify student learning capacities, including reading comprehension by way of a pre-assessment. Up until now, EMT-B students has an average reading comprehension of 5th grade. The MFRI goal is to admit students in the program with at least an 8th grade reading ability;

2. Classes will use a different EMT text (“Emergency Care and Transport of the Sick and Injured”; 11th Edition by Jones and Bartlett, $139) rather than the Brady editions. Course materials will be purchased by MFRI, but cosigned by the student’s fire company to ensure return of the class materials at the conclusion of the course;

3. The class will also discontinue the use of the MyBradyLab book. (This change was made after it was suggested that the Brady EMT course content was not desirable for the final outcome of testing for NREMT);

4. Each student will be issued a computer tablet to use that follows along with the curriculum, as well as delivers quizzes after that session’s lesson that focus on the current chapter. This is similar to the MyBradyLab currently being used but the content and quizzes are geared more towards computer adaptive learning with exposure to NREMT-type questions from the very beginning of the course rather than at the end. Teaching, reading, testing, and group activities will all focus around the use of the tablet and will be based off of the main five NREMT categories of Airways, Respiration & Ventilation, Cardiology & Resuscitation, Trauma, Medical-Obstetrics-Gynecology, EMS Operations. The Tablet will be returned on the last day of class in order to take the Final Exam;

5. Module exams will be issued through MFRI’s EMSTesting (Platinum Planner) which is NREMT-based;
6. Each Instructor will have access to the quizzes and how their students are progressing. This direct feedback and consistent analytics are important for the student and Instructor to see where they may need additional instruction and will allow the Instructors to tweak this classes to ensure that each student is grasping the content;

7. Instructors will also have the opportunity to use reverse classroom tactics, hands-on, out-of-classroom lessons as well as making auditory learning available to all students who prefer to learn using this method;

8. It is the intention of MFRI to give credit for things in the past, such as internships, etc for which there was no credit given before. Added classroom time will be limited to about 30 hours. There will be no 300-hour workbook time, therefore there is a savings of 270 hours;

9. Using the NREMT test as a Final Exam, at the conclusion of the course will ensure that all students take the test, thereby improving accountability and accuracy of success rate data. Student will take the Test in their regional MFRI classroom; and,

10. The difference between the number of years between NREMT recertification years and Maryland EMT recertification is under discussion. However, the MIEEMSS recommendation is that the NREMT certification of two years will have priority over the Maryland three-year period of certification, and that a recert period of two years will probably be adopted by Maryland;

   • To summarize, we are hopeful that by utilizing this new type of analytic curriculum, Maryland EMT students are immediately set up for success from Day #1 of the class, with the exposure to NREMT-type questions and technology.
   • By allowing the Instructor to play a more vital role in the assessment and progression of the student with analytics and feedback, students will be better prepared.
   • Due to the module analytical testing, MFRI will only pay for the first NREMT exam. If you maintain 85%+ on module quizzes, you will pass the Registry test at the conclusion of the course.
   • Finally, incorporating the NREMT test as a Final Exam at the end of the course rather than leaving it up to the student to schedule and take on their own, will also ensure that the student takes the test immediately after completing the course and closes the accountability gap. The historic 30% gap of students not testing NREMT will be nearly eliminated.

Note: There has been no mention of using Kirkpatrick-3 values to see if the new pilots are working. However, I did mention it to MFRI Director Mike Cox who will consider how to implement it.

After the Registry exam, there will be a practical skills test. Following that, there will be a Maryland Protocol review. A Montgomery County (Pearson) test site has been arranged.

Notes to Montgomery County questions: (24 Jan 19)
Q: Who is supposed to pay the $139.00 for the new Jones and Bartlett addition?  
A: It is a MFRI expense as it has been in the past. Each Fire Dept will co-sign for the book and tablet to ensure its return by the student on the last day of class.

Q: You mentioned that MFRI will only pay for the first NREMT exam please explain who pays for the rest and what is that cost? Due to my lack of knowledge will this be a yearly exam and they only pay for the first one??
A: The first NREMT exam will be given as a Final Exam at the conclusion of the class work. MIEMSS will pay the cost of the initial NREMT exam and one re-test (total of 2 exams per student)

Q: You mention where the volunteer classes will be held “beginning 2/20/19. What is the exact day and time for the four pilots to be held at each of the four locations? How do they register for those classes?
A: Registration is via the MFRI website. Classrooms are limited because of the huge stress put on the facility for IT networks and equipment.

Q: Are the classes limited in size? Very concerned about the timing as it is already almost the end of January and the new text books have not even been given out by MFRI or known by our volunteers and if they are to study them prior to the class it is not really fair or to my way of thinking proper notification.
A: Attendance is limited to 25 students in each pilot class. Enroll quickly!

Q. What if I miss a class?
A. If you miss a class, you must find another pilot program to make up the missed information. The recommendation is NOT to miss a class. There are only four pilot programs.

Q: What is the status of Maryland Weekend now that the Government has come back to work?
A: The maximum student allowance is 150. But 164 people have signed up. Rooms are being negotiated with area motels near Emmittsburg.

A complete rewrite of the Maryland ALS program is coming.

The Instructor(s) will follow the current protocols. No freelancing will be allowed either in class or at the student’s home station.

There is a move to limit the amount of paramedic equipment being carried on a paramedic engine. Therefore, ALS chase cars will have more responses.

There are State Naloxone grants available to replace supplies not given in the ER, i.e. no patient transport.

MIEMSS is looking at the recent legalization of hemp/CBD as it may potential effects on Medicare.

Yours in Service,
Chris St.John, EdD.