PROGRAM ASSESSMENT PLAN ~ 2014-15 through 2019-20

This document only needs to be updated when changes are made.

UNIT	WASHBURN INSTITUTE OF TECHNOLOGY
DIVISION	
Program	Emergency Medical Technician (EMT)
Date Prepared	20 November 2015
Date Revised	

PROGRAM MISSION

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This program is designed to provide instruction to those individuals desiring to provide medical care at the Emergency Medical Technician (EMT) level, a vital link in the health care chain. Participants will have an opportunity to gain special skills, knowledge and teamwork concepts necessary for gaining certification and practicing as an EMT in the State of Kansas.

PROGRAM STUDENT LEARNING OUTCOMES (PSLO)

If the program has more than 6 PSLO, hit "Tab" in the last cell to add another row. Cells will expand to accommodate text.

Upon completion of the program students will be able to:	
PSLO 1	Demonstrate proficiency in adult, Child and infant CPR procedures and skills.
PSLO 2	Demonstrate proficiency in obtaining vital signs, history taking and lifting and moving patients.
PSLO 3	Demonstrate proficiency in managing patient's airway.
PSLO 4	Perform a complete patient assessment.
PSLO 5	Be familiar with the Kansas Enrichments to the EMT curriculum.
PSLO 6	Be able to discuss anatomical structures and their function.

CURRICULUM MAP (Alignment)

List **all** courses required for **program majors** and indicate, where applicable, (using the following key) the PSLO with which they are associated.

   T = Taught
   X = Taught and Assessed
   A = Assessed

If the program has more than 6 PSLO, "Copy and Paste" rows from this table below the existing table, beginning with the row numbering the PSLO.

Required Courses	PSLO 1	PSLO 2	PSLO 3	PSLO 4	PSLO 5	PSLO 6
EMT 100	X	X	X	X	X	X

ASSESSMENT MEASURES (Method)

Indicate (*mark with an X*) the type of assessment used to evaluate each PSLO.
Check as many boxes as apply.
Programs should use at least 2 direct measures for each PSLO.

If the program has more than 6 PSLO, "Copy and Paste" rows from this table below the existing table, beginning with the row numbering the PSLO.

	PSLO 1	PSLO 2	PSLO 3	PSLO 4	PSLO 5	PSLO 6
DIRECT						
Portfolio						
Performance Assessment	X	X	X	X		
Performance Assessment (Off campus experience – Clinical, Internship, Practicum, etc.)	X	X	X	X		
Professional Credentialing Exam	X	X	X	X		
Major Field Test or National Exam	X	X	X	X		
Course Embedded Assignment						
Project Evaluation						
Course Grades	X	X	X	X		
Other (*Describe*)						
INDIRECT						
Surveys						
Exit Interviews/Focus Groups						
Other (*Describe*) Skill Instructor Interaction/Assessment	X	X	X	X		

THRESHOLD OF STUDENT SUCCESS

For each PSLO, list each measure separately and indicate the threshold of student achievement considered acceptable.
(*example: 75% of students will receive B or better*) - see Assessment Plan Guide for additional instructions.
Hit :Tab" in the last cell to add another row. Cells will expand to accommodate text.

PSLO	MEASURE	THRESHOLD
1	Pass American Heart Association BLS for the Professional Rescuer	90% of all students passing the written and skills portion of the examination
2	Pass Practical Skills and Written Examinations	90% of all student passing Course Practical Skills and Written Examinations regarding vital signs, history taking and lifting and moving patients.
3	Pass Practical Skills and Written Examinations	90% of all students passing Course Practical Skills and Written Examinations regarding airway management.
4	Pass Practical Skills and Written Examinations	90% of all students passing the Course Practical Skills and Written Examinations regarding Patient Assessment.
5	Pass Written Examination and Practical Skills	90% of all students passing Course Practical Skills and Written Examinations regarding Kansas Enrichments
6	Pass Written Examinations	90% of all students will pass the Written Examination regarding anatomy and physiology

DATA COLLECTION CALENDAR

Indicate how often assessment data are collected for each PSLO.
S=every semester
Y=every year
2=every other year
3=every 3 years, (etc.)
O-Other (please explain)
If the program has more than 6 PSLO, hit "Tab" in the last cell to add another row.

	Frequency of Data Collection
PSLO 1	S
PSLO 2	S
PSLO 3	S
PSLO 4	S
PSLO 5	S
PSLO 6	S

ANALYSIS AND REPORTING CALENDAR

Indicate (*mark with an X*) the years in which each PSLO was/will be analyzed and reported.
Cycle will repeat after Year 6.
If the program has more than 6 PSLO, "Copy and Paste" rows from this table below the existing table, beginning with the row numbering the PSLO.

	PSLO 1	PSLO 2	PSLO 3	PSLO 4	PSLO 5	PSLO 6
Year 1/2014-15	X	X	X	X	X	X
Year 2/2015-16						
Year 3/2016-17						
Year 4/2017-18						
Year 5/2018-19						
Year 6/2019-20						

If field experiences are a significant part of the program, explicitly address how validity and reliability of the evaluation instrument is ensured.
Cell will expand to accommodate text.

Field experience evaluations are audited by the Director in each instance for accuracy and completeness. Follow up telephone calls are made as necessary to contact the field or clinical evaluator.

STAKEHOLDER INVOLVEMENT

Describe how stakeholders (faculty, students, alumni, advisory boards, community, etc.) are involved in the development, implementation, periodic review and continuous improvement of the Assessment Plan.
Cell will expand to accommodate text.

The program Advisory Committee and Medical Director will be kept informed of student progress on a regular basis via e-mail and personal contact with the Director.

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PROGRAM ASSESSMENT PLAN REVIEW CYCLE

Indicate (*mark with an X in column 2*) the year(s) in which this Program Assessment Plan will be reviewed and indicate in column 3 (when applicable) when changes are made and addressed in the appropriate year's annual report.

Cycle repeats after Year 6.

	Program Assessment Plan Review	Were changes made and addressed in the Annual Report? <u>Yes</u> or <u>No</u> (update when applicable)
Year 1/2014-15	X	
Year 2/2015-16		
Year 3/2016-17		
Year 4/2017-18		
Year 5/2018-19		
Year 6/2019-20		