

**Motlow State Community College**  
**Emergency Medical Technician (EMT) Technical Certificate**  
**Academic Audit Report**  
**April 25, 2017**

**Introduction:**

The Academic Audit Team responsible for the review of the Emergency Medical Technician (EMT) Technical Certificate Program consisted of two faculty members, one from Walters State Community College and one from Dyersburg State Community College, and one administrator from Volunteer State Community College. The onsite visit was held at the Motlow State Community College main campus on March 16, 2017. During the site visit, the team met with the Vice President for Quality Assurance and Performance Funding, the Academic Audit Coordinator, Dean of Nursing and Allied Health, Program Director, faculty (full and part-time), advisory board members, students, alumni, and preceptors. The institution requested, through TBR, that the academic audit team revisit all standards on the Quality Assurance rubric that were rated as “not evident”. The academic audit team met through conference call on April 3, 2017 and this report includes the conclusions from both reviews.

The Emergency Medical Technical (EMT) Technical Certificate consists of a one semester program that is the first in a step-by-step pathway leading to the A.A.S. in Paramedic. The technical certificate consists of 16 hours of required courses and includes lecture, lab, clinical, and field internship training. The program has one full-time director and one full-time faculty member, responsible for clinical rotations. The remaining faculty members are comprised of professionals in the field who are hired as part-time faculty.

**Overall Performance:**

**Performance in the Focal Areas:**

**Learning Objectives:**

The institution provided course outlines for EMSB 1601, EMSB 1101, EMSB 1111, EMSB 1602, EMSB 1102, and EMSB 1112 that provide to students a list of the learning outcomes verbatim as “Student Learning Outcomes”, “Program Learning Outcomes”, and “Course Objectives.” (see appendices 3, 4, 5, 6, and 7). These outcomes were developed during the TBR statewide curriculum alignment for the program.

The faculty identified program learning outcomes that are current, measurable, and based upon appropriate processes and evidence regarding the requirements of the discipline but there was no discussion concerning how the outcomes were identified, other than to mention they were part of the TBR alignment process, or how they will be kept current. The faculty also acknowledged that a formal process did not exist and for future improvements they would implement procedures to ensure formal meetings occurred and minutes of those meetings would be kept. The program demonstrates that its plans and activities relative to the criterion are in place in an appropriate and well-organized manner. The academic audit team did not find evidence (after review of audit report with appendices, and

interviews) proving there was a defined process for evaluating program and course-level outcomes on a regular basis where best practices were taken into consideration and input from stakeholders. The faculty has identified student learning outcomes in its core coursework that are clear, measurable and based on an appropriate process to identify what students need to master in each course but there was no discussion concerning how the outcomes were identified, other than to mention they were part of the TBR alignment process, or how they will be kept current. The faculty also acknowledged that a formal process did not exist and for future improvements they would implement procedures to ensure formal meetings occurred and minutes of those meetings would be kept. The program demonstrates that its plans and activities relative to the criterion are in place in an appropriate and well-organized manner. The academic audit team did not find evidence (after review of audit report with appendices, and interviews) proving there was a defined process for identifying student learning outcomes in the core courses that are based on processes that identify what students need to know in each course.

#### **Curriculum and Co-Curriculum:**

The academic audit team reviewed information provided in the curriculum and co-curriculum section of the self-study report where limited information concerning curriculum development, including faculty collaboration, was provided. The report indicated: "they do not have individual authority to alter that curriculum design, nor do they have leeway in determining the order in which courses are offered." There was no discussion, nor did it become apparent during interviews with faculty, that the content and sequencing of courses in terms of achieving student learning outcomes or reviews of the curriculum based on evidence such as comparison with best practices occurs. The self-study did mention that faculty members do have the ability to design their content delivery, choose text books and to use a variety of teaching methods.

The curriculum for EMSB 1601, EMSB 1101, EMSB 1111, EMSB 1602, EMSB 1102, and EMSB 1112 is consistent with the common curriculum developed by all TBR community colleges that have an EMS program. Co-curriculum includes clinical sites and clinical preceptors.

The program did not demonstrate that the faculty collaborates on the curriculum and plans for improvement. After reviewing the Self Study, appendices, and interviews with the faculty; the audit team found no evidence that these were held on a regular basis and determined that the criteria is emerging. The program did not demonstrate that the faculty conduct regular analyzes of the course sequencing. After reviewing the Self Study, appendices, and interviews; the audit team found no evidence that the program conducts regular faculty meetings in regard to curriculum and planned improvements. It was noted by the program that this area needs improvement and is looking into how to improve. The audit team determined that this criterion is emerging.

The program did not demonstrate that the faculty reviews the curriculum based on appropriate evidence. After reviewing the Self Study, appendices, and interviews; the audit team found no evidence that the program does a regular review in regard to best practices. While the interviews showed there was an effort toward this area, there was not any actual evidence to support that. Based on this, the audit team showed this criterion as emerging.

The program demonstrated there are appropriate co-curriculum activities to support student learning. After reviewing the Self Study, appendices, and interviews; the audit team found evidence to support

the program in this area. These established activities were found to add beneficial support to the students' learning opportunities. The audit team found this criterion to be established.

**Teaching and Learning Methods:**

The program did not demonstrate that the faculty collaborates in designing, developing, and delivering teaching methods. After reviewing the Self Study, appendices, and interviews; the audit team found no evidence that the faculty members meet regularly nor do they effectively address this criterion. While the faculty meets each summer, there is no evidence or reports on what is discussed. It was also noted that the EMT instructors meet with the Program Director informally before each semester. Based on these findings, the audit team found this criterion to be emerging.

The program did not demonstrate the faculty are promoting the use of current teaching materials and tools and are using available technology. After reviewing the Self Study, appendices, and during the interviews; the audit team found no evidence that faculty members promote the effectiveness of teaching methods and tools nor are they utilizing the available technology to its full potential. Based on these findings, the audit team found this criterion to be emerging.

The program was not able to demonstrate the regular evaluation of teaching methods and the use of appropriate instructional materials. After reviewing the Self Study, appendices, and during the interviews; the audit team found no evidence that the faculty regularly evaluates the teaching methods or the instructional materials. This was evident in Appendix 16 - Faculty Meeting Notes; this resembled an agenda with no minutes attached to each item. Based on these findings, the audit team found this criterion to be not evident.

The program was not able to demonstrate that a regular analysis of evaluation results nor how to modify teaching methods to facilitate student learning. After reviewing the Self Study, appendices, and during the interviews; the audit team found no evidence that any analysis of evaluation, outside of a table containing pass rates on the National Registry Cognitive Exam with no analysis of results, were conducted. Based on these findings, the audit team found this criterion to be not evident.

The program demonstrated that the faculty members were encouraged to engage in professional development activities. After reviewing the Self Study, appendices, and during the interviews; the audit team found significant evidence that professional development is available to the faculty. Faculty members are encouraged to attend local, state, and national workshop/conferences with monetary assistance available. Based on these findings, the audit team found this criterion to be highly developed.

The program was not able to demonstrate monitoring of their student's persistence or success nor the use of data to advance program improvement. After reviewing the Self Study, appendices, and during the interviews; the audit team found only limited data, in relation to this criterion and no data to confirm its use for program improvement. The data that was available was incomplete or did not show it being used for improvement. Based on these findings, the audit team found this criterion to be not evident.

**Student Learning Assessment:**

Didactic assessments in the program are continual and consist of formative examinations, homework and classwork assignments, a research project, and a summative examination. The two lecture courses (EMSB 1601 and 1602) are assessed throughout the one-semester program via homework assignments,

quizzes, tests, a research project, six major examinations, a midterm examination, and a final examination. Laboratory skills assessments in the program are continual and consist of critical thinking exercises, research activities, completion of skills and paperwork, Simulation Lab, and participation in discussion boards. The two laboratory courses (EMSB 1101 and 1102) are assessed throughout the one-semester program via participation in discussion boards, critical thinking exercises, research activities, Simulation Lab scenarios, and completion/mastery of skills and paperwork. Clinical rotation assessments in the program are continual and in addition to assessment of clinical skills, affective skills, and documentation are evaluated. A clinical site preceptor evaluates EMT students participating in a clinical rotation. The clinical and field internship courses (EMSB 1111 and 1112) are assessed via demonstration of mastery of clinical skills, paperwork completion skills, and affective skills. The Improvement Initiative discussed in this report includes a commitment to continuous quality improvement in the area of student assessment, as well as the areas of teaching methods and student success. The second proposed initiative for improvement deals with the necessity of regular, documented EMT faculty meetings to ensure an ongoing collaborative effort toward continuous quality improvement. If faculty are to utilize the most effective teaching methods, ensure that curricula remain current to meet students' learning objectives, and effectively assess students, establishment of a collaborative learning community among faculty is key. Teaching effectiveness, student progress/assessment, and curriculum will be agenda items for discussion at each meeting. (see Appendix, Attachments 5, 6, 7, 8, 9, and 10)

The program did discuss assessment methods, assessment frequency, and student performance measures. The audit team did not find information addressing alignment with learning outcomes, appropriateness to learning outcomes, and implementing continuous quality improvements relative to learning assessments. The program did not provide evidence the student learning success indicators are aligned with program and student learning outcomes in either its self-study report or appendices. The academic audit team did not elicit responses during interviews proving that the criterion has been addressed or that a planning process is in place to address the criterion. The program did not provide evidence it regularly implements continuous quality improvements based upon the results of its student learning assessments in either its self-study report or appendices. The academic audit team did not elicit responses during interviews proving that the criterion has been addressed or that a planning process is in place to address the criterion. The program did not provide evidence its faculty assesses student learning at multiple points throughout the program using a variety of assessment methods appropriate to the outcomes being assessed in either its self-study report or appendices. The academic audit team did not elicit responses during interviews proving that the criterion has been addressed or that a planning process is in place to address the criterion. The academic audit team recommends the faculty assess student learning outcomes, analyze the results and implement quality improvements based on the results of the student learning assessments. The academic audit team recommends that faculty regularly evaluate and analyze evaluation results to assess the effectiveness of instructional materials and to inform the modification of teaching methods to improve student learning.

#### **Quality Assurance:**

The program provides opportunity for all full-time and part-time faculty members to attend at least one professional development conference annually. Upon return from the conference, faculty share with others what was discussed to enhance their professional development. The program also incorporates

complementary co-curricular activities into the program to supplement and support student learning. Examples of co-curricular activities include opportunities in clinical and field internships.

The institution mentions in the academic audit report that quality of instruction and the assessment of student learning occurs throughout the program; however, there was no evidence that the quality measures are tied to specific program or student learning outcomes. The institution also indicated that equipment needs to be kept current and currently the program shares equipment with the Nursing Program.

The academic audit team, through interviews, with stakeholders such as employers and preceptors, determined that there is excellent support from them as demonstrated through personal loyalty, trust and a commitment to “give back” to the program. Students also expressed a great satisfaction with their preparation and assistance in finding employment. The institution should consider utilizing these resources to assist with the identification of quality assurance initiatives.

The academic audit process did not appear to be faculty driven which was confirmed through interviews with the various constituents. The institution also recommended as an improvement initiative that faculty should meet on a more formal basis and record minutes of the meetings. Discussions concerning quality were not documented through minutes from Advisory Team meetings, faculty meetings, or other venues even though those interviewed indicated the graduates of the program seemed to be prepared upon entering employment.

While student learning outcomes, defined during the TBR realignment process, were provided for each course there was no documentation that aligned student learning outcomes with assessments. The institution should consider aligning assessments to specific student learning outcomes which will assist in pinpointing areas for improvement. The program should consider developing a detailed process where discussions concerning the curriculum, outcomes, assessments, teaching styles and other quality assurance initiatives can be discussed, defined, and implemented.

Tennessee Board of Regents  
Office of Academic Affairs

## Academic Audit Onsite Evaluation Checklist

Institution: Motlow State Community College  
Program: Emergency Medical Technician (EMT) Technical Certificate  
CIP Code: 31.51.0904.02  
Degree Level:  Certificate  Associate  Baccalaureate  Master's  Doctoral

### Instructions for Audit Chairs and Teams

#### Part I: Academic Auditor Team Report – Record of Commendations, Affirmations, and Recommendations

This form must be completed by each Academic Auditor Team prior to concluding the visit. The original will be left with the institution prior to departure but a copy must be forwarded to TBR with the Academic Auditor Team Report. All observations included on this form should be represented as commendations, affirmations, or recommendations. Please be concise as you will have opportunity to expand upon your justification for each item in your written report due to TBR by May 21, 2013.

#### Part II: Academic Audit Summary Sheet (only for use if program is being reviewed for Performance Funding purposes)

This form is only to be completed if the program review is serving as the Performance Funding review. Using the Academic Audit Summary Sheet, complete the elements on the evaluation results checklist by marking "met" or "not met". This exercise must be completed and signed by the team prior to the Exit Session [see complete directions on the form]. The original will be left with the department prior to departure but a copy must be forwarded to TBR with the Academic Auditor Team Report.

#### Part III: Narrative Evaluation and Written Report

The Academic Auditor Team members will use their evaluations indicated on the Onsite Evaluation Checklist and Academic Audit Summary Sheet (if used for Performance Funding purposes) as the basis of its written report. Summarized findings from the self-study report and onsite visit will represent a narrative report of the team's conclusions. This report is the final responsibility of the Academic Auditor Team. The template for completing this report is provided in the Academic Audit Handbook.

The Audit Evaluation will become part of the record of the academic program review and will be shared with the academic department/unit, the college, and the central administration, as well as the Tennessee Higher Education Commission. Each department/campus will be provided opportunity to respond and comment on the written report.

Audit Chair's name, title, and institution: Jane McGuire, VP Institutional Effectiveness, Research, Planning and Assessment

Audit Chair's signature: Jane McGuire Date March 16, 2017

Names, titles, institutions, and signatures of other Audit Team members:

Tim Struge, Dean and Assistant Professor, WSCC

Roger McDiffett, Program Director, DSCC

## Academic Auditor Team Report Record of Commendations, Affirmations, and Recommendations

This form must be completed by each Academic Auditor Team prior to concluding the visit. All observations included on this form should be represented as commendations, affirmations, or recommendations. Please be concise in your descriptions as you will have opportunity to expand upon your justification for each item in your written report due to TBR by May 21, 2013.

This document should serve as the outline of information to be disclosed during the exit session with the department. The original signed copy is to be left with the campus Academic Audit Coordinator or the department chairperson/program leader before leaving the campus.

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### Total Number of Commendations

2

Commendation #1 –

The academic audit team commends the EMT program for having excellent support from stakeholders as demonstrated through personal loyalty, trust and a commitment to “give back” to the program.

Commendation #2 –

The academic audit team commends the EMT program for students expressing a great satisfaction with their preparation and with the faculty assisting them in finding employment.

Commendation #3 –

Commendation #4 –

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### Total Number of Affirmations

2

Affirmation #1 –

We affirm the EMT potential improvement initiative number 2 that indicates departmental meetings should be held more frequently and on a formal bases.

Affirmation #2 –

The employers through personal interviews affirmed the program recommendation to increase recruitment.

Affirmation #3 –

Affirmation #4 –

**Tennessee Board of Regents  
Office of Academic Affairs**

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**Total Number of Recommendations**

5

**Recommendation #1 –**

The academic audit team recommends exploring the integration of supplemental teaching resources such as online platforms and electronic textbook resources into the curriculum.

**Recommendation #2~~o~~–**

The academic audit team recommends the program should review the faculty student ratio to ensure that the instructor student ratio permits for sufficient time with hands on learning activities.

**Recommendation #3 –**

The academic audit team recommends that the college engage the faculty in the self-study process which is designed as a faculty self-assessment of the EMT program.

**Recommendation #4~~o~~–**

The academic audit team recommends that faculty regularly evaluate and analyze evaluation results to assess the effectiveness of instructional materials and to inform the modification of teaching methods to improve student learning.

**Recommendation #5 –**

The academic audit team recommends the faculty assess student learning outcomes, analyze the results and implement quality improvements based on the results of the student learning assessments.