Code # Enter text…

**Course Revision Proposal Form**

**[ ] Undergraduate Curriculum Council**

**[X ] Graduate Council**

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

Email completed proposals to curriculum@astate.edu for inclusion in curriculum committee agenda.

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| --- | --- |
| Kristie Vinson 8/30/2017**Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**COPE Chair (if applicable)** |
| Shawn Drake 10/5/2017 Enter date…**Department Chair:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Head of Unit (If applicable)**   |
| Deanna Barymon 10/5/2017**College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Undergraduate Curriculum Council Chair** |
| Susan Hanrahan 10/6/2017**College Dean** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Graduate Curriculum Committee Chair** |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |

**General Education Committee Chair (If applicable)**   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Vice Chancellor for Academic Affairs** |

1. Contact Person (Name, Email Address, Phone Number)

Kristie Vinson, kvinson@astate.edu, 972-3236

2. Proposed Starting Term and Bulletin Year for Change to Take Effect

Spring 2018

3. Current Course Prefix and Number

PT 818V

3.1 – [Yes] Request for Course Prefix and Number change

 If yes, include new course Prefix and Number below. *(Confirm that number chosen has not been used before. For variable credit courses, indicate variable range. Proposed number for experimental course is 9. )*

 PT 8191

3.2 – If yes, has it been confirmed that this course number is available for use? Yes

 *If no: Contact Registrar’s Office for assistance.*

4. Current Course Title

Independent Study and Culminating Experience

 4.1 – [Yes] Request for Course Title Change

 If yes, include new Course Title Below. *If title is more than 30 characters (including spaces), provide short title to be used on transcripts. Title cannot have any symbols (e.g. slash, colon, semi-colon, apostrophe, dash, and parenthesis). Please indicate if this course will have variable titles (e.g. independent study, thesis, special topics).*

 Enter text...

Culminating Experience

5. – [Yes ] Request for Course Description Change.

 If yes, please include brief course description (40 words or fewer) as it should appear in the bulletin.

 This is a culminating experience designed to meet the individual needs of the student. The course work is designed on an individual basis to prepare students for the physical therapist national licensure examination.

6. – [No. ] Request for prerequisites and major restrictions change.

*(If yes, indicate all prerequisites. If this course is restricted to a specific major, which major. If a student does not have the prerequisites or does not have the appropriate major, the student will not be allowed to register).*

1. Are there any prerequisites? Yes / No
	1. If yes, which ones?

Enter text...

* 1. Why or why not?

 Enter text...

1. Is this course restricted to a specific major? Yes
	1. If yes, which major? Doctor of Physical Therapy

7. – [No ] Request for Course Frequency Change(e.g. Fall, Spring, Summer). *Not applicable to Graduate courses.*

 a. If yes, please indicate new frequency:

 Enter text...

8. – [Yes ] Request for Class Mode Change

*If yes, indicate if this course will be lecture only, lab only, lecture and lab, activity, dissertation, experiential learning, independent study, internship, performance, practicum, recitation, seminar, special problems, special topics, studio, student exchange, occupational learning credit, or course for fee purpose only (e.g. an exam)? Please choose one.*

 Seminar

9. – [No ] Request for grade type change

*If yes, what is the grade type (i.e. standard letter, credit/no credit, pass/fail, no grade, developmental, or other [please elaborate])*

10. Is this course dual listed (undergraduate/graduate)? No

 a. If yes, indicate course prefix, number and title of dual listed course.

11. Is this course cross listed? No

*(If it is, all course entries must be identical including course descriptions. Submit appropriate documentation for requested changes. It is important to check the course description of an existing course when adding a new cross listed course.)*

1. If yes, please list the prefix and course number of cross listed course.

 Enter text...

1. Are these courses offered for equivalent credit? Yes / No

 Please explain. Enter text...

12. Is this course change in support of a new program? No

a. If yes, what program?

 Enter text...

13. Does this course replace a course being deleted? No

a. If yes, what course?

Enter text...

14. Will this course be equivalent to a deleted course or the previous version of the course? Yes

a. If yes, which course?

PT 818V

15. Does this course affect another program? No

If yes, provide contact information from the Dean, Department Head, and/or Program Director whose area this affects.

Enter text...

16. Does this course require course fees? No

 *If yes: Please attach the New Program Tuition and Fees form, which is available from the UCC website.*

**Revision Details**

17. Please outline the proposed revisions to the course.

*Include information as to any changes to course outline, special features, required resources, or in academic rationale and goals for the course.*

 This course is a culminating experience course. The students meet in person at the beginning of the semester as well as at the end of the term. This is not an online only course, nor is it a true independent study. Students complete licensure board examination preparation for the course. The name change to the course is to reflect that the course is a culminating experience for students in the Doctor of Physical Therapy program. The mode of delivery is to be web-assisted, rather than online.

18. Please provide justification to the proposed changes to the course.

 Students are required to meet on campus at the beginning and end of the semester. Classifying it as web-assisted rather than online is more representative of the course.

19. Do these revisions result in a change to the assessment plan?

 [No.]

 *\*If yes: Please complete the Assessment section of the proposal on the next page.*

 *\*If no: Skip to Bulletin Changes section of the proposal.*

***\*See question 19 before completing the Assessment portion of this proposal.***

**Assessment**

**University Outcomes**

20. Please indicate the university-level student learning outcomes for which this new course will contribute. Check all that apply.

|  |  |  |
| --- | --- | --- |
| * 1. **[ ]** Global Awareness
 | * 1. **[ ]** Thinking Critically
 | * 1. **[ ]** Information Literacy
 |

**Relationship with Current Program-Level Assessment Process**

21. What is/are the intended program-level learning outcome/s for students enrolled in this course? Where will this course fit into an already existing program assessment process?

Enter text...

22. Considering the indicated program-level learning outcome/s (from question #23), please fill out the following table to show how and where this course fits into the program’s continuous improvement assessment process.

*For further assistance, please see the ‘Expanded Instructions’ document available on the UCC - Forms website for guidance, or contact the Office of Assessment at 870-972-2989.*

|  |  |
| --- | --- |
| **Program-Level Outcome 1 (from question #23)** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Assessment Measure | Please include direct and indirect assessment measure for outcome.  |
| Assessment Timetable | What semesters, and how often, is the outcome assessed? |
| Who is responsible for assessing and reporting on the results? | Who (person, position title, or internal committee) is responsible for assessing, evaluating, and analyzing results, and developing action plans? |

 *(Repeat if this new course will support additional program-level outcomes)*

 **Course-Level Outcomes**

23. What are the course-level outcomes for students enrolled in this course and the associated assessment measures?

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| --- | --- |
| **Outcome 1** | Type outcome here. What do you want students to think, know, or do when they have completed the course? |
| Which learning activities are responsible for this outcome? | List learning activities. |
| Assessment Measure  | What will be your assessment measure for this outcome?  |

*(Repeat if needed for additional outcomes)*

**Bulletin Changes**

|  |
| --- |
| **Instructions**  |
| **Please visit** [**http://www.astate.edu/a/registrar/students/bulletins/index.dot**](http://www.astate.edu/a/registrar/students/bulletins/index.dot) **and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Follow the following guidelines for indicating necessary changes.** **\*Please note: Courses are often listed in multiple sections of the bulletin. To ensure that all affected sections have been located, please search the bulletin (ctrl+F) for the appropriate courses before submission of this form.** - Deleted courses/credit hours should be marked with a red strike-through (~~red strikethrough~~)- New credit hours and text changes should be listed in blue using enlarged font (blue using enlarged font). - Any new courses should be listed in blue bold italics using enlarged font (***blue bold italics using enlarged font***)*You can easily apply any of these changes by selecting the example text in the instructions above, double-clicking the ‘format painter’ icon 🡪 , and selecting the text you would like to apply the change to.* *Please visit* [*https://youtu.be/yjdL2n4lZm4*](https://youtu.be/yjdL2n4lZm4) *for more detailed instructions.* |

Physical Therapy (cont.)

Doctor of Physical Therapy

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| --- | --- |
| **Fall, Year 3**  | **Sem. Hrs.**  |
| PT 7343, Administration  | 3  |
| ~~PT 818V, Independent Study & Culminating Experience~~ PT 8191, Culminating Experience | 1  |
| PT 8571, Research III  | 1  |
| PT 8573, Special Topics in Physical Therapy  | 3  |
| PT 8674, Musculoskeletal III  | 4  |
| PT 8774, Neuromuscular IV  | 4  |
| PT 8872, Clinical Decision Making  | 2  |
| **Sub-total**  | **18**  |
| **Spring, Year 3**  | **Sem. Hrs.**  |
| PT 8585, Clinical Education IV  | 5  |
| PT 8685, Clinical Education V  | 5  |
| **Sub-total**  | **10**  |
| **Total Required Hours:**  | **108**  |

The bulletin can be accessed at <http://www.astate.edu/a/registrar/students/>

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**PT 7534. Clinical Procedures: Introductory Tests, Measures and Interventions** Tests and measures of range of motion, muscle performance, posture, gait & balance are introduced. The clinical intervention procedure introduced is therapeutic exercise covering basic principles and techniques of flexibility exercises; strength and power exercises; and aerobic exercises. Restricted to Doctor of Physical Therapy majors.

**PT 7612. Methods of Instruction and Consultation** This course addresses the role of the therapist as educator, with emphasis on principles and methods of effective instruction, feedback, and consultation along with the various forms of educational and instructional technologies. Restricted to Doctor of Physical Therapy majors.

**PT 7724. Integumentary and Physical Agents** Introduction to the theory and application of thermal modalities and electrotherapy in clinical practice. Includes assessment and treatment of conditions related to the integument that would be amenable to physical agents as part of the treatment plan. Restricted to Doctor of Physical Therapy majors.

**PT 7733. Clinical Education I** One of a series of supervised clinical education courses, which provides students an opportunity to integrate previously learned academic coursework into actual clinical practice, culminating with entry level performance at conclusion of all clinical education courses. Restricted to Doctor of Physical Therapy majors.

**PT 7753. Clinical Exercise Physiology** Focus on exercise testing and prescription in healthy populations and individuals with chronic disease. Students will be introduced to concepts of wellness as a foundation for treating chronic health conditions. Restricted to Doctor of Physical Therapy majors.

**PT 7832. Healthy Ager Interprofessional Education** An interprofessional, service learning approach to enhance student learning in the area of geriatrics. Restricted to Doctor of Physical Therapy majors.

**PT 8143. Neuromuscular I** Theoretical foundations of neuromuscular rehabilitation including normal and abnormal movement, neuroplasticity, motor control, and motor learning. Basic treatment principles are introduced. Restricted to Doctor of Physical Therapy majors.

**PT 8151. Research II** The second of three mentored research courses designed to culminate in a project suitable for presentation or publication. Students will continue developing projects related to the faculty advisor’s area of knowledge and interest. Restricted to Doctor of Physical Therapy majors.

**PT 8163. Clinical Education II** One of a series of supervised clinical education courses, which provides students an opportunity to integrate previously learned academic coursework into actual clinical practice, culminating with entry level performance at conclusion of all clinical education courses. Restricted to Doctor of Physical Therapy majors.

**~~PT 818V. Independent Study and Culminating Experience~~** ~~This is an independent study that is designed to meet the individual needs of the student. The course work is designed on an individual basis. Restricted to Doctor of Physical Therapy majors.~~

**PT 8191, Culminating Experience. This is a culminating experience designed to meet the individual needs of the student. The course work is designed on an individual basis to prepare students for the physical therapist national licensure examination. Restricted to Doctor of Physical Therapy majors.**

**PT 8245. Musculoskeletal I** Management of musculoskeletal cases of the upper and lower extremities incorporating anatomy, biomechanics, pathology, clinical diagnosis, and intervention. Emphasis is on clinical decision making in all patient-therapist interaction. Education, prevention, ergonomics, pain management, and conditioning also covered. Restricted to Doctor of Physical Therapy majors.

**PT 8255. Musculoskeletal II** Management of musculoskeletal cases of the spine and TMJ incorporating anatomy, biomechanics, pathology, clinical diagnosis, and intervention. Emphasis is on clinical decision making in all patient-therapist interaction. Education, prevention, ergonomics, pain management, and conditioning also covered. Restricted to Doctor of Physical Therapy majors.

**PT 8263. Clinical Education III** One of a series of supervised clinical education courses, which provides students an opportunity to integrate previously learned academic coursework into actual clinical practice, culminating with entry level performance at conclusion of all clinical education courses. Restricted to Doctor of Physical Therapy majors.

The bulletin can be accessed at <http://www.astate.edu/a/registrar/students/>

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