

TR-90a Workgroup
Virginia Office of Emergency Medical Services
1041 Technology Park Drive, Glen Allen, VA 23059
July 9, 2019
1:00 p.m.

Members Present:	Members Absent:	OEMS Staff:	Others:
R. Jason Ferguson, Chair	Jason Ambrose	Debbie Akers	
William “Billy” Fritz		Chad Blosser	
Melissa “Kari” Whitney		Wanda Street	
Daniel Linkins			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Call to order/Welcome:	The meeting was called to order at 1:10 p.m.	
II. Introductions:	No introductions were made.	
III. Define the Purpose of the Revisions:	<p>Jason asked the workgroup for feedback on whether the formulary is the education minimum, practice maximum. Should we look at the minimum requirements and align it with the National Scope changes being made. What are your opinions, so we can come to a consensus?</p> <p>Daniel stated that Virginia should be the same as the National Standards. When someone coming from another state would get the exact same certification. This is the responsibility of the agencies. He stated that they should focus more on critical thinking.</p> <p>Kari agrees the students are focusing on getting the skills done in the number of times required, but are not doing any critical thinking.</p> <p>Billy asked how many people go above and beyond the TR-90a. His pass rates haven’t changed. In his courses, they have about 17 skillsets within one scenario.</p> <p>Per Jason Ferguson, some skills may need to be added. Should everything on the formulary be on this form? The workgroup agreed that Virginia should mirror the National Standards.</p> <p>Debbie stated that the list will change when the new Education Standards are released in 2020. Virginia 2050 has clearly defined where we are headed. Where will the student get the education? That will be up to the agency and OMD in that region.</p> <p>Debbie said that we will have to create the VEMSES because of the Intermediate that continues to exits. A workgroup will be formed to do this. According to Debbie, Dr. Yee wants Virginia to follow the National Educational Standards when they are released in 2020. Right now we have to teach according to the current TR-90a.</p>	

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	<p>Daniel said that we need to simplify those skills that can be simplified, condense the skills.</p> <p>The workgroup continued to discuss the number of times the skill needs to be completed, condensing and combining skills, and exams. The workgroup also discussed the overall process and what proves competence. Extensive discussion was held about scenarios and the number of times the skill must be performed.</p>	
IV. How to Proceed:	<ul style="list-style-type: none"> A. Virginia Scope of Practice B. SOP Formulary vs. VEMSES C. Agenda 2050 D. Education Standards 	
V. Review of Virginia Patient Care Data:		
VI. Review of Current TR-90A:	<p>The workgroup agreed that CPAP should be added. The group followed the format of Page 32 on the National Education Scope and made the following changes under the TR-90a review below.</p> <p>The workgroup went through the EMT Competency Tracking Form (TR-90a) beginning with page 3.</p> <p>Preparatory Competencies - Is two the minimum? Does any need to be more than two? All of these will be done in a scenario. Two scenarios, one will be validated by faculty member. All were changed to Lab 1, Scenario 2 Insert this at bottom of page - Note: Students should practice these skills before being checked off by a faculty member.</p> <p>Airway Oxygen and Ventilation Competencies See page 37 of National Scope. CPAP needs to be added per Debbie and Billy. Changed verbiage in line 1. Add Head tilt. Removed scenario in 1 and 2, 12 and 13. Delete line 9 Changed language in lines 4 and 5</p> <p>Patient Assessment Competencies Remove “in a scenario” from all. Removed lines 2-7, 9 & 10 Remove entire section</p> <p>Medical, Behavioral and OB/GYN Competencies Language change in line 1, no remove line 1. Then add “safely administer” in front of all medications Removed “in a scenario” from all lines that refer to it</p>	

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	<p>Removed line 2 Language change on line 3 Added types of medication administrations Removed lines 4, 5, 6, 8, 9 Language change on line 10 Line 13 can go under behavioral, lines 15-23 will go elsewhere, lines 24-26 removed Line 14 changed to “safely apply physical restraint” Added check boxes to 20 and 21</p> <p>Trauma Changed lines 1, 2, and 3 as in National Scope Removed lines 4, 5, 6, 7, 17, 18, 19, 22, 24, 25, 26, 27, 28, 30, 31, 33, 36, 39 40 Language changes on lines 13, 20 21, 34, 32 and 34, 37 Line 38 will be a scenario</p> <p>Infant and Children Operations Removed lines 1 – 5 Teach MCI I</p> <p>Billy summarized what needs to be done next. The TR-90a form needs to be transitioned into an Appendix G format, reorganized it into more of a scope of practice order, create instructions for x number of scenarios for each of the categories - adult, geriatric, pediatric.</p>	
VII. Next Steps:	<p>Billy will convert TR-90a form to excel to match/mirror Appendix G. Jason Ferguson and Jason Ambrose will create scenario requirements, guidance document. Kari is also willing to assist with the scenario requirements and guidance document. Daniel and Kari are looking into the type of complaints and number requirements.</p>	
VIII. Public Comment:	None.	
VIX. Schedule Date of Next Meeting:	The next meeting will be held on September 3, 2019 at 10 a.m. at OEMS.	
X. Adjournment	The meeting adjourned at approximately 5:14 p.m.	